



RD RECRUITMENT & RETENTION SURVEY REPORT

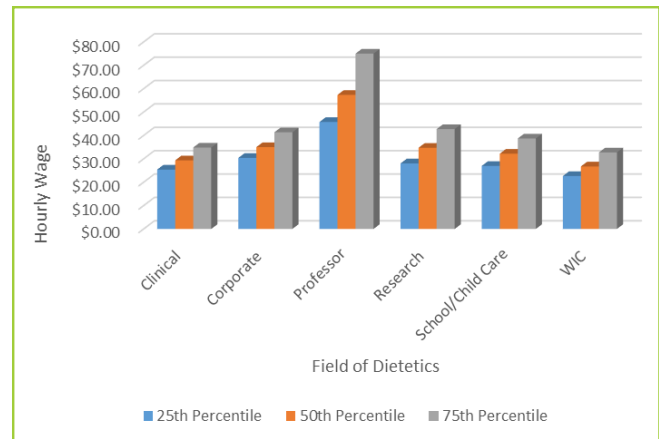
Piloted in 1972 and established as a permanent program in 1974, the mission of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is to safeguard the health of low-income women, infants, and children up to age 5 who are at nutritional risk. WIC fulfills this mission by providing nutritious foods to supplement diets; nutrition education, including breastfeeding promotion and support; and referrals to health and other social services.¹

As the premier nutrition education program, WIC has a strong history of employing registered dietitians (RD/RDNs) to provide specialized nutrition education to participants. The role of the WIC dietitian cannot be overstated. From providing nutrition education to high-risk participants, to training and managing staff, to offering clinic support in various forms, including certifying participants, WIC dietitians play an integral part in program administration. Although the education and work experience of nutritionists throughout WIC vary at both the local and state levels, the United States Department of Agriculture’s (USDA) Food and Nutrition Service’s (FNS) Nutrition Services Standards encourage and promote the use of credentialed RD/RDNs as nutritionists at both levels.² Therefore, it’s imperative that WIC continues to support the growth and development of dietetic professionals, while making changes to increase the recruitment and retention of RD/RDNs in WIC.

The National WIC Association (NWA) is the nonprofit education arm and advocacy voice of the WIC program, the over 6 million mothers and young children served by WIC, and the 12,000 service provider agencies, representing the front lines of WIC’s public health nutrition services for the nation’s nutritionally at-risk mothers and young children. NWA’s efforts on behalf of WIC have been effective in gaining broad support for the program, including bipartisan support of the US Congress, successive administrations, advocacy groups and coalitions, the healthcare sector, religious organizations, and CEOs of Fortune 500 corporations.

Within the dietetics profession, it’s common knowledge that WIC dietitians do not earn as much as dietitians in other fields (see Figure 1). According to the Academy of Nutrition and Dietetics’ (AND) 2019 Compensation & Benefits Survey of the Dietetics Profession, salary for dietitians in WIC ranged from \$22.66 to \$32.75 per hour.³

FIGURE 1. HOURLY WAGE BY FIELD OF DIETETIC PRACTICE AND PERCENTILE



Source: Data for this graph previously appeared in the following publication: Academy of Nutrition and Dietetics (2019) Compensation & Benefits Survey of the Dietetics Profession, Exhibits 2.50a, 2.50d, 2.50e, 2.50f, 2.50g. Available online: <https://www.eatrightstore.org/product-type/books/compensation-benefits-survey-of-the-dietetics-profession-2019>

Yet, low salary is only one of the many reasons why WIC agencies nationwide experience high turnover rates of RD/RDNs. To better understand the multitude of factors relating to RD/RDN recruitment and retention issues, NWA’s board created the Recruitment and Retention of RDs in WIC Task Force. The task force then administered a survey to WIC staff to identify both the barriers to, and opportunities for, recruitment and retention among RD/RDNs in WIC.

METHODS

DATA COLLECTION

Working collaboratively throughout 2018, the task force designed a survey to assess current issues among the RD workforce at all levels within WIC. The survey’s 58 questions were designed to gather qualitative and quantitative data and information. Topics covered a broad spectrum, including demographics, general staffing patterns, pay rates, job satisfaction, turnover of RDs, recruitment strategies and barriers, professional training opportunities and pathways, and support for the pursuit of registration and licensure. Survey respondents completed the survey during a 5-week period, from September 10, 2018, to October 12, 2018.

SURVEY CHARACTERISTICS

Figure 2 displays a summary of the survey characteristics, including the total number of questions, the number of responding state WIC agencies, and the completion rate, among other details.

FIGURE 2. SURVEY CHARACTERISTICS	
TOTAL NUMBER OF QUESTIONS	58
RESPONSE RATE	1,706* Qualitative Questions: 48 Quantitative Questions: 10
STATE RESPONDENTS	
US STATES	42 (84%)
INDIAN TRIBAL ORGANIZATION (ITOS)	14 (41%)
US TERRITORIES	2 (40%)
COMPLETION RATE	58 out of 90 (64%) state WIC agencies responded 70.1% (n=1,196)
PARTIAL COMPLETION RATE	27.6% (n=471)
DISQUALIFICATION RATE	2.3% (n=39 responses)

*Response rate indicates the numbers of individuals who opened the survey.

ANALYSIS

Alchemer administered the survey, and the task force performed a thorough review of responses. The maximum number of questions a survey respondent could have answered was 58. Of these, 48 were qualitative, and 10 were quantitative.⁴

The dual goals of analysis were to identify key factors that contribute to RD/RDN turnover and to explore ways to improve recruitment and retention within WIC. This report presents the survey findings, based on statistical analyses performed by the task force and Alchemer.

LIMITATIONS

The purpose of this one-time survey was to collect data and information on how RD/RDNs can be better retained and why they may leave their employment in WIC. The findings revealed a number of areas where the questions could have been improved to elicit more precise responses and, in turn, findings. They include the following:

» **LENGTH:** Despite a completion rate of 70%, the survey was too long. The number of questions that respondents had to answer was contingent upon their role in WIC. At most, a respondent could have answered 58 questions (see Figure 3). Needless to say, answering nearly 60 questions can be time consuming, especially considering how busy WIC clinics can be.

FIGURE 3. MAXIMUM NUMBER OF QUESTIONS POSSIBLE BASED ON RESPONDENT ROLE

RD/RDN, DOESN'T HIRE RDS IN WIC	~30
NOT RD/RDN, HIRES RD/RDNS IN WIC	~30
RD/RDN, HIRES RDS IN WIC	58

» **VOLUME:** Because of the number of responses received, analyzing open text answers was incredibly challenging. Understandably, at times, task force members were inundated with details. Alchemer's compilation of the final survey analysis, including all open text responses, exceeded 500 pages.

» **REPRESENTATION:** Because the actual number of RD/RDNs and hiring managers in WIC is not known, the task force could not determine the percentage of membership who completed the survey. Although Figure 2 cites 1,196 responses—which appears significant, compared with past NWA surveys—the total number possible remains unknown.

» **PARTIAL COMPLETION RATE:** It's possible that survey respondents were not prepared, or did not have enough time, to respond to all of the questions. Regardless, the survey's partial completion rate of 27.6% is substantially higher than those for previous surveys sent out by NWA. The partially completed survey responses were still included in the survey results.

» **LOCATION INFORMATION:** Many respondents expressed concern regarding repercussions if they were too frank about their salary and job satisfaction, especially since the survey asked for their ZIP code. One respondent was even hesitant to complete the survey. They worked in a small agency and did not want location information tied to their answers. The fear was that responses would be shared with the NWA board and that a board member could identify them.

