



U.S. DEPARTMENT OF AGRICULTURE



WIC Breastfeeding Policy Inventory II

Executive Summary

November 2024

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Executive Summary

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is the nation's premier public health program. WIC provides benefits such as nutritious supplemental foods; nutrition education and counseling; breastfeeding promotion and support; and referrals to healthcare and social services for pregnant, breastfeeding, and postpartum women and infants and children up to age 5. To qualify for WIC, individuals must be income eligible and deemed at nutritional risk.

Administered at the Federal level by the U.S. Department of Agriculture's (USDA) Food and Nutrition Service (FNS), WIC operates through 89 WIC State agencies (State agencies) in all 50 States, 33 Indian Tribal Organizations, the District of Columbia, and 5 territories (American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, and the U.S. Virgin Islands).¹ State agencies serve WIC participants through nearly 1,800 local agencies and 10,000 clinics.

Aligned with recommendations from the American Academy of Pediatrics (2022),² WIC supports and promotes breastfeeding as the optimal source of infant nutrition for most babies. WIC staff educate expectant and new mothers about the benefits of breastfeeding and provide support and encouragement to breastfeed throughout the infant's first year and beyond.

To address some of the common barriers breastfeeding mothers face, WIC provides access to resources including breastfeeding peer counselors, professionals such as designated breastfeeding experts (DBEs) who are trained to assess and provide counseling on complex

Key Findings

- 63 percent of WIC State agencies established criteria participants must meet to receive a single-user electric breast pump. Fewer WIC State agencies established criteria for participants to receive a multiuser electric (18 percent) or manual breast pump (9 percent).
- 71 percent of local agencies operated a peer counseling program; 42 percent of these agencies indicated they need more peer counselors to serve all participants who could benefit from this program.
- All WIC State agencies and 78 percent of local agencies used the FNS WIC Breastfeeding Curriculum to provide breastfeeding training and education to one or more types of staff.
- 83 and 32 percent of local agencies offered live one-on-one virtual breastfeeding counseling sessions by telephone and video call, respectively.
- 86 percent of WIC State agencies and 61 percent of local agencies used or promoted use of the *Learn Together. Grow Together.* campaign.
- To reduce barriers to WIC participation, WIC State and local agencies offer flexibilities and accommodations such as early morning or evening hours by appointment (76 percent of local agencies offered this).

¹As of February 2024, Indian Township Passamaquoddy no longer administers WIC, bringing the number of WIC State agencies to 88.

²American Academy of Pediatrics. (2022). *Newborn and Infant Breastfeeding*. <https://www.aap.org/en/patient-care/newborn-and-infant-nutrition/newborn-and-infant-breastfeeding>

breastfeeding issues,³ breastfeeding education and support groups, and breastfeeding aids such as breast pumps. WIC State and local agencies have considerable flexibility in how they establish policies and practices related to breastfeeding promotion and support. As a result, the breastfeeding resources available to WIC participants vary.

In the past decade, FNS launched a national breastfeeding campaign and competency-based breastfeeding training curriculum for WIC staff, WIC State and local agencies increased their use of technology to serve WIC participants, and Congress substantially increased funding for the Breastfeeding Peer Counseling Program. The WIC Breastfeeding Policy Inventory (BPI) II provides the first comprehensive update on WIC breastfeeding policies and practices since these and other important changes were implemented and the WIC BPI I report was published in 2015.⁴ WIC BPI II had three primary objectives (see text box).

Study Objectives

1. Provide a comprehensive description of breastfeeding statistics, policies, procedures, and practices at the WIC State and local agency levels, including implementation of peer counseling programs, staff training on breastfeeding, use of the national breastfeeding campaign, and best practices to improve breastfeeding initiation and duration rates.
2. Examine equity in the availability of breastfeeding support that results from local and State policies and practices.
3. Explore methods for routine collection of information on the number of WIC DBEs.

This executive summary presents select findings across four key topical areas: (1) Breastfeeding Peer Counseling Program, (2) breastfeeding support training, (3) FNS's WIC Breastfeeding Support: *Learn Together. Grow Together.* campaign, and (4) policies and practices to promote equity and inclusion. Further details on these topics, as well as additional findings not featured in this summary, can be found in the three study reports.^{5,6,7}

³ FNS defines a DBE as 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 practice: USDA. (2016). *WIC breastfeeding policy and guidance*. https://wicworks.fns.usda.gov/sites/default/files/media/document/WIC-Breastfeeding-Policy-and-Guidance_1.pdf. DBEs must meet several criteria, including the successful completion of the FNS or a State-approved competency-based training and have at least 1 year of experience in counseling breastfeeding mothers.

