



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

Case Study: Hennepin 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.

with 13% of individuals identifying as Black/African American (9% U.S. born, 4% foreign-born), 7% Asian, 7% Hispanic/Latino, under 1% American Indian/Alaskan Native, and 3% identifying as two or more races. In addition, a large percentage of the clients served by HC WIC are Black, Indigenous, and People of Color (BIPOC). Of the total 28,185 WIC participants in 2020, over 50% identified as Black, 10.5% Asian, and 1.2% American Indian/Alaskan Native.^{1,2}

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. Hennepin County received funding from AHEAD to pilot a project to create a pathway for Black, Indigenous, and People of Color (BIPOC) peer counselors to receive tuition reimbursement as they enrolled in classes that would aid in them becoming a lactation professional.



Breastfeeding is a priority for WIC, both nationwide and in HC. As the nation's leading breastfeeding promotion program, WIC provides individualized support, prenatal and postnatal education, and access to breast pumps to encourage and sustain WIC participants' choice to breastfeed. Minnesota data shows that breastfeeding initiation rates have slightly increased since 2012, but these rates vary significantly among races and ethnicities. Hmong (62.8%), American Indian (77.7%), and Black (African American) (80.4%) infants are less likely to initiate breastfeeding than East African (94.2%), Hispanic (90%), Asian (non-Hmong) (90%) and White (92.3%) infants. Evidence suggests that many factors may contribute to these disparities.^{1,2} Previous reports indicate that Black,

HENNEPIN COUNTY BACKGROUND

Hennepin County (HC) WIC covers the broader Minneapolis, Minnesota area, with 7 WIC clinics serving all of HC except Bloomington, Edina, and Richfield. HC is the most populous county in Minnesota, comprising 22% of the state's population, and is home to 1.2 million residents. It is the most racially diverse county in Minnesota,

Indigenous, People of Color (BIPOC) women may be more likely to face breastfeeding challenges, have fewer workplace lactation accommodations, and lack access to lactation care. For example, one in four women return to the workplace no longer than two weeks postpartum, and it has been noted that Black women return to work sooner after childbirth than women of other racial groups.^{4,5,6}

One of WIC's most effective breastfeeding promotion strategies is its Breastfeeding Peer Counseling Program. Officially launched in 2004, this program uses an evidence-based peer-to-peer model that connects prenatal and postpartum women with a paraprofessional who is from the same community and speaks the same language as WIC participants. The WIC Peer Counselor program is available in **31 Minnesota WIC agencies**, including 29 counties, one city, and one tribal community. As in most WIC settings in Minnesota, International Board-Certified Lactation Consultants (IBCLC) provide peer counselors with ongoing mentoring to deliver high-quality lactation support and care to clients. The IBCLC credential is one of a number of credentials that can be attained by lactation support professionals and has extensive requirements prior to examination approval.⁷ Unfortunately, few lactation consultants in Minnesota, both inside and outside of WIC, with the IBCLC credential are Black, Indigenous, and People of Color (BIPOC).



OVERALL PROJECT GOAL

The purpose of HC's AHEAD in WIC project was to create a career ladder for WIC Peer Counselors (PC) by supporting them in completing the required courses to become an IBCLC. This

credential not only benefits the peers financially, but also paves the way for increased cultural and linguistic representation in advanced lactation support and services within WIC. HC WIC has struggled to find candidates of color for nutrition and supervisory roles, with staff representing Caucasian, Asian, and immigrant African American communities and no U.S.-born Black or Native American staff.

Moreover, the racial unrest in the city may have impacted trust in government institutions following the murder of George Floyd. Because of its diversity, HC Breastfeeding Peer Program is seen as an asset, with 16 of its 17 PCs identifying as BIPOC. However, 16 of the 17 PCs work 0.3 FTE at minimum wage and are not eligible for education or other benefits; this is a barrier for moving into a nutrition or supervisory role within WIC.

APPROACH

Because of the large service area of HC, this project focused on the three largest WIC clinics in Hennepin County: Brooklyn Center, South Minneapolis, and NorthPoint. The WIC clinics are home sites to the Breastfeeding Peer Counselors targeted for the project, though PCs serve clients throughout the county. Specific program components focused on increasing the number of BIPOC PCs fulfilling the educational requirements needed to apply for a clinical internship (and ultimately sit for the IBCLC exam); contributing to the development of an additional certification pathway to expand opportunities for BIPOC individuals to become lactation professionals in Minnesota; and engaging HC Public Health Department leadership to inform future models that promote equity, diversity, and inclusion within HC WIC.

