U.S. DEPARTMENT OF AGRICULTURE

Third National Survey of WIC Participants (NSWP-III)

BRIEF REPORT 2: WIC LOCAL AGENCY OPERATIONS

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ABSTRACT

Background: The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a key part of the nation's public health infrastructure, providing nutritious supplemental foods, nutrition education, breastfeeding support, and referrals to health and social service programs for low-income pregnant and postpartum women, infants, and children up to age 5 who are at nutritional risk. The National Survey of WIC Participants (NSWP) series is designed to provide national estimates of WIC participants, State agencies' (SAs) and local agencies' (LAs) characteristics, and improper payments resulting from participant certification errors in WIC. NSWP is conducted approximately every 10 years. This brief is part of a series of 10 briefs that describe findings from the NSWP-III study, which collected data in 2019.

Objective: One component of the current study (NSWP-III) is to provide information on LA operations, which is also highlighted in Brief Report 3. This brief, however, focuses on describing LA operations and policies related to participants served, staffing, physical space, and equipment capabilities.

Methods: Between June to October 2019, data were collected via a web-based survey distributed to 890 LAs. A total of 714 LAs responded to the survey, and data were weighted (n = 1,979) to produce nationally-representative estimates.

Findings:

- The average number of participants served by LA per month was higher in 2019 (3,437 participants) compared to 2009 (2,805 participants).
- LAs reported vacancies across all staff types. The four most common vacancies included social worker/psychologist/therapist positions, physician staff positions, degreed/licensed nutritionist positions, and trained nutrition paraprofessional positions.
- More than half of LAs (55.9 percent) indicated that salaries were not competitive. Others reported difficulties including limited career opportunities (43.7 percent) and salaries that were not commensurate to levels of job responsibility (29.8 percent).
- Over three quarters of LAs indicated that they had mostly or completely adequate waiting areas, laboratories (height/weight taking areas), areas where clients are seen, and breastfeeding rooms.
- All or nearly all LAs (98 percent or higher) reported that the typical clinic has the necessary equipment onsite to enter or access client certification information on a computer, take anthropometric measurements, and perform hematological testing.
- Nearly all LAs (97.7 percent) rated their LA location as very safe (no incidents) or safe (occasional minor incidents).

Conclusion: The findings suggest that LAs are overall satisfied with physical space, equipment needs, and physical security of their LA location. However, LAs raised some concerns regarding recruiting and retaining staff. Thus, future research could be conducted on ways LAs could increase staff retention and develop public interest in careers aimed at working with WIC.

INTRODUCTION

Background

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a key part of the nation's public health infrastructure, providing nutritious supplemental foods, nutrition education, breastfeeding support, and referrals to health and social service programs to low-income pregnant and postpartum women, infants, and children up to age 5 who are at nutritional risk.

The United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) administers WIC by providing Federal grants to 89 State agencies (SAs), including 50 States and the District of Columbia; 33 Indian Tribal Organizations (ITOs); and the 5 U.S. Territories of American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands. In 2019, the average monthly WIC participation was 6.4 million participants nationwide.[1]

SAs are responsible for the effective and efficient administration of WIC in accordance with Federal regulations.[2] In addition, SAs are responsible for guiding their local agencies (LAs) on all aspects of program operations, including allocating funds, extending technical assistance, and providing oversight for LA compliance with Federal regulations and SA policies and procedures. As of 2019, there were approximately 1,900 LAs in 10,000 clinic sites in operation across all 89 SAs. Many LAs operate multiple WIC sites, which can include WIC clinics, or mobile or satellite clinics that serve WIC families. LAs provide WIC participants with locations where they can apply for WIC benefits, engage with qualified WIC staff to determine eligibility, and complete the certification process to receive a food benefit package that meets their nutritional needs.[3]

The National Survey of WIC Participants (NSWP) series is designed to provide information on the characteristics of nationally representative samples of WIC participants, SAs, and LAs, and to produce estimates of improper payments resulting from participant certification errors in WIC. The first NSWP was conducted in 1998, NSWP-II was conducted in 2009, and the current study, NSWP-III, was conducted in 2019.[4,5]

[1] U.S. Department of Agriculture, Food and Nutrition Service. (2020). *WIC Program: National level annual summary*. https://fns-prod.azureedge.net/sites/default/files/resource-files/wisummary-6.pdf

[2] Government Publishing Office. (2020). *Electronic Code of Federal Regulations 7 CFR Part 246*. https://www.ecfr.gov/cgi-bin/text-idx?SID=a6828ac000f6e75ae4679d5beecb637c&mc=true&node=pt7.4.246&rgn=div5#se7.4.246_13

[3] U.S. Department of Agriculture, Food and Nutrition Service. (2019, October). *About the WIC program*. https://www.fns.usda.gov/wic/state-agency

[4] U.S. Department of Agriculture, Food and Nutrition Service Office of Research and Analysis. (2001). *National Survey of WIC Participants: Final Report*. Alexandria, VA.

[5] U.S. Department of Agriculture, Food and Nutrition Service Office of Research and Analysis. (2012). *National Survey of WIC Participants II. Technical report.* Alexandria, VA.

Research Questions and Objectives

One objective of NSWP-III is to provide nationally representative information on WIC LA operations, which is the focus of this brief report. Whereas Brief Report 3 focuses on describing LA operations and policies related to certification, such as certification documentation requirements, certification caseload and staffing, certification at alternate WIC sites, and certification of infants for breastfeeding packages.[6] Specifically, the brief report addresses the following research questions:

Operations

- How many participants do sites serve per month (average, range, and distribution)? How does this relate to days and hours of operation? How does this relate to extended hours (evenings and weekends)?
- Who administers the LA (i.e., local government, SA, nongovernmental organization)?
- How many LAs have clinics or mobile units?
- What services can they offer as an overall LA and by type of site: certifications, nutrition counseling, referrals, anthropometric measures, food benefits?
- What are the days and hours of operation at LAs and service delivery sites?[7]
- Are extended hours available? If so, on what days and at what hours?

