



August 22, 2011

Debra R. Whitford
Director, Supplemental Nutrition Programs Division
Food and Nutrition Service, USDA
3101 Park Center Drive, Room 250
Alexandria, VA 22302

RE: FR Document 2011-16289, June 29, 2011

Dear Ms. Whitford,

California WIC Association (CWA) is pleased to provide comments regarding Local Agency Recognition of Exemplary Breastfeeding Support Practices, in response to a Request published in the Federal Register. CWA is a non-profit membership organization whose members include all local agency WIC employees as well as many other WIC stakeholders and supporters, with a mission to improve and protect the nation's largest WIC network serving close to 1.5 million women and children.

During the long debate leading to the final passage of the Healthy, Hunger-Free Kids Act of 2010, CWA strongly supported the design and inclusion of a provision in the bill requiring USDA to implement a program to recognize and financially reward both state and local WIC programs that demonstrate exemplary practices in breastfeeding support. Our support derived from the reality that, despite years of promotion and education, WIC breastfeeding rates among WIC families continue to lag behind national rates. Low-income children on the WIC program, who are most vulnerable to chronic diseases such as obesity and diabetes, have historically been the least likely to be breastfed exclusively.^{i,ii} Among California WIC participants in 2010, fewer than 20 percent were breastfeeding exclusively at three months after birth, with that percentage dropping to fewer than 16 percent at six months.ⁱⁱⁱ

Now, however, thanks to sweeping California WIC policy changes implemented in the past two years, these trends are beginning to improve. California has made huge strides towards our explicit policy goal of [making breastfeeding the norm](#) in our communities, where WIC serves over 50% of all infants born. Frontline WIC employees are sharing clearer and more consistent [breastfeeding messages](#) with WIC participants, and using new [skills](#) to help new parents decode the mysteries of infant care. Every day, [WIC Peer Counselors](#) and [newly minted IBCLCs](#) are giving critically needed support to thousands of breastfeeding moms. Thanks to this convergence of [WIC policy and environmental changes](#), our [exclusive breastfeeding rates have shot up](#), while formula issuance is way down.

Another important reason to support this important provision – and to implement it with careful planning and forethought -- is that the WIC program must be able to demonstrate positive returns on the extensive federal investments that are being made in WIC's direct nutrition services (NSA), including breastfeeding support and Peer Counseling funds. As a domestic discretionary program, WIC will be extremely vulnerable to funding cuts in the coming years. More than ever, concrete and quantifiable evidence that WIC is indeed achieving its public health mission outcomes will be critical to its continued bipartisan support. One of the easiest and beneficial outcomes that WIC can demonstrate is an increase in the rates and duration of exclusive breastfeeding.

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The breastfeeding performance bonus provision seeks to reward both state and local excellence in breastfeeding support. It establishes a fiscal incentive reward for state agencies that have demonstrated either the highest proportion of breastfed infants or the greatest improvement in the proportion of breastfed infants, with an emphasis on fully (exclusively) breastfed infants. Aside from the fiscal incentives, the breastfeeding performance awards can also “lift up what works,” by highlighting and publicizing successful models and local best practice that have been effective in myriad and diverse WIC settings.

In addition, the provision would expand the collection of WIC program data on breastfeeding rates by requiring the WIC Program to collect and publish breastfeeding data annually, rather than biannually, and also to publish rates of breastfeeding not just at the state agency level, but for local agencies as well. CWA urges USDA to ensure that this critical statutory requirement is implemented by all state agencies. Without improving and standardizing breastfeeding data collection, it will be impossible to track rates and improvements in exclusive breastfeeding, and the data-driven criteria used to make these awards will become questionable and contentious.

