



Advancing Health Equity to Achieve Diversity and Inclusion: AHEAD in WIC

Results from the National Landscape Scan – Training and Education

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.

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 in WIC was to systematically build capacity among WIC agencies and staff to incorporate a health equity framework into WIC research, policy, and practice. As part of the AHEAD project, NWA worked with Nutrition Equity and Justice Partners, a nutrition and health equity consulting company, to conduct a national landscape scan targeting WIC stakeholders to identify emerging and promising practices being implemented at the state and local level to promote equity, diversity, and inclusion (EDI). Specifically, the purpose of the landscape scan was to:

- 1) Learn more about the existing policies, procedures, and practices being used to promote equity, diversity, and inclusion in WIC and
- 2) Help NWA understand gaps, systems/training needs, and areas for expanding collaborations to achieve a more equitable WIC environment for staff, clients, and other stakeholders.

BACKGROUND

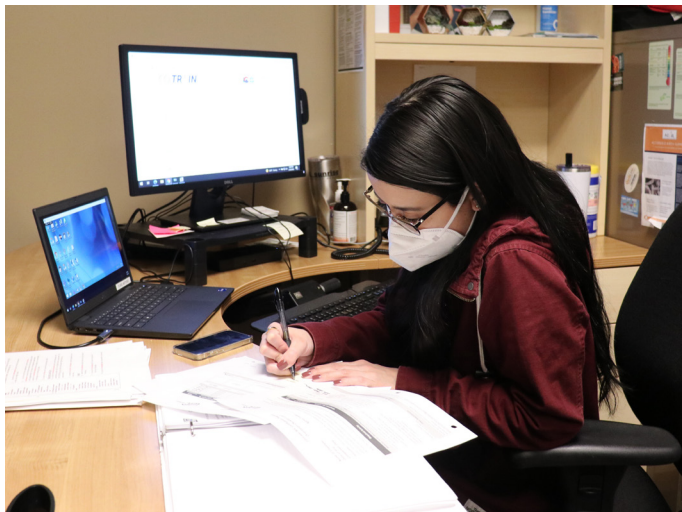
In the last decade, there has been increased awareness about the need to build a diverse and inclusive culture in community nutrition programs to ensure equitable access nutrition services. The United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) has made a commitment to promoting equity and inclusion through federal nutrition assistance programs to meet the needs of an increasingly diverse client population. This one-pager presents results from the landscape scan related to barriers and facilitators to support equity, diversity, and inclusion in training and education.



For NWA, health equity is the ability of all individuals to achieve optimal health, irrespective of their identity, race, ability, or class. This requires equitable access to nutritious foods, breastfeeding support, chronic disease prevention and management services, safe living environments, and good jobs with fair pay. It necessitates removing obstacles to families' short- and long-term health and well-being including poverty, discrimination, institutional racism and other forms of bias expressed through housing, healthcare, education, labor, and other public policies.

METHODOLOGY

The national landscape survey was conducted from November 2020–February 2021 via Survey-Monkey. Questions on the survey were informed by previous EDI surveys and frameworks and the existing EDI literature. Respondents were asked about their knowledge, capacity, prioritization, and clinic approaches for promoting EDI and to provide personal demographic information and general information about their WIC agency. In addition, state and local WIC Directors were asked to provide information about agency-level policies and procedures being implemented to support EDI efforts (e.g., updated mission and vision, hiring, training, contracting, etc.). Survey questions covering each EDI topic area were separated into sections (e.g., EDI in client services, training and education, hiring, etc.). Participants were informed that they were not required to answer questions that made them feel uncomfortable. All State WIC Directors were sent an introductory email about the AHEAD in WIC project and were asked to complete the survey, as well as share with state and local WIC staff. Additionally, surveys were widely distributed through NWA newsletters, workgroups, and listservs.



