Recommendations to Promote Racial Equity in WIC

Promoting Racial Equity Helps End Hunger

While hunger and food insecurity have decreased in the United States, rates are still far too high. People of color are at much greater risk of hunger and poverty than the overall U.S. population because of the impacts of structural racism. Applying a racial equity lens—a concept and practice that focuses on achieving equality for people of color—can help us reduce the impact of structural racism and begin to dismantle it.

In the anti-hunger context, racial equity means that people of color are no more likely to be food insecure than their white counterparts and that they reach optimal nutritional outcomes. While many anti-hunger programs have improved food security and nutrition for U.S. residents, there are still significant opportunities to achieve racial equity and reduce the risk of hunger among people of color.

How the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Promotes Equity

WIC contributes to equity, since its mission is to help low-income pregnant women, mothers, and children avoid undernutrition and enjoy better health. One study even showed that WIC narrowed the divide between the infant mortality rates of its African American and white participants.[1]

Several WIC policies seek to make it more equitable:

1. **Provision of free personalized health screenings** diagnose health problems that disproportionately affect women and children of color, such as anemia.[2]
2. **Qualification of all women** based on income and nutritional risk.
3. **WIC administration by Indigenous Tribes** in a culturally competent and sensitive way.

Breastfeeding Peer Counselor Trained by HealthConnect One. Photo by Leah Stern © 2015.

Recommendations: Improving Racial Equity in WIC

WIC could further reduce racial inequalities and hunger by using a racial equity lens:

Recommendation #1: Support the implementation of NASEM's recommendations. USDA should implement the 2017 National Academies of Sciences, Engineering, and Medicine (NASEM) recommendations[3] to make WIC benefits available through cash vouchers for nutritious foods and make WIC food packages more culturally inclusive by adding more options for (non) dairy, grains, vegetables, and fruit. All states should authorize these changes thereafter.

Recommendation #2: Provide targeted support based on health disparities among different racial/ethnic communities. Anemia rates are particularly high among pregnant and postpartum African American women, while Latinas, Native Hawaiian, Pacific Islander, and Indigenous women are often at higher risk of obesity. Congress, USDA, local and state WIC agencies, and the National WIC Association should prioritize these needs and increase funding to tailor approaches for mothers.

Recommendation #3: Strengthen breastfeeding supports for WIC participants of color. Breastfeeding has many benefits, including lower post-neonatal mortality and Sudden Infant Death Syndrome (SIDS), which disproportionately kills Indigenous and African American infants.[4] WIC should strengthen breastfeeding support for women of color and take into account the historical, structural, and societal barriers to breastfeeding that affect women of color disproportionately; expand the availability of peer breastfeeding programs designed by women of color, including initiatives such as CinnaMoms;[5] and set a goal of hiring more community health workers of color to provide culturally sensitive face-to-face breastfeeding support[6]—an effective strategy for building trust among women of color and their families, which improves breastfeeding rates.[7] Congress should increase current funding levels for the hiring of full-time breastfeeding peer counselors who are community health workers of color.

Recommendation #4: Strengthen maternal and infant health and decrease maternal and infant mortality. Women and infants of color are at greater risk of maternal and infant mortality. African American, Indigenous,[8] and Native Hawaiian babies[9] are at least twice as likely as white infants to die before their first birthday, with African American infants at highest risk.[10]

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One in three African American women and one in two Indigenous women do not receive the number of prenatal checkups[11] proven to reduce mortality, while Native Hawaiian mothers are twice as likely not to begin prenatal care until the third trimester of pregnancy.[12] Congress should increase funding to (1) extend postpartum care for breastfeeding and non-breastfeeding mothers, with ongoing nutritional support and additional in-person visits for the first three weeks[13] (a practice that improves breastfeeding rates for women of color)[14] (2) increase funding to target outreach in African American and Indigenous communities to increase WIC enrollment, and (3) research the effect of WIC participation on maternal mortality rates, since this data does not exist. In addition, local WIC agencies should work with local stakeholders in a comprehensive effort to improve health and mortality rates among women and children of color.

