Overview

North Carolina fully utilizes the Food and Nutrition Service's (FNS) WIC Breastfeeding Peer Counseling (BFPC) funds to support, administer, and expand the BFPC program across 83 of the state's 85 local WIC agencies. The State Peer Counselor Coordinator role, vacant for 10 months, was filled on July 19, 2023. During this vacancy, the State Breastfeeding Coordinator managed all associated tasks. In the Federal Fiscal Year (FFY) 2024, the State Breastfeeding Coordinator continued leading the BFPC program, focusing on training the new State Peer Counselor Coordinator and transferring responsibilities.

For State Fiscal Year (SFY) 2025, we expect the number of local WIC agencies participating in the BFPC program to remain stable at 83. A key development in achieving our goal to extend BFPC program services to all 85 local WIC agencies was Graham County's late request for funding. Unfortunately, the allocation of funds had already been finalized, preventing us from granting their request for this cycle. Despite this setback, Graham County demonstrates a strong commitment to the program, evident from their pursuit of special funding and their efforts to hire a peer counselor. We are hopeful they will secure funding in the initial offering of FFY 2026. Meanwhile, Swain County continues to opt out of the funding. Despite this, they maintain the highest breastfeeding rates in the state, with over 40% of participants receiving the fully breastfeeding food package. The state agency is actively working to demonstrate the program's benefits to Swain County and encourage their participation.

During SFY 2024, Crossroads, North Carolina's management information system, recorded 21,521 participants in the BFPC program, a decrease of 6.1% from SFY 2023's 22,907 participants. The numbers had dipped significantly during the COVID-19 pandemic but have shown modest recovery post-2020, though they still fall short of pre-pandemic levels. Importantly, our records count all attempts to contact participants as engagements, regardless of the outcome.

Reports from peer counselors indicate recruitment challenges due to the absence of in-person interactions, a condition exacerbated by the permanence of the physical presence waiver—a measure originally temporary due to the pandemic. This waiver has necessitated a transition to document resident, income, and anthropometric eligibility online. Local agencies report difficulties adapting to these new data collection and appointment processes. Moreover, there is limited support for integrating BFPC program enrollment into routine operations where physical interactions are missing, as local leaders prioritize data collection over program recruitment.

Peer counselor vacancies also continue to affect program effectiveness, with a reduction from 134 funded positions in SFY 2024 to 126 in SFY 2025. Notably, peer counselor numbers have steadily declined from 134 in FFY 2018 to 111 in FFY 2025, despite an increase in program funding. The state is evaluating this trend closely, engaging with local agencies to optimize staffing levels without compromising service quality.

In FFY 2024, the State Breastfeeding Promotion and Support team successfully provided targeted technical assistance to Regional Nutrition Consultants, enhancing the operation and maintenance of the BFPC Program. We've moved the Peer Counselor Manager's training to a self-paced online module, tailored to fit North Carolina's specific needs, including the development of role-specific class specifications and interview guidelines. This initiative has also resumed in-person collaboration among Regional Nutrition Consultants and our contracted IBCLCs, focusing on strategic support and planning.

In FFY 2025, we proceeded with the identification of low-performing BFPC Programs. Local agencies providing no or minimal services were defined as a local agency whose peer counselors provided services to less than 15 participants or completed fewer than 25 required contacts for SFY. While this identification criterion is subject to change, in the absence of an alternative system for identification, this criterion classifies 13 of 83 local agencies requiring targeted technical assistance. The 13 local agencies can be categorized into two recurring groups: staffing and low productivity.

Eleven local agencies' provision of no or minimal services can be classified due 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. Within this subset, there continue to be four local agencies who have continued to accept PC funding yet have failed to implement a program for various reasons. The local agencies are Edgecombe, Nash, Moore, and Pamlico. There is discussion at the state level to pursue these local agencies and request the decline of funding that they do not intend to utilize to prevent the decreased availability of funding to the local agencies who are interested and operating successful programs. The remaining local WIC agencies within this subset can be organized by their active attempts to fill the PC position, recently filled the position, or stagnation at the managerial level to fill the position. The managerial issues within these local agencies tend not to be specific to the BFPC program, with issues observed within WIC Program operation, which has often taken precedence to address staffing within these programs. There are no concerns with Wilson and Wayne Counties, and decreases in participation are being actively addressed. Managerial challenges appear to be linked to staffing issues among the managerial staff, including operating with an interim WIC Director at Lincoln Community Health Center, Madison County, and Greene County. Additionally, there are difficulties in recruiting Peer Counselors (PC) in Montgomery and Yadkin Counties. It should be noted that there is an exploration of models for cross-agency sharing of peer counselors. The Breastfeeding team is monitoring these developments for potential implementation within other agencies.