Staffing

- How many full-time equivalent (FTE) staff are present in LAs and all service delivery sites (in the LAs' jurisdiction)?
- What is the distribution of staff by type (professional, paraprofessional, and clerical/support)?
- What percentages of staff are bilingual or multilingual? What languages do staff use?
- What percentages of staff members have left within the past 12 months?
- What percentages of staff members, in total and by type, have been hired within the past 12 months?
- What difficulties are faced in retaining, recruiting, and hiring staff?
- What percentages of staff positions, in total and by type, are vacant?

Physical Characteristics

- What are the descriptors of the physical space in which LAs operate (size, location)? What is the distribution, average, and range of the physical space descriptors?
- How do LAs and service delivery sites rate the physical security of their location (average, range, distribution)?

Technology Capabilities

- Do LAs and sites have the necessary technology, equipment, and supplies to perform the following tasks: (1) enter/access client certification information via a computer, using the

[6] Please visit the FNS website at https://www.fns.usda.gov/research-analysis to access the other NSWP-III brief reports and the prior NSWP studies.

[7] Please note that the study did not include surveys with services delivery sites that were not also serving as the LA; therefore, LAs were asked to report on the days and hours of operation for a typical clinic under their LA.

internet; (2) perform hematological tests; and (3) take anthropometric measurements for weight, body-mass index (BMI), and height?

Report Organization

The following sections of this brief report detail the findings related to the research questions referenced above. The report concludes with a summary of key findings and discussion of the study limitations and recommendations for future research. The report also references appendices that include technical details of the LA Survey methodology, a copy of the LA Survey, and the LA analytic tables.

STUDY METHODOLOGY

Source of Data

To address the research objectives, the Study Team sent a 1-hour web survey to a sample of 890 LAs. The 2017 WIC Local Agency Directory served as the sampling frame for the LA Survey and represented the population of LAs for weighting. This directory, which is maintained by FNS, includes all WIC local agencies by SA. The data collection period for the LA survey was June 3, 2019 through October 11, 2019. During that time, the Study Team conducted several telephone calls and email reminders encouraging LAs to respond to the survey. Some LAs were found to be no longer eligible to participate in the study because they had closed or merged with another agency. These LAs were dropped from the sample, changing the final sample size to 862. Ultimately, the Study Team obtained 714 completed surveys (82.8 percent response rate) and 4 partially completed surveys.

Survey Content

The LA Survey was developed in conjunction with FNS and was reviewed by an independent panel that included experts on WIC policy and operations. In addition, the survey was pilot tested with nine LA respondents to assess the ease of comprehension (e.g., confusing wording or layout, failure to grasp concepts) and length of time to complete.

The final web survey (Appendix A) collected information to address the following topics:

- Acceptable documentation of identity, residency, and income
- Denied applicants
- Location of certification and certification staffing
- Retention of WIC participants
- Organization of agency (structure, clinics, sites under the LA)
- Staff qualifications and participant caseloads
- Range of services offered (health care, family planning, smoking cessation) and referrals
- Hours of operation, location, space, and equipment onsite

Please note that not all of the LA Survey topics are covered in this brief report. While this brief focuses on topics related to LA operations, other topics related to LA operations and policies related to certification are covered in brief report 3.

Analysis

WEIGHTING

The LA data from 718 agencies were weighted to represent all 1,797 LAs that were part of the original sample frame. First, the Study Team weighted the survey data to account for differential rates of sampling. Then, the design weights were adjusted for unit nonresponse. FNS Region was used to create non-response adjustment cells. Within each cell, the adjustment factor was calculated by taking the

ratio of all sampled cases to all responding cases within each FNS Region. Finally, the Study Team calculated 105 jackknife replicate weights, which accounted for the sampling design and non-sampling errors associated with the non-response adjustment.[8,9]

SURVEY RESULTS

To understand differences among LAs, data were analyzed according to—

- Relationship of the LA to the parent SA (State affiliated, Local government, Non-government). The relationship of LA to SA is determined using question 18 from the LA survey. State-affiliated LAs include LAs that are part of the SA and LAs that are a tribal entity/organization administering WIC. Local government LAs include local government entities administering WIC and clinics under an LA. Non-government LAs include nonprofit organizations that have been contracted to run WIC and other types of LAs not mentioned above.
- The number of participants served per month by the entire agency (up to 750; 750 to 1,999; 2,000 to 4,499; 4,500 or more). Number of participants served is the total number of clients served by all the clinics under the LA. It is derived using question 31 from the LA Survey.
- LA's urbanicity (Completely Rural, Mostly Rural, Completely Urban using Census 2010 estimates and rural definitions). Urbanicity of LA was based on the sampling frame of LAs and originated from Census 2010 estimates and rural definitions. Completely rural counties have a population that is 100 percent rural. Mostly rural counties have a population that is 50.0–99.9 percent rural. Mostly urban counties have a population that is less than 50.0 percent rural.

Survey results are presented as weighted percentages and means. Tables with comparisons to NSWP-II that was conducted in 2009 were prepared when feasible (i.e., when similar questions were asked of both studies) and can be found in Appendix F.[10]

NONRESPONSE BIAS ANALYSIS

The Office of Management and Budget (OMB) recommends nonresponse bias analysis any time the survey response rate is less than 80 percent. Since an 80 percent response rate was achieved, the Study Team did not conduct nonresponse bias analysis. In addition, the survey questions addressed in this report brief were answered by at least 70 percent of respondents, and thus, no item-level nonresponse bias analysis was needed per the Office of Management and Budget.[11]

[8] Kott, P. S. (2001). The delete-a-group jackknife. *Journal of Official Statistics, 17*(4), 521–526.

