

**WIC Local Agency
Breastfeeding Policy and
Practices Inventory**

OMB Part A

September 11, 2012

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Submitted to:
Office of Research and Analysis
USDA Food and Nutrition Service
3101 Park Center Drive, Room 1014
Alexandria, VA 22302
Project Officer: Grant Lovellette

Submitted by:
Mathematica Policy Research
955 Massachusetts Avenue, Suite 801
Cambridge, MA 02139
Telephone: (617) 491-7900
Facsimile: (617) 491-8044
Project Director: James Mabli
Survey Director: Sarah Forrestal

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CONTENTS

A JUSTIFICATION

- A.1. Circumstances Making the Collection of Information Necessary
- A.2. Purpose and Use of the Information
- A.3. Use of Information Technology and Burden Reduction
- A.4. Efforts to Identify Duplication and Use of Similar Information
- A.5. Impacts on Small Businesses or Other Small Entities
- A.6. Consequences of Collecting the Information Less Frequently
- A.7. Special Circumstance Relating to the Guideline of 5 CFR 1320.5
- A.8. Comments in Response to the Federal Register Notice and Efforts to Consult Outside Agency
- A.9. Explanation of Any Payment or Gift to Respondents
- A.10. Assurance of Confidentiality Provided to Respondents
- A.11. Justification for Sensitive Questions
- A.12. Estimates of Hour Burden Including Annualized Hourly Costs
- A.13. Estimates of Other Total Annual Cost Burden to Respondents or Record Keepers
- A.14. Annualized Cost to Federal Government
- A.15. Explanation for Program Changes or Adjustments
- A.16. Plans for Tabulation and Publication and Project Time Schedule
- A.17. Reason(s) Display of OMB Expiration Date Is Inappropriate
- A.18. Exceptions to Certification for Paperwork Reduction Act Submissions

APPENDIX A: WEB SURVEY

APPENDIX B: EXAMPLE SCREENSHOTS OF WEB SURVEY

APPENDIX C: REGIONAL FIELD OFFICE ADVANCE LETTER

APPENDIX D: RESPONDENT ADVANCE LETTER

APPENDIX E: RESPONDENT FREQUENTLY ASKED QUESTIONS

APPENDIX F: RESPONDENT EMAIL INVITATIONS

APPENDIX G: RESPONDENT REMINDER EMAIL

APPENDIX H: RESPONDENT REMINDER POST CARD

APPENDIX I: RESPONDENT REMINDER TELEPHONE CALL

APPENDIX J: RESPONDENT THANK YOU EMAIL

APPENDIX K: NASS COMMENTS

TABLES

A.12.1	Estimated Sample Size and Respondent Burden for State WIC Agency Respondents.....	2
A.12.2	Estimated Sample Size and Respondent Burden for Local WIC Agency Respondents.....	2
A.16.1	Characteristics of the Distributions of Breastfeeding Outcomes of Local Agencies.....	2
A.16.2	Average Breastfeeding Outcomes of Local Agencies, by Availability of Agency Breastfeeding Policy or Practice.....	2
A.16.3	Average Breastfeeding Outcomes of Local Agencies, by Availability of Agency Breastfeeding Policy or Practice and by Median Income Relative to Poverty Threshold among Caseload of WIC Breastfeeding Mothers.....	2

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A. JUSTIFICATION

A.1. Explain the circumstances that make the collection of information necessary. Identify any legal or administrative requirements that necessitate the collection. Attach a copy of the appropriate section of each statute and regulation mandating or authorizing the collection of information.

The Healthy, Hunger-Free Kids Act of 2010 (Public Law 111-296, Sec. 305) mandates programs under its authorization to cooperate with U.S. Department of Agriculture (USDA) program research and evaluation activities. The mandate applies to Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) agencies. The Food and Nutrition Service (FNS), USDA, is requesting approval from the Office of Management and Budget (OMB) to conduct the WIC Local Agency Breastfeeding Policy and Practices Inventory (WIC BPI). This is a new information collection request. Assisting in the project will be FNS' contractor, Mathematica Policy Research, a well-known survey and research firm.

WIC provides supplemental foods, health care referrals, and nutrition education to nutritionally at-risk, low-income pregnant women, new mothers, their infants, and children up to age five. The Program is administered through 90 State, territorial, and Indian tribal organization (ITO) agencies. These agencies oversee approximately 2,000 local WIC agencies, which in

turn operate about 10,000 clinic sites. WIC clinics are the point of service for program participants.

