



# Advancing Health Equity to Achieve Diversity and Inclusion (AHEAD) in WIC

## Case Study:

### Catholic Charities WIC of Western New York

## NWA's MISSION

The National WIC Association (NWA) provides its members with tools and leadership to expand and sustain effective nutrition services for mothers and young children.

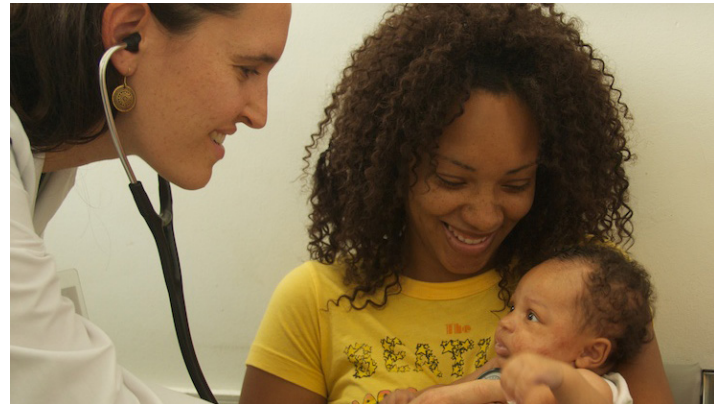
## INTRODUCTION

In 2019, the National WIC Association (NWA) received a grant from the Walmart Foundation to support a two-year project aimed at Advancing Health Equity to Achieve Diversity & Inclusion (AHEAD) in WIC. One of the key goals of AHEAD was to systematically build capacity within the larger WIC community to incorporate a health equity framework into WIC research, policy, and practice. As part of their efforts to advance equity, NWA partnered with seven local WIC agencies to pilot promising practices to create infrastructure and encourage organizational change to support equitable access to WIC services. Catholic Charities WIC of Western New York received funding through AHEAD to pilot a project to develop and implement a screening and referral process and build a network of community partners to address the social determinants of health that impact WIC families.

## OVERVIEW

Catholic Charities WIC of Western New York (herein Catholic Charities WIC) administers WIC services in three counties (Erie, Niagara, and Chautauqua), including the city of Buffalo, with 19 part-time and permanent clinic sites in its jurisdiction. The spatial landscape in the service area

includes rural, urban, suburban, border (Canada), and Tribal communities. Catholic Charities' largest service area is Erie County which serves 19,000 WIC participants, with 15,000 being in the city of Buffalo.



Catholic Charities' AHEAD project targeted Buffalo (Erie County), Niagara Falls (Niagara County), and Jamestown (Chautauqua County). These sites were selected due to their high level of community diversity in the region and their high rates of health disparities. For example, Buffalo is the second-most populous city in the state, with a population of 278,349 according to the 2020 Census. The racial makeup of Buffalo is 47.11% White; 36.53% Black or African American; 5.95% Other races/ethnicities; 5.86% Asian; 4.04% two or more races/ethnicities; 0.48% Native American; and 0.05% Native Hawaiian or Pacific Islander.<sup>1</sup> The Buffalo-Niagara Region is the 7th most segregated region in the country.<sup>2</sup> Historic discrimination targeted at factory workers and new immigrants has persisted throughout the region and mirrors the discrimination experienced in similar racially segregated areas across the country. As captured in a 2019 Buffalo News article, "African Americans in Erie County live an average of five fewer years than whites and are seven years below the state longevity rate. They're less likely to get mammograms and flu

shots and much more likely to be hospitalized for preventable diseases. African American children in the county are nearly five times more likely than white children to live in poverty.”<sup>3</sup> Similarly, Black children in the county are twice as likely to die before turning 18 and more than twice as likely to die within a year after birth.<sup>2</sup>

## Addressing the social determinants of health (SDOH) is fundamental for improving population health and promoting health equity.

