



U.S. DEPARTMENT OF AGRICULTURE



WIC Breastfeeding Policy Inventory II

*State and Local Agency Use of
FNS Breastfeeding Resources*

November 2024

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Chapter 1. Introduction

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides benefits such as nutritious supplemental foods; nutrition education and counseling; breastfeeding promotion and support; and referrals to healthcare and social services to income-eligible pregnant, breastfeeding, and postpartum¹ women and infants and children up to age 5 who are at nutrition risk. The U.S. Department of Agriculture's (USDA) Food and Nutrition Service (FNS) administers WIC at the Federal level.² In fiscal year (FY) 2022, FNS provided grants to 89 WIC State agencies to operate WIC in all 50 States, 33 Tribal Organizations, the District of Columbia, and 5 territories (American Samoa, Puerto Rico, Guam, the Northern Mariana Islands, and the U.S. Virgin Islands). Established to counteract the negative effects of poverty on prenatal and pediatric health, WIC served 7 million women, infants, and children in April 2022. For FY 2022, Congress appropriated \$6 billion for WIC.

Breastfeeding is a priority for WIC. Aligned with recommendations from the American Academy of Pediatrics (2022), WIC supports and promotes breastfeeding as the optimal source of infant nutrition for most babies. WIC State and local agencies 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.

In 2021, FNS contracted with Insight Policy Research (now Westat Insight) to conduct the *WIC Breastfeeding Policy Inventory II* (WIC BPI II). WIC BPI II provides a comprehensive description of breastfeeding statistics, policies, procedures, and practices at the WIC State and local agency levels, with a special focus on equity (see text box for the study objectives). *WIC BPI II: State and Local Agency Use of FNS Breastfeeding Resources* is one of three reports produced for WIC BPI II; companion reports describe breastfeeding policies and practices at the WIC State and local agency levels, including those focused on promoting equity and inclusion.^{3,4}

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 designated breastfeeding experts (DBEs).

¹ Current WIC regulations allow food packages to be prescribed to women up to 6 months postpartum who are not breastfeeding or minimally breastfeeding; these women are included in the definition of postpartum women in this report. See 7 C.F.R. 246 (Special Supplemental Nutrition Program for Women, Infants, and Children, 1985).

² See 7 C.F.R. 246 (Special Supplemental Nutrition Program for Women, Infants, and Children, 1985).

³ 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 U.S. Department of Agriculture, Food and Nutrition Service. Project Officer: Karen Castellanos-Brown.

⁴ 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. U.S. Department of Agriculture, Food and Nutrition Service. Project Officer: Karen Castellanos-Brown.

A. Background

In the United States, breastfeeding rates have increased overall in recent years. Several factors created a more supportive environment for breastfeeding and have likely contributed to these increases, including campaigns designed to build awareness about the benefits of breastfeeding, a cultural shift toward normalizing breastfeeding, policy changes that protect a mother's right to breastfeed in public, and improved workplace accommodations for breastfeeding mothers. The benefits of breastfeeding for both mothers and their infants are well-documented. Breastfed infants have a lower risk of obesity, type 1 diabetes, infections, and sudden infant death syndrome (Victora et al., 2016; Li et al., 2022; Thompson et al., 2017). Breastfeeding mothers have a lower risk of hypertension, type 2 diabetes, and breast and ovarian cancer (Victora et al., 2016; Feltner et al., 2018). As more evidence accumulates, it reinforces the importance of breastfeeding.

Despite an overall increase in breastfeeding, disparities by race and ethnicity, income, educational attainment, and maternal age persist (CDC, 2023; Haas et al., 2022). For example, national data consistently show that non-Hispanic Black women and infants experience lower breastfeeding initiation and duration rates than other racial and ethnic groups (Beauregard et al., 2019; Chiang et al., 2021). Many women experience numerous barriers to breastfeeding. However, some barriers are more common among women from historically underrepresented groups. These barriers include less family and social support for breastfeeding, the need for prompt return to work after childbirth, and more limited access to information that promotes and supports breastfeeding (Jones et al., 2015). Understanding the root causes and structural factors contributing to disparities in breastfeeding outcomes may help address these disparities and promote health equity (see text box).

Health Equity

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

(Braverman et al., 2018)

Breastfeeding promotion and support are core components of the nutrition services WIC provides. To address some of the common barriers breastfeeding mothers face, WIC provides breastfeeding education and support groups, breastfeeding aids such as breast pumps, and social support through its Breastfeeding Peer Counseling Program (peer counseling program). 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. Peer counselors can also refer breastfeeding participants to professionals such as WIC designated breastfeeding experts (DBEs) who are trained to assess and provide counseling on complex breastfeeding issues.⁵ Research has shown that participation in the peer counseling program is associated with higher rates of breastfeeding initiation and duration (Feltner et al., 2018).

⁵ 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). 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.

State and local WIC 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 across State and local agencies. Recently published research found the odds of breastfeeding were higher among participants at WIC sites that had access to a peer counseling program, had access to an International Board Certified Lactation Consultant⁶ (IBCLC), made postnatal home visits,⁷ allowed any staff member to provide breast pump education, or had a policy not to provide formula during the first 30 days postpartum (Gleason et al., 2020). The odds of breastfeeding increased with each additional support present at the site. These findings suggest structural factors, such as staffing decisions and the distribution of peer counseling funds, may help or hinder WIC participants' breastfeeding outcomes.

B. Prior Study and Recent Programmatic Changes

In 2015, FNS completed WIC BPI I, which provided a broad snapshot of breastfeeding practices, policies, and procedures across State and local agencies (Forrestal et al., 2015). Researchers used data collected from a survey of all WIC State and local agencies and WIC Participant and Program Characteristics (WIC PC) 2012 data to prepare a comprehensive final report of study findings.

Since the publication of the WIC BPI I report, WIC has undergone important changes that may affect how WIC State and local agencies promote and support breastfeeding. For example, FNS developed and rolled out new WIC breastfeeding resources for State and local agencies; the COVID-19 public health emergency and USDA's waiver authority led to increased use of technology to communicate with and educate WIC participants; and, for the first time, Congress fully funded the Breastfeeding Peer Counseling Program at \$90 million.

Given these programmatic changes and additional investments in WIC breastfeeding promotion and support, FNS conducted WIC BPI II to understand the state of WIC breastfeeding policies and practices in FY 2022. By systematically collecting and disaggregating data from a census of WIC State and local agencies, WIC BPI II helps illuminate the role WIC breastfeeding policies and practices can play in ensuring equitable services and support.

C. Focus of This Report

This report describes the relevance and use of resources developed and maintained by FNS to equip WIC staff to promote and support breastfeeding among new and expectant mothers. A description of each resource follows.

- ▶ **FNS WIC Breastfeeding Curriculum.** WIC published a competency-based curriculum for all staff who provide breastfeeding promotion and support to participants.⁸ All WIC staff must complete the first level of training, which emphasizes the importance of breastfeeding and the basics of breastfeeding promotion in the WIC community. Each successive learning tier offers training on more complex aspects of providing breastfeeding support. The highest level of training (Level 4),

⁶ These IBCLCs may be designated breastfeeding experts but were not described as such in the cited research article.

⁷ WIC State and local agencies determine whether peer counselors can visit participants in their homes. Home visits can be reassuring to mothers with breastfeeding concerns, help family members see how they can support breastfeeding, and provide peer counselors with valuable insights about the mother's home environment that may influence her breastfeeding success.

⁸ For more information on the FNS WIC Breastfeeding Curriculum, see <https://wicworks.fns.usda.gov/topic/breastfeeding/wic-breastfeeding-curriculum>.

designed for WIC DBEs, provides information on supporting mothers with breastfeeding challenges within the scope of WIC.

- ▶ **WIC Breastfeeding Support: *Learn Together. Grow Together.* Campaign.** The *Learn Together. Grow Together.* social marketing campaign encourages WIC participants to breastfeed. Campaign resources include posters, videos, educational materials, resources for family members, and a social media toolkit for WIC State and local agencies. The purpose of these resources is to provide information to participants in any stage of their breastfeeding journey and advertise the resources offered through WIC that can provide support. WIC State and local agencies can choose to use and promote the materials that are the most useful and relevant to the communities and participants they serve.
- ▶ **WIC Breastfeeding Award of Excellence Program.** FNS established the WIC Breastfeeding Award of Excellence program to recognize WIC local agencies that have provided effective breastfeeding support and promotion activities to their participants. The award recipients serve as models and examples of success for other local agencies. To be eligible, WIC local agencies must have a Breastfeeding Peer Counseling Program in operation for at least 1 year and must meet all required core components of the WIC Breastfeeding Model for Peer Counseling.⁹ In addition to meeting the eligibility requirements, local agencies must apply for the award to be considered. FNS recognizes local agencies at three levels: Gold, Premiere, and Elite. In FY 2022, 127 local agencies applied for the award. FNS awarded 85 WIC local agencies, including 2 Tribal Organizations, the Gold award and 12 the Premiere award. FNS did not award any local agencies the highest level of recognition, the Elite award.¹⁰

Findings presented in this report are based on data collected from WIC State and local agencies and may help inform updates to the breastfeeding resources and supports FNS provides to WIC State and local agencies.

