U.S. DEPARTMENT OF AGRICULTURE

Third National Survey of WIC Participants (NSWP-III)

BRIEF REPORT 3: WIC LOCAL AGENCY CERTIFICATION POLICIES

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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 2. This brief, however, 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.

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:

- In 2019, there was an average of 24 LAs per SA and an average of 74 WIC clinics or sites per SA.
- Nearly all LAs (99.9 percent) accepted a driver's license/State ID, birth certificates (97.5 percent) and crib cards, hospital discharge papers, or a hospital ID bracelet (94.9 percent) as documentation of identity.
- Nearly all LAs (99.5 percent) accepted a current utility/tax bill, rent receipt, mortgage receipt, or lease receipt with name and address for residency documentation. More than 80 percent of LAs also accepted letters from government agencies (including WIC) with a name and address (82.1 percent) and postmarked mail from a reliable third party with a name and address (80.4 percent).
- LAs reported that, among all full-time staff in their jurisdiction who conduct certifications, the average caseload across all staff in the entire LA was 1,671 WIC participants per month.
- Approximately three-fourths (74.0 percent) of LAs reported that their certification staff were cross-trained on all certification-related tasks.
- Half of LAs (50.1 percent) offered certifications at alternative sites, and of these LAs, most (90.0 percent) conducted certifications for all certification categories.
- More than half (63.2 percent) of LAs reported that infant certifications for fully breastfeeding food packages were performed at ages 1–3 months.

Conclusion: The findings provide valuable insights on WIC LA certification policies and practices, which are a key responsibility of the LA. Future research could explore the reasons LAs do not offer alternative sites for certifications and best practices for implementation among those LAs that do offer alternative sites.

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 undergo 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 Objective and Questions

One component of the current study (NSWP-III) is to provide information on LA operations, which is also highlighted in Brief Report 2. This Brief, however, 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:

Number of WIC LAs and Clinics

- How many LAs are in the SAs, how many clinics or sites are in the SAs, and what is the average number of clinics or sites per LA?

Certification Documentation Requirements

- What documents are accepted for proof of residency and identity?

Certification Caseload and Staffing

- What is the average caseload of LA staff who conduct certifications?
- What proportion of certification staff are cross-trained on certification-related tasks?

Certification at Alternate WIC Sites

- How many LAs have offsite (alternative site) certification?
- Are those certifications for all WIC categories, or only for some groups (e.g., infants)? If so, which categories?
- What are the policies regarding scheduling appointments for certifications?

Certification of Infants for Breastfeeding Packages

- At what ages are infants being certified for fully breastfeeding packages and does the timing of certification vary among the SAs and LAs?

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 which include technical details of the LA Survey methodology, a copy of the LA Survey, and the LA analytic tables.

[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.

STUDY METHODOLOGY

Source of Data

The findings in this brief are based on data collected from two surveys during the summer and fall of 2019. Table 1 lists the surveys fielded and associated operational details. For additional details, please see Appendix A.

Table 1. NSWP-III Survey Summary

Survey	Type of Data Collection	Mode of Data Collection	Estimated Length of Survey	Data Collection Period	Sample Size	Number of Completes	Response Rate[a]
SA Survey	Census	Web survey	1-hour	June 3, 2019–October 11, 2019	89	82	92.1%
LA Survey	National sample[b]	Web survey	1-hour	June 3, 2019–October 11, 2019	862[c]	714	82.8%

[a] Response rate equals the number of completed cases divided by the sum of the number of completed cases, number of refusal cases, and nonrespondents.
[b] 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 LAs by SA.
[c] 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 from an initial sample of 890.

Survey Content

The SA and LA instruments were developed in collaboration with FNS and were reviewed by an independent panel that included experts on WIC policy and operations. In addition, the survey was pilot tested with nine respondents from December 2016 through February 2017 to assess the ease of comprehension (e.g., confusing wording or layout, failure to grasp concepts) and length of time to complete. Topics included in each survey are shown in Table 2.