» **EXTERNAL FACTORS:** With so many factors outside of the WIC community’s control, another limitation was whether this type of survey provides NWA with the ability to create change regarding specific topics. For example, the task force wondered whether the survey truly could be useful for improving the income and job satisfaction of respondents. Job availability is limited by location (urban versus rural) and lack of educational institutions. And, because of the cost of internships and anticipated changes in the credentialing process, there is a lack of interest in dietetic careers.

FINDINGS

Findings from the survey painted a detailed picture of the barriers related to RD/RDN recruitment and retention in WIC. This report organizes the survey results into six categories:

- » Demographics
- » Salary and Benefits
- » RD/RDN Turnover
- » Job Satisfaction
- » Pathways to RD/RDN Recruitment and Retention: Strategies and Barriers
- » Respondents’ Solutions and Feedback

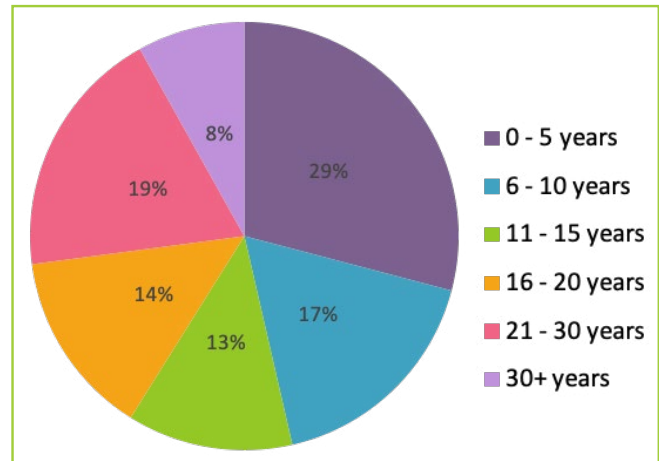
DEMOGRAPHICS

As noted earlier, roughly 70% of survey respondents completed the survey, and roughly 28% partially completed it.

FIGURE 4. DEMOGRAPHICS OF SURVEY RESPONDENTS	
RD/RDNS	87%
MS OR MPH DEGREE	30%
AGENCY CASELOAD <14,000	74%
AGENCY CASELOAD >42,000	15%

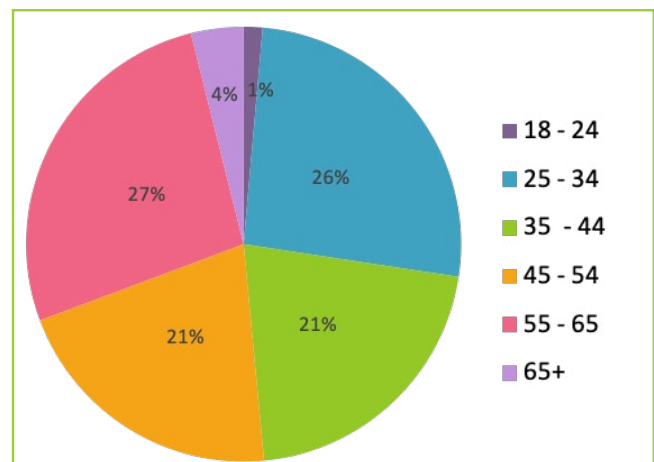
Figure 4 shows that 87% of survey respondents were RD/RDNs and that 30% had earned an MS or MPH degree. In addition, 74% of respondents represented agencies that had a caseload of less than 14,000, and 15% had a caseload of more than 42,000.

FIGURE 5. NUMBER OF YEARS WORKED IN WIC



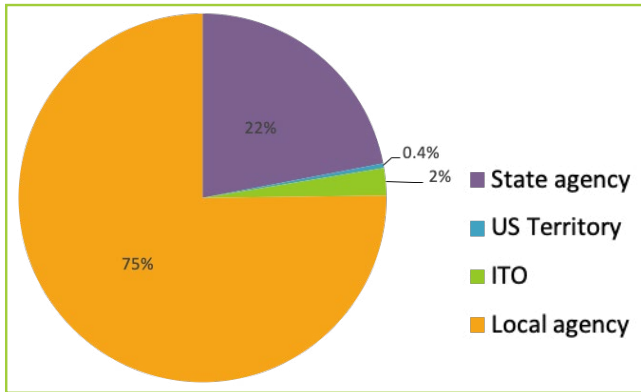
The number of years worked in WIC was fairly evenly divided, except for those with the most and least experience (see Figure 5). The largest percentage, 29%, have worked in WIC less than 6 years, and the smallest percentage, 8%, for more than 30 years. Another key finding also relates to the longevity of respondents’ WIC employment. More than one-quarter, or 27%, have worked in WIC for more than 21 years.

FIGURE 6. AGE OF SURVEY RESPONDENTS



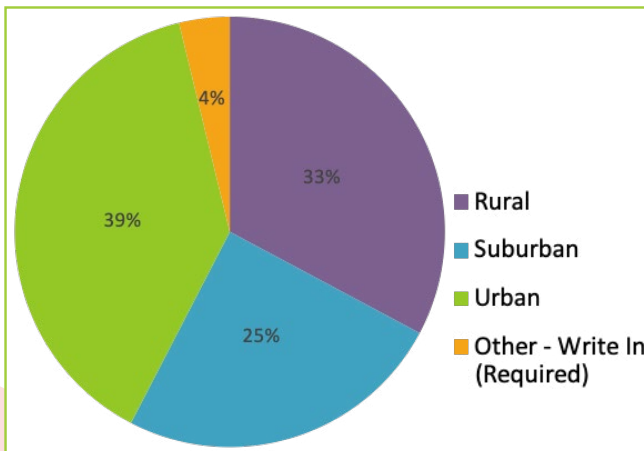
As Figure 6 illustrates, 31% of the WIC workforce was 55+ years of age. This means that one-third of the WIC workforce will be aging out and retiring during the next several years. For the remaining age groups, 42% reported being between 35 and 54 years old, and 27% were between 18 and 34.

FIGURE 7. TYPE OF WIC AGENCY IN WHICH RESPONDENT WORKED



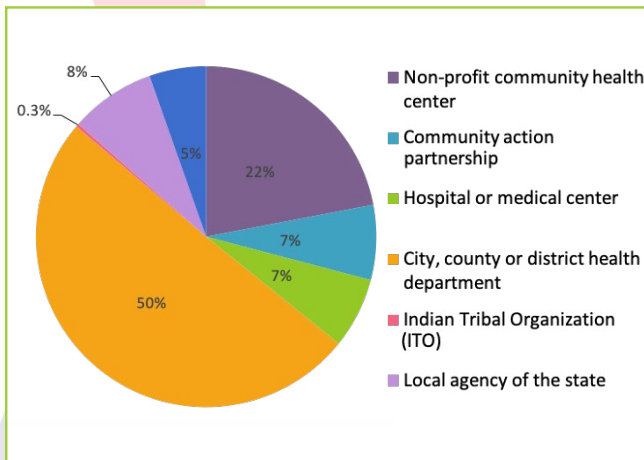
According to Figure 7, 75% of survey respondents were local agency employees, and 22% represented state employees. Another 2% of respondents worked in Indian Tribal Organizations (ITOs), while the remaining 1% worked in US Territories.

FIGURE 8. TYPE OF LOCAL AGENCY



Based on respondents' answers, 39% of local agencies were urban; 33%, rural; and 25%, suburban (see Figure 8).

FIGURE 9. LOCAL AGENCY STRUCTURE



As Figure 9 shows, 50% of local agency staff respondents worked in city, county, or district health departments, and 22% represented nonprofit community health centers.

