



U.S. DEPARTMENT OF AGRICULTURE



WIC Breastfeeding Policy Inventory II

Appendices

November 2024

Appendix A. Crosswalk of Research Questions to Study Reports

Appendix A presents a crosswalk of research questions to the three Special Supplemental Program for Women, Infants, and Children (WIC) Breastfeeding Policy Inventory (BPI) II reports, tables, and figures. The three reports are: *State Agency Report* (“State”), *Local Agency Report* (“Local”), and *Use of FNS Breastfeeding Resources* (“FNS Resources”). Figures from the *Executive Summary* are noted in parentheses next to the corresponding figure from one of the three reports.

Table A.1. Crosswalk of Research Objectives and Questions to Reports, Tables, and Figures

	Research Question	Report	Table	Figure
Objective 1. Breastfeeding Peer Counseling Programs				
1a.i	How much State agency staff time is devoted to breastfeeding training, promotion, and support?	State	D.1 D.2	NA
1a.ii	How many breastfeeding peer counselors (BFPCs) does the BFPC program have, and how many participants and local agencies do they serve?	Local	E.2-E.5	2.1 (ES.2) 2.2
1a.iii	How many designated breastfeeding experts (DBEs) does the BFPC program have, and how many participants, local agencies, and sites do they serve?	Local	E.5 E.9 E.10	2.6 (ES.5) 2.7
1a.iv	What number of BFPCs are needed to meet a full caseload?	Local	E.6	2.3 (ES.4)
1a.v	What are the characteristics (e.g., geographic location, urbanicity, enrollment size, participant demographics) of WIC local agencies and/or sites that have implemented the BFPC program and received WIC Breastfeeding Award of Excellence?	FNS Resources	F.13	4.2
1a.vi	What do State agencies do to promote and encourage the WIC local agency Breastfeeding Awards of Excellence?	FNS Resources	F.11 F.12	4.1
1a.vii	Are there differences in WIC local agency breastfeeding awardees breastfeeding-related policies and procedures?	FNS Resources	F.14	4.3
1a.viii	What types of educational background and training do BFPCs have? What on-the-job training do they receive?	State	D.17 D.20	3.9
1a.ix	What breastfeeding-related training do local agencies offer to BFPCs?	Local	E.7	2.4
1b	To what extent are State and local agencies using resources on WIC Works, the FNS WIC Breastfeeding Curriculum, and WIC breastfeeding website to provide breastfeeding training and education to BFPCs and other WIC staff?	FNS Resources	F.1 F.2	2.1- 2.4 (ES.6)
1c	Where do BFPCs reach participants (e.g., in hospital settings, in participants’ homes via home visits)?	State	D.18	3.8
		Local	E.8	2.5
1d	How do State and local agencies collaborate with other community partners to promote breastfeeding?	State	D.22	3.11
		Local	E.11	2.8

	Research Question	Report	Table	Figure
Objective 2. “WIC Breastfeeding Support: Learn Together. Grow Together.” social marketing campaign				
2a	To what extent have State and local agencies implemented components of the <i>WIC Breastfeeding Support: Learn Together. Grow Together.</i> social media marketing campaign?	FNS Resources	F.5	3.4
2a.i	Have State agencies or local agencies promoted the campaign resources to participants?	FNS Resources	F.3 F.4	3.1-3.3
2a.ii	Are staff trained on campaign resources? What resources are shared with participants in clinics to orient them to web offerings?	FNS Resources	F.3 F.4 F.6	3.1-3.3 3.5 (ES.8)
2a.iii	Have State or local agencies implemented a social media intervention that aligns with the campaign and/or the buddy program portion of the campaign?	FNS Resources	F.3 F.4	3.1-3.3
2b	What are the challenges associated with campaign implementation? Have State or local agencies identified any solutions to these challenges?	FNS Resources	F.7	NA
2c	To what extent have State and local agencies attempted to evaluate any of their campaign-related efforts?	FNS Resources	F.8-F.10	3.6 (ES.3)
Objective 3. Virtual breastfeeding services				
3a	To what extent are State and local agencies providing virtual breastfeeding support to participants? Were virtual services provided prior to COVID-19 shutdown? How have virtual services changed as a result of the pandemic?	Local	E.12	3.1 (ES.7)
3a.i	What platforms are being used? Are these services contracted out?	State	D.8	2.6
3a.ii	How are virtual services documented by BFPCs, DBEs, and competent professional authorities in the management information system (MIS) (i.e., are they documented the same as in-person services?), and can appropriate WIC staff access them for continuity of care?	Local	E.13	NA
3b	To what extent are WIC staff trained on providing virtual breastfeeding support?	Local	E.14	3.2
3c	Within the scope of practice in WIC, what resources are needed to bolster virtual breastfeeding support at the State and local agency levels?	State	D.6	2.4
Objective 4. State Plan information and policies and procedures manual				
4a	What are the elements of local agency breastfeeding promotion plans?	State	D.3	2.1
4b	What do State agency minimum protocols for breastfeeding promotion and support include?	State	D.4	2.2
4c	Do State agencies coordinate with local agencies to request WIC BFPC funds to develop and/or maintain a peer counselor program?	State	D.10-D.12	3.1-3.3
4d	For State agencies that do not follow the definition of BFPCs, how do they define BFPC?	State	D.17	3.6 3.7

	Research Question	Report	Table	Figure
4e	Do State agencies have designated BFPC program managers or coordinators at the State and/or local level?	State	D.14	NA
4f	What are the State agencies' defined job parameters and job descriptions for BFPCs?	State	D.18	3.8
4g	Do State agencies provide adequate compensation and reimbursement for BFPCs?	State	D.24	NA
4h	Are State and local staff trained on the FNS-developed breastfeeding training curriculum and the role of the peer counselor?	State	D.20	3.9
		FNS Resources	F.1	NA
4i	What are the standardized BFPC program policies and procedures for State agencies?	State	D.15	3.4
4j	How are adequate supervision and monitoring of BFPCs ensured?	State	D.16	3.5
4k	How are adequate support, training, and continuous education provided to BFPCs?	State	D.19-D.21	3.9 3.10
4l.i	Have State agencies developed minimum nutrition education standards for breastfeeding women?	State ^a	NA	NA
4l.ii	Describe the timing of contact and how frequently WIC staff contact early postpartum breastfeeding women.	State	D.39	5.3-5.7
4m.i	Do State agencies develop written individual nutrition tailoring policies and supportive science-based nutrition rationale based on nutrition risk/nutrition and breastfeeding assessment?	State	D.39	5.1
4m.ii	How do the nutrition risk/nutrition and breastfeeding assessment policies capture the tailoring process?	State	D.38	5.2
4m.iii	How do staff coordinate services for complex breastfeeding issues?	State	D.40	5.8 5.9
4m.iv	Identify best practices related to coordination of care among WIC breastfeeding support staff related to documentation of care plan	State	D.40	NA
4n.i	Do State agencies coordinate with local agencies to develop a breastfeeding promotion plan that contains procurement of breastfeeding aids that support the initiation and continuation of breastfeeding (e.g., breast pumps)?	State	D.25 D.26	NA
4n.ii	Describe who assesses/issues breastfeeding aids, what types of breastfeeding aids are offered and to whom for what allowable reasons, and what the follow-up contact process involves.	State	D.27-D.36	4.1-4.3
4o	How do State agencies monitor expenditures for activities related to breastfeeding promotion and support at the State and/or local level?	State	D.5	2.3

Research Question		Report	Table	Figure
Equity				
5a	To what extent are State and local agencies identifying and addressing inequities in breastfeeding supports?	State	D.44 D.45	7.1 7.2
		Local	5.1 E.15-E.20 E.28	4.1-4.6 (ES.9-ES.11) 5.1 5.2
5a.i	Are there racial/ethnic inequities?	Local	E.21-E.27	E.1-E.5
5a.ii	Are there rural/urban inequities?	State	D.46	7.3
		Local	5.2 E.21 E.28 E.29	NA
5a.iii	Are there class-based inequities?	State	D.47 D.48	7.4-7.6
		Local	E.16 E.20	4.2 4.3 5.4
5b	How does a State agency decide where to place BFPCs if not statewide? Is preference given to geographical areas with notably low breastfeeding rates?	State	D.11-D.13	3.3
5c	To what extent do State and local agencies take into account alternative gender identities (nonbinary, transgender, etc.) in their breastfeeding support practices and participant-centered education?	State	D.49 D.50	7.7
		Local	E.17 E.20 E.28	4.4 5.3
Breastfeeding measures				
6a	How are breastfeeding measures (e.g., ever breastfed, duration, exclusivity, intensity of breastfeeding) defined and tracked?	State	D.41 D.42 D.43	6.1-6.3

^a Addressed in Chapter 5.D of the State Agency Report.

NA = Not applicable; no figure was created; State = *State Agency Report*; Local = *Local Agency Report*; FNS Resources = *Use of FNS Breastfeeding Resources Report*

Appendix B. Technical Methodology

This appendix details the data sources, analytic file development, and analytic approach for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Breastfeeding Policy Inventory II (WIC BPI II).

A. Data Sources

To answer the study research questions, the study team collected and analyzed data from three State-level sources and five local-level sources. All data sources were collected in or current as of fiscal year (FY) 2022, except the Families First Coronavirus Response Act (FFCRA) WIC Local Agency Waiver Use Survey. Descriptions of each data source follow.

1. State-Level Sources

WIC BPI II State Agency Survey

The study team fielded the survey between August and November 2022 to collect information about State agency breastfeeding policies and practices not available from other sources. The 20-question web survey was pretested with 4 State agency staff and cleared under Generic Clearance for the Special Nutrition Programs Quick Response Surveys (Office of Management and Budget [OMB] Control Number 0584-0613). The survey was administered to WIC directors in all 89 WIC State agencies and took an average of 20 minutes to complete. WIC directors were advised to confer with the State WIC breastfeeding coordinator or State WIC Peer Counseling Program coordinator when completing the survey. Appendix C provides a copy of the survey instrument, which was programmed in Qualtrics. WIC directors received up to six email reminders and two reminder phone calls. Seventy-seven State agencies responded to the survey, resulting in a response rate of 86.5 percent.

Survey issues and resolutions. Some State agencies ($n = 6$) did not receive the Qualtrics-generated survey invitation. To resolve this issue, the study team sent each State agency a survey link via the study email address. All State agencies received a survey link by September 27, 2022. During the reminder phone calls, several State agencies provided alternative points of contact or contact information; the study team updated the study frame accordingly.

FY 2022 WIC State policy and procedure manuals

Though the U.S. Department of Agriculture (USDA) employs standard rules and regulations for WIC, State agencies can develop a more detailed and contextual WIC State agency policy and procedure manual relevant to their practice. Each manual varies in detail and content; however, a typical policy manual describes policies and procedures related to staff training, financial management, nutritional assessment, breastfeeding education and support, civil rights, and other relevant policy expectations. Although not developed for this purpose, WIC State policy and procedure manuals are sometimes used as a data source for Food and Nutrition Service (FNS) research studies, as is the case for this study.

Between June 2022 and January 2023, the study team collected full or partial policy and procedure manuals for 87 State agencies, abstracted information to help answer a subset of research questions, and followed up with FNS Regional Offices to confirm missing data. When the team could not locate an FY 2022 copy of a State agency's manual, the team used the latest available version.

Abstraction. The study team developed a data abstraction guide in Microsoft Excel to help abstractors identify, pull, and code information by research question. For example, to address research questions about minimum nutrition education standards for breastfeeding women, the Excel guide included columns abstractors could use to paste text related to the timing and frequency of contact. The guide also enabled abstractors to indicate when documents did not contain information (e.g., a manual did not describe expectations for the timing and frequency of nutrition education contacts with breastfeeding women).

Data abstractor training was conducted in August 2022. It included a review of WIC State policy and procedure manuals, procedures for documenting information in the data abstraction guide, the process for handling missing information, anticipated challenges and solutions, and sections of the manual where the team might expect to find each data item. The team added notes to the abstraction guide as needed to ensure consistency.

Coding. Following data abstraction, the study team performed data cleaning steps (e.g., established and applied standardized language related to incomplete data) and developed a detailed coding scheme for each research topic. For topics such as postpartum breastfeeding contacts and care coordination for complex breastfeeding issues, the initial coding scheme was informed by the research question. Where appropriate, coding schemes were also informed by current recommendations and standards of practice in breastfeeding promotion and lactation care. The data abstraction lead also reviewed the abstracted data to identify themes and expanded the coding schemes accordingly.

The study team met to discuss and finalize the coding scheme for each research topic. Once finalized, two analysts independently applied the coding scheme and coded the data. The analysts compared their results and met to discuss and resolve differences. The analysts met regularly with the data abstraction lead and the full study team to discuss progress, challenges, and resolutions.

FY 2022 WIC State Plans

Each State agency is required to maintain an annual WIC State Plan; FNS issues annual State Plan Guidance in April, and State agencies submit their final WIC State Plans for approval by mid-August. State Plan Section 3, State Agency Operations, covers all operations and activities at the State agency level and includes completion of fillable forms covering policies and procedures in 11 functional areas (FAs). As with policy and procedure manuals, State Plans provide guidance to local agencies on operating WIC and are often used as a data source for FNS research studies.

The study team obtained a file with data on policies and procedures from 28 State Plan questions across 5 FA fillable forms from the *FY 2022 WIC State Plan Abstraction Study* (contract GS-10F-0136X): nutritional services (FA II), organization and management (FA IV), nutrition services and administration expenditures (FA V), caseload management (FA VII), and civil rights (FA XI). The *FY 2022 WIC State Plan Abstraction Study* team collected and abstracted State Plan documents for all 89 State agencies from November 2022 to March 2023. Approximately two-thirds of the documents collected for this study were from FY 2022 State Plans; the remainder were from FY 2021 or earlier.

2. Local-Level Sources

WIC BPI II Local Agency Survey

The study team fielded the survey between August and November 2022 to collect information about local agency breastfeeding practices not available from other sources. The 31-question web survey was

pretested with 5 local agency staff, cleared under Generic Clearance for the Special Nutrition Programs Quick Response Surveys (OMB Control Number 0584-0613), and took an average of 20 minutes to complete. The survey was administered to local agency managers in all 1,777 WIC local agencies active at the time of survey administration. Local agency program managers received up to 6 email reminders and 2 reminder phone calls; 1,527 local agencies responded to the survey, resulting in a response rate of 86.0 percent.

Survey issues and resolutions. Several local agencies completed one survey on behalf of multiple local agencies (or program offices) with which they are affiliated. These agencies operated either under an umbrella agency or as one agency with multiple locations. Their main challenge was responding to questions about the number of staff or staff full-time equivalents (FTE) because the agencies share staff across locations. Because of data quality concerns, the study team set the FTE values to “missing” in the final data file for all six agencies.

Several agencies operated by Indian Tribal organizations (ITOs) and in U.S. territories were confused by the local agency survey and unsure how to complete it because they do not have local agencies. Two geographic State agencies expressed similar confusion (Oklahoma and Arkansas) because they do not have local agencies but, rather, local offices run by State agency staff. The study team advised the agencies to respond to the local agency survey to share information about the practices in their local offices or when working directly with WIC participants.

FFCRA Local Agency Waiver Use Survey

In March 2020, the FFCRA enabled FNS to approve 16 types of WIC waivers, ranging from the physical presence requirement waiver to waivers for vendor compliance investigations and waivers allowing food package substitutions. Under a separate contract (contract GS-10F-0136X), Westat Insight administered surveys to local agencies between March and April 2021 to understand operations before the COVID-19 pandemic and in response to COVID-19. The survey response rate was 97 percent (1,833 of 1,891 local agencies responded).

With FNS’s permission, the study team obtained data for FFCRA Local Agency Waiver Use Survey question 24, which pertained to virtual breastfeeding services offered before and during COVID-19. A total of 1,710 local agencies that responded to the WIC Local Agency Waiver Use Survey are also in the WIC BPI II Local Agency Survey frame.

WIC Participant and Program Characteristics 2022

Biennially since 1992, FNS has required each State agency to submit participant characteristics data. For each WIC Participant and Program Characteristics (WIC PC) report, WIC participants are defined as individuals who were certified to receive WIC benefits in April of the reference year, including individuals who did not claim food benefits in April.

With FNS’s permission, the study team obtained WIC PC 2022 data for WIC BPI II study purposes. The study team used PC data in several ways:

- ▶ Described the population of WIC participants in each local agency and characterized local agencies based on their racial, ethnic, and rural/urban composition
- ▶ Used WIC PC 2022 participants’ breastfeeding status to identify the percentage of 6-to-13-month-old infants and children who initiated breastfeeding in every local agency

- ▶ Used WIC PC 2022 participants' income to poverty threshold to identify the percentage of participants at the local agency who were at or below 100 percent of the Federal Poverty Guidelines
- ▶ Used WIC PC 2022 participant-level ethnoracial identification and local agency of certification to calculate the equity gap scores

A total of 1,771 local agencies in the WIC PC 2022 file are also in the WIC BPI II Local Agency Survey frame.

FY 2022 WIC Breastfeeding Data Local Agency Report

The Healthy, Hunger-Free Kids Act of 2010, Pub. L. No. 111–296, requires the USDA to compile and publish breastfeeding performance measurements annually. In response, FNS produces the annual *WIC Breastfeeding Data Local Agency Report* using program participation data on the number of partially and fully breastfed infants for each WIC State and local agency. State agencies submit these data to FNS, and FNS uses the data to monitor breastfeeding trends and help identify exemplary WIC State and local agencies when awarding the WIC Breastfeeding Awards of Excellence.

The study team obtained these data from FNS in August 2023 and used them to calculate the ratio of the number of breastfeeding support staff (e.g., designated breastfeeding experts) and the FTE hours to breastfeeding women. Local agencies from two State agencies were missing data.

Local agency Breastfeeding Award of Excellence

Each year, FNS awards the Breastfeeding Award of Excellence to local agencies that have provided exceptional breastfeeding promotion and support activities; these awards are valid for 4 years. FNS publishes the list of awardees in August annually.

The study team obtained the list of WIC Breastfeeding Award of Excellence recipients published in August 2022 (i.e., FY 2021 awardees). In total, 88 local agencies in the WIC BPI II Local Agency Survey frame received a Breastfeeding Award of Excellence in 2022; 83 of them responded to the survey. All local agencies in the WIC BPI II Local Agency Survey frame ($n = 1,777$) have data on the presence or absence of a Breastfeeding Award of Excellence. The study team used the list of awardees to identify practices that differed among local agencies based on award status.

B. Analytic Files

To answer the study research questions, the study team developed a State agency and a local agency analytic files.

1. State Agency File

The State agency file contains one record per State agency ($n = 89$) and includes all responses to the WIC BPI II State Agency Survey and State-level data abstracted from State Plans and State policy and procedure manuals. Table B.1 summarizes the data sources, sample size, data collection period, and research topics included in the State agency file.

Table B.1. Summary of State-Level Data Sources

Data Source	Number of State Agencies With Data	Data Collection Period	Breastfeeding Peer Counseling	Learn Together. Grow.	Virtual Breastfeeding Services	State Plans and Manuals	Equity	Breastfeeding Measures
WIC BPI II State Agency Survey	77	August–November 2022	●	●	●		●	●
WIC State policy and procedure manuals	87	June 2022–January 2023				●		
WIC State Plans	89	November 2022–March 2023	●			●	●	

BPI = Breastfeeding Policy Inventory

Survey nonresponse analysis and adjustment

All 89 WIC State agencies were included in the WIC BPI II State Agency Survey frame. The study team used two variables to assess unit nonresponse in the State agency survey:

- ▶ **State agency type:** The three State agency types are State health department, which includes the District of Columbia; ITO; and U.S. territory.
- ▶ **FNS Region:** State agencies are nested within one of seven FNS Regions.

Table B.2 presents response rates overall and by State agency type and FNS Region. Overall, 86.5 percent of State agencies responded to the State agency survey. Response rates were lowest among ITOs and State agencies in the Mountain Plains Region. The Mountain Plains Region includes five nonrespondents, four of which are ITOs.

The study team created a weight adjustment based on the total number of State agencies in each FNS Region divided by the sum of the number of State agency responders. All analyses using State agency survey results were weighted to adjust for survey nonresponse. Table B.2 shows the weight adjustment the study team used to account for nonresponse.

Table B.2. Response Rate Overall and by State Agency Characteristics

State Agency Characteristics		Frame Count	Respondent Count	Response Rate	Weight Adjustment
Overall		89	77	86.5	-
WIC State agency type	State health department, including Washington, DC	51	49	96.0	-
	Indian Tribal organization	33	23	70.0	-
	U.S. territory	5	5	100	-
FNS Region	Mid-Atlantic	8	8	100	1.000
	Midwest	7	7	100	1.000
	Mountain Plains	18	13	72.2	1.385
	Northeast	10	9	90.0	1.111
	Southeast	10	8	80.0	1.250
	Southwest	25	21	84.0	1.190
	Western	11	11	100	1.000

BPI = Breastfeeding Policy Inventory

Source: WIC Breastfeeding Policy Inventory II State Survey frame

2. Local Agency File

The local agency file contains 1 record per local agency active at the time of WIC BPI II Local Agency Survey administration (1,777). It includes all responses to the WIC BPI II Local Agency Survey, responses to question 24 from the FFCRA WIC Local Agency Waiver Use Survey, WIC PC 2022 data aggregated to the local agency level, *FY 2022 WIC Breastfeeding Data Local Agency Report*, and an indicator for local agency Breastfeeding Award of Excellence in 2022. Table B.3 summarizes the data sources, sample size, data collection period, and research topics included in the local agency file.

Table B.3. Summary of Local-Level Data Sources

Data Source	Number of Local Agencies in Source File That Are Also in Survey Frame	Data Collection Period	Breastfeeding Peer Counseling Program	Learn Together. Grow Together.	Virtual Breastfeeding Services	State Plans and Manuals	Equity	Breastfeeding Measures
WIC BPI II Local Agency Survey	1,527	August–November 2022	●	●	●		●	●
FFCRA Local Agency Waiver Use Survey	1,710	March–April 2021			●			
WIC PC 2022	1,771	April 2022	●				●	
<i>FY 2022 WIC Breastfeeding Data Local Agency Report</i>	Not yet available	October 2021–September 2022	●				●	
Local agency Breastfeeding Award of Excellence ^a	88	August 2021	●					

BPI = Breastfeeding Policy Inventory; FFCRA = Families First Coronavirus Response Act; FY = fiscal year; WIC PC = WIC Participant and Program Characteristics

^a All other local agencies in the WIC BPI II Survey frame were coded as not receiving a Breastfeeding Award of Excellence.

3. Survey Nonresponse Analysis and Adjustment

A total of 1,777 local agencies active at the time of data collection were represented in the WIC BPI II Local Agency Survey frame. Overall, 86.5 percent of local agencies responded to the survey. The study team used five variables to assess unit nonresponse in the local agency survey:

- ▶ **Local agency size:** Local agencies were grouped into 4 size categories based on the number of WIC participants at the local agency, according to WIC PC 2022: small (fewer than 1,000 participants), medium (1,000–4,999), large (5,000 or more), or missing.
- ▶ **WIC State agency type:** Local agencies were categorized based on the type of WIC State agency with which they are affiliated: State health department, ITO, or U.S. territory.
- ▶ **FNS Region:** Local agencies were categorized according to their FNS Region.
- ▶ **Poverty status:** Local agencies were dichotomized based on the percentage of participants at the local agency who were at or below 100 percent of the Federal Poverty Guidelines, according to WIC PC 2022: less than 50 percent of participants or at least 50 percent of participants.
- ▶ **Urbanicity:** Local agencies were categorized as metropolitan, micropolitan, or rural based on the agency’s address using rural-urban commuting area (RUCA) codes.

Results

The study team assessed response rates overall and by WIC State agency type (i.e., local agency affiliation with a State health department, ITO, or U.S. territory); FNS Region; poverty; and urbanicity (table B.4). Response rates were lowest among small local agencies, ITOs, and State agencies in the Southwest FNS Region. Response rates varied slightly by local agency size and poverty status. Response

rates among FNS Regions were highest in the Mid-Atlantic Region and lowest in the Southwest Region (90.5 and 75.2 percent, respectively).

Table B.4. WIC BPI II Local Agency Survey Response Rate Overall and by Categorical Independent Variables

Independent Variable		Frame Count	Respondent Count	Response Rate
Overall		1,777	1,527	86.5
Local agency size	Small (< 1,000)	774	654	84.5
	Medium (1,000–4,999)	655	566	86.4
	Large (5,000+)	342	304	88.0
	Missing	6	3	50.0
WIC State agency type	State health department	1728	1491	85.3
	Indian Tribal organization	44	32	72.7
	U.S. territory	5	4	80.0
FNS Region	Mid-Atlantic	105	95	90.5
	Midwest	423	370	87.5
	Mountain Plains	370	315	85.1
	Northeast	168	149	88.7
	Southeast	263	235	89.4
	Southwest	222	167	75.2
	Western	226	196	86.7
Poverty status	At least 50 percent of participants at 100 percent or less of FPG	1,136	984	86.6
	Less than 50 percent of participants at 100 percent or less of FPG	641	543	84.7
Urbanicity ^a	Metropolitan	941	824	87.6
	Micropolitan	368	313	85.5
	Rural	457	383	83.8

BPI = Breastfeeding Policy Inventory; FPG = Federal Poverty Guidelines

^a Rural-urban commuting area codes used to define urbanicity are not defined for U.S. territories. The total frame count for urbanicity is 1,766.

Source: WIC Breastfeeding Policy Inventory II Local Survey frame and WIC Participant and Program Characteristics 2022

To test for significant differences in nonresponse rates among the categorical independent variables, the study team conducted two logistic regressions with a nested model approach. Model 1 predicts response to the WIC BPI II Local Agency Survey by local agency size, location, and poverty status (table B.5). Model 2 includes the same variables as model 1 plus FNS Region.

- ▶ In model 1, the strongest predictor of response to the WIC BPI II Local Agency Survey was WIC State agency type. Local agencies affiliated with ITOs were less likely than local agencies affiliated with State health departments to respond to the survey when controlling for local agency size and poverty.

- ▶ In model 2, local agency affiliation with an ITO was not a significant predictor of response, but FNS Region was; local agencies located in the Southwest FNS Region were less likely than those in the Mountain Plains Region (i.e., reference category) to respond to the WIC BPI II Local Agency Survey. The Southwest Region has the largest number of ITO local agencies, and ITO local agencies in this Region had the highest response rate compared with ITOs in other FNS Regions (29 ITOs with an 86.2 percent response rate). While local agencies affiliated with an ITO had an overall lower response rate, in aggregate, the effect of FNS Region was stronger and mitigated the effect of local agency type.

Table B.5. WIC BPI II Local Agency Survey Unit Nonresponse Logistic Regression Coefficients

Independent Variable		Model 1		Model 2	
		Odds Ratio	95 Percent Confidence Interval	Odds Ratio	95 Percent Confidence Interval
Local agency size (reference = small)	Medium	1.03	(0.73, 1.45)	1.01	(0.71, 1.45)
	Large	1.22	(0.77, 1.95)	1.22	(0.75, 1.98)
WIC State agency type (reference = State health department)	Indian Tribal organization	0.44*	(0.22, 0.87)	0.70	(0.34, 1.40)
FNS Region (reference = Mountain Plains)	Mid-Atlantic			1.45	(0.66, 3.18)
	Midwest			1.10	(0.71, 1.72)
	Northeast			1.11	(0.61, 2.03)
	Southeast			1.23	(0.73, 2.06)
	Southwest			0.48**	(0.30, 0.78)
	Western			0.98	(0.59, 1.63)
Poverty status (reference = less than 50 percent of participants at 100 percent or less of FPG)	At least 50 percent of participants at 100 percent or less of FPG	1.13	(0.85, 1.49)	1.02	(0.75, 1.39)
Urbanicity (reference = metropolitan)	Micropolitan	0.88	(0.61, 1.27)	0.85	(0.59, 1.24)
	Rural	0.80	(0.55, 1.18)	0.77	(0.52, 1.14)
Constant		6.15**	(4.29, 8.82)	6.89**	(4.80, 9.88)

Note: Eleven local agencies are excluded from this analysis. Six local agencies in the WIC BPI II Survey are not represented in the WIC PC 2022 data, and five local agencies are U.S. territories and not assigned rural-urban commuting area codes.

BPI = Breastfeeding Policy Inventory; FPG = Federal Poverty Guidelines; WIC PC = WIC Participant and Program Characteristics

* $p < 0.05$, ** $p < 0.01$

Source: WIC BPI II Local Survey frame and WIC PC 2022

Weighting

The study team created a weight adjustment based on the total number of local agencies in each FNS Region divided by the sum of the number of local agency responders (table B.6).

Table B.6. WIC BPI II Local Agency Survey Weight Adjustment

FNS Region	Frame Count	Respondent Count	Response Rate	Weight Adjustment
Mid-Atlantic	105	95	90.5	1.105
Midwest	423	370	87.5	1.143
Mountain Plains	370	315	85.1	1.175
Northeast	168	149	88.7	1.128
Southeast	263	235	89.4	1.119
Southwest	222	167	75.2	1.329
Western	226	196	86.7	1.153

4. Participant-Level File

The participant-level file has 1 record per WIC participant in April 2022 (6,800,619).¹ The study team merged local agency-level responses to the WIC BPI II Local Agency Survey and an indicator for Local Agency Breastfeeding Awards of Excellence awarded in 2022 onto the WIC participant data. Local agency IDs as defined in the WIC Local Agency Directory served as the linking variable between WIC PC 2022 and the other data sources. Nearly 85 percent of participants were certified in local agencies that responded to the WIC BPI II Local Agency Survey (5,765,144 participants).

C. Analysis

This section describes the analytic approaches the study team used across data sources to address 6 broad research topics and the 47 associated study research questions.

1. Open-Ended Responses

The State agency survey, local agency survey, and WIC State Plans included open-ended and “other, specify” type questions. The study team pulled responses to these questions into an Excel workbook. The workbook included a tab for each survey question and State Plan item with an open-ended response. Multiple team members reviewed the responses and generated categories to group the responses into themes. All responses were grouped. Responses that could not be further grouped were categorized as “other,” and responses that did not address the survey question were categorized as “not responsive to the survey question.”

2. Descriptive Analyses

The study team addressed the research questions using univariate and bivariate descriptive statistics. Univariate descriptive statistics included estimating means, medians, interquartile ranges, and, for categorical variables, calculating the percentage of State and local agencies included in each category. As part of the bivariate descriptive statistics, the study team reported percentage point differences by agency characteristics. For example, the team reported the percentage of local agencies with select policies and practices by Breastfeeding Award of Excellence awardee status. To determine whether

¹ For additional information on the WIC PC 2022 data, see the *WIC Participant and Program Characteristics Report 2022* (Zvavitch et al., 2024).

observed differences were the result of variance from nonresponse or the result of true differences in the population, the team used chi-squared tests.

The project had an overall equity focus. Using univariate descriptive statistics, the team examined State and local agency equity-forward policies, procedures, and practices (i.e., practices that aim to better meet the needs of WIC applicants and participants). The study team also used bivariate descriptive statistics to summarize the availability of equity-forward breastfeeding policies, procedures, and practices to WIC participants in various sociodemographic groups—for example, the percentage of Hispanic WIC participants certified at a local agency with a Breastfeeding Peer Counseling Program. Importantly, the availability of a particular type of support does not mean participants can access the support.

Using the bivariate results, the study team also calculated equity gap scores, or the ratio of the participant group with the highest percentage (worst in category) to the participant group with the lowest percentage (best in category). An equity gap score of 1.0 symbolizes equal availability—the smaller the score, the lesser the inequality. The equity gap score focuses the difference in the availability of policies and practices on the racial and ethnic group with the most and least availability instead of on a predetermined reference group. It provides the scale of the racial and ethnic disparities.

3. Logistic Regression Analyses

The study team explored the association between equity-forward practices and local agency characteristics using logistic regression. The dependent variable was the presence of an equity-forward practice, and the two independent variables of interest were urbanicity and ethnoracial composition, defined for analysis purposes as having a caseload where more than 10 percent of participants identify with a given ethnoracial group.

- ▶ **Percentage of participants in a local agency identifying as a given ethnoracial category:** WIC participants either self-identify or are assigned an ethnoracial category during their certification appointment. The study team aggregated the number of participants who identify with a given ethnoracial group and divided the number by the total number of participants in a local agency.
- ▶ **Local agency urbanicity:** The study team used the urbanicity variable from WIC PC 2022, which delineates metropolitan, micropolitan, and rural areas. The WIC PC 2022 study team created the urbanicity variable by identifying the Census tract code associated with each local agency address and merging on RUCA codes.²

All regressions were weighted to account for WIC BPI II Local Agency Survey nonresponse (see table B.6). Regressions included other covariates that may influence the presence of an equity-forward practice. Table B.7 outlines other covariates and their descriptions.

² For additional information, see <https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes/>.

Table B.7. Logistic Regression Covariate Descriptions

Covariate	Source	Variable Descriptions
Local agency FNS Region	WIC Local Agency Directory	<p>WIC Local Agency Directory categorizes 89 State agencies into 7 Regional Offices:</p> <ul style="list-style-type: none"> ■ Mid-Atlantic ■ Midwest ■ Mountain Plains ■ Northeast ■ Southeast ■ Southwest ■ Western
Local agency size	WIC PC 2022	<p>Local agencies are categorized depending on their State agencies' FNS Region</p> <p>WIC participants certified to receive benefits in April 2022 were aggregated to local agency level:</p> <ul style="list-style-type: none"> ■ Small: Less than 1,000 participants ■ Medium: 1,000 to 4,999 participants ■ Large: 5,000 or more participants
WIC local agency type	WIC BPI II Local Agency Survey; WIC Local Agency Directory	<p>WIC BPI II Local Agency Survey respondents identified their local agencies as one of the following local agency types (question 1):</p> <ul style="list-style-type: none"> ■ City/county/State health department ■ Native American or Tribal Organization ■ Federally qualified health center ■ Hospital ■ Community-based health center or organization ■ Community-based social service organization ■ Faith-based organization ■ Nonprofit organization ■ Other <p>For this analysis, the study team classified all local agencies in a State agency that is identified as an Indian Tribal Organization in the WIC Local Agency Directory as a Native American or Tribal Organization, regardless of their response to question 1. The number of local agencies identifying as community-based social service organizations, faith-based organizations, or other, were too small for the analysis; therefore, the study team grouped them into one "Other" category. The described re-coding resulted in the following categorization of local agencies:</p> <ul style="list-style-type: none"> ■ City/county/State health department ■ Native American or Tribal Organization ■ Federally qualified health center ■ Hospital ■ Community-based health center or organization ■ Nonprofit organization ■ Other

Covariate	Source	Variable Descriptions
Percentage of participants in local agency with household incomes at 100 percent or less of FPG	WIC PC 2022	<p>WIC PC 2022 data capture participant household income as percentage of FPG using participant household income and size. Study team aggregated number of participants in each local agency with household incomes at 100 percent or less of FPG.</p> <p>Local agencies were categorized as those with 50 percent or less of participants with household incomes at 100 percent or less of FPG and those with more than 50 percent of participants with incomes at 100 percent or less of FPG.</p>
Percentage of infants aged 6 to 13 months old who initiated breastfeeding in local agency	WIC PC 2022	<p>WIC PC 2022 data capture infant breastfeeding status using infant age, infant age at breastfeeding status collection, and current and ever breastfeeding status. Study team aggregated number of 6-to-13-month-old infants and children in each local agency who are either currently breastfeeding or ever breastfed. Team also aggregated total number of 6-to-13-month-old infants and children and number of 6-to-13-month-old infants and children with missing breastfeeding data. Aligned with WIC PC 2022 guidelines for missing data, local agencies with 75 percent or more of 6-to-13-month-old infants and children with missing breastfeeding data are excluded from analysis (66 local agencies). Percentage of 6-to-13-month-old infants and children who initiated breastfeeding is determined based on those with nonmissing data.</p> <p>Local agencies were categorized as those with 70 percent or less of 6-to-13-month-old infants and children who initiated breastfeeding and those with more than 70 percent of 6-to-13-month-old infants and children who initiated breastfeeding. Seventy percent is reflective of the breastfeeding initiation rate in 2022 among WIC participants (Zvavitch et al., 2024).</p>

FPG = Federal Poverty Guidelines; WIC PC 2022 = WIC Participant and Program Characteristics 2022

Model building

The study team employed several model building techniques that resulted in the presented logistic regressions. After the identification of the outcome and key variables of interest, the team aimed to account for outstanding variation in local agency equity-forward policy availability.

- ▶ Model building considered and tested for collinearity using a correlation matrix. For example, in the model focused on local agency composition of participants who identify as non-Hispanic American Indian or Alaska Native, the study team did not include WIC local agency type because these variables are highly correlated. Most local agencies that serve caseloads where more than 10 percent of participants identify as non-Hispanic American Indian or Alaska Native are run by Native American or Tribal Organizations.
- ▶ Inclusion of local agency characteristics was driven by their relationship with local agency breastfeeding-related policies and practices, as outlined in the WIC BPI II local agency report. These characteristics could explain variation in the availability of these polices outside of the ethnoracial composition of a local agency. For example, 90.2 percent of large local agencies operated a peer counseling program compared to 53.7 percent of small local agencies (see appendix table E.3).
- ▶ Inclusion of local agency characteristics was additionally driven by their effect on the model Akaike information criterion (AIC). A lower AIC indicates a better fit model. For example, the inclusion of the percentage of infants aged 6 to 13 months who initiated breastfeeding in a local agency decreased the model AIC, therefore indicating the model with that local agency characteristic as better specified than a model without.