Table 2. Topics Included in the NSWP-III Surveys

Survey	Topics Included
SA Survey (Appendix A)	▪ Acceptable proofs of identity and residency ▪ Guidelines given to LAs to help them determine the family economic unit ▪ Income determination and adjunctive/automatic income eligibility ▪ Record-keeping practices ▪ Manufacturer rebates ▪ Certification period policies ▪ Denied applicants ▪ Retention of WIC participants
LA Survey (Appendix A)	▪ Acceptable documentation for 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 LA operations and policies related to certification, other topics related to LA operations are covered in brief report 2.

Analysis

WEIGHTING

SA data. The SA data are derived from a census. Therefore, sampling adjustments, weighting, and tests of significance are not applicable.

LA data. The LA data from 718[7] 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 nonresponse adjustment.[8,9]

[7] Four partially completed surveys were also included with 714 completed surveys in the analysis.

[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.

SURVEY RESULTS

To understand the differences among respondents, data were analyzed according to the relevant subgroups as shown in Table 3.

Table 3. Subgroups Examined for Each NSWP-III Survey

Survey	Subgroups Examined
SA Survey	▪ Type of Organization (State/District of Columbia/Territory, ITO) ▪ Number of participants served by the entire SA per month (up to 10,000; 10,000 to 75,999; 75,000 or more) ▪ Location based on the FNS Region (Mid-Atlantic, Midwest, Mountain Plains, Northeast, Southeast, Southwest, Western)
LA Survey	▪ 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.

Descriptive results are presented for all 82 SAs that responded to the survey. While a nonresponse bias analysis was not performed, the seven SAs that did not respond consisted of one State and six Indian Tribal Organizations (ITOs) and represented a small percentage of the total WIC population. LA Survey data are presented as weighted percentages and means. Tables with comparisons to NSWP-II (conducted in 2009) were prepared when feasible (i.e., when similar questions were asked of both studies) and can be found in Appendix E (SA data) and Appendix F (LA data).[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.[11] Since an 80 percent response rate was achieved for the surveys, the Study Team did not conduct nonresponse bias analysis.

[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.

MAIN FINDINGS

Number of WIC Local Agencies and Clinics

The Study Team requested information regarding the number of operating locations from both the SAs and LAs. The SA survey defined "local agency" as an office that maintains administrative data on clients and communicates participation information directly to SAs. "Clinic or site" definition in the SA survey was an office that is sponsored by an SA or LA and provides services to clients.[12] On average, SAs reported 24 LAs per SA with a range of 0 to 118 LAs per SA (Table 4). This is a minor decrease from 2009, when there was an average of 26 LAs per SA with the same range of 0 to 118 LAs per SA.[13,14]

On average, SAs reported 74 WIC clinics or sites (including satellite and temporary sites) per SA with a range of 0 to 572 clinics or sites per SA. This is a decrease compared to 2009 when there were 91 WIC clinics or sites per SA with a range of 0 to 625 clinics or sites per SA (Table 4).

Table 4. Number of WIC LAs, and Clinics or Sites in SAs in 2009 and 2019

Number of WIC LAs, and Clinics of Sites	2009	2019
WIC LAs		
Average number per SA	26	24
Median number per SA	12	13
Range per SA (*n*)	0–118	0–118
WIC Clinics or Sites		
Average number per SA	91	74
Median number per SA	53	37
Range per SA (*n*)	0–625	0–572
Total number of SA respondents	82	81

Notes: Total sample size is 90 for 2009 and 89 for 2019.
Source: Appendix E, Table 1b; NSWP-III State Agency Survey, questions 19–21; NSWP-II Final Report Volume 2 Report, Exhibit 3-1.

LAs were asked to report the number of WIC sites that operated under the authority of the LA, which included clinics, satellites, and mobile units. The study defined a clinic as a permanent location assigned to WIC. Satellites were described as a location such as a school, church, or town hall that is only temporarily assigned WIC, where WIC staff carry their own files and equipment to the site each visit.

[12] Definitions of “local agency” and “clinic or site” included in the survey 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 SA Survey for reference.
[13] Please note, this information is based on responses to the SA Survey. For more details on SA data collection and analyses, please see Appendix A.
[14] Please note that an SA can act as the SA, LA, and service delivery site, which explains the range starting at zero.