SALARY AND BENEFITS

According to Figure 10, the survey results revealed that the average hourly salary for RD/RDNs working in WIC was \$30.27. This amount is significantly higher than the \$22.66 to \$32.75 hourly range previously reported by the Academy of Nutrition and Dietetics (AND). The task force suspects that this stems from two key factors:

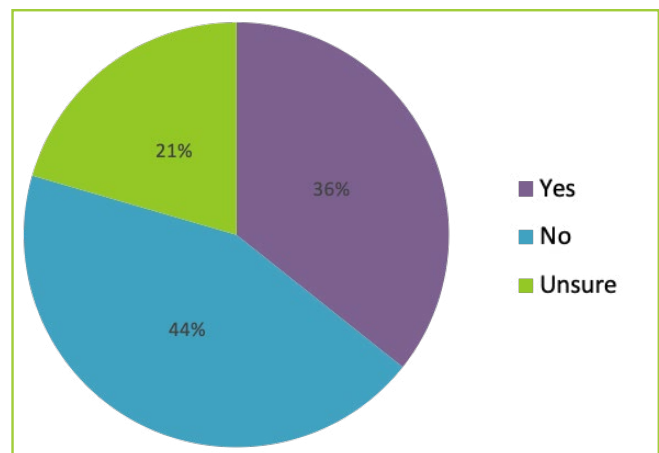
1. 27% of dietitians have spent years in the WIC workforce, and consequently, receive substantially higher salaries
2. RD/RDNs who work on a contract or hourly basis tend to be paid more as a result.

FIGURE 10. AVERAGE HOURLY RATES FOR RD/RDNs

AVERAGE HOURLY RATE	\$30.27
MINIMUM AVERAGE HOURLY RATE	\$22.40
MAXIMUM AVERAGE HOURLY RATE	\$30.09

The survey found that many WIC RD/RDNs did not feel that their salary was competitive, as shown in Figure 11 below.

FIGURE 11. SURVEY QUESTION: DO YOU FEEL THAT YOUR CURRENT SALARY IS COMPETITIVE?



The following are among the reasons provided for salary dissatisfaction:

- » Public health and WIC positions are paid less than those in the private sector, clinic setting, or other community programs.
- » Respondents' income was disproportionate to their levels of experience and education.

- » Compensation inconsistencies exist among regional, state, and local WIC programs.
- » Income is not consistent with job responsibilities.

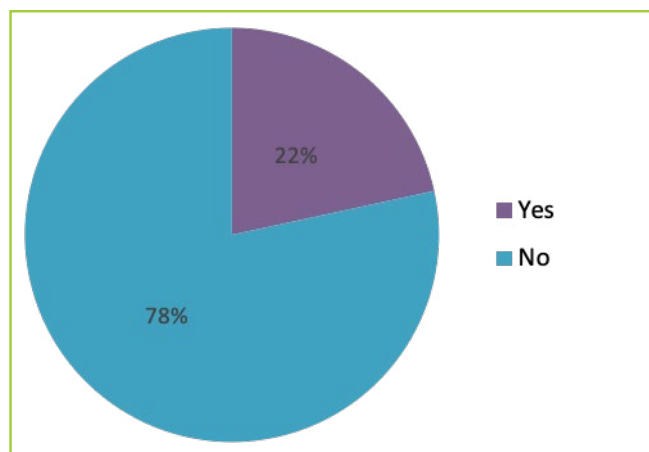
Some additional findings regarding salary and benefits were as follows:

- » Less than half (44%) of RD/RDNs had ever received a performance-related pay raise.
- » Nearly two-thirds (60%) said that they did not feel empowered to ask for a pay raise.
- » Furthermore, when respondents did ask for a pay raise, just under a quarter (24%) indicated that they had received one.
- » Only a small fraction of RD/RDNs (7%) said that they participated in the Public Service Loan Forgiveness (PSLF) Program.
- » The majority of RD/RDNs (69%) indicated that their agency did not pay for RD/RDN licensure and membership fees.

RD/RDN TURNOVER

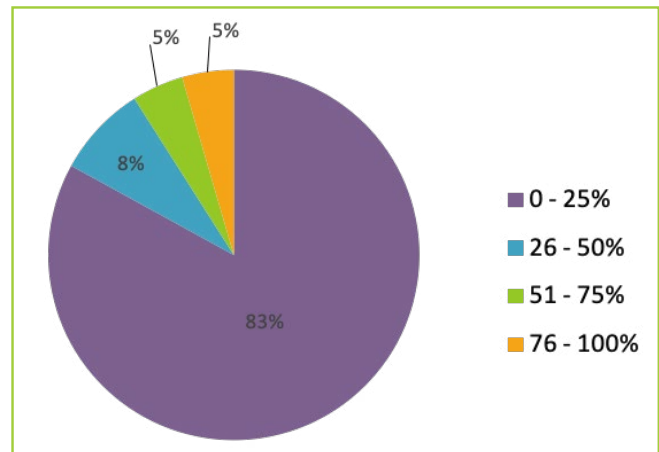
Figure 12 shows that based on survey findings, 78% of WIC agencies don't track RD/RDN turnover.

FIGURE 12. SURVEY QUESTION: DOES YOUR AGENCY TRACK ANNUAL RD/RDN TURNOVER (I.E. NUMBER OF RDS/RDNS WHO LEAVE YOUR OFFICE)?



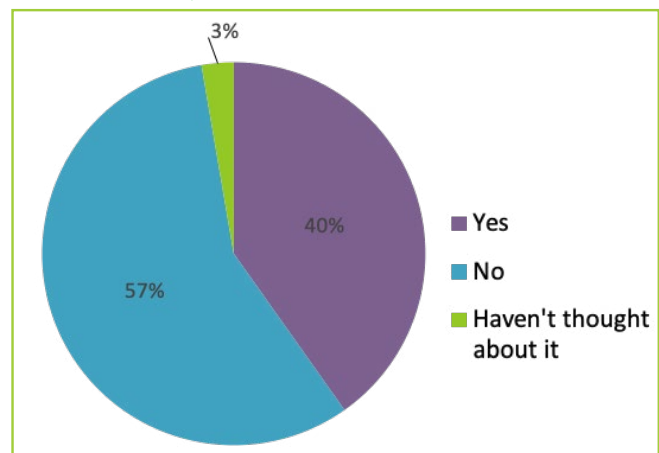
Furthermore, for agencies that did track RD/RDN turnover, Figure 13 reveals that 83% experienced rates between 0% and 25%. Of the other agencies, for 8%, rates were between 26% and 50%; for 5%, rates were between 51% and 75%; and for the remaining 5%, rates were between 76% and 100%.

FIGURE 13. SURVEY QUESTION: WHAT WAS THE TURNOVER OF WIC RD/RDNS IN YOUR OFFICE DURING FY2017?



Note: Total exceeds 100% due to rounding.

FIGURE 14. SURVEY QUESTION: ARE YOU CONCERNED ABOUT THE LEVEL OF RD/RDN TURNOVER IN YOUR AGENCY?



As presented in Figure 14, the majority of WIC agencies, 57%, were not concerned about RD/RDN turnover. The task force found this fact interesting. Of the remaining agencies surveyed, 40% were concerned, and 3% were undecided.

Figure 15, below, cites the top 5 reasons why RD/RDNs left WIC during FY2017. When asked how agencies were addressing the issue of RD/RDN turnover, respondents provided a wide variety of answers, including attempts to increase pay, work with state and local university nutrition programs for recruitment, and provide more continuing education opportunities.

