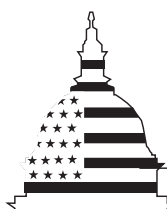


February 2001

FOOD ASSISTANCE

Performance Measures for Assessing Three WIC Services



G A O

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United States General Accounting Office
Washington, D.C. 20548

February 28, 2001

The Honorable Richard G. Lugar
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The Honorable Tom Harkin
Ranking Member
Committee on Agriculture, Nutrition, and Forestry
United States Senate

The Honorable John A. Boehner
Chairman
The Honorable George Miller
Ranking Minority Member
Committee on Education and the Workforce
House of Representatives

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a federally funded \$4.1 billion-a-year nutrition assistance program administered by the U.S. Department of Agriculture's Food and Nutrition Service (FNS). During fiscal year 2000, this program provided \$3 billion for supplemental foods and \$1.1 billion for nutrition services and administration to assist lower-income pregnant, breastfeeding, and postpartum women, infants, and children up to age 5 who are at nutritional risk. FNS provided annual cash grants to support program operations at 88 state-level agencies.¹ These 88 agencies administered the program through more than 1,800 local WIC agencies.

To help the Congress better understand the costs of delivering nutrition services and administering WIC, the William F. Goodling Child Nutrition Reauthorization Act of 1998 (P.L. 105-336) directed GAO to assess various aspects of WIC nutrition services and administration. This report, the third in a series responding to this request, examines the performance measures that FNS uses to assess the nutrition education, breastfeeding promotion

¹State agencies are located in the 50 states, the District of Columbia, American Samoa, the Commonwealth of Puerto Rico, Guam, the U.S. Virgin Islands, and 33 Indian tribal organizations. These agencies typically are public or private nonprofit health or human services agencies; they can be an Indian Health Service Unit, a tribe, or an intertribal council.

and support, and health referral services provided to WIC program participants.²

We based our evaluation on the performance measurement framework contained in the Government Performance and Results Act of 1993 (Results Act), which, among other things, encourages agencies to measure program performance by determining the extent to which intended program outcomes have been achieved. Program outcomes are the results of delivering a program's products and services, while program outputs are the products and services delivered. An example of the distinction between the two concepts can be seen in the case of a job-training program. In such a program, an output could be the number or percentage of program participants who completed the training. A program outcome, on the other hand, could be the number or percentage of program participants employed 1 year after the training. Outcome measures on which objective data can be collected at reasonable cost can be difficult to develop, particularly for programs that are intended to influence the behavior of individuals. While emphasizing the use of outcome measures, the Results Act recognized that the output measures traditionally used by agencies for measuring performance remain critical to program management.

Consistent with the Results Act's approach to performance measurement, this report discusses FNS' use of both outcome and output performance measures. Specifically, it provides information on how FNS measures (1) the outcomes of three services provided by the WIC program—nutrition education, breastfeeding promotion and support, and health referral services; and (2) program outputs for these three service areas.

Results in Brief

FNS has an outcome-based measure for one of the three nutrition services—breastfeeding promotion and support. However, the measure, breastfeeding initiation rate, examines only one of several important aspects of the service's possible impact on WIC participants. Other key aspects, for which FNS has not established outcome measures, include the length of time that WIC mothers breastfeed their infants and breastfeeding's contribution to an infant's overall nutritional needs. Several

²The first report in the series was *Food Assistance: Financial Information on WIC Nutrition Services and Administrative Costs* (GAO/RCED-00-66, Mar. 6, 2000). The second report was *Food Assistance: Activities and Use of Nonprogram Resources at Six WIC Agencies* (GAO/RCED-00-202, Sept. 29, 2000).

obstacles have hindered FNS' efforts to develop and implement outcome-based measures for nutrition education and health referral services for the WIC program. These include difficulties in identifying measures that would allow the agency to appropriately link a particular service's activity to a desired outcome and resource constraints affecting FNS' ability to collect data needed to implement a proposed measure.