[9] Shao, J., & Wu, C. F. J. (1989). A general theory for jackknife variance estimation. *Annals of Statistics,* 17(3), 1176–1197.

[10] Comparisons cannot be made to NSWP-I because this study did not include LA-specific findings. NSWP-I only included 79 LAs that were certifying WIC participants selected for the in-person survey.

[11] Office of Management and Budget. (2006, September). *Office of Management and Budget: Standard guidelines for statistical surveys*. https://obamawhitehouse.archives.gov/sites/default/files/omb/inforeg/statpolicy/standards_stat_surveys.pdf, Guideline 1.3.

MAIN FINDINGS

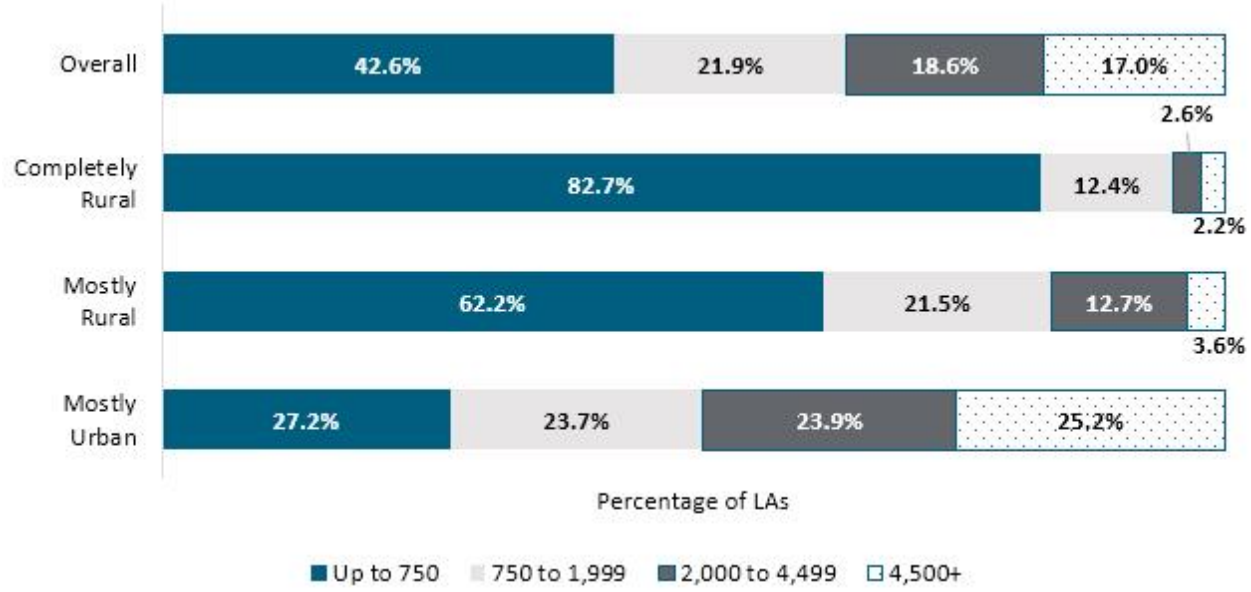
Operations

ADMINISTRATION

LAs vary by size, as indicated by the number of participants served each month. Overall, LAs estimated they served an average of 3,437 participants per month, with a range of 4 to 200,000 participants served (Appendix F, Table 10a). LAs characterized as non-government agencies and LAs located in urban areas served more participants per month compared to other types of LAs. For example, non-government LAs served an average 5,255 participants per month, whereas State-affiliated LAs served 2,728 participants per month; LAs in urban areas served on average 4,843 participants per month compared to LAs in rural areas that served 543 participants per month.[12]

Overall, the largest proportion of LAs (42.6 percent) served up to 750 participants per month (Exhibit 1). As expected, the majority of LAs (82.6 percent) in completely rural areas served up to 750 participants per month, while in mostly urban areas the distribution of participants served was fairly even across the 4 categories.

Exhibit 1. Number of Participants Served by LAs per Month, by LA Urbanicity



Note: Weighted *n* = 1,781; Unweighted *n* = 711. Total sample size = 862. Data were missing for 0.9 percent of LAs.
Source: Appendix F, Table 10a; NSWP-III Local Agency Survey, question 31.

Overall, the average number of participants served by LAs per month was higher in 2019 (3,437 participants) compared to 2009 (2,805 participants). The distribution of participants served also varied between these 2 years. The percentage of LAs serving up to 750 participants per month was higher in

[12] Please see the methodology section of this report for details on the different LA subgroups.

2019 (42.6 percent) compared to 2009 (25.2 percent), while the percentage of LAs serving more than 750 participants per month was lower in 2019 (57.4 percent) compared to 2009 (74.8 percent) (Appendix F, Table 10d).

As shown in Exhibit 2, half of LAs (49.5 percent) were considered a local government entity administering WIC and over a quarter (26.1 percent) were nonprofit organizations that had been contracted to run WIC. The remaining LAs were part of the SA (17.0 percent) or some other type of organization (7.4 percent). These data are generally consistent with findings from 2009, except the percentage of LAs considered part of the SA decreased from 29.3 percent in 2009 to 17.0 percent in 2019 (Appendix F, Table 7b).

Exhibit 2. Percentage of LAs by Administrative Structure Type

Note: Weighted *n* = 1,797; Unweighted *n* = 781. Total sample size = 862. Examples of other types of structures include tribal entity/organization administering WIC (3.3 percent of LAs), and not a local agency but rather a clinic under a local agency (2.1 percent of LAs).
Source: Appendix F, Table 7a; NSWP-III Local Agency Survey, question 18.