In summer 2021, HC WIC solicited applications from PCs interested in additional career advancement opportunities and support for completing the requirements to become an IBCLC. Although the original HC WIC AHEAD project plan was to work with 3 to 4 BIPOC PCs, 7 PCs were finally selected to participate. The PC applicants provided valuable feedback, which emphasized that the original plan to fast-track a small number of peers through the requirements was

unachievable given their workload and family commitments. Allowing more PCs to move at a slower pace created an opportunity where all could be successful. As part of the project, PCs received:

- » Personalized career advancement plans for completing the IBCLC requirements
- » One-on-one counseling from HC WIC staff
- » Cohort meetings to share experiences with other BIPOC individuals in Minnesota who are similarly advancing their lactation training
- » Connections with community resources
- » Tuition and associated costs for required coursework

Additionally, HC WIC established a connection with a local hospital to provide 2 to 3 PCs with clinical mentorship and internship opportunities, another requirement in advancing to the IBCLC credential. When the project increased to 7 PCs, HC WIC identified 2 other hospitals interested in providing additional clinical mentorship and internship opportunities. However, internships did not begin during the grant period because the COVID-19 pandemic slowed the development of the hospital internships, and the 7 PCs took additional time to complete their coursework.

HC WIC Staff Reflection on High Impact Career Pathways for Peer Counselors

“...one of the hospitals we had pre-identified would take the PCs as clinical interns. But then we found since we had expanded to seven peers that we needed to start talking to some other hospitals. Two other hospitals are very excited about this, want to work with our peers in the future, and actually got to know more about WIC through this and got to know about our peer services. I sometimes think of it as possibly future career development for our peers in those venues as well outside of WIC, once they have internships there and they realize what amazing work that they can do in lactation.”

EVALUATION METHODS

An evaluation logic model and metrics table were created for HC WIC in collaboration with NWA and the AHEAD evaluation team at the beginning of the project. Process metrics included the number of BIPOC PCs recruited, the number of counseling sessions offered to BIPOC PCs, and the number of hours and types of learning content and support offered. Behaviors and knowledge of PCs were also assessed, including the changes in PCs confidence and anxiety levels related to completing requirements of the International Board Lactation Consultant Examiners, their level of awareness about the pathways for becoming an IBCLC, and the number of BIPOC PCs who made progress towards completing the requirements to become an IBCLC.



Measurement also occurred at the WIC staff level. WIC staff measures focused on awareness of barriers BIPOC PCs face in completing certification requirements and the types of support needed. In addition, four of the seven PCs in the program and the WIC lead administrator were interviewed to collect additional qualitative data.

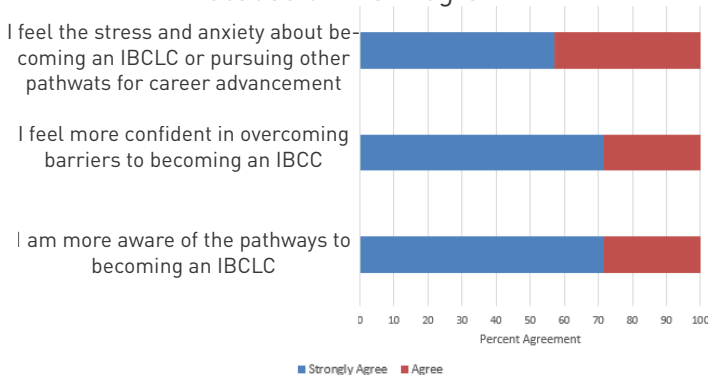
The quantitative data for this study was primarily collected through online surveys using SurveyMonkey. Qualitative data was analyzed using qualitative content analysis, and descriptive statistics were calculated from surveys using SPSS software.

RESULTS

Four African Americans, one Asian, and two Hispanic PCs participated in the program (n=7). Each of the PCs indicated they were interested in career advancement opportunities so that they could help more people, make more money (72%), receive personal fulfillment (72%), and complete a degree/journey they had already started (72%). Fifty-seven percent indicated that they were interested in entering a field with more job opportunities/higher demand. Fewer PCs (29%) stated that they entered the program because they were interested in learning new skills to stay marketable, for a promotion/to move up in their current career, or more mental stimulation.

All 7 BIPOC PCs completed personalized learning plans. During the seven months, each PC received an average of 10 hours of individual counseling (ranging from 5 to 16.75 hours) and participated in 5 group counseling sessions. A total of 32 hours of coursework was completed collectively by the PCs during the grant cycle, and PCs are currently enrolled in a total number of 30 hours of coursework. These courses include both health science courses and lactation-specific education hours/credits. Six out of 7 PCs made progress towards completing the requirements to become an IBCLC.

Peer Counselors' Agreement with the Statement "Because of this Program..."



*disagree and strongly disagree options were offered as answer choices but not selected by any participants

Participants were asked to what degree they agreed or disagreed with various aspects of the training program. Overall, 71.4% and 28.6% of participants reported that they strongly agreed or agreed, respectively, that they were satisfied

with the activities and resources provided through the program. Participants also had high levels of agreement with statements about how the program impacted their views on career advancement.