Research has shown that there is no better food than breast milk for a baby's first year of life. Breastfeeding provides many health, nutritional, economic, and emotional benefits to both mother and baby. Because a major goal of the WIC program is to improve the nutritional status of infants, mothers served by WIC are encouraged to breastfeed their infants. In addition to increasing incentives for exclusive breastfeeding by providing fully breastfeeding mothers with the most comprehensive food packages, the WIC program promotes breastfeeding through State and local agency policies and practices. These are designed to inform expectant and new mothers of the well-documented benefits of breastfeeding and to provide mothers who choose to breastfeed with peer counseling and continued support through the infant's first year.

An assessment of the types and diversity of breastfeeding policies and practices offered by local and State WIC agencies, the breastfeeding measures that agencies collect, and the types of data reporting systems agencies use to store this information will help FNS and State and local WIC agencies identify policies and practices that promote breastfeeding. In addition, it will enable FNS to develop a regular monitoring system that can track breastfeeding outcomes, policies, and practices over time at the local, State, and national levels.

A.2. Indicate how, by whom, and for what purpose the information is to be used. Except for a new collection, indicate the actual use the agency has made of the information received from the current collection.

The purpose of this data collection is to allow analysis by FNS' contractor, Mathematica Policy Research, to support the following study objectives:

1. To obtain both a census of all measures of breastfeeding outcomes (for example, breastfeeding initiation) that State and local WIC agencies currently collect and the most recent measures from current data sources for breastfeeding exclusivity and intensity.
2. To obtain a census of breastfeeding policies and practices at State and local WIC agencies (some of which will already be formalized in written policies and others of which will have to be documented through the data collection instruments).
3. To learn more about the frequency and methods of breastfeeding data collection, storage, and processing used by State and local WIC agencies, and the consequences for measuring breastfeeding duration and other changes over time.
4. To generate a report on local breastfeeding policies and practices from objectives 1 and 2.
5. To develop a set of study instruments that FNS, WIC agencies, and/or FNS contractors can adapt and implement in the future to

enable future production of reports on WIC local agency breastfeeding policies and practices and to track changes in breastfeeding policies and practices geographically and over time, as well as to relate these policies and practices to local breastfeeding rates. Therefore, the instruments must enable the agencies and/or contractors to routinely collect data that are timely, accurate, easily publishable, and reliable.

Additionally, the data will be used to provide participating State and local WIC agencies with a brief summary report benchmarking each agency's survey responses against those from higher-level geographic units. State and local agencies can use the reports as an informational source or decision tool by comparing their policies, practices, and outcomes against those of other WIC agencies.

A.3. Describe whether, and to what extent, the collection of information involves the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g. permitting electronic submission of responses, and the basis for the decision for adopting this means of collection. Also describe any consideration of using information technology to reduce burden.

FNS is committed to complying with the E-Government Act of 2002 to promote the use of technology. The use of information technology will be

incorporated into the data collection, and other steps will be taken to reduce respondent burden and improve data quality. The baseline census of all State, territorial, ITO, and local WIC agencies will be conducted using a web survey fielded in two parts, separated by three months. The two parts of the survey are in Appendix A, along with example screenshots illustrating its appearance in Appendix B. Web administration offers the following advantages relative to other modes:

- FNS anticipates that no more than 10 percent of agencies will lack Internet access or be unable to complete the survey online. WIC agencies may request a pencil-and-paper version of the questionnaire and a postage-paid return envelope.
- Instrument programming will route respondents through the questionnaire without relying on them to follow instructions and complicated skip patterns. Therefore, burden will be minimized.
- The format will allow multiple individuals to complete relevant sections of the instrument sequentially. For example, if an agency director is unable to answer a section containing specific questions about breastfeeding reporting requirements, a member of his or her staff can complete that section. This will improve accuracy and minimize errors.
- Because the entire sample can be fielded simultaneously, we will be able to achieve a high response rate during relatively short

fielding periods. The brief fielding periods will enable us to collect breastfeeding policies, practices, and measures from WIC agencies in common time frames. Moreover, automated data collection will minimize processing time at the end of each field period.

- Using a web survey will facilitate use of the WIC BPI as an ongoing monitoring tool. In future rounds, the questionnaire could be pre-filled with agencies' prior responses; the agencies would then answer questions only to update their status.
- Our web survey system captures timestamp information on participants, such as when a person logs into the survey and when each page is submitted. These paradata can be used as a rich source of information for estimating question- or section-specific burden for future waves of the survey.
- Electronic mail will be used when possible to send reminders and other communications to State and local WIC agency staff.

A.4. Describe efforts to identify duplication. Show specifically why any similar information already available cannot be used or modified for use for the purposes described in Item 2 above.

