Background

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is administered at the Federal level by the U.S. Department of Agriculture, Food and Nutrition Service, which provides grants for program administration and operation to 90 WIC State agencies (SAs), including the 50 geographic States, 34 Indian Tribal Organizations, 5 U.S. territories, and the District of Columbia. WIC provides supplemental nutritious foods, nutrition education, including breastfeeding promotion and support, and screening and referrals to other health, welfare, and social services to pregnant, postpartum, and breastfeeding women, infants, and children up to age 5.

While Federal WIC regulations and guidance provide a policy framework for delivering nutrition education, State and local agencies (LAs) have significant flexibility to design nutrition education appropriate for the demographics of their participants. This flexibility has yielded a range of messages, delivery systems, and approaches related to nutrition education along with variation in qualifications and training for WIC nutrition educators.

The WIC Nutrition Education Study provides detailed information on WIC nutrition education services and includes the following phases:

- Phase I: Comprehensive nationally representative description of WIC nutrition education processes and features.
- Phase II: Pilot study of the impact of WIC nutrition education on nutrition and other behaviors in six WIC sites.
- Phase III: Design of a national evaluation study based on findings from the pilot study.

This report presents the Phase I results of the study. FNS plans to complete Phases II and III in fall 2017.

Methods

Phase I included multiple types of data to provide a rich description of how nutrition education is delivered in WIC programs throughout the United States. From November 2014 to February 2015, 893 LAs and 1,401 sites completed Web-based surveys that included questions related to the environment, staffing, and resources for WIC nutrition education. In addition, nutrition educators from a subset of 80 sites completed in-depth qualitative telephone interviews focused on modes and techniques of WIC nutrition education. Lastly, fiscal year (FY) 2014 WIC State Plans provided information on a small number of key statewide policies and practices related to nutrition education services.

Key Findings

The number of staff available to provide nutrition education in WIC sites varied greatly and was associated with the number of WIC participants served. There was a mean of 5 nutrition educator full-time equivalents (FTEs) per site, ranging from an average of 3 for very small sites (caseload ≤ 300) to 10 for large sites (caseload ≥ 2,500). As expected, parallel differences exist for site participant-to-FTE educator ratios, ranging from 65 participants to 1 FTE educator for very small sites (caseload ≤ 300) to 494 participants to 1 FTE educator for large sites (caseload ≥ 2,500).

WIC nutrition educators have formal education and training on nutrition education along with extensive WIC experience. Over half of the nutrition educators have worked for WIC for at least 7 years, and nearly two-thirds have a bachelor’s or graduate degree. In addition, registered dietitians (RDs) were the most frequent type of staff to conduct nutrition education, with 58 percent of sites using RDs as nutrition educators.
**WIC provided extensive training to nutrition educators.** Almost all sites (97 percent) provided training on breastfeeding in the past 12 months with an average of 13 hours per staff member annually. Training on other nutrition or health topics (prenatal, infant, or child nutrition; weight and growth issues; and other nutrition topics) was also widespread, offered by 65 to 80 percent of sites, with an average of 5 to 7 hours of training per staff member annually.

**Figure 1. Type of WIC Staff Who Provide Nutrition Education by Percentage of Sites**

<table>
<thead>
<tr>
<th>Type of Staff</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered dietitian (RD)</td>
<td>58%</td>
</tr>
<tr>
<td>Administrative/support staff</td>
<td>49%</td>
</tr>
<tr>
<td>Degreed nutritionist, not RD</td>
<td>44%</td>
</tr>
<tr>
<td>Trained nutrition paraprofessional</td>
<td>43%</td>
</tr>
<tr>
<td>Breastfeeding peer counselor</td>
<td>42%</td>
</tr>
<tr>
<td>WIC director/coordinator</td>
<td>36%</td>
</tr>
<tr>
<td>Nurse</td>
<td>36%</td>
</tr>
<tr>
<td>Site/clinic supervisor</td>
<td>31%</td>
</tr>
<tr>
<td>Lactation consultant</td>
<td>24%</td>
</tr>
<tr>
<td>Breastfeeding coordinator</td>
<td>21%</td>
</tr>
<tr>
<td>Nutrition education coordinator</td>
<td>6%</td>
</tr>
<tr>
<td>Other</td>
<td>6%</td>
</tr>
</tbody>
</table>

**Figure 2. Training Topics Provided to Nutrition Educators in the Past 12 Months by Percentage of Sites**

- Breastfeeding: 97%
- Infant nutrition: 80%
- Child nutrition: 76%
- Prenatal nutrition: 69%
- Client-centered education: 67%
- Weight and growth issues: 65%
- Other nutrition topics: 65%
- VENA * skills: 62%
- Motivational interviewing: 61%
- Group facilitation skills: 32%
- Emotion-based counseling: 30%

*Value Enhanced Nutrition Assessment (VENA) is a comprehensive assessment that reinforces the importance of nutrition in determining WIC eligibility and providing other nutrition services that are relevant to the participant’s needs.

**One-on-one nutrition counseling was the primary delivery method for WIC nutrition education, followed by group education and technology-based methods.** All sites reported using face-to-face, one-on-one counseling sessions. One-on-one counseling by telephone or videoconferencing is an alternative to face-to-face counseling when participants are unable to come to WIC sites because of geographical, health, or other circumstances. Forty-two percent of sites reported using one-on-one telephone conferencing and 5 percent of sites reported using one-on-one videoconferencing. Nearly half of sites (49 percent) used group education sessions, another alternative for interactive nutrition education.

**Most WIC sites provided nutrition education that was individualized and tailored to the needs of each participant.** Over half (52 percent) of sites ranked “participant chooses the topic(s) she wants to talk about” as the method used most often to determine discussion topics for one-on-one counseling sessions. Thirty-one percent of sites ranked “participant and staff member choose the topic(s) together” and 17 percent ranked “staff member chooses the most appropriate topic(s).” During these sessions, breastfeeding and infant feedings were the most frequently discussed topics. In addition, 80 percent of sites reported that participant behavioral goals are almost always or often set during one-on-one counseling sessions.

**Many LAs coordinated the delivery of nutrition education with other local programs or services to provide consistent messages or share resources.** LAs most often coordinated with Cooperative Extensions (42 percent of LAs), breastfeeding coalitions or task forces (42 percent of LAs), and Head Start (38 percent of LAs). The most common way LAs coordinated with other programs or services is through referral of participants to other nutrition education programs or services (69 percent of LAs).

**For More Information**