



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

## Case Study: Macomb 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. Macomb County WIC received funding from AHEAD to pilot a project to assess organizational readiness and capacity for EDI and provide equity, diversity, and inclusion (EDI) training for WIC staff members, as they sought to embed EDI policies into their core policies and systems.

### MACOMB BACKGROUND

Macomb County (MC) is in the southeast region of Michigan, directly north of Detroit. It is home to over 870,000 people and is Michigan's third largest county. Over the past two decades, MC has seen an increasingly diverse population, requiring a more dedicated effort to address racial and ethnic health inequities. From 2000 to 2019, the

proportion of Black residents in MC increased from 3% to nearly 14%, while the proportion of White residents decreased from 94% to 83%. A smaller but significant increase has been seen in the percentage of Asian and Hispanic/Latino residents. There has also been an increase in the county's immigrant and refugee population, accounting for nearly 10% of Macomb's population — with 17% of immigrants from Iraq.<sup>1,2</sup>



MC WIC is a part of Macomb County Health Department (MCHD) and has four offices under its jurisdiction: 1) VerKuilen WIC office — serving 3,775 participants; 2) Southeast Family Resource Center — serving 2,159 participants; 3) Max Thompson Family Resource Center — serving 4,150 participants; and 4) ACCESS Sterling Heights — serving 2,225 participants. The racial and ethnic demographics of the participants at MC WIC are 50% White (including 5% who identify as Hispanic/Latino), 32% Black (including 1% who identify as Hispanic/Latino), 9% Asian American/Indian, 9% Other racial/ethnic groups, and < 1% Alaska Native, Hawaiian, or Pacific Islander.

MC WIC's caseload has increased steadily over the past 20 years. There has also been an increase in the proportion of Black participants as a percentage of MC WIC's caseload, from 21% to 32%. Compared to other counties in Michigan, MC ranks poorly in infant health indicators such

as breastfeeding, preterm birth, and low birth-weight. While some infant health indicators have improved over the past two decades, gaps across race have remained consistent or increased. The Black infant mortality rate in MC is over three times than that of White infants.<sup>3</sup> Broader racial health disparities persist in MC, where mortality rates from diabetes, stroke, heart disease, and cancer among Black females are significantly higher than White females. Combined, these demographic shifts and longstanding racial health inequities only further demonstrate the need for culturally appropriate and socially-just care in MC's WIC program.<sup>4</sup>

MC WIC employs 30 staff members. The racial/ethnic make-up of staff is 63% White, 26% Black, and 11% Asian. The demographics of the nutrition and breastfeeding staff are comparable to that of the MC staff, with 69% White, 19% Black, and 12% Asian.

The average monthly caseload of MC WIC is 11,243. MC WIC has been experiencing a decline in enrollment and in participants' overall interest in WIC since 2017. MC WIC realized building trust was imperative, as they explored ways to establish positive relationships with participants and encourage utilization of WIC services. WIC staff only have a few opportunities each year to establish that trust with WIC participants. MC WIC believes that incorporating equity, diversity, and inclusion (EDI) into team values and hiring practices, providing staff training, and changing the workplace culture are steps towards that goal. This goal of building trust was the impetus for this AHEAD in WIC project.



## OVERALL PROJECT GOAL

There were two goals of MC's AHEAD in WIC project: 1) to conduct an Organizational Assessment (OA) to provide a snapshot of practices and policies that would determine infrastructural strengths and weaknesses in EDI; and 2) to develop new policies and strategic plans to support organizational EDI.

## APPROACH

Specific program objectives focused on 1) securing professional consultation to identify ways EDI can be incorporated into WIC program procedures, policies, and operations; 2) conducting an Organizational Assessment to capture organizational capacity and readiness; and 3) facilitating WIC staff workshops on EDI core concepts to enhance knowledge, acceptance, and awareness.