⁴ Forrestal, S., Briefel, R., & Mabli, J. (2015). *WIC Breastfeeding Policy Inventory*. U.S. Department of Agriculture, Food and Nutrition Service. Prepared by Mathematica Policy Research. Project Officer: Karen Castellanos-Brown. <https://www.fns.usda.gov/wic/wic-breastfeeding-policy-inventory>

⁵ For further details on WIC State agency findings, see: Gleason, S., Cassar-Uhl, D., Perez-Zetune, V., Zvavitch, P., Amaro-Rivera, K., Esposito, J., & Geller, M. (2024). *WIC Breastfeeding Policy Inventory II. State Agency Report*. Prepared by Insight Policy Research, Inc. USDA, FNS. Project Officer: Karen Castellanos-Brown.

⁶ For further details on local agency findings, see: Wroblewska, K., Zvavitch, P., Perez-Zetune, V., Amaro-Rivera, K., Gleason, S., Cassar-Uhl, D., & Geller, M. (2024). *WIC Breastfeeding Policy Inventory II. Local Agency Report*. Prepared by Insight Policy Research, Inc. USDA, FNS. Project Officer: Karen Castellanos-Brown.

⁷ For further details on WIC State and local agency use of FNS resources, see: Esposito, J., Wroblewska, K., Zvavitch, P., Gleason, S., & Cassar-Uhl, D. (2024). *WIC Breastfeeding Policy Inventory II. State and Local Agency Use of FNS Breastfeeding Resources*. Prepared by Insight Policy Research, Inc. USDA, FNS. Project Officer: Karen Castellanos-Brown.

Methods

The study team fielded the WIC BPI II State Agency Survey and the WIC BPI II Local Agency Survey between July and November 2022. Seventy-seven of 89 WIC State agencies and 1,577 of 1,777 local agencies responded to the surveys, resulting in response rates of 87 and 86 percent, respectively. The study team also used WIC State Plans, WIC State Policy and Procedure Manuals, FNS administrative data, and data from other FNS studies as data sources for WIC BPI II (see exhibit ES.1). To conduct the analysis, the study team weighted survey results to adjust for nonresponse and produced descriptive statistics. The team qualitatively analyzed responses to open-ended survey questions to identify themes and describe similarities and differences in practices among local agencies.

Exhibit ES.1. Data Sources

Collected for study purposes	Existing data sources		
WIC BPI II State Agency Survey	WIC State Policy and Procedure Manuals	FY 2022 WIC State Plan Abstraction Study	2022 WIC Breastfeeding Award of Excellence ⁸
WIC BPI II Local Agency Survey	FFCRA Local Agency Waiver Use Survey	WIC Participant and Program Characteristics 2022	FY2022 WIC Breastfeeding Data Local Agency Report

BPI = Breastfeeding Policy Inventory; FFCRA = Families First Coronavirus Response Act; FY = fiscal year

Breast Pumps and Breastfeeding Aids

Sixty-three percent of WIC State agencies established criteria participants must meet to receive a single-user electric breast pump. Fewer WIC State agencies established criteria for participants to receive a multiuser electric (18 percent) or manual breast pump (9 percent). Because single-user electric pumps are appropriate for frequent, longer term use after breastfeeding has been established, they had the most restrictive distribution practices and were generally reserved for participants who truly need them to continue providing human milk long term for their infants.

⁸ USDA. (2023). WIC Breastfeeding Award of Excellence awardees. <https://www.fns.usda.gov/wic/breastfeeding-award-excellence-awardees>

Among WIC State agencies that mentioned offering one or more pump types and specified criteria participants must meet, all offered at least one pump for which they did not have strict criteria. No WIC State agencies required criteria to be met for every pump they offer. If a participant did not meet the criteria for one type of pump, there was generally another type they could receive without meeting a required condition. Thus, the policies were likely flexible enough to ensure WIC participants who needed a pump could receive one.