⁹ Core components consist of appropriate definition of a peer counselor; designated Breastfeeding Peer Counseling Program managers and/or coordinators at the State and/or local level; defined scope of practice for peer counselors limited to supporting normal breastfeeding; written job descriptions for peer counselors; compensation and reimbursement of peer counselors; training of WIC State/local peer counseling management, supervisory, and clinic staff using FNS-developed training curricula; establishment of standardized Breastfeeding Peer Counseling Program policies and procedures at the State and local levels as part of an agency nutrition education plan; adequate supervision and monitoring of peer counselors; and establishment of community partnerships to enhance the effectiveness of a WIC peer counseling program. The core components also specify that support of peer counselors includes training and continuing education of peer counselors using FNS-developed curricula; timely access to a WIC DBE for assistance with problems outside peer counselor scope of practices; regular, systemic contact with supervisor; participation in clinic staff meetings as part of the WIC team; and opportunities for continuing education and regular meetings with other peer counselors. For more information, see <https://wicworks.fns.usda.gov/topic/breastfeeding/wic-breastfeeding-model-components-peer-counseling>.

¹⁰ For more information about the program and awardees, see <https://www.fns.usda.gov/wic/breastfeeding-award-excellence-program>.

D. Approach

This report provides a comprehensive description of the ways WIC State and local agencies used select FNS breastfeeding resources. See appendix A for the full listing of WIC BPI II research questions and more details on the study approach. Throughout the study and in preparing this report, the team applied culturally responsive and equitable evaluation approaches (see text box).

Culturally Responsive and Equitable Evaluation Approaches Applied to This Study

- Used asset-based language and avoided “othering”
- Focused on structural factors (e.g., the availability of breastfeeding resources) that may limit participants’ ability to achieve desired outcomes
- Promoted inclusion by engaging a technical working group with representatives from groups that may be affected by this work (e.g., WIC State agencies, local agencies, participants)
- Discussed findings in the context of structural factors
- Disseminated findings in plain language through formats accessible to members of the communities of interest

1. Data Sources

The team used two WIC State agency-level data sources, two local agency-level data sources, and one participant-level data source to prepare this report (table 1.1). All data sources were collected in or current as of FY 2022.

Table 1.1. Overview of Data Sources Used to Prepare Report

Level of Observation	Source	Nature of Information	Universe
WIC State agency	WIC BPI II State Agency Survey	Fielded in fall 2022 and captured current or future-oriented information about WIC State agency breastfeeding policies and practices not available from other sources	77 of 89 WIC State agencies responded to survey
	FY 2022 WIC State Plans	Captured policy information provided by WIC State agencies to FNS on how agency plans to operate WIC for current fiscal year	89 WIC State agencies
Local agency	WIC BPI II Local Agency Survey	Fielded in fall 2022 and captured current or future-oriented information about local agency breastfeeding policies and practices not available from other sources	1,523 of 1,777 WIC local agencies responded to survey
	WIC Breastfeeding Award of Excellence	List of local agencies that received recognition for increased breastfeeding rates as result of strong breastfeeding support activities	87 local agencies that received award in FY 2022 ¹
	WIC Participant and Program Characteristics FY 2022	Participant-level data (e.g., race, income, breastfeeding status) from April 2022 aggregated to the local agency level	1,771 local agencies in the PC 2022 file were also in the WIC BPI II Local Agency Survey frame

BPI = Breastfeeding Policy Inventory; FY = fiscal year

¹ A total of 97 local agencies received an award in FY 2022; 87 of them were on the WIC BPI II Local Agency Survey frame and 10 were not included in the survey frame as they were either listed as closed in the WIC Local Agency Directory or listed as a site rather than a local agency.

2. Analysis

The study team produced descriptive statistics using SAS® software and weighted all WIC State agency survey results to adjust for survey nonresponse.¹¹ The team qualitatively analyzed responses to open-ended survey questions to identify key themes and describe similarities and differences in policies among the WIC State and local agencies. The team also reviewed “other, specify” responses to identify common and potentially innovative approaches. Descriptions of the data preparation steps follow:

- ▶ **Cleaned survey data** by applying consistency edits, set outliers to missing, checked that responses followed the survey skip logic, and created new analytic variables.
- ▶ **Created analytic files**, which includes responses to the WIC BPI II State Agency Survey and State-level data abstracted from State Plans ($N = 89$).¹² The local agency analytic file ($N = 1,777$) includes responses to the WIC BPI II Local Agency Survey and Breastfeeding Award of Excellence data.¹³ The WIC PC participant-level file ($N = 6,800,619$) contains data for each participant certified to receive WIC in April 2022; the study team merged local agency survey and WIC Breastfeeding Award of Excellence data to this participant-level file to enable analysis with the participant as the unit of observation.
- ▶ **Conducted nonresponse bias analysis** for the WIC State and local agency surveys to assess any differences between respondents and nonrespondents by agency characteristics and FNS Region.
- ▶ **Created survey weights** to account for nonresponse in the WIC State agency survey. The team created a weight adjustment based on the total number of WIC State agencies in each FNS Region divided by the number of WIC State agency respondents. To account for nonresponse in the local agency survey, the 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 respondents.

¹¹ SAS and all other SAS Institute Inc. product or service names are registered trademarks or trademarks of SAS Institute Inc. in the USA and other countries. ® indicates USA registration.

¹² The State agency analytic file also includes data abstracted from WIC State Policy and Procedure Manuals. However, these data were not used for this report.

¹³ The local agency analytic file also includes WIC PC 2022 data, Families First Coronavirus Response Act WIC waivers data, and FNS-798 data. However, these data were not used for this report.

Chapter 2. Resources Used to Train WIC State and Local Agency Staff

FNS develops and updates trainings and other resources to ensure WIC State and local agency staff provide WIC participants with at least a minimum standard of service. According to the WIC BPI II Local Agency Survey, 94.9 percent of local agencies used at least one of the following FNS-developed resources to train WIC staff (result not shown):

- ▶ **FNS WIC Breastfeeding Curriculum:** a series of four training tiers providing competency-based learning for all levels of WIC positions¹⁴
- ▶ **WIC Works WIC Learning Online (WLOL) modules:** free learning modules, available to all WIC staff and professionals, with information about effective and inclusive WIC service delivery¹⁵
- ▶ **FNS WIC breastfeeding website:** information about breastfeeding concerns and support materials for WIC participants, caregivers, and WIC staff¹⁶

To understand alternative resources used to train local agency breastfeeding staff, the local agency survey included an “Other (i.e., Non-FNS) Breastfeeding Training” response option. This provided respondents with the opportunity to note breastfeeding staff positions for which they use materials other than those specified in the survey, list other resources they use to train staff, and elaborate on why they use these alternative materials.

A. FNS WIC Breastfeeding Curriculum

The FNS 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. According to information available in FY 2022 WIC State Plans, all WIC State agencies used the curriculum to train State and local agency staff (see appendix table F.1). More than three-quarters of local agency survey respondents (77.8 percent) reported using the curriculum to provide breastfeeding training and education to one or more types of staff (see appendix table F.2).

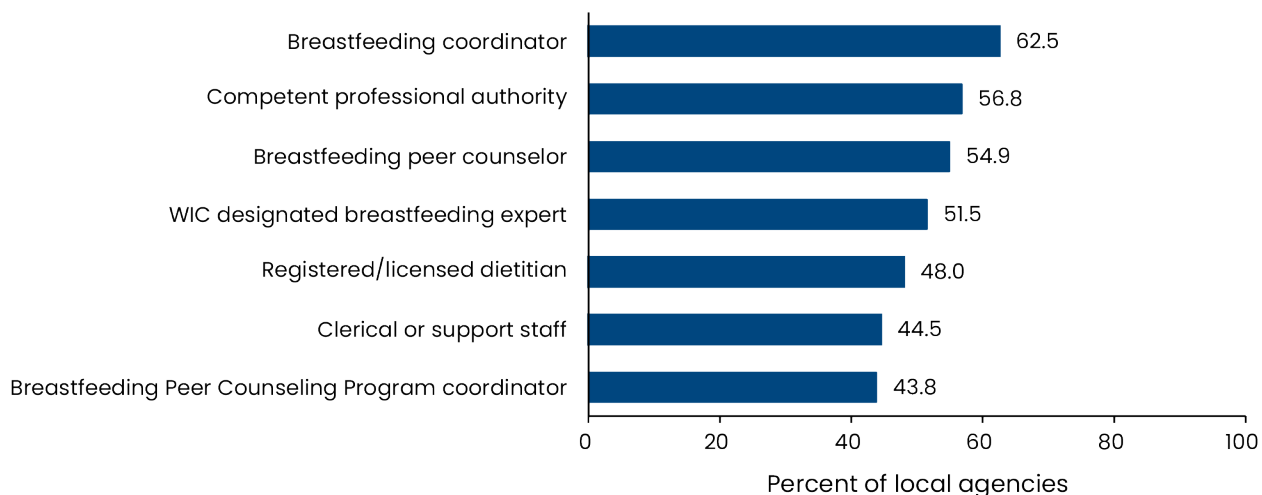
Almost two-thirds of local agencies (62.5 percent) used the FNS WIC Breastfeeding Curriculum to provide training to breastfeeding coordinators (figure 2.1). Over half of local agencies used the curriculum to train competent professional authorities (CPAs; 56.8 percent), breastfeeding peer counselors (54.9 percent), and WIC DBEs (51.5 percent).