MC WIC partnered with the Center of Health Equity Practice (CHEP) at the Michigan Public Health Institute (MPHI) to promote capacity building in workforce development. The purpose was to determine organizational knowledge, readiness, and capacity to engage in and implement a health equity frame in their day-to-day operations through strategic planning sessions, individual consultation, and group facilitation. Project activities included:

- » Four hours of strategic planning sessions designed to support leadership with exploring opportunities for systemic change within the MC WIC program by exploring their core values, as well as strategies for implementing sustainable systems change.
- » Six hours of individual consultant time provided to leadership, related to structural and institutional barriers and opportunities for implementing diversity, equity, and inclusion (DEI) efforts within recruitment, hiring, onboarding, and evaluation of employees.
- » Distribution of the Organizational Assessment (OA) to all MC WIC staff via email in December 2021.
- » Group facilitation sessions of the Equity in Action: Advancing Justice Together (ADJUST) curriculum over the course of four weekly, 4-hour sessions designed to address health equity, diversity, and inclusion (HEDI) topics, including exploring unconscious bias in healthcare.



## RESULTS

### *Organizational Assessment*

The OA was conducted with the input of 13 MC WIC staff members. Overall, the findings suggest that equity is explicitly expressed as a value at MC WIC and there is a commitment from staff and leadership to equity and social justice. Most respondents agreed that health equity and social justice played an important role in the policies and practices at WIC and MCHD. Specifically, 75% of respondents indicated that health equity and social justice are important or explicit criteria in recruitment and hiring; 75% reported that the organization/program alludes to the social justice implications of the data they provide to the public, media, and policymakers or regularly takes public positions on social issues that impact the conditions that create health inequity; and 78% indicated that the organization/program works to advance health equity by addressing the social determinants of health. However, only 54% of respondents felt that leaders explicitly use health equity and the social determinants of health as a criteria in determining policy positions, allocation of work force, and budget decisions. 82% reported that the organization/program does not routinely consider ways to involve historically oppressed groups in setting priorities, conducting research, or only involves historically oppressed groups at certain times. Overall, about half of the respondents recognize there is value in having conversations about unconscious bias (50%) and racism in public health (55%).

In response to the OA, MC WIC reviewed 17 policies for EDI and implemented 14 strategies to support organizational change related to EDI (e.g., EDI Mission and Principles Statement, Community Agreements, and incorporating EDI questions in their interview questionnaire for new hires).

## EVALUATION METHODS

An evaluation logic model and metrics table were created for MC WIC in collaboration with NWA and the AHEAD evaluation team at the beginning of the project. Process metrics included the number of WIC staff who completed the OA; types of policies, processes, and practices reviewed as part of the OA; and the number of strategies created to promote EDI within MC WIC's infrastructure. Additionally, the evaluation team assessed the policies that were updated to include EDI concepts and practices (e.g., job descriptions for current or new hires and the number of EDI focused mission statements adopted). Lastly, the number of hours and types of EDI training offered, the satisfaction of WIC staff with EDI training material and content, the number of WIC staff who attended the training sessions, WIC staff's awareness of and confidence with EDI concepts and practices, and WIC staff's intention to apply EDI skills and practices in their work in the next year were also assessed. Quantitative and qualitative evaluation data were collected through online surveys using SurveyMonkey and semi-structured individual interviews using Zoom. Qualitative data was analyzed using qualitative content analysis. Descriptive statistics were calculated using SPSS software.

## EDI Training Sessions

The virtual education and training workshops, called Equity in Action: Advancing Justice Together (ADJUST), included 23 MC WIC staff and were facilitated by MPHI. The four-part workshop was assessed immediately following each session. The first ADJUST session focused on providing an overview of the workshop and discussions on social determinants of health (SDOH), or “conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes.” The second session focused on racism, social identities, and intersectionality. The third ADJUST session focused on oppression and understanding power. The final ADJUST session consisted of discussing the MC WIC organizational assessment and action steps to ensure that health equity and social justice appear in their workplace.

