



ENGAGEMENT AND PARTICIPATION OF AFRICAN AMERICANS IN CALIFORNIA WIC:

Recommendations from the Ask the Community First Task Force

Fall 2015

BACKGROUND

WIC IS RECOGNIZED AS ONE OF THE MOST POWERFUL NATIONAL PROGRAMS PROVIDING LOW-INCOME WOMEN AND YOUNG CHILDREN WITH NUTRITION AND FOOD ASSISTANCE, BREASTFEEDING SUPPORT AND EDUCATION, NUTRITION EDUCATION, AND REFERRALS TO HEALTH AND SOCIAL SERVICES.

California has the second highest coverage rate among all states, 82%, and 60% percent of all infants within the state are served by WIC. **(1,2)**

In 2013, California and Texas accounted for more than twenty-five percent of all WIC participants nationwide and, along with six other states including New York, Florida, Georgia, Illinois, North Carolina and Ohio, comprised over half of all WIC users. **(3)**

California is a vibrant provider of myriad services to women, mothers, fathers, infants and young children under five years of age, and yet we know for the African-American community there are numerous challenges that influence how much and how well WIC is accessed.

In 2014, WIC witnessed its largest decline in usage since its inception in 1974. Throughout the last ten years, California has seen African Americans' participation



grow incrementally but there have been fits and starts in their engagement as well. Among the sporadic ongoing increases and decreases in participation throughout California, as with numerous states across the country, California's WIC Program is at a critical juncture as it reflects on and assesses its impact, role, and relationships with partners, stakeholders and customers.

PARTICIPATION AND DEMOGRAPHICS

As a client-centered, premier hunger prevention and health promotion program, California WIC has extensive and deep reach into communities across the state. Local WIC programs and partnerships create the potential for long-term relationships with young families (prenatal to age 5) and positive outcomes related to nutrition, breastfeeding, obesity, and chronic disease. California WIC is committed to implementing programs reflecting the diverse community that is California while providing high quality, culturally competent family-centered services.

At the same time, California WIC is aware that, in this environment of changing demographics, decreased funding, and shifts in usage and coverage rates, ruminating and strategizing on how it can become

more responsive, more effective and more dynamic is critical to its long-term success.

A USDA report identifies Whites as the largest group of WIC participants nationally (58.2%) followed by African Americans (19.8%), American Indians or Alaskan Natives (12.2 %), and Asian or Pacific Islanders (3.9 %), while approximately five percent of WIC participants reported two or more races. From a standpoint of ethnicity the largest ethnic group is Hispanics at 41.5%. **(4)**

Within California WIC, African-American participants comprise a modest percentage (under ten percent) of overall users. Data from the last several years indicate a significant swing as well as a range of change in usage rates that differ significantly from other racial and ethnic groups **(FIGURE 1).**

Trends in African American California WIC participation over the last five years swing from a low of 3.85 percent in February 2010 to a high of almost twenty percent

(19.13) in June 2012. From January 2010 to November 2014, there has been a steady increase in participation, after which began another decline.

PERCENT CHANGE IN CALIFORNIA WIC PARTICIPATION BY AFRICAN AMERICAN AND NON-AFRICAN AMERICAN WOMEN, JANUARY 2010 TO APRIL 2015

(Percent Change is Change Relative to Participation Counts in January 2010)