Mobile units were defined as vehicles assigned to WIC that may make multiple stops to conduct certifications.

Overall, LAs reported an average of 3.2 clinics per LA with a range of 0 to 96 clinics per LA. The number of clinics per LA varied depending on the relationship of LA to SA. Compared to the overall average, State-affiliated LAs had slightly more clinics per LA with an average of 4.5 clinics per LA with a range of 0 to 96 clinics per LA. In contrast, LAs that were classified as a local government LA had a lower average of clinics per LA at 2.4 clinics with a range of 0 to 38 clinics per LA (Appendix F, Table 8a).[15]

In addition, LAs reported an average of 2.0 satellites per LA with a range of 0 to 69 satellites per LA while the average was slightly higher for non-government LAs, which had an average of 3.2 satellites per LA with a range of 0 to 68 satellites per LA. Lastly, there was an average of 0.3 mobile units per LA, with a range of 0 to 22 mobile units per LA. This average was generally consistent across all LA types (State-affiliated, local government, and non-government) (Appendix F, Table 8a). For information about the services provided at these different sites, please see *Brief Report 2: WIC Local Agency Operations.*

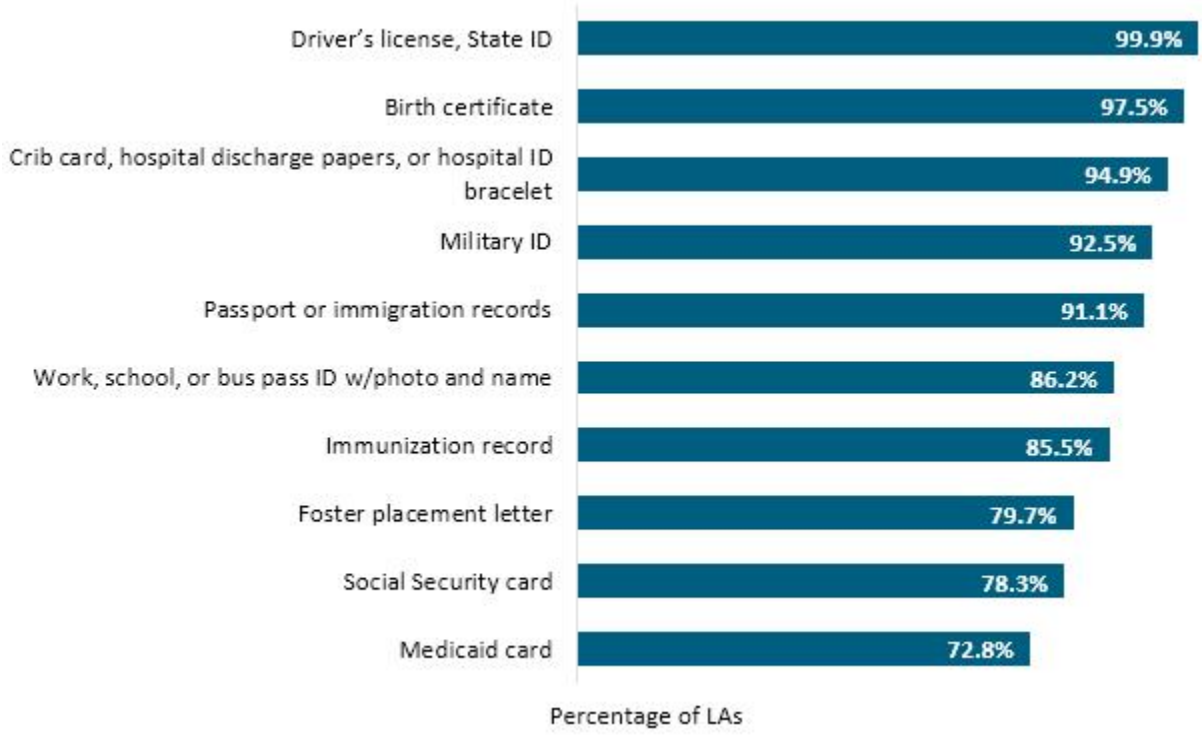
Certification Documentation Requirements

As part of the certification process, WIC applicants must provide documentation of both identity and residency to comply with the requirements set by their SA.[16] Nearly all LAs (99.9 percent) accepted a driver's license/State ID as documentation of identity. In addition, nearly all LAs accepted birth certificates (97.5 percent) and crib cards, hospital discharge papers, or a hospital ID bracelet (94.9 percent) (Exhibit 1).

