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Innovative WIC Practices

Profiles of 20 Programs

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Abstract

WIC provides supplemental food, nutrition education, and social service referrals to low-income pregnant, breastfeeding, and postpartum women, infants, and children younger than age 5. WIC has come under increased scrutiny as it has expanded rapidly, and some have suggested new directions for the program. This study examines a range of innovative practices at 20 State or local WIC agencies. The study focuses on practices in three main areas: breastfeeding promotion and support (including peer counseling and programs for high-risk groups), nutrition and health education (including obesity prevention, preventive health care, and staff training), and service delivery (such as home and workplace visits). For each innovative program, the report provides background information and discusses the source of the innovation, key challenges, implementation lessons learned, evidence of its success, and the feasibility of replicating the practice.

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EXECUTIVE SUMMARY

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) serves low-income pregnant, breast-feeding, and postpartum women; infants; and children younger than age 5. Its objective is to provide supplemental, nutritious food as an adjunct to good health care during critical periods of growth and development, prevent health problems, and improve the health status of participants. The WIC program has three components: (1) the food package, (2) nutrition education, and (3) health and social service referrals.

In recent years, WIC has come under scrutiny as the program expanded rapidly. WIC is up for reauthorization by Congress in 2004, so it is an appropriate time to consider new directions for the program. Mathematica Policy Research, Inc. (MPR) proposed to the Economic Research Service (ERS) of the U.S. Department of Agriculture (USDA) this exploratory study, to document and disseminate information on the design and operation of a range of WIC innovations.

The primary objective of this study was to learn about the innovations currently in place in state and local WIC agencies. The plan was to identify innovative practices at 20 state or local WIC agencies, conduct telephone interviews with staff from each program, and study 5 of these promising programs in more depth through site visits. The study focused on WIC practices in three areas:

1. Promoting breast-feeding (including peer counseling, outreach to health care providers, and breast pump programs)
2. Improving nutrition and health education (including programs to prevent or reduce overweight and obesity; to provide, or coordinate with, preventive health care in areas such as dental health; and to provide in-depth staff training)
3. Using innovative service delivery approaches, such as home visits

Many of the programs we studied are innovative in more than one of these areas.

Another goal was to include at least some programs that serve high-risk groups, such as teenagers, premature infants, immigrants, and those with alcohol or drug abuse problems.

The following research questions guided our work:

- What innovative WIC programs and services currently exist?
- Under what circumstances are promising WIC programs being implemented?
- Are the programs replicable in other service areas? Is there evidence to support their effectiveness?

CRITERIA FOR SELECTING PROGRAMS

This study was exploratory. The programs selected were *not* intended to indicate the “best” programs nationally, as our time to find programs and our resources were limited. Instead, we sought to identify promising initiatives that may be worthy of future evaluation and replication.

For this study, we defined “innovative” as programs that are different from services that WIC has traditionally offered, based on the judgments of program officials. The programs include those that the WIC Nutrition Services Standards (U.S. Department of Agriculture 2001) would consider “best practices”—for example, peer counseling for breast-feeding; programs that received outside funding to go beyond typical WIC nutrition services (sometimes referred to as “WIC Plus”); and innovations that significantly change how core WIC services are delivered (such as training in facilitated group discussion). Most programs had operated for at least one year. In addition, we sought to include programs that have clear goals and adequate resources to achieve them and that have largely implemented the intended services.

An important caution is that designating these programs as “innovative” *does not* imply that they have been evaluated and found to be effective in improving health outcomes for targeted groups.

DATA COLLECTION

To select programs to profile, we contacted the Food and Nutrition Service (FNS) regional offices, state and tribal WIC directors, and other experts to gather suggestions on promising programs. Based on their feedback and consultation with USDA staff, we selected 20 programs to contact by telephone to gather detailed information on their scope, services, and replicability in other settings.

After completing the telephone interviews, we selected five of the programs for site visits. These visits included interviews with program staff and observations of program activities. Programs selected for site visits represented the topic areas described above. In each case, the program was sufficiently complex that a site visit enabled us to understand it much better. Three of the visited programs were statewide programs, for which we visited several locations and interviewed both state and local staff.

WHAT TYPES OF INNOVATIVE PROGRAMS EXIST?