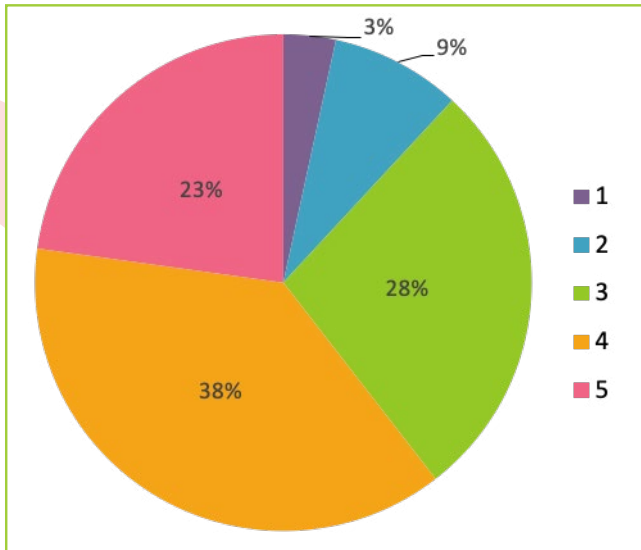
FIGURE 15. TOP 5 REASONS RD/RDNS LEFT WIC IN THE PAST YEAR

1.	Low pay
2.	Limited opportunity for advancement
3.	Personal reasons
4.	Retirement
5.	Relocation

Three of these reasons—low pay, limited advancement, and retirement—need to be addressed to stem decreasing staff levels. However, because these are agency issues, changes may not be possible or may be difficult to implement. Respondents did report low pay as the most influential factor for turnover within agencies.

According to AND’s 2019 Compensation & Benefits Survey, WIC nutritionists reported a median hourly wage of \$26.75, a figure that’s significantly lower than the reported median hourly wage of dietitians responding to the task force’s survey.⁵ A similar median salary was reported in AND’s 2017 survey, demonstrating that WIC’s wages have remained stagnant over the past few years.

FIGURE 16. SURVEY QUESTION: ON A SCALE OF 1 TO 5, WHAT IS YOUR PERCEPTION OF WORKING FOR WIC AS A RD/RDN? (1 BEING LOW PERCEPTION, 5 BEING HIGH PERCEPTION)

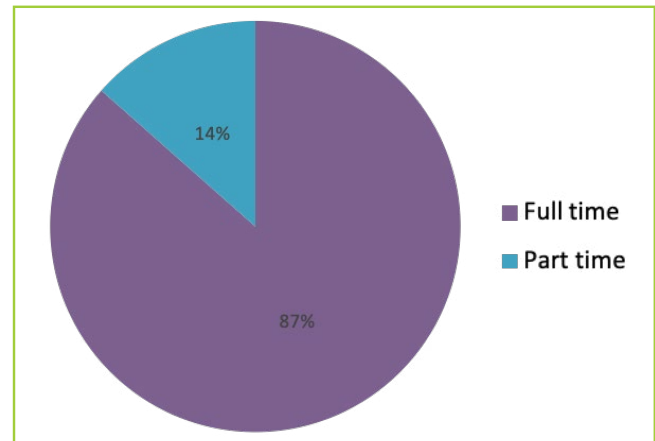


Historically, dietitians employed in a community or public health setting have reported feeling stigmatized for working in a field that’s often perceived as less challenging. Further analysis indicated that roughly 12% of survey respondents had a low or near low perception of working in WIC (see Figure 16). Specific comments ranged from WIC RD/RDNs

are not perceived highly by others in the medical community to WIC RD/RDNs are seen as the experts in maternal and child health for the public health setting. With more than 1,200 comments, multiple and varied perceptions were scattered across WIC staff.

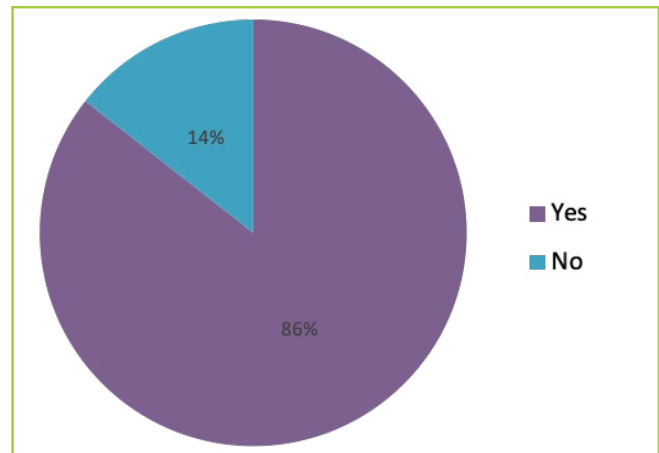
JOB SATISFACTION

FIGURE 17. PERCENTAGE OF FULL-TIME VS. PART-TIME DIETITIAN RESPONDENTS



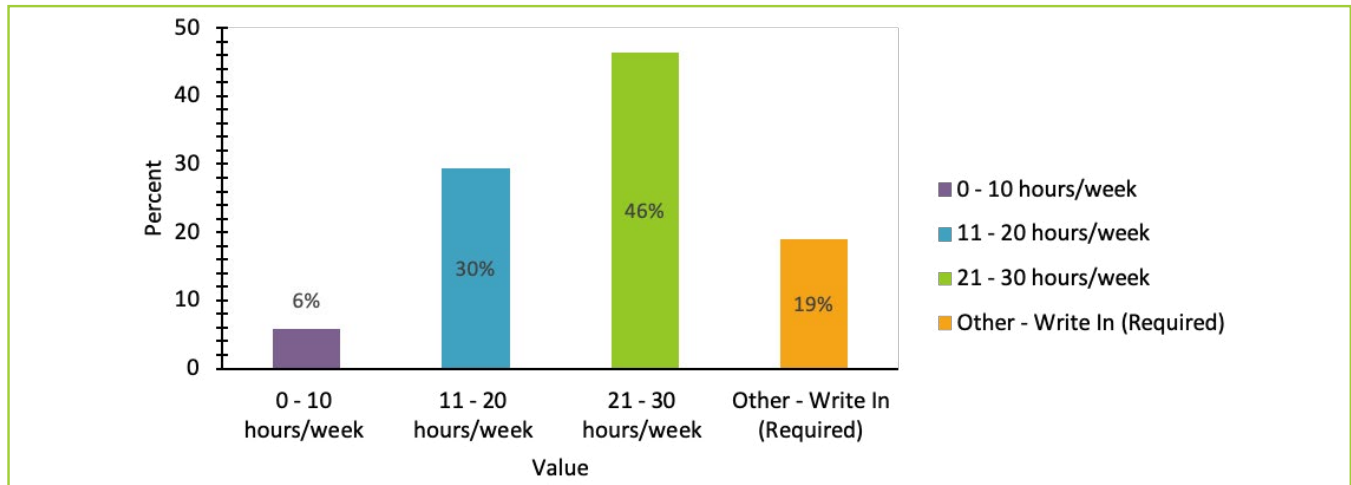
Note: Total exceeds 100% due to rounding.

FIGURE 18. PERCENTAGE OF PART-TIME DIETITIAN RESPONDENTS BY CHOICE



It’s clear from Figure 17 that the majority of the respondents, 87%, were full-time employees and that only 14% were part-time. Of the total part-timers, 86% worked part-time by choice (see Figure 18). And, as shown below, in Figure 19, most respondents who worked part-time logged between 21 and 30 hours a week.

FIGURE 19. NUMBER OF HOURS WORKED EACH WEEK BY PART-TIME DIETITIANS



Based on results shown below, in Figure 20, 75% of WIC RD/RDN respondents said that they incorporated their education and training into their daily work; 25% felt otherwise. In a related finding, Figure 21 revealed that 62% of respondents were very satisfied or extremely satisfied with opportunities to use their nutrition training in their current position.