¹⁴ For more information about the FNS WIC Breastfeeding Curriculum, see <https://wicworks.fns.usda.gov/topic/breastfeeding/wic-breastfeeding-curriculum>.

¹⁵ For more information about the learning modules, see <https://wicworks.fns.usda.gov/resources/wic-learning-online-wlol>.

¹⁶ For more information about the website, see <https://wicbreastfeeding.fns.usda.gov/>.

Figure 2.1. 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

About 22 percent of local agency survey respondents indicated they did not use the FNS WIC Breastfeeding Curriculum (result not shown). When asked why, local agencies provided the following reasons in open-ended responses:

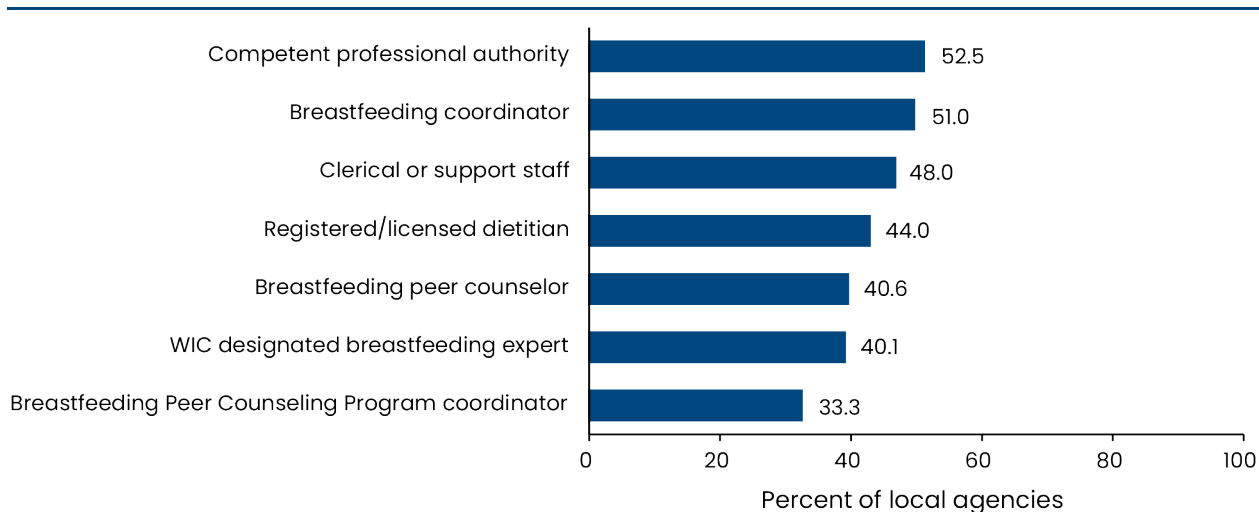
- ▶ **Lack of awareness:** Local agencies most frequently indicated they did not use the curriculum because they were unaware or unfamiliar with it. Some of these survey respondents explained they were new to WIC or to their position, which may explain why they had not heard of it. Other local agencies may have been unfamiliar with the FNS WIC Breastfeeding Curriculum because survey data collection coincided with FNS’s rebranding of the staff training and the sunset period for the *Grow and Glow in WIC* training from October 2021 to November 2023.
- ▶ **Use of only State-approved training:** Local agencies commonly reported they only completed training offered or required by their WIC State agency. Some of these respondents noted it was possible their WIC State agency training *was* the FNS Breastfeeding Training Curriculum or informed by it.
- ▶ **Lack of time or resources:** A small group of local agencies indicated they did not use the curriculum because of limited time or staff resources, trouble accessing the resources, staff preference, or because they used other FNS resources.

Lastly, some respondents indicated they did actually use the FNS WIC Breastfeeding Curriculum, used it in the past, or planned to use it in the future. Some of these local agencies might not have had information about curriculum use at the level of detail (i.e., for each staff role) requested in the survey and were therefore recorded as not using the curriculum.

B. WIC Works WIC Learning Online Modules

WLOL provides free online training courses for all levels of staff and professionals in the WIC community. These courses are not specific to breastfeeding and cover various topics tailored to the WIC environment, such as the basics of WIC; enhancing communication with participants; and the promotion of diversity, equity, and inclusion in the WIC workplace. Over two-thirds of local agencies (67.6 percent; figure 2.2) reported using WLOL to train one or more types of staff (see appendix table F.2). Over half of local agencies reported using the modules to train CPAs (52.5 percent) and WIC breastfeeding coordinators (51.0 percent).

Figure 2.2. WIC Local Agency Use of WIC Works WIC Online Learning Modules 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.

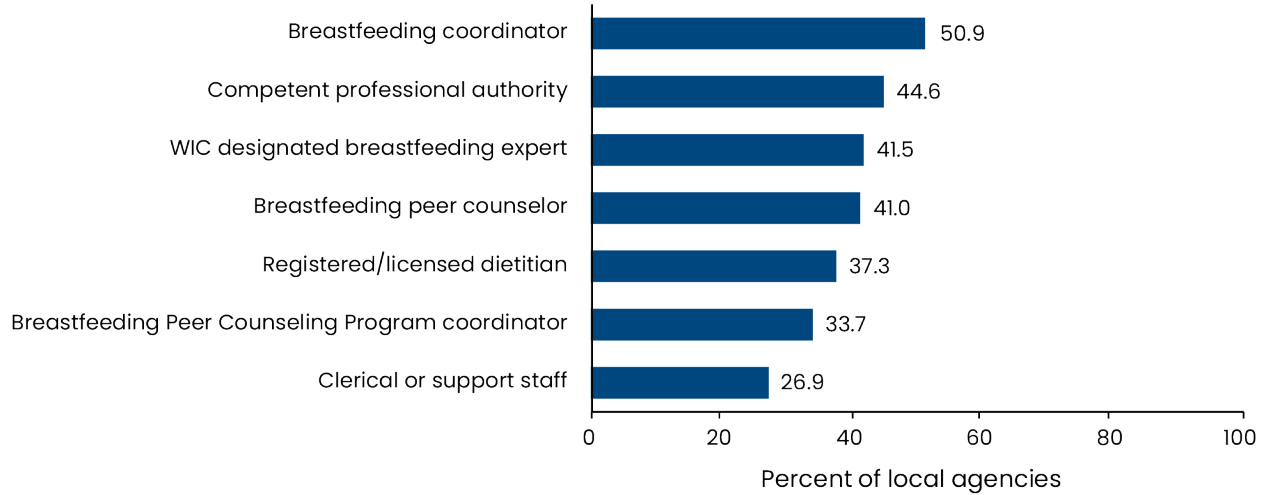
N = 1,527 local agencies

Source: WIC BPI II Local Agency Survey question 3

C. FNS WIC Breastfeeding Website

FNS hosts the WIC breastfeeding website to disseminate breastfeeding support resources and information to the WIC community. The website provides information about basic breastfeeding concerns for new and expectant mothers and their families and promotional materials for WIC staff to distribute to participants in clinics. WIC staff can use WIC breastfeeding website materials to learn more about the common breastfeeding issues WIC participants face and how to provide support in these situations. Almost two-thirds of local agencies (63.9 percent) reported using the FNS WIC breastfeeding website to train one or more types of staff (see appendix table F.2). Local agencies most commonly used the website resources to train WIC breastfeeding coordinators (50.9 percent) and CPAs (44.6 percent; figure 2.3).

Figure 2.3. WIC Local Agency Use of WIC Breastfeeding Website 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.

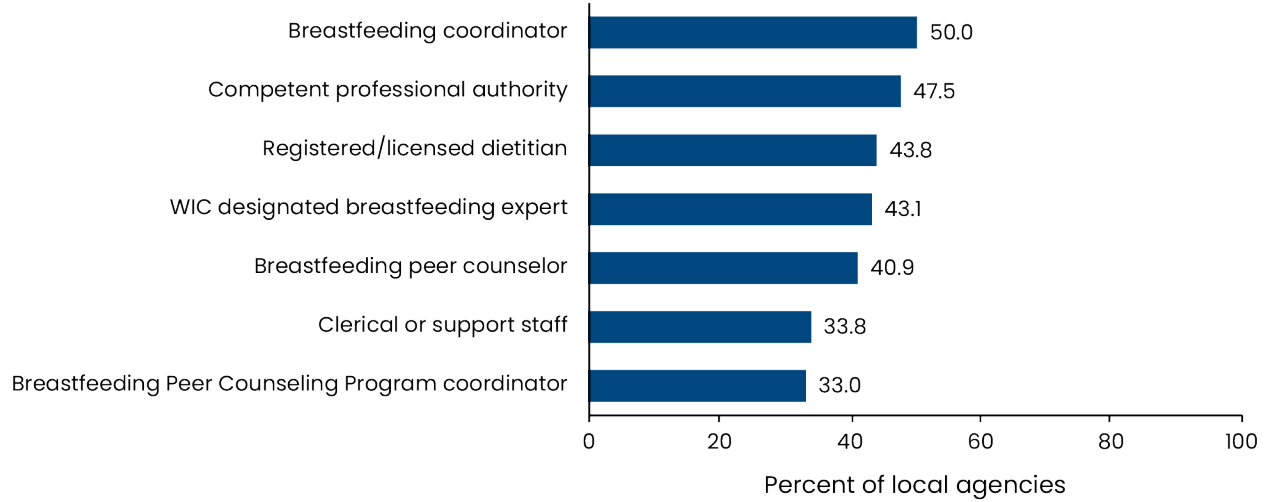
N = 1,527 local agencies

Source: WIC BPI II Local Agency Survey question 3

D. Other Resources

Almost two-thirds of local agencies (62.0 percent) reported using resources other than the FNS WIC Breastfeeding Curriculum, WLOL, and the FNS WIC breastfeeding website to train staff (see appendix table F.2). Most commonly, local agencies reported training breastfeeding coordinators (50.0 percent), CPAs (47.5 percent), and registered dietitians (43.8 percent) using other materials (figure 2.4).