Breastfeeding Peer Counseling Program

WIC established the Breastfeeding Peer Counseling Program (also referred to as peer counseling program) in 1989 to improve breastfeeding rates among WIC participants and provide social support for breastfeeding. The peer counseling program is an evidence-based model that helps pregnant and postpartum WIC participants connect with peers from their community. Breastfeeding peer counselors are paraprofessionals who have experience breastfeeding one or more of their own children and support WIC participants in meeting their breastfeeding goals by providing realistic and practical guidance (e.g., counseling) in a variety of settings. Research has shown that participation in the peer counseling program is associated with higher rates of breastfeeding initiation and duration.⁹

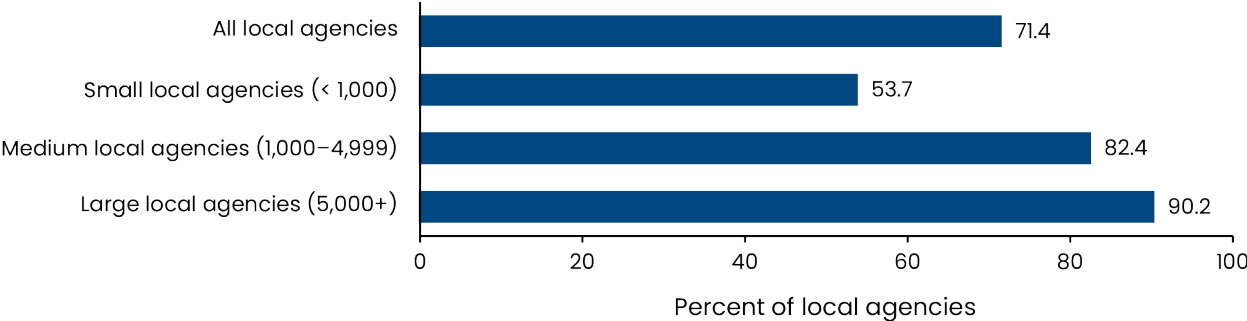
Program Availability

Over 70 percent of local agencies (71 percent; see exhibit ES.2) operated a peer counseling program in 2022. When looking at local agency size, substantially fewer small local agencies operated a peer counseling program (54 percent) compared with medium and large local agencies (82 and 90 percent, respectively). Overall, 88 percent of WIC participants were served by a local agency with a peer counseling program.¹⁰ The percentage of participants served by a local agency with a peer counseling program ranged from 78 percent among participants who identified as American Indian or Alaska Native to 90 percent among participants who identified as Black or African American.

⁹ Feltner, C., Weber, R. P., Stuebe, A., Grodinsky, C. A., Orr, C., & Viswanathan, M. (2018). *Breastfeeding programs and policies, breastfeeding uptake, and maternal health outcomes in developed countries*. U.S. Department of Human Services, Agency for Healthcare Research and Quality.

¹⁰ BPI I found that 86.4 percent of participants were served by a local agency that operated a peer counselor program (Forrestal et al., 2015).

Exhibit ES.2. Presence of Breastfeeding Peer Counseling Program, by Agency Size



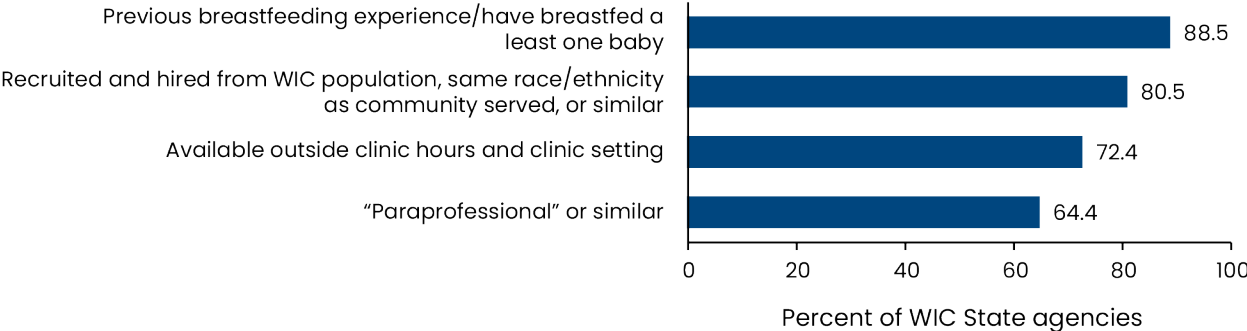
Note: Excludes 250 local agencies that did not respond to the WIC Breastfeeding Policy Inventory II (BPI II) Local Agency Survey. Results by size exclude an additional three local agencies not present in the data. See appendix tables E.2 and E.3 for more information.