HOURS OF OPERATION

LAs were asked to report the hours open to the public for a typical clinic in a typical week of operations across all clinics in their agency. On average, LAs were open 5 days per week (with a range of 1–6 days) for an average of 41 hours (with a range of 4–66 hours).[13] Average daily hours ranged from 6 hours and 36 minutes on Saturday to 8 hours and 54 minutes on each day Monday through Thursday; average hours on Friday were 7 hours and 54 minutes. (Appendix F, Table 10b). Operating days and hours varied slightly by LA size, as defined by the number of participants served. LAs that served up to 750 participants per month were open, on average, 4 days a week compared to LAs that served 750 or more participants per month, which were open, on average, 5 days a week (Appendix F, Table 10b). Similarly, LAs that served fewer participants per month operated, on average, fewer hours per week compared to LAs that served a high number of participants each month (36.1 hours per week with a range of 4–63 hours versus 47 hours per week with a range of 16–66.5 hours among LAs serving 4,500 or more participants per month).

[13] The LA Survey did not ask about the availability of operating hours on Sundays.

The LA Survey did not ask LA directors directly about extended hours of operation. The Study Team calculated extended hours as hours open to the public after 5:00 p.m. on weekdays and any hours offered on Saturday. More than half of LAs (53.6 percent) reported offering extended hours for an average of 2 days per week at a typical clinic under their agency. Of those LAs who reported offering extended hours, the LAs reported offering an average of 1 extended hour per day (Appendix F, Table 14a).

CLINICS AND MOBILE UNITS

An LA has authority over clinics, satellite sites, and mobile units which provide a variety of services including conducting certifications and offering nutrition counseling and education. The study defined "WIC clinic" as a permanent location assigned to WIC. A "satellite" site was defined as a school, church, or town hall that is only temporarily assigned to WIC. At satellite locations, WIC staff transport their files and equipment to the site each visit. "Mobile units" were defined as vehicles assigned to WIC that make stops to conduct certifications.[14]

With respect to the number of clinics and sites operating under each LA, the average number of clinics per LA was 3.2 with a range of 0 to 96. LAs reported fewer satellites than clinics, with an average of 2 per LA and a range of 0 to 68. Finally, the average number of mobile units per LA was less than 1, with a range of 0 to 22. As may be expected, as shown in Table 1, the number of clinics, satellites, and mobile units operating per LA increased as the number of participants served increased (Appendix F, Table 8a).

[14] Definitions of "WIC clinic," "satellite," and "mobile units" were developed in conjunction with FNS and were reviewed by an independent expert panel that included experts in WIC policy and WIC operations experience. These definitions were included in the LA Survey for reference.

Table 1. Average Number of WIC Sites Operating Under an LA, by Type of Site and Number of Participants Served by Entire LA per Month

Type of Site	Overall	Number of Participants Served by Entire LA per Month			
		Up to 750	750 to 1,999	2,000 to 4,499	4,500+
Clinics					
Average number per LA	3.2	1.9	2.0	3.3	7.9
Range per LA	0–96	0–80	1–11	1–21	1–96
Total number of respondents (weighted *n*)	1,786	756	386	331	302
Total number of respondents (unweighted *n*)	714	275	158	144	132
Satellites					
Average number per LA	2.0	1.4	1.6	2.2	3.6
Range per LA	0–68	0–60	0–8	0–23	0–68
Total number of respondents (weighted *n*)	1,212	511	279	214	197
Total number of respondents (unweighted *n*)	488	187	115	93	88
Mobile Units					
Average number per LA	0.3	0.1	0.3	0.2	0.8
Range per LA	0–22	0–6	0–13	0–2	0–22
Total number of respondents (weighted *n*)	894	395	184	149	153
Total number of respondents (unweighted *n*)	351	144	74	61	66