We carefully reviewed existing data sources and determined that a comprehensive national data collection effort of (1) breastfeeding measures that State and local WIC agencies currently collect, and (2) breastfeeding policies and practices at State and local WIC agencies, does not currently

exist. The WIC Program and Participant Characteristics (WIC PC) study is the data collection effort that is most similar to the current study. State WIC agencies are required to submit WIC PC data to FNS biennially. The WIC PC breastfeeding information includes only breastfeeding initiation and duration data that are reported through State agencies' Management Information Systems. The WIC PC does not (1) collect breastfeeding measures stored and reported in other database systems, such as peer counseling databases or agency-sponsored local surveys of WIC participants; (2) include breastfeeding measures other than initiation and duration, such as exclusivity; or (3) contain information on agency breastfeeding policies and practices to promote breastfeeding. Thus, WIC PC data cannot be used to meet the study objectives described in section A.2. We will avoid duplicating other data collection efforts by using the 2010 WIC PC data (or the 2012 data file if it is available) to obtain agency estimates of breastfeeding initiation and duration and learn more about the composition of WIC participants at agencies; as a result, the survey instrument for this request will not need to obtain this information.

A.5. If the collection of information impacts small businesses or other small entities (Item 5 of OMB Form 83-I), describe any methods used to minimize burden.

No small businesses or other small entities will be involved in this information collection.

A.6. Describe the consequence to Federal program or policy activities if the collection is not conducted or is conducted less frequently, as well as any technical or legal obstacles to reducing burden.

The data collection for the proposed study will be conducted one time only. Without this effort, FNS will not have a comprehensive assessment of the types of breastfeeding measures that State and local WIC agencies collect, the range of breastfeeding policies and practices agencies offer, and the types of data systems and reporting that agencies use for breastfeeding data storage and processing. As a result, FNS will not be able to identify the policies and practices that promote breastfeeding among low-income mothers and how the relationship between policies and outcomes varies geographically at the local and State levels. It also will not have the requisite information with which to develop a monitoring system that tracks breastfeeding outcomes and policies and practices over time at the local, State, and national levels.

A.7. Explain any special circumstances that would cause an information collection to be conducted in a manner:

- Requiring respondents to report information to the agency more often than quarterly;
- Requiring respondents to prepare a written response to a collection of information in fewer than 30 days after receipt of it;

- Requiring respondents to submit more than an original and two copies of any document;
- Requiring respondents to retain records, other than health medical, government contract, grant-in-aid, or tax records for more than three years;
- In connection with a statistical survey that is not designed to produce valid and reliable results that can be generalized to the universe of study;
- Requiring the use of a statistical data classification that has not been reviewed and approved by OMB;
- That includes a pledge of confidentiality that is not supported by authority established in statute or regulation, that is not supported by disclosure and data security policies that are consistent with the pledge, or which unnecessarily impedes sharing of data with other agencies for compatible confidential use; or
- Requiring respondents to submit proprietary trade secret, or other confidential information unless the agency can demonstrate that it has instituted procedures to protect the information's confidentiality to the extent permitted by law.

There are no special circumstances. The collection of information will be conducted in a manner consistent with the guidelines in 5 CFR 1320.5.

A.8. If applicable, provide a copy and identify the date and page number of publication in the Federal Register of the agency's notice, required by 5 CFR 1320.8 (d), soliciting comments on the information collection prior to submission to OMB. Summarize public comments received in response to that notice and describe actions taken by the agency in response to these comments. Specifically address comments received on cost and hour burden.

Describe efforts to consult with persons outside the agency to obtain their views. Describe efforts to consult with at least 3 persons outside the Federal government to obtain their views on the availability of data, frequency of collection, the clarity of instructions and record keeping responsibilities, disclosure, or reporting format (if any), and the data elements to be recorded, disclosed, or reported.

Additionally, include any comments received from other federal agency representatives regarding this information collection. Include the individual's name, contact information, and comment.

Federal Register Notice. In accordance with 5 CFR 1320.8(d), a notice of the proposed information collection and an invitation for public comment was published in the Federal Register, December 16, 2011, Volume 76,

Number 242, pp. 78233 to 78234. No public comments were received in response.

Consultation with Experts. We formed an 11-person work group of WIC and breastfeeding experts to help identify duplication of efforts and to help design the survey instrument and minimize respondent burden. The work group included two policy and breastfeeding measurement experts from federal agencies and nine individuals outside the federal government, such as State and local WIC agency directors and breastfeeding policy coordinators, National WIC Association executive staff, and experts from private industry. The work group provided consultation on the study through a series of telephone conference calls and email communications. The work group assisted in confirming the study would not duplicate efforts, clarifying question wording and instructions, and suggesting strategies to minimize respondent burden.

The federal agency representatives were Laurence Grummer-Strawn from the U.S. Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (laurence.grummerstrawn@cdc.hhs.gov) and Ursuline Singleton from HHS, Office of the Assistant Secretary for Health (ursuline.singleton@hhs.gov). Dr. Grummer-Strawn and Ms. Singleton participated in the work group conference calls and emails to provide input in the same format as above. Dr. Grummer-Strawn, a nationally recognized breastfeeding expert, additionally provided technical input into the breastfeeding measurement items included in the survey.