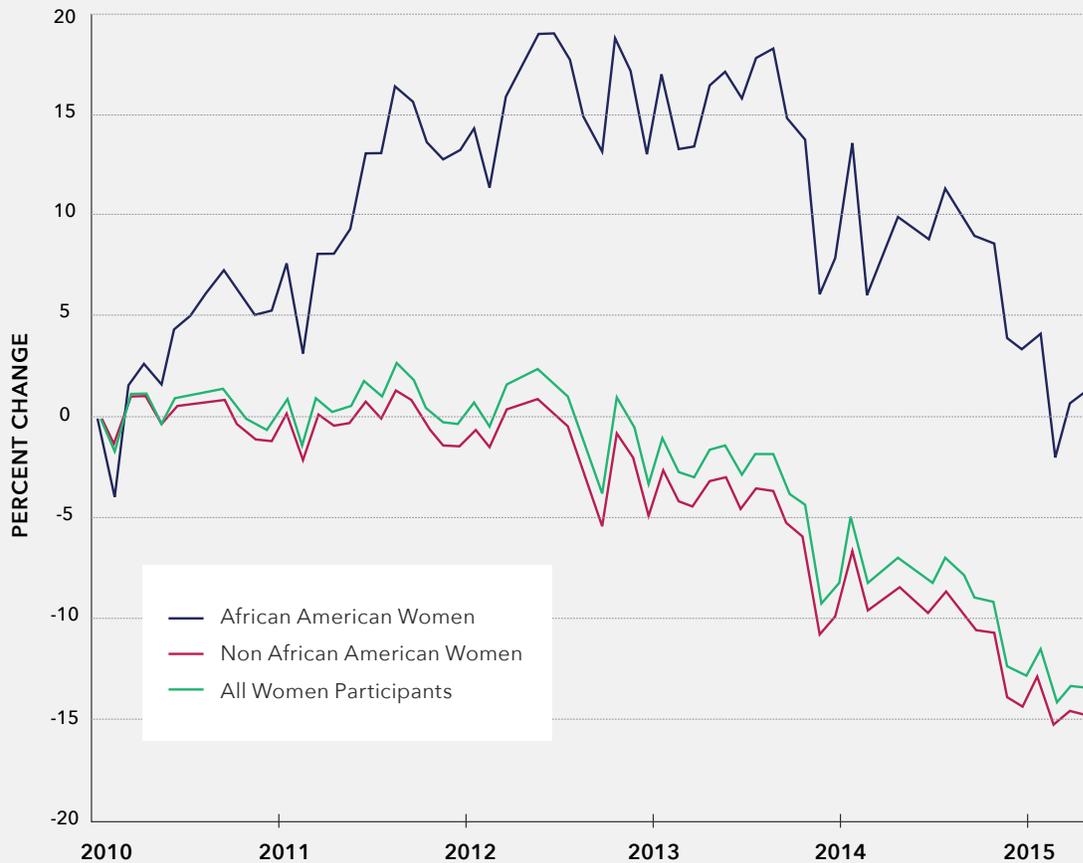


Figure 1. Produced by Data Analysis, Research & Evaluation Section, WIC Program, California Dept. of Public Health, June 17, 2015

Participation levels for African Americans in California WIC hover below ten percent (9.64% in 2014, the last full year of current data), but there has been a steady modest increase from 2010 - 2014 (TABLE 1).

These figures compel us to ask several questions:

What might be the causes for these numbers?

What is the story behind these figures?

How might California WIC address and innovate in response to challenges related to participation and engagement?

AVERAGE PERCENTAGE OF AFRICAN AMERICAN WIC USERS IN CA

2010	8.39
2011	8.97
2012	9.42
2013	9.62
2014	9.64

Table 1: Data Analysis, Research and Evaluation Section, WIC Program, California Department of Public Health, June 17, 2015

PROJECT OVERVIEW

The goal of the Ask the Community First Initiative was to research, reflect and articulate community-based action items that ensure all local California WIC providers – as well as the state agency -- are maximizing participation of African-American women by encouraging culturally sensitive engagement via targeted outreach and marketing efforts, a carefully planned internal discernment and problem-solving process, and state and local staff training and consciousness-raising. It does not appear that African Americans are underserved in the California WIC Program, as they comprise almost seven percent of the state's population (in contrast to thirteen percent nationally) with state participation increasing from slightly more than eight in 2010, to just shy of ten percent in 2014.

The Ask the Community First Task Force (ATC) was created with the support of the California WIC Association (CWA) to ascertain what might be contributing, both positively and negatively, to African American mothers, fathers and families participating

PROJECT FINDINGS

Both the survey data and observations and recommendations from the ATC Task Force reinforce the experience that some African-American participants do experience bias and lack of cultural competency in their dealings with California WIC. Almost 20 percent (19.8 %) disagreed with the statement that *“WIC is aware of my cultural customs and practices”* and sixteen percent (15.9%) agreed with the statement *“at my local WIC site, I have experienced what I feel is discrimination based on my being African American”*. One of the most telling data points from the survey is that almost half of survey respondents agreed with the statement *“I often wonder why there are not more WIC staff members who look like me”* and thirty-six (36%) agreed *“I often wonder why there are not more families who look like me at WIC clinics”*.

Additionally, more than a third of survey respondents disagreed with the statements, *“I feel that the racial-ethnic diversity of my local WIC office staff reflects the diversity of my community”* or *“I feel that the racial-ethnic diversity of State WIC staff reflects the diversity of California”* (32 percent and 34 percent, respectively). Thirty-six percent of survey respondents felt that there were *“things that got in the way of WIC being more accepting, respectful and/or inclusive of African Americans”*. The ATC Task Force expressed consensus that California WIC needs to continue to reflect and evolve in how it works with and within the African-American community.