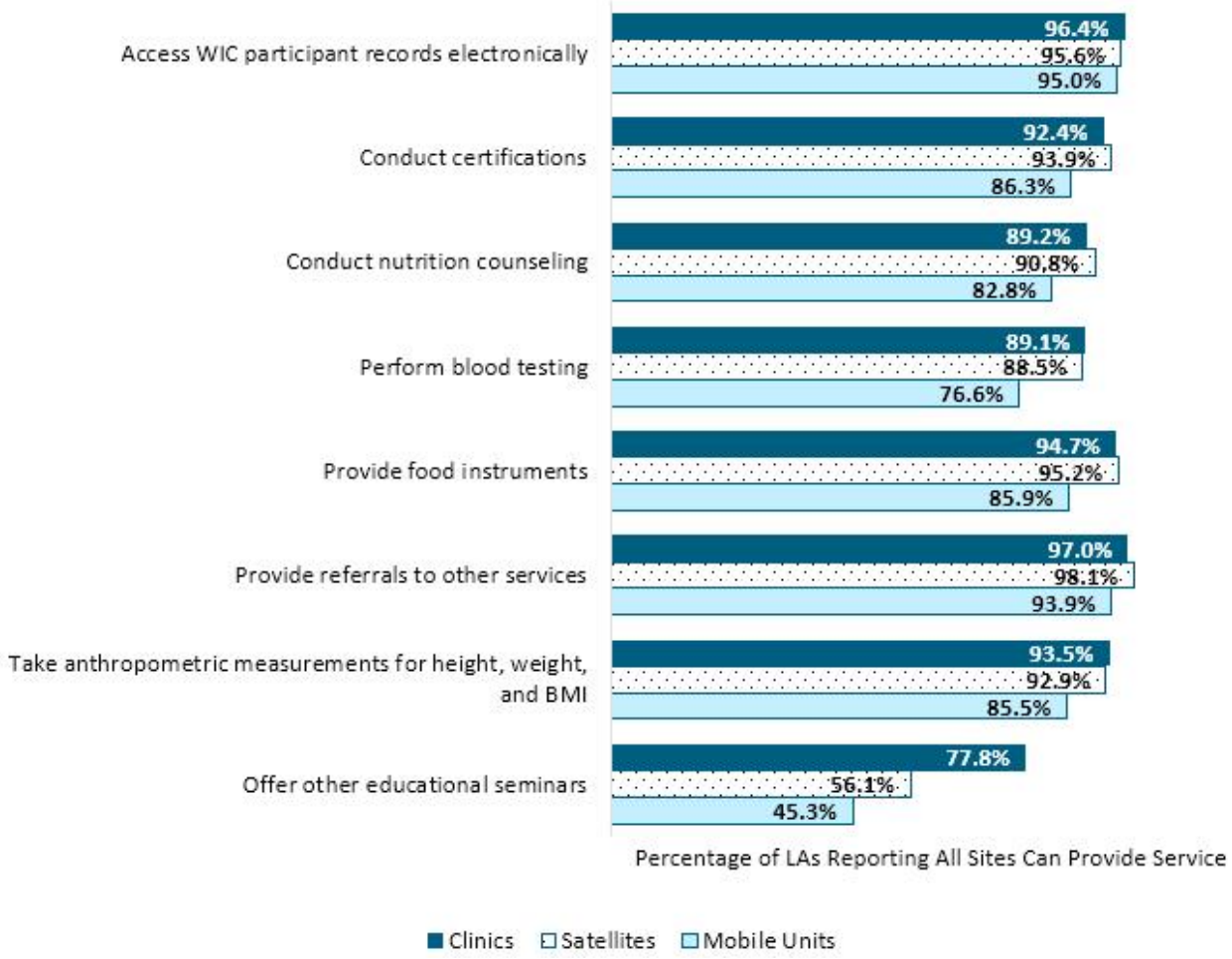
Notes: Total sample size = 862.
Source: Appendix F, Table 8a; NSWP-III Local Agency Survey, question 22.

Nearly all LAs provided the following services: conduct certifications (99.3 percent); take anthropometric measurements for height/length, weight, and BMI (99.1 percent); conduct nutrition counseling (99.0 percent); provide referrals to other services (98.9 percent); access WIC participant records electronically (98.4 percent); provide food instruments (vouchers/EBT cards) (97.1 percent); and perform blood testing (96.0 percent). The majority of LAs also offered educational seminars, such as on topics as breastfeeding (87.7 percent) (Appendix F, Table 8b).

When LAs were asked to select the extent to which clinics provided the services mentioned above—with a response of "all can do," "some can do," or "none can do"—most LAs reported that all clinics can carry out these services (Exhibit 3). Similar trends were observed in satellite and mobile units, except for offering other educational seminars (e.g., on breastfeeding),[15] for which 22.6 percent LAs reported that none of their satellites can carry out this service and 33.3 percent of LAs reported that none of their mobile units can carry out this service (Appendix F, Table 8c).

[15] The survey stated, "offering other educational seminars (e.g., on breastfeeding)." We cannot say for certain that LAs interpreted this response option as educational seminars on topics other than nutrition education.

Exhibit 3. Percentage of LAs Reporting that All Sites Perform Services, by Service and Site Type



Notes: Total number of respondents varied by staff type; see source table. Total sample size = 862. This survey question allowed the respondent to select all options that applied; percentages may not sum to 100.
Source: Appendix F, Table 8c; NSWP-III Local Agency Survey, question 23.

Staffing

WIC LA staff are responsible for several tasks, such as certifying applicants, issuing food benefits, providing nutrition education and breastfeeding support, and referring participants to other social services.[16] A typical WIC site can employ a variety of position types, including competent professional authorities (CPAs),[17] registered nurses and dietitians, social workers, and administrative staff.

On average, LAs employed 17 FTE staff members across all clinics in their jurisdiction. As expected, very large LAs serving more than 4,500 participants per month employed more staff members than other sized LAs (51 FTEs versus 6 FTEs among LAs serving up to 750 participants per month). Similarly, LAs in urban areas employed more staff (21 FTEs) compared to LAs in completely rural areas (6 FTEs) (Appendix F, Table 9a).

LAs reported vacancies in all staff types (Table 2). The four most common vacancies reported included social worker/psychologist/therapist positions, physician staff positions, degreed/licensed nutritionist positions, and trained nutrition paraprofessional positions. The five staff types most frequently hired in the last 12 months were social workers/psychologists/therapists, directors, administrative staff, degreed/licensed nutritionists, and registered dietitians. The average rate of turnover per LA in the last 12 months was 12.4 percent[18] (Appendix F, Tables 9e and 9g).

Table 2. Percentage of LA Vacant and Recently Hired Positions

Staff Position Type	Percentage of Vacant Positions[a]	Percentage of Recently Hired Positions[b]
Social Worker/Psychologist/Therapist	27.9	30.7
Physician	19.6	16.5
Other professional	11.1	26.7
Degreed/licensed nutritionist	10.7	26.3
Trained nutrition paraprofessional	10.3	20.1
Registered dietitian	8.6	24.8
Certification specialist	7.9	20.8
Office Manager	7.8	12.8
Administrative staff	7.2	25.7
Other	6.3	34.0
Registered nurse	4.1	25.6
Director	2.7	28.9

[a] Percentage of vacant positions is calculated per staff type as the number of vacant positions divided by the number of full-time and part-time staff.
[b] Percentage of staff hired is calculated per staff type as the number of staff hired divided by the number of full-time and part-time staff.
Note: Total number of respondents varied by staff type; see source table. Total sample size = 862.
Sources: Appendix F, Tables 9e and 9g; NSWP-III Local Agency Survey, question 27.