A total of 1510 WIC directors/staff started the survey. Consistent with recommendations to maximize data quality in online surveys, respondents who completed at least 50% of the questions in each specific section were retained in the analysis.¹ This yielded a final nonprobability sample size of 1269 respondents for the section on training and education.²

Table 1: Demographic of Respondents (n=1269)

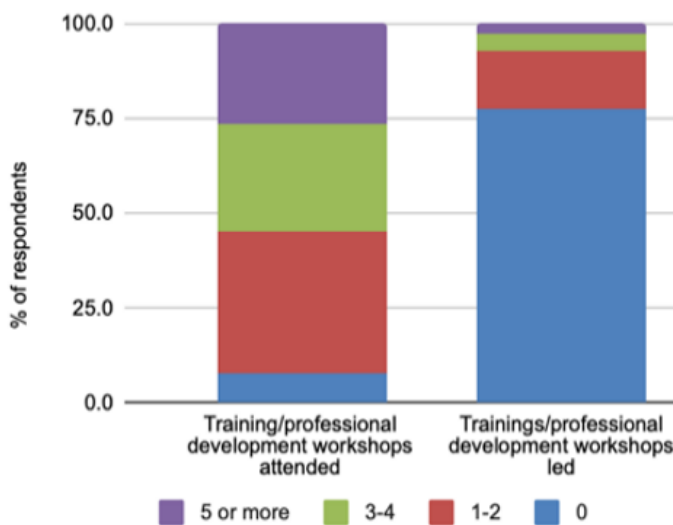
Age in years	
18-24	1.9%
25-34	22.0%
35-44	21.0%
45-54	23.6%
55-64	25.4%
65+	5.0%
Time working at WIC	
Less than 1 year	6.2%
1-3 years	16.1%
4-6 years	13.4%
6-8 years	7.3%
8-10 years	5.0%
Over 10 years	51.6%
Educational attainment	
≤ High school degree	7.2%
Some college, no degree	13.0%
Associate degree	8.0%
Bachelor's degree	44.3%
Master's degree	25.0%
Professional degree	1.5%
Race	
Hispanic or Latino/a/x	19.7%
White/Caucasian	61.0%
Black/African American	7.5%
American Indian/Alaska Native	1.3%
Asian	4.8%
Other race/More than one race	1.6%
Gender	
Cisgender Female	90.4%
Cisgender Male	4.3%
Transgender	0.2%
Other gender identity	1.0%
Sexual orientation	
Heterosexual or straight	90.4%
Lesbian, Gay, Bisexual, Queer, Asexual	3.7%
Disability status	
Yes	4.4%
No	92.9%

RESULTS

EDI Trainings or Professional Development Workshops

Evidence indicates that training and education is an important aspect of building organizational/program capacity in EDI.³ Survey respondents (n=1269) were asked to indicate the number of EDI trainings or professional development workshops they attended or led within the past five years. For trainings and workshops attended, the greatest percentage of respondents reported attending 1-2 workshops (36.9%), followed by 3-4 workshops (28.8%) (Figure 1). Few respondents reported not attending any trainings/workshops (7.7%). Most respondents had not led a training or workshop (77.3%) in the past 5 years.

Figure 1: EDI Trainings Attended and Led over the Past Five Years



Respondents who identified being a Local or State WIC Directors (n=243) were also asked how often they provide training and/or assess staff competencies related to selected EDI topics. Seventy-two percent reported offering training on cultural sensitivity or cultural humility annually or multiple times per year (Figure 2). Fewer reported offering training on structural racism (33.3%) and trauma-informed care delivery (35.8%) annually or multiple times per year.

Figure 2: Frequency of Assessing Staff Competencies Related to EDI Topics



Only about half (50.6%) indicated that they assessed WIC staff competency in cultural sensitivity or cultural humility “multiple times per year” or “annually” (Figure 2). For trauma informed care delivery, implicit bias, and structural racism, about half of respondents indicated that they never assess staff competency (49.0%, 45.7%, and 50.2% respectively).

Open-Ended Response Related to Outreach and Partnerships

“I feel like we could do a better job at training about diversity and inclusion to support equity. I feel like the diversity and inclusion training I received was just on the job. As much as on the job training can be beneficial, I feel as though we could have done a better job with how to educate new staff and students about our population and different ways to meet our families where they’re at.”