Additionally, Edwin Anderson from the Methods Branch of USDA's National Agricultural Statistics Service (202-720-5617) reviewed this request and provided feedback. His comments and our responses are included in Appendix K.

A.9. Explain any decision to provide any payment or gift to respondents, other than remuneration of contractors or grantees.

There will be no monetary incentives provided to participating agencies. As a motivation to complete the survey, we will provide each participating agency with a brief summary report, including key breastfeeding statistics, policies, and practices for its own agency (based on information collected in the survey) and comparing this information to that of other agencies in an aggregated geographic area (such as the State, region, or nation); the summary report will also explain how the numbers were compiled and how to interpret them.

A.10. Describe any assurance of confidentiality provided to respondents and the basis for the assurance in statute, regulation, or agency policy.

We will not collect any confidential data in the web survey, so we do not need a plan for assurance of confidentiality. We will notify agency staff in writing that respondents from their agency will not be personally identified in any publications. Moreover, we will state that any published reports with

tabular summaries or frequency distributions will not allow the deductive disclosure of any participant in this study. This notification is contained in the frequently asked questions page that will be transmitted to respondents with the introductory materials (Appendix E).

A.11. Provide additional justification for any questions of a sensitive nature, such as sexual behavior or attitudes, religious beliefs, and other matters that are commonly considered private. This justification should include the reasons why the agency considers the questions necessary, the specific uses to be made of the information, the explanation to be given to persons from whom the information is requested, and any steps to be taken to obtain their consent.

FNS and the contractor will comply with the Privacy Act of 1974. The planned information collection does not contain any questions of a sensitive nature. The WIC BPI instrument will collect agency-level information on breastfeeding measures and outcomes, reporting, agency policies and practices, and agency characteristics.

A.12. Provide estimates of the hour burden of the collection of information. Indicate the number of respondents, frequency of response, annual hour burden, and an explanation of how the burden was estimated.

Respondents will consist of State and local WIC agency staff. Typically, the web-based survey will be completed by a single staff member, although multiple respondents may participate at some agencies. The amount of time to complete the survey, whether by one or more agency staff, is about the same. At both the State and local WIC agency levels, respondents are likely to be agency directors, breastfeeding coordinators, database managers, or staff members with equivalent titles.

The study will collect data from a total of 2,090 agencies, which includes 90 State WIC agencies and 2,000 local WIC agencies. We assume an 80 percent response rate among State and local WIC agencies, and thus anticipate that 72 State WIC agencies and 1,600 local WIC agencies will complete the survey. The instrument will be administered in two parts, one time per respondent. We estimate that State agencies will take 30 minutes and local agencies will take 54 minutes to complete Part 1. We estimate that 72 percent of State agencies and 78 percent of local agencies will be able to provide estimates of breastfeeding exclusivity and intensity in Part 2 of the survey. For those agencies able to provide estimates, Part 2 of the survey will take approximately 112 minutes for State agencies and 52 minutes for

local agencies. These State and local agencies have total burden estimates of 142 and 106 minutes, respectively.

Burden for Part 2 of the survey will be lower for agencies that are unable to provide estimates of breastfeeding exclusivity or intensity: 53 minutes for State agencies and 31 minutes for local agencies, for total burden estimates of 83 and 85 minutes, respectively. For all persons who decline to participate in the survey, the burden estimate is 36 minutes, including the time to read the advance letter, frequently asked questions document, email invitation, and all reminders. The reminders also include time for one telephone reminder call. Table A.12.1 presents the estimated burden for the WIC BPI for State agencies and Table A.12.2 presents the estimated burden for local agencies.

Table A.12.1. Estimated Sample Size and Respondent Burden for State WIC Agency Respondents