Table 1 provides an overview of the selected programs. They fall into three main areas: (1) breast-feeding promotion and support; (2) nutrition and health education programs (including programs related to preventive health care, obesity prevention, and staff training); and (3) service delivery innovations.

TABLE 1
SELECTED PROGRAMS AT A GLANCE

Topic Area and Program Name	State	Program Scope		Selected for Site Visit
		State-Level	Local-Level	
Breast-Feeding Promotion				
Peer Counseling				
Breast-Feeding Peer Counselor Program	TX	✓	✓	✓
Expanded Breast-Feeding Peer Counselor Program— Berkeley Area	CA		✓	
Telephone Peer Counseling by Volunteers	PA		✓	
Multifaceted Programs				
Loving Support Breast-Feeding Helpline— Riverside County	CA		✓	✓
Lactation Consultant Services—Sacramento County	CA		✓	
Breast-Feeding Promotion and Support Program— Miami-Dade County	FL		✓	
Programs for High-Risk Groups				
Breast Pumps for Mothers of Premature or Seriously Ill Infants	AR	✓		
Pumps in the Schools (PITS)	HI	✓		
Infant Feeding Classes for Pregnant Teens	OH		✓	
Nutrition and Health Education				
Obesity Prevention				
Get Fit With WIC	OK	✓		✓
Obesity Prevention Modules	PA	✓		
Mooove to Lowfat or Fat Free Milk Campaign	FL	✓		
Preventive Health Care				
WIC Nutrition Education Model for Prevention of Early Childhood Caries	AL	✓		✓
Cease Alcohol Related Exposure (CARE)— Los Angeles area	CA		✓	
Staff Training				
The Learn Together Approach	MI	✓		
WIC RD: Adjunct to Pediatric Health Care	CA	✓		
Bilingual Training Program	WI	✓		
Service Delivery				
Coordination of WIC with Maternal and Infant Support Services—northwest lower Michigan	MI		✓ ^a	✓
Steps Ahead/WIC Coordination—Cullman County	AL		✓	
WIC Services in the Workplace—Eastern Band of Cherokee Indians	NC		✓	

^aThe program is in several counties, so telephone respondent was a state WIC staff member with responsibility for the area.

Breast-Feeding Programs

The breast-feeding support programs described in this report go beyond the required services, which include staff training, offering clients prenatal breast-feeding education (through classes and/or one-on-one contacts, and written materials and/or videos), informing clients about the food packages for breast-feeding mothers, and providing, or referring to, support services after the birth. The innovative breast-feeding programs fall into three groups:

1. **Peer Counseling.** Peer counselors usually are current or former WIC clients who breast-fed their babies for a substantial period. Peer counselors may be volunteer or paid, part-time or full-time, and they may have different levels of training. The breast-feeding coordinator (who is a certified lactation consultant) usually trains and supervises the peer counselors and provides back-up support for unusual or high-risk situations.
2. **Multifaceted Programs.** These programs include readily available individualized help, either by telephone or in person, complemented by extensive outreach to community health professionals to “sell” the idea that WIC supports breast-feeding and is not just a source for infant formula. Types of outreach include training for hospital delivery and neonatal intensive care staff, extensive visiting with local health care providers, “lunch and learn” presentations for health care professionals on why breast-feeding is best, and networking with a wide range of community groups.
3. **Programs for High-Risk Groups.** Programs profiled target (1) mothers of premature or seriously ill infants, or (2) teenage mothers. Two programs facilitate use of breast pumps for high-risk groups, while one is a prenatal breast-feeding class that targets teenage expectant mothers.

Nutrition and Health Education Programs

WIC has always provided nutrition education and counseling to clients, often through one-on-one counseling and lecture-style classes. In recent years, many WIC programs across the country have reinvigorated and updated their approaches to nutrition and health education. Programs we examined fall into three groups—obesity prevention, preventive health care, and staff training—yet are all examples of strategies to strengthen and broaden the nutrition education and counseling provided through WIC.