Appendix C. Instruments

This appendix provides a copy of the WIC Breastfeeding Policy Inventory II (WIC BPI II) State Agency Survey, the WIC BPI II Local Agency Survey, and applicable fiscal year 2022 WIC State Plan functional area checklist templates.

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WIC Breastfeeding Policy Inventory II, State Agency Survey

Thank you for completing this survey for the WIC Breastfeeding Policy Inventory II project. This project is funded by the U.S. Department of Agriculture's (USDA) Food and Nutrition Service (FNS) under contract 12319821F0051 with Insight Policy Research. This survey collects information on WIC policies, practices, and procedures for a limited set of topics related to WIC breastfeeding support. All State agencies are asked to complete this survey. Your responses to the survey questions will be combined with responses from other State agencies to develop a national profile. No respondent names will be identified in the survey summary or any reports prepared with the survey responses.

This survey is for [SA_Name].

Please complete the survey by 9/20/22.

Most questions include a "button" or a "box" to select a response. Some questions require number or text responses. The survey will take about 20 minutes to complete. For optimal survey experience, please complete the survey from a PC rather than a mobile device.

If you have any problems completing the survey, please contact

WICbreastfeeding@insightpolicyresearch.com

OMB Number: 0584-0613 Expiration: 05/31/2024 Paperwork Burden Statement

This information is being collected to assist the Food and Nutrition Service in providing a comprehensive description of breastfeeding statistics, policies, procedures, and practices at the local and State WIC agency level. This is a voluntary collection and FNS will use the information to improve WIC breastfeeding policies and practices moving forward. This collection does not request any personally identifiable information under the Privacy Act of 1974. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0613. The time required to complete this information collection is estimated to average 0.33 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22306 ATTN: PRA (0584-0613). Do not return the completed form to this address.

PROGRAMMING NOTE: All questions require a response.

Your State Agency

1. Which of the following titles match your role(s) in WIC? (Select all that apply)

- [1] State Director
- [2] State Nutrition Coordinator
- [3] State Breastfeeding Coordinator
- [4] State Breastfeeding Peer Counseling Program Coordinator
- [-8] Other (*specify*): _____

Breastfeeding Peer Counseling Program

The next questions ask about the Breastfeeding Peer Counseling Program, a service available within **WIC to help each participant find success with their individual breastfeeding goals.**

2. Does your State agency currently operate a WIC Breastfeeding Peer Counseling Program?

- [1] Yes
- [0] No → **PROGRAMMING NOTE: IF NO, GO TO Q5.**

3. Which of the following types of information does your State agency use when allocating Breastfeeding Peer Counseling Program funds to local agencies? (*Select all that apply*)

- [1] Local agency or site capacity to operate a Breastfeeding Peer Counseling Program
- [2] Local breastfeeding initiation rates
- [3] Local breastfeeding duration rates
- [4] Local agency or site caseload size
- [5] Local agency or site request
- [-7, exclusive] We do not have criteria that determine how we allocate funds for a Breastfeeding Peer Counseling Program
- [-8] Other (*specify*) _____

4. What does your State agency do to promote and encourage the WIC Breastfeeding Awards of Excellence (formerly known as *Loving Support Awards*) among local agencies? (*Select all that apply*)
- [1] Identifies practices that lead to a successful application
 - [2] Reviews and shares breastfeeding data with local agencies/programs
 - [3] Actively encourages participation
 - [4] Aids with the application process
 - [5] Conducts statewide webinars or calls
 - [-7, exclusive] Does not actively promote and encourage the WIC Breastfeeding Awards of Excellence
 - [-8] Other (*specify*) _____



Learn Together. Grow Together Breastfeeding Materials and Resources

The next questions ask about your State agency's use of the USDA's *Learn Together. Grow Together* breastfeeding support materials and resources. These materials and resources were released in 2018 to replace *Loving Support*. Please do not consider activities involving *Loving Support* materials and resources in your answers.

5. Which of the following has your State agency used to promote *Learn Together. Grow Together*? (*Select all that apply*)
- [1] Promoted mobile-friendly website to mothers, staff, and partners
 - [2] Used social media to amplify *Learn Together. Grow Together* messages
 - [3] Developed partnerships to create supportive breastfeeding environments
 - [4] Displayed and distributed the branded materials and resources
 - [5] Fostered and grew the Breastfeeding Peer Counseling Program using *Learn Together. Grow Together* materials and resources
 - [6] Implemented the Buddy Program to bring mothers together for additional support
 - [7] Trained local agencies/staff on how to use *Learn Together, Grow Together* materials and resources such as videos, social media, posters, articles, etc.
 - [8] Shared or promoted *Learn Together. Grow Together* materials and resources with local agencies
 - [9] Participated in an externally funded (e.g., University of Reno Nevada grant) program to implement, test, or distribute *Learn Together. Grow Together* materials and resources
 - [-7, exclusive] Has not used the *Learn Together. Grow Together* materials and resources
 - [-8] Other (*specify*) _____

PROGRAMMING NOTE: IF RESPONDENT SELECTED “[-7] Has not used,” GO TO Q9.

6. What challenges has your State agency encountered while using *Learn Together. Grow Together* materials and resources? (Select all that apply)
- [1] Technical challenges related to accessing materials and resources online or directing participants to the website [Program challenge type in Q7A as “technical challenges”]
 - [2] Some of the materials and resources do not seem appropriate for our participants [Program challenge type in Q7B as “messaging/fit challenges”]
 - [3] Some materials and resources are not available in languages other than English [Program challenge type in Q7C as “messaging/fit challenges”]
 - [4] Local agencies/staff do not have the time to use and promote *Learn Together. Grow Together* [Program challenge type in Q7D as “time challenges”]
 - [5] Local agencies/staff are reluctant or resistant to use and promote the *Learn Together. Grow Together* materials and resources [Program challenge type in Q7E as “training challenges”]
 - [6] We do not have the resources to train local agencies/staff on how to promote *Learn Together. Grow Together* [Program challenge type in Q7F as “resource challenges”]
 - [-7, exclusive] We did not experience any challenges using *Learn Together. Grow Together*

PROGRAMMING NOTE: IF RESPONDENT SELECTED “[-7] We did not experience any challenges ... ,” GO TO Q8.

7. 7A-7F. You indicated your State agency faced [INSERT CHALLENGE TYPE based on Q6 response] challenges. In a few sentences, what has your State agency done or what would help to address this challenge?

PROGRAMMING NOTE: REPEAT FOR EACH CHALLENGE NOTED IN Q6. IF Q6 = 2 and 3, only show 7B.

8. What steps have been taken to assess your State agency’s use of the *Learn Together. Grow Together* materials and resources? (Select all that apply)
- [1] Tracked the distribution of materials and resources such as posters, flyers, and handouts
 - [2] Monitored social media (i.e., shares and likes) and other web-based measures of dissemination
 - [3] Examined how well the key messages were received (i.e., acceptable) and/or understood by our participants
 - [4] Examined the effects of the materials and resources on breastfeeding outcomes (e.g., initiation, frequency, duration, intensity) among our participants
 - [-7, exclusive] No steps have been taken to measure our efforts or the effects of the *Learn Together. Grow Together* materials and resources

PROGRAMMING NOTE: IF RESPONDENT CHECKED “[4] Examined the effects ...,” GO TO Q8A; OTHERWISE, GO TO Q9.

8A. Which of the following outcomes did you examine? (*Select all that apply*)

- [1] Initiation of breastfeeding
- [2] Frequency of breastfeeding
- [3] Duration of breastfeeding
- [4] Intensity of breastfeeding
- [-8] Other (*specify*) _____

Virtual Breastfeeding Support and Counseling

Next, we would like to know what your State agency has done to support *virtual breastfeeding counseling*. By *virtual breastfeeding counseling*, we mean counseling offered by phone, video, or email when WIC staff and participants cannot meet in person.

9. Think about the support *you currently provide* to local agencies/staff related to virtual breastfeeding counseling. Now think about the support *you would like to provide*. What additional resources would your State agency need to bolster virtual breastfeeding counseling services at the local agency/program level? (*Select all that apply*)

- [1] Better technology, such as faster computers and improved access to the internet for our counselors and service providers
- [2] Funding to access video chat software or platform
- [3] Training or resources on how to use virtual service technology
- [4] Training or resources on how to effectively engage participants or share materials in a virtual setting
- [-7, exclusive] We do not need additional resources at this time
- [-8] Other (*specify*) _____

10. Which of the following best describes how your State agency obtains feedback about virtual breastfeeding counseling?

- [1] We solicit feedback from staff (e.g., through surveys or other forms)
- [2] We solicit feedback from participants (e.g., through surveys or other forms)
- [3] We solicit feedback from participants and staff (e.g., through surveys or other forms)
- [-7] We do not solicit feedback from staff or participants but accept feedback when it is provided

Next, we would like to know what your State agency has done to support *virtual breastfeeding education*. By *virtual breastfeeding education*, we mean education that is offered to clients through an online platform or website.

11. Does your State agency provide local agencies/participants an online platform or website that gives them access to breastfeeding education materials?

- [1] Yes If yes → Please specify the platform or website: _____
- [0] No → **PROGRAMMING NOTE: IF NO, GO TO Q13.**

12. Which of the following describes the online platform or website your State agency uses to provide breastfeeding education? *(Select all that apply)*

- [1] A platform or website developed by our State agency
- [2] A publicly available (no-cost) platform or website available to WIC staff and participants
- [3] A platform or website that we pay to access
- [-8] Other *(specify)* _____

Improving Access and Inclusion

The next questions ask about practices some WIC agencies use to promote inclusion and address disparities to ensure all WIC participants have access to the resources and opportunities they need to support their breastfeeding decisions.

13. Does your State agency provide training to support the needs of pregnant and breastfeeding/chestfeeding parents with diverse gender identities in the following ways?

- | [1] Yes | [0] No | |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | [1] Gender-inclusive language on forms and communications |
| <input type="radio"/> | <input type="radio"/> | [2] Updated bathroom signage to be more inclusive of all gender identities |
| <input type="radio"/> | <input type="radio"/> | [3] Counseling tailored to individuals to be more inclusive of all gender identities and breastfeeding/chestfeeding |
| <input type="radio"/> | <input type="radio"/> | [4] Referrals to resources outside of WIC for persons with diverse gender identities |
| <input type="radio"/> | <input type="radio"/> | [-8] Other <i>(specify)</i>
_____ |

14. Does your State agency have a written policy that supports the needs of pregnant and breastfeeding/chestfeeding parents with diverse gender identities in the following ways?

[1] Yes [0] No

- [1] Gender-inclusive language on forms and communications
- [2] Updated bathroom signage to be more inclusive of all gender identities
- [3] Counseling tailored to individuals to be more inclusive of all gender identities and breastfeeding/chestfeeding
- [4] Referrals to resources outside of WIC for persons with diverse gender identities
- [-8] Other (*specify*)

Breastfeeding Measures

The next questions ask about how your State agency defines and collects information on measures of breastfeeding activity.

15. Does your State agency record the following information on breastfeeding duration in the State Management Information System (MIS)?

[1] Yes [0] No

- [1] Breastfeeding start and end dates
- [2] The length of time as reported by the mother in days
- [3] The length of time as reported by the mother in weeks
- [4] The length of time as reported by the mother in months
- [5] The length of time an infant receives a fully or partially breastfeeding food package
- [-8] Other (*specify*)

16. Which of the following measures of breastfeeding activity does your State agency record in the State MIS or other statewide WIC data system? (*Select all that apply*)

- [1] Indicator that infant **has received** solids, water, or other liquids besides breast milk
- [2] Indicator that infant **has not received** solids, water, or other liquids besides breast milk
- [3] Date infant was first fed solids, water, or other liquids besides breast milk
- [4] Indicator that the mother receives the fully breastfeeding food package
- [5] Percentage of total feedings that were breast milk in a given period of time (e.g., per day)
- [6] Number of breast milk feedings and number of non-breast milk feedings in a given period of time (e.g., per day)

- [7] Indicator that breast milk feedings exceed a certain threshold, such as 50 percent, in a given period
- [8] Categorical indicator for degree an infant is breastfed (e.g., fully, some, partially)
- [-9, exclusive] None of the above
- [-8] Other (*specify*) _____

17. Does your State agency use the term “*breastfeeding intensity*” to characterize breastfeeding behavior?

- [1] Yes
- [0] No → **PROGRAMMING NOTE: IF NO, GO TO Q19**

18. How does your State agency define breastfeeding intensity?

19. Does your State agency use the term “*breastfeeding exclusivity*” to characterize breastfeeding behavior?

- [1] Yes
- [0] No → **PROGRAMMING NOTE: IF NO, END SURVEY**

20. How does your State agency define breastfeeding exclusivity?

WIC Breastfeeding Policy Inventory II, Local Agency Survey

Thank you for completing this survey for the WIC Breastfeeding Policy Inventory II project. This project is funded by the U.S. Department of Agriculture's (USDA) Food and Nutrition Service (FNS) under contract 12319821F0051 with Insight Policy Research. This survey collects information on WIC policies, practices, and procedures for a limited set of topics related to WIC breastfeeding support. All local agencies are asked to complete this survey. Your responses to the survey questions will be combined with responses from other local agencies to develop a national profile. No respondent names will be identified in the survey summary or any reports prepared with the survey responses.

This survey is for [LA_Name].

Please complete the survey by 9/20/22.

Most questions include a "button" or a "box" to select a response. Some questions require number or text responses. The survey will take about 20 minutes to complete. For optimal survey experience, please complete the survey from a PC rather than a mobile device.

If you have any problems completing the survey, please contact

WICbreastfeeding@insightpolicyresearch.com

OMB Number: 0584-0613 Expiration: 05/31/2024 Paperwork Burden Statement

This information is being collected to assist the Food and Nutrition Service in providing a comprehensive description of breastfeeding statistics, policies, procedures, and practices at the local and State WIC agency level. This is a voluntary collection and FNS will use the information to improve WIC breastfeeding policies and practices moving forward. This collection does not request any personally identifiable information under the Privacy Act of 1974. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0613. The time required to complete this information collection is estimated to average 0.33 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22306 ATTN: PRA (0584-0613). Do not return the completed form to this address.

PROGRAMMING NOTE: Unless specified, all questions require a response.

Your Local Agency/Program

- Which of the following *best* describes your local agency/program?
 - [1] City/county/State health department
 - [2] Native American or Tribal organization
 - [3] Federally qualified health center
 - [4] Hospital
 - [5] Community-based health center or organization
 - [6] Community-based social service organization
 - [7] Faith-based organization
 - [8] Nonprofit organization
 - [-8] Other (*specify*) _____
- For each paid staff position listed below, please provide your best estimate of how many people you have in each position within your local agency/program. If a person fills more than one role in your local agency/program, please allocate their full-time equivalent (FTE) according to how they divide their time. If your local agency/program does not have employees in a role, or if a position is currently vacant, enter "0."

Staff Role	Full-Time Equivalent (FTE)
[1] Clerical or Support Staff	_____ (Valid Range: 0–100)
[2] Competent Professional Authority	_____ (Valid Range: 0–100)
[3] Breastfeeding Peer Counselor	_____ (Valid Range: 0–100)
[4] WIC Designated Breastfeeding Expert*	_____ (Valid Range: 0–100)
[5] Breastfeeding Coordinator	_____ (Valid Range: 0–100)
[6] Registered/Licensed Dietitian	_____ (Valid Range: 0–100)
[7] Breastfeeding Peer Counseling Program Coordinator	_____ (Valid Range: 0–100)

* A *WIC Designated Breastfeeding Expert* is an individual who is an expert with special experience or training in helping breastfeeding mothers and who provides breastfeeding expertise and care for more complex breastfeeding problems when WIC staff face situations outside their scope of practices.

3. For each staff role listed in the table, indicate whether your local agency/program uses the listed resources to provide breastfeeding training and education. *(Select all that apply)*

Staff Role	[1] WIC Works WIC Learning Online Modules	[2] FNS WIC Breastfeeding Website	[3] FNS Breastfeeding Curricula	[4] Other (i.e., Non-FNS) Breastfeeding Training
[1] Clerical or Support Staff
[2] Competent Professional Authority
[3] Breastfeeding Peer Counselor
[4] WIC Designated Breastfeeding Expert
[5] Breastfeeding Coordinator
[6] Registered/Licensed Dietitian
[7] Breastfeeding Peer Counseling Program Coordinator

PROGRAMMING NOTES:

- ▶ **IF RESPONDENT SELECTED ANY [4] “OTHER” BOXES, SHOW Q4.**
- ▶ **IF RESPONDENT DID NOT SELECT ANY [3] FNS BREASTFEEDING CURRICULA BOXES, SHOW Q5.**

4. Specify the other (i.e., non-FNS) resources used for breastfeeding training and education.
-

5. Please explain why your local agency does not use FNS Breastfeeding Curricula.
-

6. How does your local agency/program collaborate with community partners such as healthcare facilities, social service agencies, faith-based organizations, and others to promote breastfeeding? *(Select all that apply)*

- [1] Implement breastfeeding promotion campaigns
- [2] Convene/facilitate/participate in breastfeeding coalitions
- [3] Provide breastfeeding training events for WIC and non-WIC personnel
- [4] Educate employers about lactation accommodations
- [-7, exclusive] We do not collaborate with community partners
- [-8] Other (*specify*) _____

Breastfeeding Peer Counseling Program

The next questions ask about the Breastfeeding Peer Counseling Program, a service available within WIC to help each participant find success with their individual breastfeeding goals.

7. Does your local agency/program currently operate a WIC Breastfeeding Peer Counseling Program?
- [1] Yes
 - [0] No → **PROGRAMMING NOTE: IF NO, GO TO Q12.**
8. How many Breastfeeding Peer Counselors currently work with your local agency/program?
- _____ Open text (Valid Range: 0–100)
9. How many Breastfeeding Peer Counselors do you need to serve all breastfeeding clients who want to receive Breastfeeding Peer Counseling support?
- _____ Open text (Valid Range: 0–100)
10. What type(s) of training or continuing education does your local agency/program provide for Breastfeeding Peer Counselors? (*Select all that apply*)
- [1] Standardized training using FNS-developed curricula
 - [2] Ongoing training or continuing education at regularly scheduled meetings (e.g., National WIC Association webinars, local breastfeeding coalition meetings)
 - [3] Opportunities to “shadow” or observe lactation experts or other Breastfeeding Peer Counselors
 - [4] A breastfeeding/lactation support certificate program, such as CLC, CLS, CLE
 - [5] Training/experience toward the International Board Certified Lactation Consultant (IBCLC) credential
 - [6] Training/experience toward becoming a WIC Designated Breastfeeding Expert
 - [-7, exclusive] Our local agency/program does not provide training or continuing education opportunities for Breastfeeding Peer Counselors
 - [-8] Other (*specify*) _____

11. In which of the following physical settings do Breastfeeding Peer Counselors from your local agency/program interact with participants? Please consider what you did prior to the COVID-19 pandemic and what you are currently doing. *Do not consider appointment reminders as an interaction. (Select all that apply)*

Setting	[1] Prior to the COVID-19 Pandemic	[2] Currently
[1] Participants' homes via home visits
[2] Hospitals after delivery
[3] WIC site
[4] Community locations other than the WIC site (e.g., library, park, community center)
[-9, exclusive] None of the above
[-8] Other (specify)

WIC Designated Breastfeeding Experts

The 2013 WIC Nutrition Services Standards describe the WIC Designated Breastfeeding Expert as follows:

An individual who is an expert with special experience or training in helping breastfeeding mothers and who provides breastfeeding expertise and care for more complex breastfeeding problems when WIC staff face situations outside their scope of practices.

As you answer the following questions, think about the people who both fit this description and are qualified for the role of WIC Designated Breastfeeding Expert. Qualifications include those listed in the 2013 WIC Nutrition Services Standards and any additional qualifications established by your State agency.

PROGRAMMING NOTE: ADD THE FOLLOWING LINKED TEXT FOR “Qualifications”

A WIC-Designated Breastfeeding Expert has all of the following credentials:

- 1. Successful completion of the FNS competency-based training for WIC Breastfeeding Curriculum (levels 1–4) OR a State-approved competency-based breastfeeding training consistent with the FNS WIC Breastfeeding Curriculum levels 1–4.**
- 2. Minimum of 1 year of experience in counseling breastfeeding mother/infant dyads.**
- 3. Is a Physician or Nutritionist (Master’s or Bachelor’s degree in Nutritional Sciences, Community Nutrition, Clinical Nutrition, Dietetics, Public Health Nutrition or Home Economics with emphasis in Nutrition), IBCLC, Dietitian, Registered Nurse, Physician’s Assistant certified by the National Committee on Certification of Physician’s Assistants, or has completed a minimum of eight college courses from an accredited institution in the Health Sciences (suggested coursework includes Human Anatomy, Human Physiology, Biology, Infant Growth and Development, Nutrition, Counseling Skills, Sociology, Introduction to Clinical Research, etc.).**

12. How many WIC Designated Breastfeeding Experts currently work with your local agency/program?
_____ Open text (Valid Range: 0–100)

PROGRAMMING NOTE: IF RESPONDENT INDICATED “0,” GO TO Q14.

13. What other WIC roles or job titles do your local agency/program’s Designated Breastfeeding Experts currently hold? *(Select all that apply)*

- [1] WIC Director/Coordinator
- [2] Site Supervisor
- [3] Registered/Licensed Dietitian (RD)
- [4] Degreed Nutritionist, not RD
- [5] International Board Certified Lactation Consultant (IBCLC)
- [6] Certified Lactation Consultant (CLC, CLS, or CLE)
- [7] Competent Professional Authority
- [8] Trained Nutrition Paraprofessional (e.g., Nutrition Assistant, Nutrition Aide, Diet Technician)
- [9] Nurse/Nurse Practitioner
- [10] Clerical or Support Staff
- [11] Breastfeeding Coordinator
- [12] Breastfeeding Peer Counseling Program Manager
- [13] Breastfeeding Peer Counselor
- [-7, exclusive] Designated Breastfeeding Experts hold no other WIC roles or job titles
- [-8] Other *(specify)* _____

Learn Together. Grow Together Materials and Resources

The next questions ask about your local agency/program’s use of USDA’s *Learn Together. Grow Together* breastfeeding support materials and resources. These materials and resources were released in 2018 to replace *Loving Support*. Do not consider activities involving *Loving Support* materials and resources in your answers.



14. Which of the following approaches has your local agency/program used to promote the *Learn Together. Grow Together* materials and resources? *(Select all that apply)*

- [1] Promoted mobile-friendly website to mothers, staff, and partners
- [2] Used social media to amplify *Learn Together. Grow Together* messages
- [3] Developed partnerships to create supportive breastfeeding environments

- [4] Displayed and distributed the branded materials and resources
- [5] Fostered and grew the peer counselor program using *Learn Together. Grow Together* materials and resources
- [6] Used the *Buddy Program* to bring mothers together for additional support
- [7] Trained local agency/program staff on *Learn Together. Grow Together* materials and resources
- [8] Participated in an externally funded (e.g., University of Reno Nevada grant) program to implement, test, or distribute *Learn Together. Grow Together* materials and resources
- [-7, exclusive] Has not used the *Learn Together. Grow Together* materials or resources
- [-8] Other (specify) _____

PROGRAMMING NOTES

▶ **IF RESPONDENT SELECTED “[-7] Has not used,” SKIP TO Q17.**

15. Has your local agency/program used the following *Learn Together. Grow Together* materials and resources?

- | [1] Yes | [0] No | |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | [1] Mom Motivation (Find Your Hold, Self-Care, Breastmilk Phases) |
| <input type="radio"/> | <input type="radio"/> | [2] Thriving Baby (What’s Your Baby Telling You, Learn About the Phases of Breastfeeding, Help Others Thrive) |
| <input type="radio"/> | <input type="radio"/> | [3] WIC Resources (Your Food Package, Your Breastfeeding Support Team, Your Breastfeeding Journey) |
| <input type="radio"/> | <input type="radio"/> | [4] Breastfeeding Tips (Breastfeeding Basics, The Football Hold, Understanding Substance Use) |
| <input type="radio"/> | <input type="radio"/> | [5] Family and Friends (Family and Friends Can Help, Dads Can Help, Teamwork) |

16. Has your local agency/program used the following *Learn Together. Grow Together* materials and resources in sites, promoted on social media, or distributed directly to participants?

- | [1] Yes | [0] No | |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | [1] Posters |
| <input type="radio"/> | <input type="radio"/> | [2] Educational materials |
| <input type="radio"/> | <input type="radio"/> | [3] Videos |
| <input type="radio"/> | <input type="radio"/> | [4] Social media resources |
| <input type="radio"/> | <input type="radio"/> | [5] Resources for fathers and grandparents |
| <input type="radio"/> | <input type="radio"/> | [-8] Other (specify) _____ |

Virtual Breastfeeding Services and Counseling

Next, we would like to know what your local agency/program has done to provide virtual breastfeeding services to WIC participants. By *virtual* we mean counseling offered by phone, video, or online and educational materials provided when WIC staff and participants cannot meet in person.

17. How is your local agency/program providing virtual breastfeeding counseling and support (e.g., educational materials)? (*Select all that apply*)

- [1] Live, one-on-one counseling sessions by video call (e.g., Zoom, Doxy.Me)
- [2] Live group counseling sessions by video call (e.g., Zoom, Doxy.Me)
- [3] Live one-on-one counseling sessions by telephone
- [4] Live group counseling sessions by telephone
- [5] Prerecorded counseling videos
- [6] Interactive online platform*
- [7] Online reading materials
- [8] Social media
- [9] Text messaging
- [10] Mailed hardcopy reading materials
- [-9, exclusive] None of the above
- [-8] Other (*specify*) _____

* *Interactive online platform* refers to a website that can include learning modules, chat functions, bulletin boards, and calendars.

For the next two questions, think about how virtual breastfeeding counseling sessions with participants are documented in your statewide WIC data system (i.e., Management Information System).

18. Are virtual breastfeeding counseling sessions documented the same way as in-person breastfeeding counseling sessions?

- [1] Yes → **PROGRAMMING NOTE: IF YES, GO TO Q19**
- [0] No

18A. Please describe how virtual breastfeeding counseling encounters are documented in your statewide WIC data system.

_____ Open text

19. Can all WIC staff at your local agency/program access information about virtual breastfeeding counseling sessions for continuity of care?

- [1] Yes
- [0] No

20. Are the following types of training related to virtual breastfeeding counseling available to staff in your local agency/program?

- | [1] Yes | [0] No | |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | [1] Digital literacy/technical training |
| <input type="radio"/> | <input type="radio"/> | [2] Digital security and privacy training |
| <input type="radio"/> | <input type="radio"/> | [3] General telehealth provider training |
| <input type="radio"/> | <input type="radio"/> | [4] Training related to providing virtual breastfeeding support and counseling |
| <input type="radio"/> | <input type="radio"/> | [5] Virtual participant-centered techniques training |
| <input type="radio"/> | <input type="radio"/> | [-8] Other (specify) _____ |

Improving Access and Inclusion

The next questions ask about practices some WIC agencies use to promote inclusion and address disparities to ensure all WIC participants have access to the resources and opportunities they need to support their breastfeeding decisions.

21. Does your local agency/program have rural participants in its service area?

- Yes [1] → **PROGRAMMING NOTE: IF YES, GO TO Q22**
- No [0]

21A. Does your local agency/program currently use the following practices to meet the needs of rural breastfeeding participants?

- | [1] Yes | [0] No | |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | [1] Special site hours to accommodate travel time |
| <input type="radio"/> | <input type="radio"/> | [2] Use of mobile sites in rural areas |
| <input type="radio"/> | <input type="radio"/> | [3] Special appointment/scheduling procedures for rural participants |
| <input type="radio"/> | <input type="radio"/> | [4] Virtual breastfeeding services |
| <input type="radio"/> | <input type="radio"/> | [-8] Other (specify) _____ |

22. Does your local agency/program currently use the following practices to meet the needs of employed breastfeeding participants?

[1] Yes [0] No

- [1] Early morning/evening site hours, by appointment
- [2] Early morning/evening site hours, walk-in basis
- [3] Weekend hours, by appointment
- [4] Weekend hours, walk-in basis
- [5] Priority appointment scheduling during regular site operations
- [6] Food instrument/cash-value voucher mailing procedures specifically designed for working participants
- [7] Expedited site procedures for working participants
- [8] Evening/weekend breastfeeding support
- [9] Virtual breastfeeding services
- [-8] Other (specify)_____

23. For each language in the table below, please indicate the resources your local agency/ program provides to accommodate the needs and preferences of participants who request breastfeeding counseling and support.

Language	[1] Written Materials	[2] Multilingual WIC Breastfeeding Staff	[3] Provide Access to a Language Line or Translation Service
[1] Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[2] French/Haitian Creole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[3] Vietnamese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[4] Chinese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[5] Other Asian/Pacific Languages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[6] Native American/ Tribal Languages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[7] Russian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[8] Somali	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[9] Arabic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[10] Braille	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[11] American Sign Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[-8] Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROGRAMMING NOTE: QUESTIONS 24 AND 25 TO DISPLAY ON THE SAME PAGE

24. Does your local agency/program take the following actions to meet the needs of pregnant and breastfeeding/chestfeeding parents with diverse gender identities?

[1] Yes

[0] No

- | | | |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | [1] Uses gender-inclusive language on forms and communications |
| <input type="radio"/> | <input type="radio"/> | [2] Uses bathroom signage inclusive of all gender identities |
| <input type="radio"/> | <input type="radio"/> | [3] Asks participants for their preferred pronoun at the beginning of an appointment |
| <input type="radio"/> | <input type="radio"/> | [4] Provides tailored counseling to be more inclusive of all gender identities to people who wish to breastfeed/chestfeed |
| <input type="radio"/> | <input type="radio"/> | [5] Refers participants to resources outside WIC for persons with diverse gender identities |
| <input type="radio"/> | <input type="radio"/> | [-8] Other (specify)_____ |

PROGRAMMING NOTE: IF Q24_5 IS "YES," ADD OPEN TEXT FIELD:

24A. You selected "refers participants to resources outside WIC for persons with diverse gender identities." Please specify which resources: _____

25. Please tell us about any current discussions and/or interests your local agency has about addressing the needs of pregnant and breastfeeding/chestfeeding parents with diverse gender identities.

26. Does your local agency/program receive staff training or continuing education on health equity* topics?

- [0] No, this type of training is not offered
- [1] Yes, this type of training is offered on an optional basis to our staff
- [2] Yes, this type of training is offered and required of our staff

***Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This approach requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and healthcare.**

PROGRAMMING NOTE: IF RESPONDED "YES [1 or 2]," GO TO Q27. IF RESPONDED "NO [0]," SKIP TO Q28.

27. Please indicate the sources used for health equity training at your local agency. *(Select all that apply)*

- [1] State
- [2] County
- [3] Community health organization
- [-8] Other (specify) _____

28. Please describe anything not captured in the previous questions that your local agency/program is doing to improve access and inclusion for underserved WIC participant groups (e.g., rural participants, immigrants) or WIC participant groups with longstanding health disparities.*

* A health disparity is present if a health outcome is seen to a greater or lesser extent between populations. Race or ethnicity, sex, sexual identity, age, disability, socioeconomic status, and geographic location all contribute to an individual's ability to achieve good health (Healthy People 2020).

You and Your Role in WIC

These last questions ask about you and your role in WIC.

29. Which of the following *most closely* matches your current primary role in WIC?

- [1] WIC Program Manager, Director, or Supervisor
- [2] Breastfeeding Coordinator
- [3] Breastfeeding Peer Counseling Program Supervisor/Manager
- [4] Breastfeeding Peer Counselor
- [5] Nutritionist, Registered/Licensed Dietitian, WIC Competent Professional Authority, or Nutrition Assistant
- [6] Lactation Consultant (e.g., IBCLC, CLC, CLS, CLE)
- [-8] Other (*specify*) _____

30. Which of the following additional roles do you fill at WIC? (*Select all that apply*)

- [1] WIC Program Manager, Director, or Supervisor
- [2] Breastfeeding Coordinator
- [3] Breastfeeding Peer Counseling Program Supervisor/Manager
- [4] Breastfeeding Peer Counselor
- [5] Nutritionist, Registered/Licensed Dietitian, WIC Competent Professional Authority, or Nutrition Assistant
- [6] Lactation Consultant (e.g., IBCLC, CLC, CLS, CLE)
- [-8] Other (*specify*) _____

31. How long have you been employed by WIC in your current role?

Years _____ (Range: 0-50) Months _____ (Range: 0-11)

WIC State Plan Functional Area II: Nutrition Services

(Please indicate) **State Agency:**

for **FY**

Nutrition services include the full range of activities performed by a variety of staff to operate a WIC Program such as, participant screening and assessment, nutrition education and counseling, breastfeeding promotion and support and health promotion, food package prescriptions, and health care referrals. WIC State agencies should refer to the WIC Nutrition Service Standards, available WIC Works Resource System at WIC Works for recommended criteria and best practices to incorporate activities that are consistent with providing quality nutrition services and revitalizing quality nutrition services (RQNS).

During a disaster or public health emergency, the State agency may request to implement existing WIC regulatory and programmatic flexibilities to support the continuation of Program benefits and services. State agencies should consider the overarching authority, i.e., Stafford Act or provision(s) authorized by Congress, before developing a policy and procedure. The State agency must provide a detailed description of how it plans to operationalize the flexibility through their procedure manual where applicable. Please note the State Plan Guidance is not intended to [include/capture] a description of waivers authorized by Congress with separate [reporting requirements and timeframes/terms and conditions], i.e. the Families First Coronavirus Response Act (PL 116-127).

- A. Nutrition Education-246.4(a)(9); 246.11(a)(1-3) (c)(1,3-7):** describe the nutrition education goals and action plan and the provisions for providing nutrition education contacts and materials to all participants including the special nutrition education needs of migrant farmworkers and their families, Native Americans, and homeless persons. Also describe methods to be used to provide drug and other harmful substance abuse prevention information. Establish standards for breastfeeding promotion and support including the development and/or maintenance of a peer counselor program consistent with the WIC Breastfeeding Model Components for Peer Counseling.
- B. Food Package Design-246.10:** describe the procedures for determining which foods should be authorized and how the food package should be nutritionally tailored and by whom and plans for substitutions or eliminations to WIC food package. In addition to regulations at 246.10, State agencies should refer to the Food Package Guidance Handbook and Frequently Asked Questions available on the FNS PartnerWeb.
- C. Staff Training-246.11(c)(2):** describe the training and technical assistance provided to WIC professional and paraprofessional personnel who provide nutrition education, and breastfeeding promotion/education to participants.

A. Nutrition Education

1. Nutrition Education Plans (§246.11)

- a. The State agency develops and coordinates the nutrition education component with consideration of local agency plans, needs, and available nutrition education resources. (§246.11(c)(1))

Yes No

- b. The State agency monitors local agency activities to ensure compliance with provisions set forth in paragraphs §246.11(c)(7), (d), and (e) of this section. (§246.11(c)(5))

Yes No

- c. The local agency develops an annual nutrition education plan that is consistent with the State's nutrition education component of Program operations. (§246.11(d)(2))

Yes No

- d. (i) The State agency requires that local agency nutrition education include:

- A needs assessment
- Goals and objectives for participants
- Evaluation/follow-up
- Other (list):

- (ii). The State agency monitors local agency progress toward meeting nutrition education goals, nutrition education action plans, and objectives via:

- Quarterly or annually written reports
- Year-end summary report
- Annual local agency reviews
- Other (specify):

- e. State policies reflect the definition of "nutrition education" as defined in §246.2 and in the Child Nutrition Act. The definition is "Nutrition education means individual and group sessions and the provision of materials that are designed to improve health status and achieve positive change in dietary and physical activity habits, and that emphasize the relationship between nutrition, physical activity, and health, all in keeping with the personal and cultural preferences of the individual."

Yes No

ADDITIONAL DETAIL: Nutrition Services Supporting Documentation:

2. Annual Assessment of Participant Views on Nutrition Education and Breastfeeding Promotion and Support

- a. Is an annual Assessment of Participant Views on Nutrition Education and Breastfeeding Promotion and Support conducted?

Yes No

b. Check below the method(s) used in the past fiscal year to assess participant views on nutrition education and breastfeeding promotion and support provided by WIC:

- State-developed questionnaire issued by local agencies
- Locally developed questionnaires (need approval by SA):

Yes No

State-developed questionnaire issued by State agency.

