Overview

North Carolina accepts the full allocation of the Food and Nutrition Service's (FNS) WIC Breastfeeding Peer Counseling (BFPC) funds to implement, administer, and enhance the BFPC program operated in 83/85 the State's local WIC agencies. Since October 1, 2022, the State Peer Counselor Coordinator role has been vacant. During Federal Fiscal Year (FFY) 2023, all BFPC program tasks were overseen by the State Breastfeeding Coordinator.

The number of local WIC agencies accepting BFPC funds for State Fiscal Year (SFY) 2024 has decreased by one from 84 local agencies to 83 of the 85 local agencies. One local agency, Graham County has declined BFPC program funds since the initial offering of funds. The second local agency declined funds for the first time since SFY 2015. The State agency became aware in January 2023, that Swain County was considering declining BFPC funding. The State agency provided onsite and virtual technical assistance to determine the root cause and identify if a solution for continuation existed. The State agency concluded that the retirement of Swain County's peer counselor and the perceived barriers to recruit, train, and manage a new peer counselor outweighed the programmatic benefits. This was confounded by consistent turnover of the WIC Director position and a declined zeal for the BFPC program exhibited by the interim WIC Director. The State agency offered to assist with recruitment such as sharing position postings, suggesting budgetary realignment to utilize lapsed funds for recruitment, sharing peer counselors between counties, or contracting for peer counselor services including connecting them with a possible vendor. Both Swain and Graham counties are in the Western region of North Carolina specifically in an area known as Appalachian. While historically, the Appalachian region has had higher socioeconomic and health disparities than any other area in the United States, there WIC breastfeeding rates have remained higher than other regions of the State. However, while most areas of the State have seen strong increases in their breastfeeding rates since BFPC program funds were offered widespread (2011), Swain's and Graham's rates have remained stable.

North Carolina's management information system, Crossroads, reports 22,907 WIC Program participants received BFPC program services during SFY 2023. North Carolina's SFY runs from July 1st until June 30th. It is a slight increase (1.4%) from the 22,601 WIC Program participants served during SFY 2022. Despite this modest gain in BFPC program participation during the most recent SFYs, enrollment remains well below pre-pandemic participation rates of 27,588 (SFY 2019) and 30,004 (SFY 2018).

Anecdotal reports from peer counselors continue to point to decreased opportunities for recruitment in the absence of physical presence. As the physical presence waiver was initially designed to be a temporary solution to a public health emergency. The temporary nature of the waiver resulted in local agencies failing to formalize recruitment strategies in the absence of physical presence. However, as the physical presence waiver moves into a more permanent status, peer counselors report that there is currently limited support for how to embed BFPC program enrollment as part of the standard practice when appointments lack physical presence because local agency WIC leadership is prioritizing how to remotely collect eligibility and anthropometric/biochemical data before they are willing to address the development and implementation of policies and procedures for BFPC program recruitment. The BFPC program is often a victim of circumstances, it is perceived as an optional function with a limited population served, therefore it is not prioritized. This often leaves peer counselors with reduced opportunities for recruitment. The State agency has added guidance to local agency's physical presence waiver resources about the embedding of procedures for BFPC program recruitment as part of their

processes such as the competent professional authority (CPA) offers BFPC program enrollment as part of their nutrition assessment. Anecdotal reports have also pointed to short staffing as an issue. Current staffing from local agencies reports a total of 134 peer counselor's positions with 122 filled and 12 vacancies, which is approximately a 9% vacancy rate. A review of previous State plans prior to the pandemic reveals a decline of filled peer counselor positions from 134 (FFY 2018) to 122 (FFY 2024). While there has been a decline in filled peer counselors' positions, the drop in participant enrollment between 2018 to 2023 is approximately 30%. It is likely that this decreased enrollment is multi-factorial and is inclusive of other components such as decreasing programmatic participation prior to the pandemic.