In recognizing excellence in local agency breastfeeding support, CWA supports the three key considerations listed in the Register: The Secretary must consider (1) breastfeeding performance measures, (2) effectiveness of peer counseling programs, and (3) the extent to which the agency or clinic has partnered with other entities to build a support environment for breastfeeding women. CWA would like to emphasize the importance of these three criteria:

1. Performance Measures. We urge the Department to insist on the consistent and standardized collection of breastfeeding data across states and local agencies, and to use this data to track baseline performance and changes over time. Data-driven outcome data are more powerful than qualitative judgments about “best practice,” especially in the current political environment. In order to make comparisons of breastfeeding rates between agencies and clinics in different states, a common data collection tool must be used, which would be the WIC food instrument: specifically, issuance of FIs to exclusively breastfeeding women. In addition, agencies and clinics could be rewarded for developing or utilizing additional data collection tools that describe mothers’ breastfeeding practices based on dialogue between mothers and WIC staff, and result in more detailed documentation of breastfeeding behaviors. When analyzing breastfeeding rates, consideration should be given not only to agencies with highest exclusive breastfeeding rates, but also most improved breastfeeding rates. This is especially important for agencies who serve locales or regions that historically have had lower breastfeeding rates for a variety of demographic reasons.
2. Breastfeeding Peer Counseling Programs. To qualify for recognition, agencies and clinics should provide a comprehensive analysis of the peer counselor programs that take into account quantitative outcome data, such as breastfeeding rates. It makes little policy sense to reward a WIC Breastfeeding Peer Counseling program that may be doing a wonderful intervention, but is not getting concrete results: increases in breastfeeding initiation, exclusivity, or duration rates! That said, qualitative data, such as number, type and timing of contacts with mothers, and information about how agencies and clinics sustain and retain peer counselors (for example with a training and career ladder) is also important to consider.
3. Community Partnerships. Increasing breastfeeding rates can’t really occur if WIC staff works only inside the “WIC silo.” Community partnerships are critical to success. USDA should ask if the agency has conducted a community assessment, to identify the gaps and strengths of existing community programs and organizations to support breastfeeding mothers. Have they set annual agency and clinic goals for reaching out to community partners to build more sustainable

breastfeeding networks? We encourage California local agencies to use the Prevention Institute's [Spectrum of Prevention](#), a tool for building community WIC efforts to support local and state breastfeeding policy and environmental changes, as well as supporting individual behavior change within WIC.

FNS has asked respondents for comments on two additional questions, which are listed and answered below.

1. What additional elements should FNS consider as a component of the selection criteria for this local agency recognition program?

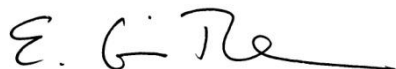
We encourage USDA to include the following additional program aspects for consideration as defining excellence: (1) diversity of program staffing, including ethnic diversity and cultural competence, and strategies for involving men, fathers and multi-generational staff, such as grandmothers or women beyond the child bearing age; (2) creation and utilization of evidence-based standardized training curriculum for WIC staff and administrative tools for tracking breastfeeding promotion and support, both within Peer Counseling programs and for general purpose services. For example, program materials for California's PC program can be found at <http://www.cdph.ca.gov/programs/wicworks/Pages/WICBFPeerCounselor.aspx>

2. What sources of data or information are available to support this recognition process?

- a. WIC Food instrument issuance data: exclusive breastfeeding women's packages
- b. Breastfeeding data tools developed by states and local agencies, for example, the [California WIC Peer Counselor Data Base](#) (see pp. 43-4; 82-3.)
- c. [Standardized training manuals](#) with current practices
- d. [National Immunization Survey data](#)
- e. [mPINC survey data](#)
- f. [State Breastfeeding Report Card](#)
- g. Best Practice Case Histories and individual applications

We thank USDA for its efforts to expeditiously implement this provision, which will provide both incentive and inspiration for WIC local agencies to strive for better outcomes that our participants need and deserve.

Sincerely yours,



LAURIE TRUE
Executive Director

ⁱ Ziol-Guest KM, Hernandez DC. First- and second-trimester WIC participation is associated with lower rates of breastfeeding and early introduction of cow's milk during infancy. *J Am Diet Assn*, 2010;110(5):702-709.

ⁱⁱ Ryan AS, Zhou W. Lower breastfeeding rates persist among the Special Supplemental Nutrition Program for Women, Infants, and Children participants, 1978–2003. *Pediatrics*, 2006;117(4):1136-1146.

ⁱⁱⁱ WIC ISIS data, unpublished. August 2011.