



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

Results from the National Landscape Scan – Client Services

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 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 the delivery of WIC services.

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 1028 respondents for the section on training and education.²

Table 1: Demographics of respondents (n=1028)

Age in years	
18-24	1.6%
25-34	20.6%
35-44	21.3%
45-54	23.9%
55-64	26.1%
65+	5.4%
Time working at WIC	
Less than 1 year	5.5%
1-3 years	15.0%
4-6 years	13.6%
6-8 years	7.0%
8-10 years	5.0%
Over 10 years	53.4%
Educational attainment	
≤ High school degree	6.7%
Some college, no degree	12.9%
Associate degree	8.0%
Bachelor's degree	44.4%
Master's degree	25.7%
Doctorate/Professional degree	1.7%
Race	
Hispanic or Latino/a/x	19.5%
NH White/Caucasian	60.6%
NH Black/African American	7.5%
NH American Indian/Alaska Native	1.4%
NH Asian	5.1%
Other race/More than one race	1.8%
Gender	
Cisgender Female	90.4%
Cisgender Male	4.7%
Transgender	0.1%
Other gender identity	0.9%
Sexual orientation	
Heterosexual or straight	90.5%
Lesbian, Gay, Bisexual, Queer, Asexual	3.5%
Disability status	
Yes	3.9%
No	93.1%

RESULTS

Client Demographics

WIC serves a racially/ethnically and social diverse population. Respondents were asked to provide their best estimate of the percentage of each racial and ethnic group their agency serves. Consistent with national WIC population demographics, most respondents reported that their WIC program served majority White, Hispanic/Latinx, and/or Black clients. Fewer reported serving Asian, Native Hawaiian/Pacific Islander, American Indian/Alaska Native, and Middle Eastern/North African clients. For example, over half of Local WIC Agency respondents reported that their American Indian/Alaska Native client population was less than 1%. However, in contrast 90% of ITOs reported that their client population was at least 50% American Indian/Alaska Native. Approximately 2/3 and 1/3 of Local WIC Agency respondents reported that less than 1% of their clients identified as Native Hawaiian and Other Pacific Islander and Asian respectively. Nevertheless, as expected responses varied by geographic region.



Meeting the Needs of a Diverse WIC Population

Ranging from “very well” to “not well at all”, survey respondents were asked how well they felt their WIC agency meets the needs of clients with various demographic and social characteristics and/or with specific health-related conditions. When asked about clients from different racial/ethnic backgrounds, the largest percentage of respondents perceived that their WIC agency meets the needs of White/Caucasian populations

(67.6%) “very well”, followed by Hispanic/Latinx (52.8%) and/or Black (52.5%) populations. Fewer respondents reported feeling that their WIC agency served Asian (40.0%), Native American/American Indian (37.1%), and/or Middle East and North Africa (MENA) populations (34.5%) “very well”.

Related to age, respondents reported feeling that their agency meets the needs of individuals over the age of 35 (59.1%) “very well” compared to 49.8% of respondents for adolescents/youth under the age of 18. Similarly, about half of the respondents felt that their agency meets the needs of people with overweight/obesity (52.9%), food allergies (50.7%) and with physical disabilities (48.9%) “very well”. Fewer respondents reported feeling that their agency serves people with cognitive/developmental disabilities (44.0%), with substance use disorders (42.1%), and/or mental illness (36.7%) “very well”. Lastly, about 30% of respondents reported feeling that their agency meets the needs of LGBTQIA+ populations (31.1%), fathers (37.1%) and/or individuals who are formerly incarcerated (39.4%) “very well” and slightly over 40% reported feeling that their agency meets the needs of immigrant populations (45.3%), people experiencing homelessness (43.3%), people with Limited English Proficiency (42.5%) and/or members of religious minority groups (42.8%) “very well”.

Like the previous results, the greatest percentage of respondents (about 20%) reported feeling that their agency only meets the needs of fathers (26.6%), LGBTQIA+ (lesbian, gay, bisexual, transgender, queer, intersex, and asexual/aromantic/agender) populations (26.6%), people with mental illness (23.2%), people with Limited English Proficiency (20.2%), and/or people with substance use disorders (20.2%) “slightly well” or “not well at all”.

Personal Comfort Level Serving Diverse Populations.