North Carolina has identified a need to provide targeted technical assistance to local agencies. We are in development of guidance for field staff such as Regional Nutrition Consultants to allow pointed conversations that address a local agencies specific barrier to the provision of services or service quality. The first step identified is determine a standard method for the identification of high-risk local agencies requiring support. Previously local agencies providing no to minimal services was defined as a local agency whose peer counselors provided services to less than 15 participants or completed less than 25 required contacts for SFY. While this identification criterion is subject to change, in the absence of alternative system for identification, this criterion classifies 14 of 83 local agencies requiring targeted technical assistance. The 14 local agencies can be categorized into two groups: staffing and low productivity.

Eight local agencies provision of no to minimal services can be classified to staffing issues. All local agencies have one peer counselor on staff, so vacancies in the peer counselor position result in a temporary program suspension. Six of the local agencies are in various stages of the hiring process. One local agency has suspended the hiring process until their WIC Director role is filled as the local agency has no CPAs on staff. However, this temporary suspension has been ongoing for three years as they have not had any candidates accept the WIC Director role. Their RNC has been providing technical assistance to the local agency to support hiring of a qualified WIC Director. The last local agency has not filled the peer counselor position since accepting funds in 2016 but did recruit for the position for the first time during the previous SFY. The position was posted but to date has not been filled. This may be due to a noncompetitive starting salary of $10.00.

Six local agencies provision of no to minimal services can be attributed to low productivity. All the peer counselor positions for these local agencies are dual role. There appears to be minimal oversight to the peer counselor position of the role at a managerial position for various reasons such as an interim WIC Director or prioritization of support staff role. When the local agency has not prioritized the peer counselor role, it was consistently evidenced that there was no standardized procedure for recruitment of eligible participants. Often there was no staff tasked with discussing or enrolling eligible participants in the program.

Throughout this FFY, there have been attempts to provide targeted technical assistance to these local agencies by the State agency. These attempts have been hindered by the capacity of the Breastfeeding Team to dedicate sufficient time in the vacancy of the State Peer Counselor Coordinator position. As well as lack of metrics for the evaluation of programmatic quality and clear designation of who is responsible for addressing programmatic deficiencies. In June 2023, the State Breastfeeding Coordinator, Nutrition Coordinator (and North Carolina WIC Program Manager) and Regional Nutrition

Consultant team lead met and during the meeting agreed to formalize the requirements and delineate responsibilities for the provision of targeted technical assistance. The agreement was to draft written guidance to provide expectations and set metrics to evaluate programmatic quality to review and train staff on. The plan is for this guidance to be incorporated into the Regional Nutrition Consultant's scheduled technical assistance visits. The BFPC program is optional for each local agency to operate, and it is a delicate balance between accountability and State agency support. The BFPC programmatic requirements coupled with insufficient funding make the program difficult for local agencies who are already stretched due to short staffing and consistent turnover. Each year, the State agency spends a significant amount of time advocating for continuing to operate the program and troubleshooting potential solutions for the local agency.

Lastly, the selected candidate for the State Peer Counselor Coordinator position accepted the position today (7/13/2023) and the staffing of this role will return stability to programmatic evaluation, technical assistance, and guidance.

Needs Statement

North Carolina has promoted and supported the role of the BFPC in each Local WIC agency since FNS launched in 2004. Since the BFPC initiative was implemented, North Carolina has utilized the FNS *Loving Support Breastfeeding Peer Counseling* model and in progress of implementing the FNS *WIC Breastfeeding Support* curriculum, which aligns with the *WIC Breastfeeding Model Components for Peer Counseling*. Local agencies have expressed a barrier to the implementation and management of the program is the administrative burden of enrollment, tracking and documenting contacts. The current system is complex and is a mixture of paper and computer based.

Goals

1. To have all of North Carolina's BFPC programs supported through the FNS BFPC grant and the Nutrition Services Administration (NSA) grant align with the *WIC Breastfeeding Model Components for Peer Counseling*.
2. To simplify the process for tracking BFPC program enrollment, contact tracking, and documentation to ease the operational barriers for BFPC program implementation and management.
3. To have the WIC BFPC program services available in all of North Carolina's 85 local WIC agencies.