In looking at programs that offer innovative nutrition and health education, we found some common themes:

- **New Methods for Working with Clients.** Staff members are learning to use approaches such as facilitated group discussions and motivational interviewing to help clients change their behavior.
- **Updated Education Content.** Programs are working to include nutrition messages related to today’s main nutrition-related health concerns in a positive framework of healthy eating and lifestyle choices. Relevant programs include those related to

obesity prevention and healthy lifestyles for young children (including physical activity), preventive dental care, and screening for alcohol problems for prenatal participants.

- **Broader Target Audience.** WIC nutrition education has traditionally focused on mothers, but initiatives increasingly target young children and the family as a whole. For example, several programs include activities for children, such as puppet shows and reading of children's books related to the theme of the initiative.
- **More Staff Training.** Many of the programs involve special training—some focused on methods, some on content, and some on new groups of staff. The study focused on a training program in each of these areas: the Michigan training in facilitated group discussion, California's approach to training dietitians concerning infant formulas, and Wisconsin's program to train bilingual staff.

Service Delivery

The study included three programs that are innovative because they include delivery of WIC services in one of two nontraditional settings: (1) clients' homes, or (2) clients' workplaces. Because of its high cost, home visiting usually implies not just services in a different location, but comprehensive, individualized services that target particularly high-risk clients. In both examples of home visiting programs in this report, WIC was collaborating with Medicaid care coordination for high-risk pregnant women and infants. The home visits were funded largely under Medicaid, although they also included some WIC services.

Workplace visits to provide WIC services are even more rare than home visits. However, because more WIC mothers have entered the workforce under welfare reform, such programs may become more relevant. The program described here is on a rural Indian reservation with few employers and significant transportation barriers for clients.

WHAT CIRCUMSTANCES SUPPORT IMPLEMENTATION OF INNOVATIVE PROGRAMS?

Sources of Innovation

Where do ideas for innovative programs come from? Most of the programs we studied were conceived and developed by the state or local WIC staff who administer them, although other stakeholders often made important contributions to program planning. In many of the state initiatives, state staff obtained ideas and feedback on plans from the local level: this happened through formal nutrition education committees consisting of local and state staff, through feedback provided to regional representatives in states with a regional structure, through pilot projects, or informally.

In local initiatives, agency leaders innovated in varied circumstances, but two seemed most common: (1) to take advantage of outside funding sources to expand services, or (2) to stretch scarce resources further. For example, the availability of funding from the Proposition 10

tobacco tax in California, which is for programs for young children, helped inspire several of the California programs. In contrast, a volunteer peer counseling program in southwest Pennsylvania was a creative response to tight funding.

Programs with outside funding were sometimes developed, at least in part, outside of WIC, or reshaped to meet the funders' needs. For example, the Alabama dental education program was developed with considerable leadership from the Dental Division of the Department of Health, which also helped fund the program.

Key Implementation Lessons

Breast-Feeding Peer Counseling. USDA has targeted funds for expansion of peer counseling programs. As peer counseling programs expand, it will be important to define what exactly can be considered a peer counseling program, as great variety currently exists in the hours, compensation, training, and duties of peer counselors. The basic qualifications for peer counselors—enthusiastic current or former WIC participants with breast-feeding experience—seem well established, but there may also be variation in additional requirements for the job. Peer counselors need sufficient literacy skills so that they can maintain WIC clients' records. It is also important to develop a recruitment and retention strategy, clear protocols for service delivery and documentation, and good relations between the WIC staff and peer counselors.

Recruiting of peer counselors has become more challenging as low-income mothers have increasingly taken full-time jobs. However, many peer counselors, even those who worked as volunteers, found they gained valuable skills in this position that allowed them to move on to full-time or better-paying jobs.

Other Implementation Lessons for Breast-Feeding Programs. Most of the promising breast-feeding programs we studied (whether they use peer counselors or not) emphasize three services, above and beyond the prenatal classes and counseling that most clinics provide:

1. Contacting the mother in-person or by telephone within the first two weeks after birth (often, while in the hospital).
2. Making help available within 24 hours when a problem arises. Ideally, help is available by telephone 24 hours a day and in person during office hours for more severe problems.
3. Providing follow-up calls to breast-feeding mothers at regular intervals after the birth, rather than waiting for them to call in—many mothers are too overwhelmed to call themselves.