FIGURE 20. SURVEY QUESTION: DO YOU USE YOUR RD/RDN TRAINING AND EDUCATION IN THE WORK YOU PERFORM FOR WIC?

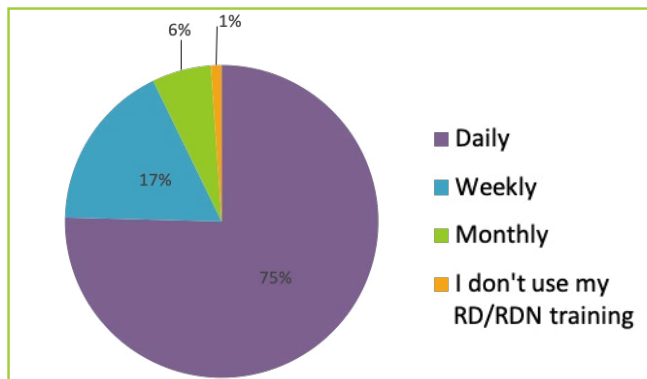
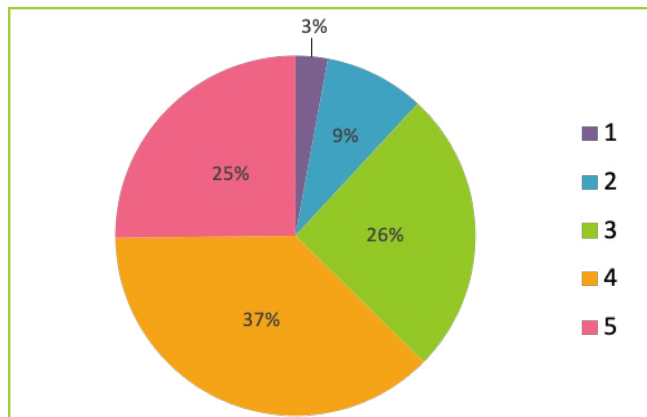


FIGURE 21. SURVEY QUESTION: ON A SCALE OF 1 - 5, HOW SATISFIED ARE YOU WITH OPPORTUNITIES TO USE YOUR NUTRITION TRAINING IN YOUR CURRENT POSITION? (1 BEING NOT SATISFIED AT ALL, 5 BEING EXTREMELY SATISFIED)



Note: Total is 99% due to rounding.

When asked to expand on factors that would increase their job satisfaction, respondents listed the following priorities:

1. Better pay
2. Additional continuing education opportunities
3. Clear pathways for career development
4. Better benefits
5. Better management and leadership
6. More opportunities to use their nutrition training
7. More opportunities to participate on internal and external work groups and committees

Concerning satisfaction with professional development opportunities, only 19% of respondents were very satisfied, and 39% were satisfied. Although nearly 60% of respondents approved of current professional development opportunities, it's imperative to increase overall satisfaction with employment.

Pathways to RD/RDN Recruitment and Retention: Strategies and Barriers

When discussing barriers to recruiting RD/RDNs, 62% of the respondents indicated that they had experienced barriers in recruiting for their agency (see Figure 22).

FIGURE 22. SURVEY QUESTION: ARE THERE BARRIERS TO RECRUITING RD/RDNS FOR YOUR AGENCY?

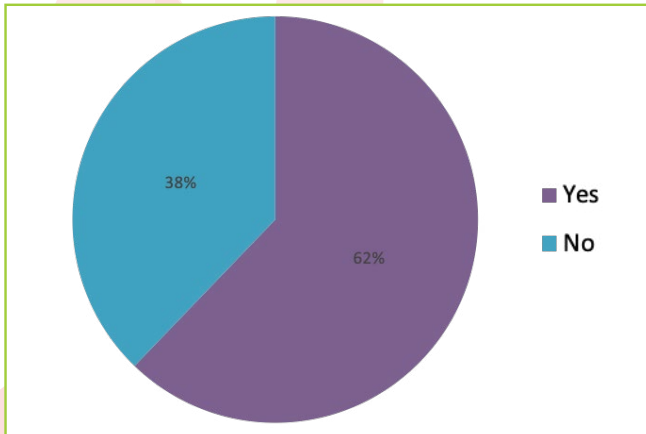
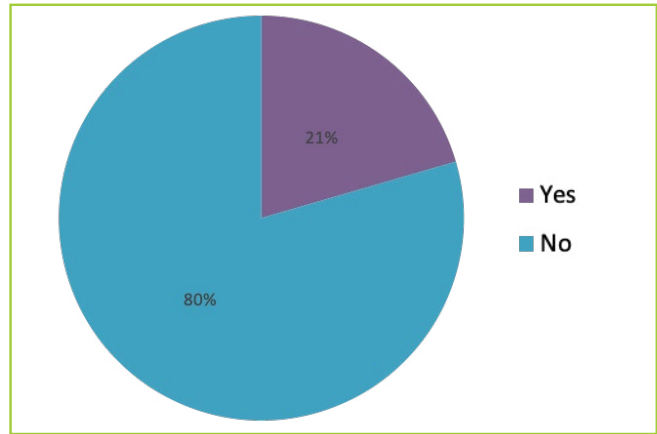


FIGURE 23. SURVEY QUESTION: DOES YOUR AGENCY CURRENTLY HAVE A STRATEGY FOR RECRUITING RD/RDNS?



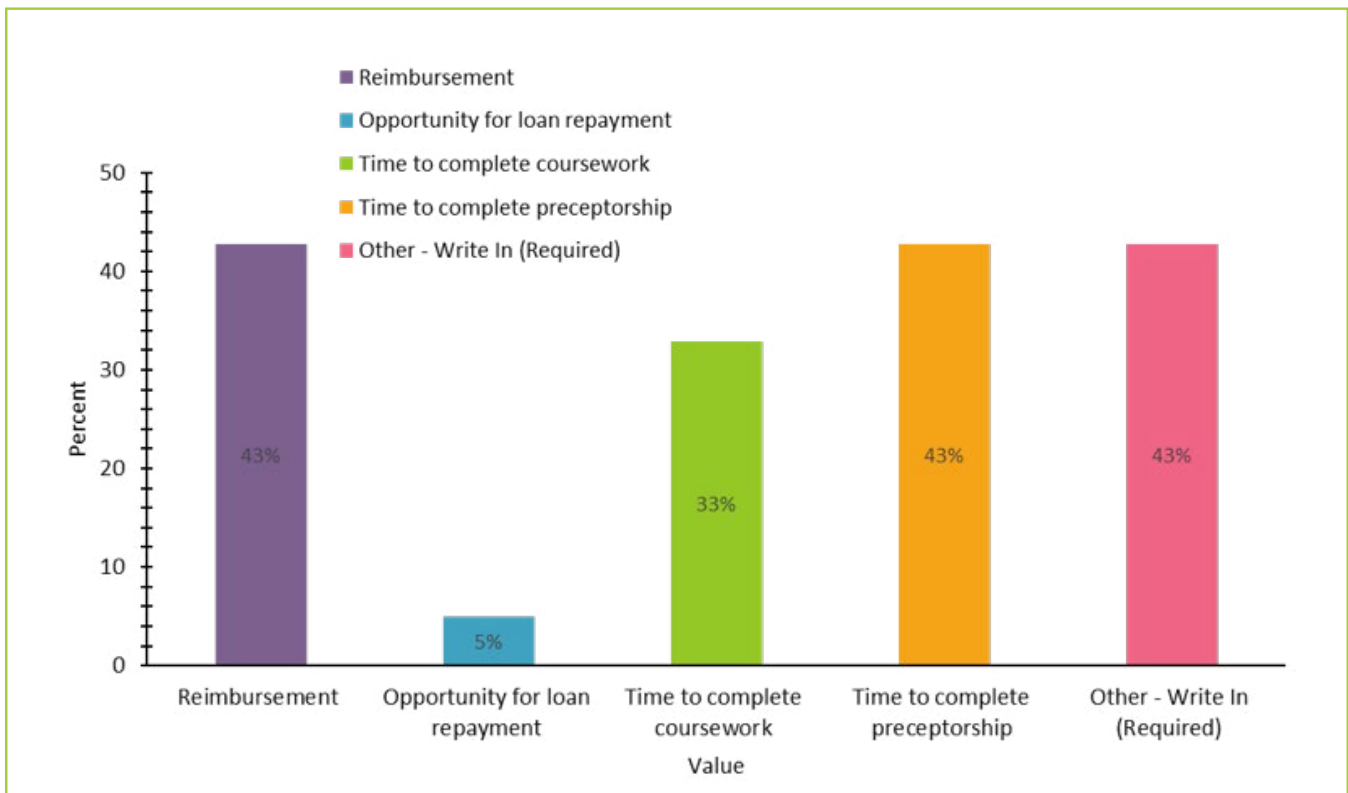
Note: Total exceeds 100% due to rounding.