Qualitative data supported these findings:

"I would say that first of all, it was great being among other people who are doing the same thing. Because we're all like, you know, pushing towards the same goal. And so, to have, like people behind...doing it at the same time, it's like a healing thing, because you don't feel like you're alone. We had a study group, myself and [Jenny], which I don't think if I wasn't a part of that study group, I would have passed statistics. So, it's something to look forward to, an encouragement, that like, hey, we have each other to lean on when it comes to that. So that was great."

- Brenda, HC WIC Peer Counselor

At the end of the project, WIC staff also administered a closing survey to all 16 BIPOC PCs at HC WIC to gain additional insights about their barriers and facilitators to career advancement and to compare the current attitudes and perceptions of PCs who participated in the AHEAD in WIC project (n=7) to those of the BIPOC PCs who did not (n=9). Peer counselors involved in the AHEAD grant had a stronger sense of support from WIC and a stronger personal control of their professional future.

Lastly, HC WIC staff who administered the project reported that they became more aware of the barriers that BIPOC PCs face in completing IBCLC requirements and the resources available to support BIPOC PCs in becoming an IBCLC.

KEY INSIGHTS

HC WIC indicated that they faced several challenges as they were implementing the program:

Time: One of the main challenges expressed related to the project was the lack of time. The PCs and HC WIC leadership indicated that the PCs needed more time to take advantage of the re-

sources offered in the grant, including completing additional courses and scheduling meetings for counseling.

Building Partnerships: HC WIC staff reported that they had difficulty making connections with new hospitals and clinics as possible partners and faced delays in class availability because of the pandemic. However, the connections with the two hospitals have still increased the hospital staff's awareness of WIC and what WIC offers to families in the community, including the wealth of support and community and cultural knowledge around breastfeeding. By the end of the project, one hospital asked HC WIC staff to present to their Birth Center staff about WIC resources and services.

Navigating Systems: HC WIC staff and the PCs reported difficulty identifying and navigating the IBCLC pathways and the International Board of Lactation Consultant Examiners (IBLCE) system. One PC expressed, “[J]ust navigating the system to begin with...where do you get started?” (Shawn, PC participating in the program).

Personal and Family Barriers and Need for Additional Support: One of the 7 PCs who participated in the AHEAD in WIC project experienced life events that prevented her from attending most meetings and registering and enrolling in her selected courses. She is still on course to prepare for the IBCLC exam, however, on a more gradual timeline. Additionally, most participating PCs indicated that they needed additional social support (67%), financial support (50%), and continuing education and counseling outside the program (33%) to engage in AHEAD in WIC activities.



CONCLUSION AND RECOMMENDATIONS

Although the grant timeline was short, 6 of the 7 BIPOC PCs enrolled in the project made progress toward their training and education goals. Further, the initiative to partner with hospitals increased awareness about WIC above and beyond the PCs training, indicating the potential to affect recruitment efforts and other partnerships with healthcare providers. Recommendations to enhance the impact of the program include extending the program period to provide participants with more time and opportunity to complete IBCLC course and training requirements, as well as developing partnerships and relationships with potential internship sites.

It may be necessary to offer additional support to participants in overcoming personal and family barriers in order to help them achieve success. More generally, efforts from IBLCE to streamline and simplify communication about program requirements may make it easier for PCs to meet their personal and professional goals.

REFERENCES

- 1 Hennepin County Public Health, SHAPE 2018 Adult Data Book, Survey of the Health of All the Population and the Environment, Minneapolis, Minnesota, December 1, 2019
- 2 Unduplicated Participation by WIC Type & Race Ethnicity for the Specified Agencies. Report for Jan 1, 2020 – Dec 31, 2020.
- 3 Accessed: <https://www.health.state.mn.us/docs/communities/titlev/breastfeeding.pdf>
- 4 Pozniak, A, K Wren, K Olson, et al. Family and Medical Leave in 2012: Detailed Results Appendix. Rev April 18, 2014. Accessed: <https://www.dol.gov/sites/dolgov/files/OASP/legacy/files/FMLA-Detailed-Results-Appendix.pdf>
- 5 McCarter-Spaulding D, Lucas J, Gore R. Employment and breastfeeding outcomes in a sample of black women in the United States. *J Natl Black Nurses Assoc* 2011;22:38–45 *Health Care Women Int* 2013;34:607–625
- 6 Beauregard JL, Hamner HC, Chen J, Avila-Rodriguez W, Elam-Evans LD, Perrine CG. Racial Disparities in Breastfeeding Initiation and Duration Among U.S. Infants Born in 2015. *MMWR Morb Mortal Wkly Rep* 2019;68:745–748. DOI: <http://dx.doi.org/10.15585/mmwr.mm6834a3external> icon
- 7 IBLCE – International Board of Lactation Consultant Examiners <https://iblce.org/>