FNS employs a large number of program output measures to gauge performance of the three WIC services. Generally, these measures are used to examine the types and quantities of services that state and local agencies provide and whether the agencies are in compliance with grant expenditure and other program requirements. FNS has been hindered in measuring program compliance because of weaknesses in the management evaluation process used to collect data on these measures. Among other problems, inconsistencies in procedures used to conduct the evaluations have resulted in problems in interpreting evaluation results as well as in comparing and analyzing results across evaluations. FNS is considering recommendations its special task force made in a January 2001 report to strengthen its processes for management evaluations.

While we believe that the weaknesses in FNS management evaluations should be addressed expeditiously, we are not making specific recommendations at this time because FNS is actively considering corrective actions. However, we will continue to monitor the agency's actions on these matters and, if warranted, make recommendations in the future. In commenting on a draft of this report, FNS officials generally agreed with the information presented, but cautioned that the report discussed performance measures only as they pertained to three nutrition service components of the WIC program and not the program in its entirety. They believed that when viewed from this broader context, the program has resulted in a number of desirable health outcomes.

Background

As part of its administration of the WIC program, FNS makes grants to the 88 state agencies that in turn provide program benefits—supplemental foods and a variety of nutrition services—to participants through more than 1,800 local WIC agencies. The state agencies develop guidelines intended to ensure that local agencies effectively deliver WIC benefits to eligible participants, and monitor local agencies' compliance with these guidelines. Local agencies serve participants directly or through one or more service delivery sites or clinics located within their service areas. Staff at local WIC agencies and clinics approve applicants for participation;

provide food benefits, typically in the form of vouchers that can be exchanged for WIC-approved supplemental foods at specified grocers; provide nutrition education; and make health referrals to eligible individuals.

For fiscal year 2000, grants for this program totaled \$4.1 billion—\$3 billion for supplemental foods and \$1.1 billion for nutrition services and program administration costs. Grants for nutrition services and administration (NSA) are typically used to support activities in four broad categories: participant services, including health care referrals; nutrition education; breastfeeding promotion and support; and program administration, such as planning and budgeting. This report focuses on three specific services—nutrition education, breastfeeding promotion and support, and health referrals. Table 1 describes some of the specific activities that local WIC agencies provide as part of these services.

Table 1: Three Nutrition Services by Activities

Type of service	Description
Nutrition education	<ul style="list-style-type: none"> • Providing individual and/or group nutrition education sessions. • Preparing or obtaining nutrition education materials, such as brochures and videotapes, and interpreting or translating materials to facilitate nutrition education of non-English-speaking participants. • Providing or receiving training regarding nutrition education promotion, and evaluating and monitoring nutrition education. • Providing information on the benefits of the supplemental foods provided by WIC and how to exchange WIC food vouchers for food products at WIC-approved grocers.
Breastfeeding promotion and support	<ul style="list-style-type: none"> • Providing individual counseling sessions at WIC clinics or in hospitals and by telephone to promote and support breastfeeding, and maintaining a clinic environment that encourages breastfeeding. • Consulting with medical providers regarding breastfeeding issues. • Providing or receiving training regarding breastfeeding promotion and monitoring and evaluating breastfeeding promotion activities.
Health referrals	<ul style="list-style-type: none"> • Providing each participant with information on available health care providers. • Referring participants to a health practitioner, when appropriate, such as for immunizations, and to social services such as the Medicaid program.

FNS Has an Outcome-Based Measure for One of Its Three Nutrition Services

FNS established the breastfeeding initiation rate as an outcome-based measure for the WIC program’s breastfeeding promotion and support activities, but has no outcome measures for its nutrition education or

health referral services.³ While this single measure allows FNS to examine one aspect of the impact of its services on WIC clients, it does not measure the important aspects of this service's impact—such as the length of time that WIC mothers breastfeed their infants and the percentage of daily nutrition an infant obtains from breastfeeding. FNS has attempted to develop outcome-based measures for the WIC program's nutrition education and health referral services but has not yet been successful in implementing these measures. FNS has identified a measure for nutrition education but has not implemented it because of resource constraints. For health referrals, FNS has been unable to identify a measure that, among other things, would permit it to appropriately link the service's activities with a desired outcome.