Figure 2.4. WIC Local Agency Use of Other Breastfeeding Resources 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 described in open-ended responses other breastfeeding resources they used to train staff. They primarily reported using materials from four broad sources: (1) Federal agencies (e.g., FNS, the Centers for Disease Control and Prevention); (2) their WIC State agency; (3) nonprofits and other community organizations (e.g., national associations, breastfeeding networks and coalitions, the American Academy of Pediatrics); and (4) private companies (e.g., breast pump manufacturers, consultants, continuing education providers). Local agencies reported attending conferences, webinars, in-person classes, and trainings; watching YouTube videos from reputable sources; and using printed materials such as handouts and books.

Chapter 3. 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 mothers¹⁷ (USDA, n.d.-a). FNS developed and rolled out the campaign in 2018 to replace *Loving Support Makes Breastfeeding Work*. To support campaign rollout, starting in 2020, FNS provided seven WIC State agencies with campaign implementation and evaluation technical assistance (USDA, n.d.-b).

The *Learn Together. Grow Together.* campaign encourages and supports breastfeeding among WIC participants. It promotes existing resources (e.g., Breastfeeding Peer Counseling Program), newly developed branded resources (e.g., videos, handouts, posters, educational materials, a social media toolkit), and training resources (e.g., the FNS WIC Breastfeeding Curriculum). WIC State and local agencies select and use resources that are relevant for the communities they serve.

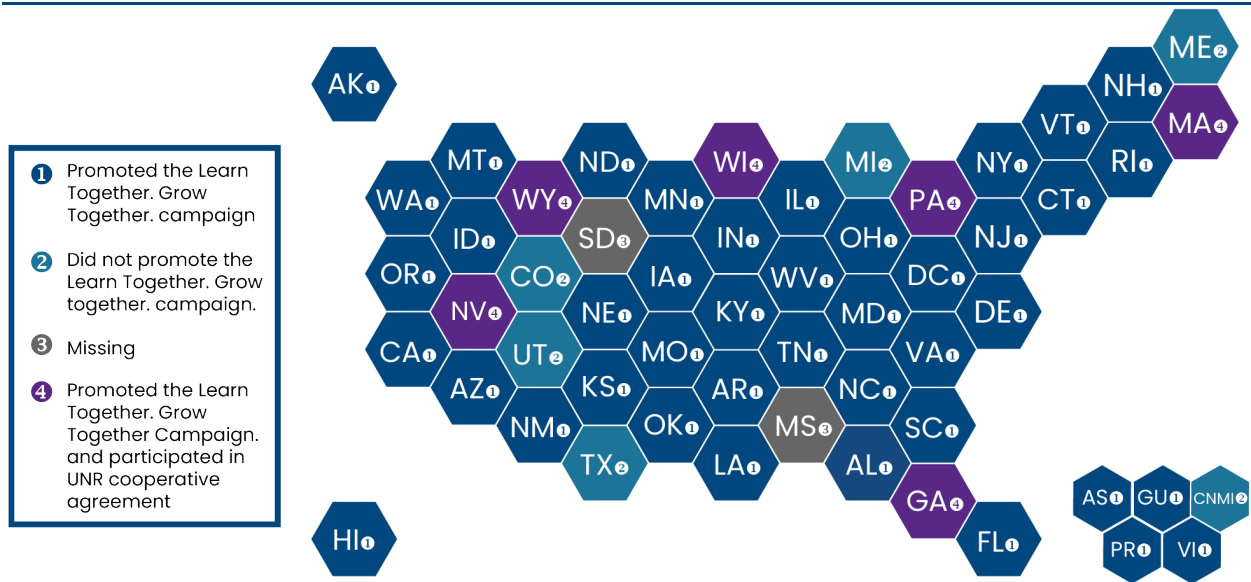
The WIC BPI II surveys gathered information about the ways WIC State and local agencies promoted and used the campaign, the challenges WIC State agencies faced when implementing the campaign, and any campaign outcomes they assessed. The surveys were fielded in the summer and fall of 2022, around the time FNS started branding its breastfeeding training resources (e.g., the FNS WIC Breastfeeding Curriculum) with the *Learn Together. Grow Together.* tagline. Responses to the open-ended campaign-focused survey questions indicate some agencies may have responded based on their experience using the FNS breastfeeding training rather than campaign materials. For example, in response to questions about challenges implementing the campaign, WIC State agencies reported experiencing difficulties accessing large files online and requesting USB flash drives from FNS to mitigate this challenge—flash drives are typically provided for WIC staff training and the FNS Breastfeeding Curriculum.

A. Promotion of *Learn Together. Grow Together.* Campaign

For participants to engage with *Learn Together. Grow Together.* materials, WIC State and local agencies first have to promote the campaign. Over 85.0 percent of WIC State agencies (85.5 percent; figure 3.1) and 61.0 percent of local agencies (see appendix table F.4) used at least one approach to promote the campaign.

¹⁷ For more information about the formative research findings underpinning the social marketing approach of *Learn Together. Grow Together.*, see <https://wicbreastfeeding.fns.usda.gov/about-wic-breastfeeding-support-and-formative-research-findings>.

Figure 3.1. Map of WIC State Agency Promotion of Learn Together. Grow Together. Campaign



Note: The “Missing” category includes two WIC State agencies that did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) State Agency Survey. Ten Indian Tribal Organizations did not respond to the survey and are not depicted in the figure. See appendix table F.3 for more information.

UNR = University of Nevada, Reno

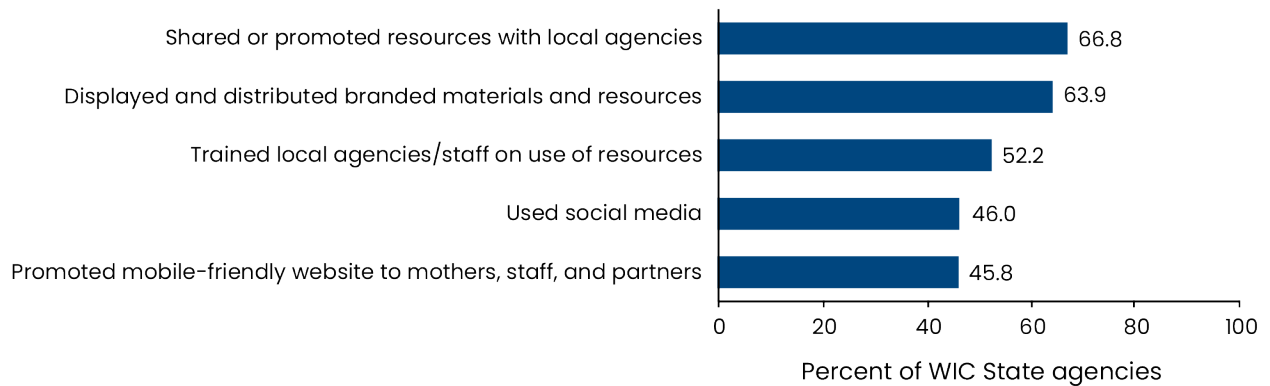
N = 77 WIC State agencies

Source: WIC BPI II State Agency Survey question 5

1. Campaign Promotion Approaches Used by WIC State Agencies

WIC State agencies can promote the campaign in many ways. Of the nine promotion approaches the survey asked about, WIC State agencies most commonly shared or promoted the *Learn Together. Grow Together* materials and resources with local agencies (66.8 percent; figure 3.2) or displayed and distributed the branded materials and resources (63.9 percent). The third most reported promotion approach was training local agencies and staff on how to use *Learn Together. Grow Together* materials and resources (52.2 percent). Over 40 percent of WIC State agencies promoted the campaign on social media outlets (46.0 percent) and promoted the mobile-friendly website to mothers, staff, and partners (45.8 percent). Data on campaign promotion approaches reported less frequently by WIC State agencies can be found in appendix table F.3.

Figure 3.2. Top Five Approaches WIC State Agencies Used to Promote Learn Together. Grow Together. Campaign



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. See appendix table F.3 for additional information, including a full list of survey item response options.

