



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

Case Study: Josephine County WIC

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. Josephine County WIC received funding from AHEAD to pilot a project to bring WIC services to the community, by purchasing a mobile WIC van, to provide support to current and potential WIC clients who face transportation barriers.

JOSEPHINE COUNTY BACKGROUND

Josephine County (JC) WIC is located in Grants Pass, Oregon, northwest of Medford along the Rogue River. In the 2020 census, the population of JC was 39,189. JC has a very rural and dispersed population, with the majority (55%) of its residents living in unincorporated rural areas of the county. This requires specific and targeted outreach to remote communities to reach WIC-eligible families.

Josephine County WIC has been successful in working with local families with an individualized and solution-based approach, which aims to build trust with families by putting their unique needs and concerns first and identifying practical solutions. Approximately 75% of children born in Josephine County — an estimated 5,373 residents — are eligible for WIC benefits. JC WIC's enrollment rate is currently 3,600 clients per year or approximately 67% of those eligible for WIC. In 2018, WIC participants in Josephine County spent \$1,317,981 at local WIC-participating grocery stores, with an additional \$21,292 spent with farmers at the local farmers market (Grant Pass Growers' Market).



Of the families enrolled in JC WIC, 64% are employed but living in poverty, and 36% are underemployed or not currently employed. Five out of seven WIC participants are children, which means the majority of food resources are supporting children living in food-scarce households. JC WIC participants identify as White (91.3%, of which 16% are of Hispanic/Latino ethnicity), followed by Native American (4.5%), mixed race (2.9%), Pacific Islander (1%), Black/African American (0.2%), and Asian (.1%). Of JC WIC clinic staff, 100% identify as White, with 43% identifying as Hispanic/Latino and 57% as non-Hispanic/Latino. Similarly, 100% of JC WIC nutrition and breastfeeding staff identify as White, with 33.3% identifying as

Hispanic/Latino and 66.6% as non-Hispanic/Latino. The Breastfeeding Coordinator at JC WIC is an International Board Certified Lactation Consultant (IBCLC).

JC WIC also provides WIC services in neighboring Curry County. Curry County transferred its local public health authority to the statewide Oregon Health Authority in 2021, meaning that the county ceased to provide direct WIC services. JC WIC stepped in to provide services while the state of Oregon restarted Curry County's public health programs. JC has been asked by the state to continue providing services indefinitely. JC WIC does not have an official WIC site in Curry County and previously did not have an official WIC van to reach rural participants who lacked access to transportation. Finally, several WIC sites in the area have closed, which further limits participants' access to WIC services in Josephine and Curry Counties.



OVERALL PROJECT GOAL

The overall goal of JC's AHEAD in WIC project was to increase WIC access to rural populations by purchasing a mobile WIC van and developing protocols for service provision using the van. Additionally, JC WIC aimed to establish partnerships with local businesses and organizations where they could provide WIC outreach and services in the mobile van. JC WIC wanted to purchase a mobile WIC van to help reduce barriers for WIC

participants to meet program requirements and access/utilize WIC services and benefits. Additionally, JC County WIC felt a van would maximize the WIC experience by acting as a form of outreach to reach WIC-eligible participants with little or no transportation in rural areas.

APPROACH

JC WIC purchased a mobile WIC van and outfitted it to provide mobile WIC services. Additionally, they created standard operating procedures for providing services in the van. Staff networked with local businesses and organizations to build partnerships, which allowed them to park the van and provide services throughout Josephine and Curry Counties. Lastly, JC WIC provided equity, diversity, and inclusion (EDI) training to their staff during their regular WIC staff meetings to increase their knowledge of and capacity to provide culturally appropriate and community-responsive services and resources.

EVALUATION METHODS

An evaluation logic model and metrics table was created for JC WIC in collaboration with NWA and the AHEAD evaluation team at the beginning of the project. Process metrics included the number of new partnerships and relationships established to facilitate service delivery and WIC referrals, increase in community partner trust within WIC, number of vans purchased to provide mobile WIC services, number of operating procedures created, and number of needs assessments completed to determine participant needs related to mobile WIC. Outcome metrics that were focused on the WIC participant level included satisfaction and knowledge of how to access WIC. On the staff and clinic level, outcomes included the number of participants served and staff knowledge of key EDI concepts.

Data was collected via interviews and online surveys. Interviews were conducted with partners, staff, sub-grantee surveys, and monthly project progress reports. Online surveys were created and distributed through SurveyMonkey. Surveys generated qualitative and quantitative data. Qualitative data was analyzed using qualitative analysis software and quantitative data was analyzed in SPSS.

RESULTS

Mobile Service Delivery and Outreach

JC WIC reported that purchasing the van enabled them to increase their outreach to participants and increase their caseload. One JC WIC staff member provided their perceptions about the impact of the van:

“So, I really think the value of the mobile unit is so much more than we anticipated. You know I thought we would be reaching folks. But in this case, I think we’re getting a lot more conversation and awareness before we’re having people reach out and come on and get services, it’s more than just a service.”

JC WIC purchased and outfitted one van to provide mobile WIC services during the project. One staff person primarily staffed the van and also trained other staff members on its operation. Standard operating procedures were created for the mobile WIC van to document best practices for providing services.

