HARNESSING “WIC POWER” TO PREVENT OBESITY

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IOM Committee on
Childhood Obesity Prevention Policies for Young Children
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Today’s Presentation will cover:

- Key WIC Strategies That Work:
  - Staff and client “Healthy Habits” education campaigns
  - Food policy changes
  - Breastfeeding and early feeding support

- Policy Changes to Consider
WIC Nutrition Program

A 100 percent federally-funded program
- Created 35 years ago to address poor nutrition in vulnerable populations;
- U.S. Department of Agriculture and State Health Agency-administered.

Serves
- Pregnant and postpartum women;
- Infants (birth to first birthday); and
- Children first to fifth birthday.

Eligibility
- Pay stubs or other documents establish low-to-moderate income;
- Utility bill or other item to home address establishes residency in State of service.
California WIC By the Numbers

- 15 million people per month
- 60% of infants born in CA
- 80% of those potentially eligible
- 82 local agencies
- 675 local WIC sites
- 4,600 WIC-authorized stores
- 3,600 local staff
- Food Budget = $800 million/yr
- 78% Latino Participants

[Pie chart showing the distribution of participants by ethnicity.]
Program Services

Referrals to Needed Health and Social Services

- Most infants and children have health coverage
- WIC serves as a “gateway” to other needed services:
  - Immunizations
  - Smoking Cessation
  - Substance abuse recovery
  - Domestic violence services
  - Dental screenings
  - Parent education
Program Services

- Nutrition Education and Breastfeeding Support
  - Individual sessions and group classes
  - Newest adult learning methods
  - Cooking demos and taste testing
  - Focus on prevention

Families grow healthy with WIC
Program Services

WIC Staff

- Educators are bilingual, bi-cultural “promotoras”;

- They live and work in the same communities as WIC families;

- These front-line counselors are “the Face of WIC”.

Families grow healthy with WIC
Program Services

- Receive training and back-up support from trained Nutritionists, usually Registered Dietitians (RDs)

- Lactation Consultants are now required for agencies receiving Peer Counseling funds.
Program Services

“Checks” or “benefit cards” for healthy foods:

• Can be used to purchase specific foods at any WIC-authorized retail food store;
• Average value is $39 per month per participant;
• $7.2 billion federal budget serves 9.2 million participants.

$6 (SIX DOLLARS) FRUITS AND VEGETABLES
MAY COMBINE FRESH, FROZEN, AND CANNED

PARTICIPANT MAY PAY AMOUNT OVER $6

Families grow healthy with WIC
CA Obesity Prevention Initiatives

1. Education Campaign
2. Food Policy Changes
3. Breastfeeding Support
Staff and client “Healthy Habits” education campaigns

Families grow healthy with WIC
Based on Sesame Workshop’s research-based messages

Comprehensive, statewide campaign including local agencies and partners

Coordinated statewide within a specific timeline using consistent nutrition messages

Fit WIC research shows that Front-line employees can be the most influential in promoting healthy habits to participants, so….

Started with a staff wellness campaign
Staff “Healthy Habits” education campaigns

Families grow healthy with WIC
Client “Healthy Habits” education campaign

Eat a Rainbow

Sometime-Anytime Foods

Make Half your Grains Whole

Lose the Fat...Keep the Vitamins - Drink Low Fat Milk

Let’s Go Shopping for the New WIC Foods
Impact and Evaluation

A very favorable response to the Healthy Habits campaign
Impact and Evaluation

- Statewide evaluation
  - Conducted 3 times – Before Healthy Habits education, after Healthy Habits education and after food changes
  - Phone survey of 3,000 WIC families each time

- Key findings after Healthy Habits education
  - Participants recalled the messages
  - Improved intent to make healthy changes
  - Consuming more fruits, whole grains and lower fat milk

- Findings are published in May 2010 edition of the Journal of Nutrition Education and Behavior
Food Policies Now Match Nutrition Education Goals

WIC WALKS the TALK

Families grow healthy with WIC
Institute of Medicine, 2005:

- Encourage consumption of fruits and vegetables
- Emphasize whole grains
- Provide incentives for breastfeeding
- Be consistent with current dietary guidance for infants and young children
- Reduce saturated fat
- Increase participant choice
### Former Foods:
- Infant Formula
- Milk
- Cereal (infant & adult)
- Juice
- Eggs
- Cheese
- Dried Beans or Peanut Butter
- Tuna (Exclusive BF only)
- Carrots (Exclusive BF only)

### New, Revised Foods:
- All current foods plus:
  - Fruits and Vegetables
  - Whole Wheat Bread or other Whole Grains
  - Soy-beverage & Tofu
  - Tuna, Salmon, Sardines, Mackerel (Exclusive BF only)
  - Canned Beans
  - Infant Foods

### Early Feeding Policy Changes:
- No juice for infants
- Low-fat milk only $\geq 2$ years
- Delay formula for BF newborns
- Less formula for older infants
We Did It!

New WIC Foods - October 1, 2009
Impact of Food Changes

- CA WIC is buying almost $8 million worth of fresh produce each month
- CA WIC is redeeming checks for 1,532,000 pounds of whole grains each month
Impact of Food Changes

- Instead of juice for infants, CA WIC is buying nearly 5 million containers of baby food each month – food retailers report an 84% increase in sales of plain fruits and vegetables;

- 300,000 fewer cans of infant formula in March 2010 than in September 2009
The Original “Slow Food”
WIC Breastfeeding Support

1. “Healthy Habits Begin at Birth” messaging
2. Delay formula until after birth month
3. Enhanced Breastfeeding Food Pkg.
4. Breastfeeding Peer Counselors
5. Parent education about “baby cues”
Breastfeeding Support

Mothers know “breast is best”–

- Didn’t Answer: 24%
- Formula: 3%
- Undecided: 8%
- Plan to BF: 65%

-- and they do want to breastfeed.

Data from Public Health Foundation Enterprises WIC

Families grow healthy with WIC
Early Feeding Support

“Healthy Habits” for ALL types of feeding!

Breastfeed Me!

Hold Me, Love Me, Feed Me!
New Infant Formula Policies

Provide intensive breastfeeding support in first 30 days; no formula “on demand”

- If formula is requested, intervene with a conversation to find out what’s going on— it’s often: “The baby cries, I must not be making enough milk”
- Determine health or nutrition need for formula, and
- Determine the least amount of formula needed

Most of the time, with support, full breastfeeding continues.
Impact and Evaluation

Infant Feeding Choice at Enrollment - CA Statewide Data

Number of Infants

- Fully Breastfeeding
- Both Formula and Breastfeeding

Month:
- Jan 09
- Feb 09
- Mar 09
- Apr 09
- May 09
- Jun 09
- Jul 09
- Aug 09
- Sept 09
- Oct 09
- Nov 09
- Dec 09
- Jan 10
- Feb 10

Number of Infants:
- 0
- 10,000
- 20,000
Impact and Evaluation

Statewide CA Infant Feeding Choice at Enrollment
First 30 Days of Life

- Fully BF
- Combo Fdg
- Formula only

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Breastfeeding Peer Counseling

The funded agencies – was 15, now 50 – provide the same core services

- Telephone calls to participants
- Peer Counselors (PCs) work individually with new mothers
- IBCLC works with cases that are beyond the skills of PC
- Supervisor provides oversight and assistance with administrative tasks.
Breastfeeding Peer Counseling

WIC’s Breastfeeding Peer Counselor (PC) Program is based on research to identify successful elements, including:

- Ongoing training of PC’s
- Referring cases out of PC scope to IBCLC
- Coordinating with hospitals
- Collaborating with community partners
  - Local Breastfeeding Coalitions
  - Pediatricians and obstetricians
  - Birthing hospitals
  - Other community organizations
Impact and Evaluation

Sites with Peer Counselors show higher fully breastfeeding rates, even among mothers who don’t interact directly with a peer counselor.
Focus Group Research:
Misunderstanding of “baby cues” was the reason many mothers:

- Stopped breastfeeding
- Gave too much formula and ran out
- Gave solid foods too early
- Gave unhealthy foods to their babies
Moms believe babies:
- cry because of hunger,
- wake because of hunger, and
- that formula and cereal will prevent crying and waking.