Ranging from “very comfortable” to “very uncomfortable”, respondents were also asked about their personal comfort level serving clients with various demographic and social characteristics and/or with specific health-related conditions. Responses about personal comfort level were

consistent with respondents' opinions about their agency meeting client needs. For example, regarding race/ethnicity, the largest percentage of respondents reported feeling very comfortable serving clients who are who are White/Caucasian (65.9%) followed by Black (54.2%) and/or Hispanic/Latinx (48.4%). However, in contrast to responses about their agency, a greater percentage of respondents reporting personally feeling "very comfortable" serving Native American/American Indian clients (46.2% vs. 37.1%).

Barriers Related to Client Services

Ranging from "a great deal" to "not at all", respondents were asked about selected neighborhood, agency, and client-level factors they perceived impede the ability to reach/serve clients at their agency. The greatest percentage of respondents reported lack of access to transportation to clinics (43.6%), lack of access to transport to WIC vendors (36.7%), lack of access to farmers markets that participate in the Farmers Market Nutrition Program (FMNP) (37%), and lack of flexibility in the food package (34.1%) impacted the ability to reach/serve clients "a lot" or a great deal" at their agency. About 33% of respondents reported clients' fear of public charge or other forms of retaliation for WIC program participation affects the ability to reach/serve clients "a lot" or a great deal" at their agency. Respondents were also asked to what extent does different levels of racism impact their agency's ability to reach/serve clients. Most respondents (72.3%) felt that interpersonal racism (defined as interactions and actions among people that perpetuate race-based inequities and microaggressions) only impacts their agency's ability to reach/serve clients "a little" or 'not at all". Similarly, 67.0% and 62.7% respectively reported that institutional racism (i.e., discriminatory treatment, unfair policies, and inequitable opportunities, impacts, and outcomes, based on race, produced, and perpetuated by institutions or structural racism (i.e. the entire system of white supremacy, in all aspects of society, including our history, culture, politics, economics, and our entire social fabric only impacts their agency's ability to reach/serve clients "a little" or 'not at all".



Techniques Used to Reach/Serve a Diverse Populations of Clients

Ranging from "strongly agree" to 'strongly disagree", respondents were also asked about the techniques their agency uses to reach/serve a diverse population of clients. The greatest percentage of respondents (indicated by "strongly agree") that their agency uses printed/online branding and marketing materials that promote narratives and photographs of diverse communities (48.9%), have décor in individual offices and common spaces that represents people from various backgrounds and identities (44.1%), review material for cultural sensitivity/racial bias (37.5%), specifically employ culturally appropriate strategies to promote/support breastfeeding among birthing people of color (37.0%), assess the degree to which clients feel respected, valued, and fully included in their WIC experience (36.6%), and/or use material in formats that meet diverse ability levels (32.7%). Related to partnerships, the greatest percentage of respondents reach/serve clients by participating in statewide coalitions (38.0%), employ or partner with lay health advisors/community health workers (33.2%), partner with other programs and/or service providers (e.g., home-based childcare providers, childcare centers) (32.6%). Fewer respondents reported that their agency use a range of culturally appropriate program delivery models (27.8%), use culturally specific and targeted marketing outlets and channels (25.1%), collect data beyond what is required in WIC to better understand the needs of the clients/populations served (21.4%), regularly seek input and guidance from local citizens, people of color organizations and community leaders of color in its strategic planning and decision

making (18.1%), partner with national/state/local social justice or civic organizations that serve people of color (16.5%), and/or has a formal infrastructure (such as an advisory board) to seek input and guidance from local citizens (15.8%).

CONCLUSION

Overall, survey respondents indicated that their WIC agency served primarily White, Hispanic/Latinx, and Black clients. Consistent with WIC staff population demographics, most respondents felt that their agency best met the needs of non-Hispanic White and older (>35 years) clients, which closely aligned with the demographics of most WIC staff in the sample. More collaboration, support, and training may be needed to better support various agency in meeting the needs of various client populations such as LGBTQIA+ populations, fathers, and American Indian/Alaska Native populations. Staff identified several common barriers they faced to reaching/serving clients including transportation, food access, and clients' fear of public charge. Although some barriers could potentially be addressed through targeted partnerships and education, some would require a change in policy. Finally, agencies are using cultural representative materials and models as the primary strategies to reach diverse populations of WIC clients, particularly as it relates to breastfeeding.

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 1028 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.

Open-Ended Response Related to Hiring and Promotion

"I like they are putting out more inclusive material for offices and to give to clients. More needs to be done to do the same for staff to help clients feel more represented"

WIC Vendor Manager and Administrative Staff at a WIC Local Agency