Breastfeeding Initiation Rate Measures Outcomes of Breastfeeding Promotion and Support Activities

FNS established the breastfeeding initiation rate as its outcome-based measure for breastfeeding promotion and support activities as part of its fiscal year 2000 performance plan.⁴ The measure represents the percentage of WIC infants between 7 and 11 months of age who, at some time, have been breastfed. FNS first reported the results of this measure in May 2000 as part of its 1998 WIC Participant and Program Characteristics Study (Characteristics Study), a biennial report on the characteristics of WIC participants and program activities. The overall rate of 42 percent for 1998 will serve as a baseline against which FNS will gauge future years' progress.⁵ FNS has collected data for fiscal year 2000, which it is in the process of analyzing and expects to be available in the spring of 2002.

Although FNS established an outcome measure for breastfeeding initiation, this measure does not assess the full range of potential impacts of breastfeeding promotion and support activities on WIC participants. The breastfeeding initiation rate includes only WIC infants who are breastfed at

³While FNS has no outcome measure specific to the WIC program's nutrition education service, it has an outcome-focused diet quality measure to monitor progress in improving the diet quality for demographic groups generally eligible for participation in FNS' programs. According to agency officials, data from this measure will be used in the future to target the Agency's nutrition education efforts through programs such as WIC.

⁴Performance plans, developed pursuant to the requirements of the Results Act, assess progress toward the goals and objectives of an agency's strategic plan. FNS' performance plan reflects the agency's priorities for the fiscal year covered by the plan.

⁵This percentage is based on data from 63 of 88 state agencies, which covered about 80 percent of all WIC infants.

some time. It does not address other aspects of breastfeeding, such as duration or the percentage of daily nutrition that an infant obtains through breastfeeding. FNS attempted to collect data on breastfeeding duration as part of its 1998 Characteristics Study. However, only 40 of the 88 state agencies were able to provide this information for at least 75 percent of WIC infants in their states. According to FNS, these state agencies were unable to provide the data because their automated information systems did not contain complete data on each participant. FNS anticipates the number of state agencies reporting sufficient data to increase as states become accustomed to reporting these data. FNS has not attempted to measure the percentage of daily nutrition an infant obtains through breastfeeding. While acknowledging the importance of this measure, FNS has not yet identified an appropriate means of implementing it.

FNS' Efforts to Implement Outcome-Based Measures for Nutrition Education and Health Referrals Have Been Unsuccessful

FNS established outcome-based measures for both the nutrition education and health referral services in its fiscal year 2000 performance plan. However, it was unable to implement these measures and did not include outcome-based measures for the two services in its 2001 performance plan.

FNS has identified an outcome measure for WIC nutrition education services, but has not implemented it primarily because of resource constraints. FNS intended to evaluate the impact of its nutrition education services by assessing the nutritional quality of meals consumed by a sample of WIC participants. FNS planned to implement this measure by extracting data from a national dietary survey of the U.S. population. This periodic survey, the Continuing Survey of Food Intakes of Individuals, includes WIC participants. However, FNS determined that the survey did not contain a large enough sample of WIC participants to establish national estimates. FNS lacked the resources needed to develop another sample with a large enough number of WIC participants to establish national estimates. FNS officials said that the agency is exploring ways to overcome the sample size problem for future implementation of this measure.

In addition, FNS has not established a measure for WIC health referral activities that appropriately links the service's activities with a desired outcome. Initially, FNS intended to use the percentage of WIC child participants who were immunized as the outcome measure for its health referral services. To implement this measure, FNS planned to use data gathered by the federal Centers for Disease Control and Prevention (CDC) from its National Immunization Survey. In its 1999 Survey, the CDC began reporting immunization data for children participating or not participating

in WIC. However, with its 2001 performance plan, FNS discontinued this measure. Agency officials gave two reasons for this decision. First, they noted that FNS is not responsible for ensuring that children participating in WIC are actually immunized, but rather those children needing immunizations are referred to doctors as appropriate. Second, they pointed out that immunization data provided by CDC on WIC participants did not permit FNS to measure the extent to which WIC health referrals actually contributed to the immunization of WIC child participants.