Elaborating on the types of barriers, 35% of respondents indicated low pay, 22% cited location, and 17% mentioned difficulties with the recruitment and human resources (HR) processes.

Figure 23 shows that 4 out of 5 respondents, or 80%, indicated that they did not have a strategy for recruiting RD/RDNs. Additionally, 84% of survey respondents reported that while working in WIC, there is no clear pathway for obtaining RD/RDN credentials. Despite this, survey respondents stated that agencies do support staff looking to further their education, for example, through dietetic internships.

As illustrated below in Figure 24, 43% of WIC agencies provide some type of reimbursement to help staff obtain their RD/RDN. In addition; 33% of agencies give staff time to complete coursework; and 43% allow time to complete preceptorships. The Recommendations section of this report offers examples of how agencies can provide professional development pathways.

FIGURE 24. WHAT TYPES OF PATHWAYS ARE AVAILABLE FOR CPPAS/PARAPROFESSIONALS TO PURSUE RD/RDN CREDENTIALS



RESPONDENTS' SOLUTIONS AND FEEDBACK

The last two survey questions (numbers 57 and 58) asked respondents what NWA could do to address RD/RDN recruitment and retention issues and improve these situations. The following are among respondents' suggestions:

- » Create a promotional campaign to elevate the important role of RDs
- » Advocate for funding to hire qualified RD/RDNs and increase salaries
- » Increase the number of available WIC internships
- » Assist with advertising for and recruiting of dietitians
- » Encourage local agencies to pay fees for exams, licenses, and professional development

Additional suggestions regarding RD/RDN recruitment and retention in WIC included the following:

- » Increase professional development opportunities
- » Advocate for the importance of having degreed, professional staff provide nutrition education to WIC program participants
- » Offer better benefits
- » Diversify and provide WIC RD/RDNs with a variety of employment settings, for example, working in both WIC and other nutrition programs

DISCUSSION: UNPACKING KEY FINDINGS

The survey findings substantiated what the WIC community has long known about its RD/RDN recruitment and retention issues. Common concerns include staff salary, job satisfaction, and age.

SALARY

Although the average reported salary of survey respondents was unexpectedly high, compared with the findings of AND's 2019 survey, most WIC RD/RDNs did not feel that their salaries were competitive. Therefore, it's important that WIC salaries both become and remain competitive, to attract qualified staff. Regardless of nationwide declines in WIC caseloads, adequate funding for the employment of qualified staff is necessary, to provide ongoing, individualized services to program participants.

Regarding salary increases, the WIC community can look to the practices at Head Start, which has a 1.77% cost-of-living adjustment (COLA) written into the program's legislation.⁶ While a similar legislative feat may not be realistic for the

WIC community, learning about how other government programs meet the salary needs of their staff is an imperative first step.

JOB SATISFACTION

It's notable that 64% of survey respondents cited better pay as a factor that would increase their job satisfaction. However, respondents also mentioned key factors that contributed to low morale among WIC RD/RDNs. These included shortcomings in three areas: (1) continuing education opportunities, (2) clear pathways for career development, and (3) participation in both internal and external committees.

AGE

Based on the survey findings, 31% of the RD/RDNs in WIC were age 55+, and another 21% were 45 to 54. This means that 52% of WIC RD/RDNs were 45 or older, highlighting the fact that the millennial workforce will soon be "taking over." To attract and retain employees, WIC must also evolve to meet the needs of the millennial generation. Another issue worth considering relates to the expectations of today's millennial workforce.

In a 2019 Pew Research Center report, analysts estimated that by 2020, nearly half of the working population would comprise millennials. Pew defined this group as anyone born between 1981 and 1996. Consequently, in 2019, the oldest millennials were age 38, and the youngest were age 23.⁷ About one-fifth, or 21%, reported changing jobs within the past year. That's more than three times greater than the rate for non-millennials.⁸ Furthermore, these employees increasingly expected organizations to offer greater flexibility. Millennials believed that time was their most precious commodity and that flexibility allowed them to control where, when, and how they worked. Moreover, a 2015 Gallup Poll found that millennials were the least engaged group in the workplace, at 29%.^{9,10} Combined with high turnover rates and greater freelance and entrepreneurial opportunities, to keep these employees, organizations will have to increase their efforts to meet millennial workers' expectations.

To tackle these challenges, a 2012 report on millennials from the US Chamber of Commerce Foundation suggested that managers and supervisors need to communicate openly, effectively, and frequently.¹¹ Managers exercise a great deal of influence over employees' desire to remain with a company, and it's no different with millennials. In fact, the number one reason why people in this age group left a job directly related to their boss.

Research found that millennials wanted communication from their supervisors more often than did members of any other generation in the workforce. One study even reported that 42% of millennials wanted feedback weekly, more than double the percentage of employees of any other generation.¹² Therefore, offering flexibility, when possible, as well as keeping communication open, frequent, and effective could have a significant impact on efforts to retain millennial employees.

However, WIC might have a difficult time accommodating millennials' desire for workplace flexibility. On the one hand, WIC's response to the COVID-19 pandemic has demonstrated that the program can successfully operate on a virtual basis. On the other hand, these current adjustments have been granted through temporary waivers that permit WIC clinics to bypass the physical presence requirement, enabling staff to conduct telehealth visits with participants. It's possible that staff will be required to return to the office when the pandemic is in a less critical phase. Thus, eliminating flexible workplace options such as virtual visits could contribute to WIC staff turnover. Therefore, moving forward, the WIC community has an obligation to find creative and strategic solutions to meet the needs of millennial employees.

RECOMMENDATIONS

Before the task force can recommend next steps for both the National WIC Association and the broader WIC community, it's important to first understand one key influencer of the RD/RDN profession. Effective January 1, 2024, per the Commission on Dietetic Registration (CDR), the degree requirement for dietitian registration eligibility will change from the current bachelor's degree to a master's degree.^{13,14,15} CDR's mandate could severely inhibit the number of candidates obtaining their RD/RDN from WIC-sponsored education and training programs. Most, if not all, of WIC's dietetic internships do not offer a master's degree option, and these programs may not have the ability to meet this CDR mandate. Additionally, because RD/RDNs in WIC are underpaid, compared with other fields of dietetics, the mandate will likely decrease the number of dietitians wanting to work in WIC. Moreover, the master's requirement will saddle dietitians with additional student debt, driving them to seek other, more lucrative job opportunities. Therefore, it's important that the Recruitment and Retention of RDs in WIC Task Force contextualize the recommendations from this perspective.