[15] Please see the methodology section of this report for definitions of the different types of relationships between the LA and the parent SA.

[16] For more information on SA certification documentation requirements and LA certification documentation requirements related to income eligibility, please see *Brief Report 1: WIC State Agency Policies and Practices*.

Exhibit 1. Top 10 Documents Accepted by LAs for Verification of WIC Applicant Documentation of Identity



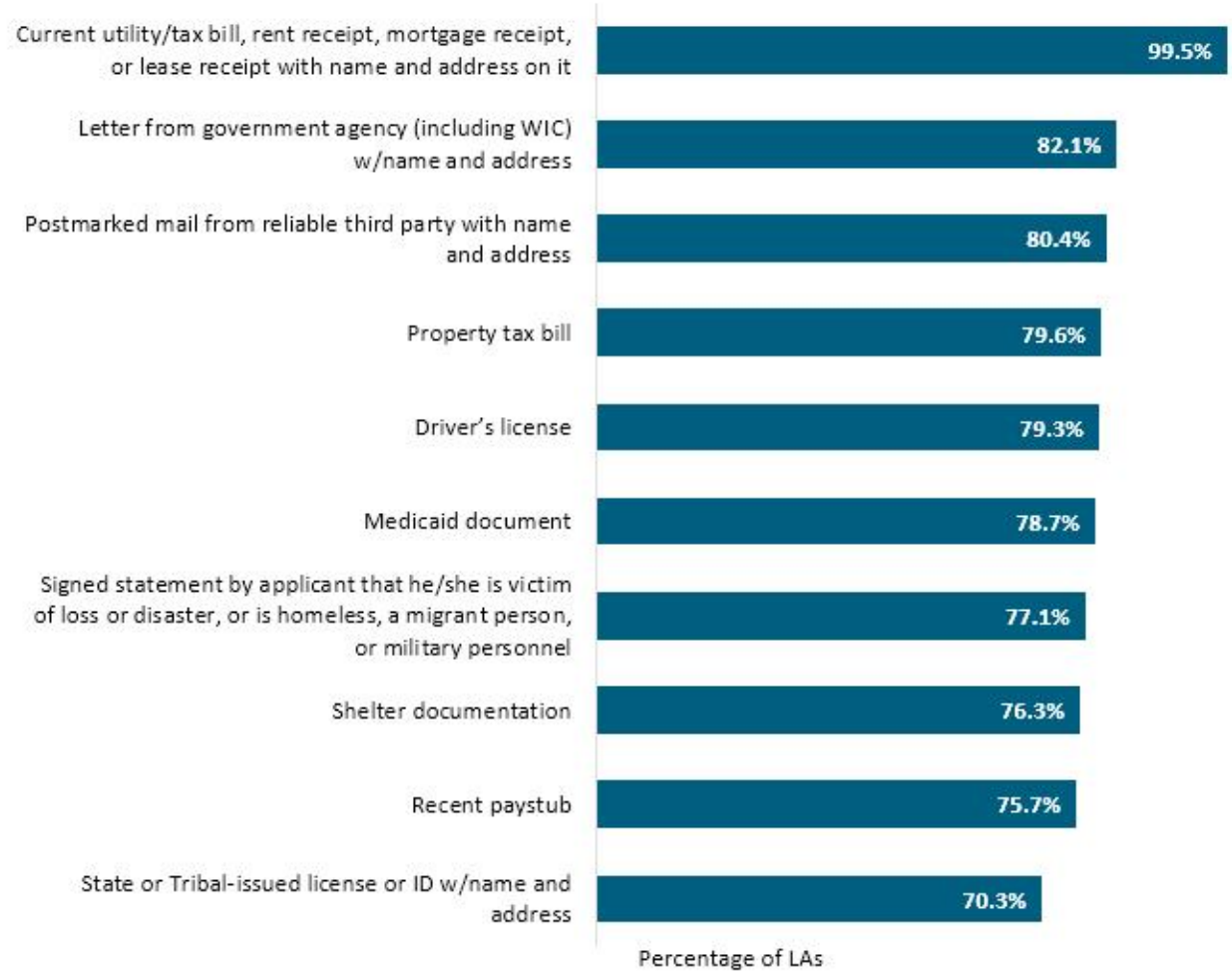
Note: Weighted *n* = 1,797; Unweighted *n* = 718. Total sample size = 862. This survey question allowed the respondent to select all options that applied; percentages may not sum to 100.
Source: Appendix F, Table 2a; NSWP-III Local Agency Survey, question 1.