FNS officials noted that the problems they faced in finding a measure that appropriately linked WIC health referral activities to a desired outcome are not unique to the health referral services. They pointed out that it is difficult to measure the impact of any of the individual services WIC offers because, among other things, other variables also influence the behavior these services are intended to promote. For example, there are several other state and local programs that, like WIC, are aimed at improving health through nutrition education. Separating the effects of these efforts from those of the WIC program is difficult at best.

FNS Relies on a Variety of Output Measures to Monitor Program Performance

FNS employs a large number of program output measures to gauge performance of the WIC nutritional services it offers. Generally, these measures are used to examine the types and quantities of services the state agencies provide and whether the agencies are in compliance with grant expenditure and other program requirements. (A detailed list of output measures can be found in app. I.) To monitor these measures, FNS depends in large part on data provided by state and local agencies through routine financial reports, its biennial Characteristics Study, and FNS' management evaluations of state and local agency operations. Of these monitoring methods, FNS relies heavily on its management evaluations to measure state and local WIC agency compliance with program requirements. However, weaknesses in the procedures for conducting evaluations of WIC agencies reduce its value as a performance oversight tool. FNS recently completed an examination of its practices for conducting management evaluations for all FNS programs, including WIC, and made several recommendations for improvements.

FNS uses several financial reports submitted by state agencies to measure the extent to which state and local agencies meet expenditure requirements. The principal measure is whether states are adhering to a legislatively established requirement for spending on nutrition education activities and breastfeeding promotion and support activities. Combined

spending for these two activities must equal at least one-sixth of the NSA expenditures plus a target amount for breastfeeding promotion and support established by FNS at the beginning of each fiscal year. The Addendum to the WIC Program Annual Closeout Report, prepared by each state, serves as the primary source of data on the state's compliance with this expenditure requirement. For fiscal year 1999, the most recent year for which complete data were available, FNS reported that two states and four Indian tribal organizations did not meet this minimum spending requirement. In addition, the WIC Program Annual Closeout Report each state prepares provides data on the final status of the state's grant and costs for the report year.

To measure the nature and amount of program services WIC agencies provide, FNS primarily uses data obtained from state and local agencies and reported in FNS' Characteristics Study.⁶ As noted earlier, the Characteristics Study provides information on a variety of program activities. Table 2 lists some of the key program activities in the three areas of service included in the Characteristics Study as well as information on the percentage of local WIC agencies offering the activity.

Table 2: Selected Program Activities Used by Local Agencies

Program activity ^a	Percentage of local agencies ^b
Nutrition education	
Nutrition education sessions for pregnant participants provided during	
Certification	96.8
Food benefit issuance	65.8
Dedicated nutrition education sessions	44.7
Other health care appointments	20.2
Nutrition education offered in a language other than English	
Spanish	50.0
French	5.7
Vietnamese	5.3
Laotian	4.6
Various Native American languages	3.9
Hmong	3.8

⁶FNS also utilizes special reports to measure the nature and amount of program services provided to participants. For example, FNS uses such reports to evaluate the success of state adoption of FNS' national breastfeeding promotion campaign, Loving Support.

(Continued From Previous Page)

Program activity^a	Percentage of local agencies^b
Nutrition education topics especially for pregnant women	
Importance of folic acid	81.0
Using WIC foods for a healthy diet	82.9
Strategies to prevent or manage overweight	47.6
Methods or materials always used in providing nutrition education	
Counseling/discussion	90.7
Food models	25.5
Videos, films, slides	7.4
Testing participant's knowledge	4.1
Average length of group nutrition education sessions for non high-risk participants, in minutes	
Less than 10	18.1
10-19	28.8
20-29	21.2
30-39	5.1
40-49	2.1
50 and longer	3.1
Breastfeeding promotion and support	
Group education sessions devoted solely to breastfeeding	97.4
Breastfeeding support groups	80.7
Provision of breast pumps	43.6
Individual counseling	31.4
Home/hospital visit	30.9
Peer counseling	16.7
Health referrals^c	
Type of referral or service provided	
Well-baby care and immunizations, referral for all participants	22.6
Well-baby care and immunizations, referral as needed	60.6
Immunizations only, referral for all participants	10.6
Immunizations only, referral as needed	48.1

^aA total of 460 local WIC agencies responded to the survey. Responses were weighted to reflect the universe of 2,203 local agencies, the estimated universe of 8,932 service delivery sites, and the universe of 8,042,758 enrollees.