Numerous ATC Task Force members made reference to the demographic changes of WIC clients and the steady shift to greater number of immigrants: *“When I first began working for California WIC there were lots of Black folks both on staff*

in California WIC programs. Fourteen individuals were invited to join the Ask the Community First Task Force, with Diane Johnson, Ph.D., M.Div. serving as principal investigator and project manager.

The ATC Task Force goal was to provide a report with barriers to, and recommendations for, participation and inclusion of African Americans in the California WIC Program. When a literature survey provided no current and very limited useful information, the Task Force requested a survey of WIC participants, employees and community members. The survey was conducted only in WIC agencies represented by the Task Force, which are also agencies located in communities with greater numbers of African-American families.

Visit the CWA website for the survey summaries.

<http://calwic.org/focus-areas/engaging-wic-families/323-welcoming-african-american-families>



and as clients,” “...We have to understand now who is the minority.” The fact that California WIC clients are comprised of 78% Latino is a demographic shift that has impacted how African Americans experience a sense of “othering”. As there are fewer and fewer African Americans at a staff level and a client level, there is an experience of “Do I belong?” and “Am I welcome here?”

Numerous observations, barriers and challenges are not exclusive to the African-American community, but heightened due to psychological and cultural barriers they experience. For example, the location of WIC stores might be a general challenge for WIC customers/clients; however, because African American mothers or fathers might need a higher level of comfort or ease of access, having WIC Centers or stores in neighborhoods where African Americans live and shop is all that more important.

The findings and recommendations fell into two main categories: **PROGRAMMATIC AND PSYCHOLOGICAL/SOCIOLOGICAL.**

Within these categories several themes emerged:

INNOVATION AND ACCESS;

MARKETING, OUTREACH AND PERSONAL ENGAGEMENT;

CULTURAL COMPETENCY/CAPACITY;

INCLUSIVE/EXCLUSIVE BEHAVIORS AND ATTITUDES; AND

CULTURAL REFERENCE POINTS (REFLECTING CULTURAL COMPETENCY).

PROGRAMMATIC CHALLENGES/BARRIERS/INFLUENCES:



Many marketing materials look outdated and do not show African Americans, thereby creating a lack of contemporary style. *"It's gotten better but we still don't see us in marketing materials."*

It is important to build relationships and connections with the African American staff, peer counselors and advocates who are already in WIC. Several ATC members shared how quality relationships with staff and others substantially influences long-term participation by current and potential clients. When one client has a positive experience she is more likely to do outreach to family and friends to encourage further participation.

Need for materials, training, and activities that are focus group tested and relevant to the African American family.

INNOVATION, TECHNOLOGY AND ACCESS

Need for better transportation and location of WIC sites (41% of respondents)

Need for more effective use of technology that improves accessibility

Millennials' utilization of technology is normative; California WIC's use of checks instead of debit cards, electronic payments or mobile apps is a problem (46% of respondents mentioned this)

Hours of operation makes it challenging to participate (22% of respondents)

Often African American participants find it difficult to calculate their income difficult to understand qualifications



CULTURAL COMPETENCY/ CAPACITY

A majority of respondents (51-65%) do experience California WIC as being inclusive, responsive, respectful and accepting of the African American community. However this is not mutually exclusive of those who do experience a need for heightened cultural awareness and aspects of cultural competence. For example, those taking the survey noted the "lack of cultural appropriateness of food choices" (30% of respondents), "need for improved awareness and practice of culture competencies" (36%), and "lack of culturally appropriate activities I find interesting" (22%).

MARKETING, OUTREACH AND PERSONAL ENGAGEMENT

African American participants often do not observe either local or state staff who look like them, unconsciously reinforcing that they are neither welcome or accepted.

"When you don't see people who look like you, you tend to ask yourself, 'Do I belong?'"

PSYCHOLOGICAL/SOCIOLOGICAL CHALLENGES/BARRIERS/INFLUENCES:



INCLUSIVE/EXCLUSIVE BEHAVIORS AND ATTITUDES

“Hurry up and wait” experience at WIC Clinics that make participants feel disrespected (30% of respondents); inability to adequately prepare participants for what to expect when checking in makes them feel that their time is not valued.

Bilingual staff should speak both English and Spanish. ATC members consistently spoke to the fact that when Spanish is spoken so prevalently, as it is in many WIC clinics, African Americans experience a sense of “othering.” Spanish is used in staff-to-staff communication that isolates those who do not speak Spanish, thereby creating discomfort (30% of respondents). One respondent noted that “Speaking in Spanish in front of non-Spanish speaking participants” was problematic for her.