- Focus groups
- Other (Specify):

c. Results of participant views are:

- Used in the development of the State Plan
- Used in the development of local agency nutrition education plans and breastfeeding promotion and support plans
- Other (specify):

ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):

3. Nutrition Education Contacts (§246.11(a)(1-3): (1) Nutrition education shall be considered a benefit of the program, and shall be made available at no cost to the participant. Nutrition education shall be designed to be easily understood by participants, and it shall bear a practical relationship to participant nutritional needs, household situations, and cultural preferences including information on how to select food for themselves and their families. Nutrition education shall be thoroughly integrated into participant health care plans, the delivery of supplemental foods, and other Program operations. (2) Nutrition education is made available to all participants. Nutrition education may be provided through the local agencies directly, or through other agencies. At the time of certification, the local agency shall stress the positive, long term benefits of nutrition education and encourage the participant to attend and participate in nutrition education activities. However, individual participants shall not be denied supplemental foods for failure to attend or participate in nutrition education activities. (3) The State agency shall ensure that local agencies provide drug and other harmful substance abuse information to all pregnant, postpartum, and breastfeeding women and to parents or caretakers of infants and children participants. Drug and other harmful substance abuse information may also be provided to pregnant, postpartum, and breastfeeding women and to parents or caretakers of infants and children participating in local agency services other than the Program.)

a. The State agency assures that each local agency offers adult participants, parents, or caretakers of infant and child participants, and whenever possible, the child participants themselves at least two (≥ 2) nutrition education contacts per 6 month certification period, and quarterly nutrition education contacts to participants certified in excess of 6 months, to ensure adequate nutrition education in accordance with §246.11(e) via:

- Local agency addresses in the annual nutrition education plan
- State nutrition staff monitoring annually during local agency reviews
- Local agency providing periodic reports to State agency
- Other (specify):

b. The State agency has developed minimum nutrition education standards for the following participant categories:

- | | | |
|---|--|---|
| <input type="checkbox"/> Pregnant women | <input type="checkbox"/> Breastfeeding women | <input type="checkbox"/> Postpartum women |
| <input type="checkbox"/> Children | <input type="checkbox"/> Infants | <input type="checkbox"/> High-risk participants |

The minimum nutrition education standards address:

- | | | |
|---|--|--|
| <input type="checkbox"/> Exit counseling | <input type="checkbox"/> Protocols | <input type="checkbox"/> Breastfeeding promotion and support |
| <input type="checkbox"/> Number of contacts | <input type="checkbox"/> Documentation | <input type="checkbox"/> Information on substance abuse prevention |
| <input type="checkbox"/> Care plans | <input type="checkbox"/> Referrals | <input type="checkbox"/> Nutrition topics relevant to participant assessment |
- Counseling methods/teaching strategies
- Content (WIC appropriate topics)
- Appropriate use of educational reinforcement (videos, brochures, posters, etc.)

c. The State agency allows the following nutrition education delivery methods:

- Face-to-face, individually or group
- Online/internet
- Telephone
- Food demonstration
- A delivery method performed by other agencies, i.e., EFNEP
- Other (specify):

d. The State agency ensures that nutrition risk data is used in providing appropriate nutrition education by:

- Individual nutrition education contacts tailored to the participant's needs
- Group nutrition education contacts relevant to the participant's needs (please explain how appropriate group nutrition classes are identified and offered to the participant.)
- Other (specify):

e. An individual care plan is provided based on:

- Nutritional risk
- Priority level
- Healthcare provider's prescription
- CPA discretion
- Participant request
- Other (specify):

f. Individual care plans developed include the following components:

	Must Include	May Include
Individualized food package	<input type="checkbox"/>	<input type="checkbox"/>
Identification of nutrition-related problems	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition education and breastfeeding support	<input type="checkbox"/>	<input type="checkbox"/>
A plan for follow-up	<input type="checkbox"/>	<input type="checkbox"/>
Referrals	<input type="checkbox"/>	<input type="checkbox"/>
Timeframes for completing care plan	<input type="checkbox"/>	<input type="checkbox"/>
Documentation of completing care plan	<input type="checkbox"/>	<input type="checkbox"/>
A practical relationship to a participant's nutritional needs, household situations, and cultural preferences including information on how to select food for themselves and their families	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify by typing into the cells below):		
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

g. Check the following individuals allowed to provide general or high-risk nutrition education:

	General Nutrition Education	High-Risk Nutrition Contact
Paraprofessionals (non-B.S. degree with formal WIC training by SA or LA)	<input type="checkbox"/>	<input type="checkbox"/>
Licensed Practical Nurses	<input type="checkbox"/>	<input type="checkbox"/>
Registered Nurses	<input type="checkbox"/>	<input type="checkbox"/>
B.S. in Home Economics	<input type="checkbox"/>	<input type="checkbox"/>
B.S. in the field of Human Nutrition	<input type="checkbox"/>	<input type="checkbox"/>
Registered Dietitian or M.S. in Nutrition (or related field)	<input type="checkbox"/>	<input type="checkbox"/>
Dietetic Technician (2-year program completed)	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify by typing into the cells below):		
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

h. The State agency allows adult participants to receive nutrition education by proxy, per 7 CFR 246.12(r)(1-4).

No

Yes (If yes, check the applicable conditions below):

Proxy is spouse/significant other

Proxy is grandparent or legal guardian of infant or child participant

Proxy is neighbor

Other (specify):

Only for certain priorities (specify):

i. The State agency allows parents/guardians of infant and child participants to receive nutrition education by proxy.

No

Yes (If yes, check the applicable conditions below):

Proxy is grandparent or legal guardian of infant or child participant

Proxy is neighbor

Other (specify):

Only for certain priorities (specify):

ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):

4. Nutrition Education Materials (§246.11(c)(1,3,4,6,7): *The State agency shall (1) develop and coordinate the nutrition education component of Program operations with consideration of local agency plans, needs, and available nutrition education resources; (3) identify or develop resources and educational materials for use in local agencies, including breastfeeding promotion and instruction materials, taking reasonable steps to include materials in languages other than English in areas where a significant number or proportion of the population needs the information in a language other than English; (4) develop and implement procedures to ensure that nutrition education is offered to all adult participants and to parents/caregivers of infant or child participants, as well as child participants whenever possible; (6) establish standards for participant contacts that ensure adequate nutrition education in accordance with paragraph 246.11(e); and (7) establish standards for breastfeeding promotion and support, including a positive breastfeeding supportive clinic environment, a local agency breastfeeding coordinator, breastfeeding promotion, and support for new staff.*

a. The State agency shares material with the Child and Adult Care Food Program (CACFP) at no cost:

Yes No

If applicable, list other agencies:

If yes, does a written material sharing agreement exist between the relevant agencies, per 7CFR 246.4(a)(9)(ii)?

Yes No

b. The State agency recommends and/or makes available nutrition education materials for the following topics:

	English	Spanish	Other (specify by typing into the cells below):
General nutrition	<input type="checkbox"/>	<input type="checkbox"/>	
Specific nutrition-related disorders	<input type="checkbox"/>	<input type="checkbox"/>	
Maternal nutrition	<input type="checkbox"/>	<input type="checkbox"/>	
Infant nutrition	<input type="checkbox"/>	<input type="checkbox"/>	
Child nutrition	<input type="checkbox"/>	<input type="checkbox"/>	
Nutritional needs of homeless	<input type="checkbox"/>	<input type="checkbox"/>	
Nutritional needs of migrant farmworkers & their families	<input type="checkbox"/>	<input type="checkbox"/>	
Nutritional needs of Native Americans	<input type="checkbox"/>	<input type="checkbox"/>	
Nutritional needs of Teenage prenatal women	<input type="checkbox"/>	<input type="checkbox"/>	
Breastfeeding promotion and support (including troubleshooting problems)	<input type="checkbox"/>	<input type="checkbox"/>	
Danger of harmful substances (alcohol, tobacco and other drugs), as well as secondhand smoke during pregnancy and breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>	
Food Safety	<input type="checkbox"/>	<input type="checkbox"/>	
Physical activity	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify by typing into the cells below):			
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Attach a listing of the nutrition education resources available from the State agency or other sources for use by local agencies or specify the location in the Procedure Manual and reference below.

c. The State agency follows written procedures to ensure that nutrition education materials recommended/made available are appropriate in terms of the following:

- Content
 Reading level/language
 Graphic design
 Cultural relevance
 Other (specify):

d. Locally developed nutrition education materials must be approved by State agency prior to use.

- Yes No

If no, State agency requires local agency to follow a standardized format for evaluating nutrition education materials.

- Yes No

ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):

5. Nutrition Education Needs of Special Populations

The State agency tailors its nutrition education efforts to address the specific needs of migrant farmworkers (M), homeless individuals (H), substance-abusing individuals (S), and/or breastfeeding women (B) through (check all that apply):

<u>M</u>	<u>H</u>	<u>S</u>	<u>B</u>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Providing nutrition education materials appropriate to this population and language needs			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Providing nutrition curriculum or care guidelines specific to this population			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Requiring local agencies who serve this population to address its special needs in local agency nutrition education plans			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arranging for special training of local agency personnel who work with this population			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Distributing resource materials related to this population			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Encouraging WIC local agencies to network with one another			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coordinating at the State and local levels with agencies who serve this population			
				Other (specify by typing into the cells below):			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" data-bbox="607 1068 1432 1220"><tr><td> </td></tr><tr><td> </td></tr><tr><td> </td></tr></table>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):

6. Breastfeeding Promotion and Support Plan

a. The State agency coordinates with local agencies to develop a breastfeeding promotion plan that contains the following elements (check all that apply):

- Activities such as development of breastfeeding coalitions, task forces, or forums to address breastfeeding promotion and support issues
- Identification of breastfeeding promotion and support materials
- Procurement of breastfeeding aids which support the initiation and continuation of breastfeeding (e.g., breast pumps).
- Training of State/local agency staff
- Designating roles and responsibilities of staff
- Evaluation of breastfeeding promotion and support activities
- Other (specify):

b. The State agency has established minimum protocols for breastfeeding promotion and support which include the following (check all that apply):

- A policy that creates a positive clinic environment which endorses breastfeeding as the preferred method of infant feeding
- A requirement that each local agency designate a local agency staff person to coordinate breastfeeding promotion and support activities
- A requirement that each local agency incorporate task-appropriate breastfeeding promotion and support training into orientation programs for new staff involved in direct contact with WIC clients.
- A plan to ensure that women have access to breastfeeding promotion and support activities during the prenatal and postpartum periods
- Participant breastfeeding assessment
- Food package prescription and tailoring based on breastfeeding and nutrition assessment
- Data collection (at State and local level)
- Referral criteria
- Peer counseling
- Other (specify):

7. Breastfeeding Peer Counseling

a. Does the State agency request WIC Breastfeeding Peer Counseling (BFPC) funds to develop and/or maintain a peer counselor program?

- Yes No

If yes, the State agency is requesting to receive which of the following amounts in BFPC funds for the upcoming fiscal year (select only one amount)? Please consider available BFPC funds from prior fiscal years when making this request.

- Full amount of available BFPC funds.
 Specific amount of available BFPC funds \$. (Not to exceed the full amount available.)

b. Attach a copy of an updated line item budget, *with written narrative*, demonstrating how peer counseling funds are being used for approved peer counseling activities. Include the citation for the attachment here:

c. Please provide the approximate number of WIC peer counselors in your State:

d. Please provide the number of local agencies designated by the State agency to receive funds to operate peer counseling programs.

ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):

e. The State agency coordinates with local agencies to develop a breastfeeding peer counseling program that contains the following components (see WIC Breastfeeding Model Components for Peer Counseling):

f. Definition of peer counselor defined as follows: paraprofessional recruited and hired from target population; available to WIC clients outside usual clinic hours and outside the WIC clinic

Yes No

g. Designated breastfeeding peer counseling program managers/coordinators at State and/or local level

Yes No

h. Defined job parameters and job descriptions for breastfeeding peer counselors

Yes No

If yes, the job parameters for peer counselors (check all that apply):

Define settings for peer counseling service delivery (check all that apply):

- Home (peer counselor makes telephone calls from home)
- Participant's home (peer counselor makes home visits)
- Clinic
- Hospital

Define frequency of client contacts

Define procedures for making referrals

Define scope of practice of peer counselor

i. Adequate compensation and reimbursement of breastfeeding peer counselors

Yes No

j. Training of State and local staff (managers, designated breastfeeding experts, peer counselors, others) using the FNS-developed breastfeeding training curriculum.

Yes No

k. Training of WIC clinic staff about the role of the WIC peer counselor

Yes No

l. Establishment of standardized breastfeeding peer counseling program policies and procedures (check all that apply):

- Timing and frequency of contacts
- Documentation of client contacts
- Referral protocols
- Confidentiality
- Use of social media
- Other (specify):

m. Adequate supervision and monitoring of breastfeeding peer counselors through (check all that apply):

- Regular, systematic contact with peer counselor
- Regular, systematic review of peer counselor contact logs
- Regular, systematic review of peer counselor contact documentation
- Spot checks
- Observation
- Other (specify):

n. Participation in community partnerships to enhance the effectiveness of breastfeeding peer counseling programs (check all that apply):

- Breastfeeding coalitions
- Businesses
- Community organizations
- Cooperative extension
- La Leche League
- Hospitals
- Home visiting programs
- Private Healthcare clinics
- Other (specify):

o. Adequate support of peer counselors by providing the following (check all that apply):

- Timely access to WIC-designated breastfeeding experts for referrals outside peer counselors' scope of practice
- Mentoring of newly trained peer counselors in early months of job
- Regular contact with supervisor
- Participation in clinic staff meetings as part of WIC team
- Opportunities to meet regularly with other peer counselors
- Other (specify):

p. Provision of training and continuing education of peer counselors (check all that apply):

- Standardized training using FNS-developed curriculum
- Ongoing training at regularly scheduled meetings
- Home Study
- Opportunities to "shadow" or observe lactation experts and other peer counselors
- Training/experience to become senior level peer counselors, WIC-Designated Breastfeeding Expert, etc.
- Other (specify):

ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):

B. Food Package Design

1. Authorized WIC-Eligible Foods

a. Include a copy of the current State-authorized food list and the individual food package design for each category in the Appendix or cite Procedure Manual reference:

b. The State agency considers the following when making decisions about authorizing WIC-eligible foods other than WIC formulas:

- | | |
|--|---|
| <input type="checkbox"/> Federal regulatory requirements | <input type="checkbox"/> Nutritional value |
| <input type="checkbox"/> Participant acceptance | <input type="checkbox"/> Cost |
| <input type="checkbox"/> Statewide availability | <input type="checkbox"/> Participant/client request |
| <input type="checkbox"/> Healthcare provider request | <input type="checkbox"/> Other (specify): |

c. The State agency utilizes additional State nutritional criteria for authorizing foods for the State WIC food list, in addition to the minimum Federal regulatory requirements.

- Yes No

If yes, describe actual values or criteria identified by the State. Enter "n/a" if not applicable. (i.e. artificial sweeteners, artificial color/flavor, low sodium, etc.):

d. The State agency provides the maximum amount of all authorized foods allowed in accordance with the Federal WIC regulations at section 246.10 for each of the seven WIC Food Packages (I-VII).

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Pregnant women/Partially (Mostly) Breastfeeding
<input type="checkbox"/>	<input type="checkbox"/>	Fully Breastfeeding women
<input type="checkbox"/>	<input type="checkbox"/>	Postpartum, non-breastfeeding women
<input type="checkbox"/>	<input type="checkbox"/>	Infants 0-5 months
<input type="checkbox"/>	<input type="checkbox"/>	Infants 6-11 months
<input type="checkbox"/>	<input type="checkbox"/>	Children

e. WIC Formulas:

(1) The State agency establishes policies regarding the issuance of primary contract, contract, and non-contract brand infant formula.

- Yes No

(2) The State agency requires medical documentation for contract infant formula (that does not meet the requirements in Table 4 at 246.10(e)(12) per 7 CFR 246.10(d)(1)(vi)).

- Yes No

(3) The State agency requires medical documentation for contract formula (other than the primary contract formula per 7 CFR 246.16a(c)(9)).

- Yes No

- (4) The State agency requires medical documentation for non-contract infant formula.
 Yes No
- (5) The State agency requires medical documentation for exempt infant formula/ WIC eligible nutritionals.
 Yes No
- (6) State agency authorizes local agencies to issue a non-contract brand infant formula that meets the requirements of Table 4 in 246.10(e)(12) without medical documentation in order to meet religious eating patterns:
 Yes No
- (7) The State agency coordinates with medical payors and other programs that provide or reimburse for exempt infant formulas and WIC-eligible nutritionals per Section 246.10(e)(3)(vi).
 Yes No

If yes, describe the State agency reimbursement and/or referral system used for this coordination? Include describing monitoring/tracking tools in place to ensure program integrity.

If no, has the State agency met the requirement to annually contact their State Medicaid counterparts regarding the payment of WIC-eligible exempt infant formulas and medical foods to mutual program participants per WIC Policy Memo #2015-7?

- Yes No

Please attach and provide the citation for any existing written agreement between the State agency and the State Medicaid office as well as local government agencies or private agencies regarding payment of WIC-eligible exempt infant formulas and medical foods.

f. Rounding:

- (1) Does the State agency issue infant formula according to the specific rounding methodology per Section 246.10(h)(1)?

- Yes No

If answered NO, skip question 2

- (2) If the State agency implemented the rounding option for issuing infant formula, are there established written policies in place?

- Yes No

- (3) Does the State agency issue infant foods according to the specific rounding methodology per Section 246.10(h)(2)?

- Yes No

- (4) If the State agency implemented the rounding option for issuing infant foods, are there established written policies in place?

- Yes No

g. Is infant formula issued in the 1st month to partially breastfed infants?

- Yes No

h. State policies & materials reflect the definition of “supplemental foods” as defined 246.2 and in the Child Nutrition Act.

Yes No

i. Does the State agency only allow issuance of reduced fat (2%) milk to children \geq 24 months of age and women with certain conditions, including but not limited to, underweight and maternal weight loss during pregnancy, in accordance with Footnote 7 of Table 2 in 246.10(e)(10)?

Yes No

j. Does the State agency allow issuance of fat-reduced milks to 1-year-old children for whom overweight, or obesity is a concern, in accordance with Footnote 7 of Table 2 in 246.10(e)(10)?

Yes No

ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):

2. Individual Nutrition Tailoring

a. The State agency allows individual nutrition tailoring of food packages only in accordance with 246.10(c).

Yes No

b. The State agency provides a special individually tailored package for

- Homeless individuals and those with limited cooking facilities
- Residents of institutions
- Other (specify):

ADDITIONAL DETAIL: Please attach copies of all food packages that are tailored. Nutrition Services Appendix and/or Procedure Manual (citation):

c. The State agency develops written individual nutrition tailoring policies and supportive science-based nutrition rationale based on the following participant characteristics:

- Does not develop individual nutrition tailoring policies
- Develops based on (check all that apply):
 - Nutrition risk/nutrition and breastfeeding assessment
 - Participant preference
 - Household condition
 - Other (specify):

d. The State agency allows local agencies to develop specific individual tailoring guidelines.

- Yes No

If yes, check those of the following methods used by the State agency to review or approve local agency tailoring guidelines:

- Local agencies are required to submit individual tailoring guidelines for State approval
 Local agency individual tailoring guidelines are monitored annually during local agency reviews
 Agency reviews
 Other (specify):

ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):

3. Prescribing Packages

a. Individuals allowed to prescribe food packages:

	Standard food package	Individually tailored food package
CPA	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify by typing into the cells below):	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL DETAIL: Provide a copy of the actual foods included in the homeless and institution packages in the Appendix or cite Procedure Manual. Attach copies of all food packages that are tailored. Nutrition Services Appendix and/or Procedure Manual (citation):

C. Staff Training

The State agency provides or sponsors the following training for WIC competent professional authorities:

	<u>Professionals</u>		<u>Paraprofessionals</u> (may or may not be CPAs in some SAs)	
	Regularly	As Needed	Regularly	As Needed
General nutrition education methodology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State certification policies/procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anthropometric measurements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood work procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nutrition counseling techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breastfeeding promotion/support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dietary assessment techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescribing & tailoring food packages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral protocol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternal, infant, and child nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural competencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customer service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunization Screening/referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care Plan Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VENA staff competency training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery of nutrition education remotely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify by typing in cells below):				
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL DETAIL: Nutrition Services Appendix and/or Procedure Manual (citation):

WIC State Plan Functional Area IV: Organization and Management

(Please indicate) **State Agency:**

for **FY:**

Organization and management involve the procedures for the documentation of staff time at the State level devoted to the various WIC functions, the evaluation and selection of local agencies, the documentation of local agency staffing standards and data, as well as disaster planning.

During a disaster or public health emergency, the State agency may request to implement existing WIC regulatory and programmatic flexibilities to support the continuation of Program benefits and services. State agencies should consider the overarching authority, i.e., Stafford Act or provision(s) authorized by Congress, before developing a policy and procedure. The State agency must provide a detailed description of how it plans to operationalize the flexibility through their procedure manual where applicable. Please note the State Plan Guidance is not intended to [include/capture] a description of waivers authorized by Congress with separate [reporting requirements and timeframes/terms and conditions], i.e. the Families First Coronavirus Response Act (PL 116-127).

- A. State Staffing - 246.3(e), 246.4(a)(4) and (24):** describe the information relating to State level staff requirements and utilization as it relates to WIC Program functions and how the State agency will provide a drug-free workplace.
- B. Evaluation and Selection of Local Agencies - 246.4(a)(5)(i) and (7) and 246.5:** describe the procedures and criteria utilized in the selection and authorization of local agencies.
- C. Local Agency Staffing - 246.4(a)(4):** describe the State staffing standards which apply to the selection of local agency staff and the means used by the State agency to track and analyze local level staffing data.
- D. Disaster Planning -** describe the disaster plans to be implemented in the event of a disaster.

A. State Staffing

1. State Level Staff

- a. Record below the current total full-time equivalent staff (FTEs) available for each position listed or attach equivalent information in the section's Appendix noted here:

<u>Position</u>	<u>FTE WIC</u>	<u>FTE WIC</u>	<u>Total FTE</u>
Director			
Nutritionist			
Vendor Specialist			
Program Specialist			
Financial Specialist			
Breastfeeding Coordinator			
(MIS/EBT) Specialist			
Intern			

Other (specify):

Other (specify):

Other (specify):

- b. The State agency has a WIC organizational chart showing all positions, titles, and staff names.

Yes No

If yes, please attach and/or reference the location of the State agency's WIC organization chart:

- c. If available, please attach and/or reference the location of the overall organizational chart that identifies the WIC Program's relationship within the State Health Department or Indian Tribal Organization:

- d. The State agency has updated position descriptions for each of the above positions.

Yes No

If yes, please attach and/or reference the location of the position descriptions:

ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):

2. Estimate below the average percent of State staff time devoted to fulfilling the following functions:

<u>Function</u>	<u>Percent of Total Staff Time</u>
Certification, including nutrition risk determination	
Breastfeeding training/promotion and support	
Nutrition education	
Monitoring of local agencies	
Fiscal reporting	
Food delivery system management	
Vendor management, including vendor training	
Staff training and continuing education	
(MIS/EBT) system development and maintenance	
Civil Rights	
Coordination with and referrals to other assistance programs and social service agencies	
Other (specify):	
Total	

ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):

3. Drug-Free Workplace

a. The State agency has a plan that will enable them to achieve a drug-free workplace.

Yes No

b. Please attach and/or reference the location of a description of the State agency's plans to provide and maintain a drug-free workplace in Appendix of this section.

c.

ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):

B. Evaluation and Selection of Local Agencies

Does not apply because the State agency has only one location (PROCEED TO NEXT SECTION)

1. Local Agencies Authorized

Number of local agencies authorized to provide WIC services last fiscal year

Number of local agencies planned to provide WIC services this fiscal year

ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):

2. The State agency accepts applications from potential local agencies:

- Annually Biennially
 On an on-going basis Other (specify)

ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):

3. Existing local agencies must reapply and compete with new applicant agencies for authorization:

- Annually Biennially
 Not applicable Other (specify)

ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):

4. Selection Criteria

a. The State agency uses the following criteria in selecting local agencies in new service areas and/or in reviewing applications from existing service areas:

New Service Areas	Existing Service Areas	
<input type="checkbox"/>	<input type="checkbox"/>	Coordination with other health care providers
<input type="checkbox"/>	<input type="checkbox"/>	Projected cost of operations/ability to operate with available funds
<input type="checkbox"/>	<input type="checkbox"/>	Location/participant accessibility
<input type="checkbox"/>	<input type="checkbox"/>	Financial integrity/solvency
<input type="checkbox"/>	<input type="checkbox"/>	Relative need in the area
<input type="checkbox"/>	<input type="checkbox"/>	Range and quality of services
<input type="checkbox"/>	<input type="checkbox"/>	History of performance in other programs
<input type="checkbox"/>	<input type="checkbox"/>	Ability to serve projected caseload
<input type="checkbox"/>	<input type="checkbox"/>	Non-smoking facility
<input type="checkbox"/>	<input type="checkbox"/>	Americans with Disabilities Act (ADA) compliance
		Other (specify by typing into the cells below):
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

b. The State agency conducts studies (provide date of most recent study: [Click here to enter a date.](#)) of the cost-effectiveness of local agency operations that examine:

- Location and distribution of local agencies in proportion to new applicants/participants
- Clinic procedures to optimize participant access/service (Patient Flow Analysis, etc.)
- Staff-to-participant ratios and related staffing analyses
- Comparative analyses of local agency/clinic costs
- Other

ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):

5. The State agency enters into a formal written agreement or contract with each local agency.

- Yes (state duration): No

ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):

6. The State agency has established statewide fair hearing procedures for local agency appeals.

- Yes, attach local agency fair hearing procedures or specify the location in the Procedure Manual and reference below:
- No

ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):

7. The State agency maintains a listing of clinic sites that includes the following information. If available, please attach and/or reference the location of the listing:

- Location
- Type of site (e.g., hospital, health department, community action program)
- Service area
- Hours of operation
- Days of operation
- Health services provided on-site
- Social services provided on-site
- Participation
- Other (specify):

ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):

C. Local Agency Staffing

Does not apply because the State agency has only one location. (PROCEED TO NEXT SECTION)

1. Staffing Standards

a. The State agency prescribes local agency staffing standards that include:

- Credentials
- Staff levels
 - Staff-to-participant ratio standards
 - Time spent on WIC functions
 - Other (specify):
- Functions of CPAs
- Paraprofessional requirements
- Separation of duties to ensure no conflicts of interest
- Other (specify):
- Not applicable

b. The State agency has a plan for ensuring that local agency credentials are in line with the Nutrition Services Standards.

Yes No

c. The State agency maintains copies of local agency CPA position descriptions, classified in terms of Nutrition Services Standards, i.e., federal requirements, recommended criteria, best practices.

Yes No

d. Local agencies follow staffing standards established by unions or local governmental authorities.

Yes No

If yes, how many of the total local agencies are currently authorized by unions or local governmental authorities?

ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):

2. Local Level Staffing Data

a. The State agency gathers and analyzes data to determine staff-to-participant ratios (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> For each clinic/local agency | <input type="checkbox"/> By function |
| <input type="checkbox"/> At regular intervals | <input type="checkbox"/> Program management |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Food delivery |
| <input type="checkbox"/> Quarterly | <input type="checkbox"/> Certification |
| <input type="checkbox"/> Annually | <input type="checkbox"/> Nutrition education |
| <input type="checkbox"/> Breastfeeding promotion and support | |
| <input type="checkbox"/> Other (specify): | |

b. Results of analyses are reported back to local agencies.

- No
 Yes, in a single report comparing all local agencies
 Yes, in a local agency-specific report (no comparative data)

ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):

3. Local Agency Breastfeeding Staffing Requirement

a. Number of local agencies with a designated staff person to coordinate breastfeeding promotion and support activities.

b. The State agency maintains approved copies of local agency Breastfeeding Coordinator and Peer Counselor position descriptions as outlined in the WIC Breastfeeding Support.

- Yes No

c. Number of local agencies with breastfeeding peer counselors.

D. Disaster Plan

1. State agency has developed a WIC disaster plan.

- Yes No

2. The WIC disaster plan is part of a broader Health Department or other State agency disaster plan.

3. The State agency shares the disaster plan with its local agencies and clinics?

- Yes No

4. The Disaster Plan addresses:

- | | |
|--|---|
| <input type="checkbox"/> Procedures to assess the extent of a disaster and report findings | <input type="checkbox"/> MIS alternate procedures |
| <input type="checkbox"/> Access to program records | <input type="checkbox"/> Emergency authorization of vendors |
| <input type="checkbox"/> Certification and food issuance sites and procedures | <input type="checkbox"/> Back up computer systems |
| <input type="checkbox"/> Food package adjustments | <input type="checkbox"/> Back up filing systems |
| <input type="checkbox"/> Food delivery systems to include electronic benefits transfer (EBT) | <input type="checkbox"/> Staffing arrangements |
| <input type="checkbox"/> Management Information System (MIS) Recovery | <input type="checkbox"/> Use of mobile equipment, clinics |
| <input type="checkbox"/> Publication notification of variances in program operations | |
| <input type="checkbox"/> Necessary equipment (health and safety) approval process | |
| <input type="checkbox"/> Communications plan | |
| <input type="checkbox"/> Other (describe): | |

5. The State agency requires local agencies/clinics to have individual disaster plans.

- Yes No

If yes, such plans are reviewed for compliance and consistency with the State agency disaster plan.

- Yes No

6. The State agency has a designated staff person to coordinate disaster planning.

- Yes No

ADDITIONAL DETAIL: Organization & Management Appendix and/or Procedure Manual (citation):

WIC State Plan Functional Area V: Nutrition Services and Administration Expenditures

(Please indicate) **State Agency:**

for **FY**

NSA expenditures involve the process of allocating, documenting and monitoring the distribution of administrative funds to local agencies, including the monitoring of nutrition education costs, and State and local agency direct/indirect costs.

During a disaster or public health emergency, the State agency may request to implement existing WIC regulatory and programmatic flexibilities to support the continuation of Program benefits and services. State agencies should consider the overarching authority, i.e., Stafford Act or provision(s) authorized by Congress, before developing a policy and procedure. The State agency must provide a detailed description of how it plans to operationalize the flexibility through their procedure manual where applicable. Please note the State Plan Guidance is not intended to [include/capture] a description of waivers authorized by Congress with separate [reporting requirements and timeframes/terms and conditions], i.e. the Families First Coronavirus Response Act (PL 116-127).

- A. Funds Allocation-246.4(a)(13); (14)(ix):** describe the policies and procedures used to allocate administrative funds to local agencies, including start-up funds, and conversion of food funds to NSA funds.
- B. Local Agency Budgets/Expenditure Plans-246.4(a)(2):** describe the policies and procedures for preparing and submitting local agency budgets and expenditure plans and the services that are entirely supported by WIC Program funds.
- C. State and Local Agency Access to Funds-246.4(a)(13):** describe the procedures and method(s) of distribution/reimbursement of NSA funds to local agencies.
- D. Reporting and Reviewing of State and Local Agency Expenditures-246.4(a)(11)(iv); (12); and (13):** describe the policies and procedures used to report, monitor, and review State and local agencies' expenditures, including the documentation of staff time, local agency report forms, on-site reviews of local agencies' NSA expenditures, and in-kind contributions.
- E. Nutrition Education Costs-246.4(a)(9) and 246.14(c)(1):** describe the plans and procedures used to meet the nutrition education expenditure requirements, including monitoring activities, local agency reports, and assurances that the special nutrition education needs of migrant farmworkers and their families, Indians, and homeless persons are met.
- F. Indirect Costs-246.4(a)(12):** describe the policies and procedures used to document and monitor indirect cost rates and services at the State and local level.

A. Funds Allocation

1. Allocation Process

a. The State agency has established and provided written procedures to local agencies describing the process for allocation of NSA funds among local agencies.

Yes No

Not applicable, State agency does not have separate local agencies. (Proceed to A. 2. *Conversion of Food Funds to NSA Funds*)

b. Local agencies were involved in developing these procedures via:

- Task force/committee of selected local agencies
- Comment on proposals made available to all local agencies
- Other (describe):

c. The State agency allocates NSA funds to local agencies through the use of:

- A negotiated budget Flat cost per participant Statewide
- Formula (variable) Other method (describe):

d. The allocation procedure takes the following factors into account (check all that apply):

- Staffing needs
- Number of participants
- Population density
- Cost-containment initiatives
- Availability of administrative support from other sources
- Other (specify):

e. The State agency methodology for funds allocations to local agencies includes a mechanism for reallocation.

- Yes Monthly Quarterly Semiannually
- No
- Other (specify):

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):

2. Conversion of Food Funds to NSA Funds

a. The State agency converts food funds to NSA funds:

- Based on a plan submitted to FNS to reduce average food costs per participant and to increase participation above the FNS-projected level for the State agency.
- The State agency achieves, through acceptable measures, increases in participation in excess of the FNS-projected level for the State agency.
- Describe measures used to increase participation:
- Not applicable

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):

3. The State's Fiscal Year runs from _____ to _____

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):

B. Local Agency Budgets/Expenditures Plans

1. Local Agency Budgets/Expenditure Plans

Not applicable, State agency does not have separate local agencies.
(Proceed to C. State and Local Agency Access to Funds.)

a. The State agency requires its local agencies to prepare and submit administrative budgets.

Yes No

If yes, the State agency requires that local agency budgets include the same cost categories as those used for State-level budget preparation.

Yes No

b. Local agencies' budgets are broken out by (check all that apply):

Not applicable

Line items

Accounting

ADP services

Breastfeeding aids

Capital expenditures

Clinic/lab services

Communications

Employee salaries

Employee fringe benefits

Lease or rental of space

Functions

General administration/
Program management

Food Delivery

Certification

Nutrition education

Other (specify):

Maintenance and repair

Materials and supplies

Memberships, subscriptions, and professional activities

Printing and reproduction

Training and education

Transportation

Travel

Other (specify):

Breastfeeding promotion/support (e.g., breastfeeding aids)

Client services

Other (specify):

c. The State agency has an established formal process for local agencies to follow when requesting amendments or modifications to their budgets.

Yes No

d. In order to prepare the federally required WIC administrative budget, the State agency:

- Uses local agency budgets or prior year expenditures
- Reports under an ongoing system to collect this data
- Extracts or consolidates data reported under other State or local agency systems to group costs under the federal line items and functions
- Other (describe):

(State WIC administrative budgets are not submitted to FNS but are used by State agencies as a management tool and may be reviewed by FNS.)

ADDITIONAL DETAIL: SA/LA Spending Plan Appendix and/or Procedure Manual (citation):

C. State and Local Agency Access to Funds

1. The State Agency manages its NSA Grant on a/an:

- Cash basis Accrual basis
- Other (specify):

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):

2. Reimbursement/Provision of Funds to Local Agencies

a. The State agency provides local agencies with funds in advance.

- Yes (state conditions):
- No
- Not Applicable (Proceed to next section.)

If yes, advances must be reconciled to incoming claims. Local agency claims are submitted:

- Monthly Quarterly

b. In order to qualify for payment, an expenditure must be (check all that apply):

- At or below the level of its approved budget line item
- Supported by appropriate documentation (e.g., check or receipt)
- A reasonable and necessary expense for WIC
- Other (specify):

c. If an expenditure exceeds the budget provided for that particular line item, the State agency requires the local agency to (check all that apply):

- Submit a supplemental request
- Provide a justification for exceeding the budget line item
- Make an offsetting adjustment to another line item in its budget
- Request approval of a budget modification
- Other (explain):

d. Local agencies receive payment via:

- Electronic funds transfer State treasury check/warrant
 Other (specify):

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):

D. Reporting and Reviewing of State and Local Agency Expenditures

1. Documentation of Staff Time

a. How does the State agency determine the percentage of staff time devoted to WIC tasks to document allowable staff costs under the WIC Program (check all that apply):f

- | At SA | At LA | |
|--------------------------|--------------------------|------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 100 percent reporting |
| <input type="checkbox"/> | <input type="checkbox"/> | Random moment sampling |
| <input type="checkbox"/> | <input type="checkbox"/> | Periodic time studies: |
| <input type="checkbox"/> | <input type="checkbox"/> | 1 week/month |
| <input type="checkbox"/> | <input type="checkbox"/> | 1 month/quarter |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (specify): |

b. The State agency last evaluated its time documentation protocol on (specify date). .

If available, please attach a copy of the protocol to this section or cite Procedure Manual reference.

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):

2. Please indicate below the services that are entirely supported by WIC funds:

- Anthropometric measurements
 Nutrition counseling/education
 Breastfeeding promotion/support
 Immunization status assessments
 Referrals to health and/or social services
 Hematological assessments
 Other (specify):

ADDITIONAL DETAIL: SA/LA Spending Plan Appendix and/or Procedure Manual (citation):

3. Local Agency Report Forms

a. The State agency specifies standard forms and/or procedures for local agencies to use in reporting monthly local-level expenditures.

- Yes No Not Applicable (Proceed to next section)

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):

4. On-Site Review of Local Agencies' Administrative Expenditures

a. The State agency conducts on-site reviews of local agency administrative expenditures:

- Annually Every two years Every three years
 Other (specify):

The review is conducted by:

- WIC State agency staff
 State Department of Health fiscal or audit staff
 CPA or audit firm
 Other (specify):

b. The State agency utilizes a standard format/guide to review local agencies' NSA expenditures.

- Yes No

If yes, the standard review guide includes the following procedures (check all that apply):

- Verification of at least one monthly billing/claim/expenditure report against source
 Documents
 Tracking written approval of procurements
 Requesting records of ordering, receipt, billing, and payment
 Determination that costs were necessary, reasonable and appropriate
 Determination that costs were properly allocated among WIC and other programs
 Determination that personnel costs charged to WIC were appropriate
 Determination that local agencies' indirect costs were appropriately charged
 Other (specify):

c. If available, please attach a copy of the State agency's NSA expenditure review guide.

d. The State agency notifies local agencies of findings and establishes claims for unallowable costs, as appropriate.