^bFigures may not sum to 100 percent because respondents could provide multiple responses.

^cResponses for these services are by percentage of WIC service delivery sites providing the service.

According to FNS officials, survey data from local agencies, of the sort seen in table 2, may no longer be collected for the Characteristics Study for 2002 and beyond because research funds are unavailable for that purpose. These officials explained that the Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Appropriations Act of 1998 (P.L. 105-86) effectively transferred primary responsibility for research on food assistance and nutrition programs from FNS to the Department's Economic Research Service, which has not subsequently funded the collection of the local WIC agency data. FNS officials believe that these data are important

for monitoring the nature and level of services being delivered by local agencies. To address this and other research concerns, FNS has attempted to regain direct responsibility over research funding for food assistance and nutrition programs.

To measure overall compliance with program requirements, including those related to nutrition education, breastfeeding promotion and support, and referral services, FNS regional offices conduct management evaluations at each of the 88 state WIC agencies and at a sample of local agencies. In general, each of the state agencies and selected local agencies are reviewed every 3 years. According to FNS, management evaluations are the primary means of measuring state and local WIC agency compliance with program requirements. As part of the management evaluations, staff in FNS' regional offices conduct interviews, review planning documents, observe interactions, and examine participants' files. Listed below are some of the types of nutrition education, breastfeeding promotion and support, and health referral service program requirements that can be assessed during management evaluations:

- Nutrition education
 - State agency WIC plan includes nutrition education goals and action strategies,
 - Local agencies offer each participant a minimum of two nutrition education contacts during each 6-month certification period and documents the provision of service or the participant's refusal or inability to participate,
 - State agency has developed or identified nutrition education resources and materials for use by local agencies, and
 - Nutrition education material provided is easily understood by participants.
- Breastfeeding promotion and support
 - State and local agencies have a designated breastfeeding promotion and support coordinator who provides technical assistance to local agencies,
 - State agencies have developed standards for local agencies for use in providing breastfeeding promotion and support, and
 - Local agency staff has received training on promotion and management of breastfeeding promotion and support.
- Health referrals
 - Local agency staff refers participants, as appropriate, to private or public health care services.

FNS has not made full use of management evaluations to measure program performance and provide needed oversight. In large part this is due to inconsistencies in the procedures used to conduct the evaluations, which have caused problems in interpreting evaluation results as well as in comparing and analyzing results across evaluations. FNS recently examined its practices for conducting management evaluations for all FNS programs, including WIC. Results of this review were highlighted in a January 2001 report to the Administrator. The report noted that (1) management evaluations at state and local levels were not being conducted uniformly across FNS regional offices; (2) standard vocabulary did not exist for identification of certain concepts; (3) standard definitions were needed for such key terms as deficiency (a judgment that the agency being reviewed is not in compliance with program requirements and must take corrective action); (4) additional staff time needed to be allocated to testing and training prior to implementation; and (5) a learning, feedback, and modification period would be needed to support consistent data collection and the development of reporting methods. The task force recommended a number of actions aimed at obtaining more consistent information that, if implemented, could provide FNS with better data for identifying national trends, quantifying deficiencies, developing policies, and measuring mission effectiveness. Agency officials told us that a response from the Administrator is expected by April 2001.

Agency Comments and Our Evaluation

We provided a draft of this report to USDA's Food and Nutrition Service for review and comment. We met with FNS officials, including the Director, Office of Analysis and Nutrition Evaluation; the Director, Supplemental Food Program Division; and officials in the Grants Management Division. These officials generally agreed with the information presented in this report. However, they cautioned that the report addressed performance measures as they pertained to three nutrition service components of the WIC program and not the program in its entirety, which includes supplemental foods and other aspects of nutrition services. FNS officials believed that research on the effects of the WIC program as a whole indicated that it has contributed to a number of desirable outcomes including improved diets and infant feeding practices, reduced incidence of anemia among children, reduced incidence of infant mortality and low birthweight infants, and reduced postpartum medical expenses. Also, these officials provided us with a number of technical comments that we incorporated into the report, as appropriate.

