WIC Professionals' Adaptations in Clinical Practice to Better Assess and Address Household Food Insecurity

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**Background:** While research on Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) participation and proximal health indicators has been considerable, literature on best practices for assessing and addressing household food insecurity in public health clinics remains limited. The purpose of this study was to examine WIC professionals' knowledge and perspectives of household food insecurity among WIC program participants.

**Method:** During January 2018, we conducted four focus groups utilizing a semi-structured interview guide with public health staff (N = 24) across four public health districts in Midwestern counties. WIC staff included social workers, nurses, nutritionists and ancillary staff. All interviews were audio-recorded, transcribed and verified. NVivo 11.4.2 software was used for data organization and qualitative analysis.

**Results:** WIC providers spoke at length about adapting their approach to assess and address food insecurity in settings with unique characteristics due to cultural diversity. Four key themes emerged: 1) Language adaptation to assess food insecurity, 2) Challenges posed by male presence while assessing food insecurity, 3) Individualized client education to promote use of WIC food items, 4.) Diverse WIC staff can better assess food insecurity in diverse populations.

**Conclusion:** Findings from this study bring attention to important and previously undocumented adaptations to clinical practice that WIC staff utilize to best meet the needs of their local populations. It identified key adaptations that WIC staff utilize to authentically connect with WIC families especially Hispanic and immigrant families. This study adds confirmation to the importance of employing patient-centered care approaches in public health prevention programming. As the composition of our WIC participating populations becomes increasingly more diverse, it will be important for policy makers and public health clinic administrators to take into account considerations for hiring of WIC staff from diverse backgrounds mirroring local populations served as well as provisions of staff training on culturally appropriate approaches to assessment of food insecurity. These measures will enhance the ability of public health programming to improve the well-being of nutritionally at risk maternal child populations.

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Food insecurity, WIC and culture

**References:**


Abstract Summary:
Examining determinants of poor maternal health should be considered a keystone factor in improving overall population health. This integrative literature review reviews how perinatal depression and food insecurity, two noxious and synergistic factors, negatively impact maternal health.

Content Outline:
I. Background
   1. WIC participation and proximal health indicators has been thoroughly researched
   2. Best practices for addressing household food insecurity in public health clinics remains limited

II. Problem Statement
   1. WIC holds valuable information about addressing food insecurity at a community level
   2. What remains to be seen for best practices

III. Research Questions
   1. What are underlying factors within the relationship between perinatal depression and food insecurity?
   2. What can WIC professionals share about best practices in the clinical health setting?

IV. Methods
   1. Four focus groups
      1. Semi-structured interview guide
      2. Sample: public health staff, N=24
         1. Social workers, nurses, nutritionist, ancillary staff
      3. Four public health districts in Midwest counties
   2. Analysis
      1. Audio recorded interviews
      2. Transcribed
      3. Verified
      4. NVivo 11.4.2
      5. SPSS12

VI. Conclusion
1. Public Health workers emphasized 4 major points centered around adaptations to meet changing needs due to demographic shifts.

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