Survey Contact	Sample Size	Frequency	Responses				Non-Responses				Total Burden Hours
			Response Count	Freq.* Count	Minutes/Response	Burden Hours	Non-response Count	Freq.* Count	Minutes/Non-response	Burden Hours	
Pretest	4	1	4	4	272	18.1	0	0	0	0	18.1
Part 1											
Advance Letter and FAQ	90	1	0	0	8	0.0	90	90	8	12.0	12.0
Email Invitation and FAQ	90	1	18	18	30	9.0	72	72	8	9.6	18.6
Email Reminder 1	72	1	9	9	30	4.5	63	63	3	3.2	7.7
Postcard Reminder	63	1	9	9	30	4.5	54	54	3	2.7	7.2
Email Reminder 2	54	1	14	14	30	6.8	41	41	3	2.1	8.8
Telephone Reminder	41	1	14	14	30	6.8	27	27	5	2.3	9.0
Email Reminder 3	27	1	5	5	30	2.3	22	22	3	1.1	3.4
Email Reminder 4	22	1	5	5	30	2.3	17	17	3	0.9	3.1
Part 2											
Email Invitation and FAQ											
Able to Provide Estimates	65	1	13	13	112	24.2	52	52	8	6.9	31.1
Unable to Provide Estimates	25	1	5	5	53	4.5	20	20	8	2.7	7.1
Email Reminder 1											
Able to Provide Estimates	52	1	6	6	112	12.1	45	45	3	2.3	14.4
Unable to Provide Estimates	20	1	3	3	53	2.2	18	18	3	0.9	3.1
Postcard Reminder											
Able to Provide Estimates	45	1	6	6	112	12.1	39	39	3	1.9	14.0
Unable to Provide Estimates	18	1	3	3	53	2.2	18	18	3	0.9	3.1
Email Reminder 2											
Able to Provide Estimates	39	1	10	10	112	18.1	29	29	3	1.5	19.6
Unable to Provide Estimates	15	1	4	4	53	3.3	11	11	3	0.6	3.9
Telephone Reminder											
Able to Provide Estimates	29	1	10	10	112	18.1	19	19	5	1.6	19.8
Unable to Provide Estimates	11	1	4	4	53	3.3	11	11	3	0.6	3.9
Email Reminder 3											
Able to Provide Estimates	19	1	3	3	112	6.0	16	16	3	0.8	6.9
Unable to Provide Estimates	8	1	1	1	53	1.1	6	6	3	0.3	1.4

Survey Contact	Sample Size	Frequency	Responses				Non-Responses				Total Burden Hours
			Response Count	Freq.* Count	Minutes/Response	Burden Hours	Non-response Count	Freq.* Count	Minutes/Non-response	Burden Hours	
Email Reminder 4											
Able to Provide Estimates	16	1	3	3	112	6.0	13	13	3	0.6	6.7
Unable to Provide Estimates	6	1	1	1	53	1.1	5	5	3	0.3	1.4
Total	90		76	148		168.7	18		64	55.5	224.2

Table A.12.2. Estimated Sample Size and Respondent Burden for Local WIC Agency Respondents

Survey Contact	Sample Size	Frequency	Responses				Non-Responses				Total Burden Hours
			Response Count	Freq.* Count	Minutes/Response	Burden Hours	Non-response Count	Freq.* Count	Minutes/Non-response	Burden Hours	
Pretest	5	1	5	5	201	16.8	0	0	0	0	16.8
Part 1											
Advance Letter and FAQ	2000	1	0	0	8	0.0	2000	2000	8	266.7	266.7
Email Invitation and FAQ	2000	1	400	400	54	360.0	1600	1600	8	213.3	573.3
Email Reminder 1	1600	1	200	200	54	180.0	1400	1400	3	70.0	250.0
Postcard Reminder	1400	1	200	200	54	180.0	1200	1200	3	60.0	240.0
Email Reminder 2	1200	1	300	300	54	270.0	900	900	3	45.0	315.0
Telephone Reminder	900	1	300	300	54	270.0	600	600	5	50.0	320.0
Email Reminder 3	600	1	100	100	54	90.0	500	500	3	25.0	115.0
Email Reminder 4	500	1	100	100	54	90.0	400	400	3	20.0	110.0
Part 2											
Email Invitation and FAQ											
Able to Provide Estimates	1560	1	312	312	52	270.4	1248	1248	8	166.4	436.8
Unable to Provide Estimates	440	1	88	88	31	45.5	352	352	8	46.9	92.4
Email Reminder 1											
Able to Provide Estimates	1248	1	156	156	52	135.2	1092	1092	3	54.6	189.8
Unable to Provide Estimates	352	1	44	44	31	22.7	308	308	3	15.4	38.1
Postcard Reminder											
Able to Provide Estimates	1092	1	156	156	52	135.2	936	936	3	46.8	182.0
Unable to Provide Estimates	308	1	44	44	31	22.7	264	264	3	13.2	35.9
Email Reminder 2											
Able to Provide Estimates	936	1	234	234	52	202.8	702	702	3	35.1	237.9
Unable to Provide Estimates	264	1	66	66	31	34.1	198	198	3	9.9	44.0
Telephone Reminder											
Able to Provide Estimates	702	1	234	234	52	202.8	468	468	5	39.0	241.8
Unable to Provide Estimates	198	1	66	66	31	34.1	132	132	5	11.0	45.1
Email Reminder 3											
Able to Provide Estimates	468	1	78	78	52	67.6	390	390	3	19.5	87.1
Unable to Provide Estimates	132	1	22	22	31	11.4	110	110	3	5.5	16.9