- Yes No

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):

5. The State agency requires local agencies to document the sources and values of in-kind contributions.

- Yes No

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):

E. Nutrition Education Costs

1. The State agency documents that it meets its nutrition education and breastfeeding promotion expenditure requirements per 7 CFR 246.14(c)(1) via:

- Activity reports Time studies Itemizing expenditures
 Other (specify):

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):

2. The State agency monitors expenditures for the following activities related to breastfeeding promotion and support at the State and/or local level (check all that apply):

	At SA	At LA
Breastfeeding promotion coordinator's salary	<input type="checkbox"/>	<input type="checkbox"/>
Written educational materials	<input type="checkbox"/>	<input type="checkbox"/>
Participant education/counseling	<input type="checkbox"/>	<input type="checkbox"/>
Staff training	<input type="checkbox"/>	<input type="checkbox"/>
Breastfeeding promotion activities	<input type="checkbox"/>	<input type="checkbox"/>
Direct support costs	<input type="checkbox"/>	<input type="checkbox"/>
Breastfeeding aids and equipment (e.g., breast pumps purchased with NSA funds)	<input type="checkbox"/>	<input type="checkbox"/>
Other (If other, specify):	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):

3. In the event that the State agency uses funds from other sources in meeting minimum expenditure requirements for nutrition education (NE) and breastfeeding promotion and support (BFPS), please provide below the source of these funds, the amount, and the method the State agency will use to document the use of these NE and BFPS funds. (Federal WIC food funds used to purchase/rent breast pumps, and expenditures from breastfeeding peer counseling funds, cannot be counted toward the nutrition education and breastfeeding expenditure requirement.)

- Does not apply. (Proceed to E. 4. Local agencies report nutrition education and breastfeeding promotion and support costs.)

Source

Amount

Method(s):

- Activity reports Time studies Itemizing expenditures
 Other (specify):

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):

4. Local agencies report nutrition education and breastfeeding promotion and support costs:

- Does not apply
- When they report routine NSA costs
- Through a different system (specify):

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):

F. Indirect Costs

1. Indirect Cost Rate and Services

a. Please list below indirect cost/cost allocation agreements in which the State agency is included:

b. The State agency's indirect cost rate(s) is _____ (%) and is based on:

- Salaries Direct costs for administration Both
- Other (specify):

c. Please cite the effective date of the State agency's current negotiated agreement and/or cost allocation plan for indirect costs: _____ .

d. The State agency receives the following types of services under the indirect cost rate agreement(s):

- | | |
|--|--|
| <input type="checkbox"/> Budgeting/accounting | <input type="checkbox"/> Personnel/payroll |
| <input type="checkbox"/> ADP | <input type="checkbox"/> Space usage/maintenance |
| <input type="checkbox"/> Communication/phone/mail | <input type="checkbox"/> Central supply |
| <input type="checkbox"/> Legal services | <input type="checkbox"/> Procurement/contracting |
| <input type="checkbox"/> Printing/publication | <input type="checkbox"/> Audit services |
| <input type="checkbox"/> Equipment usage/maintenance | <input type="checkbox"/> Other (specify): |

e. The State agency allows local agencies to report indirect costs.

- Yes No Not Applicable

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):

2. Review of Indirect Cost Documentation

a. The State agency and local agencies ensure that services received and paid for through indirect costs benefit WIC, and are not also charged directly to WIC by comparing direct charges by line item to a listing of services paid by funds collected through the application of the indirect cost rate:

- Done for State agency level indirect costs (frequency):
- Done for local agency level indirect costs (frequency):
- Not done at either level.

b. State and local agency WIC management have access to and review the following documents as applicable to ensure that indirect cost services are not also charged directly to WIC (check all that apply):

	At SA	At LA
Indirect cost agreements/plans	<input type="checkbox"/>	<input type="checkbox"/>
The accounting mechanism used to ensure the propriety of indirect cost charges	<input type="checkbox"/>	<input type="checkbox"/>
A copy of the cost allocation plan	<input type="checkbox"/>	<input type="checkbox"/>
A list of all services paid from indirect costs	<input type="checkbox"/>	<input type="checkbox"/>
Other documentation related to the establishment and charging of indirect costs	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>	<input type="checkbox"/>

c. When the State agency reviews the local agencies' indirect cost rate agreements, the review includes (check all that apply):

- Required submission of indirect cost agreement by the local agency to the State agency
- Assessment of how the rate or method is applied (correct time period, percentage, and base)
- Verification that the State agency had previously approved the local agency to negotiate such an agreement
- Post-review or audit to ensure the rate was applied correctly
- Other documentation related to the establishment and charging of indirect costs (list):
- Not applicable

ADDITIONAL DETAIL: NSA Expenditures Appendix and/or Procedure Manual (citation):

WIC State Plan Functional Area VII: Caseload Management

(Please indicate) **State Agency:**

for **FY:**

Caseload management involves identifying the target population and special populations within it, implementing strategies to enroll the potential population and utilizing caseload effectively to reach the desired populations. Describe the procedures in place to implement these strategies.

During a disaster or public health emergency, the State agency may request to implement existing WIC regulatory and programmatic flexibilities to support the continuation of Program benefits and services. State agencies should consider the overarching authority, i.e., Stafford Act or provision(s) authorized by Congress, before developing a policy and procedure. The State agency must provide a detailed description of how it plans to operationalize the flexibility through their procedure manual where applicable. Please note the State Plan Guidance is not intended to [include/capture] a description of waivers authorized by Congress with separate [reporting requirements and timeframes/terms and conditions], i.e. the Families First Coronavirus Response Act (PL 116-127).

- A. No-Show Rate - 246.4(a)(11)(i):** describe the procedures used by the State agency to monitor potential and current participants' utilization of program services.
- B. Allocation of Caseload - 246.4(a)(5)(i) and (13):** describe how the State agency assigns and manages local agency caseload allocations.
- C. Caseload Monitoring - 246.4(a)(5)(i):** describe the information and procedures used by the State agency to monitor caseload.
- D. Benefit Targeting - 246.4(a)(5)(i); (6), (7), (19), (20), (21), and (22):** describe the plans and procedures for ensuring that WIC benefits reach the highest risk participants and persons in special need such as migrants, homeless, and institutionalized persons; pregnant women in their early months of pregnancy; and applicants who are employed or who reside in rural areas.
- E. Outreach Policies and Procedures - 246.4(a)(5)(i),(ii); (6), (7), (19), and (20):** describe the types of outreach materials used, where these materials are directed, special agreements with other service organizations and how special populations are addressed. Also, provide data on unserved and underserved areas.
- F. Waiting List Management - 246.4(a)(11)(i); 246.7(f)(1),(2):** describe the policies and procedures used for processing applicants.

A. No-Show Rate

1. Policies and Procedures for Missed Certification Appointments and Food Instrument/Cash Value Voucher Pick-Up (No-Shows)

a. The State agency has specific policies and procedures to ensure follow-up of no-shows for (check all that apply):

- Initial certification for any potential participant
- Subsequent certifications for high-risk participants
- Subsequent certification for current participants
- Food instrument/cash value voucher pick-up
- Food instrument/cash value voucher/cash value benefit non-redemption
- State agency has no specific policies and procedures for no-show follow-up

b. The local agency or State agency, when the State agency has no separate local agencies, attempts to contact each pregnant woman who misses her first appointment to apply for participation in the Program in order to reschedule the appointment. Such procedures include (check all that apply):

- At the time of initial contact, the local agency obtains the pregnant woman's mailing and/or email address and telephone number
- If the applicant misses her first certification appointment, an attempt is made to contact her by:
 - Telephone
 - Mail
 - Email
 - Text
 - Mobile App
 - If contact is established, she is offered one additional certification appointment.
- If she cannot be reached, the local agency follows-up with a request for the applicant to contact the local agency for a second appointment by sending her a:
 - Postcard
 - Letter
 - Email
 - Text
 - A second appointment is provided upon request from the applicant.
 - Other

2. Monitoring No-Show Rates

a. The State agency has (check all that apply):

- Standards defining acceptable no-show rates
- Policies and procedures designed to assist local agencies to improve no-show rates; Please attach
- Sanctions that may be applied to local agencies that have chronically unacceptable no-show rates; Please attach
- Provides regular feedback to local agencies concerning no-show rates
- Reports to address appropriate follow-up of no-shows
- No specific policies or procedures concerning local agency no-show rates

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):

b. As a matter of standard procedure, the State agency monitors no-show rates through (check all that apply):

- State agency does not monitor local agency no-show rates
- Local agency reviews
- Automated reports
- Local agency reports on no-show rates
- Other (specify):

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):

B. Allocation of Caseload

DOES NOT APPLY (EXPLAIN WHY AND PROCEED TO NEXT SECTION)

1. The State agency considers the following factors in its initial allocation of caseload to local agencies (check all that apply):

- Percent of target population served by local agency's service area
- Analysis of no-show, void, non-redemption rates by local agencies
- Participation by priority and category
- Special population pockets
- Waiting lists
- Staffing/ability of local agencies to serve caseload
- Prior year caseload
- Food package costs per person
- Special projects
- Other (identify):

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):

2. The State agency has a written procedure for allocation of caseload to local agencies.

- Yes No

If yes, attach written procedure in the Caseload Management Appendix or specify location in the Procedure Manual below.

If no, what guidelines does the State agency use for caseload allocation? (Describe in Caseload Management Appendix)

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):

3. The State agency has a procedure in place to ensure that current/prior year caseload levels are maintained.

- Yes No

If No, explain why not:

4. If it appears that during the course of the program year all funds will not be spent, the State agency may reallocate caseload on the basis of the following factors (check all that apply):

- The State agency does not reallocate caseload mid-year
- Same basis as for initial allocation of caseload
- Local agency participation levels
- Local agency high priority participation
- Waiting lists
- Successful special projects
- Other (specify):

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):

5. The State agency has written procedures for local agencies to follow in situations of overspending:

- Yes No

If a written procedure is available, provide in the Caseload Management Appendix or specify location in the Procedure Manual below.

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):

C. Caseload Monitoring

1. The State agency's caseload monitoring process includes the review of the following data (check all that apply):

- Participation levels/rates
- High-risk participant levels/rates
- No-show rates
- Food costs per participant
- Food costs by area
- Other (specify):

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):

2. The State agency uses the following methods to monitor the above areas (check all that apply):

- Manual reports submitted by local agencies
- MIS-generated reports (If utilized please attach a description of each report and how they are used)
- On-site reviews
- Other (specify):

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):

3. Local agency caseload utilization, by any method, is reviewed by the State agency at least:

- Monthly
- Quarterly
- Other (specify):
- Not applicable

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):

D. Benefit Targeting

1. Development and Monitoring of State Agency Targeting Plans

a. The State agency has a plan to inform the following classes of individuals of the availability of Program benefits (check all that apply):

- Pregnant women, with special emphasis on pregnant women in the early months of pregnancy
- High-risk postpartum women (e.g., teenagers)
- Parents/Caregivers of Priority I & II infants
- Migrants
- Homeless persons/families
- Incarcerated pregnant women
- Institutionalized persons
- Other (specify):

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):

b. The local agency or State agency, when the SA has no separate local agencies, contacts the following organizations to provide WIC Program information to eligible infants and children:

- Foster care agencies Protective service agencies
- Child welfare authorities Other (specify):

c. The State agency ensures that benefits are targeted to those at greatest risk by limiting the use of regression as a nutrition risk criterion to only once after a certification period.

- Yes No

d. In addition to, or in lieu of, State-developed plans, the State agency encourages/permits local agencies to develop their own targeting plans.

- Yes No Not Applicable

e. If yes, the State agency assures the appropriateness/quality of local agency targeting plans by:

- Requiring local agencies to submit plans for State agency approval
- Review plans during local agency reviews
- Other (specify):

f. The State agency monitors benefit targeting through (check all that apply):

- Automated reports developed by State agency
- Manual reports submitted by local agencies Local agency reviews
- Other (specify):

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):

E. Outreach Policies and Procedures

1. Outreach Policies, Procedures and Materials

a. To administer outreach activities, the State agency (check all that apply):

- Issues a standard set of outreach materials for use by all local agencies
- Requires local agencies to develop outreach plans
- Reviews outreach plans developed by local agencies
- Reviews and approves any outreach materials developed by local agencies
- Utilizes broadcast media for outreach activities
- Other (specify):

b. Availability of Program benefits is publicly announced at least annually via:

State Agency

-
-
-
-
-
-
-
-

Local Agency

- Newspapers
- Radio
- Posters
- Letters
- Brochures/pamphlets
- Television
- Social Media (Twitter, Facebook, etc.)
- Other (specify):

c. Outreach materials are available in the following languages (check all that apply):

- English
- Spanish
- Vietnamese
- Tribal Language(s)
- Other (specify):

d. Outreach materials are distributed to (check all that apply):

- Health and medical organizations
- Hospitals and clinics
- Welfare and unemployment offices or social service agencies
- Migrant farmworker organizations
- Indian and tribal organizations
- Homeless organizations
- Faith-based and community organizations in low-income areas
- Shelters for victims of domestic violence
- Food Banks
- Head Start Centers
- Other (specify):

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):

When an ITO State agency operates as both the State and local agency “All” should be checked.

2. Accessibility to Special Populations

a. The State agency requires [all, some, none] local agencies to implement the following to meet the special needs of employed applicants/participants.

- | All | Some | None | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Early morning/evening clinic hours by appointment |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Weekend hours, by appointment |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Weekend hours, walk-in basis |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Priority appointment scheduling during regular clinic operations |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food instrument/cash value voucher mailing procedures specifically designed for working participants |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Expedited clinic procedures for working participants |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Evening/weekend nutrition education classes |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other (specify): |

b. The State agency requires/authorizes [all, some, none] local agencies to implement the following to meet the special needs of rural participants (check all that apply):

- | All | Some | None | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Special clinic hours to accommodate travel time to clinic sites |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Use of mobile clinics to rural areas |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food instrument/cash value voucher mailing procedures specifically designed for rural participants |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Special appointment/scheduling procedures for rural participants who do not have access to public transportation |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Special food instrument/cash value voucher issuance cycles for rural participants (check one): <input type="checkbox"/> 2 months issuance, <input type="checkbox"/> 3 months issuance |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other (specify): |

c. The State agency requires/authorizes [all, some, none] local agencies to implement the following to meet the special needs of migrant families (check all that apply):

- | All | Some | None | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Formal coordination with rural/migrant health centers |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Special outreach activities aimed at migrants |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Special clinic hours/locations to service migrant populations |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Expedited appointment procedures to accommodate migrant families |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Special food instrument/cash value voucher issuance cycles for migrant families (check one): <input type="checkbox"/> 2 months issuance, <input type="checkbox"/> 3 months issuance |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other (specify): |

d. The State agency has in place formal agreements with one or more contiguous States to facilitate service continuity to migrants (exclusive of normal verification of certification procedures):

- Yes (If yes, please identify the State agencies with whom formal agreements exist): No

e. The State agency requires [all, some, none] local agencies to implement the following proceedings to facilitate service to homeless families/individuals (check all that apply):

- | All | Some | None | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Provide homeless applicants with a list of shelters/facilities that fulfill WIC Program requirements |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Undertake regular and ongoing outreach to homeless individuals |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Routinely monitors facilities serving homeless participants to ensure WIC foods are not subsumed into commercial food service |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Implement formal agreement with other service providers to facilitate referrals of homeless families/individuals |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Secure a written statement from the facility attesting to compliance with the requisite conditions for WIC services in a homeless facility |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Establish, to the extent practicable, plans to ensure that the three conditions in 246.7(m)(1)(i) regarding homeless facilities are met |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other (specify): |

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):

3. Unserved Geographical Areas

a. State agency's definition of an unserved geographic area (specify):

b. Please list unserved geographic areas or attach a list to appendix:

- No current unserved areas (check if applicable)

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):

4. Underserved Geographic Areas

- a. **State agency's definition of an underserved geographic area and a discussion of how the State prioritizes areas in descending order (specify):**

No current underserved areas (check if applicable)

- b. **The State agency has a list on file of served and/or underserved geographic areas including the number of newly potential applicants, the priority level currently being served, and participation.**

Yes No

- c. **The names and addresses of all local agencies found in the last FNS-648 Report, reflect all local agencies currently in operation.**

Yes No, an update list is provided in the Appendix
 N/A, State agency has no local agencies

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation):

5. The State agency has a plan to:

Inform potential local agencies of the Program and the availability of technical assistance in implementation

Describes how State agencies will take all reasonable actions to identify potential local agencies.

- Encourage potential and existing local agencies to implement or expand operations in the neediest one-third of all areas unserved or partially served
 The State agency does not have local agencies and does not plan to have local agencies. Explanation of how underserved and/or partially served areas are addressed is below.

ADDITIONAL DETAIL: Caseload Management Appendix and/or Procedure Manual (citation) AND/OR State agency/ITO explanation of how the State agency without local agencies addresses underserved or partially served areas:

F. Waiting List Management and Procedures

1. **The State agency has specific policies/procedures for the establishment and maintenance of waiting lists, which are used by all local agencies.**

Yes No

2. **Waiting list procedures are uniform throughout the State.**

Yes No, but State agency approves all exceptions
 No, local variation allowed without State agency approval

WIC State Plan Functional Area XI: Civil Rights

(Please indicate) **State Agency:**

for FY

The Civil Rights section of the State Plan should cover the training of State and local staff on issues, rules and regulations related to civil rights, public notification of nondiscrimination requirements, the monitoring of local agencies and clinics for compliance with civil rights regulations and rules, the collection of relevant racial/ethnic information and procedures for handling civil rights complaints.

During a disaster or public health emergency, the State agency may request to implement existing WIC regulatory and programmatic flexibilities to support the continuation of Program benefits and services. State agencies should consider the overarching authority, i.e., Stafford Act or provision(s) authorized by Congress, before developing a policy and procedure. The State agency must provide a detailed description of how it plans to operationalize the flexibility through their procedure manual where applicable. Please note the State Plan Guidance is not intended to [include/capture] a description of waivers authorized by Congress with separate [reporting requirements and timeframes/terms and conditions], i.e. the Families First Coronavirus Response Act (PL 116-127).

- A. **Administration - 246.4(a)(17):** describe the procedures the State will use to comply with the civil rights requirements described in 246.8, including the processing of discrimination complaints.
- B. **Public Notification Requirements and Nondiscrimination Notification - 246.8(a)(1):** describe the policies and procedures used to ensure that public notification regarding nondiscrimination in the WIC Program reaches all participants and potential participants in an appropriate language (246.8(c)) through WIC Program materials.
- C. **Compliance Review and Monitoring Activity - 246.8(a)(2):** describe the policies and procedures used to monitor and review local agencies to verify that they are in compliance with civil rights laws and regulations.
- D. **Data Collection and Reporting - 246.8(a)(3):** describe the methods used to collect and monitor racial/ethnic data in compliance with title VI of the Civil Rights Act of 1964.
- E. **Complaint Handling - 246.4(a)(17):** describe the policies and practices used to ensure civil rights complaints are handled properly at the State and local level.

A. Administration

1. **The State agency designates an individual to coordinate, implement, conduct training, and enforce civil rights efforts.**

Yes No

- a. **The following methods are used to inform and update State and local agency staff of their obligations under civil rights rules, regulations, and instructions:**

	State Agency	Local Agency
Briefing for new employees	<input type="checkbox"/>	<input type="checkbox"/>
Handouts for new employees	<input type="checkbox"/>	<input type="checkbox"/>
Memos and updates	<input type="checkbox"/>	<input type="checkbox"/>
Presentations by civil rights coordinator	<input type="checkbox"/>	<input type="checkbox"/>
Presentation by staff other than WIC Program	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>

- b. **Civil rights training is provided annually**

State agency staff Yes No

Local agency staff Yes No

- c. **Civil rights training includes the following:**

	State Agency	Local Agency
Collection and use of racial/ethnic data	<input type="checkbox"/>	<input type="checkbox"/>
Effective public notification systems	<input type="checkbox"/>	<input type="checkbox"/>
Complaint procedures	<input type="checkbox"/>	<input type="checkbox"/>
Compliance review techniques	<input type="checkbox"/>	<input type="checkbox"/>
Requirements for reasonable accommodation of persons with disabilities	<input type="checkbox"/>	<input type="checkbox"/>
Requirements for language assistance	<input type="checkbox"/>	<input type="checkbox"/>
Conflict resolution	<input type="checkbox"/>	<input type="checkbox"/>
Customer Service	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>

DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):

2. The State agency has copies of the following materials on file:

- FNS Instruction, 113-1
- Title VI (1964), 7 CFR 15
- Title IX, Education Amendments, 7 CFR 15a (sex discrimination)
- Section 504, Rehabilitation Act of 1973, 7 CFR 15b
- Racial/Ethnic data collection policy and reporting requirements
- Age Discrimination Act of 1975, 45 CFR Part 91
- Americans with Disabilities Act, 28 CFR Part 35
- Civil Rights Restoration Act of 1987

ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):

3. The State agency's policy for reasonable accommodation for the disabled includes the most up-to-date special provisions for the disabled.

- Yes No

(Refer to FNS Instruction 113-1, Civil Rights Compliance and Enforcement–Nutrition Programs and Activities)

ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):

B. Public Notification Requirements and Nondiscrimination

1. Public Notification

a. The State agency requires its local agencies to include the nondiscrimination policy statement and civil rights complaint procedure on the following (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Outreach letters to the general public | <input type="checkbox"/> Radio announcements |
| <input type="checkbox"/> Program information letters | <input type="checkbox"/> Publications |
| <input type="checkbox"/> Program information brochures | <input type="checkbox"/> Posters |
| <input type="checkbox"/> Program information bulletins | <input type="checkbox"/> Newsletters |
| <input type="checkbox"/> Newspaper announcements | <input type="checkbox"/> Referral material |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Television announcements |
| <input type="checkbox"/> Letters of invitation in the public hearing process | |
-
- Certification forms to be signed by participants
 - Application forms (including computer-based forms)
 - Other (specify):

b. The State agency requires that the USDA nondiscrimination poster, “And Justice For All,” or an FNS- approved substitute be displayed in the following places frequented by applicants and participants:

- Clinic waiting rooms
- Food instrument issuance offices
- Group/individual nutrition education areas
- Test kitchens
- Warehouse distribution centers
- Other (specify):

c. Check the group categories that the State agency and its local agencies publicly inform of the following information (check all that apply; see key below):

- | 1 | 2 | 3 | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Availability of Program benefits |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Eligibility criteria for participation |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Location of LA/clinics operating WIC Program and (800) telephone numbers |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hours of service of LA/clinics operating WIC Program |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Rights and responsibilities |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Nondiscrimination policy |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Civil rights complaint procedure |

1 = general public

2 = grassroots/community organizations that deal with potentially eligible minorities

3 = potential eligibles/applicants/participants

d. The State agency ensures that advocacy/minority organizations and the general public are informed of the benefits/policies listed above (please provide the appropriate Procedure Manual citation of materials used):

- Annually More frequently

ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):

2. Nondiscrimination Notification

a. The State agency or local agency:

- Provides applicants/participant with key information, such as applications and materials describing eligibility criteria and procedures for delivery of benefits, in appropriate languages other than English in areas where a significant proportion of people with limited English proficiency (LEP) reside.
- Appropriate bilingual staff, volunteers, or other translation resources are available to serve applicants and participants in areas where a significant proportion of people with limited English proficiency (LEP) reside.
- All rights and responsibilities listed on the certification form are read to or by the applicants and participants in the appropriate language, or if the participant is sight or hearing impaired and requires assistance.

b. The State agency provides WIC Program materials and translators in the following languages (Check all that apply; M = Materials, VT = Volunteer Translators, PT = Paid Translators, BS = Bilingual Staff):

M	VT	PT	BS	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	English
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spanish
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	French
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vietnamese
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other Asian/Pacific (specify):
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tribal (specify):
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Braille
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sign Interpreter
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify):

ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):

C. Compliance Review and Monitoring Activity

1. Compliance Review

a. Civil rights reviews of local agencies are conducted:

- Separately
- In conjunction with another department, organization or service as part of an overall review
- Other (specify):

b. The State agency reviews all its local agencies for civil rights compliance with the nondiscrimination laws and regulations when it does its reviews.

- Yes
- No

ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):

2. Monitoring Activity

a. In addition to the local agency reviews, the State agency uses the following means to ensure that local agencies operate in a nondiscriminatory manner:

- | | |
|--|--|
| <input type="checkbox"/> Review of the racial/ethnic enrollment and/or participation data applications | <input type="checkbox"/> Review of participant surveys |
| <input type="checkbox"/> Review of denied | <input type="checkbox"/> Participant interviews |
| <input type="checkbox"/> Review of complaints | <input type="checkbox"/> Review of waiting lists |
| | <input type="checkbox"/> Other (specify): |

b. The State agency checks for the following in local agency applications:

- The local agency has corrected all past substantiated civil rights problems or noncompliance situations
- The Civil Rights Assurance is included in the State-Local Agency Agreement
- A description of the racial/ethnic makeup of the service area is included in the application
- Appropriate staff, volunteers, or other translation resources are available in areas where a significant proportion of people with limited English proficiency (LEP) reside

c. The State agency checks for the following in its civil rights reviews of its local agencies:

- Case records include racial/ethnic data
- Where applicable, an explanation of why the racial/ethnic WIC participant level is not proportionate to the income eligible racial/ethnic population
- The local agency has conducted civil rights training for its staff
- The project area displays the USDA nondiscrimination poster, "And Justice For All," or an FNS-approved substitute
- Program information has been provided to applicants, participants, and grassroots organizations or similar minority groups
- The nondiscrimination policy statement and civil rights complaint procedure are included on all printed materials such as applications, pamphlets, forms, or any other materials distributed to the public
- Racial/ethnic data are collected by actual count and maintained on file for 3 years
- The local agency has corrected all past substantiated civil rights problems or noncompliance situations
- Civil rights complaints are handled in accordance with the procedures outlined in FNS Instruction 113-1

ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):

D. Data Collection and Reporting

1. Data Collection

a. The State agency ensures the following when collecting civil rights data:

- All racial/ethnic categories are collected and reported as part of the program participant characteristics report
- Racial/ethnic data definitions are in accordance with current OMB guidance and clinic procedures are in place to ensure the data is collected accurately
- Data reported on participant characteristics include the number of persons on WIC master lists or persons listed in WIC operating files who are certified to receive WIC benefits
- Collected racial/ethnic data and records are accessible only to authorized personnel

b. The State agency maintains a civil rights file which retains collected racial/ethnic data for three years.

- Yes No

ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):

2. The State agency instructs its local agencies to obtain a participant’s racial/ethnic category by (check all that apply):

- Allowing self-identification by participant (must be used at participant’s request)
- Visual identification/sight assessment by local agency staff
- Local agency staff personally know participant’s racial/ethnic category
- Other (specify):

ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):

E. Complaint Handling

1. The State agency ensures the following:

- WIC Program applicants and participants are informed where and how they may file a complaint of discrimination by directing them to the USDA Office of the Assistant Secretary for Civil Rights (OASCR) website (<https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>) for proper Discrimination Complaint Filing processes.
- WIC Program applicants and participants are informed that they can file their complaints directly with the U.S. Department of Agriculture or directly with the FNS HQ Civil Rights Division, their State agency, or their local agency. However, the local/State agency must then forward their complaint either directly to the FNS HQ Civil Rights Division or the U.S. Department of Agriculture.
- All local agency staff are trained in discrimination complaint procedures
- All written and verbal complaints alleging discrimination based on race, color, national origin, age, sex, or disability are accepted from applicants and participants by State agency and local agency staff and forwarded to the FNS HQ Civil Rights Division.
- Complaints alleging discrimination based on race, color, national origin, or age are forwarded to the FNS HQ Civil Rights Division through an FNS-established complaint procedure. (Regional Office receives copy of all complaints.)
- Complaints alleging discrimination based on sex or disability are forwarded to the FNS HQ Civil Rights Division (for those State and local agencies without an FNS-approved grievance procedure in place).
- Complaints alleging discrimination based on sex or disability are forwarded to the FNS HQ Civil Rights Division.

ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):

2. The State agency uses a discrimination complaint form it has developed for acceptance of a complaint.

- Yes No

ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):

3. The State agency establishes and ensures that local agencies implement specific timeframes concerning discrimination complaints:

- An individual has the right to file a complaint within 180 days of the alleged discriminatory action.
- All complaints are processed and closed within 90 days of receipt.

ADDITIONAL DETAIL: Civil Rights Appendix and/or Procedure Manual (citation):

Appendix D. State Agency Report Supplemental Tables

This appendix presents supplemental tables by report chapter.

Supplemental Tables for State Agency Report, Chapter 2. Agency Features

Table D.1. WIC State Agency Staff Time Dedicated to Breastfeeding Training, Promotion, and Support

Staffing	Mean	Median	Interquartile Range	Range
Percentage of staff time devoted to breastfeeding training, promotion, and support	11.8	10.0	5.0–14.0	0.0–100.0

Note: Excludes two WIC State agencies that did not respond to WIC State Plan Functional Area (FA) IV question A.2

N = 87 WIC State agencies

Source: Fiscal Year 2022 WIC State Plan (FA IV question A.2)

Table D.2. WIC State Agency FTEs for Breastfeeding Positions

Staffing	Mean	Median	Interquartile Range	Range
Number of breastfeeding coordinator FTEs (<i>n</i> = 52)	3.1	1.3	1.0–3.0	0.0–25.0
Number of “other” breastfeeding positions FTEs (<i>n</i> = 17)	2.8	1.0	1.0–5.5	0.5–13.0

Note: Excludes 28 WIC State agencies that did not respond to WIC State Plan Functional Area (FA) IV question A.1.a for breastfeeding coordinators or other breastfeeding positions. Other breastfeeding positions include peer counselors, breastfeeding educators, and designated breastfeeding experts.

FTE = full-time equivalent; *n* = number of WIC State agencies that provided the number of FTEs for each position

N = 61 WIC State agencies

Source: Fiscal Year 2022 WIC State Plan (FA IV question A.1.a)

Table D.3. WIC State Agency Coordination With Local Agencies to Develop Breastfeeding Promotion Plans That Contain Specific Elements

Breastfeeding Promotion Plan Elements	Number of WIC State Agencies	Percentage of WIC State Agencies
Identification of breastfeeding promotion and support materials	86	96.6
Procurement of breastfeeding aids that support initiation and continuation of breastfeeding	86	96.6
Training of State/local agency staff	84	94.4
Designating roles and responsibilities of staff	83	93.3
Evaluation of breastfeeding promotion and support activities	82	92.1
Community activities to address breastfeeding promotion and support issues ^a	77	86.5
Other element	22	24.7

Note: Percentages may sum to more than 100 percent because responses are not mutually exclusive. “Other element” included community outreach, data collection efforts, providing access to breastfeeding support through a telehealth app, and breastfeeding-related staffing.

^a Includes the development of breastfeeding coalitions, task forces, or forums

N = 89 WIC State agencies

Source: Fiscal Year 2022 WIC State Plan (Functional Area II question A.6.a)

Table D.4. Minimum Protocols WIC State Agencies Have Established to Promote and Support Breastfeeding

Minimum Protocols	Number of WIC State Agencies	Percentage of WIC State Agencies
Plan to ensure women have access to breastfeeding promotion and support activities during prenatal and postpartum periods	89	100
Policy that creates positive clinic environment that endorses breastfeeding as preferred method of infant feeding	88	98.9
Food package prescription	88	98.9
Participant breastfeeding assessments	85	95.5
Requirement that local agencies incorporate task-appropriate breastfeeding promotion and support training into orientation programs for new staff who are in direct contact with clients	84	94.4
Referral criteria	84	94.4
Data collection (State and local agency levels)	83	93.3
Requirement that local agencies designate staff person to coordinate breastfeeding promotion and support activities	80	89.9
Peer counseling	80	89.9
Other protocols	18	20.2

Note: Percentages may sum to more than 100 percent because responses are not mutually exclusive. "Other protocols" included those related to community outreach, staff training, peer counseling oversight, and the distribution of breastfeeding aids.

N = 89 WIC State agencies

Source: Fiscal Year 2022 WIC State Plan (Functional Area II question A.6.b)

Table D.5. Level at Which WIC State Agencies Monitor Expenditures for Breastfeeding Promotion and Support Activities

Expenditure Type	Monitoring Level	Number of WIC State Agencies	Percentage of WIC State Agencies
Breastfeeding promotion coordinator's salary	WIC State agency level	83	93.3
	Local agency level	36	40.4
Written education materials	WIC State agency level	86	96.6
	Local agency level	39	43.8
Participant education/counseling	WIC State agency level	56	62.9
	Local agency level	44	49.4
Staff training	WIC State agency level	81	91.0
	Local agency level	42	47.2
Breastfeeding promotion activities	WIC State agency level	78	87.6
	Local agency level	44	49.4
Direct support costs	WIC State agency level	61	68.5
	Local agency level	36	40.4
Breastfeeding aids and equipment ^a	WIC State agency level	86	96.6
	Local agency level	35	39.3
Other activity	WIC State agency level	10	11.2
	Local agency level	7	7.9

Note: Percentages may sum to more than 100 percent because responses are not mutually exclusive. "Other activity" included WIC State agency monitoring of staff salaries, travel, office administration, promotion supplies, and media campaign activities.

^a Examples include breast pumps purchased with Nutrition Services and Administration funds.

N = 89 WIC State agencies

Source: Fiscal Year 2022 WIC State Plan (Functional Area V question E.2)

Table D.6. Additional Resources WIC State Agencies Identified to Enhance Virtual Breastfeeding Services at Local Agency and Program Levels

Resource	Number of WIC State Agencies	Percentage of WIC State Agencies
Training or resources on how to effectively engage participants or share materials in virtual setting	63	81.3
Training or resources on how to use virtual service technology	52	66.9
Funding for video chat software or platform	51	65.2
Better technology ^a	42	52.8
Other resource	7	8.9
No additional resources needed	7	9.3

Note: Excludes 12 WIC State agencies that did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) State Agency Survey. Percentages may sum to more than 100 percent because responses are not mutually exclusive. Percentages are weighted to account for agency nonresponse. “Other resource” included better internet access for participants, especially in rural areas, and additional funding.

^a Includes faster computers and improved access to the internet for WIC counselors and service providers

N = 77 WIC State agencies

Source: WIC BPI II State Agency Survey question 9

Table D.7. WIC State Agency Sources of Feedback on Virtual Breastfeeding Counseling

Source of Feedback	Number of WIC State Agencies	Percentage of WIC State Agencies
From staff and participants	27	35.3
From staff only	16	20.1
From participants only	9	11.8
No feedback solicited ^a	25	32.7

Note: Excludes 12 WIC State agencies that did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) State Agency Survey. Percentages may not sum to 100 percent because of rounding. Percentages are weighted to account for agency nonresponse.

^a These WIC State agencies may accept feedback when provided but do not solicit feedback from staff or participants.

N = 77 WIC State agencies

Source: WIC BPI II State Agency Survey question 10

Table D.8. WIC State Agency Use of Online Platforms and Websites for Breastfeeding Education

Platform Used for Virtual Breastfeeding Services	Number of WIC State Agencies	Percentage of WIC State Agencies
WIC State agency provides local agency/participants online platform or website to access breastfeeding education materials	45	57.1
Platform or website State agency pays to access	32	40.4
Platform or website State agency developed	16	20.8
Publicly available (no-cost) platform or website	14	18.1
Other platform type	3	3.5

Note: Excludes 12 WIC State agencies that did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) State Agency Survey. Percentages may sum to more than 100 percent because responses are not mutually exclusive. Percentages are weighted to account for agency nonresponse. In response to “other platform type,” two WIC State agencies listed the name of their platform and one noted it provides electronic access to breastfeeding education through text, email, and messenger.

N = 77 WIC State agencies

Source: WIC BPI II State Agency Survey questions 11 and 12

Supplemental Tables for State Agency Report, Chapter 3. Peer Counseling

Table D.9. WIC State Agency Operation of Peer Counseling Program

Peer Counseling Program in Place	Number of WIC State Agencies	Percentage of WIC State Agencies
Yes	74	95.6
No	3	4.4

Note: Excludes 12 WIC State agencies that did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) State Agency Survey. Percentages are weighted to account for agency nonresponse.

N = 77 WIC State agencies

Source: WIC BPI II State Agency Survey question 2

Table D.10. WIC State Requests Peer Counseling Funds

Funds Requested	Number of WIC State Agencies	Percentage of WIC State Agencies
Requests full amount of available funds	67	77.0
Requests specific amount of available funds	12	13.8
Does not request funds	8	9.2

Note: Excludes two WIC State agencies that did not respond to WIC State Plan Functional Area (FA) II question A.7.a

N = 87 WIC State agencies

Source: Fiscal Year 2022 WIC State Plan (FA II question A.7.a)

Table D.11. WIC State Agency Designation of All, Some, or No Local Agencies to Receive Peer Counseling Program Funds

WIC State Agency Designation to Receive Funds	Number of WIC State Agencies	Percentage of WIC State Agencies
All local agencies	29	40.8
Some local agencies	28	39.4
No local agencies	14	19.7

Note: Excludes 18 WIC State agencies that did not respond to WIC State Plan Functional Area (FA) II A.7.d or responded with a value significantly higher than their number of local agencies. The number of local agencies in a WIC State agency was determined using the WIC Local Agency Directory. Percentages may not sum to 100 percent because of rounding.

N = 71 WIC State agencies

Sources: Fiscal Year 2022 WIC State Plan (FA II question A.7.d); WIC Local Agency Directory

Table D.12. Information WIC State Agencies Use When Allocating Peer Counseling Program Funds to Local Agencies

Information WIC State Agencies Use When Allocating Funds	Number of WIC State Agencies	Percentage of WIC State Agencies
Local agency or site caseload size	46	62.2
Local agency or site capacity to operate a peer counseling program	36	49.3
Request by local agency or site	30	39.6
Not applicable ^a	15	20.4
Local breastfeeding initiation rates	15	19.5
Local breastfeeding duration rates	11	15.0
Other criteria	11	14.8
No criteria	7	9.9

Note: Excludes 15 WIC State agencies: 12 WIC State agencies did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) State Agency Survey, and 3 WIC State agencies did not have a peer counseling program. Percentages may sum to more than 100 percent because responses are not mutually exclusive. Percentages are weighted to account for agency nonresponse. “Other criteria” included available budget or funding, infant mortality rate, health equity, and that each local agency is required to have one peer counselor. “No criteria” means the WIC State agency does not use criteria to determine how it allocates Breastfeeding Peer Counseling Program funds to local agencies.