With the understanding that a master's degree will soon be required for RD/RDN credentialing, the task force recommends the following:

1. NWA should advocate for loan forgiveness of RD/RDNs in WIC.

Currently, many of the bachelor's degree students whom WIC hires choose not to seek admission to dietetic internships because of the cost. CDR's 2024 master's degree requirement will only aggravate this issue. Instead, these students choose either to advance their nutrition careers via alternative means or to change their career direction. Therefore, a possible avenue for increasing the recruitment and retention of RD/RDNs in WIC would be to advocate for loan forgiveness through the following:

- » The Public Service Loan Forgiveness (PSLF) Program
- » Public Health Workforce Loan Repayment Act of 2020
- » State loan repayment options

PSLF PROGRAM

Per the survey findings, only 7% of respondents participated in PSLF. Created in 2007, this program extends debt relief to students who pursue careers in government and the nonprofit sector. Therefore, it's likely that many WIC staff are eligible for debt forgiveness through the PSLF Program. However, in the fall of 2017, borrowers who attempted to apply for forgiveness through PSLF were shocked, frustrated, and overwhelmed with disappointment. Due to a failure to communicate the program's rigid requirements to borrowers, along with myriad other factors, 99% of applications were denied. To remedy the situation, Congress then created the Temporary Expanded Public Service Loan Forgiveness (TEPSLF) Program to ensure that a greater number of applicants could benefit from the program. However, a 2019 federal report by the Government Accountability Office (GAO) revealed that of the 54,184 completed requests, only 661, or 1%, of applications received approval from the US Department of Education through the TEPSLF Program.¹⁷ It's difficult to speculate how many loans of current and future participants in the PSLF Program will be forgiven.

PUBLIC HEALTH WORKFORCE LOAN REPAYMENT ACT OF 2020

Another opportunity may lie in the Public Health Workforce Loan Repayment Act of 2020 (H.R. 6578), introduced in April 2020 by Rep. Jason Crow (D-CO) and Rep. Michael Burgess (R-TX). This bill would promote the recruitment of public health professionals at local, state, and tribal public health agencies. The bill appropriates \$100 million for FY2020 and \$75 million for each fiscal year from FY2021 through FY2025. Eligible applicants would include (1) individuals in their final year of pursuing a public health or health professions degree or

certificate and (2) those who have graduated within the past 10 years and went on to work for a local, state, or tribal public health agency. The bill also stipulates that individuals accepted into the program must sign a service commitment of at least 3 years.^{18,19} Since 2008, local and state health departments have lost nearly 25% of their workforce. This proposed legislation responds to the issue of a declining workforce and provides incentives to new staff who have joined health departments as part of the COVID-19 response.²⁰ Hopefully, WIC RD/RDNs will qualify for this program should Congress pass the bill.

STATE LOAN REPAYMENT OPTIONS

While the federal process can be cumbersome and difficult to navigate, some states offer loan repayment options. However, most are limited to medical professionals, including physicians and mid-level providers.

Given the limited number of state-level loan forgiveness programs, the fact that the Public Health Workforce Loan Repayment Act must undergo a lengthy approval process, and the high denial rate of PSLF Program applications, NWA should explore other options—at both the state and federal levels—to expand loan forgiveness for RD/RDNs in WIC.

2. NWA should help local WIC coordinators advocate with their HR departments to achieve more equitable pay for dietitians.

A common issue that many WIC agencies face is the HR department's lack of understanding regarding the path to become a dietitian and compensation factors: (1) training and educational requirements, (2) qualifications, (3) skills needed to earn RD/RDN credentials, and (4) competitiveness of pay. Dietitians start out at a lower salary compared with other entry-level health educators, thus perpetuating inequitable wages. Even trying to convince HR departments to cover tuition reimbursement for dietetic internships can be a struggle.

3. NWA should help WIC agencies advocate for increased funding regarding RD/RDN salaries.

When it comes to raising salaries, working with HR departments can be challenging for WIC agencies. In some cases, decisions regarding wages are tied more to funding levels than to the HR department. Utilizing state research, such as the New Hampshire Occupational Employment & Wages 2020 report,²¹ can be beneficial in advocating for increased salaries for RD/RDNs. Additionally, learning how other government programs

meet the salary needs of their staffs can be helpful. (For example, in this task force report, information under the Salary subhead within the Discussion section includes a description of Head Start's COLA.)

4. WIC agencies should create short- and long-term strategies for recruiting RD/RDNs.

It is important to develop specific RD/RDN recruitment goals that include working more closely with programs that already provide training and education for RD/RDNs. Long-term opportunities to train internally and establish a program either within the agency or statewide should be considered and modeled after existing programs.

5. WIC agencies should implement structural changes to support homegrown RD/RDNs.

In some states, the non-WIC dietetic internships have already revised their programs to accommodate CDR's 2024 requirement. For example, the University of New Hampshire is prepared to meet the master's degree requirement.²² Therefore, WIC agencies need to implement structural changes to support the nutrition staff who plan to complete a dietetic internship in 2024 and beyond. Examples of such support include the following:

» PROVIDE AUTHORIZED NO-PAY OPTIONS TO STAFF FOR EDUCATIONAL ENDEAVORS

In anticipation of the 2024 CDR mandate, one local WIC agency—the Public Health Foundation Enterprises (PHFE) WIC program in Los Angeles, CA—started authorizing up to 4 hours of work time without pay to staff taking master's degree classes.

» OFFER TUITION REIMBURSEMENT

Reimbursing educational fees can encourage qualified staff to not only further their training, but also launch their career in WIC.

» ALLOW HOURLY WORK AS NEEDED, TO PROVIDE TIME FOR STAFF TO COMPLETE DIETETIC INTERNSHIP DUTIES.

For PHFE WIC, the number of applications received for their WIC dietetic internship exceeded the number of available spots. As a result, candidates who aren't accepted into the WIC internship seek internships outside of WIC, many of which are distance-learning programs. PHFE WIC allows these interns to work hourly, as needed, during the agency's Saturday and Wednesday night clinics. Such flexibility enables the agency to maintain a relationship with these interns, as they complete their schooling, thereby promoting the retention of WIC RD/RDNs.

» PARTNER WITH DISTANCE-LEARNING PROGRAMS

In Minnesota, the St. Paul–Ramsey County Public Health WIC program partners with distance-learning programs such as Iowa State University’s. These interns are allowed to take a leave of absence from WIC so that they can complete their clinical rotation, while finishing their community rotation with WIC. These and similar practices can help grow and recruit new dietitians. Iowa State has even applied to open a new dietetic internship program in August 2021, to meet CDR’s 2024 mandate.²³

Implementing these types of structural changes offers a career ladder for WIC nutritionists. These steps can also be helpful in preventing turnover among both RD/RDN and non-RD/RDN staff.

6. State WIC agencies should explore opportunities to create their own WIC dietetic internships.

Additionally, survey findings revealed that only 41% of WIC agencies offered dietetic internships and that 67% of WIC dietetic internships only had 1 – 5 spaces available each year. Of agencies that didn’t offer internships, 63% reported that current staffing levels weren’t enough to support more internships. As a result, many local and state WIC agencies cannot recruit RD/RDNs. Some state WIC agencies already host dietetic internships for the internal training and development of homegrown RD/RDNs. Among them are Arizona, California, Florida, Texas, and Wisconsin.

If hosting an internship is too burdensome for state agencies to handle alone, another option may be to collaborate or co-host an internship with a neighboring state WIC agency. The potential also exists to explore regional collaborations among multiple state WIC agencies. Maryland WIC and Virginia WIC are an example of state collaboration. These agencies co-host a dietetic internship through a partnership. A regional collaboration could involve multiple states coming together, for example, those state WIC agencies within USDA’s Northeast region. Contingent upon approval by NWA’s board, one goal of the task force may be to identify where agencies provide dietetic internships through WIC, across the country.