Attendees were asked to complete reflections after each training. The response rate declined in the later days of training; 83% (n=19) completed reflections after Days 1-2, 48% (n=11) completed reflections after Day 3, and 39% (n=9) completed reflections after Day 4. Attendees reflected on knowledge they gained through dialogue, and the facilitators provided attendees with a space to learn more about racism, intersectionality, and oppression. Attendees were asked to respond on a 0 to 100 analogue scale. Results revealed that many of the participants do not think about how discrimination impacts their health (mean range: 42-53). However, when the data was separated by race, data indicated that people of color tended to think more about how their gender identity, race, and social class impact their overall health, when compared to White participants. Attendees were asked about their comfort levels discussing health equity, discrimination, and racism in their workplace. Nearly equal numbers of participants mentioned they were comfortable discussing these topics openly at work, as expressed discomfort discussing the topics (median = 50 on a 0–100-point scale). Reasons for reporting discomfort included feelings of being judged by co-workers, perspectives of self and knowledge, others’ beliefs and political affiliations, and previous interactions that resulted in pushback. Al

though people reported overall that they thought the workshops were relevant, there was large variability in responses to this item (range: 32–100 on a 0–100-point scale).

After Days 1 and 2, some attendees stated how they would utilize the skills obtained, recognize their white privilege, become more aware of intersectionality and its relationship to identity, create a safe place, and educate white people more about racism and oppression of non-white people. When asked what they would do because of the training content, examples of attendee responses included:

### Sample Responses to Open-Ended Questions About What Attendees Could Apply to Their Work Based on the ADJUST Training

“With each client, remember that the circumstances they find themselves in are not always a product of poor choices they’ve made or learning about equity provides a good framework of how to approach clients.”

“I learned how emotional this topic can be and care be utilized to create a safe space for people to share their thoughts and feelings.”

“Have a better understanding of the challenges POC staff face that I may not have noticed as barriers to employment before.”

The third ADJUST session focused on oppression and understanding power. The majority of the attendees mentioned that learning more about and from one another was the most impactful aspect of the training. One person stated:

*“It really makes you think about how people were blamed for their own problems but really systems are put into place to hold people back. Being more conscious of that makes me less judgmental.”*

The fourth ADJUST session consisted of discussing the organizational assessment and action steps to ensure health equity and social justice are reflected in their workplace. Nine people (35%) completed the reflections for this session. Respondents stated how they enjoyed the small group conversations and discussions around action steps. Overall, participants learned about empathy. One participant said:

*“Hearing from POC [people of color] and what experiences they have had to deal with. Disappointed that some of the problems I thought had improved had not really improved as much as I thought.”*

Fourteen WIC staff members also completed an EDI survey that was administered by the AHEAD in WIC evaluation team at the end of the project. Eighty-six percent (n=12) agreed or strongly agreed that the workshops given by MPHI increased their familiarity with the concepts of equity, inclusion, and cultural competence. When respondents were asked the appropriateness of the EDI trainings/workshops when considering their employment goals and previous experience, similarly 86% (n=12) responded that the information provided was neither too much nor too little.

However, WIC staff’s reaction to the EDI training was not universal. While most staff found the workshops to be very useful, some did not. For

example, one respondent stated, “it felt like race baiting.” Another person noted that some staff did not turn on their cameras for the virtual training workshops, which they deemed “disrespectful.” Another respondent suggested the content was not inclusive of other racial/ethnic groups, explaining:

*“I have been to these types of diversity trainings and all that and almost every single one of them always ends up being a Black and White issue and that’s not diversity. That’s not teaching about different culture[s]. That’s not teaching about the differences we need to do to make everybody feel included. ...I couldn’t really tell you what went well, because the whole thing just felt wrong.”*

One respondent suggested the training might have done more harm than good:

*“Bad part is, I think, it caused a little bit more divide within our co-workers...it’ll slowly go away, but you can definitely [tell] there was tension for at least a couple weeks after. There was definitely tension, and you could feel it, even though we’re all far apart and working from different locations.”*

Still, most staff did see the value in the EDI training, stating “it felt like a safe space” and “I felt like I could be honest.” Another person said, “You saw some really deep, like vulnerable feelings and emotions come out. And I think that needs to happen.”