According to the Centers for Disease Control and Prevention, SDOH are “conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes.”<sup>4</sup> Examples of SDOH include safe and affordable housing, access to public education, public safety, and healthy food availability. Public health leaders in Erie County have recently focused on addressing health disparities by targeting the SDOH. Evidence indicates that the SDOH are a greater driver of health outcomes than individual decisions or lifestyle choices, particularly in under-resourced communities.<sup>5</sup>

## PROJECT GOALS AND OBJECTIVES

For their AHEAD project, Catholic Charities WIC developed and implemented a strategic approach to provide tangible support to help eligible families connect with WIC services and meet WIC requirements. The project goals were to:

- 1) increase WIC enrollment by increasing referrals from health care providers;
- 2) increase enrollment by increasing referrals and engagement of community partners, colleges, and other organizations; and
- 3) increase retention by giving families appropriate resources and referrals during nutrition counseling to address the social determinants of health.

## APPROACH

Training staff and community partners on equity, diversity, and inclusion (EDI) and addressing the SDOH facing WIC clients were the core components of Catholic Charities’ AHEAD project. To further inform the direction of the project, WIC staff met with the Catholic Charities’ Equity Committee, which helps guide EDI efforts for the agency. Staff trainings focused on building awareness of unconscious bias, improving cultural competence/cultural humility, and understanding the SDOH. Catholic Charities WIC also presented information about WIC and SDOH to community coalitions and partners in Buffalo (Erie County), Niagara Falls (Niagara County), and Jamestown (Chautauqua County) to promote WIC services and highlight WIC’s role in achieving health equity. In addition, Catholic Charities WIC engaged community members by conducting focus groups to gain insight into how the agency can help address the social needs of WIC eligible families. Male caregivers of young children were a key target of the focus groups because they are frequently less aware of WIC program eligibility compared to female caregivers and may face unique barriers to enrollment.



WIC staff also engaged with several local social justice and health equity coalitions (e.g., Niagara Organizing Alliance for Health, VOICE Buffalo, Buffalo Immigrant Leadership Team, Buffalo Health Equity Coalition/Black Health Equity Taskforce) to build relationships and expand their reach in the community.

To address the SDOH of existing WIC participants, a SDOH screening tool and standardized protocol

was adapted from the social needs screening toolkit developed by the Academy of Family Physicians.<sup>6</sup> The SDOH Screening Tool was revised several times based on feedback from NWA staff, the AHEAD in WIC evaluation team, and Catholic Charities WIC staff who participated in the project. The tool was designed to be administered in both English and Spanish.



## EVALUATION METHODS

To monitor program implementation and assess impact, Catholic Charities WIC worked with NWA and the AHEAD evaluation team to develop a logic model and evaluation metrics. Several indicators were measured including the increase in community partnerships (within and outside the organization) and increase in the positive perception of WIC among community partners (i.e., value, trust, credibility, etc.) The evaluation also assessed the increase in staff knowledge and competency in SDOH, the number and percentage of WIC participants who were screened, received referrals, and utilized resources to address social needs and the types/categories in which SDOH referrals were made. Additionally, the level of collaboration between WIC and partner organizations was also measured as a system-level outcome.

Administrative and survey data were used for the evaluation. One Catholic Charities WIC staff member and two community partners were also interviewed to gain additional insight into the AHEAD in WIC project implementation and outcomes. Interviews were transcribed, coded, and analyzed using qualitative content analysis. Descriptive statistics were calculated from administrative and survey data using SPSS software.

## RESULTS

### *Community Partnerships*

Catholic Charities WIC hosted two and attended ten outreach events to help establish partnerships with hospital and health systems, cultural and advocacy organizations, faith-based institutions, schools, and childcare facilities (e.g., Chautauqua County Head Start Parent Groups) to facilitate participant recruitment and social needs referrals. Catholic Charities WIC reached 387 community-based providers/partners through nine community presentations on SDOH. In response to these presentations, a few partner organizations provided feedback on a brief survey. All the responding providers and organization representatives (n=12) that completed the survey strongly agreed/agreed that they would refer participants to WIC after viewing the presentation. Providers and organizations also strongly agreed/agreed that the community presentations increased their awareness of WIC services (100%), health equity (92%), and SDOH (75%). Respondents also reported that the presentation increased their understanding about the ease of the WIC referral system (83%), as well as of the goals WIC has for the community as a preventative public health program (100%).