N = 1,527 total local agencies; 661 small local agencies; 571 medium local agencies; 292 large local agencies
 Sources: WIC BPI II Local Agency Survey question 7, WIC Participant and Program Characteristics 2022

Peer Counselor Definition

WIC Breastfeeding Model Components for Peer Counseling (WIC Breastfeeding Model) outlines four essential elements for establishing and maintaining effective peer counseling programs within WIC (see exhibit ES.3). Based on information in their WIC State Policy and Procedure Manuals, 43 percent of WIC State agencies incorporated all four elements of the peer counselor definition from the WIC Breastfeeding Model into their WIC State agency definition.

Exhibit ES.3. WIC State Agency Use of Peer Counselor Definition Elements From the WIC Breastfeeding Model Components for Peer Counseling



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. See appendix table D.17 for more information.

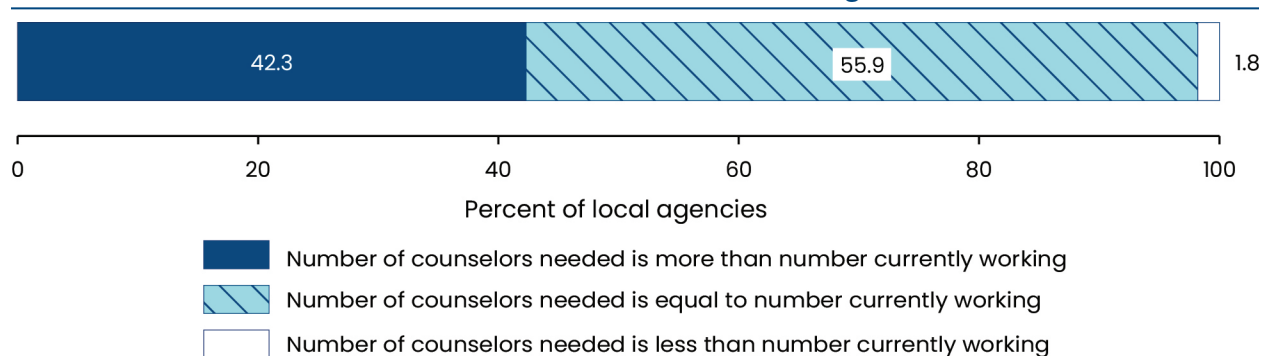
N = 87 WIC State agencies

Sources: Fiscal Year 2022 WIC State Policy and Procedure Manuals collected between June 2022 and January 2023; USDA. (n.d.). WIC breastfeeding model components for peer counseling. <https://wicworks.fns.usda.gov/topic/breastfeeding/wic-breastfeeding-model-components-peer-counseling>

Peer Counselor Staffing

WIC local agencies are responsible for hiring peer counselors. The Local Agency Survey gathered information on how many peer counselors currently work with each local agency and the respondents' opinions about the number of counselors needed to serve all clients who want to receive peer counseling services. The study team compared these two values to determine whether local agencies had enough peer counselors to meet participant need. Based on this assessment, 56 percent of local agencies had enough peer counselors, and 42 percent needed additional peer counselors (see exhibit ES.4). Less than 2 percent of local agencies had more peer counselors than needed.

Exhibit ES.4. Peer Counselor Staffing Needs



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. See appendix table E.6 for more information.