Scope and Methodology

In developing information for this report, we spoke with and obtained data from officials at FNS' headquarters in Alexandria, Virginia, and the seven FNS regional offices—Northeast in Boston, Massachusetts; Mid-Atlantic in Robbinsville, New Jersey; Southeast in Atlanta, Georgia; Midwest in Chicago, Illinois; Mountain Plains in Denver, Colorado; Southwest in Dallas, Texas; and, Western in San Francisco, California. We reviewed legislation, policies, procedures, and practices; reviewed reports issued by GAO and others related to WIC; and interviewed various officials responsible for administering the WIC program. We also reviewed FNS' strategic and annual performance plans and other documents developed as part of implementing the Results Act. We conducted our work from September 2000 through January 2001 in accordance with generally accepted government auditing standards.

We are sending copies of this report to the appropriate congressional committees; interested members of the Congress; the Honorable Ann M. Veneman, the Secretary of Agriculture; and other interested parties. We will also make copies available to others upon request.

If you or your staff have any questions about this report, please contact me at (202) 512-7215. Key contributors to this report are listed in appendix II.



Robert E. Robertson
Director, Education, Workforce
and Income Security

Output Measures for Monitoring Program Requirements and Activities for the Three Services

Performance measure	Description of requirement or activity	Source of data
Nutrition education		
Amount of Nutrition Services and Administration (NSA) funds spent for nutrition education by state agency	Requirement that state agencies spend an amount not less than the sum of one-sixth the total amount of its NSA expenditures on nutrition education and breastfeeding promotion and support plus a breastfeeding promotion and support target amount established by FNS at the beginning of each fiscal year	Financial report
Extent to which participant actually receives nutrition education	Requirement that each participant will be provided with at least two nutrition education contacts during each 6-month certification period	Management evaluation review of participants' files
Extent to which the nutrition education is in individual or group settings	Requirement that nutrition education contact will be provided to each participant in individual or group settings	Management evaluation observations of staff-participant interactions, and review of participants' files and documents
Number of state agencies with a nutrition coordinator	Requirement that each state WIC agency will designate a nutrition coordinator responsible for nutrition education	Special reports to the agency and management evaluation review of documents
Number of state agencies that have developed nutrition goals and action plans	Requirement that state agency will include in its state plan a nutrition plan with education goals and action plans, including a description of education methods	Management evaluation review of state agency's State Plan of Operations
Extent to which nutrition education is free, easy for participant to understand, and bears a practical relationship to participant's needs	Requirement that the participant will be provided with free nutrition education that is easily understood and bears a practical relationship to participant's needs situation and cultural preferences	Management evaluation observations of staff-participant interactions, and review of participants' files and documents
Number of local agencies offering nutrition education in foreign languages	Requirement that, in order to meet the needs of non-English-speaking participants, WIC agencies offer nutrition education in languages other than English, such as Spanish, Laotian, and French	Management evaluation observations and review of documents; survey of local agencies through WIC Participant and Program Characteristics Study
Extent to which nutrition education emphasizes the relationship between proper nutrition and good health	Requirement that state agency will provide nutrition education that emphasizes the relationship between proper nutrition and good health	Management evaluation observations of staff-participant interactions, and review of participants' files and documents
Extent to which nutrition education reinforces positive changes in food habits that result in participant's improved nutritional status	Requirement that state agencies will assist nutritionally at-risk individuals in achieving positive changes in food habits, resulting in improved nutritional status and in prevention of nutrition-related problems	Management evaluation observations of staff-participant interactions, and review of participants' files and documents
Extent to which state agency provides the local agency with nutrition education resources and materials	Requirement that each state agency will identify or develop nutrition education resources and educational materials for use in local agencies	Management evaluation review of state agency's State Plan of Operations and other state documents; review of resources at local agency

