



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

Case Study: DePaul Community Health Centers

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.

AHEAD IN WIC BACKGROUND

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 AHEAD and NWA's efforts to advance equity, the organization selected seven local WIC agencies to pilot promising practices to create an infrastructure and encourage organizational change to support equitable access to WIC services. DePaul WIC Community Health Center in New Orleans received funding from AHEAD to pilot a project to develop and implement a screening and referral process, with the assistance of a hired Health Navigator, to address the social determinants of health in WIC families.



DEPAUL BACKGROUND

DePaul Community Health Centers is one of the largest Federally Qualified Health Center networks in the nation, operating 11 health centers across the state of Louisiana. In addition to WIC services, DePaul provides primary health care services, obstetrics/gynecology and maternal health services, specialty health care services, behavioral health, dental, pharmacy, and podiatry.

DePaul Community Health Centers serves a predominantly African American/Black population, followed by White (including those of Hispanic/Latino ethnicity), and a small number of American Indian and Asian participants. Similarly, most of the organization's WIC staff identifies as African American/Black, with 90% of that nutrition and breastfeeding staff being African American, and the remaining 10% being White.

For their AHEAD in WIC project, DePaul targeted the city of New Orleans. In 2020, the racial breakdown of New Orleans was Black or African American (59.2%), White (33.4%), Asian (2.9%), people who report two or more races (2.6%), and American Indian and Alaska Native (0.2%).¹ Participation at DePaul WIC has declined, stemming largely from COVID-19, exacerbating preexisting inequalities in New Orleans. A history of discriminatory policies in New Orleans have shaped and reproduced inequities in access, residential segregation, and the inequitable allocation of resources. For example, despite relative improvement in job growth, Black families continue to struggle within the economy. African Americans in New Orleans were nearly three times as likely to be unemployed during the COVID-19 pandemic compared to white people in Louisiana.²

Over the past four years, DePaul WIC has been

tracking the Social Determinants of Health (SDOH) in members of its community. According to the Centers for Disease Control and Prevention, social determinants of health (SDOH) are “conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes.”³ DePaul WIC has found food insecurity and housing needs. Other SDOH highlighted during COVID-19 ranged from unemployment (largely based on business closures and layoffs), underemployment (due to reduction in work hours), and reduction in household income.

OVERALL PROJECT GOAL

The purpose of the program was to screen and remove individual SDOH barriers to support current participants, grow program participation through new SDOH offerings in the clinic, and increase retention of infants to children (as they reach their 1st birthday). These retention efforts are important since participation rates both nationally and in Louisiana decline as a child ages. In Louisiana, 95% of eligible infants participate in the program, compared to 51% of 1 year old children, 38% of 2-year-old children, 26% of 3 year old children, and 18% of 4 year old children.⁴

APPROACH

DePaul WIC developed and implemented a strategic approach to provide transportation and tangible support for WIC Participants to access WIC services and meet WIC requirements with the implementation of a WIC Navigator. The WIC navigator was trained as a community health navigator and connected WIC participants to SDOH resources using the Aunt Bertha Platform.⁵ The DePaul AHEAD in WIC project also focused on training WIC staff in equity, diversity, and inclusion (EDI) concepts and strategies to support the delivery of culturally and linguistically responsive services for WIC participants.

EVALUATION METHODS

An evaluation logic model and metrics table were created for DePaul WIC in collaboration with NWA and the AHEAD evaluation team at the beginning of the project. Metrics for the evaluation included the number and percentage of participants screened and referred for social needs, utilization

of social needs referrals, increase in client satisfaction, trust, and utilization of WIC, and referred services. At the agency level, data was collected on staff knowledge and competency of SDOH and social needs resources geared toward individual client’s needs.



Administrative and survey data were used for the evaluation. One DePaul WIC staff member and two clients 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/REACH/OUTCOMES

Outreach and Partnerships

To facilitate connections with community-based organizations and agencies, DePaul WIC hosted seven outreach and partnership events, attended two community outreach events, and participated in four community coalitions. Program staff participated in outreach activities for approximately four hours per week and recruited and enrolled participants through linkages with 26 community locations. DePaul WIC partnered with other hospitals and health care systems, housing agencies and organizations, food banks and food pantries, faith based institutions, schools, and childcare centers.