Objectives

1. Maintain accurate profiles of all BFPC programs operating in North Carolina.
2. Transition from the WIC Breastfeeding Curriculum rollout training plan to maintenance training plan for all Levels.
3. Begin rollout of Level 4 of the WIC Breastfeeding Curriculum for WIC designated breastfeeding experts.
4. Design a PC dashboard in the management information system, Crossroads to permit tracking of participant enrollment in the BFPC program, notification of upcoming due dates for each required contact, and simplifies PC documentation as well as reports available for program management and State agency monitoring.

5. Maintain current BFPC program trainings and community engagement meetings (meetings to aid local agencies in the establishment and maintenance of standardized referral procedures with external providers).
6. Create State procedure to identify local agencies who need increased technical assistance for BFPC program operations from the State agency, provide Regional Nutrition Consultants with expectations and recommendations for targeted support, and outline a communication between field and office-based staff at the State level.
7. Maintain and review monitoring procedures for BFPC programs as part of the local WIC agency review process.

Required Components of a PC Program	North Carolina Implementation Plans	July 2023 Status
I. Appropriate Definition of PC	1. Review and update the North Carolina WIC Program Policy Manual (NC WPM) to assure that NC WPM aligns with the minimum requirements *WIC Breastfeeding Model for Peer Counseling* qualifications of a peer counselor and their required job duties as necessary.	The definition of a PC in the NC WPM continues to align with the minimum requirements outlined in the *WIC Breastfeeding Model for Peer Counseling*. The definition of paraprofessional was updated to align with the definition provided by FNS. The BFPC program terminology was previously updated to align with federal terminology such as peer counselor instead of breastfeeding peer counselor.
II. Designated BFPC program managers at the state and/or local level	1. Review and update the roles and responsibilities of a local WIC agency BFPC manager and assure that the NC WPM communicates the expectation that a staff member must be designated to the BFPC program manager role and their position duties.	The NC WPM stipulates that for agency's who accept BFPC grant funds that a staff member must be designated to the BFPC program manager role and is allotted sufficient time towards the role. In February 2023, transitioned to online system to collect and update local agency information. This has permitted the State agency a greater understanding of staffing within local agency on a more consistent basis. Selected candidate for State Peer Counselor Coordinator and awaiting Human Resources approval to extend offer.
III. Defined job description and parameters for peer counselors	1. Review and revise the roles and responsibilities of a peer counselor and put into policy that each local WIC agency manages. 2. Create a new local government classification	The NC WPM includes the roles and responsibilities and scope of practice, which align with the *WIC Breastfeeding Model for Peer Counseling*.

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	specification for the peer counselor role within the NC Office of Human Resources for local agency use.	Provide a separate portal within the State's two-way text system, Teletask, for PC use to maintain confidentiality between the participant and the PC. The utilization of two-way texting will assist PC to operate within their scope of practice utilizing a written correspondence that better aligns with participant's preferred communication channel. Implement an automated two-way texting program for utilization by PCs with WIC program participants to provide intermittent education throughout pregnancy and postpartum period. Planned for January 2024. Work with the NC Office of Human Resources to create a local government classification specification for the peer counselor role to reduce barriers for job classification, provide consistency in compensation, and alignment of job requirements across local agencies.
IV. Training of appropriate WIC State/Local peer counseling management and clinic staff	1. Maintain Lactation Area Training Centers for Health (LATCH) for training and programmatic support. The LATCH provides standardized peer counselor training; lactation expertise and consultation; staff mentoring (i.e. Breastfeeding coordinators,	Eastern Area Health Education Center (EAHEC) started the LATCH grant services on 10/1/2023. The contractor has provided most deliverables. The outstanding deliverables of DBE quarterly continuing education begins in July 2023, while demonstrations for the