- Nutritionist, WIC State Agency

Leadership’s Awareness of and Commitment to EDI Concepts

It has been well documented that efforts to support EDI need buy-in from organizational leadership to be successful.⁴ Respondents (n=1269)

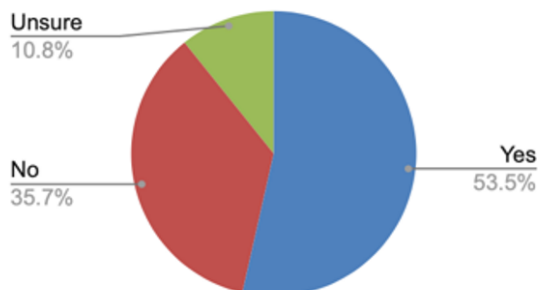
were asked to provide their perception about their leadership's commitment and awareness of selected EDI concepts and practices. Most respondents (indicated by reporting "strongly agree" or "somewhat agree") felt that their organization's leadership is familiar with EDI terms and concepts (83.3%), understands the difference between health equity and disparities (82.2%), understands how the social determinants of health affect the health of WIC participants (82.2%), and has a commitment to EDI (79.7%). In contrast, only about half of respondents reported that their organization's leadership encourages staff to discuss sensitive topics such as racism, sexism, xenophobia and societal tensions at work (53.6%).

Mentorship and Financial Support for Continuing Education

One educational approach for increasing diversity and inclusion is offering financial incentives, mentorship, and additional training to staff who are demographically or socially underrepresented in an organization/ agency.⁵ The approach has been recommended to increase culturally-responsive lactation support.⁶ Survey respondents (n=1269) were asked if their agencies provides targeted financial support for Certified Lactation Counselor (CLC) or International Board of Lactation Consultant Examiners (IBCLE) education or recertification. Of respondents, 51.9% indicated that their agency offers financial support, while 40.7% indicated that their agency does not provide any funding support (Figure 3).

Figure 3: Financial Support for Lactation Education Professionals

Does your agency provide targeted financial support for CLC or IBCLC education standards, exams, and recertification to increase diversity in breastfeeding support?



CONCLUSION

The national landscape survey was conducted from November 2020–February 2021 via Survey-Monkey. Questions on the survey were informed by previous EDI surveys and frameworks and the existing EDI literature. Respondents were asked about their knowledge, capacity, prioritization, and clinic approaches for promoting EDI and to provide personal demographic information and general information about their WIC agency. In addition, state and local WIC Directors were asked to provide information about agency-level policies and procedures being implemented to support EDI efforts (e.g., updated mission and vision, hiring, training, contracting, etc.). Survey questions covering each EDI topic area were separated into sections (e.g., EDI in client services, training and education, hiring, etc.). Participants were informed that they were not required to answer questions that made them feel uncomfortable. All State WIC Directors were sent an introductory email about the AHEAD in WIC project and were asked to complete the survey, as well as share with state and local WIC staff. Additionally, surveys were widely distributed through NWA newsletters, workgroups, and listservs.

REFERENCES

- 1 Kees, J., Berry, C., Burton, S., & Sheehan, K. (2017). An analysis of data quality: Professional panels, student subject pools, and Amazon's Mechanical Turk. *Journal of Advertising*, 46(1), 141-155.
- 2 1269 was the total number of respondents that completed at least 50% of the survey; sample size varies slightly based on the question as not all respondents answered every question.
- 3 Gill, G. K., McNally, M. J., & Berman, V. (2018, September). Effective diversity, equity, and inclusion practices. In *Healthcare management forum* (Vol. 31, No. 5, pp. 196-199). Sage CA: Los Angeles, CA: SAGE Publications.
- 4 Mullin, A. E., Coe, I. R., Gooden, E. A., Tunde-Byass, M., & Wiley, R. E. (2021, November). Inclusion, diversity, equity, and accessibility: From organizational responsibility to leadership competency. In *Healthcare Management Forum* (Vol. 34, No. 6, pp. 311-315). Sage CA: Los Angeles, CA: SAGE Publications.
- 5 Petit, M., Smart, D. A., Sattler, V., & Wood, N. K. (2021). Examination of factors that contribute to breastfeeding disparities and inequities for Black women in the US. *Journal of Nutrition Education and Behavior*, 53(11), 977-986.
- 6 Haase, B., Brennan, E., & Wagner, C. L. Effectiveness of the IBCLC: Have we Made an Impact on the Care of Breastfeeding Families Over the Past Decade? *Journal of Human Lactation*, 35(3), 441-452.