^a Indicates a response option developed from an analysis of open-ended “other criteria” text; respondents indicated their WIC State agency does not operate local agencies.

N = 74 WIC State agencies

Source: WIC BPI II State Agency Survey question 3

Table D.13. WIC State Agency Specification for Placement Process of Peer Counselors

Policy Detail Specified in Manual	Number of WIC State Agencies	Percentage of WIC State Agencies
Process for placement of peer counselors	25	28.7

Note: Excludes two WIC State agencies that did not provide a WIC State Policy and Procedure Manual.

N = 87 WIC State agencies

Source: FY 2022 WIC State Policy and Procedure Manuals collected between June 2022 and January 2023

Table D.14. WIC State Agency Designation of Peer Counseling Program Managers or Coordinators at State and/or Local Level

Designation of Program Managers or Coordinators	Number of WIC State Agencies	Percentage of WIC State Agencies
Yes	83	100.0
No	0	0

Note: Excludes six WIC State agencies that did not respond to WIC State Plan Functional Area (FA) II question A.7.g.

N = 83 WIC State agencies

Source: Fiscal Year 2022 WIC State Plan (FA II question A.7.g)

Table D.15. Peer Counseling Program Policies and Procedures WIC State Agencies Have Standardized

Standardized Policies and Procedures	Number of WIC State Agencies	Percentage of WIC State Agencies
Timing and frequency of contacts	83	93.3
Documentation of client contacts	83	93.3
Confidentiality	82	92.1
Referral protocols	81	91.0
Use of social media	52	58.4
Other procedure	14	15.7

Note: Percentages may sum to more than 100 percent because responses are not mutually exclusive. "Other procedure" included training, technology use, compensation, allowable costs, scope of practice, and staff monitoring.

N = 89 WIC State agencies

Source: Fiscal Year 2022 WIC State Plan (Functional Area II question A.7.l)

Table D.16. WIC State Agency Approaches for Peer Counselor Supervision and Monitoring

Approach to Supervision and Monitoring	Number of WIC State Agencies	Percentage of WIC State Agencies
Regular, systematic contact with peer counselor	83	93.3
Regular, systematic review of peer counselor contact logs	82	92.1
Regular, systematic review of peer counselor contact documentation	80	89.9
Observation	76	85.4
Spot checks	75	84.3
Other approach	17	19.1

Note: Percentages may sum to more than 100 percent because responses are not mutually exclusive. "Other approach" included participant feedback, performance reviews, database and site monitoring, and check-in meetings.

N = 89 WIC State agencies

Source: Fiscal Year 2022 WIC State Plan (Functional Area II question A.7.m)

Table D.17. Elements of WIC State Agency Peer Counselor Definition

Elements of Peer Counselor Definitions	Number of WIC State Agencies	Percentage of WIC State Agencies
WIC State agency includes all of following elements in peer counselor definition (i.e., WIC State agency uses FNS definition) ^a	37	42.5
“Paraprofessional” or similar	56	64.4
Recruited and hired from WIC population, same race/ethnicity as community served, or similar	70	80.5
Available outside clinic hours and clinic setting	63	72.4
Previous breastfeeding experience/have breastfed at least one baby	77	88.5
WIC State agency definition includes one or more elements not specified in FNS definition (<i>most common other elements listed below</i>)	73	83.9
Speaks a specific language (e.g., Spanish, same as population served)	23	26.4
Is enthusiastic about breastfeeding	49	56.3
Has participated in WIC	43	49.4
Has own phone or is willing to make calls from home	33	37.9
Has own/reliable transportation	30	34.5
Has at least 6 months of previous breastfeeding experience	30	34.5
Demonstrates good communication skills	26	29.9
Works at least some minimum number of hours weekly	18	20.7
Has HS diploma or GED	8	9.2
Has computer/typing skills	3	3.4
Has at least 1 year of previous breastfeeding experience	2	2.3

Note: Excludes two WIC State agencies that did not provide a WIC State Policy and Procedure Manual. Percentages may sum to more than 100 percent because responses are not mutually exclusive.

^a In the [WIC Breastfeeding Model Components for Peer Counseling](#), FNS defines a breastfeeding peer counselor as (1) “paraprofessional”; (2) “recruited and hired from WIC’s target population, and, to the extent possible, representing the same racial/ethnic background as the mothers they support”; (3) “available to WIC clients outside usual clinic hours and outside the WIC clinic environment”; and (4) with “previous experience with breastfeeding” (i.e., breastfed at least one baby). WIC State agencies with peer counselor definitions that included these four elements were identified as using the FNS definition.

HS = high school; GED = General Educational Development Test

N = 87 WIC State agencies

Sources: FY 2022 WIC State Policy and Procedure Manuals collected between June 2022 and January 2023; Food and Nutrition Service. (n.d.). *WIC breastfeeding model components for peer counseling*. U.S. Department of Agriculture.

<https://wicworks.fns.usda.gov/resources/wic-breastfeeding-model-components-peer-counseling>

Table D.18. WIC State Agency Definition of Job Parameters for Peer Counselors

Defined Parameter	Number of WIC State Agencies	Percentage of WIC State Agencies
WIC State agency defines job parameters for peer counselors	83	100.0
Settings for peer counseling service delivery	83	100.0
Clinic	82	98.8
Counselor's home (phone calls)	80	96.4
Hospital	66	79.5
Participant's home	60	72.3
Frequency of client contacts	77	92.8
Scope of practice of peer counselor	76	91.6
Procedures for making referrals	75	90.4

Note: Excludes six WIC State agencies that did not respond to WIC State Plan Functional Area (FA) II question A.7.h. Percentages may sum to more than the subtotal row or 100 percent because responses are not mutually exclusive.

N = 83

Source: Fiscal Year 2022 WIC State Plan (FA II question A.7.h)

Table D.19. WIC State Agency Policy on Training WIC Clinic Staff About Peer Counselor Role

Training for WIC Clinic Staff	Number of WIC State Agencies	Percentage of WIC State Agencies
Yes	84	100.0
No	0	0.0

Note: Excludes five WIC State agencies that did not respond to WIC State Plan Functional Area (FA) II question A.7.k.

N = 84 WIC State agencies

Source: Fiscal Year 2022 WIC State Plan (FA II question A.7.k)

Table D.20. Types of Training and Continuing Education WIC State Agencies Provide to Peer Counselors

Training and Continuing Education Types	Number of WIC State Agencies	Percentage of WIC State Agencies
Standardized training using FNS-developed curriculum	84	94.4
Ongoing training at regularly scheduled meetings	82	92.1
Opportunities to "shadow" or observe lactation experts and other peer counselors	71	79.8
Training/experience to become senior-level peer counselors ^a	54	60.7
Home study	42	47.2
Other training	20	22.5

Note: Percentages may sum to more than 100 percent because responses are not mutually exclusive. "Other training" included participation in large meetings and conferences, webinars and other virtual training, and training provided by a local hospital.

^a Includes WIC designated breastfeeding expert, etc.

N = 89 WIC State agencies

Source: Fiscal Year 2022 WIC State Plan (Functional Area II question A.7.p)

Table D.21. WIC State Agency Approaches to Support Peer Counselors

Approaches to Support Peer Counselors	Number of WIC State Agencies	Percentage of WIC State Agencies
Regular contact with supervisor	83	93.3
Participation in clinic staff meetings as part of WIC team	82	92.1
Timely access to WIC designated breastfeeding experts for referrals outside peer counselors' scope of practice	81	91.0
Mentoring of new peer counselors in early months of job	79	88.8
Opportunities to meet regularly with other peer counselors	73	82.0
Other approach	18	20.2

Note: Percentages may sum to more than 100 percent because responses are not mutually exclusive. "Other approach" included training and continuing education, social media groups, meetings, and conferences.

N = 89 WIC State agencies

Source: Fiscal Year 2022 WIC State Plan (Functional Area II question A.7.o)

Table D.22. Community Partners WIC State Agencies Engage to Enhance Peer Counseling Effectiveness

Community Partnership Type	Number of WIC State Agencies	Percentage of WIC State Agencies
Hospitals	72	80.9
Breastfeeding coalitions	71	79.8
Community organizations	71	79.8
Home visiting programs (e.g., HRSA)	59	66.3
La Leche League	51	57.3
Private healthcare clinics	48	53.9
Businesses	43	48.3
Cooperative extensions	38	42.7
Other community partnership type	24	27.0

Note: Percentages may sum to more than 100 percent because responses are not mutually exclusive. "Other community partnership type" included medical offices, childcare centers, schools and universities, jails, local breastfeeding groups, maternal and child health related programs and coalitions, Tribal programs, Federal programs, and other State departments.

HRSA = Health Resources and Services Administration

N = 89 WIC State agencies

Source: Fiscal Year 2022 WIC State Plan (Functional Area II question A.7.n)

Table D.23. WIC State Agency Use of FNS Definition for Peer Counselor

Use of FNS Definition for Peer Counselor ^a	Number of WIC State Agencies	Percentage of WIC State Agencies
Yes	81	96.4
No	3	3.6

Note: Excludes five WIC State agencies that did not respond to WIC State Plan Functional Area (FA) II question A.7.f.

^a In the Fiscal Year 2022 WIC State Plan (FA II question A.7.f), FNS defines a peer counselor as a "paraprofessional recruited and hired from target population; available to WIC clients outside usual clinic hours and outside the WIC clinic."

N = 84 WIC State agencies

Source: Fiscal Year 2022 WIC State Plan (FA II question A.7.f)

Table D.24. WIC State Agency Requirement of Adequate Compensation and Reimbursement for Peer Counselors

Adequate Compensation Requirement	Number of WIC State Agencies	Percentage of WIC State Agencies
Yes	81	97.6
No	2	2.4

Note: Excludes six WIC State agencies that did not respond to WIC State Plan Functional Area (FA) II question A.7.i.

N = 83 WIC State agencies

Source: Fiscal Year 2022 WIC State Plan (FA II question A.7.i)

Supplemental Tables for State Agency Report, Chapter 4. Breastfeeding Aids and Accessories

Table D.25. WIC State Agency Coordination With Local Agencies to Procure Breastfeeding Aids That Support Initiation and Continuation of Breastfeeding

Coordination With Local Agencies	Number of WIC State Agencies	Percentage of WIC State Agencies
Yes	86	96.6
No	3	3.4

N = 89 WIC State agencies

Source: Fiscal Year 2022 WIC State Plan (Functional Area II question A.6.a)

Table D.26. WIC State Agency Policies on Development of Breastfeeding Promotion Plans

Policy Specified in Manual	Number of WIC State Agencies	Percentage of WIC State Agencies
Breastfeeding promotion plan present	79	90.8
Breastfeeding promotion plan mentions breastfeeding aids	70	80.5

Note: Excludes two WIC State agencies that did not provide a WIC State Policy and Procedure Manual.

N = 87 WIC State agencies

Source: FY 2022 WIC State Policy and Procedure Manuals collected between June 2022 and January 2023

Table D.27. Breastfeeding Aids and Accessories WIC State Agencies Issue to Participants

Breastfeeding Aid	Number of WIC State Agencies	Percentage of WIC State Agencies
Any breast pumps ^a	80	92.0
Manual breast pumps	68	78.2
Single-user electric breast pumps	54	62.1
Multiuser electric breast pumps	51	58.6
Unspecified electric breast pumps	20	23.0
At-breast supplementers (Lact-Aid, SNS)	30	34.5
Nursing bras or nursing pads	29	33.3
Nipple shields	28	32.2
Breast shells	27	31.0
Pump parts, collection kits, or adapters	26	29.9
Feeding tubes or finger feeders	5	5.7

Note: Excludes two WIC State agencies that did not provide a WIC State Policy and Procedure Manual. Percentages may sum to more than 100 percent because responses are not mutually exclusive. Single-user electric breast pumps include pumps described as single-user or personal. Multiuser electric breast pumps include pumps described as multiuser electric, hospital grade, and loaner pumps. Unspecified electric breast pumps include breast pumps that could not be further categorized because the description was too general or vague.

SNS = Supplemental Nursing System

^a Two WIC State agencies mentioned a pump but with no additional specification or criteria. These WIC State agencies are not identified in the breast pump subtypes.

N = 87 WIC State agencies

Source: FY 2022 WIC State Policy and Procedure Manuals collected between June 2022 and January 2023

Table D.28. Criteria WIC Participants Must Meet to Receive Manual Breast Pumps

Criterion	Number of WIC State Agencies	Percentage of WIC State Agencies
Policy manual specifies participants must meet at least one of following four criteria to receive manual breast pump	6	8.8
Be fully or exclusively breastfeeding	2	2.9
Be 1–3 weeks postpartum	2	2.9
Express commitment to continued breastfeeding	1	1.5
Have one or more qualifying conditions	5	7.4
Infant is a WIC participant	2	2.9
Mother/infant separation (e.g., hospitalization, return to work)	1	1.5
Maternal illness or problem (e.g., engorgement, mastitis)	1	1.5
Infant has been born	1	1.5
Established milk supply	1	1.5
Participant has not received pump from non-WIC source	1	1.5
One required criterion	4	5.9
Two required criteria	1	1.5
Three required criteria	0	0.0
Four required criteria	1	1.5

Note: Excludes 21 WIC State agencies: 2 WIC State agencies did not provide a WIC State Policy and Procedure Manual, and 19 WIC State agencies did not issue this type of aid. Percentages may sum to more than 100 percent because responses are not mutually exclusive.

N = 68 WIC State agencies

Source: FY 2022 WIC State Policy and Procedure Manuals collected between June 2022 and January 2023

Table D.29. Criteria WIC Participants Must Meet to Receive Single-User Electric Breast Pumps

Criterion	Number of WIC State Agencies	Percentage of WIC State Agencies
Policy manual specifies participants must meet at least one of following four criteria to receive single-user electric breast pump	34	63.0
Be fully or exclusively breastfeeding	18	33.3
Be a certain number of weeks postpartum	12	22.3
Be 1–3 weeks postpartum	1	1.9
Be at least 4 weeks postpartum	11	20.4
Express commitment to continued breastfeeding	19	35.2
Have one or more qualifying conditions	32	59.3
Established milk supply	22	40.7
Mother/infant separation (e.g., hospitalization, return to work)	11	20.4
Participant has not received another single-user breast pump	6	11.1
Participant is receiving no or minimal formula from WIC	5	9.3
Infant illness or problem (e.g., weak suck, cardiac condition)	3	5.6
Multiple gestation	3	5.6
Maternal illness or problem (e.g., engorgement, mastitis)	3	5.6
Participant cannot obtain/afford device from non-WIC source	3	5.6
Breastfeeding problem attributed to prematurity	1	1.9
Medicaid and prescription	1	1.9
Infant is up to 11 months of age	1	1.9
One required criterion	9	16.7
Two required criteria	11	20.4
Three required criteria	6	11.1
Four required criteria	8	14.8

Note: Excludes 35 WIC State agencies: 2 WIC State agencies did not provide a WIC State Policy and Procedure Manual, and 33 WIC State agencies did not mention this type of aid in their manual. Percentages may sum to more than 100 percent because responses are not mutually exclusive. Single-user electric breast pumps include pumps described as single-user or personal.
 N = 54 WIC State agencies

Source: FY 2022 WIC State Policy and Procedure Manuals collected between June 2022 and January 2023

Table D.30. Criteria WIC Participants Must Meet to Receive Multiuser Electric Breast Pumps

Criterion	Number of WIC State Agencies	Percentage of WIC State Agencies
Policy manual specifies participants must meet at least one of following three criteria to receive multiuser electric breast pump	9	17.6
Be fully or exclusively breastfeeding	3	5.9
Be at least 4 weeks postpartum	1	2.0
Have one or more qualifying conditions	8	15.7
Breastfeeding problem attributed to prematurity	4	7.8
Mother/infant separation (e.g., hospitalization, return to work)	7	13.7
Infant illness or problem (e.g., weak suck, cardiac condition)	5	9.8
Multiple gestation	1	2.0
Maternal illness or problem (e.g., engorgement, mastitis)	2	3.9
Milk supply not established	2	3.9
Has a medical need	1	2.0
One required criterion	7	13.7
Two required criteria	1	2.0
Three required criteria	1	2.0
Four required criteria	0	0.0

Note: Excludes 38 WIC State agencies: 2 WIC State agencies did not provide a WIC State Policy and Procedure Manual, and 36 WIC State agencies did not mention this type of aid in their manual. Percentages may sum to more than 100 percent because responses are not mutually exclusive. Multiuser electric breast pumps include pumps described as multiuser electric, hospital grade, and loaner pumps.

N = 51 WIC State agencies

Source: FY 2022 WIC State Policy and Procedure Manuals collected between June 2022 and January 2023

Table D.31. WIC State Agency Issuance Criteria for At-Breast Supplementers (Lact-Aid, SNS)

Issuance Criteria Specified in Manual	Number of WIC State Agencies	Percentage of WIC State Agencies
Infant illness or problem (e.g., weak suck, cardiac condition)	8	66.7
Maternal illness or problem (e.g., engorgement, mastitis)	6	50.0
Relactation or induced lactation	6	50.0
Breastfeeding problem attributed to prematurity	2	16.7
Unspecified milk intake concerns	2	16.7
Only after other methods have failed	1	8.3
Preference of at-breast supplementation	1	8.3

Note: Excludes 77 WIC State agencies: 2 WIC State agencies did not provide a WIC State Policy and Procedure Manual, 57 WIC State agencies did not issue this type of aid, and 18 WIC State agencies issued this type of aid but did not specify issuance in their manual. Percentages may sum to more than 100 percent because responses are not mutually exclusive.

SNS = Supplemental Nursing System

N = 12 WIC State agencies

Source: FY 2022 WIC State Policy and Procedure Manuals collected between June 2022 and January 2023

Table D.32. WIC State Agency Issuance Criteria for Nursing Bras and Nursing Pads

Issuance Criteria Specified in Manual	Number of WIC State Agencies	Percentage of WIC State Agencies
Maternal illness or problem (e.g., engorgement, mastitis)	3	60.0
Participant cannot obtain/afford device from non-WIC source	1	20.0
Other ^a	1	20.0

Note: Excludes 84 WIC State agencies: 2 WIC State agencies did not provide a WIC State Policy and Procedure Manual, 58 WIC State agencies did not issue this type of aid, and 24 WIC State agencies issued this type of aid but did not specify issuance criteria in their manual. Percentages may sum to more than 100 percent because responses are not mutually exclusive.

^a Nursing pads may be given to all fully or exclusively breastfeeding WIC mothers. Mothers who are partially breastfeeding may be issued nursing pads if determined necessary during evaluation.

N = 5 WIC State agencies

Source: FY 2022 WIC State Policy and Procedure Manuals collected between June 2022 and January 2023

Table D.33. WIC State Agency Issuance Criteria for Nipple Shields

Issuance Criteria Specified in Manual	Number of WIC State Agencies	Percentage of WIC State Agencies
Infant illness or problem (e.g., weak suck, cardiac condition)	9	75.0
Maternal illness or problem (e.g., engorgement, mastitis)	8	66.7
Breastfeeding problem attributed to prematurity	4	33.3
Transitioning from bottle to breast	3	25.0
Only after other methods have failed	3	25.0
Age of infant (unrelated to prematurity)	2	16.7
Infant is fully or exclusively breastfed	1	8.3

Note: Excludes 77 WIC State agencies: 2 WIC State agencies did not provide a WIC State Policy and Procedure Manual, 59 WIC State agencies did not issue this type of aid, and 16 WIC State agencies issued this type of aid but did not specify issuance criteria in their manual. Percentages may sum to more than 100 percent because responses are not mutually exclusive.

N = 12 WIC State agencies

Source: FY 2022 WIC State Policy and Procedure Manuals collected between June 2022 and January 2023

Table D.34. WIC State Agency Issuance Criteria for Breast Shells

Issuance Criteria Specified in Manual	Number of WIC State Agencies	Percentage of WIC State Agencies
Maternal illness or problem (e.g., engorgement, mastitis)	11	100.0
Participant is not pregnant or postpartum	5	45.5
Only after other methods have failed	1	9.1

Note: Excludes 77 WIC State agencies: 2 WIC State agencies did not provide a WIC State Policy and Procedure Manual, 60 WIC State agencies did not issue this type of aid, and 15 WIC State agencies issued this type of aid but did not specify issuance criteria in their manual. Percentages may sum to more than 100 percent because responses are not mutually exclusive.

N = 12 WIC State agencies

Source: FY 2022 WIC State Policy and Procedure Manuals collected between June 2022 and January 2023

Table D.35. WIC State Agency Issuance Criteria for Pump Parts, Collection Kits, and Adapters

Issuance Criteria Specified in Manual	Number of WIC State Agencies	Percentage of WIC State Agencies
Issuance of a pedal or electric pump	4	100.0
Mother/infant separation (e.g., hospitalization, return to work)	1	25.0
Maternal illness or problem (e.g., engorgement, mastitis)	1	25.0
Other reasons approved by the lactation counselor	1	25.0

Note: Excludes 85 WIC State agencies: 2 WIC State agencies did not provide a WIC State Policy and Procedure Manual, 61 WIC State agencies did not issue this type of aid, and 22 WIC State agencies issued this type of aid but did not specify issuance criteria in their manual. Percentages may sum to more than 100 percent because responses are not mutually exclusive.

N = 4 WIC State agencies

Source: FY 2022 WIC State Policy and Procedure Manuals collected between June 2022 and January 2023

Table D.36. WIC State Agency Policies on Staff Permitted to Issue and Follow Up on Breastfeeding Aids

Policy Specified in Manual	Number of WIC State Agencies	Percentage of WIC State Agencies
Who can assess need for/issue breastfeeding aids	73	83.9
Breastfeeding peer counselor	27	31.0
Nutritionist or registered dietitian	19	21.8
Competent professional authority	38	43.7
Lactation consultant, counselor, or educator (non-IBCLC)	16	18.4
IBCLC or designated breastfeeding expert	29	33.3
Lactation management specialist	2	2.3
WIC coordinator/director or breastfeeding coordinator	29	33.3
Nurse (RN, LPN, clinical or community health nurse)	4	4.6
General statement that only trained staff can assess need for/issue breastfeeding aids	35	40.2
Who can conduct follow-up after breastfeeding aid is issued	58	66.7
Breastfeeding peer counselor	15	17.2
Nutritionist or registered dietitian	10	11.5
Competent professional authority	17	19.5
Lactation consultant, counselor, or educator (non-IBCLC)	7	8.0
IBCLC or designated breastfeeding expert	17	19.5
Lactation management specialist	1	1.1
WIC coordinator/director or breastfeeding coordinator	8	9.2
Nurse (RN, LPN, clinical or community health nurse)	1	1.1
General statement that only trained staff should conduct follow-up	7	8.0
General statement that same staff member who issued breastfeeding aid performs follow-up	13	14.9

Note: Excludes two WIC State agencies that did not provide a WIC State Policy and Procedure Manual. Percentages may sum to more than the subtotal row or 100 percent because responses are not mutually exclusive.

IBCLC = International Board Certified Lactation Consultant; RN = registered nurse; LPN = licensed practical nurse

N = 87 WIC State agencies

Source: FY 2022 WIC State Policy and Procedure Manuals collected between June 2022 and January 2023

Supplemental Tables for State Agency Report, Chapter 5. Other Breastfeeding Promotion and Support

Table D.37. WIC State Agency Policies on Food Package Tailoring

Tailoring Specified as Allowed in Manual	Number of WIC State Agencies	Percentage of WIC State Agencies
Breastfeeding-related food package tailoring (formula tailoring, breastfeeding-based tailoring, food substitutions)	83	95.4
Partially (mostly) breastfeeding infants can receive one can of formula in first month	63	72.4
Substitution of fresh fruits and vegetables (CVB) for jarred infant fruits and vegetables is allowed	51	58.6
For infants 6 months or older	3	3.4
For infants 9 months or older	37	42.5
Guidance for how much formula to prescribe partially/minimally breastfeeding infants (other than MMA)	33	37.9

Note: Excludes two WIC State agencies that did not provide a WIC State Policy and Procedure Manual. Percentages may sum to more than 100 percent because responses are not mutually exclusive.

CVB = cash-value benefit; MMA = maximum monthly allowance

N = 87 WIC State agencies

Source: FY 2022 WIC State Policy and Procedure Manuals collected between June 2022 and January 2023

Table D.38. WIC State Agency Development of Individual Nutrition Tailoring Policies

WIC State Agency Development of Individual Nutrition Tailoring Policies	Number of WIC State Agencies	Percentage of WIC State Agencies
Develops individual nutrition tailoring policies based on any of following participant characteristics	76	85.4
Nutrition risk/nutrition and breastfeeding assessment	75	84.3
Participant preference	67	75.3
Household condition	70	78.7
Other characteristic	20	22.5

Note: Percentages may sum to more than 100 percent because responses are not mutually exclusive. "Other characteristic" included caregiver's ability to prepare formula, medical conditions, socioeconomic circumstances, certification category, age, individual needs, and product availability.

N = 89 WIC State agencies

Source: Fiscal Year 2022 WIC State Plan (Functional Area II question B.2.c)

Table D.39. WIC State Agency Policies on Postpartum Breastfeeding Contacts

Policy Details Specified in Manual	Number of WIC State Agencies	Percentage of WIC State Agencies
Which postpartum participants to contact about breastfeeding ^a	72	82.8
All postpartum participants	29	33.3
Breastfeeding participants	40	46.0
Only pregnancy/prenatal contacts described	3	3.4
Timing of first postpartum breastfeeding contact ^a	68	78.2
At or within 24 hours of delivery or certification	19	21.8
Within 2–3 days after delivery or certification	28	32.2
Within 1 week of delivery or certification	17	19.5
Within 1 month of delivery or certification	4	4.6
Whether breastfeeding contact is linked to certification date instead of infant’s delivery date	10	11.5
How often breastfeeding contacts should occur during early postpartum period ^a	61	70.1
2 times per week or more	40	46.0
1 time per week	8	9.2
2 times per month or more	2	2.3
1 time per month	5	5.7
“As needed” or “continuous, frequent” (with no other specification)	6	6.9
Length of time regular breastfeeding contacts should continue ^b	44	50.6
As needed, if participant is breastfeeding or expressing milk	12	13.8
Less than 1 month	0	0.0
1–2 months	1	1.1
3–6 months	11	12.6
Through first year	20	23.0

Note: Excludes two WIC State agencies that did not provide a WIC State Policy and Procedure Manual.

^a Percentages may not sum to the subtotal because of rounding.

^b Percentages may sum to more than the subtotal or 100 percent because responses are not mutually exclusive.

N = 87 WIC State agencies

Source: FY 2022 WIC State Policy and Procedure Manuals collected between June 2022 and January 2023

Table D.40. WIC State Agency Policies on Coordination of Care and Documentation for Complex Breastfeeding Issues

Details Specified in Manual	Number of WIC State Agencies	Percentage of WIC State Agencies
Policy specifies following four elements of care coordination and documentation for complex breastfeeding issues	30	34.5
■ Definition of complex breastfeeding issues	32	36.8
■ To whom peer counselor should yield or refer complex breastfeeding issues ^a	69	79.3
Designated breastfeeding expert	45	51.7
International Board Certified Lactation Consultant	27	31.0
Lactation consultant or specialist ^b	22	25.3
Competent professional authority	6	6.9
Certified Lactation Consultant	4	4.6
■ Whether referrals are made to WIC staff or experts who are not WIC staff ^c	71	81.6
WIC staff	25	28.7
Experts who are not WIC staff	3	3.4
Both	43	49.4
■ Where complex breastfeeding encounters are documented ^c	65	74.7
Management information system (MIS)	53	60.9
Other location (e.g., contact log, client record)	10	11.5
Both MIS and other location	8	9.2

Note: Excludes two WIC State agencies that did not provide a WIC State Policy and Procedure Manual. “Another method” includes submitting data or information to a WIC staff member to upload into the MIS.

^a Percentages may sum to more than the subtotal or 100 percent because responses are not mutually exclusive.

^b While their scopes of practice differ, both Certified Lactation Consultants (CLC) and International Board Certified Lactation Consultants (IBCLC) may be referred to as “lactation consultants.” Manuals that specified yielding care to a lactation consultant or a specialist without further characterization of which certification the consultant/specialist held were reported separately from CLCs and IBCLCs.

^c Percentages may not sum to the subtotal because of rounding.

N = 87 WIC State agencies

Source: FY 2022 WIC State Policy and Procedure Manuals collected between June 2022 and January 2023

Supplemental Tables for State Agency Report, Chapter 6. Breastfeeding Measures

Table D.41. WIC State Agency Use of Metrics to Document Breastfeeding Duration in Management Information System

Duration Metric	Number of WIC State Agencies	Percentage of WIC State Agencies
Breastfeeding start and end dates	73	94.8
Length of time infant receives full or partial breastfeeding food package	73	94.6
Length of time reported by mother in weeks	61	79.3
Length of time reported by mother in months	57	73.5
Length of time reported by mother in days	52	67.0
Other duration metric	16	20.7

Note: Excludes 12 WIC State agencies that did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) State Agency Survey. Percentages may sum to more than 100 percent because responses are not mutually exclusive. Percentages are weighted to account for agency nonresponse. "Other duration metric" included the date formula was added, the age of the infant when transitioned from exclusive to partial breastfeeding, the reason breastfeeding ended, the indicator of current breastfeeding, breastfeeding intensity, the date the infant was fed something other than human milk (to measure duration for exclusive breastfeeding), and the length of time the breast pump was loaned.

N = 77 WIC State agencies

Source: WIC BPI II State Agency Survey question 15

Table D.42. Measures of Breastfeeding Activity WIC State Agencies Document in Management Information System or Another Statewide WIC Data System

Indicator	Number of WIC State Agencies	Percentage of WIC State Agencies
Indicator that mother receives fully breastfeeding food package	73	94.7
Indicator of degree to which infant is breastfed (e.g., fully, some, partially)	69	89.2
Date infant was first fed solids, water, or other liquids besides breast milk	61	79.2
Indicator that infant has received solids, water, or other liquids besides breast milk	60	77.4
Indicator that infant has not received solids, water, or other liquids besides breast milk	47	60.9
Number of breast milk feedings and number of non-breast milk feedings in given period (e.g., per day)	36	46.3
Percentage of total feedings that were breast milk in given period (e.g., per day)	22	28.5
Indicator that breast milk feedings exceed certain threshold, such as 50 percent, in given period	21	27.5
Other	2	2.5
None of above	0	0.0

Note: Excludes 12 WIC State agencies that did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) State Agency Survey. Percentages may sum to more than 100 percent because responses are not mutually exclusive. Percentages are weighted to account for agency nonresponse. "Other" responses included the number of diapers per day, the indicator of breastfeeding (yes or no), the frequency of breastfeeding, the age the infant stopped breastfeeding, the reason the infant stopped breastfeeding, and the age supplement was given.

N = 77 WIC State agencies

Source: WIC BPI II State Agency Survey question 16

Table D.43. WIC State Agency Use of Breastfeeding Terms to Characterize Breastfeeding Behavior

Term	Number of WIC State Agencies	Percentage of WIC State Agencies
Breastfeeding intensity	3	3.7
Breastfeeding exclusivity	63	82.2

Note: Excludes 12 WIC State agencies that did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) State Agency Survey. Percentages may sum to more than 100 percent because responses are not mutually exclusive. Percentages are weighted to account for agency nonresponse.

N = 77 WIC State agencies

Source: WIC BPI II State Agency Survey question 17 and 19

Supplemental Tables for State Agency Report, Chapter 7. Equity and Inclusion

Table D.44. Languages in Which WIC State Agencies Provide Materials and Translators

Language	Resource	Number of WIC State Agencies	Percentage of WIC State Agencies
English	Materials	84	94.4
	Volunteer translators	10	11.2
	Paid translators	21	23.6
	Bilingual staff	40	44.9
Spanish	Materials	70	78.7
	Volunteer translators	16	18.0
	Paid translators	38	42.7
	Bilingual staff	49	55.1
French	Materials	6	6.7
	Volunteer translators	1	1.1
	Paid translators	31	34.8
	Bilingual staff	6	6.7
Vietnamese	Materials	17	19.1
	Volunteer translators	3	3.4
	Paid translators	34	38.2
	Bilingual staff	8	9.0
Chinese language	Materials	15	16.9
	Volunteer translators	4	4.5
	Paid translators	35	39.3
	Bilingual staff	6	6.7
Another Asian/Pacific Islander language	Materials	15	16.9
	Volunteer translators	3	3.4
	Paid translators	28	31.5
	Bilingual staff	10	11.2
Tribal language	Materials	4	4.5
	Volunteer translators	5	5.6
	Paid translators	8	9.0
	Bilingual staff	8	9.0
Braille	Materials	2	2.2
	Volunteer translators	1	1.1
	Paid translators	11	12.4
	Bilingual staff	0	0.0
Sign interpreter	Materials	1	1.1
	Volunteer translators	9	10.1
	Paid translators	35	39.3
	Bilingual staff	4	4.5

Language	Resource	Number of WIC State Agencies	Percentage of WIC State Agencies
Another language	Materials	24	27.0
	Volunteer translators	7	7.9
	Paid translators	32	36.0
	Bilingual staff	18	20.2

Note: Percentages may sum to more than 100 percent because responses are not mutually exclusive. "Another language" includes Korean, Japanese, Laotian, Cambodian, Tagalog, Ilocano, Burmese, Chin, Hindi, Gujarati, Nepali, Hmong, Karen, Samoan, Chamorro, Carolinian, Haitian Creole, or whatever is requested by the participant.

N = 89 WIC State agencies

Source: Fiscal Year 2022 WIC State Plan (Functional Area XI question B.2.b)

Table D.45. Languages in Which WIC State Agencies Recommend or Make Available Breastfeeding Promotion and Support Materials

Language	Number of WIC State Agencies	Percentage of WIC State Agencies
English	89	100.0
Spanish	68	76.4
Another language	19	21.3

Note: Percentages may sum to more than 100 percent because responses are not mutually exclusive. "Another language" includes Arabic, Bengali, Burmese, Cantonese, Chinese (Mandarin), French, Haitian Creole, Hmong, Korean, Lingala, Nepali, Portuguese, Russian, Samoan, Somali, Swahili, Vietnamese, and any language available through a translator.

N = 89 WIC State agencies

Source: Fiscal Year 2022 WIC State Plan (Functional Area II question A.4.b)

Table D.46. Policies WIC State Agencies Authorize Local Agencies to Implement to Accommodate Rural Participants

Accommodation	Local Agencies Authorized	Number of WIC State Agencies	Percentage of WIC State Agencies
Special clinic hours to accommodate travel time to clinic sites (<i>n</i> = 82)	All	32	39.0
	Some	26	31.7
	None	24	29.3
Use of mobile clinics (<i>n</i> = 75)	All	12	16.0
	Some	24	32.0
	None	39	52.0
Food instrument/cash-value voucher mailing procedures specifically designed for rural participants (<i>n</i> = 83)	All	21	25.3
	Some	10	12.0
	None	52	62.7
Special appointment/scheduling procedures for rural participants without access to public transportation (<i>n</i> = 82)	All	31	37.8
	Some	17	20.7
	None	34	41.5
Special food instrument/cash-value voucher issuance cycles for rural participants ^a (<i>n</i> = 82)	All	43	52.4
	Some	7	8.5
	None	32	39.0
Other accommodation (<i>n</i> = 33)	All	17	51.5
	Some	5	15.2
	None	11	33.3

Note: Excludes WIC State agencies that did not respond to items included in WIC State Plan Functional Area (FA) VII question E.2.b. See each row for the total number of participants (*n*) responding to each item. Percentages may not sum to 100 because of rounding. "Other accommodation" included virtual services, home visits, outreach to rural communities, and variations of the accommodations listed in this State Plan item.

^a Includes 2- or 3-month issuance cycles

Source: Fiscal Year 2022 WIC State Plan (FA VII question E.2.b)

Table D.47. Policies WIC State Agency Authorizes Local Agencies to Implement to Accommodate Employed Participants

Accommodation	Local Agencies Authorized	Number of WIC State Agencies	Percentage of WIC State Agencies
Early morning/evening clinic hours by appointment (<i>n</i> = 84)	All	41	48.8
	Some	26	31.0
	None	17	20.2
Early morning/evening clinic hours, walk-in basis (<i>n</i> = 81)	All	28	34.6
	Some	28	34.6
	None	25	30.9
Weekend hours, by appointment (<i>n</i> = 77)	All	10	13.0
	Some	20	26.0
	None	47	61.0
Weekend hours, walk-in basis (<i>n</i> = 75)	All	4	5.3
	Some	19	25.3
	None	52	69.3
Priority appointment scheduling during regular clinic operations (<i>n</i> = 83)	All	51	61.4
	Some	10	12.0
	None	22	26.5
Food instrument/cash-value voucher mailing procedures specifically designed for working participants (<i>n</i> = 79)	All	20	25.3
	Some	8	10.1
	None	51	64.6
Expedited clinic procedures for working participants (<i>n</i> = 83)	All	33	39.8
	Some	13	15.7
	None	37	44.6
Evening/weekend nutrition education classes (<i>n</i> = 77)	All	12	15.6
	Some	24	31.2
	None	41	53.2
Other accommodation (<i>n</i> = 41)	All	23	56.1
	Some	10	24.4
	None	8	19.5

Note: Excludes WIC State agencies that did not respond to items included in WIC State Plan Functional Area (FA) VII question E.2.b. See each row for the total number of participants (*n*) responding to each item. Percentages may not sum to 100 because of rounding. "Expedited clinic procedures" are typically used in cases where the participant has valid verification of certification documentation, is a recent evacuee, or is unhoused. "Other accommodation" included keeping clinics open through lunch, virtual services, satellite or mobile clinics, other accommodations at local agency discretion, and variations of the accommodations listed in the State Plan item.