They think their babies will stay full longer if they are overfed.

Mothers are pressured by others to feed.

University of California, Davis
Human Lactation Center Focus Groups (2003)
Baby Behavior Research

- **Engagement “Near You” cues:**
  - Young infants try to tell caregivers when they want to interact

- **Disengagement “Need a break” cues:**
  - Young infants try to tell caregivers when they need to “take a break” or do something different.
Impact and Evaluation

Intervention vs. Control Sites:

- More exclusive Breastfeeding
  - Intervention = 43.6%
  - Control = 16.5%

- Less formula given:
  - 3.4% reduction in Formula Feeding
  - 7% reduction in cans of formula while number of people served increased 3.6%

This project has been funded at least in part with Federal funds from the USDA, Food & Nutrition Service.
Impact and Evaluation

Fewer infants at 5-7 months at >95th percentile BMI!

*Significant difference between groups at post-intervention; P<.05
Percent of infants ≥ 95th percentile weight-for-age from 5-7 months by group
Breastfeeding Policy Arenas

- Balanced information to make feeding decisions
- Professional guidance in the hospital and at home
- Employer’s support to pump breastmilk at work
- Supportive childcare
- Public acceptance for breastfeeding anywhere

“Breast milk is already...”
Breastfeeding Policy “Pipeline”

- WIC Education
- Hospital Policies
- WIC Support
- Paid Family Leave Policies
- Workplace Policies
- Childcare Policies

Exclusive Breastfeeding Rates

- Prenatal
- Hospital Birth
- Hospital Discharge
- 6 Weeks
- 2 Months
- 6 Months
- 12 months
CA Hospital Policy Campaign

- Highlight the gap in ‘any’ and ‘exclusive’ breastfeeding rates in hospitals with large populations of low-income mothers – a health inequity.

- Urge those hospitals to seek UNICEF Baby Friendly designation.

- Statewide grassroots media and legislative campaign – WIC moms as spokespersons.
If I Had a Policy....

- Hold WIC More Accountable for Public Health Outcomes – we can deliver!
  - Breastfeeding Performance Bonus

- Replace WIC Anemia Screening with BMI Screening and Referrals
  - IOM Study of This Issue is Needed!
If I Had a Magic Wand…

- Increase WIC Services up to Age 6 and during interpregancy intervals.
- Mandate Baby-Friendly in all Hospitals Receiving Federal Dollars
- Regulate Infant Formula Additives and Eliminate Direct Marketing
Countering Formula Marketing

- **More Aggressive Direct Marketing**
  -- magazine and TV/radio advertising
  -- free formula shipped directly to women
  -- message: mixed feedings OK -- compromises milk supply

- **Targets Low-Income Women**
  -- 60% of all formula purchased = WIC
  -- hospitals, medical providers

- **Additives and Label Claims**
  -- “closer than ever to breastmilk”
  -- undermines confidence
Interventions: STAY FOCUSED

- Link Nutrition Education to Environmental and Policy Change
- Infant & Toddler Feeding Dynamics – Staff/Parent Training
- Obesity “Disconnect” – Use the BMI to raise awareness
- Cooking and Tasting Sessions
Best Way to Reach Parents

- Promotoras and Front-line WIC Staff
- Campaigns, Not Pamphlets
- Linkages with Medical Providers—Preventive Services Under HC Reform
- New Media and Social Networking – Text4Baby
- Regulate the competition: marketing
WIC Can...

- Make WIC Clinics Participant-Centered
- Help Mothers Self-Advocate in the Hospital
- Place Breastfeeding Peer Counselors in Hospitals
- Advocate for Baby-Friendly Hospitals – California Legislation
- Insist that WIC Food Packages be based on Science
Strengthen WIC ....

- Breastfeeding Peer Counseling
  -- Clearer Standards
  -- Require Evaluation

- Breastfeeding Data Collection

- Staff and Worksite Wellness Component
“WIC Weally Wocks!” -- Elmo

Families grow healthy with WIC
References and Resources

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