[16] U.S. Department of Agriculture, Food and Nutrition Service. (2013, October). *WIC Benefits and Services*. https://www.fns.usda.gov/wic/wic-benefits-and-services

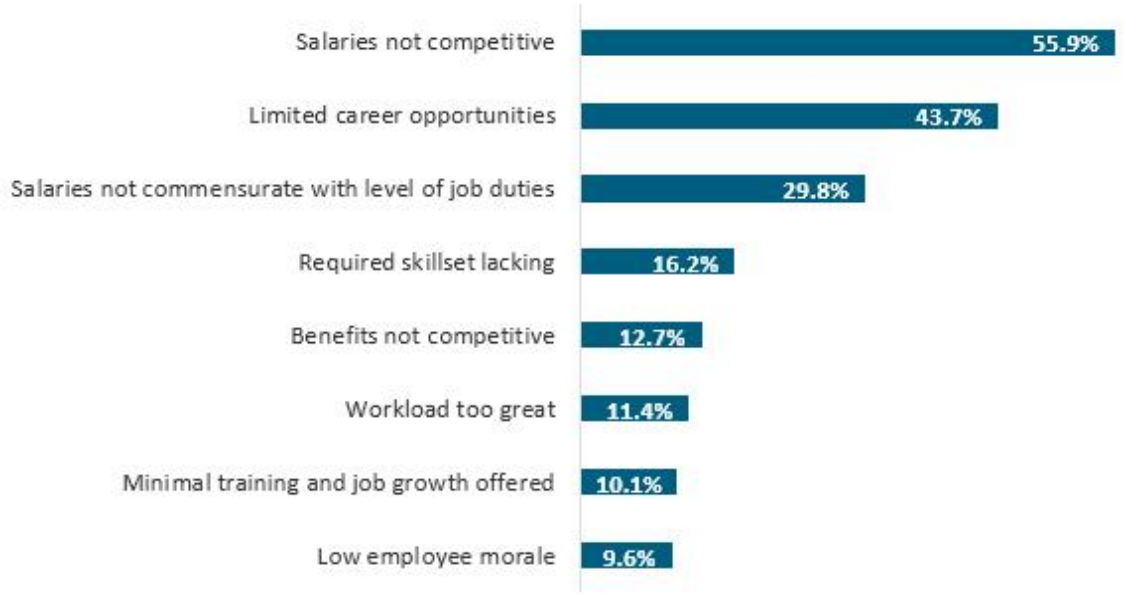
[17] Per WIC Regulations 246.7(a)(2), CPA means an individual on the staff of the LA authorized to determine nutritional risk and prescribe supplemental foods.

[18] Turnover rate is the number of staff who have left the agency in the last 12 months divided by the total number of full-time, part-time, and vacant positions.

More than two-thirds (73.9 percent) of LAs with a high participant retention rate in fiscal year 2018 reported staff vacancies, while approximately half of LAs with a medium or low retention rate in fiscal year 2018 reported staff vacancies (49.4 percent and 51.5 percent, respectively) (Appendix F, Table 9h).[19] Among LAs with bilingual or multilingual staff, 60.2 percent had vacant staff positions. A higher percentage (75.9 percent) of vacant staff positions among LAs with bilingual staff was observed for State-affiliated LAs compared to other types of LAs (56.2 percent for local government LAs and 57.8 percent for non-government LAs). Similar trends were observed for LAs with 4,500 or more participants served compared to LAs serving fewer participants (Appendix F, Table 9i).

LAs reported a range of difficulties in retaining, recruiting, and hiring staff (Exhibit 4). More than half of LAs (55.9 percent) indicated that salaries were not competitive. Others reported difficulties including limited career opportunities (43.7 percent) and salaries that were not commensurate to levels of job responsibility (29.8 percent).

Exhibit 4. Difficulties that LAs Faced in Retaining, Recruiting, and Hiring Staff

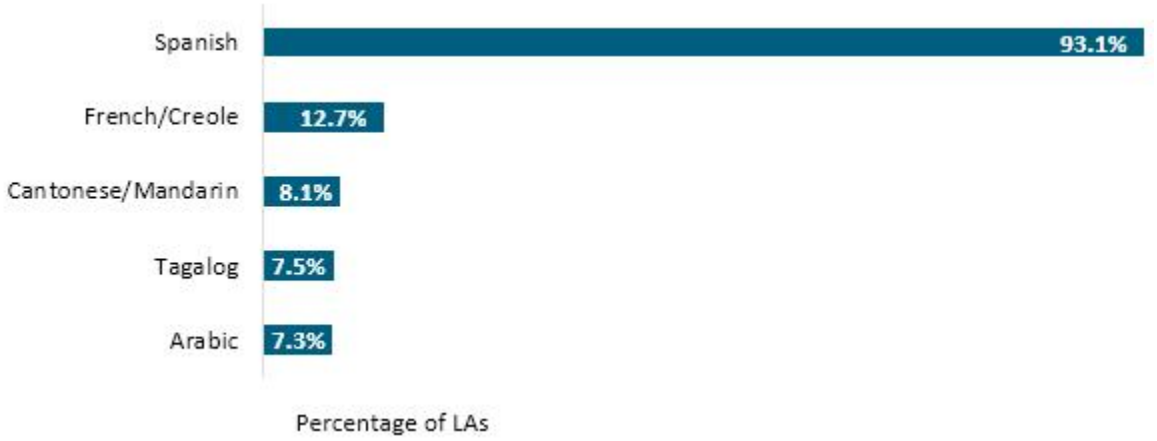


Notes: Weighted *n* = 1,791; Unweighted *n* = 716. Total sample size = 862. This survey question allowed the respondent to select all options that applied; percentages may not sum to 100.
Source: Appendix F, Table 9f; NSWP-III Local Agency Survey, question 30.