However, it’s important for the broader WIC community to consider developing a national training curriculum that could be shared among all agencies. Assuming that most of the recruitment of RD/RDN candidates is performed externally, this practice excludes local WIC staff, such as nutritionists holding a bachelor’s degree. Consequently, these dietitians lack the opportunity to obtain their RD/RDN credential unless they seek a program outside of their WIC agency.

Providing WIC dietetic internship opportunities to staff enhances state and local agencies’ ability to develop homegrown RD/RDNs. This is particularly important when meeting the needs of WIC participants in vulnerable communities, such as those served by rural agencies.

7. WIC agencies should aim to provide continuing education opportunities for their RD/RDNs.

According to the survey, 40% of respondents cited additional continuing education opportunities as a factor that would increase their job satisfaction. Therefore, the task force recommends that agencies consider ways to support and retain their own RD/RDNs, while expanding avenues to recruit RD/RDNs into WIC. Comments by state-level RD/RDNs revealed that they often felt like they didn’t have enough time for continuing education. The task force is sure that this sentiment rings true for local agency staff, as well.

Thus, it’s important to consider ways to decrease WIC RD/RDNs’ commitments so that they can complete their continuing education requirements. This is particularly vital for millennial staff, who actively seek these opportunities more than do members of previous generations. Current actions that agencies can continue include the following:

» ENCOURAGE COMMUNITY LEADERS TO SPEAK TO STAFF

PHFE WIC clinics have been successful in enabling community leaders to speak with WIC staff at no cost to the agency. As a result, staff feel more connected to the broader community they serve, while receiving Continuing Professional Education Units (CPEUs) for listening to the speakers.

» PROVIDE EDUCATIONAL WEBINARS

NWA offers regular opportunities for members to attend webinars, many of which provide CPEUs. Therefore, the task force recommends that all member agencies encourage their staff to create online accounts with NWA so that they can register and attend these events.

NWA webinars cover a wide array of WIC-relevant topics, ranging from child development and WIC community gardens to tips on hosting legislators at WIC clinics and support for workplace breastfeeding. Upcoming webinars can be viewed in NWA’s Monday Morning Report (MMR), which all members receive via email every Monday, as well as through NWA’s online community, which members can access.

The following are among the webinar opportunities available from organizations outside of NWA:

» ASSOCIATION OF STATE PUBLIC HEALTH NUTRITIONISTS (ASPHN)

In the past, ASPHN has partnered with NWA to offer members webinars. Additionally, ASPHN's Maternal & Child Health Nutrition Council provides quarterly webinars on Maternal Child Health Block (MCHB) programs, and some online events throughout the year feature outside experts.²⁴ Moreover, ASPHN hosts a number of teleconference calls and other informational meetings that may be of interest to WIC staff. ASPHN trainings, webinars, and meetings can be [accessed on their website](#).²⁵

» ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS (ASTHO)

ASTHO's webinars can be [accessed online](#) and provide the latest information on a broad range of emerging trends and issues affecting state and territorial public health decisions.²⁶

» CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

CDC provides medically focused webcasts and webinars that cover a variety of heart disease and stroke topics. CDC also offers free trainings on immunizations.^{27,28} However, CPEUs may not be available for attending these online events.

» CENTER FOR PUBLIC HEALTH CONTINUING EDUCATION (CPHCE)

Through the State University of New York, University at Albany's School of Public Health, CPHCE offers exemplary educational programs for the public health and healthcare workforce.²⁹ Of particular note is CPHCE's [Public Health Live!](#) webcast series. This monthly event provides free CPEUs for a variety of healthcare professionals. The live webcast takes place on the third Thursday of every month, from 9:00 to 10:00 am ET.

» HEALTH RESOURCES & SERVICES ADMINISTRATION (HRSA)

HRSA's Public Health Training Center (PHTC) Network improves the nation's public health system by strengthening the technical, scientific, managerial, and leadership competence of current and future public health professionals. Information is available within CDC's Center for Preparedness and Response, Education and Training Resources

section.³⁰ PHTC offers an online Health Literacy & Public Health training program that is free and open to the public.³¹

» TODAY'S DIETITIAN

A trade publication trusted by dietitians and other nutrition professionals,³² *Today's Dietitian* provides free opportunities to earn CPEUs through their sponsors.

» ENCOURAGE STAFF TO SUBMIT NON-APPROVED TRAININGS FOR CPEUS

WIC agencies can also encourage RD/RDNs to submit to CDR the non-approved trainings that they attend for CPEU approval. For example, the Massachusetts State WIC program provides instruction on their internal website on how staff can submit MA WIC's in-person trainings for CPEUs. Because MA WIC is not an approved provider, the staff trainings do not automatically qualify for units. However, dietitians can still submit these non-approved activities for CPEUs.

According to CDR's website, RD/RDNs can earn CPEUs for programs even if the programs do not have prior approval from CDR.³³ Additional criteria and steps regarding how to apply are available on CDR's Frequently Asked Questions webpage.³⁴ Therefore, WIC agencies stand to benefit greatly by encouraging their RD/RDN staff to follow the lead of MA WIC and submit non-approved trainings for CPEUs.

CONCLUSION

The role of WIC's RD/RDNs cannot be overstated, given their critical responsibility to provide nutrition education to WIC program participants, among other essential activities. WIC is the nation's premier nutrition education program, and dietitians in WIC have helped the country's most-at-risk families make positive changes that promote healthy lifestyles. Therefore, it's the role of NWA, and the larger WIC community, to advocate for better RD/RDN recruitment and retention policies.

GLOSSARY

AVERAGE HOURLY WAGE

The calculation of adding up all the hourly wages and dividing it by the total number of wages gathered.

CONTINUING PROFESSIONAL EDUCATION UNITS (CPEUS)

Education beyond that required for entry into the profession, as defined in the Continuing Professional Education Provider Accreditation Program Handbook and the Dietetics Practice Audit, prepared by the Commission on Dietetic Registration [CDR].^{35,36}

COMPETENT PROFESSIONAL AUTHORITY (CPA)

An individual on staff of the local agency authorized to determine nutritional risk and prescribe supplemental foods. The following persons are the only persons the State agency may authorize to serve as a competent professional authority: Physicians, nutritionists (bachelor's or master's degree in Nutritional Sciences, Community Nutrition, Clinical Nutrition, Dietetics, Public Health Nutrition or Home Economics with emphasis in Nutrition), dietitians, registered nurses, physician's assistants (certified by the National Committee on Certification of Physician's Assistants or certified by the State medical certifying authority), or State or local medically trained health officials. This definition also applies to an individual who is not on the staff of the local agency but who is qualified to provide data upon which nutritional risk determinations are made by a competent professional authority on the staff of the local agency.³⁷

COMPETENT PARAPROFESSIONAL AUTHORITY (CPPA)

Depending on the state WIC Agency, an individual on staff to the local agency who is authorized to conduct certifications of WIC participants, among other duties, who does not have the qualifications of a CPA.

INDIAN TRIBAL ORGANIZATION

Recognized governing body of an US indigenous tribe that also operates its own state WIC agency.

MEDIAN HOURLY WAGE

The wage "in the middle" meaning half of the all workers earn below the median and half of all workers earn above the median.

QUALITATIVE

Relating to, measuring, or measured by the quality of something (e.g., size, appearance, value), rather than its quantity.

QUANTITATIVE

Relating to, measuring, or measured by the quantity of something, rather than its quality.

WIC: EMPOWERING FAMILIES, STRENGTHENING COMMUNITIES

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