The training facilitators received very positive feedback. MC WIC staff leading the AHEAD in WIC project reported that they saw the “buy-in” of leadership to the training as a “successful” outcome. Leadership support was viewed as especially beneficial to staff of color and ultimately beneficial to shifting the culture.

## Staff Reflection on the Benefits of the ADJUST Training for Staff of Color

“I think one of the most striking successes was the reception from the staff, especially staff of color, right. So, people who had been a part of the work, but also having experienced their own life experiences and really seeing that leadership valued this dialogue, valued action. I think, well, we have hope that it is creating some culture shifting for them, so that felt successful to me.”

### KEY INSIGHTS

MC WIC indicated that they faced several challenges as they were implementing the program.

**Time:** Working with an already accelerated timeline due to the grant cycle, the project was further delayed by three months due to issues with Macomb government processes. The slow start caused some anxiety among MC WIC leadership.

**Competing Priorities and Staffing:** During the grant timeline, Michigan WIC transitioned to a new WIC EBT card stock, and a new platform was implemented for participants and staff to check benefit load. Further, the nationwide infant formula shortage, staff shortages due to COVID-19, alongside resignations, retirement, etc. caused staff to be distracted and overwhelmed.

**Staff Transitions:** The lead consultant assigned to MC WIC from MPHI took a new job shortly after the start of the collaboration. This transition created scheduling issues with the consultant.

**Difficulty with OA Process:** The OA provided by MPHI was not user friendly, which may have contributed to the low number of MC WIC staff responses. The link containing the assessment itself initially failed to make it through MC WIC's firewall. This discovery was made only a month after the link was distributed. As such, staff had access to the assessment form no earlier than

mid to late December, around the holidays when they were on vacation.

**Leadership Support for Policy Review:** Despite the challenges in the OA process, MC WIC reviewed 17 policies for EDI and implemented 14 strategies to support organizational change related to EDI. These policies are critical to affect systems-level change in MC WIC. Leadership's openness to review these policies was critical to making these changes.

**Staff Readiness for EDI:** Staff readiness for EDI training varied, which impacted their responses and willingness to engage.

### CONCLUSION AND RECOMMENDATIONS

In conclusion, the findings from MC WIC's AHEAD project offer insight into challenges, strategies, and needs of the MC WIC team. One of the key outcomes was the advancement of EDI infrastructure and policy. However, on an individual level, some WIC staff experienced a challenge with embracing EDI concepts, practices, and self-reflection. Future EDI efforts in MC WIC should consider staff readiness when tailoring educational opportunities and trainings. Additionally, support for identifying EDI consultants and tools (such as creating an EDI consultant database) may assist with helping WIC agencies locate needed resources to advance their EDI work.

### REFERENCES

1 New Americans in Macomb County A Snapshot of the Demographic and Economic Contributions of Immigrants in the County, New American Economy, one-year samples of the American Community Survey from 2009 and 2014, as well as 2000 census

2 United States Census, American Community Survey, Demographics & Housing Estimates, 2010 and 2019, 5-year estimates.

3 Michigan WIC Pregnancy Nutrition Surveillance System (PNSS), Table 3B, comparison of Racial and Ethnic Distribution by County, 2000-2019. Michigan Pregnancy Risk Assessment Monitoring System (PRAMS) 2019 Birth Year Maternal and Infant Health Summary Tables. Lansing, MI. Michigan Department of Health and Human Services, Life-course Epidemiology and Genomics Division.

4 <https://health.macombgov.org/Health-DataReports>