On average across all LAs, almost a quarter (22.8 percent) of LA staff were bilingual or multilingual. For the LAs with bilingual/multilingual staff, the majority of these LAs (93.1 percent) employed staff who spoke Spanish. A smaller percentage of LAs employed staff speaking other languages (Appendix F, Table 9d). The top five languages reported, including Spanish, are shown in Exhibit 5.

[19] See *NSWP-III Brief Report 4: Retention and Potential Barriers to Participation among WIC Participants* for a discussion of LA retention rates. High retention rate was defined as 90.0 percent–100.0 percent, medium retention rate was 44.6 percent–89.9 percent, and low retention rate as 0.0 percent–44.5 percent.

Exhibit 5. Languages Spoken by Bilingual/Multilingual LA Staff Among LAs with Bilingual/Multilingual Staff



Notes: Total number of respondents varied by staff type; see source table. Total sample size = 862. Data presented are among the LAs that reported a percentage of bilingual or multilingual staff greater than zero. Percentages represent the percentage of LAs with any staff that speak the language listed. The survey included several other languages, such as Farsi and Cantonese/Mandarin. Please see source table for additional details on the other languages.
Source: Appendix F, Table 9d; NSWP-III Local Agency Survey, questions 28 and 29.

LA staffing levels were generally consistent with what was reported by LAs in 2009. For instance, the average number of FTEs in 2009 was 17 compared to 16 FTEs in 2019 (Appendix F, Table 9j). Changes were observed for the percentage of LA staff speaking Spanish between 2009 and 2019 with 70.5 percent of LAs with bilingual/multilingual staff reporting their staff spoke Spanish in 2009 compared to 93.1 percent of LAs in 2019 (Appendix F, Table 9m). Please see Appendix F, Tables 9j, 9k, 9l, and 9m for additional information on staffing for 2009 and 2019. Also, for details on certification caseload and staffing, please see *Brief Report 3: WIC Local Agency Certification Policies.*

Physical Space Characteristics

Data were collected about the physical characteristics and perceptions of the physical security of the LA's location. Approximately 70 percent of LAs reported that they were in a health department or medical clinic (Table 3). Far fewer LAs were in a nonprofit facility (9.1 percent), a standalone WIC clinic (6.9 percent), a community center (3.8 percent), a full-service hospital (3.2 percent), or a social services office or agency (2.4 percent).