For the residency requirement, applicants must live in the State where they apply. Applicants who are served in areas where an ITO administers WIC must meet the ITO's established residency requirements.[17] Nearly all LAs (99.5 percent) accepted a current utility/tax bill, rent receipt, mortgage receipt, or lease receipt with name and address for residency documentation.[18] More than 80 percent of LAs also accepted letters from government agencies (including WIC) with a name and address (82.1 percent) and postmarked mail from a reliable third party with a name and address (80.4 percent) (Exhibit 2).

[17] U.S. Department of Agriculture, Food and Nutrition Service. (2016). *WIC eligibility requirements.* https://www.fns.usda.gov/wic/wic-eligibility-requirements

[18] The survey response option was "current utility/tax bill, rent receipt, mortgage receipt, or lease receipt with name and address on it." The survey did not provide additional details on these documents; however, "tax bill" was intended to refer to property tax bill. In addition, while the survey specified "receipt" for rent, mortgage, or lease, it is possible that LAs also accept documentation that shows the applicant is charged these fees, and not documentation for proof of payment.

Exhibit 2. Top 10 Documents Accepted by LAs for Verification of WIC Applicant Residency



Note: Weighted *n* = 1,797; Unweighted *n* = 718. Total sample size = 862. This survey question allowed the respondent to select all options that applied; percentages may not sum to 100. Please note that the 70.3 percent of LAs accepting a State or Tribal-issued license or ID is likely driven by not all agencies serving areas where ITOs are located.
Source: Appendix F, Table 2b; NSWP-III Local Agency Survey, question 2.

Certification Caseload and Staffing

The WIC certification process is a critical function of the LA which typically involves multiple staff members. For example, a competent professional authority[19] conducts the certification, a clerk or other administrative role will check the applicant's residency documentation, while the registered dietitian or nurse will assess the applicant's nutritional risk. Furthermore, per FNS regulations, one employee should not be solely responsible for determining the eligibility of an applicant for all the certification requirements and for issuing food benefits to that same WIC participant.[20]

LAs reported that, among all full-time staff in their jurisdiction who conduct certifications, the average caseload was 1,671 WIC participants per full-time certification staff per month (Table 5). When comparing the findings by the relationship of LA to SA, non-government LAs had a higher average monthly caseload (2,797 participants) compared to State-affiliated LAs (1,710 participants) and local government LAs (1,028 participants). Mostly urban LAs (2,252 participants) and mostly rural LAs (886 participants) had a higher monthly average of participants than completely rural LAs (218 participants) (Appendix F, Table 3).

In addition to caseload estimates, LAs reported whether their staff received cross-training on the following certification-related tasks: assessing categorical eligibility criteria, assessing residential eligibility criteria, assessing nutritional risk criteria, assessing income/adjunctive income eligibility, and issuing benefits (vouchers/EBT cards). Approximately three-fourths of LAs (74.0 percent) had certification staff who were cross-trained on all certification-related tasks, while 26.0 percent of LAs did not have certification staff who were cross-trained, but rather their staff were specialized in one or more of the certification-related tasks mentioned above. On average per LA, 80.9 percent of certification staff were cross-trained (Table 5).

[19] Per WIC Regulations 246.7(a)(2) *competent professional authority* means an individual on the staff of the LA authorized to determine nutritional risk and prescribe supplemental foods.