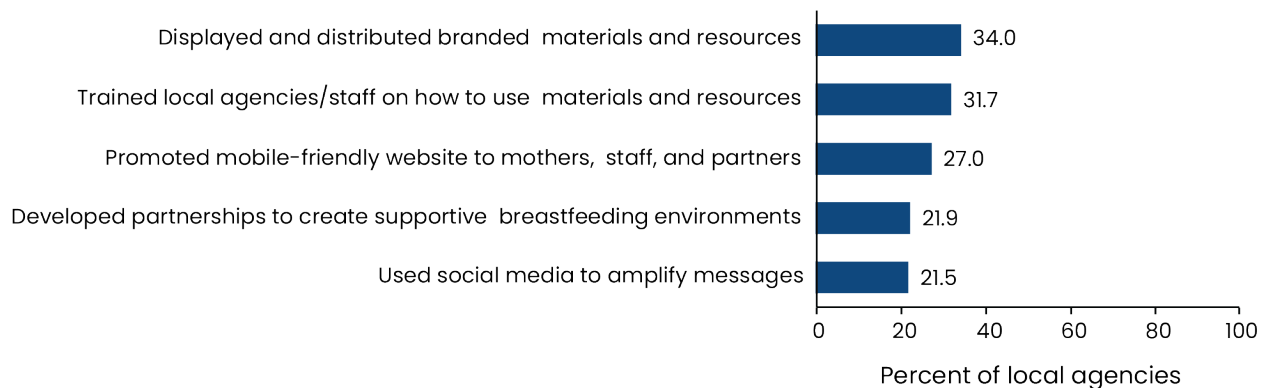
N = 77 WIC State agencies

Source: WIC BPI II State Agency Survey question 5

2. Campaign Promotion Approaches Used by Local Agencies

Local agencies also can promote the campaign in various ways. Of the eight promotion approaches the survey asked about, local agencies most commonly displayed and distributed the branded campaign materials and resources (34.0 percent; figure 3.3). About one-third of local agencies (31.7 percent) promoted the campaign by training staff on how to use materials and resources. Over a quarter (27.0 percent) of local agencies promoted the mobile-friendly website to mothers, staff, and partners. Over 20 percent of local agencies promoted the campaign by developing partnerships to create supportive breastfeeding environments (21.9 percent) and using social media to amplify campaign messages (21.5 percent). Data on campaign promotion approaches reported less frequently by local agencies can be found in appendix table F.4.

Figure 3.3. Top Five Approaches Local Agencies Used to Promote 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. 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.4 for additional information, including a full list of survey item response options.

N = 1,527 local agencies

Source: FNS website and WIC BPI II Local Agency Survey question 14

B. Use of Learn Together. Grow Together. Campaign

The WIC BPI II Local Agency Survey asked respondents about their use of *Learn Together. Grow Together.* campaign topical areas and materials.

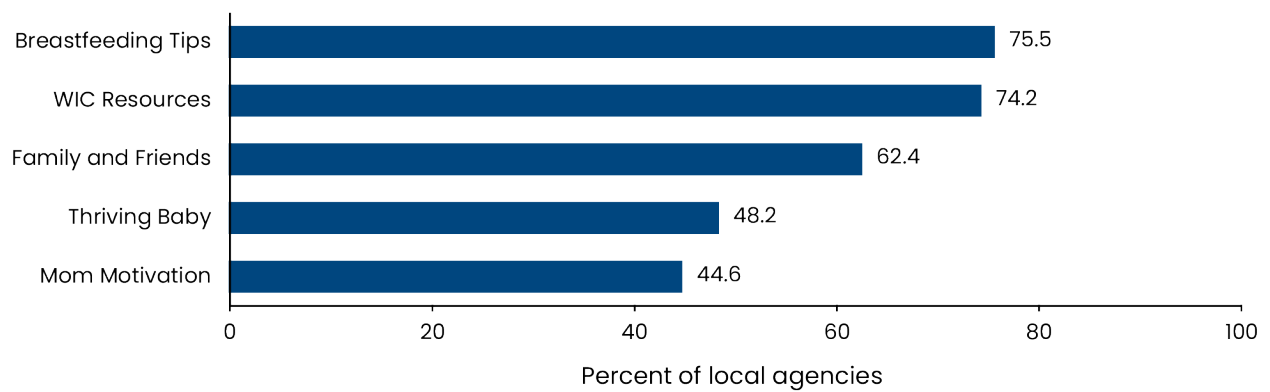
1. Learn Together. Grow Together. Topical Areas

As part of the *Learn Together. Grow Together.* campaign, FNS publishes social media messages, images, videos, and hashtags across five topical areas: Mom Motivation, Thriving Baby, WIC Resources, Breastfeeding Tips, and Family and Friends.¹⁸ Materials include information, for example, on breast milk phases, understanding hunger cues, and how dads can help.

Among local agencies that promoted the campaign ($n = 932$), 91.4 percent used at least one resource from at least one of the five topical areas (result not shown). About three-quarters of local agencies used materials from Breastfeeding Tips (75.5 percent) or WIC Resources (74.2 percent; figure 3.4). Almost two-thirds of local agencies used resources from the Family and Friends topical area (62.4 percent). Over 40 percent of local agencies used materials from the Thriving Baby topical area (48.2 percent) and the Mom Motivation topical area (44.6 percent).

¹⁸ For more information about the *Learn Together. Grow Together.* social media topical areas and examples of resources, see <https://wicbreastfeeding.fns.usda.gov/social-media-library>.

Figure 3.4. Local Agency Use of Learn Together. Grow Together. Campaign Materials Across Topical Areas



Note: Excludes 845 local agencies: 250 local agencies did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) Local Agency Survey, and 595 local agencies responded they did not use the *Learn Together. Grow Together.* campaign materials in question 14. 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.5 for more information.

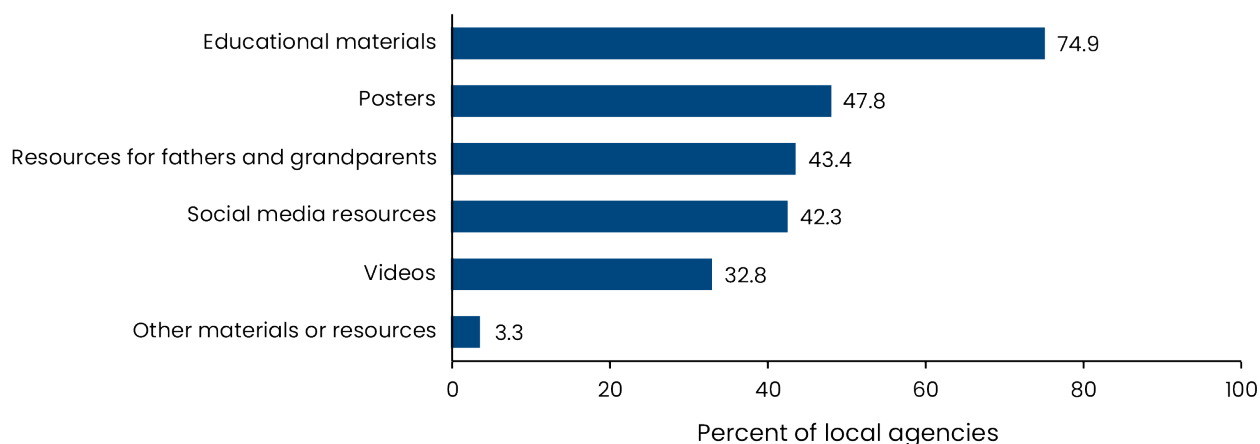
N = 932 local agencies

Source: FNS website and WIC BPI II Local Agency Survey question 15

2. Learn Together. Grow Together. Materials

Learn Together. Grow Together. resources are available in a variety of physical and digital formats. Almost three-quarters (74.9 percent) of local agencies used campaign-branded educational materials (figure 3.5). Over 40 percent of local agencies used advertising materials such as posters (47.8 percent) and social media resources (42.3 percent). Aligned with the campaign objective to emphasize the value of mothers' support systems (USDA, n.d.-a), 43.4 percent of local agencies used resources designed for fathers and grandparents. Almost one-third of local agencies used campaign videos (32.8 percent). Few local agencies used other types of branded materials or resources (3.3 percent).

Figure 3.5. Local Agency Use of Learn Together. Grow Together. Campaign Materials and Resources

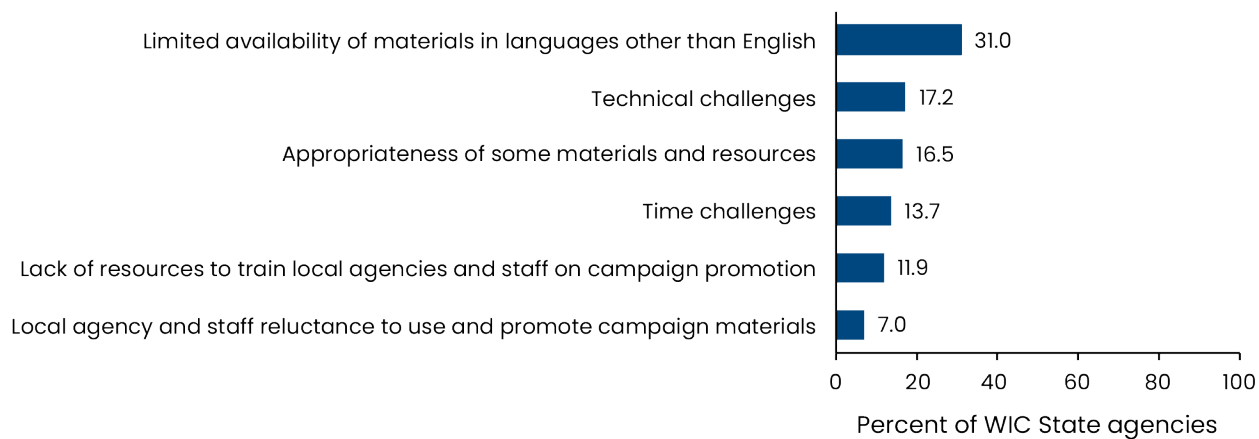


Note: Excludes 845 local agencies: 250 local agencies did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) Local Agency Survey, and 595 local agencies did not use the *Learn Together. Grow Together.* campaign materials. Percentages may sum to more than 100 percent because responses 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. See appendix table F.6 for more information.
N = 932 local agencies
Source: FNS website and WIC BPI II Local Agency Survey question 16

C. Challenges and Solutions Among WIC State Agencies Promoting the Campaign

Among WIC State agencies that promoted the campaign ($n = 66$), almost two-thirds (61.1 percent; result not shown) encountered one or more of the six challenges the survey asked about (figure 3.6). This section presents the number of WIC State agencies that experienced these challenges and describes what WIC State agencies did or said would help to address each challenge.