Recommendation #5: Increase accountability, cultural humility, and cultural sensitivity of frontline staff to promote racial equity. Recipients confront racism from WIC frontline staff, and there is little to no staff accountability for promoting racial equity. Congress should require WIC to implement a racial equity lens and fund the National WIC Association to support these efforts: (1) undertake baseline assessments to measure how local WIC offices currently apply a racial equity lens to their work, (2) mandate ongoing cultural and racial bias, humility and sensitivity trainings for all WIC staff, (3) hire local organizations and participants of color to research equitable solutions to hold frontline staff accountable in each office, and (4) change hiring standards and practices so that program staff demographics reflect the community. Congress should also expand the hiring and onsite training of community health workers at WIC agencies,[15] which are more accessible for women of color since they do not require a college degree.[16] Congress should also subsidize certification and credentialing costs,[17] which are a financial barrier for many women of color.[18]

To read the methodology used to analyze how WIC could promote racial equity, go to **bread.org/racialequitymethodology.**

Recommendation #6: Establishing a process for equitable beneficiary participation in program design, implementation, and evaluation. Many program changes are made without consulting beneficiaries. Local WIC offices should create an ambassador program with current recipients of color who are paid a living wage for time spent providing detailed feedback on their experiences, expertise, and recommendations in the design, implementation, and evaluation stages.

Recommendation #7: Strengthening the collection and disaggregation of WIC data. Gaps in the research hinder the ability to do a comprehensive analysis of the impacts WIC has on mothers, infants, and children of color in race-specific ways. National-level data intersecting race and ethnicity is hard to find (or not available). There are some state-level studies with these details, but there is currently no mandate to collect and report this data and no way of centralizing it. Congress should appropriate $25 million to address these research gaps and create a mechanism for collecting and reporting race and ethnicity data in a centralized way.

Endnotes

[1] "The Impact of Prenatal WIC Participation on Infant Mortality and Racial Disparities." National Center for Biotechnology Information, U.S. National Library of Medicine. April 2010.

[2] "WIC Participants and Program Characteristics 2016 Final Report." USDA. FNS. April 2018.

[3] "Review of WIC Food Packages: Improving Balance and Choice Final Report: Slide Release." The National Academics of Sciences and Engineering.

[4] Tannebaum, Allison. "Breastmilk Benefits." Organic Happy Family. https://www.happyfamilyorganics.com/learning-center/mama/breast-milk-benefits/

[5] CinnaMoms connects African American women to culturally sensitive breastfeeding support. It was founded by two African American Lactation educators who worked at WIC. Source: https://www.cinnamoms.org/

[6] Face-to-Face strategies increase breastfeeding rates. Source: "Support for healthy breastfeeding mothers with healthy term babies." Cochrane Systematic Review. Intervention Version. February 2017.

[7] The African American Breastfeeding Network has a 90 percent breastfeeding initiation rate and relies heavily on face-to-face strategies. Review report for more analysis.

[8] U.S. Department of Health and Human Services. Office of Minority Health.

[9] Ibid.

[10] Ibid.

[11] "Healthy People 2010 Final Review." U.S. Department of Health and Human Services. Center for Disease Control and Prevention. National Center for Health Statistics. 2012.

[12] "Infant Mortality and Native Hawaiians/Pacific Islanders." U.S. Department of Health and Human Services. Office of Minority Health.

[13] See endnote vi.

[14] Interview. Oregon Inter-Tribal Breastfeeding Coalition. January 2019. Review report for more analysis.

[15] HealthConnect One recommends providing on-site training for workers, which helps workers attain their state's requirements, while receiving salary (instead of doing it as a volunteer, which most people of color cannot afford). Review report for more analysis.

[16] Women of color have fewer assets to attain expensive certificates and afford college, due to the racial and gender wealth divide. Review report for more analysis.

[17] "Community Health Worker Certification Requirements by State." Connecticut Health Foundation. February 2016.

[18] See endnote xv.