In addition to the community presentations, Catholic Charities WIC conducted focus groups with 112 people to gain personal insights into the barriers that WIC eligible families face in meeting social needs and accessing WIC services. Focus groups were conducted with families at Head Start programs (n=29), with WIC Breastfeeding Peer Counselors (n=24), and participants attending parenting programs (n=59), including three programs focused specifically on fathers.

**Understanding the lived experience shared by participants during focus groups provided further insights into the services needed in the community and ways to increase WIC participation and retention.**

## Staff Training

Approximately 85 Catholic Charities WIC staff completed six 3-hour EDI trainings. The Catholic Charities WIC Leadership Team also completed three additional one-hour training sessions. The staff reported being very satisfied with the trainings, with an average satisfaction rating of 9.5/10 across all sessions.

## Social Determinants of Health Screening and Referrals

Developing and utilizing the SDOH Screening Tool as a guide for Participant-Centered Nutrition Services allowed WIC staff to gather better information regarding the types of referrals WIC families need to be healthy and thrive in all aspects of life. From October 1, 2021 through February 2022, the SDOH screening tool was administered to 1,129 WIC participants and documented in SurveyMonkey. Analysis of Catholic Charities WIC Referral Report data showed that staff training and use of the screening tool resulted in a substantial increase in referrals across all categories. In the 3-month referral period prior to AHEAD in WIC (July 1, 2021 to September 30, 2021), 15,027 referrals were made by Catholic Charities WIC program overall, in contrast to 27,858 referrals made during the AHEAD in WIC project (October 1, 2021 to February 25, 2022).

### Catholic Charities AHEAD Project by the Numbers:

**562** Increase in average monthly referrals to WIC compared to pre-AHEAD referrals

**387** Number of allied organizations staff reached through community presentations on WIC and the Social Determinants of Health

**9.5**  
**/10** Average satisfaction rating of Catholic Charities WIC staff following EDI training sessions.

The largest number of referrals were in three categories: healthcare provider, dentist, and emergency food resources. Still, referrals were made across all social needs categories (e.g., housing, clothing, heating, and utilities). Consistent with the increase in referrals, Catholic Charities WIC staff also indicated that the training sessions increased awareness of community resources, which made them feel more empowered to help those in need.

## KEY INSIGHTS

Catholic Charities WIC communicated various challenges during the implementation of the project. Some of the challenges expressed included the need for additional technical assistance for staff, lack of personnel and staff to complete activities (staff was down 17%), COVID-19 barriers, and time constraints.

One of the most pressing challenges voiced by the Catholic Charities WIC staff was the lack of community resources, which were only exacerbated by COVID-19. As expressed by a member of the Buffalo Prenatal Network:

“...And we were looking like for this underserved population under-resourced population. What are we going to look at? And they wanted to look at transportation first, because that was the biggest hurdle for many folks...and then Covid happened.”

Due to the WIC scheduling process and short grant time frame, another barrier Catholic Charities WIC experienced was the inability to systematically follow up with participants to determine if they utilized the referrals.

## CONCLUSION AND RECOMMENDATIONS

Overall, Catholic Charities WIC accomplished their goal to build a network of service providers and increase staff capacity to address WIC clients' social needs. By sharing their work at the Catholic Charities annual conference, Catholic Charities WIC disseminated information about the model they developed for conducting screenings and referrals and lessons learned with 263 social service providers nationally. Lastly, as a result of AHEAD project, Catholic Charities WIC was able to leverage additional funding to continue the work they started and support program sustainability.

## REFERENCES

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