Figure 3.6. Challenges WIC State Agencies Encountered While Implementing Learn Together. Grow Together. Campaign



Note: Excludes 23 WIC State agencies; 12 WIC State agencies did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) State Agency Survey, and 11 WIC State agencies 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. See appendix table F.7 for more information.

N WIC State agencies = 66

Source: WIC BPI II State Agency Survey question 6

1. Limited Availability of Materials in Languages Other Than English

31.0 percent of WIC State agencies identified the lack of available materials in languages other than English as a challenge

Among the WIC State agencies that promoted the *Learn Together. Grow Together.* campaign, 31.0 percent (figure 3.6) indicated the lack of some materials and resources in languages other than English was a challenge. To address this challenge, WIC State agencies used information from campaign resources to develop their own materials, had resources professionally

translated, and used internal staff to translate the materials. Some WIC State agencies noted having additional language options would be helpful, while others specified the need for more materials in Spanish or other languages. WIC State agencies also suggested providing printer-friendly versions and enabling auto-translation on the FNS website.

2. Technical Challenges

17.2 percent of WIC State agencies reported experiencing technical challenges

Over 17 percent of WIC State agencies that promoted the campaign (17.2 percent; figure 3.6) experienced technical challenges related to accessing materials and resources online or directing participants to the website. WIC State agencies' challenges were related to the size of the training files, such as those for the FNS WIC Breastfeeding

Curriculum, the substantial bandwidth required to watch videos while concurrently using their management information system, and State IT policies that made the materials difficult to download and disseminate. To address these technical challenges, some WIC State agencies reported working with their Regional Offices, using other WIC State agencies' training websites, or receiving materials on a flash drive.

3. Appropriateness of Some Materials and Resources

Among the WIC State agencies that promoted the campaign, 16.5 percent indicated some materials and resources did not seem appropriate for their participants (figure 3.6). Two WIC State agencies noted some materials did not align with their State's internal WIC philosophies; one of these WIC State agencies also noted some of the materials were too broad and did not provide a specific message. Other WIC State agencies expressed discomfort with the images used in the campaign materials. To address these challenges, two WIC State agencies incorporated more inclusive photos and images. WIC State agencies also suggested incorporating more gender-inclusive language, developing materials inclusive of Native American populations and diverse family types, and incorporating more visuals and animations.

16.5 percent of WIC State agencies indicated some materials were inappropriate for participants

4. Time Challenges

13.7 percent WIC State agencies reported time challenges

Almost 14 percent of WIC State agencies that promoted the campaign indicated local agencies and staff did not have the time to use and promote *Learn Together. Grow Together.* (13.7 percent; figure 3.6). These WIC State agencies explained that staff had limited time to promote and use the campaign resources because of staff shortages, turnover, and retirements. To address this challenge, one WIC State agency engaged with an outside consultant to host a statewide training, while another added the campaign training curriculum (i.e., FNS WIC Breastfeeding Curriculum) as a learning goal in employee education plans. A few WIC State agencies suggested FNS offer additional training on the campaign or create messaging WIC State agencies could use to further promote dissemination.

5. Lack of Resources to Train Local Agencies and Staff on Campaign Promotion

Over 10 percent of WIC State agencies that promoted the campaign indicated they did not have the resources to train local agencies or staff on how to promote *Learn Together. Grow Together.* (11.9 percent; figure 3.6). Some WIC State agencies provided additional detail on their resource challenges; these included having a small staff, the COVID-19 public health emergency, lack of specialized staff to lead this effort, lack of bandwidth, recent hires who were still learning, and staff shortages. One agency, an Indian Tribal Organization (ITO), noted it overcame this challenge by collaborating with other ITOs and regional trainers to create learning experiences for staff. A few WIC State agencies suggested FNS develop outreach materials to promote campaign dissemination (e.g., highlighting how other WIC State agencies are sharing the materials with local agencies), and another encouraged the use of expert trainers.

11.9 percent of WIC State agencies reported resource challenges

6. Local Agency and Staff Reluctance to Use and Promote Materials and Resources

7.0 percent of WIC State agencies indicated staff reluctance challenges

Among the WIC State agencies that promoted the campaign, 7.0 percent indicated challenges related to local agency and staff reluctance to use and promote campaign materials and resources (figure 3.6). One WIC State agency indicated a lack of in-person training was an obstacle to staff engaging with the materials. To mitigate this challenge, this WIC State agency provided technical assistance and one-on-one trainings for

its local agencies. Another WIC State agency hired an outside consultant to provide training and allowed local agency staff to complete the training at their own pace. Other WIC State agencies offered technical assistance, one-on-one trainings, and flash drives to local agencies.

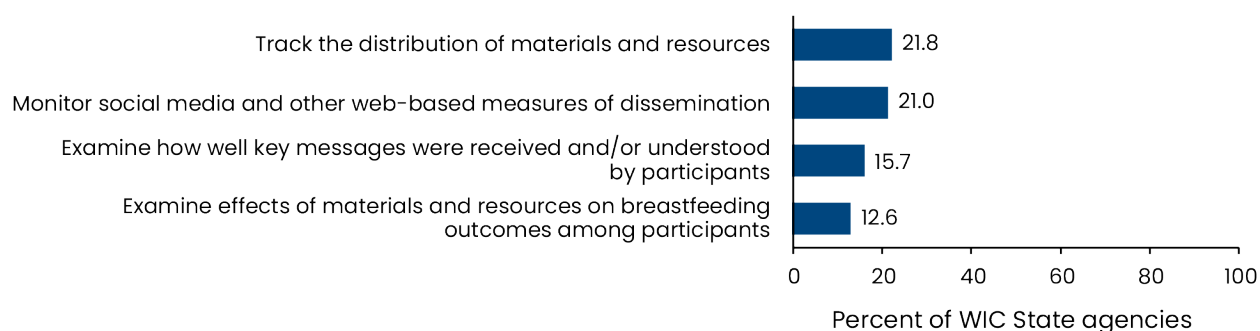
D. Assessment of Campaign Outcomes

About two-thirds of WIC State agencies (66.1 percent) that promoted the *Learn Together. Grow Together.* campaign reported they did not measure their efforts or the effects of the campaign (see appendix table F.8). Over 20 percent of WIC State agencies tracked the distribution of materials and resources such as posters, flyers, and handouts (21.8 percent; figure 3.7) or monitored social media (i.e., shares and likes) and other web-based measures of dissemination (21.0 percent; figure 3.7).

Of the 22 WIC State agencies that reported measuring their efforts or the effects of the campaign, 7 were receiving implementation and evaluation technical assistance from FNS through a cooperative agreement with the University of Nevada, Reno (result not shown).

Among the eight WIC State agencies that examined the effects of their *Learn Together. Grow Together.* activities on breastfeeding outcomes, seven examined initiation, six examined duration, three examined frequency, and two examined intensity (see appendix table F.9). All of these WIC State agencies examined four or fewer outcome measures, with three outcomes being most commonly examined (see appendix table F.10).

Figure 3.7. Methods WIC State Agencies Used to Assess the Learn Together. Grow Together. Campaign



Note: Excludes 23 WIC State agencies: 12 WIC State agencies did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) State Agency Survey, and 11 WIC State agencies 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. See appendix table F.8 for more information.

N = 66 WIC State agencies

Source: WIC BPI II State Agency Survey question 8

Chapter 4. Breastfeeding Award of Excellence

FNS established the WIC Breastfeeding Award of Excellence program to motivate local agencies to provide exemplary breastfeeding promotion and support activities and recognize the agencies that provide these activities (USDA, 2023a). The long-term goal of the program is to increase breastfeeding initiation and duration rates among WIC participants. FNS accepts award applications at the beginning of each fiscal year in October. To be eligible, applicants must be a WIC local agency, have operated a peer counseling program for at least 1 year, and meet all the required core components⁶ of FNS's WIC Breastfeeding Model for Peer Counseling (USDA, 2023b). FNS provides recognition at three levels of performance: Gold, Premiere (mid-level), and Elite (highest level). In 2022, 97 local agencies received a Breastfeeding Award of Excellence.¹⁹

Data from the WIC BPI II State Agency Survey describe the approaches WIC State agencies used to promote and encourage the Breastfeeding Award of Excellence among local agencies. Additional data from the WIC BPI II Local Agency Survey, WIC PC 2022, and the FNS website²⁰ describe the characteristics and breastfeeding-related policies of local agencies that received the award in 2022.