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	BFPC program managers, other competent professional authorities, and BFPC) as well as help local agencies improve their internal and external referral system for PCs and WIC-Designated Breastfeeding Experts (DBE) and begin standardized DBE training and continuing education. 2. Complete reset training of the WIC Breastfeeding Curriculum for WIC staff applicable to their role. 3. Refine and expand training plan for the maintenance for the continued provision of WIC Breastfeeding Curriculum as each level is rolled out across the State.	Breastfeeding Supplies Competency Training is on hold until the State Peer Counselor Coordinator position is filled. Completed 3/4 quarterly report reviews to track contractor process with contract deliverables. Continue to educate local agencies on the new training model and integrate new practices into normal WIC program operations including the development of a standardized referral system for peer counselors and DBEs. Transitioned Level 1 training from live virtual bimonthly training to an on-demand, self-paced training available through Maintain virtual bimonthly training for all WIC program staff on Level 1 of the WIC Breastfeeding Curriculum. Maintain Level 2 training for peer counselors only through the LATCH grant offered a minimum of nine times annually. Complete rollout of Level 2 and 3 of the WIC Breastfeeding Curriculum for Competent

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		Professional Authorities and DBEs by August 2023. Implement maintenance plan offering of the Level 2 and 3 for Competent Professional Authorities and DBEs. Complete rollout of Level 4 of the WIC Breastfeeding Curriculum for DBEs by September 2023. Implement maintenance plan offering of Level 4 for DBEs. Write position description for a new breastfeeding team member as part of the State plan to manage training of breastfeeding supplies and the *WIC Breastfeeding Support* curriculum.
V. Establishment of standardized BFPC program policies and procedures at the State and local level	1. Maintain, revise, and monitor needed policies and procedures for the implementation and management of peer counselor program to be consistent with the *WIC Breastfeeding Model Components for Peer Counseling*. 2. Participate in all FNS sponsored trainings for the *WIC Breastfeeding Model Components for Peer*	Utilize the FNS approved curriculum for BFPC and their managers. Orient and train new State and local WIC agency staff on the *WIC Breastfeeding Support* curriculum. Reviewed the WIC Program Policy to align with evidence-informed breastfeeding

Required Components of a PC Program	North Carolina Implementation Plans	July 2023 Status
	Counseling as offered by the SERO.	support practices and Federal regulations.
VI. Adequate supervision and monitoring of peer counselors	1. Strengthen the guidance provided to peer counselors required for consultation and referral support. 2. Offer orientation and continuing education opportunities to Peer Counselor Program Manager (PCPM) to increase competence and confidence in the management of complex breastfeeding situations.	The BFPC program continues to be included in the North Carolina WIC Program Manual including requirements of an assigned BFPC program manager at each local WIC agency who has adequate time to execute assigned responsibilities. PCPM orientation training is prerecorded and under review, goal is to make available by September 2023.
VII. Establishment of community partnerships to enhance the effectiveness of a WIC BFPC program	1. Expand the State Agency network of public health leadership in the area of breastfeeding promotion and support. a. Work with local WIC agency Health Directors and with staff of the Division of Public Health. 2. Explore models of other states for promoting breastfeeding leadership and enhancing the effectiveness of peer counselor programs. 3. Implement a new consultation and referral policy with a template to guide local agencies. 4. Initiate and maintain quarterly meetings between local agency staff leadership to develop and strengthen the consultation and referral	Maintain State level collaboration through training and networking across programs supporting pregnant and postpartum women and children including Healthy Beginnings program, Healthy Start program, and State driven initiatives including Improving Community Outcomes for Maternal and Child Health grant, Safe Sleep Initiatives, Perinatal Health Committee. Started required community engagement meetings during FFY 2023 as the meetings become more formalized. There has been evidence through contractor reports of increased awareness of resources available within the