The limited provision of services in two local agencies can be attributed to low productivity linked to dual role peer counselor positions. These positions lack sufficient managerial oversight, particularly in prioritizing the peer counselor aspect of the role. Consequently, the peer counselors receive minimal managerial guidance, resulting in limited motivation to fulfill their responsibilities. This issue is exacerbated by the program not being viewed as an integral part of their position, leading to a lack of engagement and effectiveness in their role as peer counselors.

Despite the challenges presented, there are positive trends in North Carolina's breastfeeding rates. North Carolina currently has the highest breastfeeding initiation and duration rates as well as the highest issuance of breastfeeding food packages for both the fully and partially breastfeeding rates in the state to date. There is consistent support availability of training as well as the restoration of network relationships lost during the COVID-19 pandemic between local WIC agencies and healthcare providers made possible through community engagement meetings facilitated by the WIC Lactation Area Training Center for Health (WIC LATCH). The staffing of the position of the State Peer Counselor Coordinator provides an exciting opportunity for consistent programmatic oversight that allows us to evaluate and strategize on how to update and adapt the support and technical assistance to local agency needs.

Despite these operational challenges, North Carolina boasts the highest state-wide breastfeeding initiation and duration rates to date. The restoration of networks lost during the pandemic and

consistent training support has facilitated these achievements. The appointment of a dedicated State Peer Counselor Coordinator promises further enhancements in our program's oversight and adaptation to local needs, ensuring that North Carolina continues to lead in breastfeeding support.

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. Provide consistent offerings for each level of the WIC Breastfeeding Curriculum levels 1-4.
3. 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.
4. 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).
5. 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 2024 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 agencies 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. Maintain an updated profile of the local agency staff who are managing the BFPC Program operations.
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 specification for the peer counselor role within the NC Office of Human Resources for local agency use.	The NC WPM includes the roles and responsibilities and scope of practice, which align with the *WIC Breastfeeding Model for Peer Counseling*. Submitted job classification specifications to supervisor for approval to be submitted NC Office of Human Resources to create a local government classification specification for the peer counselor role to reduce barriers for job classification, provide

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		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, 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 rollout of the WIC Breastfeeding Curriculum with disbursement of the Peer Counselor Program Manager training as a self-module.	Eastern Area Health Education Center (EAHEC) started the LATCH grant services on 10/1/2023. In July 2023, the State agency began provision of the DBE Quarterly Continuing Education Section. In August 2023, completed rollout of Level 2 and 3 WIC Breastfeeding Curriculum levels for CPAs and DBEs and moved into a maintenance phase. Maintain Level 2 training for peer counselors only through the LATCH grant offered a minimum of nine times annually. In October 2023, completed rollout of Level 4 training. All levels of the WIC Breastfeeding Curriculum moved to a maintenance phase. Review quarterly report reviews to track contractor process with contract deliverables.
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*	Utilize the FNS approved curriculum for BFPC and their managers. Orient and train new State and local WIC agency staff on the WIC Breastfeeding curriculum.

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	Components for Peer Counseling. 2. Participate in all FNS sponsored trainings for the *WIC Breastfeeding Model Components for Peer Counseling* as offered by the SERO.	Reviewed the WIC Program Policy to align with evidence-informed breastfeeding 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 August 2024
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.	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. State Peer Counselor Coordinator started a three-year commitment on the NWA committee.

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	4. Initiate and maintain quarterly meetings between local agency staff leadership to develop and strengthen the consultation and referral policy, improve consistency of messaging to external community partners, and expand network of community partners facilitated by the LATCH.	Maintained required community engagement meetings during FFY 2024 as the meetings become more formalized. There has been evidence through contractor reports of increased awareness of resources available within the 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*

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		Steps to Successful Breastfeeding. Assuring that all maternity centers are providing information and referring to their local WIC agencies. 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, Title V funding, the CDC SPAN grant, Maternal Health AA, and the North Carolina Office of Human Resources.

Required Components of a PC Program	North Carolina Implementation Plans	July 2024 Status
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 roll-out the WIC Breastfeeding Curriculum Level 1-4 and transitioned to maintenance phase. On the final stages for the dissemination of the Peer Counselor Managers dashboard. 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. Design a PC dashboard that mitigates the managerial oversight of programmatic implementation.
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 agency PCs and their managers participated in quarterly continuing education sessions offered by the LATCH. All content provided must be within the scope of a PC.

Required Components of a PC Program	North Carolina Implementation Plans	July 2024 Status
		All local agency DBEs and their managers participate in quarterly continuing education training. Initiate the online self-paced training course development for the Breastfeeding Supplies Competency Training, that educates local WIC agency staff 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.