**Appendix I
Output Measures for Monitoring Program
Requirements and Activities for the Three
Services**

Performance measure	Description of requirement or activity	Source of data
Number of visits made to FNS' nutrition education Web site	Measurement of local agency program activity to provide nutrition education strategies to WIC staff and increase staff nutrition education knowledge through FNS-implemented Web site, WIC Works	Special report
Percent of WIC staff who are Registered Dieticians (or RD-eligible) or Registered Dietary Technicians	Measurement of FNS' recruitment and retention efforts to increase the number of registered dieticians, which is critical to the delivery of quality nutrition services, including nutrition education	Special report (biennial survey by public health and nutrition program directors)
Breastfeeding promotion and support		
Amount of nutrition services and administration funds spent on breastfeeding promotion and support	Requirement that state agencies must spend a target amount of nutrition services and administration funds on breastfeeding promotion and support	Financial report
Number of state agencies with a breastfeeding coordinator	Requirement that the state agency will designate a breastfeeding promotion and support coordinator to provide support and technical assistance to local agencies and to develop state agency activities	Special report; management evaluation of state agency's State Plan of Operations and other documents
Number of local agencies that have a breastfeeding coordinator	Requirement that every local WIC agency will designate a breastfeeding coordinator responsible for providing promotion and assistance	Special report; management evaluation of local agency documents
Number of states that implement all or part of FNS' National Breastfeeding Promotion Campaign	Measurement of the success of FNS' campaign—Loving Support—designed to promote breastfeeding in the WIC program	Special report
Extent to which state agency provides the local agency with breastfeeding education resources and materials	Requirement that state agency will develop breastfeeding education resources and materials and provide technical assistance to local agencies	Management evaluation review of state agency's State Plan of Operations and other documents
Number of state agencies that have developed standards for local agency use in providing breastfeeding support	Requirement that the state agency develop standards for use by local agencies for breastfeeding support for prenatal and postpartum women	Management evaluation review of state agency's State Plan of Operations and other documents
Number of local agencies offering education sessions devoted to breastfeeding	Measurement of program activity to encourage pregnant participants to begin and continue breastfeeding their infants	Survey of local agencies through WIC Participant and Program Characteristics Study
Number of local agencies that have staff that make home or hospital visits to mothers of newborns	Measurement of local agency activity to encourage and support breastfeeding by mothers of newborns through home or hospital visits	Survey of local agencies through WIC Participant and Program Characteristics Study
Number of local agencies offering peer counseling for breastfeeding	Measurement of local agency activity to encourage and support breastfeeding through peer support and discussion groups	Survey of local agencies through WIC Participant and Program Characteristics Study
Number of local agencies that have received training on promotion and management of breastfeeding promotion and support	Requirement that the state WIC agency develop and provide to local agencies training on promotion and management of breastfeeding promotion and support	Management evaluation review of state agency's State Plan of Operations and other documents

**Appendix I
Output Measures for Monitoring Program
Requirements and Activities for the Three
Services**

Performance measure	Description of requirement or activity	Source of data
Health referrals		
Number of participants provided with information on health care providers	Requirement that WIC staff provide each participant with information on available health care providers	Management evaluation review of participant file data and other documents
Number of participants referred to a health practitioner when appropriate	Requirement that WIC staff refer participants to a health practitioner when appropriate, such as when a pregnant participant has not yet received prenatal care or a child participant has not received age-appropriate immunizations	Management evaluation review of participant file data and other documents
Number of WIC agencies with on-site pediatric care	Measurement of WIC agencies that are collocated with pediatric care facilities to assist in meeting, in part, the requirement that WIC staff help participants obtain and use preventive health care services and local agencies serve as a link between participants and health-care providers	Survey of local agencies through the WIC Participant and Program Characteristics Study; management evaluation of local agency operations
Number of WIC agencies offering well-baby care and immunizations	Measurement of WIC agencies that offer well-baby care services to assist in meeting, in part, the requirement that WIC staff assist participants in obtaining and using preventive health-care services	Survey of local agencies through the WIC Participant and Program Characteristics Study; management evaluation of local agency operations

GAO Contact and Staff Acknowledgments

GAO Contact

Robert E. Robertson, (202) 512-7215

**Staff
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In addition to the contact named above, Abiud Amaro, Clifford Diehl, Judy Hoover, Angela Miles, and Ron Wood made key contributions to this report.

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