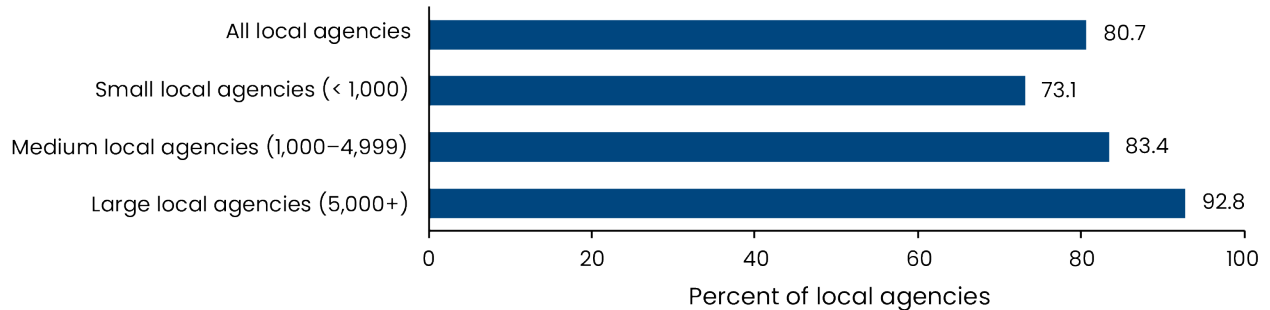
N = 1,090 local agencies

Source: WIC BPI II Local Agency Survey questions 8 and 9

Designated Breastfeeding Experts

WIC breastfeeding peer counselors are trained to work within a defined scope of practice. Their role is to provide encouragement and peer support for everyday breastfeeding questions and challenges, not to provide extensive or comprehensive clinical care if breastfeeding becomes complicated. When peer counselors encounter a participant who is experiencing complex breastfeeding problems, they are expected to yield and ideally refer the participant to a breastfeeding expert such as a WIC DBE. Eighty-one percent of all local agencies employed or worked with at least one DBE (see exhibit ES.5). Fewer small local agencies worked with a DBE (73 percent) compared with medium and large local agencies (83 and 93 percent, respectively). Eighty-five percent of local agencies with a peer counseling program worked with a DBE.

Exhibit ES.5. Presence of Designated Breastfeeding Expert, by Agency Size



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. See appendix table E.9 for more information.

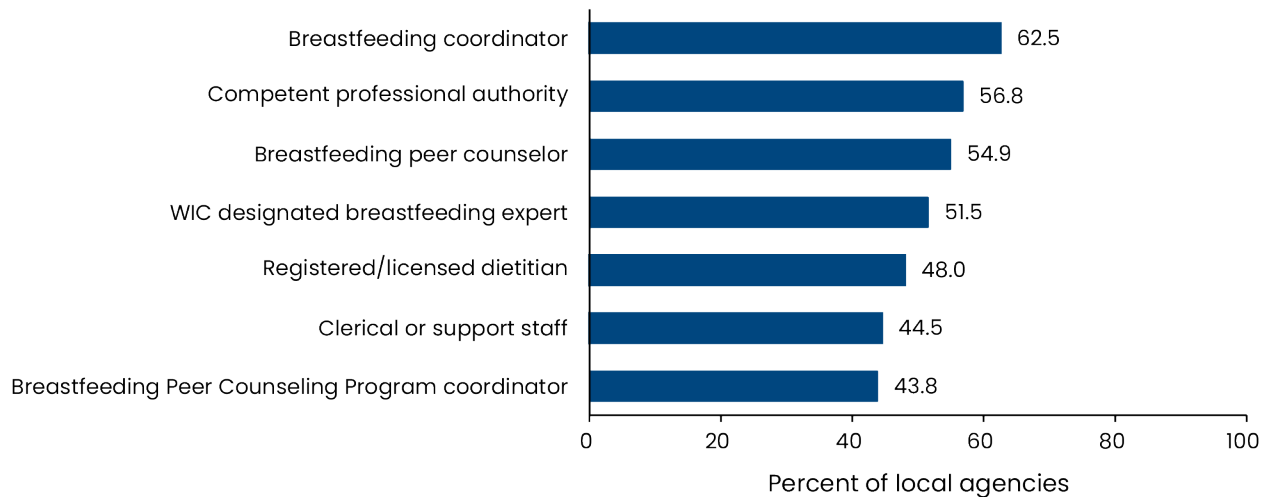
N = 1,524 local agencies; 661 small local agencies; 571 medium local agencies; 292 large local agencies

Sources: WIC BPI II Local Agency Survey question 12, WIC PC 2022

Breastfeeding Support Training

The WIC Breastfeeding Curriculum is the primary competency-based training resource developed by FNS for WIC State and local agencies. The curriculum contains content relevant to all WIC staff positions because all WIC staff should be trained to promote and support breastfeeding. This helps build a strong breastfeeding culture within WIC and ensure all mothers receive information and support to meet their breastfeeding goals. According to information in FY 2022 WIC State Plans, all WIC State agencies used the curriculum to train State and local agency staff. More than three-quarters of Local Agency Survey respondents (78 percent) reported using the curriculum to provide breastfeeding training and education to one or more types of staff. Most frequently, local agencies reported using the FNS WIC Breastfeeding Curriculum to train their breastfeeding coordinators (63 percent; see exhibit ES.6).

Exhibit ES.6. WIC Local Agency Use of FNS WIC Breastfeeding Curriculum to Train Staff, by Position



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. See appendix table F.2 for more information.