CULTURAL REFERENCE POINTS (REFLECTION OF CULTURAL COMPETENCY)

Some African American cultural norms serve as psychological and sociological barriers to participation in the program. There can be a stigma attached to participating in government-sponsored programs.

As one ATC Task member opined, *“For many families it’s a case of ‘We don’t do that’ or ‘I ain’t feelin’ that’ or ‘You didn’t get that and you fine’ that pervades our communities.” “We sometimes have to make the additional effort to help those in our community understand the benefits of WIC.”*

Several survey responses also noted difficulty and embarrassment in finding the correct WIC foods at grocery stores and checking out using WIC checks.

Lack of childcare (35% of respondents) or child-friendly environments, including a level of disarray or poor quality of toys, also makes the WIC clinic space seem uninviting.

RECOMMENDATIONS

CONTINUE THE TASK FORCE

There was consensus among the members of the Task Force that continuing the operations of the Task Force would help create accountability between California WIC, stakeholders and the African American community. The experience and sense of collaboration, cooperation, thought leadership and being a catalyst for change were reasons for continuing conference calls (possibly quarterly), webinars, video conference calls, and two face-to-face meetings a year.

The ATC Task Force would also serve as a resource for implementation of recommendations. Members were also aware that additional resources would be required to continue this work and cognizant that resource development and fundraising would be necessary.

INCREASE COLLABORATION AND PARTNERSHIPS

Members of the ATC were prolific in their suggestions of other community-based, regional, and national partners that could strengthen California WIC programs and cooperate in increasing overall capacity as well as cultural competency.

SHARE BEST PRACTICES AND CREATE A LEARNING COMMUNITY

ATC Task Force members were extremely vocal in their observation that an expansion in organizational culture would serve California WIC. By continually emphasizing learning and sharing of best practices related to cultural competencies, collaboration, effective outreach and community engagement, various stakeholders would support stronger partnerships. A majority of Task Force members spoke to the power of continued organizational change and evolution, while recognizing that WIC is a federal and state bureaucracy that is slow to shift mindsets. Yet slow, steady, consistent emphasis on spotlighting best practices, as is often mentioned in the CWA blog, would be a strong vehicle for the type of change needed.



SUPPORT AND ADVOCATE FOR CULTURAL COMPETENCIES

Although Latinos make up a majority of California WIC participants, and consequently have created a dominant culture in many WIC Clinics, remembering to exhibit, embrace and enhance (Three E's) inclusive behavior is critical to create a sense of belonging for everyone who uses WIC.



CONTINUE TO BUILD AND SUPPORT THE INFRASTRUCTURE OF BOTH CALIFORNIA WIC AND THE ATC TASK FORCE, AS NATIONAL MODELS BY:

- Creating a template for conference presentations that California WIC and Task Force members can use at various presentations and webinars and increase the number of presentations at health-related conferences
- Recognizing that ATC Task Force is a model for other states and should be disseminated and shared across the state and the country, possibly providing an ongoing column on the CWA blog or WIC Watch magazine
- Identifying and supply cultural competency resources for WIC centers
- Bring together various WIC agencies, beyond those on the ATC Task Force, to discuss and plan for best practices for inclusive practices
- Providing quality cultural diversity/capacity training mandated for California WIC staff members
- Continuing to offer a cultural diversity/capacity track at CWA conferences
- Creating connections across local WIC agencies that were involved in the ATC Task Force





LIST OF CURRENT AND POTENTIAL PARTNERS FOR CALIFORNIA WIC & ATC TASK FORCE

Soul Food for Your Baby
 Great Beginnings for Black Babies
 Children’s Collective
 March of Dimes
 United Way
 Planned Parenthood
 Black Women’s Health Collective
 Susan B. Komen Foundation

It’s Only Natural (Women’s Health.gov)
 Delta Sigma Theta
 (and other African American sororities and fraternities)
 First Five
 El Sol (program of First Five California)
 African American Health Collective (Sutter Health)
 - African American Health Conference



1. USDA Food and Nutrition Services, WIC Program Data <http://www.fns.usda.gov/pd/wic-program>
2. California WIC Program: Things You Should Know <http://calwic.org/storage/documents/federal/2016/WICFactsYouShouldKnow2016.pdf>
3. Food Assistance Landscape, 2014 Annual Report, Victoria Olivera, USDA Economic Research Service, Economic Information Bulletin No 137
4. USDA WIC Participant and Program Characteristics Final Report November 2015



CALIFORNIA WIC ASSOCIATION
www.calwic.org

Funded by The David and Lucile Packard Foundation.
 For more information about the Foundation, visit packard.org.