A. WIC State Agency Approaches to Promoting and Encouraging Local Agency Award Applications

To be considered for a WIC Breastfeeding Award of Excellence, local agencies must apply. Local agencies that are not aware of the award or application or otherwise unable to apply are not considered for the award, even if they provide exemplary breastfeeding services. Because of the application requirement, WIC State agencies can play an important role in promoting the award and encouraging their local agencies to apply.

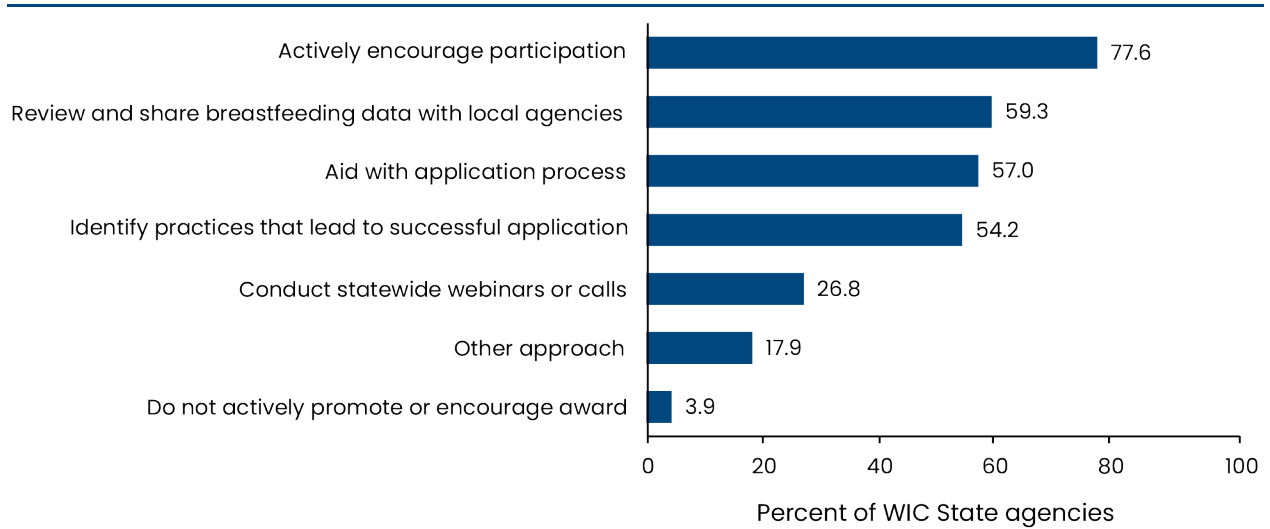
Over three-quarters of WIC State agencies (77.6 percent) reported encouraging their local agencies to apply (figure 4.1). Over half of WIC State agencies reported reviewing and sharing breastfeeding data with local agencies (59.3 percent), aiding with the application process (57.0 percent), and identifying practices that lead to a successful application (54.2 percent). Less than 4 percent of WIC State agencies (3.9 percent) reported not providing any support to their local agencies. The approaches used by WIC State agencies to promote and encourage local agency applications did not vary between 2022 WIC Breastfeeding Award of Excellence recipients and nonrecipients.²¹ See appendix table F.12 for more information on these approaches and how they compare by award status.

¹⁹ This number differs from the number of local agencies used in this report. Ten local agencies were excluded because they received the Breastfeeding Award of Excellence but were not present in the WIC BPI II Local Agency Survey frame.

²⁰ For more information, see <https://www.fns.usda.gov/wic/breastfeeding-award-excellence-awardees>.

²¹ Nonrecipients refers to all other local WIC agencies (i.e., both WIC local agencies that may have applied for an award and did not receive one and local agencies that did not apply).

Figure 4.1. Approaches WIC State Agencies Reported Using to Promote and Encourage Applications for Breastfeeding Award of Excellence



Note: Percentages exclude 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. See appendix table F.11 for more information.

N = 77 WIC State agencies

Source: WIC BPI II State Agency Survey question 4

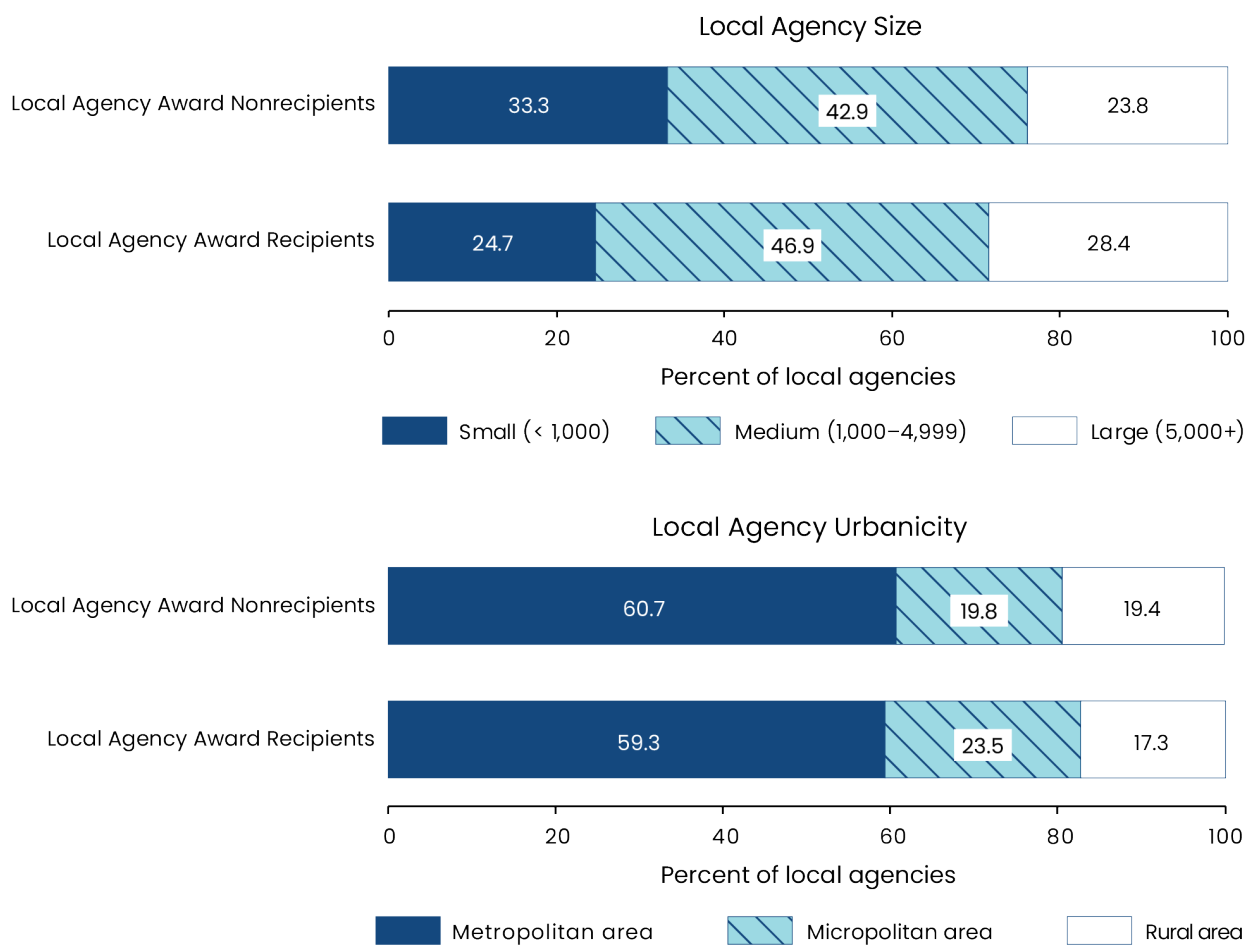
B. Characteristics of Local Agency Award Recipients

This section describes policies and characteristics of local agencies that received a 2022 WIC Breastfeeding Award of Excellence. To contextualize the characteristics of award recipients, the study team analyzed whether policies and characteristics varied among 2022 WIC Breastfeeding Award of Excellence recipients and nonrecipients.

1. Award Recipient Characteristics

Most local agency award recipients were in the Midwest or Mountain Plains FNS Regions (22.2 percent each; see appendix table F.13), located in a metropolitan area (59.3 percent; figure 4.2), and had a caseload between 1,000 and 4,999 participants (46.9 percent; figure 4.2). Differences across these characteristics were not statistically significant between recipients and nonrecipients, indicating that recipient local agencies were similar to nonrecipient local agencies (see appendix table F.13).

Figure 4.2. Characteristics of Local Agency Award Recipients and Nonrecipients



Note: Excludes 743 local agencies: 250 local agencies did not respond to the WIC Breastfeeding Policy Inventory II (WIC BPI II) Local Agency Survey, 437 local agencies do not operate a peer counseling program, and 56 local agencies were not in WIC Participant and Program Characteristics (WIC PC) 2022 data. Percentages may sum to more than 100 percent because of rounding. Percentages are weighted to account for agency nonresponse. See appendix table F.13 for more information. N = 81 local agency recipients and 1,003 award nonrecipients
 Source: FNS website, WIC PC 2022, and WIC BPI II Local Agency Survey question 7

The ethnoracial composition of local agency award recipients and nonrecipients was also similar, with one exception. A larger percentage of local agency award recipients (76.5 percent; appendix table F.13) had caseloads where more than 10 percent of participants identified as Hispanic, compared with 61.6 percent of local agencies that did not receive an award ($p < 0.001$).