N = 1,527 local agencies

Source: WIC BPI II Local Agency Survey question 3





Local agencies commonly used other FNS resources, such as WIC Online Learning Modules (68 percent) and the WIC breastfeeding website (64 percent) to train staff. Many local agencies (62 percent) used other breastfeeding resources, such as materials from other Federal agencies (e.g., the Centers for Disease Control and Prevention), their WIC State agency, nonprofits and other community organizations (e.g., breastfeeding networks and coalitions, the American Academy of Pediatrics), and private companies (e.g., consultants, continuing education providers) to train staff.

Live Virtual Breastfeeding Services

In spring 2021, FNS fielded a survey to understand how local agencies were providing WIC services to participants before and during the COVID-19 public health emergency (i.e., before and after March 2020). The Local Agency Survey captured local agency use of virtual breastfeeding counseling and support services in the later stages of the COVID-19 public health emergency. Exhibit ES.7 depicts trends in local agency use of live virtual breastfeeding services across these time periods. Before the COVID-19 public health emergency, most local agencies offered live one-on-one counseling sessions by telephone (62 percent); few local agencies offered live one-on-one counseling sessions by video call or live group counseling sessions by telephone or video call. In the early stages of the COVID-19 public health

emergency, local agency use of all four types of live virtual breastfeeding services increased. Of the four types offered, only live group counseling sessions by telephone decreased in availability by the later stages of the COVID-19 public health emergency.

Exhibit ES.7. Local Agency Provision of Live Virtual Breastfeeding Counseling and Support Before and Throughout the COVID-19 Public Health Emergency

Remote Activity	Percentage of Local Agencies			Trend
	Before Covid-19	March–April COVID-19	August–November 2022	
Live one-on-one counseling sessions by telephone (N = 1,459)	62.4	84.9	83.2	
Live one-on-one counseling sessions by video call (N = 1,456)	5.8	30.4	31.6	
Live group counseling sessions by video call (N = 1,453)	2.1	20	20.7	
Live group counseling sessions by telephone (N = 1,452)	3	8.1	3.4	

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 Survey but did not respond to the specific question 24 subitems. Percentages are weighted to account for agency nonresponse. See appendix table E.12 for more information.

Sources: WIC Waivers Local Agency Survey question 24, WIC BPI II Local Agency Survey question 17

Almost all participants were served by a local agency that offered live virtual breastfeeding services (95 percent). Availability was lowest among participants who identified as Native Hawaiian or other Pacific Islander (85 percent) and highest among participants who identified as Asian (98 percent).

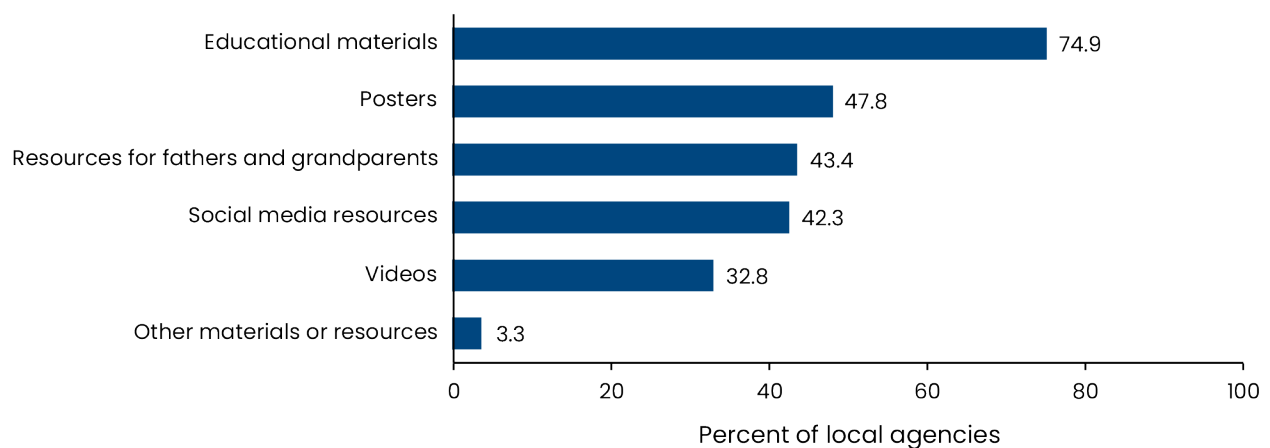
Need for Further Support

Though the use of live virtual services remained high among local agencies in the later stages of the public health emergency, and nearly all participants were served by these agencies, findings from both the State and the local agency surveys suggest further resources are needed to bolster virtual breastfeeding services. Approximately 81 percent of WIC State agencies indicated they need training or resources on how to effectively engage or share program materials with participants in a virtual setting. Only about half of local agencies (50 percent) reported their staff have access to training on how to provide breastfeeding support and counseling in a virtual setting. Additional training and resources are needed to help WIC State and local agency staff understand which WIC services are most suited to virtual provision and how to best engage with participants virtually.