Survey Contact	Sample Size	Frequency	Responses				Non-Responses				Total Burden Hours
			Response Count	Freq.* Count	Minutes/Response	Burden Hours	Non-response Count	Freq.* Count	Minutes/Non-response	Burden Hours	
Email Reminder 4											
Able to Provide Estimates	390	1	78	78	52	67.6	312	312	3	15.6	83.2
Unable to Provide Estimates	110	1	22	22	31	11.4	88	88	3	4.4	15.8
Total	2000		1605	3205		2720.2	400		64	1233.3	3953.6

The total cost to respondents for their time in this collection is \$98,972, including \$5,312 for State agencies and \$93,660 for local agencies. To calculate the cost to respondents, we took the average of the median hourly rate of \$28.20 for social and community service managers and \$19.17 for staff in community and social service occupations provided in the Bureau of Labor Statistics National Occupational Employment and Wage Estimates, May 2011. The average was \$23.69.

A.13. Provide estimates of the total annual cost burden to respondents or record keepers resulting from the collection of information, (do not include the cost of any hour burden shown in items 12 and 14). The cost estimates should be split into two components: (a) a total capital and start-up cost component annualized over its expected useful life; and (b) a total operation and maintenance and purchase of services component.

There are no capital/start-up or ongoing operation/maintenance costs associated with this information collection.

A.14. Provide estimates of annualized cost to the Federal government. Provide a description of the method used to estimate cost and any other expense that would not have been incurred without this collection of information.

The 33-month contract cost to the Federal government for the study design, instrument development, data collection, data analyses, and reporting is \$846,856, or \$307,948 per year. In addition, Federal staff time to direct the work and review deliverables is estimated at roughly 250 hours per year. The work will be performed primarily by a grade GS-13 analyst at an hourly rate of \$45, for an annual cost of about \$11,250. Thus, the annualized cost of data collection is \$319,198.

A.15. Explain the reasons for any program changes or adjustments reported in Items 13 or 14 of the OMB Form 83-1.

This is a new information collection effort that will add 4177.8 burden hours to the OMB inventory as a result of program changes.

A.16. For collections of information whose results are planned to be published, outline plans for tabulation and publication.

On behalf of FNS, the contractor will analyze the agency survey data collected and prepare a report and a briefing for FNS. The report will present findings from descriptive analyses of agency breastfeeding measurement and outcomes, breastfeeding data systems and reporting, policies and

practices, and agency characteristics. It will also present associations between policies and practices and breastfeeding outcomes. Analyses will be conducted at the national level, as well as at the FNS region and State levels. In this section, we present the analysis plans for State and local WIC agency data and the corresponding project schedule.

Breastfeeding Measurement, Reporting, and Outcomes. One of the objectives of the study is to learn about all the measures that WIC agencies collect. We will tabulate the percentages of State and local agencies that collect information on breastfeeding measures including initiation, duration, intensity, and exclusivity. We will also present tables that describe the ways in which these outcomes are measured, stored in a data system, and reported. For example, how do local WIC agencies define exclusive breastfeeding? What percentage of agencies collect breastfeeding exclusivity information using surveys of WIC mothers in addition to requesting this information in certification interviews with mothers? And what percentage of agencies reports the data to State WIC agencies, health authorities, legislators, the FNS national office, non-Federal funders, or the public?

After presenting information on breastfeeding outcomes and how they are measured and stored in agency data systems, we will examine the distribution of the outcome measures at the State, regional, and national levels. We will obtain estimates of breastfeeding exclusivity and intensity

directly from the agencies and will use the estimates of initiation and duration from the 2010 WIC PC data. Table A.16.1 illustrates how we will present the mean and median values of the variables and statistics useful for summarizing the variation in the outcome across the agencies, such as the minimum and maximum or the 25th and 75th percentiles.

Table A.16.1. Characteristics of the Distributions of Breastfeeding Outcomes of Local Agencies

Outcome	Mean	Minimum	25th Percentile	50th Percentile	75th Percentile	Maximum
Initiation						
Duration at 6 months						
Duration at 12 months						
Exclusivity at 3 months						
Exclusivity at 6 months						
Intensity						

Source: 2012 WIC BPI Survey and 2010 WIC PC Survey.

Finally, we will cross-tabulate several of the summary statistics of breastfeeding outcomes presented in Table A.16.1 by the ways in which the outcome data are measured or stored. For example, are the percentages of mothers exclusively breastfeeding greater at WIC agencies that base the estimate on interview questions or on food package categories?