Source: Fiscal Year 2022 WIC State Plan (FA VII question E.2.a)

Table D.48. Policies WIC State Agencies Authorize Local Agencies to Implement to Accommodate Unhoused Participants

Accommodation	Local Agencies Authorized	Number of WIC State Agencies	Percentage of WIC State Agencies
Provide homeless applicants with list of shelters/facilities that fulfill WIC program requirements (<i>n</i> = 84)	All	42	50.0
	Some	8	9.5
	None	34	40.5
Undertake regular and ongoing outreach to homeless individuals (<i>n</i> = 79)	All	39	49.4
	Some	9	11.4
	None	31	39.2
Routinely monitor facilities serving homeless participants to ensure WIC foods are not subsumed into commercial food service (<i>n</i> = 81)	All	29	35.8
	Some	12	14.8
	None	40	49.4
Implement formal agreement with other service providers to facilitate referrals of homeless families/individuals (<i>n</i> = 81)	All	17	21.0
	Some	8	9.9
	None	56	69.1
Secure written statement from facility attesting to compliance with requisite conditions for WIC services in homeless facility (<i>n</i> = 81)	All	38	46.9
	Some	7	8.6
	None	36	44.4
Establish plans to ensure three conditions in 246.7(n)(1)(i) about homeless facilities are met (<i>n</i> = 85)	All	62	72.9
	Some	7	8.2
	None	16	18.8
Other accommodation (<i>n</i> = 18)	All	7	38.9
	Some	1	5.6
	None	10	55.6

Note: Excludes WIC State agencies that did not respond to items included in WIC State Plan Functional Area (FA) VII question E.2.e. See each row for the total number of participants (*n*) responding to each item. Percentages may not sum to 100 because of rounding. "Other accommodation" included written agreements with homeless shelters, mobile clinics, or accommodation on an as-needed basis.

Source: Fiscal Year 2022 WIC State Plan (FA VII question E.2.e)

Table D.49. Training WIC State Agencies Provide to Support Needs of Parents With Gender-Diverse Identities

Topic	Number of WIC State Agencies	Percentage of WIC State Agencies
Counseling tailored to individuals to be more inclusive of all gender identities and breastfeeding/chestfeeding	39	48.8
Gender-inclusive language on forms and communications	28	34.7
Referrals to resources outside WIC for persons with diverse gender identities	21	26.5
Updated bathroom signage to be more inclusive of all gender identities	12	15.1
Other topic	16	20.5

Note: Excludes 12 WIC State agencies that did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) State Agency Survey. Percentages may sum to more than 100 percent because responses are not mutually exclusive. "Other topic" included using gender-inclusive language in staff trainings, emailing information about diverse gender identities to WIC staff, training on the use of pronouns, participant-centered approaches, and respectful counseling techniques for people with diverse gender identities.

N = 77 WIC State agencies

Source: WIC BPI II State Agency Survey question 13

Table D.50. Written Policies WIC State Agencies Have to Support Needs of Parents With Gender-Diverse Identities

Policy	Number of WIC State Agencies	Percentage of WIC State Agencies
Counseling tailored to individuals to be more inclusive of all gender identities and breastfeeding/chestfeeding	11	14.2
Gender-inclusive language on forms and communications	10	12.8
Referrals to resources outside WIC for persons with gender-diverse identities	4	4.8
Updated bathroom signage to be more inclusive of all gender identities	2	2.7
Other policy	7	9.1

Note: Excludes 12 WIC State agencies that did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) State Agency Survey. Percentages may sum to more than 100 percent because responses are not mutually exclusive. Percentages are weighted to account for agency nonresponse. "Other policy" included updates to nondiscrimination statements and adherence to State policies.

N = 77 WIC State agencies

Source: WIC BPI II State Agency Survey question 14

Appendix E. Local Agency Report Supplemental Tables and Figures

This appendix presents supplemental tables and figures by report chapter.

Supplemental Table for Local Agency Report, Chapter 1. Introduction

Table E.1. Local Agency Characteristics

Characteristic	Number of Local Agencies	Percentage of Local Agencies
Local agency size	1,524	99.8
Small (< 1,000)	661	43.3
Medium (1,000–4,999)	571	37.4
Large (5,000+)	292	19.1
WIC State agency type	1,527	100.0
State health department	1,491	97.6
Indian Tribal Organization	33	2.2
U.S. territory	2	0.2
FNS Region	1,527	100.0
Mid-Atlantic	95	6.2
Midwest	370	24.2
Mountain Plains	315	20.6
Northeast	149	9.8
Southeast	234	15.3
Southwest	170	11.1
Western	195	12.8
Poverty status	1,527	100.0
At least 50 percent of participants at 100 percent or less of FPG	983	64.4
Less than 50 percent of participants at 100 percent or less of FPG	544	35.6
Urbanicity ^a	1,521	99.6
Metropolitan	824	54.0
Micropolitan	313	20.5
Rural	384	25.1
Self-identified local agency type	1,527	100.0
City/county/State health department	1,025	67.1
Native American or Tribal organization	68	4.5
Federally qualified health center	85	5.6
Hospital	64	4.2
Community-based health center or organization	90	5.9
Community-based social service organization	34	2.2
Faith-based organization	4	0.3

Characteristic	Number of Local Agencies	Percentage of Local Agencies
Nonprofit organization	137	9.0
Other	20	1.3

Note: Percentages may not sum to 100 percent because of rounding. Percentages are unweighted. "Other" included a WIC clinic, university, government organization, nutrition program, and county nursing home.

FPG = Federal Poverty Guidelines

^a Rural-Urban Commuting Area codes used to define urbanicity are not defined for U.S. territories.

Sources: WIC Breastfeeding Policy Inventory II Local Agency Survey, WIC Participant and Program Characteristics 2022

Supplemental Tables for Local Agency Report, Chapter 2. Breastfeeding Peer Counseling Programs, Designated Breastfeeding Experts, and Other Community Partnerships

Table E.2. Local Agency Operates Peer Counseling Program

Peer Counseling Program in Place	Number of Local Agencies	Percentage of Local Agencies
Yes	1,090	71.4
No	437	28.6

Note: Excludes 250 local agencies that did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) Local Agency Survey. Percentages are weighted to account for agency nonresponse.

N = 1,527 local agencies

Source: WIC BPI II Local Agency Survey question 7

Table E.3. Local Agency Operates Peer Counseling Program, by Agency Size

Agency Type	Peer Counseling Program in Place	Number of Local Agencies	Percentage of Local Agencies
Small local agencies (< 1,000)	Yes	354	53.7
	No	307	46.3
Medium local agencies (1,000–4,999)	Yes	470	82.4
	No	101	17.6
Large local agencies (5,000+)	Yes	263	90.2
	No	29	9.8

Note: Excludes 250 local agencies that did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) Local Agency Survey and 3 local agencies not present in the WIC Participant and Program Characteristics (WIC PC) 2022 data. Percentages are weighted to account for agency nonresponse.

N = 1,524 local agencies

Sources: WIC BPI II Local Agency Survey question 7, WIC PC 2022

Table E.4. Peer Counselor Staffing, by Agency Size

Agency Type	Peer Counselor Status	Number of Agencies Reporting Any Peer Counselors	Percentage of Agencies Reporting Any Peer Counselors	Average Number of Peer Counselors Among Agencies Reporting Any	Average Ratio of Breastfeeding Women to Peer Counselors ^a
All local agencies	Currently working with agency	1,049	96.5	2.3	132:1
	Needed to serve all breastfeeding clients who want to receive peer counselor support	1,080	99.4	3.1	88:1
Small local agencies (< 1,000)	Currently working with agency	345	97.5	1.2	27:1
	Needed to serve all breastfeeding clients who want to receive peer counselor support	352	99.4	1.4	25:1
Medium local agencies (1,000–4,999)	Currently working with agency	445	94.7	1.9	114:1
	Needed to serve all breastfeeding clients who want to receive peer counselor support	467	99.4	2.3	83:1
Large local agencies (5,000+)	Currently working with agency	259	98.5	4.5	301:1
	Needed to serve all breastfeeding clients who want to receive peer counselor support	261	99.2	6.7	183:1

Note: Excludes 690 local agencies: 250 local agencies did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) Local Agency Survey, 437 local agencies did not have a Breastfeeding Peer Counseling Program, and 3 local agencies were not present in the WIC Participant and Program Characteristics (WIC PC) 2022 data. Percentages are weighted to account for agency nonresponse.

^a An additional 66 local agencies are excluded from this column because they are not present in the Fiscal Year (FY) 2022 WIC Breastfeeding Data Local Agency Report.

N = 1,087 local agencies

Sources: WIC BPI II Local Agency Survey questions 8 and 9, FY 2022 WIC Breastfeeding Data Local Agency Report, WIC PC 2022

Table E.5. Local Agency Staff Full-Time Equivalents

Staffing	Number of Agencies Reporting Any FTEs	Percentage of Agencies Reporting Any FTEs	Average FTEs Among Agencies Reporting Any	Average Ratio of Breastfeeding Women to FTEs ^a
All local agencies (total across all positions)	1,524	100.0	14.5	17:1
Clerical or support staff	1,374	90.2	4.82	83:1
Competent professional authorities	1,299	85.2	5.53	69:1
Breastfeeding peer counselors	1,030	67.6	2.06	202:1
WIC designated breastfeeding experts	995	65.3	1.74	587:1

Staffing	Number of Agencies Reporting Any FTEs	Percentage of Agencies Reporting Any FTEs	Average FTEs Among Agencies Reporting Any	Average Ratio of Breastfeeding Women to FTEs ^a
Breastfeeding coordinators	1,246	81.8	0.92	716:1
Registered/licensed dietitians	1,109	72.8	2.43	187:1
Breastfeeding Peer Counseling Program coordinators	764	50.1	0.80	971:1
Small local agencies (total across all positions)	661	100.0	6.89	9:1
Clerical or support staff	561	84.9	1.90	49:1
Competent professional authorities	516	78.1	2.40	29:1
Breastfeeding peer counselors	329	49.8	1.62	69:1
WIC designated breastfeeding experts	333	50.4	1.44	159:1
Breastfeeding coordinators	492	74.4	1.12	147:1
Registered/licensed dietitians	395	59.8	1.08	79:1
Breastfeeding Peer Counseling Program coordinators	251	38.0	1.05	238:1
Medium local agencies (total across all positions)	571	100	10.1	20:1
Clerical or support staff	536	93.9	3.24	79:1
Competent professional authorities	510	89.3	3.46	83:1
Breastfeeding peer counselors	440	77.1	1.32	187:1
WIC designated breastfeeding experts	407	71.3	0.95	489:1
Breastfeeding coordinators	492	86.2	0.63	597:1
Registered/licensed dietitians	444	77.8	1.77	146:1
Breastfeeding Peer Counseling Program coordinators	320	56.0	0.58	667:1
Large local agencies (total across all positions)	292	100.0	40.7	31:1
Clerical or support staff	277	94.9	13.9	159:1
Competent professional authorities	273	93.5	15.4	120:1
Breastfeeding peer counselors	261	89.4	3.85	393:1
WIC designated breastfeeding experts	255	87.3	3.40	1,294:1
Breastfeeding coordinators	262	89.7	1.08	2,008:1
Registered/licensed dietitians	270	92.5	5.54	410:1
Breastfeeding Peer Counseling Program coordinators	193	66.1	0.84	2,381:1

Note: Excludes 253 local agencies: 250 local agencies did not respond to the WIC Breastfeeding Policy Inventory II (BPI II) Local Agency Survey, and 3 local agencies were not present in the WIC Participant and Program Characteristics (WIC PC) 2022 data.

^a An additional 73 local agencies are excluded from this column because they are not present in the Fiscal Year (FY) 2022 WIC Breastfeeding Data Local Agency Report.

FTE = full-time equivalent

N = 1,524 local agencies

Sources: WIC BPI II Local Agency Survey question 2, FY 2022 WIC Breastfeeding Data Local Agency Report, WIC PC 2022

Table E.6. Peer Counselor Staffing Needs

Peer Counselor Status	Number of Local Agencies	Percentage of Local Agencies
Number of counselors needed is equal to number currently working	606	55.9
Number of counselors needed is more than number currently working	465	42.3
Number of counselors needed is less than number currently working	19	1.8

Note: Excludes 687 local agencies: 250 local agencies did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) Local Agency Survey, and 437 local agencies did not have a Breastfeeding Peer Counseling Program. Percentages may not sum to 100 percent because of rounding. Percentages are weighted to account for agency nonresponse.

N = 1,090 local agencies

Source: WIC BPI II Local Agency Survey questions 8 and 9

Table E.7. Types of Training or Continuing Education Local Agencies Provide to Peer Counselors

Training	Number of Local Agencies	Percentage of Local Agencies
Ongoing training or continuing education at regularly scheduled meetings	950	87.0
Standardized training using FNS-developed curriculum	870	79.4
Opportunities to “shadow” or observe lactation experts or other peer counselors	666	60.6
Breastfeeding/lactation support certificate program, such as CLC, CLS, or CLE	470	42.9
Training/experience toward becoming WIC designated breastfeeding expert	253	23.5
Training/experience toward IBCLC credential	251	23.2
Other	81	7.5
No training or continuing education opportunities for peer counselors	13	1.2

Note: Excludes 687 local agencies: 250 local agencies did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) Local Agency Survey, and 437 local agencies did not have a Breastfeeding Peer Counseling Program. Percentages may sum to more than 100 percent because responses are not mutually exclusive. Percentages are weighted to account for agency nonresponse. “Other” included State agency–administered trainings, conferences, webinars, trainings provided by other nongovernmental agencies (e.g., breastfeeding coalitions, private companies), meetings/calls, and in-house trainings.

CLC = Certified Lactation Consultant; CLE = Certified Lactation Educator; CLS = Certified Lactation Specialist; IBCLC = International Board Certified Lactation Consultant

N = 1,090 local agencies

Source: WIC BPI II Local Agency Survey question 10

Table E.8. Physical Settings in Which Breastfeeding Peer Counselors Interact With Participants

Physical Setting	Prior to COVID-19		At Time of Survey ^a	
	Number of Local Agencies	Percentage of Local Agencies	Number of Local Agencies	Percentage of Local Agencies
WIC site	901	82.5	844	77.3
Community locations other than WIC site	378	34.6	300	27.5
Hospitals after delivery	359	32.8	164	15.1
Participants' homes via home visits	297	27.3	155	14.3
None of the above	22	2.1	40	3.8
Other	88	8.2	155	14.4

Note: Excludes 687 local agencies: 250 local agencies did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) Local Agency Survey, and 437 local agencies did not have a Breastfeeding Peer Counseling Program. Percentages may sum to more than 100 percent because responses are not mutually exclusive. Percentages are weighted to account for agency nonresponse. Paired *t*-tests were performed to determine whether the physical setting in which breastfeeding peer counselors interacted with participants was equal before COVID-19 and currently. The relationship between these variables was statistically significant for each physical setting ($p < 0.01$). Common "other" responses included curbside, at provider offices, and at breastfeeding "cafes" or other breastfeeding support groups.

^a The survey was fielded between August 23 and November 15, 2022.

N = 1,090 local agencies

Source: WIC BPI II Local Agency Survey question 11

Table E.9. Designated Breastfeeding Expert Staffing, by Agency Size

Agency Type	Number of Agencies With Any DBEs	Percentage of Agencies With Any DBEs	Average Number of DBEs Among Agencies With Any DBEs	Average Ratio of Breastfeeding Women to DBEs ^a
All local agencies	1,230	80.7	2.6	176:1
Large local agencies (5,000+)	271	92.8	5.5	537:1
Medium local agencies (1,000–4,999)	476	83.4	2.0	124:1
Small local agencies (< 1,000)	483	73.1	1.5	22:1

Note: Excludes 253 local agencies: 250 local agencies did not respond to the WIC Breastfeeding Policy Inventory II (BPI II) Local Agency Survey, and 3 local agencies were not present in the WIC Participant and Program Characteristics (WIC PC) 2022 data. Percentages are weighted to account for agency nonresponse.

DBE = designated breastfeeding expert

^a An additional 73 local agencies are excluded from this column because they are not present in the Fiscal Year (FY) 2022 FNS 798 Breastfeeding Dataset.

N = 1,524 local agencies: 661 small local agencies; 571 medium local agencies; 292 large local agencies

Sources: WIC BPI II Local Agency Survey question 12, FY 2022 FNS 798 Breastfeeding Dataset, WIC PC 2022

Table E.10. Other WIC Roles or Job Titles Designated Breastfeeding Experts Hold

Roles and Job Titles	Number of Local Agencies	Percentage of Local Agencies
Breastfeeding coordinator	843	68.2
Competent professional authority	609	49.2
Certified lactation consultant (CLC, CLS, or CLE)	589	47.5
Registered/licensed dietitian (RD)	541	44.1
WIC director/coordinator	544	44.0
Breastfeeding Peer Counseling Program manager	474	38.3
International Board Certified Lactation Consultant	471	38.3
Degreed nutritionist, not RD	331	26.6
Nurse/nurse practitioner	275	22.3
Site supervisor	221	18.1
Breastfeeding peer counselor	131	10.8
Trained nutrition paraprofessional (e.g., nutrition assistant or aide, diet technician)	62	5.1
Clerical or support staff	61	5.0
Other	34	2.7
Designated breastfeeding experts hold no other WIC roles or job titles	8	0.6

Note: Excludes 544 local agencies: 250 local agencies did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) Local Agency Survey, and 294 local agencies did not report any designated breastfeeding experts. Percentages may sum to more than 100 percent because responses are not mutually exclusive. Percentages are weighted to account for agency nonresponse. "Other" included managers and supervisors, breastfeeding support staff, and nutrition staff with titles that differ from the survey question response options (e.g., breastfeeding coordinator assistant, nutritionist), other WIC agency staff (e.g., vendor monitor), and other health agency staff (e.g., doula supervisor, health educator).

CLC = Certified Lactation Counselor; CLE = Certified Lactation Educator; CLS = Certified Lactation Specialist

N = 983 local agencies

Source: WIC BPI II Local Agency Survey question 13

Table E.11. Ways Local Agencies Collaborate With Partners to Enhance the Effectiveness of Breastfeeding

Types of Collaboration	Number of Local Agencies	Percentage of Local Agencies
Convene/facilitate/participate in breastfeeding coalitions	870	56.7
Implement breastfeeding promotion campaigns	772	50.5
Provide breastfeeding training events for WIC and non-WIC personnel	737	48.2
Educate employers about lactation accommodations	691	45.2
Other methods of collaboration	250	16.4
Does not collaborate with community partners	102	6.7

Note: Excludes 250 local agencies that did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) Local Agency Survey. Percentages may sum to more than 100 percent because responses are not mutually exclusive. Percentages are weighted to account for agency nonresponse. "Other methods of collaboration" included breastfeeding support groups, gaining access to and/or providing lactation support to populations hard to reach (e.g., incarcerated mothers), breast pump loans, referrals, outreach efforts, breastfeeding education and resources, local breastfeeding events, and use of social media for communication efforts.

N = 1,527 local agencies

Source: WIC BPI II Local Agency Survey question 6

Supplemental Tables for Local Agency Report, Chapter 3. Virtual Services

Table E.12. Local Agency Provision of Virtual Breastfeeding Counseling and Support Before, During, and After COVID-19

Remote Activity	Percentage of Local Agencies		
	Before COVID-19 ^a	In Response to/During COVID-19 ^a	After COVID-19 ^b
Live one-on-one counseling sessions by telephone (N = 1,459)	62.4	84.9	83.2
Online reading materials (N = 1,455)	50.9	58.8	50.9
Mailed hardcopy reading material (N = 1,455)	53.3	70.1	63.6
Text messaging (N = 1,455)	49.6	51.9	63.0
Social media (N = 1,450)	35.2	35.9	42.4
Interactive online platform (N = 1,453)	28.4	31.4	8.4
Prerecorded counseling videos (N = 1,454)	19.2	23.9	10.7
Live one-on-one counseling sessions by video call (N = 1,456)	5.8	30.4	31.6
Live group counseling sessions by telephone (N = 1,452)	3.0	8.1	3.4
Live group counseling sessions by video call (N = 1,453)	2.1	20.0	20.7
Other activity ^c (N = 1,527)	–	–	4.8
None of the above ^c (N = 1,527)	–	–	4.6

Note: Excludes local agencies that did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) Local Agency Survey and the WIC Waivers Local Agency Survey and local agencies that responded to the WIC Waivers Local Agency but did not respond to the specific question 24 subitems. Percentages may sum to more than 100 percent because responses are not mutually exclusive. Percentages are weighted to account for agency nonresponse. Common “other” responses included email and paid mobile applications.

^a WIC Waivers Local Agency Survey respondents were asked, “How was breastfeeding counseling conducted remotely?” They were asked to consider remote activities generally offered before and after March 2020. Local agencies responded to the survey between March and April 2021 and could select all responses that applied for each of the two time periods of interest (before COVID-19 and in response to/during COVID-19).

^b WIC BPI II Local Agency Survey respondents were asked, “How is your local agency/program providing virtual breastfeeding counseling and support (e.g., educational materials)?” Respondents received the same response options as those presented on the WIC Waivers Local Agency Survey and could select all applicable options.

^c “Other activity” and “None of the above” were captured only in the WIC BPI II Local Agency Survey.

Sources: WIC Waivers Local Agency Survey question 24, WIC BPI II Local Agency Survey question 17

Table E.13. Local Agency Documentation of Virtual Breastfeeding Counseling Sessions

Documentation Feature	Number of Local Agencies	Percentage of Local Agencies
Documented same as in-person sessions	1,298	85.0
All staff can access information about virtual sessions	1,279	83.7

Note: Excludes 250 local agencies that did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) Local Agency Survey. Percentages are weighted to account for agency nonresponse.

N = 1,527 local agencies

Source: WIC BPI II Local Agency Survey questions 18 and 19

Table E.14. Types of Training Available to Staff on Virtual Breastfeeding Counseling

Types of Training Available to Staff	Number of Local Agencies	Percentage of Local Agencies
Digital security and privacy training	945	61.9
Training related to providing virtual breastfeeding support and counseling	765	50.3
Digital literacy/technical training	674	44.3
Virtual participant-centered techniques training	660	43.2
General telehealth provider training	476	31.2
Other	51	3.4

Note: Excludes 250 local agencies that did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) Local Agency Survey. Percentages may sum to more than 100 percent because responses are not mutually exclusive. Percentages are weighted to account for agency nonresponse. “Other” included general WIC requirements training, general counseling training, documenting protocols, the referral process, and State agency webinars; most responses were nonresponsive to the survey question.

N = 1,527 local agencies

Source: WIC BPI II Local Agency Survey question 20

Supplemental Tables for Local Agency Report, Chapter 4. Practices to Promote Equity and Inclusion

Table E.15. Non-English Languages in Which Local Agency Provides Materials and Translators

Language	Resource	Number of Local Agencies	Percentage of Local Agencies
Spanish	Written materials	1,417	92.8
	Multilingual WIC breastfeeding staff	721	47.3
	Access to language line or translation services	1,320	86.3
Vietnamese	Written materials	245	16.3
	Multilingual WIC breastfeeding staff	38	2.5
	Access to language line or translation services	1,248	81.6
French/Haitian Creole	Written materials	236	15.2
	Multilingual WIC breastfeeding staff	78	5.0
	Access to language line or translation services	1,263	82.6
Arabic	Written materials	235	15.2
	Multilingual WIC breastfeeding staff	48	3.1
	Access to language line or translation services	1,241	81.2
Chinese	Written materials	225	14.6
	Multilingual WIC breastfeeding staff	46	3.0
	Access to language line or translation services	1,256	82.2
American Sign Language	Written materials	171	11.2
	Multilingual WIC breastfeeding staff	33	2.2
	Access to language line or translation services	1,156	75.7
Another Asian/Pacific language	Written materials	177	11.5
	Multilingual WIC breastfeeding staff	71	4.6
	Access to language line or translation services	1,251	81.8

Language	Resource	Number of Local Agencies	Percentage of Local Agencies
Russian	Written materials	164	10.7
	Multilingual WIC breastfeeding staff	31	2.0
	Access to language line or translation services	1,251	81.8
Somali	Written materials	164	10.7
	Multilingual WIC breastfeeding staff	11	0.7
	Access to language line or translation services	1,252	81.9
Tribal language	Written materials	103	6.8
	Multilingual WIC breastfeeding staff	25	1.8
	Access to language line or translation services	1,216	79.6
Braille	Written materials	73	4.7
	Multilingual WIC breastfeeding staff	9	0.6
	Access to language line or translation services	1,067	69.9
Another language	Written materials	66	4.3
	Multilingual WIC breastfeeding staff	69	4.5
	Access to language line or translation services	247	16.2

Note: Excludes 250 local agencies that did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) Local Agency Survey. Percentages may sum to more than 100 percent because responses are not mutually exclusive. Percentages are weighted to account for agency nonresponse. Responses for “Another language” includes Vietnamese, Arabic, French or Haitian Creole, Chinese languages, American Sign Language, Russian, Somali, Braille, and open text responses (e.g., Karen, Pashto, Hmong, Khmer, Farsi, Urdu, Portuguese, Tagalog, Mixteco languages, and Quiché).

N = 1,527 local agencies

Source: WIC BPI II Local Agency Survey question 23

Table E.16. Policies Local Agency Uses to Meet Needs of Employed Participants

Accommodation	Number of Local Agencies	Percentage of Local Agencies
Early morning/evening clinic hours by appointment	1,159	75.9
Early morning/evening clinic hours, walk-in basis	739	48.5
Weekend hours, by appointment	261	17.1
Weekend hours, walk-in basis	138	9.1
Priority appointment scheduling during regular clinic operations	1,106	72.4
Food instrument/cash-value voucher mailing procedures specifically designed for working participants	693	45.3
Expedited clinic procedures for working participants	667	43.8
Evening/weekend breastfeeding support	961	63.0
Virtual breastfeeding services	1,045	68.4
Other accommodation	132	8.6

Note: Excludes 250 local agencies that did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) Local Agency Survey. Percentages may sum to more than 100 percent because responses are not mutually exclusive. Percentages are weighted to account for agency nonresponse. “Other accommodation” included phone or app support available via a warm line, text, or appointment; support available during off-hours as needed; breastfeeding peer counselor availability outside regular clinic hours; walk-ins during lunch hours; and home or alternative site visits.

N = 1,527 local agencies

Source: WIC BPI II Local Agency Survey question 22

Table E.17. Actions Local Agency Takes to Meet Needs of Parents With Gender-Diverse Identities

Policy	Number of Local Agencies	Percentage of Local Agencies
Gender-inclusive language on forms and communications	729	47.6
Updated bathroom signage to be more inclusive of all gender identities	645	42.1
Asking participants for their pronouns at beginning of appointment	276	18.0
Counseling tailored to individuals to be more inclusive of all gender identities and breastfeeding/chestfeeding	862	56.3
Referrals to resources outside WIC for persons with diverse gender identities	238	15.4
Other policy	38	2.5

Note: Excludes 250 local agencies that did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) Local Agency Survey. Percentages may sum to more than 100 percent because responses are not mutually exclusive. Percentages are weighted to account for agency nonresponse. "Other policy" included calling participants by their first name, staff training, accommodating needs as the local agency is made aware of them, using the updated Federal nondiscrimination statement, and that this issue is not relevant to the local agency.

N = 1,527 local agencies

Source: WIC BPI II Local Agency Survey question 24

Table E.18. Staff Training or Continuing Education on Health Equity Topics

Staff Training on Health Equity Topics	Number of Local Agencies	Percentage of Local Agencies
Not offered by local agency	221	14.7
Offered by local agency on an optional basis	388	25.4
Offered and required by local agency	918	59.9

Note: Excludes 250 local agencies that did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) Local Agency Survey. Percentages are weighted to account for agency nonresponse.

N = 1,527 local agencies

Source: WIC BPI II Local Agency Survey question 26

Table E.19. Sources Used for Health Equity Training at Local Agencies

Source of Health Equity Training	Number of Local Agencies	Percentage of Local Agencies
State	894	68.5
County	381	28.9
Community health organization	458	35.1
Other	191	14.5

Note: Excludes 471 local agencies: 250 local agencies did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) Local Agency Survey, and 221 local agencies did not receive training on health equity topics. Percentages may sum to more than 100 percent because responses are not mutually exclusive. Common "other" responses included nonprofit or community partners (e.g., breastfeeding coalitions), sponsoring agency or local agency, consultant, other private company or contractor, Tribal, city, national, college, hospital, online, conference, and webinar.

N = 1,306 local agencies

Source: WIC BPI II Local Agency Survey question 27

Supplemental Tables for Local Agency Report, Chapter 5. Availability of Equity-Forward Practices

Table E.20. Percentage of Participants Served by Local Agencies Without Specific Equity-Forward Practices by Race and Ethnicity

Policy or Practice	American Indian or Alaska Native	Asian	Black or African American	Hispanic	Native Hawaiian or Other Pacific Islander	White	Multiple Race	Average	Equity Gap Score ^a
Operated Breastfeeding Peer Counseling Program	77.7	88.5	90.2	87.8	79.4	87.5	87.8	88.1	1.16
Offered live virtual breastfeeding services ^b	91.9	97.6	93.8	96.1	84.9	92.9	94.1	94.6	1.15
Offered options to meet needs of employed participants ^c	43.1	65.2	62.6	68.6	57.6	59.3	57.4	63.8	1.59
Took actions to meet needs of participants with diverse gender identities ^d	68.6	88.2	75.3	82.4	56.5	77.8	78.2	79.4	1.56

Note: Excludes 265 local agencies that did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) Local Agency Survey, were not in the WIC Participant and Program Characteristics (WIC PC) 2022 source file, or reported no participants in April 2022; these agencies served 1,044,077 participants. Ethnoracial groups are defined as mutually exclusive. A Chi-Square Goodness of Fit Test was performed to determine whether the proportion of participants in a local agency with the practice of interest was equal between ethnoracial groups. The relationship between these variables was statistically significant for every policy or practice ($p < 0.001$).

^a Ratio of ethnoracial groups with highest and lowest percentage. A score of 1 signifies perfect equality across all groups; the higher the score, the greater the difference in the percentage of people served by a local agency without a specific policy or practice.

^b Live virtual breastfeeding services include live one-on-one counseling or group sessions by video call or telephone.

^c Practices to meet the needs of participants who are employed include early morning or evening hours by appointment, early morning or evening walk-in hours, weekend hours by appointment, weekend walk-in hours, priority appointment scheduling during regular site operations, food instrument/cash-value vouchers mailing procedures designed for participants who work, expedited site procedures for participants who work, and evening or weekend breastfeeding support. A local agency is considered to offer options to meet the needs of employed participants when it offers 3 or more of the 10 practices.

^d Actions to meet the needs of pregnant and breastfeeding/chestfeeding parents with diverse gender identities include the use of gender-inclusive language on forms and communications, use of bathroom signage inclusive of all gender identities, asking participants their preferred pronouns at the beginning of an appointment, providing tailored counseling to be more inclusive of all gender identities to people who wish to breastfeed/chestfeed, and referring participants to resources outside WIC for persons with diverse gender identities.

$N = 5,756,612$ participants overall across 1,524 local agencies

Sources: WIC BPI II Local Agency Survey questions 7, 17, 22, and 24; WIC PC 2022

Table E.21. Descriptive Characteristics of Local Agencies

Local Agency Characteristics		Number of Local Agencies	Percentage of Local Agencies
Percentage of participants in local agency identifying as Native American or Alaska Native	10 percent or less	1,363	93.2
	More than 10 percent	96	6.8
Percentage of participants in local agency identifying as Asian, Native Hawaiian, or Pacific Islander	10 percent or less	1,368	93.9
	More than 10 percent	90	6.1
Percentage of participants in local agency identifying as Black or African American	10 percent or less	912	62.5
	More than 10 percent	547	37.5
Percentage of participants in local agency identifying as Hispanic	10 percent or less	562	38.5
	More than 10 percent	896	61.5
Percentage of participants in local agency identifying as White	10 percent or less	226	15.7
	More than 10 percent	1,232	84.3
Percentage of participants in local agency identifying as Multiple Race	10 percent or less	1,301	89.2
	More than 10 percent	157	10.8
Operated a Breastfeeding Peer Counseling Program	Yes	1,032	70.8
	No	426	29.2
Offered live virtual peer counseling ^a	Yes	1,246	85.3
	No	212	14.8
Offered sufficient options to meet needs of employed participants ^b	Yes	1,011	69.3
	No	448	30.7
Took actions to meet needs of participants with diverse gender identities ^c	Yes	1,116	76.4
	No	343	23.6
Local agency FNS Region	Mid-Atlantic	94	6.1
	Midwest	369	24.9
	Mountain Plains	260	18.0
	Northeast	144	9.6
	Southeast	229	15.1
	Southwest	170	13.3
	Western	192	13.0
Local agency urbanicity	Urban local agency	1,108	75.9
	Rural local agency	350	24.1
Local agency size	Small (< 1,000)	610	42.1
	Medium (1,000 – 4,999)	557	38.1
	Large (5,000+)	291	19.8

Local Agency Characteristics		Number of Local Agencies	Percentage of Local Agencies
WIC local agency type	City/County/State Health Department	972	66.5
	Native American or Tribal Organization	68	4.9
	Federally qualified health center	84	5.8
	Hospital	63	4.3
	Community-based health center	81	5.6
	Nonprofit organization	136	9.2
	Other ^d	54	3.7
Percentage of participants in local agency at 100 percent or less of FPG	50 percent or more	929	63.4
	Less than 50 percent	529	36.6
Percentage of infants aged 6 to 13 months in local agency who initiated breastfeeding	70 percent or more	807	55.3
	Less than 70 percent	651	44.7
Sample N		1,458	

Note: Excludes 319 local agencies: 250 local agencies did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) Local Agency Survey, 3 local agencies were excluded because U.S. territories are not identified in Rural-Urban Commuting Area data, and 66 local agencies had missing data in the WIC Participant and Program Characteristics (WIC PC) 2022 data. Ethnoracial groups are defined as mutually exclusive. Percentages may sum to more than 100 percent because responses are not mutually exclusive. Percentages are weighted to account for agency nonresponse.

FPG = Federal Poverty Guidelines

^a Live virtual breastfeeding services are live one-on-one counseling by video call or telephone or live group counseling sessions by video call or telephone.

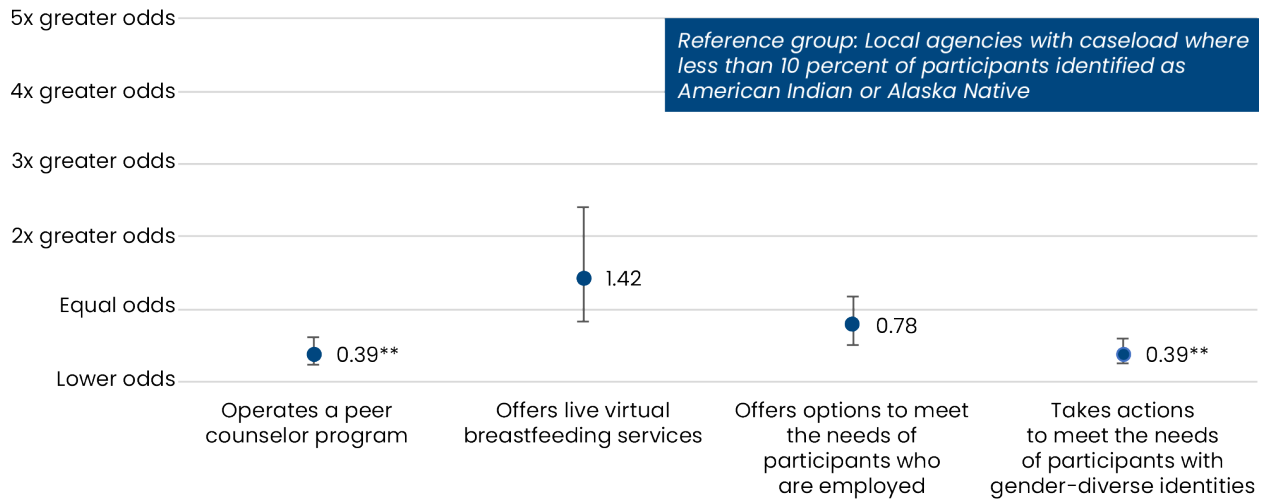
^b Practices to meet the needs of participants who are employed include early morning or evening hours by appointment, early morning or evening walk-in hours, weekend hours by appointment, weekend walk-in hours, priority appointment scheduling during regular site operations, food instrument/cash-value vouchers mailing procedures designed for participants who work, expedited site procedures for participants who work, and evening or weekend breastfeeding support. A local agency is considered to offer sufficient options to meet the needs of employed participants when it offers more than 3 of the 10 practices.

^c Actions to meet the needs of pregnant and breastfeeding/chestfeeding parents with diverse gender identities include the use of gender-inclusive language on forms and communications, use of bathroom signage inclusive of all gender identities, asking participants their preferred pronouns at the beginning of an appointment, providing tailored counseling to be more inclusive of all gender identities to people who wish to breastfeed/chestfeed, and referring participants to resources outside WIC for persons with diverse gender identities.

^d "Other" local agency types included community-based social service organizations, faith-based organizations, and agencies identified as "other" by local agency survey respondents.