WIC Breastfeeding Support: *Learn Together. Grow Together.* Campaign

WIC Breastfeeding Support: *Learn Together. Grow Together.* is a national social marketing campaign and tagline grounded in formative research on the needs of and knowledge gaps among new and expectant WIC mothers. Its purpose is to encourage and support breastfeeding among WIC participants.¹¹ The campaign promotes existing resources, newly developed branded resources (e.g., videos, handouts, a social media toolkit), and training resources (e.g., the FNS WIC Breastfeeding Curriculum). Over 85 percent of WIC State agencies (86 percent) and 61 percent of local agencies promoted the *Learn Together. Grow Together.* campaign. Local agencies most commonly reported using campaign educational materials (75 percent; see exhibit ES.8).

Exhibit ES.8. Local Agency Use of *Learn Together. Grow Together.* Campaign Materials and Resources



Note: Excludes 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 campaign materials. Percentages may sum to more than 100 percent because responses are not mutually exclusive. Percentages are weighted to account for agency nonresponse. See appendix table F.6 for more information.

N = 932 local agencies

Source: FNS website and WIC BPI II Local Agency Survey question 16

Practices to Promote Equity and Inclusion

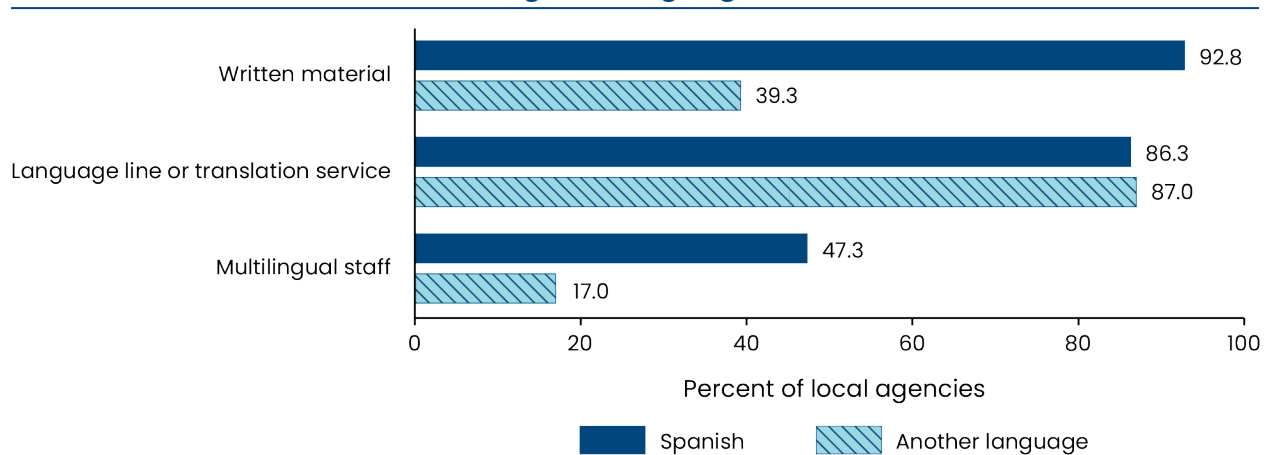
Within the parameters set by their WIC State agency, local agencies have the flexibility to adopt policies and practices they believe will best meet the needs of their participants. These flexibilities enable local agencies to decide how to best use their staff and resources to meet the needs of their participants. However, differences in the implementation of these practices may result in variation in how participants perceive and experience WIC.