In addition to services in these three areas, outreach to community health providers is a desirable part of a WIC breast-feeding program, so that women receive a pro-breast-feeding message wherever they receive services. However, such outreach is hard to do with current WIC Nutrition Services and Administration (NSA) funding, even in large agencies—those programs most successful in doing outreach have non-WIC funding.

Nutrition Education Approaches. Programs that seemed particularly promising were those that made nutrition education fun for staff and clients and those that had messages that were simple (such as “choose lowfat or fat free milk”) and pervasive (visible in a range of media, endorsed enthusiastically by staff at all levels, and reinforced through hands-on activities), yet conveyed in ways that recognized client experiences.

Staff Training. Direct staff training in content is useful, because the science is changing rapidly in many areas of nutrition, including obesity prevention, the understanding of the benefits of breast-feeding, and the content of new types or formulations of formula. Traditionally, professionals were expected to keep up with the literature more or less on their own, but many of the reviewed initiatives included content-focused staff training.

To successfully introduce new training curricula or new client materials and curricula for a state initiative, state WIC agencies need to follow up at the local level to make sure the new approach, curricula, and materials are being used (and used appropriately) and to provide additional assistance to those who need it. Nutrition education committees made up of local staff can help, as they provide regular feedback to the state agency. Another way to monitor implementation is to adapt data systems to track how often staff use new types of nutrition education contacts with clients.

Service Delivery. Incorporating WIC services into Medicaid-funded home visits seems promising, particularly as part of a broader integration of WIC services and Medicaid-funded care coordination for high-risk pregnant women and infants. This collaboration may work best, however, when both programs are operated by the same agency and are co-located.

Workplace delivery of WIC services may be most applicable in rural areas with few employers or other places where large concentrations of WIC participants work for a single employer. Privacy and logistics, such as having a private space to meet, can be challenges. However, WIC clinics have been established successfully in schools, which are the “workplaces” of teenage mothers—these programs may be useful models.

Funding Sources

The interventions and training programs described in this report have a variety of funding sources, but they fall into three major categories:

1. WIC Plus—interventions with substantial outside funding (often including services that go beyond WIC). Such funding usually comes from local governments or private foundations. The programs that provide home visits in cooperation with Medicaid care coordination are also counted in this group, as the home visits are largely paid for by Medicaid funds.
2. Interventions with special WIC funding from the state, regional office, or central USDA. For example, some of the programs received grants from USDA or from their state agency.

3. Interventions with little or no special funding, which are generally more modest. In large state or local agencies, however, the scale of the WIC program overall may make it possible to implement more extensive WIC initiatives with only WIC NSA funds.

It may be difficult for other WIC agencies to replicate programs with substantial outside or special WIC funding, if similar resources are not available. In some cases, however, the well-funded initiatives have developed materials that other WIC agencies can adopt at much lower cost. In addition, other agencies may find specific elements of these initiatives' services applicable to their needs, even if they cannot afford to implement all the services.

PROGRAM EVALUATION AND REPLICATION

To assess whether these interesting programs should be expanded further, it is appropriate to consider the quality of existing evidence for their effectiveness and what types of evaluation designs could be used to study program effects on nutrition and health outcomes. Before replicating these programs, other issues to consider include cost, feasibility, and adaptability of the program model to different situations.

Evaluating Effectiveness

Staff of many of these programs had tried to evaluate their effectiveness. Only one, however—the Cease Alcohol Related Exposure (CARE) program in Los Angeles—had a rigorous evaluation. Others cited more ad hoc before and after comparisons of outcomes such as breast-feeding rates and use of special infant formulas. Such comparisons are useful but do not generally control for other factors that might also have caused the change. The main reason is that WIC local agency staff often lack the resources and skills to evaluate their programs. In addition, their data systems usually are not set up to track outcomes, other than those they must report to the state and federal governments.

Furthermore, designing evaluations to assess the effects of the initiatives described in this report could be challenging. Some interventions affect the entire agency or community, so that it is not possible to randomly assign some clients to current services and others to receive the new services. Other initiatives might lend themselves to evaluation more easily.

Options for evaluation include:

- **Implementation Studies.** It is important to judge a program not only by examining its goals and design, but also by monitoring staff use of new services or methods and the quality of implementation of the planners' vision. In addition, implementation studies monitor how many clients actually receive the innovative services and what their reactions to these services are.
- **Experimental Impact Evaluations.** Randomly assigning clients to two different types of services may be feasible in a large clinic, but it is burdensome for staff to run

two versions of WIC services. Another, less difficult, option for staff is to randomly assign clinics in a large agency to two different approaches. Doing this, however, is useful only for narrowly defined interventions (for example, the use of facilitated group discussion versus a lecture style for specific classes), when it is possible to ensure that clients otherwise receive the same services. For more comprehensive, community-based interventions, it is not possible to deny the new program to some clients. The only type of experimental evaluation that could happen in such contexts is random assignment of communities, which is very expensive and may not be feasible in terms of obtaining cooperation.

- ***Nonexperimental Impact Evaluations.*** It may be more feasible to evaluate WIC initiatives using comparison groups or evaluations of outcomes before and after program implementation. The diversity of local WIC programs makes it more feasible to use existing variations in services to examine relative effectiveness of different approaches. By collecting data on the characteristics of the clients, clinics, or agencies being compared, comparison group evaluations can be strengthened. At the same time, even when carefully designed, these designs are weaker than an experimental design. Other factors than the initiative may still be influencing the outcome but may not be available as control variables. Nonetheless, such approaches are less expensive and may provide evidence of impacts, particularly if the differences in outcomes are large.

Feasibility of Replication

All the programs described in this report involve models for providing services that could be applied more widely. USDA or state agencies would need to consider the following issues (in addition to program effectiveness) before replicating any of these initiatives, either on a pilot basis or on a wider scale:

- ***Cost.*** Is the program affordable, either with existing WIC resources or available outside funding? Does the program require an up-front investment with few costs afterward, or does it require long-term funding? Are the benefits of the program likely to be worth the costs?
- ***Appropriate Setting.*** For what types of WIC agencies is the initiative appropriate? For example, is the program of most interest to urban or rural agencies? WIC is a highly decentralized program, and few initiatives will be appropriate in all types of WIC agencies and clinics.
- ***Availability of Materials.*** Are materials for replicating the program readily available? Do they include materials for training staff? How much adaptation would state or local circumstances require? Initiatives based on written materials are easier to adopt, as are those that do not require extensive staff training. Many of the initiatives profiled have made their materials available on the Internet.

In considering the feasibility of new initiatives, it is also important to take into account the following challenges for WIC in the next several years:

- ***Cultural Diversity.*** The WIC population is becoming more diverse ethnically and linguistically.
- ***Mothers Working.*** With welfare reform and the strong economy of the late 1990s, more WIC mothers were working. This trend may have slowed, but it is unlikely to reverse. One implication is that peer counseling programs that rely on volunteer or part-time help are less feasible now than they were 10 years ago. Another implication is that WIC needs to develop approaches to improve access for working parents, such as extended hours, more telephone contacts, or workplace WIC visits.
- ***Changes in the Health Care System.*** Coordination between WIC and health care providers is often critical to the WIC initiatives profiled. However, experiences during the past few years suggest that such coordination becomes more difficult as Medicaid managed care providers serve more WIC clients. Furthermore, the privacy rules used to implement the Health Insurance Portability and Accountability Act (HIPAA), which took effect in April 2003, make coordination more difficult.
- ***State and Federal Budget Crises.*** State and federal budget crises may lead to cutbacks in WIC funding and staff, which make implementation of new approaches more difficult.

SUMMARY

This study shows that many innovative WIC practices exist in breast-feeding promotion, nutrition and health education, and service delivery. Breast-feeding practices highlighted include those of various peer counseling programs, as well as those of programs that combine outreach to health professionals with extensive client support. Innovations in nutrition education focus on moving from sharing information to fostering behavior change and on meeting the needs of the increasingly diverse WIC population. Service delivery innovations bring WIC services to clients at home or at work. Most innovative programs arise in response to local needs and circumstances; state innovations appear to be more successful if they obtain substantial local input. The extent of outside funding for innovative programs varies and is related to the richness of services provided. At the same time, many of the programs have invested extensively in developing materials that others could adopt at low cost.

Few of these interventions have been rigorously evaluated. However, substantial natural variation in WIC services exists, and this variation could be used in more formal evaluation efforts.