EDI Training

DePaul WIC facilitated ongoing group dialogues during staff meetings, organized a racial equity challenge, and provided an EDI training session at a State/Local Agency conference.

SDOH Screening and Referrals

DePaul WIC staff had a positive perception of the AHEAD in WIC project and felt their screening and referral efforts increased efficacy and effectiveness of participant referrals. From October 1, 2021 to February 25, 2022, 322 participants were screened for social needs, representing between 93-99% of participants. DePaul WIC staff were able to verify that approximately 70 participants (22%) used the resources referred to them by WIC staff during participant experiences with WIC staff and community health navigators. The most common requests for assistance were related to housing, gasoline and transportation, mental health services, childcare, and employment.

DePaul AHEAD Project by the Numbers:

93-99% Percent of DePaul WIC participants screened for social needs

22% Percent of WIC participants that had verified use of referrals resources*

26 Number of community locations used to recruit and enroll participants

*22% represents only the percent that WIC staff confirmed had used resources. This percent is likely higher as participants may have used resources without reporting utilization back to WIC.

During the interviews, DePaul WIC leadership shared that having the WIC navigator enhanced the quality of WIC services by providing someone to serve as the “walker and talker” in the community to recruit participants in non-traditional settings and outside of normal clinic hours. Although the use of various media outlets can be helpful, the personal contact with the navigator enabled participants to get real-time answers to their questions, resulted in on-the-spot WIC appointments (i.e., the navigator called the clinic directly), and helped create a system of referrals to address the client’s SDOH needs.

Although the COVID-19 pandemic and short implementation timeline made it difficult to systematically assess client satisfaction, direct feedback from participants to staff and information provided from a small sample of participants from the online survey and interviews indicated that support from the WIC navigator helped participants address critical SDOH needs.



Reflections from WIC Participants on Experiences with WIC Navigators

“They checked and see if I needed assistance with food. Then they helped me with assistance with paying some of my bills. Like, light bill. And they kept in touch with me to see did I get everything together.”

“It felt good to know that somebody was listening to me and directed me to help!”

“The staff is very friendly and helpful.”

KEY INSIGHTS

DePaul WIC staff communicated various challenges in implementing the AHEAD in WIC project. These challenges included COVID-19, time, funding, sustainability, and lack of bilingual staff that served as a barrier to serving Hispanic/Latinx participants. Additionally, during the grant period, DePaul WIC and participants were impacted by Hurricane Ida. However, the navigator was able to assist patients/participants with hurricane evacuation efforts by providing housing resources. DePaul Community Health Services also implemented a food pantry, which operated monthly food distributions to address food insecurity. Time was also viewed as a barrier to outreach and partnership development, as one staff member expressed: *“We rarely have time to go outside of the clinic to do the outreach that they [USDA] need us to do to get more people to come into the clinic.”*

Hiring the WIC navigator helped overcome barriers in staff capacity to fully meet in-clinic and community outreach assessments and implementation. The WIC navigator was viewed as a successful “buffer” for both the clinics and community particularly during the pandemic.

CONCLUSION AND RECOMMENDATIONS

Overall, DePaul was able to implement a SDOH and community health navigator initiative in the context of the WIC program. WIC staff felt that having the WIC Navigator as a part of the WIC team supported staff in providing quality services by leading and implementing outreach and partnership efforts. Next steps should focus on understanding the impact of SDOH screening and referrals on WIC participation and retention. Additionally, although evidence illustrated the program’s success, more support should be provided to participants to increase the percentage of close loop referrals.

REFERENCES

- 1 <https://www.census.gov/quickfacts/fact/table/neworleanscitylouisiana/POP010220#POP010220>
- 2 Step-up Louisiana. Left Behind: Racism and Access Issues in Louisiana’s Broken Unemployment System. Published February 2021. Accessed August 10, 2022.
- 3 CDC. About Social Determinants of Health. <https://www.cdc.gov/socialdeterminants/about.html>. Accessed on June 29, 2022
- 4 United States Department of Agriculture. National and State Level Estimates of WIC Eligibility and Program Reach in 2019. Published February 2022. Accessed August 15, 2022.
- 5 <https://www.auntbertha.com/>