Sources: WIC BPI II Local Agency Survey questions 7, 17, 22, and 24; WIC PC 2022

Figure E.1. Estimated Odds Ratios of Equity-Forward Practices Among Local Agencies Where More Than 10 Percent of Caseload Identified as American Indian or Alaska Native



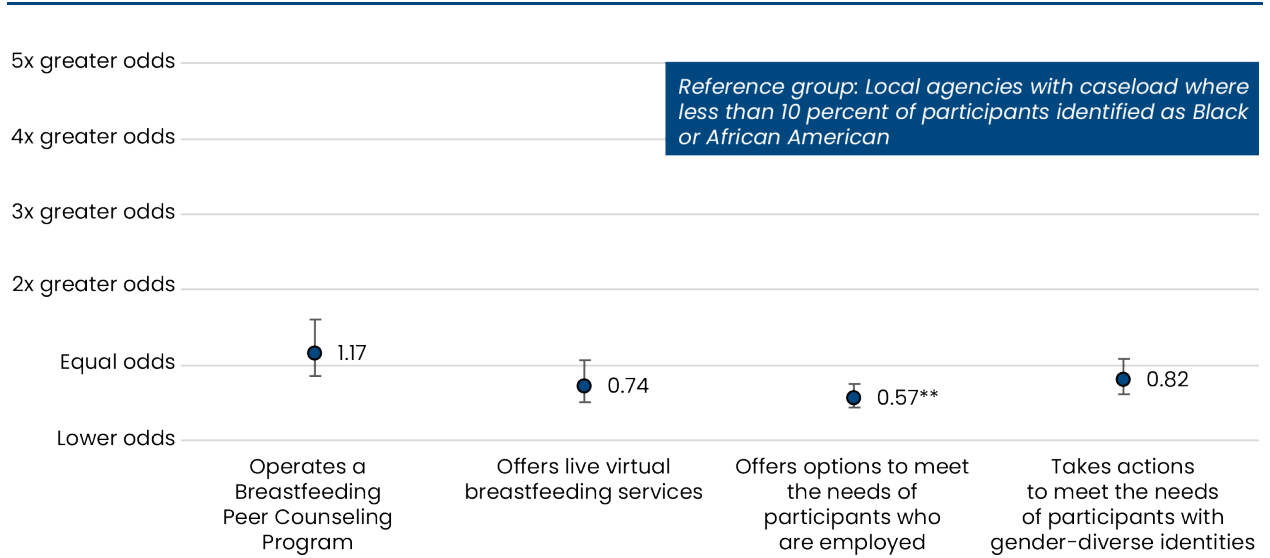
Note: Each point represents an odds ratio from separate logistic regressions. Models estimated the association between a local agency having an equity-forward practice and having a caseload where more than 10 percent of participants identified as American Indian or Alaska Native compared with local agencies with a lower percentage of this ethnoracial group in their caseload. The models adjust for FNS Region, local agency caseload size, local agency type, breastfeeding status of infants served, and poverty status of participants served. Bars represent 95 percent confidence intervals. Ethnoracial groups are defined as mutually exclusive. Excludes 319 local agencies: 250 local agencies did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) Local Agency Survey, 3 local agencies located in U.S. territories, and 66 local agencies had missing data in WIC Participant and Program Characteristics (WIC PC) 2022 data. Observations were weighted to account for agency nonresponse. For additional details, see appendix table E.22.

N = 1,458 local agencies

**p < 0.01

Sources: WIC BPI II Local Agency Survey questions 7, 17, 22, and 24; WIC PC 2022

Figure E.2. Estimated Odds Ratio of Equity-Forward Practices Among Local Agencies Where More Than 10 Percent of Caseload Identified as Black or African American



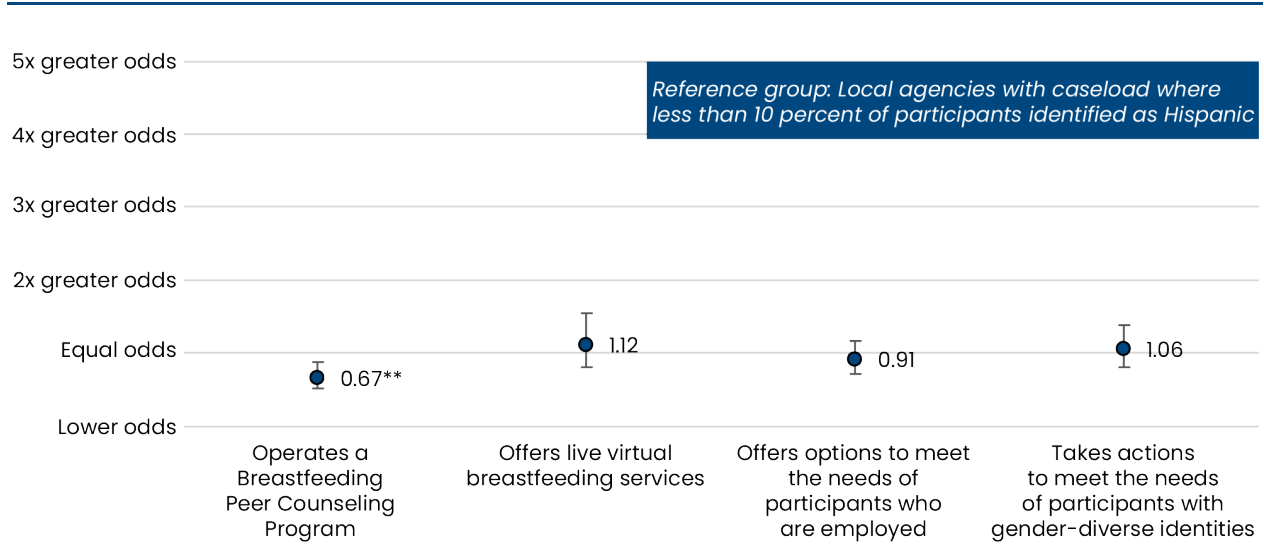
Note: Each point represents an odds ratio from separate logistic regressions. Models estimated the association between a local agency having an equity-forward practice and having a caseload where more than 10 percent of participants identified as Black or African American compared with local agencies with a lower percentage of this ethnoracial group in their caseload. The models adjust for FNS Region, local agency caseload size, local agency type, breastfeeding status of infants served, and poverty status of participants served. Bars represent 95 percent confidence intervals. Ethnoracial groups are defined as mutually exclusive. Excludes 319 local agencies: 250 local agencies did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) Local Agency Survey, 3 local agencies located in U.S. territories, and 66 local agencies had missing data in WIC Participant and Program Characteristics (WIC PC) 2022 data. Observations were weighted to account for agency nonresponse. For additional details, see appendix table E.24.

N = 1,458 local agencies

**p < 0.01

Sources: WIC BPI II Local Agency Survey questions 7, 17, 22, and 24; WIC PC 2022

Figure E.3. Estimated Odds Ratio of Equity-Forward Practices Among Local Agencies Where More Than 10 Percent of Caseload Identified as Hispanic



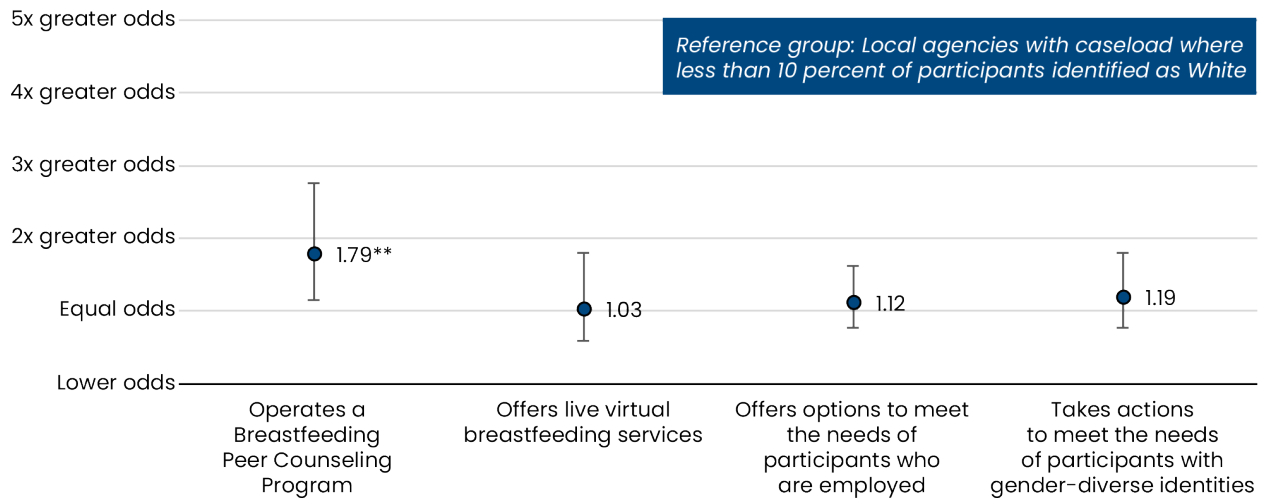
Note: Each point represents an odds ratio from separate logistic regressions. Models estimated the association between a local agency having an equity-forward practice and having a caseload where more than 10 percent of participants identified as Hispanic compared with local agencies with a lower percentage of this ethnoracial group in their caseload. The models adjust for FNS Region, local agency caseload size, local agency type, breastfeeding status of infants served, and poverty status of participants served. Bars represent 95 percent confidence intervals. Ethnoracial groups are defined as mutually exclusive. Excludes 319 local agencies; 250 local agencies did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) Local Agency Survey, 3 local agencies located in U.S. territories, and 66 local agencies had missing data in WIC Participant and Program Characteristics (WIC PC) 2022 data. Observations were weighted to account for agency nonresponse. For additional details, see appendix table E.25.

N = 1,458 local agencies

**p < 0.01

Sources: WIC BPI II Local Agency Survey questions 7, 17, 22, and 24; WIC PC 2022

Figure E.4. Estimated Odds Ratio of Equity-Forward Practices Among Local Agencies Where More Than 10 Percent of Caseload Identified as White

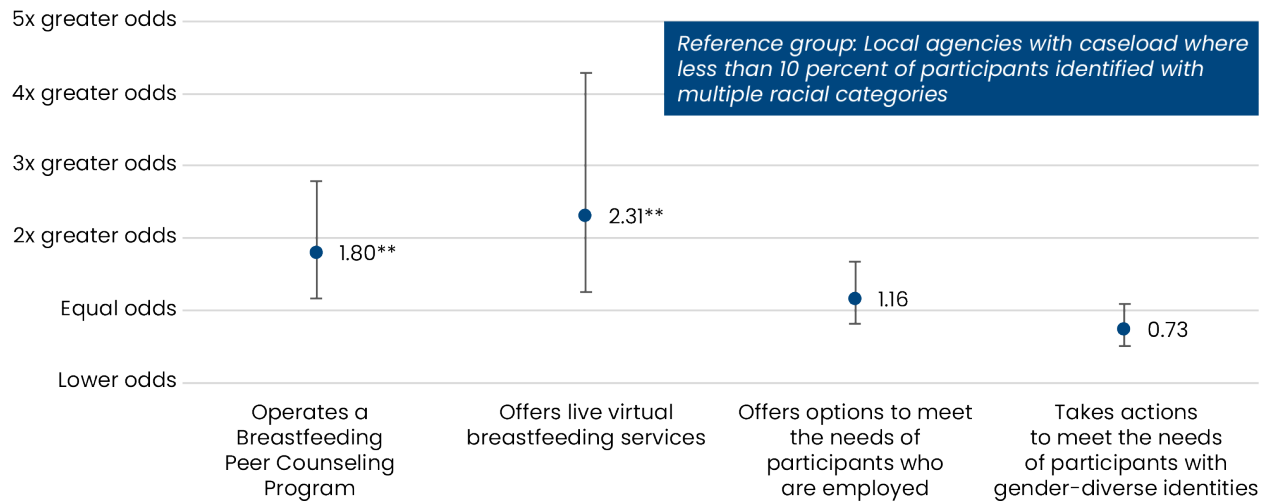


Note: Each point represents an odds ratio from separate logistic regressions. Models estimated the association between a local agency having an equity-forward practice and having a caseload where more than 10 percent of participants identified as White compared with local agencies with a lower percentage of this ethn racial group in their caseload. The models adjust for FNS Region, caseload size, local agency type, breastfeeding status of infants served, and poverty status of participants served. Bars represent 95 percent confidence intervals. Ethnoracial groups are defined as mutually exclusive. Excludes 319 local agencies: 250 local agencies did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) Local Agency Survey, 3 local agencies located in U.S. territories, and 66 local agencies had missing data in WIC Participant and Program Characteristics (WIC PC) 2022 data. Observations were weighted to account for agency nonresponse. For additional details, see appendix table E.26. $N = 1,458$ local agencies

** $p < 0.01$

Sources: WIC BPI II Local Agency Survey questions 7, 17, 22, and 24; WIC PC 2022

Figure E.5. Estimated Odds Ratio of Equity-Forward Practices Among Local Agencies Where More Than 10 Percent of Caseload Identified as Multiracial



Note: Each point represents an odds ratio from separate logistic regressions. Models estimated the association between a local agency having an equity-forward practice and having a caseload where more than 10 percent of participants identified with multiple racial categories compared with local agencies with a lower percentage of this ethnoracial group in their caseload. The models adjust for FNS Region, caseload size, local agency type, breastfeeding status of infants served, and poverty status of participants served. Bars represent 95 percent confidence intervals. Ethnoracial groups are defined as mutually exclusive. Excludes 319 local agencies: 250 local agencies did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) Local Agency Survey, 3 local agencies located in U.S. territories, and 66 local agencies had missing data in WIC Participant and Program Characteristics (WIC PC) 2022 data. Observations were weighted to account for agency nonresponse. For additional details, see appendix table E.27.

N = 1,458 local agencies

**p < 0.01

Sources: WIC BPI II Local Agency Survey questions 7, 17, 22, and 24; WIC PC 2022

Table E.22. Estimated Odds Ratios From Logistic Regressions of Local Agency Breastfeeding Practices by Proportion of WIC Participants Who Identify as Non-Hispanic American Indian or Alaska Native

Local Agency Characteristics		Operated Breastfeeding Peer Counseling Program			Offered Live Virtual Peer Counseling ^a			Offered Sufficient Options to Meet Needs Of Employed Participants ^b			Took Actions to Meet Needs of Participants With Diverse Gender Identities ^c		
		Odds Ratio ^d		95 Percent Confidence Interval	Odds Ratio ^d		95 Percent Confidence Interval	Odds Ratio ^d		95 Percent Confidence Interval	Odds Ratio ^d		95 Percent Confidence Interval
Race and ethnicity (reference = less than 10 percent of participants identify as Non-Hispanic American Indian or Alaska Native)	More than 10 percent	0.39	**	(0.24, 0.62)	1.42		(0.83, 2.40)	0.78		(0.51, 1.17)	0.39	**	(0.26, 0.60)
Local agency FNS Region (reference = Southwest)	Mid-Atlantic	0.32	**	(0.17, 0.62)	3.51	**	(1.36, 9.03)	1.06		(0.60, 1.86)	1.27		(0.70, 2.29)
	Midwest	0.64		(0.41, 1.00)	2.93	**	(1.80, 4.78)	0.90		(0.62, 1.32)	1.23		(0.83, 1.80)
	Mountain Plains	0.35	**	(0.22, 0.56)	0.86		(0.55, 1.36)	0.53	**	(0.35, 0.79)	0.66		(0.44, 1.00)
	Northeast	2.90	*	(1.20, 6.99)	3.70	**	(1.64, 8.34)	2.66	**	(1.44, 4.92)	2.79	**	(1.49, 5.23)
	Southeast	0.39	**	(0.23, 0.65)	1.41		(0.84, 2.34)	0.65	*	(0.43, 0.98)	0.74		(0.49, 1.13)
	Western	0.09	**	(0.06, 0.16)	1.79		(0.99, 3.23)	0.52	**	(0.34, 0.80)	2.20	**	(1.31, 3.70)
Local agency size (reference = small < 1,000)	Medium (1,000–4,999)	3.78	**	(2.83, 5.05)	2.25	**	(1.60, 3.17)	1.32	*	(1.02, 1.70)	1.15		(0.87, 1.52)
	Large (> 5,000)	9.62	**	(6.16, 15.0)	5.69	**	(3.17, 10.2)	1.96	**	(1.39, 2.75)	1.11		(0.77, 1.60)
Poverty status (reference = less than 50 percent of participants at 100 percent or less of FPG)	More than 50 percent	1.53	**	(1.15, 2.03)	0.99		(0.72, 1.37)	1.01		(0.79, 1.29)	1.46	**	(1.12, 1.9)

Local Agency Characteristics		Operated Breastfeeding Peer Counseling Program		Offered Live Virtual Peer Counseling ^a		Offered Sufficient Options to Meet Needs Of Employed Participants ^b		Took Actions to Meet Needs of Participants With Diverse Gender Identities ^c	
		Odds Ratio ^d	95 Percent Confidence Interval	Odds Ratio ^d	95 Percent Confidence Interval	Odds Ratio ^d	95 Percent Confidence Interval	Odds Ratio ^d	95 Percent Confidence Interval
Breastfeeding status (reference = less than 70 percent of 6- to 13-month-old infants initiated breastfeeding)	More than 70 percent	1.21	(0.93, 1.58)	1.62 **	(1.18, 2.21)	1.46 **	(1.15, 1.84)	1.34	(1.04, 1.72)

Note: Excludes 319 local agencies: 250 local agencies did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) Local Agency Survey, 3 local agencies were excluded because U.S. territories are not identified in Rural-Urban Commuting Area data, and 66 local agencies had missing data in the WIC Participant and Program Characteristics (WIC PC) 2022 data. Percentages are weighted to account for agency nonresponse.

FPG = Federal Poverty Guidelines

^a Live virtual breastfeeding services are live one-on-one counseling by video call or telephone or live group counseling sessions by video call or telephone.

^b Practices to meet the needs of participants who are employed include early morning or evening hours by appointment, early morning or evening walk-in hours, weekend hours by appointment, weekend walk-in hours, priority appointment scheduling during regular site operations, food instrument/cash-value vouchers mailing procedures designed for participants who work, expedited site procedures for participants who work, and evening or weekend breastfeeding support. A local agency is considered to offer sufficient options to meet the needs of employed participants when it offers more than 3 of the 10 practices.

^c Actions to meet the needs of pregnant and breastfeeding/chestfeeding parents with diverse gender identities include the use of gender-inclusive language on forms and communications, use of bathroom signage inclusive of all gender identities, asking participants their preferred pronouns at the beginning of an appointment, providing tailored counseling to be more inclusive of all gender identities to people who wish to breastfeed/chestfeed, and referring participants to resources outside WIC for persons with diverse gender identities.

^d * $p < 0.05$, ** $p < 0.01$

$N = 1,458$ local agencies

Sources: WIC BPI II Local Agency Survey questions 7, 17, 22, and 24; WIC PC 2022

Table E.23. Estimated Odds Ratios From Logistic Regressions of Local Agency Breastfeeding Practices by Proportion of WIC Participants Who Identify as Non-Hispanic Asian, Hawaiian Native, or Pacific Islander

Local Agency Characteristics		Operated Breastfeeding Peer Counseling Program		Offered Live Virtual Peer Counseling ^a		Offered Sufficient Options to Meet Needs of Employed Participants ^b		Took Actions to Meet Needs of Participants With Diverse Gender Identities ^c	
		Odds Ratio ^d	95 Percent Confidence Interval	Odds Ratio ^d	95 Percent Confidence Interval	Odds Ratio ^d	95 Percent Confidence Interval	Odds Ratio ^d	95 Percent Confidence Interval
Race and ethnicity (reference = less than 10 percent of participants identify as Non-Hispanic Asian, Hawaiian Native, or Pacific Islander)	More than 10 percent	0.70	(0.40, 1.22)	1.40	(0.57, 3.47)	1.08	(0.65, 1.80)	0.83	(0.46, 1.51)
Local agency FNS Region (reference = Southwest)	Mid-Atlantic	0.32	** (0.16, 0.62)	3.50	** (1.35, 9.04)	1.09	(0.62, 1.93)	1.28	(0.70, 2.33)
	Midwest	0.64	(0.41, 1.02)	2.81	** (1.71, 4.62)	0.95	(0.64, 1.39)	1.24	(0.84, 1.84)
	Mountain Plains	0.33	** (0.20, 0.53)	0.84	(0.53, 1.35)	0.54	** (0.36, 0.82)	0.64	* (0.42, 0.99)
	Northeast	3.45	** (1.41, 8.40)	3.80	** (1.65, 8.74)	2.35	** (1.25, 4.44)	2.80	** (1.46, 5.39)
	Southeast	0.37	** (0.22, 0.62)	1.38	(0.82, 2.32)	0.70	(0.46, 1.07)	0.75	(0.49, 1.16)
	Western	0.10	** (0.06, 0.17)	1.65	(0.90, 3.04)	0.49	** (0.31, 0.78)	2.18	** (1.27, 3.75)
Local agency size (reference = small < 1,000)	Medium (1,000–4,999)	3.97	** (2.96, 5.33)	2.24	** (1.58, 3.16)	1.25	(0.96, 1.62)	1.12	(0.84, 1.49)
	Large (> 5,000)	10.9	** (6.90, 17.3)	5.47	** (3.04, 9.85)	1.92	** (1.36, 2.72)	1.08	(0.75, 1.57)
WIC local agency type (reference = City/county/State health department)	Native American or Tribal Organization	0.40	** (0.23, 0.72)	1.54	(0.80, 2.94)	0.76	(0.47, 1.24)	0.35	** (0.21, 0.58)
	Federally qualified health center	0.55	* (0.32, 0.97)	1.02	(0.49, 2.14)	1.21	(0.73, 2.01)	2.92	** (1.31, 6.51)
	Hospital	0.54	(0.27, 1.09)	0.70	(0.31, 1.58)	0.92	(0.50, 1.68)	0.86	(0.45, 1.63)
	Community-based health center	1.09	(0.61, 1.95)	0.94	(0.50, 1.76)	2.90	** (1.56, 5.38)	1.35	(0.75, 2.40)
	Nonprofit organization	0.96	(0.60, 1.53)	1.38	(0.71, 2.66)	1.37	(0.90, 2.08)	1.24	(0.77, 1.98)
	Other ^e	0.95	(0.46, 1.96)	0.53	(0.26, 1.09)	2.24	* (1.08, 4.65)	0.74	(0.39, 1.41)

Local Agency Characteristics		Operated Breastfeeding Peer Counseling Program		Offered Live Virtual Peer Counseling ^a		Offered Sufficient Options to Meet Needs of Employed Participants ^b		Took Actions to Meet Needs of Participants With Diverse Gender Identities ^c	
		Odds Ratio ^d	95 Percent Confidence Interval	Odds Ratio ^d	95 Percent Confidence Interval	Odds Ratio ^d	95 Percent Confidence Interval	Odds Ratio ^d	95 Percent Confidence Interval
Poverty status (reference = less than 50 percent of participants at 100 percent or less of FPG)	More than 50 percent	1.54 **	(1.16, 2.04)	1.00	(0.72, 1.39)	0.97	(0.76, 1.25)	1.43 **	(1.1, 1.86)
Breastfeeding status (reference = less than 70 percent of 6- to 13-month-old infants initiated breastfeeding)	More than 70 percent	1.21	(0.93, 1.58)	1.65 **	(1.21, 2.26)	1.49 **	(1.17, 1.89)	1.33 *	(1.03, 1.71)

Note: Excludes 319 local agencies: 250 local agencies did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) Local Agency Survey, 3 local agencies were excluded because U.S. territories are not identified in Rural-Urban Commuting Area data, and 66 local agencies had missing data in the WIC Participant and Program Characteristics (WIC PC) 2022 data. Percentages are weighted to account for agency nonresponse.

FPG = Federal Poverty Guidelines

^a Live virtual breastfeeding services are live one-on-one counseling by video call or telephone or live group counseling sessions by video call or telephone.

^b Practices to meet the needs of participants who are employed include early morning or evening hours by appointment, early morning or evening walk-in hours, weekend hours by appointment, weekend walk-in hours, priority appointment scheduling during regular site operations, food instrument/cash-value vouchers mailing procedures designed for participants who work, expedited site procedures for participants who work, and evening or weekend breastfeeding support. A local agency is considered to offer sufficient options to meet the needs of employed participants when it offers more than 3 of the 10 practices.

^c Actions to meet the needs of pregnant and breastfeeding/chestfeeding parents with diverse gender identities include the use of gender-inclusive language on forms and communications, use of bathroom signage inclusive of all gender identities, asking participants their preferred pronouns at the beginning of an appointment, providing tailored counseling to be more inclusive of all gender identities to people who wish to breastfeed/chestfeed, and referring participants to resources outside WIC for persons with diverse gender identities.

^d * $p < 0.05$, ** $p < 0.01$

^e "Other" local agency types included community-based social service organizations, faith-based organizations, and agencies identified as "other" by local agency survey respondents.

$N = 1,458$ local agencies

Sources: WIC BPI II Local Agency Survey questions 7, 17, 22, and 24; WIC PC 2022

Table E.24. Estimated Odds Ratios From Logistic Regressions of Local Agency Breastfeeding Practices by Proportion of WIC Participants Who Identify as Non-Hispanic Black or African American

Local Agency Characteristics		Operated Breastfeeding Peer Counseling Program		Offered Live Virtual Peer Counseling ^a		Offered Sufficient Options to Meet Needs of Employed Participants ^b		Took Actions to Meet Needs of Participants With Diverse Gender Identities ^c	
		Odds Ratio ^d	95 Percent Confidence Interval	Odds Ratio ^d	95 Percent Confidence Interval	Odds Ratio ^d	95 Percent Confidence Interval	Odds Ratio ^d	95 Percent Confidence Interval
Race and ethnicity (reference = less than 10 percent of participants identify as non-Hispanic Black or African American)	More than 10 percent	1.17	(0.85, 1.60)	0.74	(0.51, 1.07)	0.57	** (0.44, 0.76)	0.82	(0.61, 1.09)
Local agency FNS Region (reference = Southwest)	Mid-Atlantic	0.32	** (0.17, 0.63)	3.37	* (1.30, 8.72)	1.07	(0.60, 1.90)	1.26	(0.69, 2.29)
	Midwest	0.65	(0.41, 1.04)	2.65	** (1.60, 4.38)	0.87	(0.59, 1.28)	1.19	(0.80, 1.78)
	Mountain Plains	0.35	** (0.21, 0.57)	0.75	(0.46, 1.23)	0.45	** (0.29, 0.69)	0.60	* (0.39, 0.94)
	Northeast	3.39	** (1.39, 8.23)	3.76	** (1.63, 8.67)	2.26	* (1.19, 4.28)	2.67	** (1.40, 5.11)
	Southeast	0.38	** (0.22, 0.63)	1.33	(0.78, 2.24)	0.68	(0.44, 1.05)	0.75	(0.48, 1.16)
	Western	0.10	** (0.06, 0.17)	1.52	(0.82, 2.83)	0.39	** (0.25, 0.63)	1.95	* (1.14, 3.36)
Local agency size (reference = small < 1,000)	Medium (1,000–4,999)	3.79	** (2.82, 5.11)	2.39	** (1.68, 3.41)	1.40	* (1.07, 1.83)	1.16	(0.87, 1.55)
	Large (> 5,000)	9.98	** (6.25, 16.0)	6.23	** (3.41, 11.4)	2.43	** (1.68, 3.50)	1.16	(0.79, 1.71)
WIC local agency type (reference = City/county/State health department)	Native American or Tribal Organization	0.43	** (0.24, 0.76)	1.40	(0.72, 2.70)	0.67	(0.41, 1.10)	0.33	** (0.20, 0.56)
	Federally qualified health center	0.55	* (0.31, 0.96)	1.06	(0.50, 2.23)	1.24	(0.74, 2.07)	2.94	** (1.32, 6.55)
	Hospital	0.53	(0.26, 1.07)	0.71	(0.31, 1.60)	0.95	(0.52, 1.75)	0.86	(0.45, 1.63)
	Community-based health center	1.06	(0.59, 1.89)	0.99	(0.53, 1.87)	3.20	** (1.71, 5.98)	1.38	(0.77, 2.47)
	Nonprofit organization	0.98	(0.61, 1.56)	1.34	(0.69, 2.59)	1.29	(0.85, 1.96)	1.22	(0.76, 1.95)
	Other ^e	0.97	(0.47, 2.01)	0.53	(0.26, 1.09)	2.28	* (1.10, 4.75)	0.75	(0.40, 1.43)

Local Agency Characteristics		Operated Breastfeeding Peer Counseling Program			Offered Live Virtual Peer Counseling ^a			Offered Sufficient Options to Meet Needs of Employed Participants ^b			Took Actions to Meet Needs of Participants With Diverse Gender Identities ^c		
		Odds Ratio ^d		95 Percent Confidence Interval	Odds Ratio ^d		95 Percent Confidence Interval	Odds Ratio ^d		95 Percent Confidence Interval	Odds Ratio ^d		95 Percent Confidence Interval
Poverty status (reference = less than 50 percent of participants at 100 percent or less of FPG)	More than 50 percent	1.51	**	(1.14, 2.01)	1.04		(0.75, 1.45)	1.03		(0.80, 1.33)	1.46	**	(1.12, 1.91)
Breastfeeding status (reference = less than 70 percent of 6- to 13-month-old infants initiated breastfeeding)	More than 70 percent	1.23		(0.95, 1.61)	1.60	**	(1.17, 2.20)	1.42	**	(1.12, 1.80)	1.30	*	(1.01, 1.68)

Note: Excludes 319 local agencies: 250 local agencies did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) Local Agency Survey, 3 local agencies were excluded because U.S. territories are not identified in Rural-Urban Commuting Area data, and 66 local agencies had missing data in the WIC Participant and Program Characteristics (WIC PC) 2022 data. Percentages are weighted to account for agency nonresponse.

FPG = Federal Poverty Guidelines

^a Live virtual breastfeeding services are live one-on-one counseling by video call or telephone or live group counseling sessions by video call or telephone.

^b Practices to meet the needs of participants who are employed include early morning or evening hours by appointment, early morning or evening walk-in hours, weekend hours by appointment, weekend walk-in hours, priority appointment scheduling during regular site operations, food instrument/cash-value vouchers mailing procedures designed for participants who work, expedited site procedures for participants who work, and evening or weekend breastfeeding support. A local agency is considered to offer sufficient options to meet the needs of employed participants when it offers more than 3 of the 10 practices.

^c Actions to meet the needs of pregnant and breastfeeding/chestfeeding parents with diverse gender identities include the use of gender-inclusive language on forms and communications, use of bathroom signage inclusive of all gender identities, asking participants their preferred pronouns at the beginning of an appointment, providing tailored counseling to be more inclusive of all gender identities to people who wish to breastfeed/chestfeed, and referring participants to resources outside WIC for persons with diverse gender identities.

^d * $p < 0.05$, ** $p < 0.01$

^e "Other" local agency types included community-based social service organizations, faith-based organizations, and agencies identified as "other" by local agency survey respondents.

$N = 1,458$ local agencies

Sources: WIC BPI II Local Agency Survey questions 7, 17, 22, and 24; WIC PC 2022

Table E.25. Estimated Odds Ratios From Logistic Regressions of Local Agency Breastfeeding Practices by Proportion of WIC Participants Who Identify as Hispanic

Local Agency Characteristics		Operated Breastfeeding Peer Counseling Program		Offered Live Virtual Peer Counseling ^a		Offered Sufficient Options to Meet Needs of Employed Participants ^b		Took Actions to Meet Needs of Participants With Diverse Gender Identities ^c	
		Odds Ratio ^d	95 Percent Confidence Interval	Odds Ratio ^d	95 Percent Confidence Interval	Odds Ratio ^d	95 Percent Confidence Interval	Odds Ratio ^d	95 Percent Confidence Interval
Race and ethnicity (reference = less than 10 percent of participants identify as Hispanic)	More than 10 percent	0.67	** (0.51, 0.88)	1.12	(0.81, 1.54)	0.91	(0.71, 1.17)	1.06	(0.81, 1.39)
Local agency FNS Region (reference = Southwest)	Mid-Atlantic	0.30	** (0.16, 0.59)	3.55	** (1.37, 9.21)	1.08	(0.61, 1.92)	1.28	(0.70, 2.34)
	Midwest	0.59	* (0.37, 0.94)	2.90	** (1.76, 4.77)	0.94	(0.64, 1.38)	1.24	(0.83, 1.84)
	Mountain Plains	0.31	** (0.19, 0.50)	0.86	(0.53, 1.37)	0.54	** (0.35, 0.82)	0.65	* (0.42, 0.99)
	Northeast	3.11	* (1.28, 7.58)	4.01	** (1.75, 9.20)	2.35	** (1.25, 4.42)	2.75	** (1.44, 5.26)
	Southeast	0.36	** (0.21, 0.61)	1.38	(0.82, 2.32)	0.70	(0.46, 1.07)	0.76	(0.49, 1.17)
	Western	0.10	** (0.06, 0.16)	1.71	(0.94, 3.10)	0.51	** (0.33, 0.79)	2.08	** (1.22, 3.54)
Local agency size (reference = small < 1,000)	Medium (1,000–4,999)	4.31	** (3.19, 5.83)	2.20	** (1.54, 3.13)	1.28	(0.98, 1.67)	1.09	(0.82, 1.47)
	Large (> 5,000)	12.3	** (7.72, 19.7)	5.34	** (2.93, 9.71)	2.01	** (1.40, 2.87)	1.04	(0.71, 1.53)
WIC local agency type (reference = City/county/State health department)	Native American or Tribal Organization	0.37	** (0.21, 0.67)	1.56	(0.81, 2.99)	0.75	(0.46, 1.22)	0.36	** (0.21, 0.59)
	Federally qualified health center	0.57	* (0.33, 1.00)	1.02	(0.48, 2.13)	1.23	(0.74, 2.04)	2.89	** (1.30, 6.44)
	Hospital	0.54	(0.27, 1.08)	0.70	(0.31, 1.58)	0.93	(0.50, 1.70)	0.85	(0.45, 1.61)
	Community-based health center	1.08	(0.61, 1.92)	0.93	(0.50, 1.75)	2.90	** (1.56, 5.39)	1.34	(0.75, 2.40)
	Nonprofit organization	0.96	(0.60, 1.54)	1.36	(0.70, 2.63)	1.37	(0.90, 2.07)	1.24	(0.77, 1.99)
	Other ^e	0.97	(0.47, 2.02)	0.52	(0.26, 1.07)	2.23	* (1.08, 4.62)	0.75	(0.4, 1.42)

Local Agency Characteristics		Operated Breastfeeding Peer Counseling Program			Offered Live Virtual Peer Counseling ^a			Offered Sufficient Options to Meet Needs of Employed Participants ^b			Took Actions to Meet Needs of Participants With Diverse Gender Identities ^c		
		Odds Ratio ^d	95 Percent Confidence Interval		Odds Ratio ^d	95 Percent Confidence Interval		Odds Ratio ^d	95 Percent Confidence Interval		Odds Ratio ^d	95 Percent Confidence Interval	
Poverty status (reference = less than 50 percent of participants at 100 percent or less of FPG)	More than 50 percent	1.51	** (1.14, 2.01)		1.01	(0.73, 1.41)		0.97	(0.75, 1.24)		1.43	** (1.1, 1.87)	
Breastfeeding status (reference = less than 70 percent of 6- to 13-month-old infants initiated breastfeeding)	More than 70 percent	1.34	* (1.02, 1.76)		1.61	** (1.16, 2.22)		1.52	** (1.19, 1.94)		1.31	* (1.01, 1.70)	

Note: Excludes 319 local agencies: 250 local agencies did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) Local Agency Survey, 3 local agencies were excluded because U.S. territories are not identified in Rural-Urban Commuting Area data, and 66 local agencies had missing data in the WIC Participant and Program Characteristics (WIC PC) 2022 data. Percentages are weighted to account for agency nonresponse.

FPG = Federal Poverty Guidelines

^a Live virtual breastfeeding services are live one-on-one counseling by video call or telephone or live group counseling sessions by video call or telephone.

^b Practices to meet the needs of participants who are employed include early morning or evening hours by appointment, early morning or evening walk-in hours, weekend hours by appointment, weekend walk-in hours, priority appointment scheduling during regular site operations, food instrument/cash-value vouchers mailing procedures designed for participants who work, expedited site procedures for participants who work, and evening or weekend breastfeeding support. A local agency is considered to offer sufficient options to meet the needs of employed participants when it offers more than 3 of the 10 practices.

^c Actions to meet the needs of pregnant and breastfeeding/chestfeeding parents with diverse gender identities include the use of gender-inclusive language on forms and communications, use of bathroom signage inclusive of all gender identities, asking participants their preferred pronouns at the beginning of an appointment, providing tailored counseling to be more inclusive of all gender identities to people who wish to breastfeed/chestfeed, and referring participants to resources outside WIC for persons with diverse gender identities.

^d * $p < 0.05$, ** $p < 0.01$

^e "Other" local agency types included community-based social service organizations, faith-based organizations, and agencies identified as "other" by local agency survey respondents.