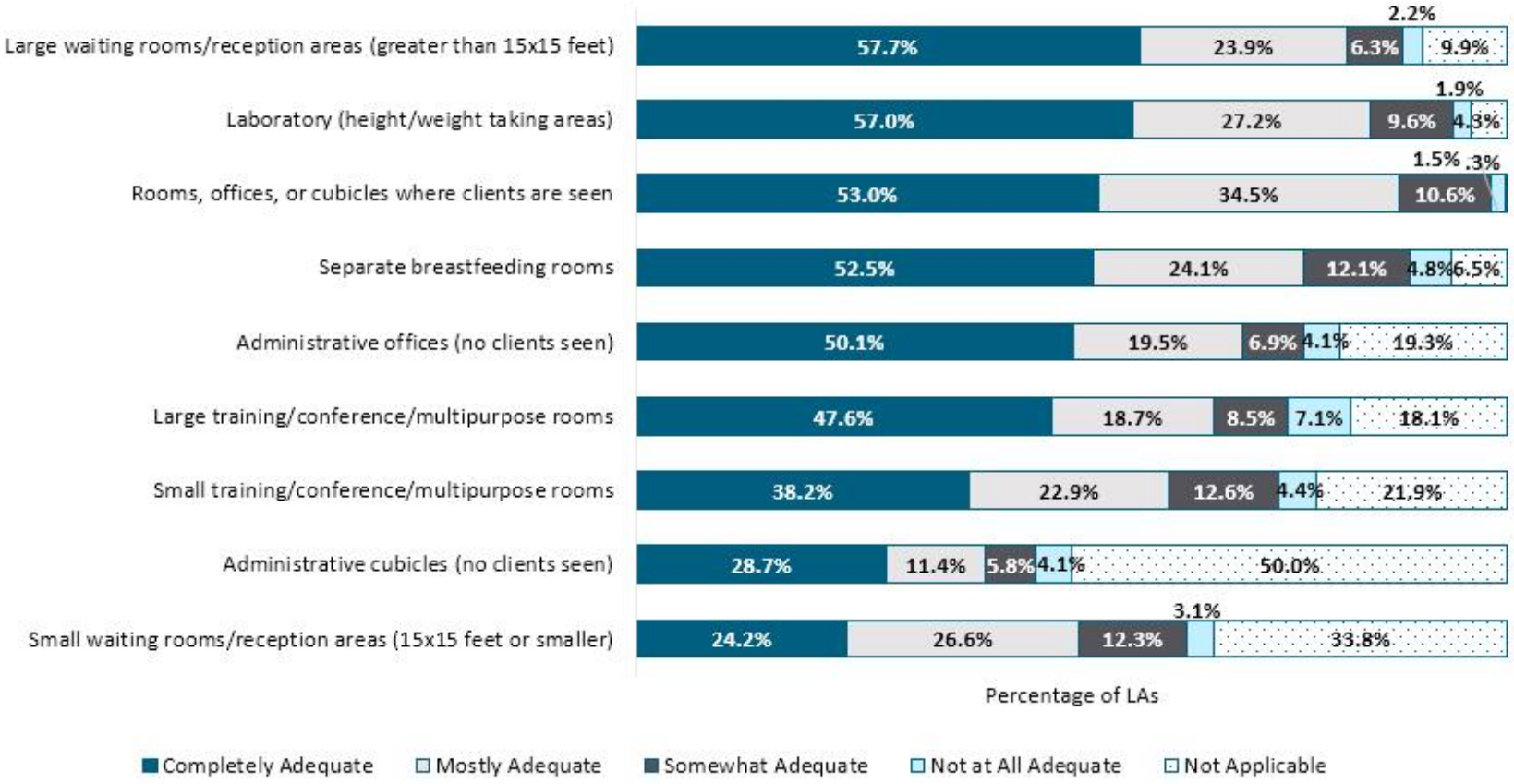
Table 3. Location of LA Facilities

Physical Space	Percentage of all LAs
Health department or medical clinic	69.6
Nonprofit facility	9.1
Standalone WIC clinic	6.9
Community center	3.8
Full-service hospital	3.2
Social services office or agency	2.4
Indian Health Service facility	1.5
School	0.3
Religious center	0.2
Mobile clinic (van)	0.2
Head Start office	0.1
Migrant health center and/or camp	0.0
Other[1]	2.6
Total number of respondents (weighted *n*)	1,797
Total number of respondents (unweighted *n*)	718

[1] Examples of other types of locations identified by survey participants included Federally Qualified Health Center (weighted *n* = 18) and multiple sites being used (weighted *n* = 16).
Notes: Total sample size = 862.
Source: Appendix F, Table 12a; NSWP-III Local Agency Survey, question 19.

Overall, LAs reported that their physical space was adequate for optimally delivering WIC services to their participants (Exhibit 6). More than half of LAs considered the following types of spaces as "completely adequate" for delivering services: large waiting rooms/reception areas (greater than 15x15 feet); rooms, offices, or cubicles where clients are seen; separate breastfeeding rooms; administrative offices (no clients seen); and laboratories (height/weight taking areas). The percentage of LAs reporting a specific space as not at all adequate was small, ranging from 1.5 percent to 7.1 percent of LAs.

Exhibit 6. Physical Space Rating of LA Location



Notes: Total number of respondents varied by type of space; see source table. Total sample size = 862.
Source: Appendix F, Table 12c; NSWP-III Local Agency Survey, question 20.

LAs also were asked to rate the physical security of their location as "very safe (no incidents)," "safe (occasional minor incidents)," "unsafe (occasional major incidents or frequent minor incidents)," or "very unsafe (frequent major incidents)." Examples of physical security included protection from natural disasters such as fire, earthquake; burglary or vandalism of the site; unauthorized visitors; etc. Over half of LAs (53.4 percent) indicated their agency's location was very safe, 44.3 of LAs indicated the location was safe, and the remaining 2.5 percent of LAs indicated the location was unsafe. None of the LAs reported their location as very unsafe (Appendix F, Table 12b).

Technology Capabilities

LAs were asked about whether a typical clinic under their agency has the necessary physical resources (e.g., equipment, technology, supplies) to perform certain duties. All LAs reported that the typical clinic has the necessary equipment onsite to enter or access client certification information via a computer (Appendix F, Table 13a). Nearly all LAs indicated they have the necessary equipment to take anthropometric measurements (99.6 percent) and perform hematological testing (98.2 percent). Compared to 2009, LAs have increased capabilities to perform hematological testing from 89.2 percent to 98.2 percent (Appendix F, Table 13b). The percentage of LAs with the necessary equipment to enter or access client certification information and to take anthropometric measurements were relatively the same between 2009 and 2019.

CONCLUSION

The study findings provide insight into WIC LA operational policies and practices and the changes that have occurred since the last NSWP study was conducted in 2009. The 2019 NSWP-III study reported 3,437 participants served by LA per month compared to 2,805 participants served per month reported in the 2009 NSWP-II study. However, LA staffing levels were generally consistent with what was reported by LAs in 2009—the average number of FTEs in 2009 was 17 compared to 16 FTEs in 2019. In 2019, LAs reported, on average, vacancies in all staff types. The four most common vacancies included social worker/psychologist/therapist positions, physician staff positions, degreed/licensed nutritionist positions, and trained nutrition paraprofessional positions. LAs also reported issues with retaining, recruiting, and hiring staff. More than half of LAs (55.9 percent) indicated that salaries were not competitive. Others reported difficulties including limited career opportunities (43.7 percent) and salaries that were not commensurate to levels of job responsibility (29.8 percent). Based on the study findings, future research could be conducted on ways LAs could increase staff retention and develop public interest in careers aimed at working with WIC.

In addition, on average across all LAs, almost a quarter (22.8 percent) of LA staff were bilingual or multilingual. For the LAs with bilingual/multilingual staff, the majority of these LAs (93.1 percent) employed staff who spoke Spanish, an increase from 70.5 percent of LAs in 2009.

The findings related to physical space, equipment needs, and physical security of the LA location were positive. Overall, LAs reported that their physical space was adequate for optimally delivering WIC services to participants. Over three quarters of LAs indicated that they had mostly or completely adequate waiting areas, laboratories (height/weight taking areas), areas where clients are seen, and breastfeeding rooms. In addition, all or nearly all LAs (98 percent or higher) reported that the typical clinic has the necessary equipment onsite to enter or access client certification information via a computer, take anthropometric measurements, and perform hematological testing. Lastly, nearly all LAs (97.7 percent) rated their LA location as very safe (no incidents) or safe (occasional minor incidents).

As with all research studies, limitations of the design and methodology are possible. The LA Survey was designed and tested to elicit accurate responses. Nevertheless, some response error is possible. Respondents may have unknowingly reported incorrect information or inadvertently checked the wrong response. In addition, the LAs who responded to the surveys in 2009 and 2019 differed. However, for both studies, the samples were weighted to be nationally representative of LAs near the time each study was conducted.[20]

[20] Please note for NSWP-III, the most recent available frame at the time of sampling was the 2017 WIC-LAD.

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Non-Discrimination Statement: