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

Case Study: Tulare County WIC

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. Tulare County WIC received funding from AHEAD to pilot a project to expand WIC services tailored to support underserved, marginalized, and diverse individuals, while building and establishing relationships with the community leaders and stakeholders.

Tulare County (TC) WIC, located in Visalia, California, is a rural county with an abundance of agricultural and farming industries. According to the 2020 census, the population of Tulare County is 473,117. TC WIC has nine locations in Tulare County and has an allotted caseload of 21,470. The racial and ethnic composition of TC WIC participants is 81% White, 3% other, 2% mixed race/ethnicity, 2% American Indian/Native Alaskan, 2% Black or African American, and less than 1% Asian Indian, Filipino, Laotian, and Hmong. Approximately 9% identify as Hispanic/Latinx. On average, TC WIC has a 92% participation rate among eligible participants. Prior to the pandemic, participation rates averaged between 80-85%, and transportation was the primary reported barrier to attending appointments. Caseload trends have increased due to the demand and capacity of TC WIC to leverage technology to reach participants remotely. Despite TC WIC’s success in overcoming transportation barriers, there are still WIC-eligible participants that have yet to be reached.

The site for AHEAD project is the Tule River Reservation. The Tule River Reservation was established in 1873 because of defeat and displacement during the Owens Valley Indian War of 1863. Today, the Tule River Reservation has a population of 1,049, with a total Tribal enrollment of 1,857 in Tulare County.
In June 2018, Public Health Institute (PHI) — a public health research institute — conducted focus groups with American Indian and Alaska Native (AI/AN) individuals in Tulare County. The responses of focus group participants highlighted the need to address social determinants of health to improve the health and well-being of children, adults, and the overall tribal community. According to the Centers for Disease Control and Prevention, social determinants of health (SDOH) are "conditions in the places where people live, learn, work, and play that affect a wide range of health risks and outcomes."

Based on the findings of the focus groups conducted by PHI, Tulare County Public Health established a goal within their strategic plan to promote health equity. In 2019, Tulare County Health and Human Services Agency began collaborating with leaders on the Tule River Reservation to address social determinants of health. Unfortunately, environmental circumstances and the pandemic stalled this work. In 2021, TC WIC applied for the AHEAD in WIC grant to expand on previous work to address the social determinants of health for Tule River residents.

OVERALL PROJECT GOAL

Initially, TC WIC aimed to establish a WIC satellite site and provide WIC services on the Tule River Reservation. Due to the pandemic and fires in California, they lost several months of work which led them to modify their overall goal. Their new project goal was to build foundational relationships with Tule River Health Center staff and Tule River Tribe members, which would allow them to provide WIC services on the Reservation in the future.

APPROACH

Specific program strategies focused on building trust and strengthening relationships between TC WIC and the Tule River Indian Tribe, identifying breastfeeding support needs among birthing and lactating parents, and providing education for TC WIC and Tule River Health Center staff to strengthen collaboration to better provide breastfeeding support for Tribal residents.

In November 2021, TC WIC established the Tule River-WIC Task Force, which hosted weekly meetings throughout the duration of the grant cycle to facilitate relationship building, communication, and maintain momentum on project activities.

In January and February of 2022, the Tule River-WIC Task Force disseminated a survey they created to better understand the needs of prenatal and postpartum families with children under the age of 5 years. Additionally, they hosted a focus group to better understand the breastfeeding support needs of Tule River Tribe members.

Finally, TC WIC offered a variety of educational opportunities to project collaborators to increase their knowledge of equity, diversity, and inclusion (EDI) concepts and foundational breastfeeding support concepts. TC WIC staff participated in EDI training to increase their awareness of culturally appropriate service provision to better serve Tribal residents. TC WIC hired a consultant to select breastfeeding education courses that Tule River Health Center staff could participate in as part of the project. Ultimately, Tule River Health Center staff were invited to participate in a certified lactation educator course offered by TC WIC.

EVALUATION METHODS

An evaluation logic model and metrics table were created for TC WIC in collaboration with NWA and the AHEAD evaluation team at the beginning of the project. Process metrics included increase in infrastructure for collaboration between WIC and the Tule River Tribal Community (e.g., advisory board participation and number of WIC members on the advisory board), increase in embeddedness within partnerships (e.g., how much WIC
do together), increase in WIC staff awareness of tribal community and tribal organization services, and increase in the tribal leaders’ and tribal organizations’ awareness of WIC services.