$N = 1,458$ local agencies

Sources: WIC BPI II Local Agency Survey questions 7, 17, 22, and 24; WIC PC 2022

Table E.26. Estimated Odds Ratios From Logistic Regressions of Local Agency Breastfeeding Practices by Proportion of WIC Participants Who Identify as Non-Hispanic White

Local Agency Characteristics		Operated Breastfeeding Peer Counseling Program		Offered Live Virtual Peer Counseling ^a		Offered Sufficient Options to Meet Needs of Employed Participants ^b		Took Actions to Meet Needs of Participants With Diverse Gender Identities ^c	
		Odds Ratio ^d	95 Percent Confidence Interval	Odds Ratio ^d	95 Percent Confidence Interval	Odds Ratio ^d	95 Percent Confidence Interval	Odds Ratio ^d	95 Percent Confidence Interval
Race and ethnicity (reference = less than 10 percent of participants identify as non-Hispanic White)	More than 10 percent	1.79	** (1.16, 2.75)	1.03	(0.59, 1.80)	1.12	(0.77, 1.63)	1.19	(0.78, 1.80)
Local agency FNS Region (reference = Southwest)	Mid-Atlantic	0.31	** (0.16, 0.60)	3.50	** (1.35, 9.05)	1.09	(0.62, 1.93)	1.27	(0.70, 2.32)
	Midwest	0.61	* (0.38, 0.97)	2.84	** (1.73, 4.67)	0.94	(0.64, 1.39)	1.21	(0.82, 1.80)
	Mountain Plains	0.32	** (0.20, 0.51)	0.85	(0.53, 1.35)	0.54	** (0.36, 0.82)	0.63	* (0.41, 0.98)
	Northeast	3.49	** (1.43, 8.50)	3.95	** (1.72, 9.07)	2.39	** (1.27, 4.50)	2.75	** (1.44, 5.27)
	Southeast	0.36	** (0.21, 0.60)	1.37	(0.81, 2.31)	0.69	(0.45, 1.06)	0.75	(0.48, 1.15)
	Western	0.10	** (0.06, 0.17)	1.74	(0.96, 3.17)	0.51	** (0.33, 0.79)	2.14	** (1.26, 3.64)
Local agency size (reference = small < 1,000)	Medium (1,000–4,999)	3.96	** (2.95, 5.31)	2.26	** (1.60, 3.19)	1.25	(0.96, 1.62)	1.11	(0.83, 1.48)
	Large (> 5,000)	12.1	** (7.52, 19.4)	5.60	** (3.09, 10.1)	1.97	** (1.39, 2.80)	1.10	(0.76, 1.59)
WIC local agency type (reference = City/county/State health department)	Native American or Tribal Organization	0.61	(0.32, 1.15)	1.56	(0.73, 3.34)	0.81	(0.47, 1.40)	0.39	** (0.22, 0.69)
	Federally qualified health center	0.66	(0.37, 1.17)	1.04	(0.48, 2.25)	1.26	(0.74, 2.12)	3.09	** (1.37, 6.99)
	Hospital	0.60	(0.29, 1.20)	0.71	(0.31, 1.62)	0.94	(0.51, 1.74)	0.88	(0.46, 1.68)
	Community-based health center	1.26	(0.70, 2.28)	0.95	(0.50, 1.8)	2.98	** (1.59, 5.59)	1.41	(0.78, 2.54)
	Nonprofit organization	1.02	(0.64, 1.64)	1.37	(0.71, 2.66)	1.38	(0.91, 2.10)	1.26	(0.79, 2.03)
	Other ^e	0.96	(0.47, 1.98)	0.52	(0.26, 1.07)	2.22	* (1.07, 4.61)	0.75	(0.39, 1.42)

Local Agency Characteristics		Operated Breastfeeding Peer Counseling Program		Offered Live Virtual Peer Counseling ^a		Offered Sufficient Options to Meet Needs of Employed Participants ^b		Took Actions to Meet Needs of Participants With Diverse Gender Identities ^c	
		Odds Ratio ^d	95 Percent Confidence Interval	Odds Ratio ^d	95 Percent Confidence Interval	Odds Ratio ^d	95 Percent Confidence Interval	Odds Ratio ^d	95 Percent Confidence Interval
Poverty status (reference = less than 50 percent of participants at 100 percent or less of FPG)	More than 50 percent	1.56	** (1.17, 2.07)	1.01	(0.73, 1.40)	0.98	(0.76, 1.25)	1.43	** (1.10, 1.87)
Breastfeeding status (reference = less than 70 percent of 6- to 13-month-old infants initiated breastfeeding)	More than 70 percent	1.21	(0.93, 1.58)	1.65	** (1.21, 2.26)	1.49	** (1.17, 1.89)	1.33	* (1.03, 1.71)

Note: Excludes 319 local agencies: 250 local agencies did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) Local Agency Survey, 3 local agencies were excluded because U.S. territories are not identified in Rural-Urban Commuting Area data, and 66 local agencies had missing data in the WIC Participant and Program Characteristics (WIC PC) 2022 data. Percentages are weighted to account for agency nonresponse.

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^a Live virtual breastfeeding services are live one-on-one counseling by video call or telephone or live group counseling sessions by video call or telephone.

^b Practices to meet the needs of participants who are employed include early morning or evening hours by appointment, early morning or evening walk-in hours, weekend hours by appointment, weekend walk-in hours, priority appointment scheduling during regular site operations, food instrument/cash-value vouchers mailing procedures designed for participants who work, expedited site procedures for participants who work, and evening or weekend breastfeeding support. A local agency is considered to offer sufficient options to meet the needs of employed participants when it offers more than 3 of the 10 practices.

^c Actions to meet the needs of pregnant and breastfeeding/chestfeeding parents with diverse gender identities include the use of gender-inclusive language on forms and communications, use of bathroom signage inclusive of all gender identities, asking participants their preferred pronouns at the beginning of an appointment, providing tailored counseling to be more inclusive of all gender identities to people who wish to breastfeed/chestfeed, and referring participants to resources outside WIC for persons with diverse gender identities.

^d * $p < 0.05$, ** $p < 0.01$

^e "Other" local agency types included community-based social service organizations, faith-based organizations, and agencies identified as "other" by local agency survey respondents.

$N = 1,458$ local agencies

Sources: WIC BPI II Local Agency Survey questions 7, 17, 22, and 24; WIC PC 2022

Table E.27. Estimated Odds Ratios From Logistic Regressions of Local Agency Breastfeeding Practices by Proportion of WIC Participants Who Identify as Non-Hispanic Multiracial

Local Agency Characteristics		Operated Breastfeeding Peer Counseling Program		Offered Live Virtual Peer Counseling ^a		Offered Sufficient Options to Meet Needs of Employed Participants ^b		Took Actions to Meet Needs of Participants With Diverse Gender Identities ^c	
		Odds Ratio ^d	95 Percent Confidence Interval	Odds Ratio ^d	95 Percent Confidence Interval	Odds Ratio ^d	95 Percent Confidence Interval	Odds Ratio ^d	95 Percent Confidence Interval
Race and Ethnicity (reference = less than 10 percent of participants identify as non-Hispanic multiple race)	More than 10 percent	1.80	** (1.17, 2.78)	2.31	** (1.25, 4.29)	1.16	(0.81, 1.67)	0.73	(0.5, 1.08)
Local agency FNS Region (reference = Southwest)	Mid-Atlantic	0.30	** (0.15, 0.58)	3.22	* (1.24, 8.35)	1.07	(0.60, 1.90)	1.32	(0.72, 2.41)
	Midwest	0.60	* (0.38, 0.95)	2.69	** (1.64, 4.43)	0.94	(0.64, 1.38)	1.27	(0.85, 1.89)
	Mountain Plains	0.32	** (0.20, 0.52)	0.82	(0.51, 1.32)	0.54	** (0.35, 0.82)	0.65	(0.43, 1.00)
	Northeast	3.24	** (1.33, 7.89)	3.90	** (1.70, 8.95)	2.36	* (1.26, 4.44)	2.77	** (1.45, 5.28)
	Southeast	0.36	** (0.22, 0.61)	1.36	(0.81, 2.30)	0.70	(0.46, 1.07)	0.75	(0.49, 1.17)
	Western	0.09	** (0.05, 0.15)	1.54	(0.84, 2.81)	0.49	** (0.31, 0.76)	2.24	** (1.31, 3.82)
Local agency size (reference = small <1,000)	Medium (1,000–4,999)	3.81	** (2.84, 5.12)	2.19	** (1.54, 3.10)	1.24	(0.95, 1.61)	1.14	(0.85, 1.52)
	Large (> 5,000)	11.0	** (6.96, 17.4)	5.65	** (3.14, 10.2)	1.94	** (1.37, 2.74)	1.07	(0.74, 1.55)
WIC local agency type (reference = City/county/State health department)	Native American or Tribal Organization	0.33	** (0.18, 0.60)	1.22	(0.62, 2.40)	0.72	(0.43, 1.19)	0.39	** (0.23, 0.67)
	Federally qualified health center	0.54	* (0.31, 0.94)	1.01	(0.48, 2.13)	1.21	(0.73, 2.01)	2.92	** (1.31, 6.52)
	Hospital	0.52	(0.26, 1.05)	0.70	(0.31, 1.59)	0.92	(0.50, 1.69)	0.84	(0.45, 1.60)
	Community-based health center	1.09	(0.61, 1.95)	0.91	(0.49, 1.70)	2.91	** (1.56, 5.40)	1.34	(0.75, 2.40)
	Nonprofit organization	0.99	(0.62, 1.58)	1.41	(0.73, 2.73)	1.38	(0.91, 2.09)	1.22	(0.76, 1.95)
	Other ^e	0.96	(0.46, 2.00)	0.52	(0.26, 1.08)	2.23	* (1.08, 4.63)	0.75	(0.40, 1.43)

Local Agency Characteristics		Operated Breastfeeding Peer Counseling Program			Offered Live Virtual Peer Counseling ^a			Offered Sufficient Options to Meet Needs of Employed Participants ^b			Took Actions to Meet Needs of Participants With Diverse Gender Identities ^c		
		Odds Ratio ^d		95 Percent Confidence Interval	Odds Ratio ^d		95 Percent Confidence Interval	Odds Ratio ^d		95 Percent Confidence Interval	Odds Ratio ^d		95 Percent Confidence Interval
Poverty status (reference = less than 50 percent of participants at 100 percent or less of FPG)	More than 50 percent	1.55	**	(1.16, 2.05)	1.02		(0.73, 1.42)	0.97		(0.76, 1.25)	1.43	**	(1.10, 1.87)
Breastfeeding status (reference = less than 70 percent of 6- to 13-month-old infants initiated breastfeeding)	More than 70 percent	1.22		(0.94, 1.59)	1.66	**	(1.21, 2.27)	1.49	**	(1.17, 1.89)	1.32	*	(1.03, 1.70)

Note: Excludes 319 local agencies: 250 local agencies did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) Local Agency Survey, 3 local agencies were excluded because U.S. territories are not identified in Rural-Urban Commuting Area data, and 66 local agencies had missing data in the WIC Participant and Program Characteristics (WIC PC) 2022 data. Percentages are weighted to account for agency nonresponse.

FPG = Federal Poverty Guidelines

^a Live virtual breastfeeding services are live one-on-one counseling by video call or telephone or live group counseling sessions by video call or telephone.

^b Practices to meet the needs of participants who are employed include early morning or evening hours by appointment, early morning or evening walk-in hours, weekend hours by appointment, weekend walk-in hours, priority appointment scheduling during regular site operations, food instrument/cash-value vouchers mailing procedures designed for participants who work, expedited site procedures for participants who work, and evening or weekend breastfeeding support. A local agency is considered to offer sufficient options to meet the needs of employed participants when it offers more than 3 of the 10 practices.

^c Actions to meet the needs of pregnant and breastfeeding/chestfeeding parents with diverse gender identities include the use of gender-inclusive language on forms and communications, use of bathroom signage inclusive of all gender identities, asking participants their preferred pronouns at the beginning of an appointment, providing tailored counseling to be more inclusive of all gender identities to people who wish to breastfeed/chestfeed, and referring participants to resources outside WIC for persons with diverse gender identities.

^d * $p < 0.05$, ** $p < 0.01$

^e "Other" local agency types included community-based social service organizations, faith-based organizations, and agencies identified as "other" by local agency survey respondents.

$N = 1,458$ local agencies

Sources: WIC BPI II Local Agency Survey questions 7, 17, 22, and 24; WIC PC 2022

Table E.28. Percentage of Participants Served by Local Agencies Without Specific Equity-Forward Practices by Urbanicity

Policy or Practice	Rural	Micropolitan	Metropolitan	Average	Equity Gap Score ^a
Operated Breastfeeding Peer Counseling Program	77.0	79.3	89.5	88.0	1.16
Offered live virtual breastfeeding services ^b	88.3	92.9	95.1	94.6	1.08
Offered options to meet needs of employed participants ^c	52.6	55.3	65.2	63.8	1.24
Took actions to meet needs of participants with diverse gender identities ^d	70.5	69.9	80.8	79.4	1.16

Note: Excludes 259 local agencies that did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) Local Agency Survey, were not in the WIC Participant and Program Characteristics 2022 (WIC PC 2022) source file, were a U.S. territory, or reported no participants in April 2022; these agencies served 1,044,545 participants. A Chi-Square Goodness of Fit Test was performed to determine whether the proportion of participants in a local agency with the practice of interest was equal between groups. The relationship between these variables was statistically significant for every policy or practice ($p < 0.001$).

^a Ratio of racial and ethnic groups with highest and lowest percentage. A score of 1 signifies perfect equality across all groups; the higher the score, the greater the difference in the percentage of people served by a local agency without a specific policy or practice.

^b Live virtual breastfeeding services include live one-on-one counseling or group sessions by video call or telephone.

^c Practices to meet the needs of participants who are employed include early morning or evening hours by appointment, early morning or evening walk-in hours, weekend hours by appointment, weekend walk-in hours, priority appointment scheduling during regular site operations, food instrument/cash-value vouchers mailing procedures designed for participants who work, expedited site procedures for participants who work, and evening or weekend breastfeeding support. A local agency is considered to offer options to meet the needs of employed participants when it offers 3 or more of the 10 practices.

^d Actions to meet the needs of pregnant and breastfeeding/chestfeeding parents with diverse gender identities include the use of gender-inclusive language on forms and communications, use of bathroom signage inclusive of all gender identities, asking participants their preferred pronouns at the beginning of an appointment, providing tailored counseling to be more inclusive of all gender identities to people who wish to breastfeed/chestfeed, and referring participants to resources outside WIC for persons with diverse gender identities.

$N = 5,756,612$ participants overall across 1,518 local agencies

Sources: WIC BPI II Local Agency Survey questions 7, 17, 22, 24, and 26; WIC PC 2022

Table E.29. Estimated Odds Ratios From Logistic Regressions of Local Agency Breastfeeding Practices by Local Agency Urbanicity

Local Agency Characteristics		Operated Breastfeeding Peer Counseling Program		Offered Live Virtual Peer Counseling ^a		Offered Sufficient Options to Meet Needs of Employed Participants ^b		Took Actions to Meet Needs of Participants With Diverse Gender Identities ^c	
		Odds Ratio ^d	95 Percent Confidence Interval	Odds Ratio ^d	95 Percent Confidence Interval	Odds Ratio ^d	95 Percent Confidence Interval	Odds Ratio ^d	95 Percent Confidence Interval
Local agency urbanicity (reference = rural)	Urban	1.31	(0.98, 1.75)	1.13	(0.80, 1.59)	1.11	(0.84, 1.47)	1.13	(0.83, 1.53)
Local agency FNS Region (reference = Southwest)	Mid-Atlantic	0.32	** (0.17, 0.63)	3.52	** (1.36, 9.11)	1.10	(0.62, 1.94)	1.28	(0.70, 2.33)
	Midwest	0.64	(0.40, 1.02)	2.86	** (1.74, 4.69)	0.95	(0.65, 1.40)	1.23	(0.83, 1.82)
	Mountain Plains	0.35	** (0.21, 0.56)	0.87	(0.54, 1.40)	0.55	** (0.36, 0.84)	0.66	(0.43, 1.01)
	Northeast	3.33	** (1.37, 8.09)	3.96	** (1.73, 9.06)	2.38	** (1.27, 4.47)	2.73	** (1.43, 5.21)
	Southeast	0.38	** (0.22, 0.64)	1.38	(0.82, 2.33)	0.70	(0.46, 1.08)	0.76	(0.49, 1.17)
	Western	0.09	** (0.06, 0.16)	1.74	(0.96, 3.16)	0.50	** (0.32, 0.78)	2.10	** (1.24, 3.56)
Local agency size (reference = small < 1,000)	Medium (1,000–4,999)	3.52	** (2.57, 4.82)	2.15	** (1.49, 3.12)	1.20	(0.90, 1.59)	1.06	(0.78, 1.44)
	Large (> 5,000)	9.39	** (5.86, 15.1)	5.28	** (2.88, 9.67)	1.85	** (1.28, 2.67)	1.01	(0.68, 1.50)
WIC local agency type (reference = City/county/State health department)	Native American or Tribal Organization	0.40	** (0.23, 0.71)	1.52	(0.79, 2.91)	0.75	(0.46, 1.23)	0.35	** (0.21, 0.58)
	Federally qualified health center	0.54	* (0.31, 0.95)	1.02	(0.49, 2.14)	1.20	(0.72, 2.00)	2.89	** (1.30, 6.45)
	Hospital	0.53	(0.26, 1.08)	0.71	(0.31, 1.61)	0.92	(0.50, 1.69)	0.85	(0.45, 1.62)
	Community-based health center	1.06	(0.60, 1.89)	0.93	(0.49, 1.74)	2.87	** (1.55, 5.34)	1.34	(0.75, 2.38)
	Nonprofit organization	0.97	(0.60, 1.54)	1.37	(0.71, 2.66)	1.37	(0.90, 2.07)	1.25	(0.78, 2.00)
	Other ^e	0.97	(0.47, 2.01)	0.52	(0.26, 1.07)	2.23	* (1.07, 4.62)	0.75	(0.39, 1.42)

Local Agency Characteristics		Operated Breastfeeding Peer Counseling Program			Offered Live Virtual Peer Counseling ^a			Offered Sufficient Options to Meet Needs of Employed Participants ^b			Took Actions to Meet Needs of Participants With Diverse Gender Identities ^c		
		Odds Ratio ^d		95 Percent Confidence Interval	Odds Ratio ^d		95 Percent Confidence Interval	Odds Ratio ^d		95 Percent Confidence Interval	Odds Ratio ^d		95 Percent Confidence Interval
Poverty status (reference = less than 50 percent of participants at 100 percent or less of FPG)	More than 50 percent	1.54	**	(1.16, 2.04)	1.00		(0.72, 1.39)	0.97		(0.76, 1.25)	1.43	**	(1.10, 1.86)
Breastfeeding status (reference = less than 70 percent of 6- to 13-month-old infants initiated breastfeeding)	More than 70 percent	1.21		(0.92, 1.57)	1.64	**	(1.20, 2.25)	1.48	**	(1.17, 1.88)	1.32	*	(1.03, 1.70)

Note: Excludes 319 local agencies: 250 local agencies did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) Local Agency Survey, 3 local agencies were excluded because U.S. territories are not identified in Rural-Urban Commuting Area data, and 66 local agencies had missing data in the WIC Participant and Program Characteristics (WIC PC) 2022 data. Percentages are weighted to account for agency nonresponse.

FPG = Federal Poverty Guidelines

^a Live virtual breastfeeding services are live one-on-one counseling by video call or telephone or live group counseling sessions by video call or telephone.

^b Practices to meet the needs of participants who are employed include early morning or evening hours by appointment, early morning or evening walk-in hours, weekend hours by appointment, weekend walk-in hours, priority appointment scheduling during regular site operations, food instrument/cash-value vouchers mailing procedures designed for participants who work, expedited site procedures for participants who work, and evening or weekend breastfeeding support. A local agency is considered to offer sufficient options to meet the needs of employed participants when it offers more than 3 of the 10 practices.

^c Actions to meet the needs of pregnant and breastfeeding/chestfeeding parents with diverse gender identities include the use of gender-inclusive language on forms and communications, use of bathroom signage inclusive of all gender identities, asking participants their preferred pronouns at the beginning of an appointment, providing tailored counseling to be more inclusive of all gender identities to people who wish to breastfeed/chestfeed, and referring participants to resources outside WIC for persons with diverse gender identities.

^d * $p < 0.05$, ** $p < 0.01$

^e "Other" local agency types included community-based social service organizations, faith-based organizations, and agencies identified as "other" by local agency survey respondents.

$N = 1,458$ local agencies

Sources: WIC BPI II Local Agency Survey questions 7, 17, 22, and 24; WIC Participant and Program Characteristics 2022

Appendix F. State and Local Agency Use of FNS Breastfeeding Resources Report Supplemental Tables

This appendix presents supplemental tables by report chapter.

Supplemental Tables for FNS Resources Report Chapter 2. Resources Used to Train State and Local Agency Staff

Table F.1. WIC State Agency Use of FNS WIC Breastfeeding Curriculum to Train State and Local Staff

Use of FNS WIC Breastfeeding Curriculum	Number of WIC State Agencies	Percentage of WIC State Agencies
Yes	84	100.0
No	0	0.0

Note: Excludes five WIC State agencies that did not respond to WIC State Plan Functional Area (FA) II A.7.j.

N = 84 WIC State agencies

Source: Fiscal Year 2022 WIC State Plan (FA II question A.7.j)

Table F.2. Use of FNS Resources to Provide Breastfeeding Training and Education By Staff Position

Use of Resources by Staff	Number of Local Agencies	Percentage of Local Agencies
WIC Works WIC Learning Online modules, any position	1,033	67.6
Clerical or support staff	732	48.0
Competent professional authority	802	52.5
Breastfeeding peer counselor	621	40.6
WIC designated breastfeeding expert	616	40.1
Breastfeeding coordinator	781	51.0
Registered/licensed dietitian	669	44.0
Breastfeeding Peer Counseling Program coordinator	510	33.3
FNS WIC breastfeeding website, any position	979	63.9
Clerical or support staff	411	26.9
Competent professional authority	682	44.6
Breastfeeding peer counselor	630	41.0
WIC designated breastfeeding expert	639	41.5
Breastfeeding coordinator	781	50.9
Registered/licensed dietitian	569	37.3
Breastfeeding Peer Counseling Program coordinator	517	33.7
FNS WIC Breastfeeding Curriculum, any position	1,191	77.8
Clerical or support staff	683	44.5
Competent professional authority	870	56.8
Breastfeeding peer counselor	843	54.9
WIC designated breastfeeding expert	793	51.5
Breastfeeding coordinator	960	62.5

Use of Resources by Staff	Number of Local Agencies	Percentage of Local Agencies
Registered/licensed dietitian	735	48.0
Breastfeeding Peer Counseling Program coordinator	673	43.8
Other (i.e., non-FNS) breastfeeding training, any position	949	62.0
Clerical or support staff	517	33.8
Competent professional authority	726	47.5
Breastfeeding peer counselor	626	40.9
WIC designated breastfeeding expert	660	43.1
Breastfeeding coordinator	766	50.0
Registered/licensed dietitian	669	43.8
Breastfeeding Peer Counseling Program coordinator	505	33.0

Note: Excludes 250 local agencies that did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) Local Agency Survey. Percentages may sum to more than 100 percent because responses are not mutually exclusive. Percentages are weighted to account for agency nonresponse.

N = 1,527 local agencies

Source: WIC BPI II Local Agency Survey question 3

Supplemental Tables for FNS Resources Report Chapter 3. *Learn Together. Grow Together. Campaign*

Table F.3. Approaches WIC State Agencies Used to Promote *Learn Together. Grow Together. Campaign*

Promotion Approaches	Number of WIC State Agencies	Percentage of WIC State Agencies
Used any of following approaches	66	85.5
Shared or promoted <i>Learn Together. Grow Together.</i> materials and resources with local agencies	52	66.8
Displayed and distributed branded materials and resources	49	63.9
Trained local agencies/staff on how to use materials and resources	40	52.2
Used social media to amplify <i>Learn Together. Grow Together.</i> messages	36	46.0
Promoted mobile-friendly website to mothers, staff, and partners	35	45.8
Fostered and grew Breastfeeding Peer Counseling Program using <i>Learn Together. Grow Together.</i> materials and resources	32	41.5
Developed partnerships to create supportive breastfeeding environments	32	41.1
Participated in externally funded program to implement, test, or distribute <i>Learn Together. Grow Together.</i> materials and resources	7	8.9
Implemented Buddy Program to bring mothers together for additional support	6	7.5
Other approaches	6	8.0

Note: Excludes 12 WIC State agencies that did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) State Agency Survey. Percentages may sum to more than 100 percent because responses are not mutually exclusive. Percentages are weighted to account for agency nonresponse. "Other" responses include promoting the check-in tool and using the campaign materials to inform WIC State agency materials and training.

N = 77 WIC State agencies

Source: WIC BPI II State Agency Survey question 5

Table F.4. Approaches Local Agency Used to Promote Learn Together. Grow Together. Campaign Materials and Resources

Promotion Approaches	Number of Local Agencies	Percentage of Local Agencies
Used any of following approaches	932	61.0
Displayed and distributed branded materials and resources	518	34.0
Trained local agencies/staff on how to use materials and resources	487	31.7
Promoted mobile-friendly website to mothers, staff, and partners	412	27.0
Developed partnerships to create supportive breastfeeding environments	336	21.9
Used social media to amplify messages	328	21.5
Used materials to foster and grow Breastfeeding Peer Counseling Program	282	18.4
Implemented Buddy Program to bring mothers together for additional support	70	4.6
Participated in externally funded program to implement, test, or distribute materials and resources	31	2.0
Other approaches	31	2.0

Note: Excludes 250 local agencies that did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) Local Agency Survey. Percentages may sum to more than 100 percent because responses are not mutually exclusive. Percentages are weighted to account for agency nonresponse. “Other” responses indicated a lack of campaign awareness and intentions to use the materials and resources in the future.

N = 1,527 local agencies

Source: FNS website and WIC BPI II Local Agency Survey question 14

Table F.5. Local Agency Use of Learn Together. Grow Together. Campaign Components

Components	Number of Local Agencies	Percentage of Local Agencies
Breastfeeding Tips (Breastfeeding Basics; The Football Hold; Understanding Substance Use)	704	75.5
WIC Resources (Your Food Package; Your Breastfeeding Support Team; Your Breastfeeding Journey)	691	74.2
Family and Friends (Family and Friends Can Help; Dads Can Help; Teamwork)	581	62.4
Thriving Baby (What’s Your Baby Telling You; Learn About the Phases of Breastfeeding; Help Others Thrive)	447	48.2
Mom Motivation (Find Your Hold; Self-Care; Breastmilk Phases)	414	44.6

Note: Excludes 845 local agencies: 250 local agencies that did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) Local Agency Survey and 595 local agencies that did not use the *Learn Together. Grow Together.* campaign materials. Percentages may sum to more than 100 percent because responses are not mutually exclusive. Percentages are weighted to account for agency nonresponse.

N = 932 local agencies

Source: FNS website and WIC BPI II Local Agency Survey question 15

Table F.6. Local Agency Use of Learn Together. Grow Together. Campaign Materials and Resources

Materials and Resources	Number of Local Agencies	Percentage of Local Agencies
Educational materials	697	74.9
Posters	444	47.8
Resources for fathers and grandparents	403	43.4
Social media resources	394	42.3
Videos	305	32.8
Other materials or resources	30	3.3

Note: Excludes 845 local agencies: 250 local agencies that did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) Local Agency Survey and 595 local agencies that did not use the *Learn Together. Grow Together.* campaign materials. Percentages may sum to more than 100 percent because responses are not mutually exclusive. Percentages are weighted to account for agency nonresponse. "Other" responses include a *Learn Together. Grow Together.* breastfeeding bag with a breastfeeding book and other breastfeeding incentives and dissemination methods such as press releases, billboards, and a link to the *Learn Together. Grow Together.* website on the local agency website.

N = 932 local agencies

Source: FNS website and WIC BPI II Local Agency Survey question 16

Table F.7. Challenges WIC State Agencies Encountered While Implementing Learn Together. Grow Together. Campaign.

Description of Challenge	Number of WIC State Agencies	Percentage of WIC State Agencies
Some materials and resources were not available in languages other than English	21	31.0
Technical challenges accessing materials and resources online or directing participants to website	11	17.2
Some materials and resources did not seem appropriate for participants	11	16.5
Local agencies/staff did not have time to use and promote <i>Learn Together. Grow Together.</i>	9	13.7
WIC State agency did not have resources to train local agencies/staff on how to promote campaign	8	11.9
Local agencies/staff were reluctant or resistant to use and promote materials and resources	5	7.0
No challenges experienced	25	38.9

Note: Excludes 23 WIC State agencies: 12 WIC State agencies that did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) State Agency Survey and 11 WIC State agencies that did not use the *Learn Together. Grow Together.* campaign materials. Percentages may sum to more than 100 percent because responses are not mutually exclusive. Percentages are weighted to account for agency nonresponse.

N = 66 WIC State agencies

Source: WIC BPI II State Agency Survey question 6

Table F.8. Methods WIC State Agencies Used to Assess Learn Together. Grow Together. Campaign

Assessment Method	Number of WIC State Agencies	Percentage of WIC State Agencies
Tracked distribution of materials and resources such as posters, flyers, and handouts	14	21.8
Monitored social media (i.e., shares and likes) and other web-based measures of dissemination	14	21.0
Examined how well key messages were received (i.e., acceptable) and/or understood by participants	10	15.7
Examined effects of materials and resources on breastfeeding outcomes (e.g., initiation, frequency, duration, intensity) among participants	8	12.6
WIC State agency has not taken any steps to measure efforts or effects of campaign	44	66.1

Note: Excludes 23 WIC State agencies: 12 WIC State agencies that did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) State Agency Survey and 11 WIC State agencies that did not use the *Learn Together. Grow Together.* campaign materials. Percentages may sum to more than 100 percent because responses are not mutually exclusive. Percentages are weighted to account for agency nonresponse.

N = 66 WIC State agencies

Source: WIC BPI II State Agency Survey question 8

Table F.9. Outcome Measures WIC State Agencies Examined Through Assessment of Learn Together. Grow Together. Campaign

Outcome Measure	Number of WIC State Agencies	Percentage of WIC State Agencies
Initiation of breastfeeding	7	85.6
Duration of breastfeeding	6	72.5
Frequency of breastfeeding	3	39.3
Intensity of breastfeeding	2	24.9
Other outcome measure	0	0.0

Note: Excludes 81 WIC State agencies: 12 WIC State agencies that did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) State Agency Survey and 69 WIC State agencies that did not use or examine the effects of the *Learn Together. Grow Together.* campaign materials. Percentages may sum to more than 100 percent because responses are not mutually exclusive. Percentages are weighted to account for agency nonresponse.

N = 8 WIC State agencies

Source: WIC BPI II State Agency Survey question 8a

Table F.10. Number of Outcome Measures WIC State Agencies Examined Through Assessment of Learn Together. Grow Together. Campaign

Number of Outcome Measures	Number of WIC State Agencies	Percentage of WIC State Agencies
One	1	13.0
Two	2	22.8
Three	3	35.3
Four	1	14.4
Five or more	0	0.0

Note: Excludes 81 WIC State agencies: 12 WIC State agencies that did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) State Agency Survey and 69 WIC State agencies that did not use or examine the effects of the *Learn Together. Grow Together.* campaign materials. Percentages may sum to more than 100 percent because of rounding. Percentages are weighted to account for agency nonresponse.

N = 8 WIC State agencies

Source: WIC BPI II State Agency Survey question 8a

Supplemental Tables for FNS Resources Report Chapter 4. Breastfeeding Award of Excellence

Table F.11. Approaches WIC State Agencies Used to Promote and Encourage Breastfeeding Award of Excellence Among Local Agencies

Approach	Number of WIC State Agencies	Percentage of WIC State Agencies
Actively encouraged participation	60	77.6
Reviewed and shared breastfeeding data with local agencies	47	59.3
Aided with application process	45	57.0
Identified practices that lead to successful application	43	54.2
Conducted statewide webinars or calls	21	26.8
Other approach	13	17.9
Did not actively promote or encourage WIC Breastfeeding Awards of Excellence	3	3.9

Note: Excludes 12 WIC State agencies that did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) State Agency Survey. Percentages may sum to more than 100 percent because responses are not mutually exclusive. Percentages are weighted to account for agency nonresponse. "Other" responses included financial incentives, mandatory applications, and WIC State agency's submission of application.

N = 77 WIC State agencies

Source: WIC BPI II State Agency Survey question 4

Table F.12. Approaches WIC State Agencies Used to Promote and Encourage Award Application Among 2022 WIC Breastfeeding Award of Excellence Recipients and Nonrecipients

Approach	Percentage of Local Agency Award Recipients	Percentage of Local Agency Nonrecipients	Percentage Point Difference
Actively encouraged participation	96.8	93.7	-3.1
Aided application process	87.2	78.4	-8.8
Reviewed and shared breastfeeding data with local agencies/programs	86.0	82.1	-3.8
Identified practices that lead to a successful application	81.5	81.0	-0.5

Approach	Percentage of Local Agency Award Recipients	Percentage of Local Agency Nonrecipients	Percentage Point Difference
Conducted statewide webinars or calls	61.8	57.3	-4.5
No promotion practices	0.00	0.34	0.3

Note: Excludes 743 local agencies: 250 local agencies that did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) Local Agency Survey, 437 local agencies that did not operate a peer counseling program, and 56 local agencies operating within a State did not respond to the WIC BPI II State Agency Survey. Percentages are weighted to account for local agency nonresponse. A Chi-Square Goodness of Fit Test was performed to determine whether the proportion of local agencies with the practice of interest is equal between award recipients and nonrecipients. The relationship between these variables was not statistically significant ($p < 0.001$).

$N = 1,034$ local agencies

Source: FNS website, WIC BPI II Local Agency Survey frame, and WIC BPI II State Survey question 4

Table F.13. Characteristics of Local Agencies That Received WIC Breastfeeding Award of Excellence

Characteristics		Number of Local Agency Award Recipients	Percentage of Local Agency Award Recipients	Number of Local Agency Nonrecipients	Percentage of Local Agency Nonrecipients
Local agency FNS Region	Mid-Atlantic	7	8.6	70	7.0
	Midwest	18	22.2	250	24.9
	Mountain Plains	18	22.2	170	17.0
	Northeast	10	12.4	132	13.2
	Southeast	16	19.8	166	16.6
	Southwest	9	11.1	131	13.1
	Western	3	3.7	84	8.4
Percentage of participants in local agency identifying as Native American or Alaska Native	10 percent or less	77	95.1	952	94.9
	More than 10 percent	4	4.9	51	5.1
Percentage of participants in local agency identifying as Asian, Native Hawaiian, or Pacific Islander	10 percent or less	78	96.3	943	94.0
	More than 10 percent	3	3.7	60	6.0
Percentage of participants in local agency identifying as Black or African American	10 percent or less	53	65.4	566	56.4
	More than 10 percent	28	34.6	437	43.6
Percentage of participants in local agency identifying as Hispanic ^a	10 percent or less	19	23.5	385	38.4
	More than 10 percent	62	76.5	618	61.6
Percentage of participants in local agency identifying as White	10 percent or less	9	11.1	146	14.6
	More than 10 percent	72	88.9	857	85.4
Percentage of participants in local agency identifying as multiple race	10 percent or less	68	84.0	890	88.7
	More than 10 percent	13	16.1	113	11.3
Local agency urbanicity	Metropolitan area	48	59.3	609	60.7
	Micropolitan area	19	23.5	199	19.8
	Rural area	14	17.3	195	19.4

Characteristics		Number of Local Agency Award Recipients	Percentage of Local Agency Award Recipients	Number of Local Agency Nonrecipients	Percentage of Local Agency Nonrecipients
Local agency size	Small (< 1,000)	20	24.7	334	33.3
	Medium (1,000–4,999)	38	46.9	430	42.9
	Large (5,000+)	23	28.4	239	23.8

Note: Excludes 743 local agencies: 250 local agencies that did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) Local Agency Survey, 437 local agencies that did not operate a peer counseling program, and 56 local agencies were not in WIC Participant and Program Characteristics (PC) 2022 data. Percentages may sum to more than 100 percent because of rounding. A Chi-Square Goodness of Fit Test was performed to determine whether the proportion of participants with the characteristics of interest is equal between award recipients and nonrecipients.

^a The relationship between these variables was statistically significant ($p < 0.001$)

$N = 1,003$ award nonrecipients and $N = 81$ award recipients

Source: FNS website, WIC PC 2022, and WIC BPI II Local Agency Survey question 7

Table F.14. Breastfeeding-Related Policies and Procedures Among 2022 WIC Breastfeeding Award of Excellence Recipients and Nonrecipients

Policy or Practice	Percentage of Local Agency Award Recipients	Percentage of Local Agency Nonrecipients	Percentage Point Difference
Provided training or continuing education opportunities for peer counselors	100.0	98.7	-1.3
Collaborated with community partners	96.3	96.0	-0.2
Offered live virtual peer counseling ^a	96.3	89.0	-7.3
Worked with designated breastfeeding expert(s)	90.1	84.9	-5.2
Allowed peer counselor visits outside WIC site (e.g., participants' home or hospital)	40.8	38.7	-2.1

Note: Excludes 687 local agencies: 250 local agencies that did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) Local Agency Survey and 437 local agencies that do not operate a peer counselor program. Percentages are weighted to account for agency nonresponse. A Chi-Square Goodness of Fit Test was performed to determine whether the proportion of local agencies with the practice of interest is equal between award recipients and nonrecipients.

^a Statistically significant at the $p < 0.01$ level

$N = 1,090$ local agencies: $N = 1,009$ award nonrecipients and $N = 81$ award recipients

Source: FNS website and WIC BPI II Local Agency Survey questions 6, 7, 10, 11, 12, 17