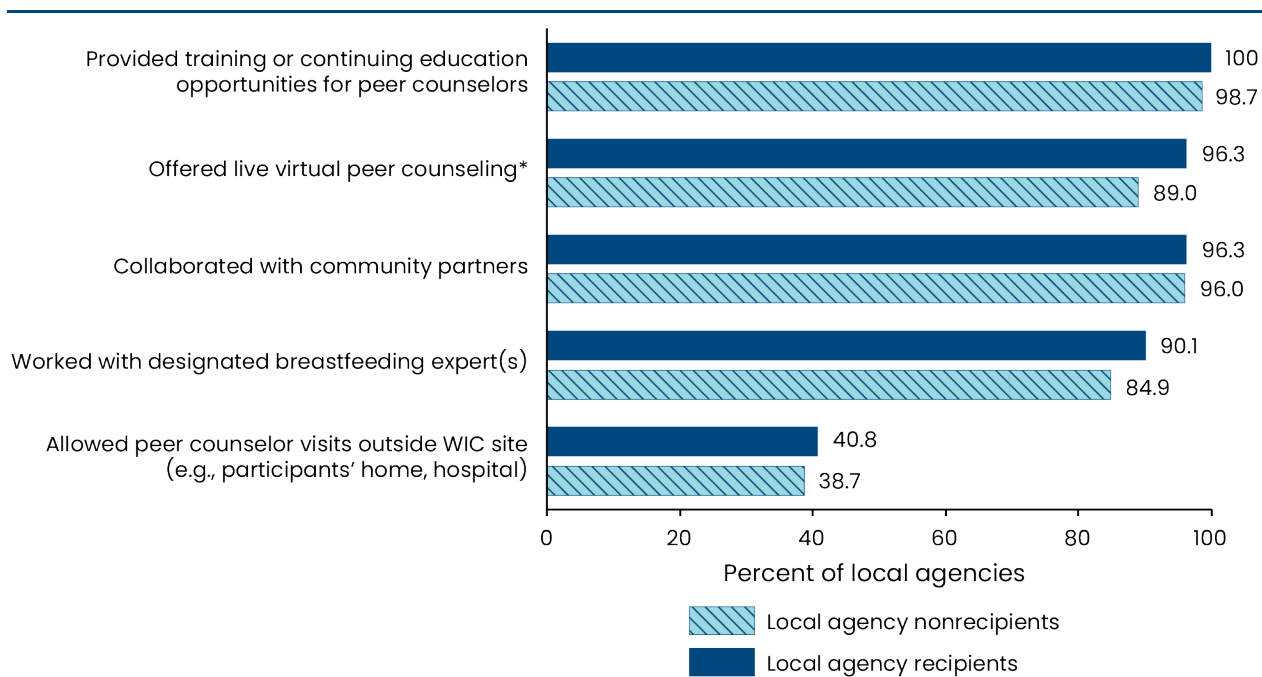
2. Award Recipient Policies

Several breastfeeding-related policies and procedures captured in the WIC BPI II Local Agency Survey overlapped with components of the WIC Breastfeeding Model for Peer Counseling. All 2022 award recipients reported they provided training or continuing education opportunities for peer counselors (100.0 percent); almost all offered live virtual peer counseling (96.3 percent), collaborated with community partners (96.3 percent), and had a DBE (90.1 percent; figure 4.3). Allowing peer counselor

visits in locations other than the WIC clinic was less common; only 40.8 percent of award recipients reported this practice.²²

The presence of these policies varied between award recipients and nonrecipients. Among the 81 local agencies that received an award, responded to the survey, and reported on the survey operating a peer counselor program, 96.3 percent offered live virtual peer counseling compared with 89.0 percent of nonrecipients; this 7.3 percentage point difference was statistically significant at the $p < 0.01$ level (figure 4.3). Local agency award recipients and nonrecipients reported similar use of the other four practices (i.e., the differences were not statistically significant).

Figure 4.3. Breastfeeding-Related Policies and Practices Among 2022 WIC Breastfeeding Award of Excellence Recipients and Nonrecipients



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. See appendix table F.14 for additional details.

* Statistically significant at the $p < 0.01$ level

N = 81 local agency recipients and 1,003 award nonrecipients

Source: FNS website and WIC BPI II Local Agency Survey questions 6, 7, 10, 11, 12, 17

²² More information about these policies is presented in the accompanying local agency report.

Chapter 5. Conclusion

Over the past decade, WIC has undergone important changes that affect how WIC State and local agencies promote and support breastfeeding. These changes include the rollout of FNS breastfeeding resources, more widespread use of technology to communicate with and educate WIC participants remotely, and a 50 percent increase in funding from Congress for the WIC Breastfeeding Peer Counseling Program. Designed to minimize burden on WIC State and local agencies, 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.

A. Key Findings

Focused on WIC State and local agency use of FNS breastfeeding resources, this report may help inform updates to existing resources and the development and rollout of FNS resources in the future. Key findings are summarized below.

- ▶ **Resources used to train staff:** All responding WIC State agencies and most local agencies reported using the WIC Breastfeeding Curriculum to train WIC staff. Local agencies reported using other FNS resources, such as WLOL and the WIC breastfeeding website, and materials from a variety of sources, such as their WIC State agencies, external nonprofit organizations, and private companies.
- ▶ **Learn Together. Grow Together. campaign use and promotion:** About 85 percent of WIC State agencies and 61 percent of local agencies reported promoting *Learn Together. Grow Together.* campaign materials to their participants. Local agencies most frequently reported using campaign-branded educational materials and social media materials under the Breastfeeding Tips topical area.²³ About two-thirds of WIC State agencies that promoted the campaign reported one or more challenges with implementation. The most frequently reported challenge was a lack of available campaign materials in languages other than English. Few WIC State agencies reported assessing *Learn Together. Grow Together.* campaign outcomes.
- ▶ **2022 Breastfeeding Award of Excellence:** In 2022, 97 local agencies, including 2 ITOs, received a Breastfeeding Award of Excellence. Most local agency award recipients were in the Midwest or Mountain Plains Regions, in a metropolitan area, and had caseloads between 1,000 and 4,999. All 2022 award recipients provided training or continuing education opportunities for peer counselors, and almost all recipients collaborated with community partners, offered live virtual peer counseling, and had a DBE. Because of the application requirement, WIC State agencies can play an important role in promoting the award and encouraging their local agencies to apply. Over three-quarters of WIC State agencies reported using at least one approach to promoting the awards or encouraging their local agencies to apply; most commonly, WIC State agencies reviewed and shared breastfeeding data with local agencies to aid with the application process and identified practices that lead to a successful application.

²³ For more information about the *Learn Together. Grow Together.* social media topical areas and examples of resources, see <https://wicbreastfeeding.fns.usda.gov/social-media-library>.

B. Limitations and Considerations

WIC BPI II is as comprehensive as possible given the study constraints, which included sourcing data primarily from extant sources, including WIC State Plans, WIC State Policy and Procedure Manuals, WIC PC 2022, and the FNS WIC Breastfeeding Awards of Excellence. FNS required a census of WIC State agencies and local agencies but specified the surveys should only be used to fill gaps in information not otherwise available from extant data sources and could not exceed 20 minutes each to minimize respondent burden. Most findings in this report are based on the WIC BPI II State and Local Agency Surveys. These surveys do not provide a comprehensive analysis of how WIC State and local agencies use materials and other resources developed by FNS to deliver WIC services to participants. Much of the information presented in this report is purely descriptive, and, because of the nature of survey research, cannot provide further insights into why WIC State or local agencies have or have not implemented particular policies, practices, or resources.

C. Suggestions for Future Research

This study, which used a survey of a census of WIC State and local agencies, as well as other extant materials, provides updated descriptive statistics on the FNS resources used by WIC State and local agencies. However, it was beyond the scope of the study to understand why some WIC State and local agencies use certain resources but not others. The following suggestions for future research can help researchers, policymakers, and practitioners better understand WIC State and local agency motivations, needs, and resource gaps.

- ▶ More than 50 percent of local agencies use resources other than the FNS Breastfeeding Curriculum to train WIC staff. Further research on the types and content of more frequently used trainings could help FNS understand why some local agencies do not use the curriculum and how the curriculum could be improved to be aligned with the needs of the WIC workforce.
- ▶ According to the WIC State agency survey, 66.1 percent of WIC State agencies do not evaluate the outcomes of the *Learn Together. Grow Together.* campaign. Among the 22 WIC State agencies that did assess the campaign, 7 received implementation and evaluation technical assistance from FNS through a cooperative agreement with the University of Nevada, Reno. Further research on the implementation and outcomes of the *Learn Together. Grow Together.* campaign could help FNS identify best practices for future rollouts of campaigns and other resources.
- ▶ The Breastfeeding Awards of Excellence program was established to recognize local agencies that implement model breastfeeding practices that lead to improved breastfeeding outcomes in the communities they serve. Further research on the changes in breastfeeding initiation and duration rates of participants served by local agency award recipients before and after award receipt could help FNS identify whether the recognition provided has further positive impacts on breastfeeding outcomes.

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