Data as collected through interviews and online surveys using SurveyMonkey. Three Tule River Health Center staff members and three TC WIC staff members were interviewed to collect qualitative data. The interviews were transcribed and coded. Qualitative data was analyzed using qualitative content analysis. Quantitative data was analyzed using SPSS software.

RESULTS
Results from the initial task force survey and focus group guided overall project activities. Of survey respondents (n=93), 31% were currently enrolled in WIC, 47% were previously enrolled in WIC, and 22% had never been enrolled in WIC. The survey also found that most respondents did not experience food insecurity or transportation barriers and most had access to a smart phone and internet. Four respondents participated in the breastfeeding support focus group through which TC WIC learned that Tribal community members would like more breastfeeding support. The focus groups helped the task force identify focus areas for their project.

Related to outreach and partnerships, TC WIC reported that staff participated in approximately 10 hours of outreach activities, and WIC-eligible participants were recruited and enrolled at two locations. TC WIC reported only collaborating with the Tule River Reservation and health center, meeting approximately 20 times. In an online survey of Tule River-WIC Task Force members, all respondents (n=5) reported that they agreed and strongly agreed that everyone involved in the task force trusts each other. In the same survey, 80% of respondents agreed and strongly agreed that those involved in the task force communicate openly within the group. Similarly, 80% of respondents agreed and strongly agreed that their partnership with TC WIC has increased their awareness about the services provided by WIC.

KEY INSIGHTS
TC WIC communicated various challenges during the implementation of the project, including natural disasters (fire and drought), COVID-19 knowledge and perceptions of WIC, knowledge of Tribal culture and customs, and time constraints. The pandemic and natural disasters delayed the project, which exacerbated the short implementation timeframe for the grant.

Knowledge and perceptions of WIC are also barriers to project implementation. Decades ago, there was a WIC site on the Reservation, but this site left for an unknown reason. TC WIC had to contend with this history and rebuild trust. One TC WIC staff member describes her thinking by sharing, “It’s like what happened here? . . . That’s key because we don’t want to recreate the wheel. And we don’t want to mess up again if that was what happened.” Additionally, since exposure to WIC was limited on the
Reservation, TC WIC had to educate Tule River Health Center staff and community members on the reservation about WIC, including the benefits and eligibility requirements. A Tule River Health Center member described how eligible participants may not be aware of the benefits of WIC by stating, “I’m able to talk that over with our patients or our community members here and just encourage them all to apply [for WIC]. They’re hesitant. Just unsure that they would even benefit from [WIC].”

Cultural competence and cultural sensitivity were also important considerations during the project. The Tule River Reservation has important customs and culture that TC WIC had to learn about to successfully collaborate with the reservation. Additionally, the Tule River people have specific traditions and ideas related to breastfeeding that is important to incorporate into WIC services.

Importance of Culturally Relevant Service Provision

“So it’s the beliefs and the traditions and the cultural aspects of breastfeeding. I think we need to make sure [TC WIC is] versed in that, too. That way nobody hurts anyone’s feelings and everyone’s being respectful to each other.”

- Tule River staff member

These challenges fostered the reconceptualization of the project’s initial goals to establish a WIC satellite site and provide services on the reservation. The new goals focused on building strong relationships and collaboration with Tule River Health Center staff and tribal community members as a foundation for providing WIC services on the reservation in the future.

CONCLUSION AND RECOMMENDATIONS

Meeting with the community, TC WIC’s modified their initial project goals. TC WIC was successful in achieving their modified goal of building strong relationships with Tule River Health Center staff, which was facilitated through the task force. The primary reason for a successful relationship was because of the task force and frequent, consistent communication outside of meetings. Building relationships with key leadership members and engaging them by selecting their own community members to be at the table is critical moving forward. They are still working to strengthen relationships with Tule River community members. Additionally, they were able to increase knowledge of culturally relevant breastfeeding support by implementing surveys and focus groups, providing training, and creating public artwork within the health center. TC WIC has also made progress toward achieving their original goal of establishing a WIC site on the reservation. They have successfully worked with Tule River Health Center staff to select, evaluate, and obtain approval for a location within the health center.

REFERENCES

1. https://www.census.gov/quickfacts/tularecountycalifornia