¹¹ USDA (U.S. Department of Agriculture). (n.d.). *About WIC breastfeeding support and formative research findings.* <https://wicbreastfeeding.fns.usda.gov/about-wic-breastfeeding-support-and-formative-research-findings>

Meeting Needs of Participants With Limited English Proficiency

Federal nondiscrimination laws require WIC State agencies to provide all individuals with “meaningful access” to their programs.¹² In areas with a high proportion of residents with limited English proficiency, WIC State agencies receiving Federal financial assistance from USDA must provide key written information in the appropriate language, make available multilingual staff or translators, and communicate all rights and responsibilities in the appropriate language to applicants.¹³ Most commonly, WIC State agencies indicated in their State Plans that they use multilingual staff to serve WIC participants who speak Spanish (55 percent). These percentages generally tracked with what local agencies reported in the Local Agency Survey. Nearly half of local agencies said they employ Spanish-speaking multilingual staff (47 percent; see exhibit ES.9), while only 17 percent said they employ multilingual staff who speak another language. Most frequently, local agencies reported using a language line or translation services to accommodate the needs and preferences of participants who speak another language.

Exhibit ES.9. Local Agencies With Multilingual Staff and Non-English Language Resources



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. “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). See appendix table E.15 for more information.

N = 1,527 local agencies

Source: WIC BPI II Local Agency Survey question 23

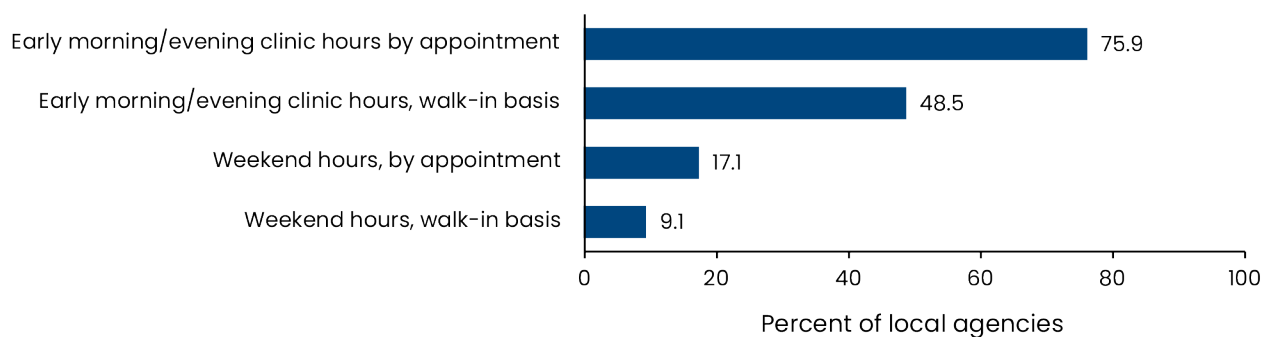
¹² See Title 42—The Public Health and Welfare, Chapter 21—Civil Rights, Subchapter V—Federally Assisted Programs, 42 U.S.C. 2000d-2000d-7.

¹³ USDA. (2014). *Guidance to Federal financial assistance recipients regarding the Title VI prohibition against national origin discrimination affecting persons with limited English proficiency*, 79 F.R. 70771.

Meeting the Needs of Participants Who Are Employed

WIC participants who are employed may face barriers to accessing WIC. They may have a work schedule that overlaps with WIC clinic hours and face challenges or hardships taking time off work to attend an appointment. To alleviate these barriers, WIC State agencies may authorize local agencies to offer hours outside the normal business day. The flexibilities WIC State agencies most frequently authorize align with local agency practices. About three-quarters of local agencies provided services during early morning or evening hours by appointment, and about half provided these hours on a walk-in basis (see exhibit ES.10).

Exhibit ES.10. Alternative Hours Local Agencies Offer to Accommodate Participants Who Are Employed



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. The alternative hours local agencies offered may be virtual or in-person; the survey questions did not specify delivery mode. See appendix table E.16 for more information. *N* = 1,527 local agencies

Source: WIC BPI II Local Agency Survey question 22

Conclusion

WIC agencies have the flexibility to establish breastfeeding policies and practices as long as they align with Federal guidance. This flexibility enables agencies to operate WIC locally in a way that works given their staff resources and the populations they serve. Over the past decade, WIC has undergone important changes that affect how WIC State and local agencies promote and support breastfeeding. Designed to minimize burden, WIC BPI II provides the first comprehensive update on WIC breastfeeding policies, procedures, and practices since these changes were implemented and the WIC BPI I report was published in 2015. Although a rich source of descriptive data is an important first step toward understanding the availability of WIC breastfeeding resources and supports, more work is needed to understand why WIC State and local agencies make the choices they do and how these policy decisions and practices impact participants' experiences and their breastfeeding outcomes.