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	policy, improve consistency of messaging to external community partners, and expand network of community partners facilitated by the LATCH.	community for breastfeeding support, collaboration between local agencies for establishing relationship with community stakeholder, increased communication with medical systems and standardization of a referral system. There are anecdotal reports of increased referrals. Continues participation in the North Carolina Department of Health and Human Services' Breastfeeding Coordination Team. The State agency continues to work with community maternity centers establishing linkages that support programs that promote post-discharge breastfeeding. Additionally, partnering with universities to promote the North Carolina Maternity Center Breastfeeding Friendly designation offered to hospitals who implement each step of WHO/UNICEF's *Ten Steps to Successful Breastfeeding*. Assuring that all maternity centers are providing information and referring to their local WIC agencies.

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		The State Breastfeeding Coordinator continues to serve as an ex-officio member of the North Carolina Breastfeeding Coalition, which is the recognized state coalition from the United States Breastfeeding Committee. Serve as a subject matter expert as requested for initiatives and grants inclusive of breastfeeding deliverables including the establishment of a Statewide breastfeeding hotline.
VIII. Provision of the following to peer counselors: **a. Timely access to PCPM and other lactation experts for assistance with problems outside of peer counselor scope of practice** **b. Regular, systematic contact with supervisor** **c. Participation in clinic staff meetings and breastfeeding in-service as part of the WIC team** **d. Opportunities to meet regularly with other peer counselors**	1. Strengthen the guidance provided to peer counselors required for consultation and referral support.	Reviewed monitoring tool and discussed alignment with the *WIC Breastfeeding Support* curriculum. The State agency continues to focus on the improvement of quality assurance within the BFPC program through increased guidance for State agency staff on how to effectively monitor program operations. Complete Level 2 and 3 and Level 4 trainings for DBEs to help PCPM become more confident and competent in complex breastfeeding situations by September 2023.

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		Begin quarterly continuing education opportunities for DBEs in July 2023. Maintain access to experienced International Board Certified Breastfeeding Consultant to each of the local WIC agency's DBE when complex breastfeeding situations are outside their scope of practice.
IX. Provision of training & continuing education of peer counselors	1. Maintain quarterly continuing education trainings for peer counselors and their managers. 2. Begin quarterly continuing education trainings for DBEs	All local agencies PC and their managers participated in quarterly continuing education sessions offered by the LATCH. All content provided must be within the scope of a PC. All local agency DBE and their managers participate in quarterly continuing education trainings. Initiate the online self-paced training course development for the Breastfeeding Supplies Competency Training, that educates local WIC agency staff

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		on the standardized guidance for expressing human milk and the assembly, use, and care of breastfeeding supplies available for North Carolina WIC Program participants to include single user manual and electric pump trainings.

North Carolina Designated Components of a Statewide Peer Counselor Program	North Carolina Implementation Plans	Completion Date
NC 1. Investigate strategies to increase sustainability of BFPC programs including actions State agencies can take to reduce turnover of PCs.	1. Identify and target local agencies with high risk BFPC programs. High risk programs are identified as a local agency providing services to less than 15 participants annually. 2. Determine evidence-based State agency strategies that assist with increased sustainability of BFPC programs within local agencies	Work with Regional Nutrition Consultants and develop targeted technical assistance to local agencies without BFPC program or providing minimal BFPC program services. Identify and evaluate local agencies with strong BFPC programs to determine if there are shared characteristics and practices in these local agencies that can be replicated. Complete a literary review to identify State agency strategies to improve sustainability and impact of the BFPC program.
NC 2. Design an updated BFPC dashboard in the NC Management Information System, Crossroads.	1. Design the BFPC program dashboard to include enrollment and tracking of prenatal and postpartum contacts are completed or due through dashboard alerts and automated reports. 2. Design a BFPC program dashboard to capture required documentation for charting and expedite ease for entry.	Review other WIC state agency systems for BFPC program services. Work with Crossroads subject matter experts to design a BFPC program dashboard, so that the change request can be completed during FFY 2024.