[20] Per WIC regulations 246.4(a)(27), the SA's policies and procedures for preventing conflicts of interest at the LA or clinic level in a reasonable manner. At a minimum, this plan must prohibit the following WIC certification practices by LA or clinic employees or provide effective alternative policies and procedures when such prohibition is not possible: (i) Certifying oneself; (ii) Certifying relatives or close friends; or (iii) One employee determining eligibility for all certification criteria and issuing food instruments, cash-value vouchers, or supplemental food for the same participant.

Table 5. Caseload Size and Cross-Training Among Certification Staff at LAs

Caseload Size and Cross-Training Among Certification Staff	Overall
Caseload Size[a]	
Average monthly caseload among full-time certification staff per LA (*n*)	1,671
Range (*n*)	0–169,773
Total number of respondents (weighted *n*)	1,727
Total number of respondents (unweighted *n*)	690
Cross-Training Availability	
LA has certification staff who are cross-trained[b] (%)	74.0
LA does not have certification staff who are cross-trained[c] (%)	26.0
Total number of respondents (weighted *n*)	1,797
Total number of respondents (unweighted *n*)	718
Cross-Trained Staff[d]	
Average percentage of staff who are cross-trained per LA	80.9
Range (%)	0.0–100.0
Total number of respondents (weighted *n*)	1,327
Total number of respondents (unweighted *n*)	535

[a] Data were missing for 3.9 percent of LAs.

[b] Staff are cross-trained on all of the following tasks: assessing categorical eligibility criteria, assessing residential eligibility criteria, assessing nutritional risk criteria, assessing income/adjunctive income eligibility, and issuing benefits (vouchers/EBT cards).

[c] Staff specialize in one or more, but not all, of the following tasks: assessing categorical eligibility criteria, assessing residential eligibility criteria, assessing nutritional risk criteria, assessing income/adjunctive income eligibility, and issuing benefits (vouchers/EBT cards).

[d] Data were missing for 0.2 percent of LAs.

Notes: Total sample size = 862.

Source: Appendix F, Table 3; NSWP-III Local Agency Survey, questions 16, 16A, and 17.

Certifications at Alternative WIC Sites

To make WIC more accessible within their communities, LAs have the option to have alternative sites where they can perform certifications. These alternative sites may have full or partial services that can be performed but are administratively connected to their main LA. Alternative sites include satellites (temporary sites), mobile units, or offsite clinics at a hospital, school, or other locations.

Half of LAs (50.1 percent) offered certifications at alternative sites and the remaining 49.9 percent of LAs did not offer certifications at alternative sites (Appendix F, Table 4a). Of those LAs that provided certifications at alternative sites, most (90.0 percent) conducted certifications for all certification categories. Certifications for infants were provided at alternative sites for 96.3 percent of LAs, followed by certifications for postpartum women (94.5 percent), breastfeeding women (94.3 percent), pregnant women (92.8 percent), and children (92.3 percent) (Appendix F, Table 4a).

When asked about the policies regarding scheduling certification appointments at alternative sites, half of LAs (50.0 percent) that provided certifications at alternative sites did not specify policies for those

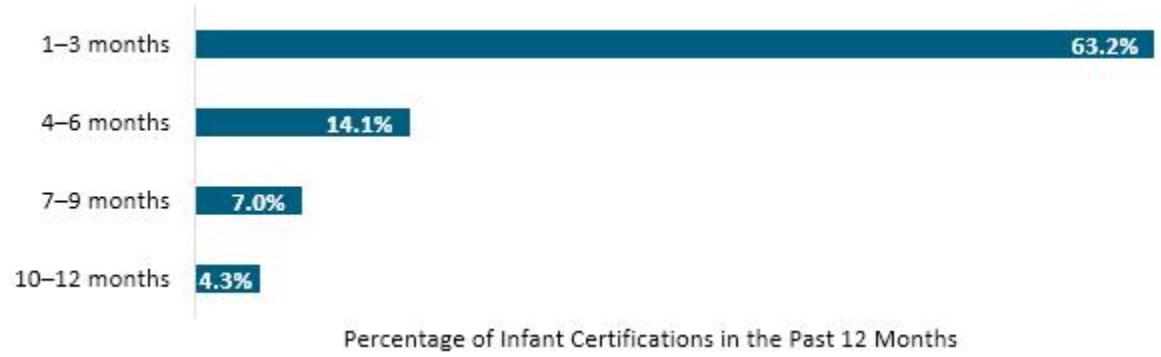
sites, while 41.6 percent of LAs have alternative sites that follow program policies and can perform the same functions as traditional sites for scheduling certification appointments (Appendix F, Table 4b).[21]