Breastfeeding Policies and Practices. The next set of analyses will examine the types of agency policies and practices used to promote breastfeeding. We will begin by estimating the percentages of local WIC agencies that have a formal policy or practice in each major category asked about in the survey. This includes the percentages of agencies that have policies and practices related to staff roles and training, prenatal contact, postpartum contact, breastfeeding assessment, food package guidance, breastfeeding referrals, peer counseling, nutrition education, use of breastfeeding aids, agency outreach and advocacy, and the clinic environment.

After assessing the major policy and practice categories, we will present percentage estimates of agencies offering specific policies within each of the major categories. Within the “breastfeeding aids” category, for example, we will estimate the percentage of agencies that provide any breastfeeding promotion supplies, as well as the percentages by supply type, such as breast pumps (and, if so, whether they are electric or manual), breast shells, and nursing supplementers.

Some survey questions that ask whether an agency has a specific policy might seek additional details not contained in simple “yes/no” responses. For example, in asking whether an agency has policies related to postpartum contact with WIC mothers who began participating while pregnant, we will want to summarize information on when the contact is made, which staff members contact the mothers, and how many contacts are made. For these results, we will use means or medians (such as average number of contacts made) or present tabulations of each response category (such as estimating the percentages of agencies in which the breastfeeding coordinator, rather than a certified lactation consultant or peer counselor, makes the contact).

Agency Characteristics. We will summarize the agency characteristics included in the survey using averages for enumeration questions such as “How many of the agency’s clinic sites are hospital based?” We will present frequency distributions for categorical variables such as how often State agencies assess local agencies’ breastfeeding outcomes.

Correlations Based on Variables in the WIC BPI. To identify policies and practices associated with improved breastfeeding behavior, we will estimate statistics related to breastfeeding outcomes for agencies with and without a certain policy or practice. Breastfeeding outcomes will be estimated according to whether agencies have formal policies and practices related to each of the *major* policies and practices contained in the survey (Table A.16.2). For example, how do breastfeeding initiation rates differ among agencies with and without breastfeeding referral policies and practices? We will then assess, for each major category of policy and practice, whether the outcome measures differ among agencies with specific policies in that category. For the breastfeeding referral policy and practice category, for example, how do breastfeeding initiation rates differ among agencies that make or do not make referrals to breastfeeding specialists? And, among those that do make referrals, how do outcomes differ among the types of people or organizations to whom the mother is referred, such as lactation consultants, breastfeeding support groups, or health care providers?

Because agency characteristics can influence the relationship between breastfeeding outcomes and agency policies and practices, we plan to estimate this correlation using subgroups of agencies defined by agency characteristics collected in the WIC BPI instrument. Similar tables will present multiway cross-tabulations by different numbers of clinic sites.

Correlations Based on Variables in the WIC BPI, American Community Survey (ACS), and WIC PC Surveys. State or Local WIC agencies might have higher rates or longer durations of breastfeeding because of a particular policy or practice that promotes breastfeeding or because the agency or the population it serves has another characteristic that positively influences both breastfeeding rates and breastfeeding policies. Local areas with higher incomes, for example, might have mothers with higher breastfeeding rates (because of the established positive association between income and breastfeeding) and might contain agencies more likely to have staff with higher education levels (because more highly educated workers live in the area). Recognizing this, we will examine the correlation between breastfeeding rates and policies and practices by agency characteristics and by local area population characteristics. Doing so will lessen any bias from a third factor. This also has an operational advantage: linking the WIC BPI data to external data sources will enable us to focus the instrument on questions for which data do not already exist, rather than duplicating efforts.

Table A.16.2. Average Breastfeeding Outcomes of Local Agencies, by Availability of Agency Breastfeeding Policy or Practice

Major Policy or Practice Category	Initiation Rate	Duration at 6 Months	Duration at 12 Months	Exclusivity at 3 Months	Exclusivity at 6 Months	Intensity
Staff Training						
Participant Breastfeeding Education						
Peer Counseling						
Prenatal Participant Contact						
Postpartum Participant Contact						
Breastfeeding Aids						
Food Package Issuance						
Breastfeeding Referrals						
Outreach Activities						
The Clinic Environment						

Source: 2012 WIC BPI Survey and 2010 WIC PC Survey.

We will use both local and State agency identifiers in the minimum data set available in the 2010 WIC PC data to aggregate mother and infant records on the WIC PC file to the local and State agency levels and then merge them by local and State agency identifiers to the WIC BPI file. The local agency measures that we will compile will include summary measures of the breastfeeding mothers' age, race, and ethnicity; the family or economic units' income, size, and poverty status; and the overall size of the caseload of breastfeeding mothers. Table A.16.3 is an example of a typical table we will prepare using these data, with the four breastfeeding outcomes estimated according to whether the agency has one of the major policies or practices, but stratified according to whether more than half of the agency's caseload of breastfeeding mothers have incomes under 100 percent of the Federal poverty level (FPL). We will construct similar tables according to

whether the agency serves a certain percentage of Hispanic mothers, mothers who are “white only,” or mothers ages 18 to 25.