Josephine County AHEAD Project by the Numbers:

62 Number of participants served at off site events

32 Number of collaboration events attended with potential partners.

83.3% Percent of JC WIC staff that agreed or strongly agreed that they are more familiar with EDI concepts after the trainings, compared to before the trainings

JC WIC staff was asked to complete a survey to provide data about their outreach and partnership activities related to the project. They reported collaborating with hospitals and health centers, cultural organizations, schools, housing agencies, libraries, food banks and pantries, community clinics, farmers markets, and other nutrition programs. Additionally, staff attended 18 events and 13 meetings and participated in 1 coalition to establish partnerships. JC WIC recruited and enrolled WIC-eligible participants at 6 locations and provided offsite services at 3 locations using the van purchased through the grant. Ultimately, JC WIC provided services to 62 participants at offsite locations.



Project collaborators were surveyed about their relationship with JC WIC. Most survey respondents (87.5%) agreed or strongly agreed that their partnership with JC WIC increased their awareness about the services provided by WIC. About 63% of survey respondents agreed or strongly agreed that their partnership with JC WIC has given them a more positive view of WIC. Additionally, 87.5% of respondents strongly agreed that they trust JC WIC to follow through on what they say they will do; 83.33% of partners strongly agreed that they are more comfortable referring people to WIC due to the partnership; 87.50% strongly agreed that they look forward to a continued partnership; 87.50% strongly agreed or agreed that JC WIC has the skills and resources to assist the partners in meeting their Maternal and Child Health goals; and 85.72% of partners strongly agreed or agreed that they are satisfied with the partnership.

EDI Training

JC WIC staff were asked to provide feedback about the equity, diversity, and inclusion (EDI) trainings they participated in through an online survey and interviews. Overall, 10 staff participated in 3 trainings, totaling 6 hours. The feedback from staff regarding the EDI training was largely positive. Based on the survey, 83.3% of staff agreed or strongly agreed that they are more familiar with EDI concepts after the trainings, compared to before the trainings; 100% of staff felt that the trainings met or far exceeded their expectations; 100% of staff felt that the workshops were conducted at an adequate level; and 50% of staff were likely or very likely to use what they learned during the trainings in their roles within the next month. Finally, staff reported feeling like EDI was a priority at JC WIC. One JC WIC staff member reported:

“I feel like our supervisor has made it a priority in our clinic to ensure that every client that enters our clinic feels welcome and included. We have been involved in a number of trainings to work towards our EDI goals.”

KEY INSIGHTS

JC identified several challenges during the project’s implementation. Survey data revealed delays in procuring the van due to supply chain issues resulting from the COVID-19 pandemic. Additionally, inclement weather was a barrier to using the WIC van for part of the funding period. The van was outfitted to provide services during cold weather, but unfortunately the outfitting made it less practical for use. One JC WIC staff person commented on their challenges with weather:

“And we would have learned really quickly, like, oh, shucks It’s getting cold. This is going to be an issue and so we didn’t really know

that until we started getting on the road and we were on the road in the coldest months of the year. And so that was a big, like, whoa, I didn’t even think of that you know like before you put that siding on, let’s insulate so that it’s not freezing in this van or, you know, but we wouldn’t have known that had we not started in December.”

Although staff was satisfied with the EDI trainings, there were also some limitations regarding translation of the trainings to daily work. Although most staff (83.6%) felt that workshops increased their knowledge of EDI topics, 16.4% did not feel that the workshops increased their knowledge of EDI concepts (including structural racism, institutional racism, internalized racism, and ableism). Further, approximately half of the respondents reported that they were not likely to use what they had learned at their job in the next month. The discrepancy between the percentage of staff members that felt the workshop increased their knowledge of EDI concepts compared with the percent that felt they were likely to apply the training to their work suggests that the training may need to be applied more and support in the implementation of best practices related to EDI. Suggestions from staff for improving the EDI workshop training included decreasing the time, making it more interactive, providing more supplemental materials, and encouraging more in-depth discussions. One staff person provided the following feedback on the training:

“[T]here are also other things we have to we have to talk about in our staff meetings like risk codes and changes in the WIC program and policy that we had to go over. So, I wonder if maybe we just had a specific training, like a couple times, like maybe like once a month or something like that, specific to just the equity and diversity training. It might have been. We might have been able to dive deeper into those topics.”

CONCLUSION AND RECOMMENDATIONS

In conclusion, JC WIC accomplished its goals to improve participant services by purchasing the van, increasing staff education of EDI concepts through training, and increasing capacity through local partnerships and collaborations. The mobile van was operated by only one staff member, so future programs implementing mobile service delivery models should advocate for funding to hire additional off-site staff to support remote services. Additionally, special attention should be given to weather conditions, which could impact the comfort of staff and participants.

REFERENCES

¹ <https://www.census.gov/quickfacts/josephinecountyoregon>

² "Oregon's State Health Assessment – 2018" (<https://www.oregon.gov/oha/PH/ABOUT/Documents/sha/state-health-assessment-full-report.pdf>)