Certification of Infants for Breastfeeding Packages

A breastfeeding woman and her infant are considered the highest nutritional risk priority level per the WIC regulations.[22] Fully breastfeeding food packages are for mothers and their babies who do not receive formula from WIC and are considered to be breastfeeding exclusively.[23] Mothers and infants may receive the package until the infant is 12 months of age. Partially breastfeeding food packages are for mothers and their infants who mostly breastfeed but also receive some formula from WIC after the first month postpartum.[24]

LAs were asked to estimate the percentages of infant certifications performed in the past 12 months, and to specify at what ages infants were certified, under "fully" (rather than "partially") breastfeeding food packages. Across all LAs, about two-thirds of infants (63.2 percent) were certified for fully breastfeeding food packages at ages 1–3 months. In addition, 14.1 percent of infants were certified for fully breastfeeding food packages at 4–6 months, 7.0 percent at 7–9 months, and 4.3 percent at 10–12 months (Exhibit 3).

Exhibit 3. Average Percentage of Infants Certified for Fully Breastfeeding Packages, by Infant Age



Notes: Weighted *n* = 1,677; Unweighted *n* = 668. Total sample size = 862. This table presents average percentages by infant age; percentages may not sum to 100. Data were missing for 6.7 percent of LAs.
Source: Appendix F, Table 5a; NSWP-III Local Agency Survey, question 5.

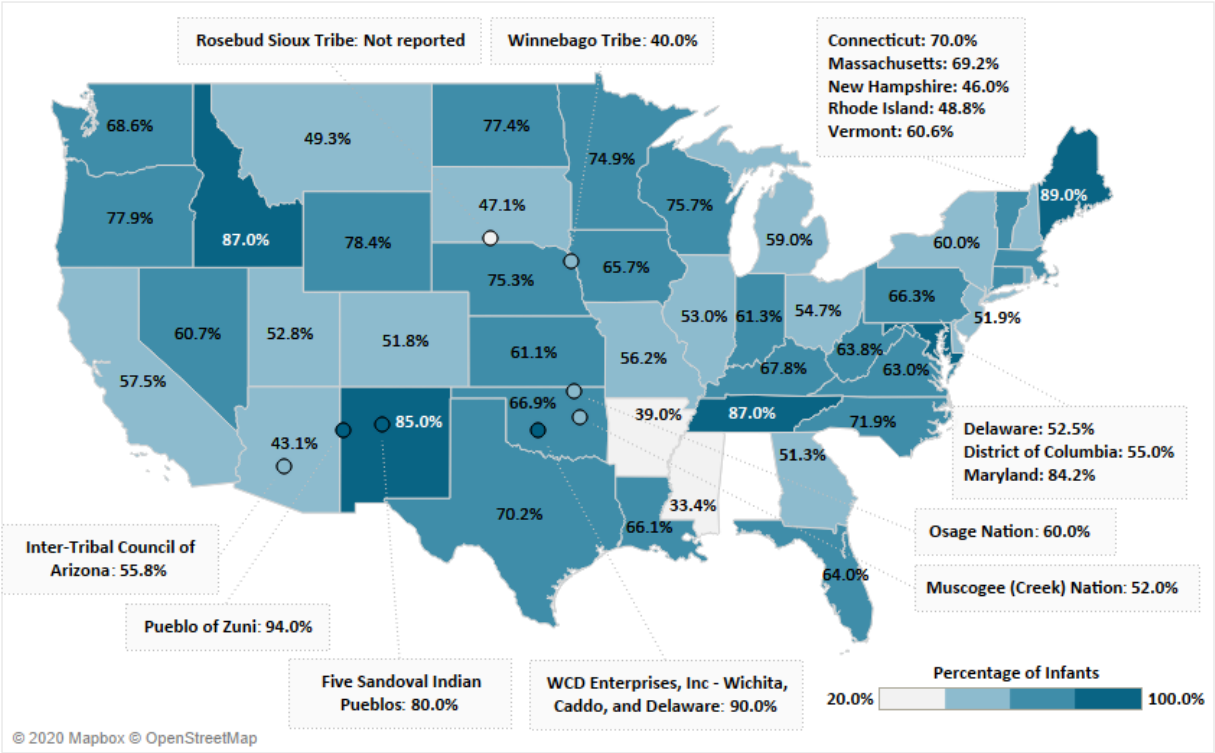
The average percentage of infants certified at 1–3 months was significantly different (p = 0.03) between LAs serving up to 750 participants per month (60.8 percent) and LAs serving 2,000 to 4,499 participants