In addition to using agency characteristics in the WIC PC, we will merge local population characteristics from the American Community Survey (ACS) to the WIC BPI file. We will define local areas in which clinic sites are located using responses to survey questions asking the distance from the local agency administrative office to the closest and father clinic site. We will merge local area population characteristics from the 2006 to 2010 ACS summary file to the WIC BPI local agency file.

The U.S. Census Bureau released the 2006 to 2010 ACS file at Census tract level. Census tracts are the largest geographical areas for which local area population characteristics are available. Census tracts typically have between 1,500 and 8,000 people, with an average size of about 4,000 people, and are intended to represent neighborhoods (they are designed to be relatively homogeneous with respect to population characteristics, economic status, and living conditions).¹

Census tract characteristics can be combined to approximate characteristics of the local areas around each local agency. To obtain a set of population characteristics for a given area, we will sum the characteristics for all Census tracts that area contains. For example, we will sum the

¹ Iceland, John and Erika Steinmetz. “The Effects of Using Census Block Groups Instead of Census Tracts When Examining Residential Housing Patterns.” U.S. Census Bureau working paper, 2003.

number of individuals with incomes below 200 percent of the FPL across all Census tracts within the area and divide by the sum of the total number of people in each Census tract to obtain a measure of the percentage of the population in the area with incomes below 200 percent of the FPL. Though parts of the Census tracts groups that fall outside the area boundary will be included in these calculations, this method will ensure adequate representation of all individuals within the area. This will yield one set of local population characteristics for each local agency on the file while maximizing the representativeness of the characteristics for the area.

Many variables are available on the ACS, but potentially useful variables to include in cross-tabulations of breastfeeding outcomes and policies and practices include measures of the following:

- Total population and population density
- Percentage of population with incomes below 200 percent of the FPL
- Percentage that is nonwhite
- Percentage that is Hispanic
- Percentage of population completing at most high school
- Percentage of female-headed households with children
- Percentage of housing units without a vehicle

Using both agency characteristics and local area population characteristics, we will examine how the relationship between breastfeeding outcomes and agency policies and practices differs by local area characteristics. These tables will be similar to Table A.16.3 in that a typical table will present the four breastfeeding outcomes according to whether the agency has one of the major policies or practices, but stratified according to whether the agency serves zip codes in which a high percentage of housing units do not have a vehicle.

Table A.16.3. Average Breastfeeding Outcomes of Local Agencies, by Availability of Agency Breastfeeding Policy or Practice and by Median Income Relative to Poverty Threshold among Caseload of WIC Breastfeeding Mothers

Major Policy or Practice Category	Initiation Rate	Duration at 6 Months	Exclusivity at 3 Months	Intensity
Staff Training				
Income at or below poverty				
Income above poverty				
Participant Breastfeeding Education				
Income at or below poverty				
Income above poverty				
Peer Counseling				
Income at or below poverty				
Income above poverty				
Prenatal Participant Contact				
Income at or below poverty				
Income above poverty				
Postpartum Participant Contact				
Income at or below poverty				
Income above poverty				
Breastfeeding Aids				
Income at or below poverty				
Income above poverty				
Food Package Issuance				
Income at or below poverty				
Income above poverty				
Breastfeeding Referrals				
Income at or below poverty				
Income above poverty				
Outreach Activities				
Income at or below poverty				
Income above poverty				
The Clinic Environment				
Income at or below poverty				
Income above poverty				

Source: 2012 WIC BPI; 2010 WIC PC.

Project Schedule. The planned schedule for this study, assuming receipt of OMB clearance by October 2012, is as follows:

Activity	Schedule
Develop data collection instrument	October 2011 through June 2012
Conduct pretest of instrument	November 2011 through December 2011
Select and train interviewers (who will make reminder phone calls to agencies that do not respond to survey)	November 2012 for part 1; April 2013 for part 2
Conduct data collection	
Part 1	November 2012 to January 2013
Part2	April to June 2013
Conduct briefing on preliminary findings	September 2013
Conduct briefing on findings at FNS	December 2013
Produce report on findings	January 2014

A.17. If seeking approval to not display the expiration date for OMB approval of the information collection, explain the reasons that display would be inappropriate.

FNS plans to display the OMB approval number and expiration date of the information collection on all data collection instruments.

A.18. Explain each exception to the certification statement identified in Item 19 "Certification for Paperwork Reduction Act."

There are no exceptions to the certification statement. The agency is able to certify compliance with all provisions under Item 19 of OMB Form 83-I.