[21] LAs indicated policies for certifications at alternative sites in an open-text response, which was coded into categories.
[22] Government Publishing Office. (2020). *Electronic Code of Federal Regulations, 7 CFR Part 246.7 (e)(1)(iii)* https://www.fns.usda.gov/wic/breastfeeding-promotion-wic-current-federal-requirements#:~:text=Supplemental%20Foods.,-Food%20Package%20categories&text=Fully%20breastfeeding%20food%20packages%20are,is%2012%20months%20of%20age.
[23] The fully breastfeeding infant food package includes certain solid foods starting when the child is 6 months.
[24] U.S. Department of Agriculture, Food and Nutrition Service. (2013, November). *WIC food packages - Maximum monthly allowances*. https://fns-prod.azureedge.net/sites/default/files/wic/SNAPSHOT-of-Infant-Food-Pkgs.pdf

per month (70.0 percent); and between LAs serving 2,000 to 4,499 participants per month (70.0 percent) and LAs serving 4,500 or more participants per month (59.5 percent). No other significant differences were found by the relationship of the LA to SA or urbanicity (Appendix F, Table 5a).

While LAs reported the greatest average percentage of certified infants for fully breastfeeding packages at ages 1–3 months, the average percentage of infants certified at this age varied across SAs. For example, in Mississippi, an average of 33.4 percent of infants were certified for fully breastfeeding packages at 1–3 months compared to 94.0 percent of infants in the Pueblo of Zuni in New Mexico (Exhibit 4).

Exhibit 4. Average Percentage of Infants Certified for Fully Breastfeeding Packages at Ages 1–3 Months, by SA



Notes: Total sample size = 862. Data were missing for 6.7 percent of LAs. The LAs in Alabama and South Carolina that were sampled for the LA Survey did not respond and are considered survey nonrespondents; these LAs are not reflected in the 6.7 percent of LAs with missing data. Percentage calculation equals the number of infants who were certified in the past 12 months to receive fully breastfeeding food packages at 1–3 months divided by all infants (birth–12 months) who were certified in the past 12 months to receive fully breastfeeding food packages.
Source: Appendix F, Table 5b; NSWP-III Local Agency Survey, question 5.

CONCLUSION

The study provides valuable insights on WIC LA certification policies and practices, which is a key responsibility of the LA. LAs reported that, among all full-time staff in their jurisdiction who conduct certifications, the average caseload across all LA staff performing certifications was 1,671 WIC participants per month. Cross-training of these staff can help create operational efficiencies by ensuring that all staff have the skills necessary to step in and support the various functions of the WIC site when needed. The majority of LAs (74.0 percent) reported that their certification staff were cross-trained on all certification-related tasks, while 26.0 percent of LAs did not have certification staff who were cross-trained, but rather their staff were specialized in one or more, but not all, of the certification-related tasks.

Alternative sites (e.g., mobile and temporary sites at a school or church) can help increase the accessibility to WIC. Half of LAs (50.1 percent) offered certifications at alternative sites, and of these LAs, most (90.0 percent) conducted certifications for all certification categories. Future research could explore the reasons LAs do not offer alternative sites for certifications, and best practices for implementation among those LAs that do offer alternative sites.

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.

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Non-Discrimination Statement: