

REFRAMING THE SAFETY NET



THE CASE FOR A CULTURALLY COMPETENT WIC PROGRAM

JULIANA D'AOUST
DR. PRISCILA CASTANEDA



THE CENTER FOR
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Foreword

Conversations about the social safety net are often highly charged and polarized. However, this narrow dialogue misses the larger questions that we as a society have a responsibility to address: How do we define human flourishing? What is the proper role of government and civil society in serving the vulnerable? What is our responsibility as citizens?

These questions served as the inspiration for the **2018 Shared Justice Student-Faculty Research Prize**, which culminated in a series of three reports titled *Reframing Safety Net*. Shared Justice, the Center for Public Justice's initiative for Christian 20- and 30-somethings, launched the Research Prize to advance Christian scholarship on issues related to the social safety net. The series is designed to inspire and equip Christian college students to make an enduring, normative case for why the social safety net ought to exist.

The reports consider the proper role of government, as well as the unique roles and responsibilities of diverse civil society institutions, including faith-based organizations, churches, and businesses, that together make up the social safety net.

This report is divided into three sections, *Discover*, *Frame*, and *Engage*, and is designed to provide a framework for understanding the issue within both a federal, state and local context.

- *Discover* introduces readers to a federal safety net program and the unique challenges and barriers that many face in accessing and participating in the program.
- Recognizing that not all of what contributes to human flourishing is government's task, *Frame* articulates the normative Christian principles which support the social safety net, and asks readers to consider the unique responsibilities and contributions of government and civil society institutions.
- *Engage* brings *Discover* and *Frame* to life, telling the stories of families and communities impacted by the issues covered in the report.

The *Reframing the Safety Net* series seeks to offer a compelling vision for how our society can best serve and equip vulnerable individuals and families during their times of need. To read more from *Reframing the Safety Net*, you can find two accompanying reports at www.SharedJustice.org/studentresearchprize.

Reframing the Safety Net: The Case for a Culturally Competent WIC Program

Juliana D'Aoust and Dr. Priscila Castaneda

DISCOVER

American families are more racially and ethnically diverse than ever before. With a diversifying population comes a shift in the makeup of those in need of social services. Immigrants, who make up a significant portion of the population, should receive special consideration and care as they experience potential difficulties in their transition to life in America.ⁱ Our nation's social safety net programs must adapt to become more accessible and effective while providing temporary assistance to immigrant families.

It is increasingly apparent that our nation's social safety net programs, which provide supplementary assistance for those in need, must be culturally competent in order for programs and services to fulfill their intended purposes.

According to the U.S. Department of Health and Human Services (HHS), a culturally competent program honors diversity by strategically designing services and materials to meet the needs of its target population.ⁱⁱ Cultural competence is an ongoing and intentional process that strives for awareness, knowledge, and skills that help a program function effectively in diverse settings.

The social safety net encompasses both government programs and institutions in civil society that serve vulnerable populations.ⁱⁱⁱ While many civil society institutions play a crucial role in serving the vulnerable, government has a unique responsibility to provide assistance for vulnerable individuals and families and to create space for other institutions to fulfill their distinct re-

sponsibilities to serve them.^{iv} Local churches and nonprofits, for example, are embedded in their communities and often best understand the unique needs of the populations they serve.

Programs like Temporary Assistance for Needy Families (TANF), the Supplemental Nutrition Assistance Program (SNAP), and the Children's Health Insurance Program (CHIP) are just a few of the federal safety net programs. Within the safety net, there is one program in particular that aims to safeguard the health of vulnerable women and children: The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). WIC is designed to support families by meeting the needs of women who are pregnant or have recently given birth, as well as the needs of their young children. A culturally competent WIC program, then, is essential for the program's mission to serve vulnerable families.

An Overview of WIC

WIC provides food packages, nutrition counseling, breastfeeding support, and referrals to health services for low-income women, infants, and children. Participants are eligible to receive these services for a certification period of six months to a year. To be eligible for the program, participants must be pregnant or breastfeeding mothers up to one year after their infant's birth, non-breastfeeding postpartum mothers up to six months after giving birth, or children under the

age of five. To qualify, they must also live in the state where they apply for the program, have an income level below the income standard set by their state, and meet nutrition risk requirements as determined by a health professional. Today WIC serves approximately 7.5 million individuals, including 53 percent of all infants born in the United States. In 2014, the average annual income of WIC family households was \$17,372, with 74.2 percent falling below the federal poverty line.^v

WIC's services are designed to ensure the health of families who are nutritionally at-risk. Through WIC's provision of supplemental food packages, participants receive food items that are tailored to meet their dietary needs. Participants can redeem vouchers for food items such as milk, peanut butter, cheese, whole-wheat bread, and eggs at WIC-authorized vendors.

WIC also offers nutrition education for pregnant, postpartum, and breastfeeding women through one-on-one consultations, group counseling sessions, and online educational modules. This curriculum highlights the relationship between nutrition, physical activity, and health to promote healthy lifestyles. The program also promotes breastfeeding through support services such as peer counseling, lactation consultants, classes, support groups, educational materials, and a breastfeeding hotline. As another resource, local WIC agencies may also refer participants to immunization services to help participants better utilize additional health resources.^{vi}

The History of WIC

During the 1969 White House Convention on Food, Nutrition, and Health, a concern arose as attendees discussed the situation of many low-income pregnant mothers or mothers of young children who sought help at public health clinics and experienced trouble affording nutritious food. In September 1972, Congress authorized a two-year pilot program to provide food assistance for nutritionally at-risk pregnant and postpartum women and children under the age of five.^{vii} The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) was authorized two years later in 1974 by

Section 17 of the amended Child Nutrition Act of 1966.^{viii} As of 2018, the program is authorized under the Healthy Hunger-Free Kids Act of 2010.^{ix}

WIC is a domestic discretionary program within the U.S. Department of Agriculture, Food, and Nutrition Service (USDA-FNS), meaning its budget is determined by an appropriations bill approved by the federal government.^x The program, which has maintained bipartisan support, receives on average \$6 billion in funding each year.^{xi} The USDA-FNS provides cash grants for food vouchers and services to state agencies, and the program is funded by Congress through the appropriations process.^{xii} States allocate these funds to 1,900 local WIC agencies overseen by state health departments.^{xiii}

Cultural Competence in Public Health

A lack of adequate nutrition can lead to high rates of infant mortality and low birth weight in babies, as well as stunted growth and development in children. Mothers and children in low-income households are particularly vulnerable to these health problems as a result of their limited access to health care, social services, and nutritious food. The WIC program is intentionally structured to counteract these barriers. WIC's services have been proven to decrease rates of infant mortality and anemia, lower the risk of low birth weight and child abuse, and decrease long-term health care costs.^{xiv} In short, WIC works.

When assessing the efficacy of WIC, one crucial dimension to examine within the program is cultural competence. Participants come from a variety of cultural backgrounds, many of whom may have different values as it relates to diet, nutritious food, and breastfeeding. For a program, this means employees, structures, and protocols must be attentive to these values and honor the diversity of participants through integration of cultural values in services. On a practical level, this may require special staff training and multilingual services, among other things.

Over the past two decades, several state WIC programs have proposed special project grants to enhance culturally competent services. In 2001, the Massachusetts WIC program received a grant

to investigate cultural perspectives on childhood obesity among Hispanic WIC participants. The program's goal was to provide culturally competent education to families to promote healthy eating behaviors in children, particularly Dominican and Puerto Rican children. The project, titled "The Weight of Life...Taking Action Together," developed a manual to equip WIC nutrition counselors to be more sensitive to families' perspectives when discussing a child's weight. Resources for nutrition education, staff training, and referrals to healthcare providers were integrated with Hispanic cultural perceptions of healthy weight and dietary practices. Out of this project, educational resources were created to communicate the importance of healthy body weight in a manner that would resonate with Hispanic families.^{xv} The culturally sensitive resources that were successful in promoting healthy weight in Hispanic children were later made available to nutrition educators nationwide.^{xvi}

Maine's WIC program offers another example of a successful implementation of cultural competence initiatives in a social safety net program. In 2008, the Maine WIC program received a grant to revitalize client-oriented nutrition education through the Value Enhanced Nutrition Assessment (VENA) initiative. The goal of this project was to create equity in health outcomes for all WIC participants by building cultural and linguistic competence skills in WIC staff. As a result of this project, WIC's staff broadened their understanding of cultural diversity beyond race to further encompass geographic origin and educational and economic background. The project revealed that trainings and interventions on cultural competence must be individually tailored to each WIC office for the unique populations they serve.^{xvii}

These are two examples of initiatives that successfully incorporated cultural competence as a way to improve WIC services. The WIC program, in particular, seeks to provide aid to a very diverse population. For this reason, WIC services should be accessible to all participants, taking into account cultural beliefs, perspectives, and values. Services that hold the standard of cultural competence are more effective at serving diverse populations and ensuring that families are able to flourish.

FRAME

Low-income families, especially mothers and their young children, are among the most vulnerable members of our society. As compared to their higher-income peers, children who grow up in poverty often do not have the same access to the healthy, nutritious foods they need to grow into healthy adults.^{xviii}

Food insecurity can have detrimental, irreversible effects on the trajectory of a child's life. The period of early development is decisive in the growth of a child's physical, cognitive, and socio-emotional skills.^{xix} A mother's poor diet during the gestation period and poor nutrition in the early years of a child's life may stunt a child's growth as well as introduce him or her to a variety of health hazards.^{xx} Research has found that prolonged poor nutrition in infancy and childhood generally contributes to impaired cognitive development, which may hinder a child's educational and vocational opportunities later in life.^{xxi}

The safety net is designed to serve those who are particularly vulnerable in times of economic transition and hardship. The extra assistance of the safety net enables low-income families to pursue better life opportunities. One of government's primary responsibilities is to uphold the common good of the community and the well-being of those living under its authority.^{xxii} This protection extends to the family as the most basic unit of society.^{xxiii} Healthy families foster future healthy contributing members of society.^{xxiv} Therefore, public policy should honor the integrity and autonomy of the family, while simultaneously ensuring that all families have an equal opportunity to thrive. Protecting families and ensuring equality of opportunity often requires some form of government action, and programs like WIC are one way in which government can do this.

The Role of Government

As the diversity of families in the United States increases, it is imperative for social programs like WIC to implement strategies which consider the cultural context of each family. This type of model establishes the family as the focus of services, supporting and respecting the family's de-

isions while providing interventions designed to strengthen their functioning.^{xxv}

Cultural competence in safety net programs like WIC helps to support the cultural traditions and values of families. Cultural and familial influences are two major social determinants in food choice, health behavior, and healthcare decision-making.^{xxvi} Culture can impact habits of consumption, as well as certain dietary restrictions and food preparation techniques. As part of the proposed criteria for WIC food packages, the USDA-FNS affirms that foods in the packages should be “readily acceptable, commonly consumed, and widely available,” taking into account cultural food preferences while also striving to provide healthy foods.^{xxvii}

Within a public justice framework, government is authorized by God to promote what is good for human flourishing.^{xxviii} In his chapter “Welfare Reform’s Challenge to the Evangelical Church” in *Current Issues Demanding Christian Response*, Stanley Carlson-Thies, the Senior Director for the Institutional Religious Freedom Alliance at the Center for Public Justice, writes,

Some of what the poor need can only come from that institution in society charged to make and enforce laws, that is, government... Assistance must be reliable, even though the human heart is fickle. That is why there needs to be an institution charged to ensure that the cries of the poor are not ignored. The institution charged with promoting public justice is public justice.^{xxix}

By recognizing that the period between pregnancy and early childhood can be an unstable time for mothers and their children, WIC helps close the gap between nutritional uncertainty and health stability for participants.

Government’s God-given responsibility to care for the poor also involves ensuring adequate funding for safety net programs like WIC. The scope of need for nutritional assistance surpasses the capabilities of volunteerism and acts of goodwill, which may bring some relief, but cannot provide services at the same scale and consistency that government can.

Engaging Civil Society

While part of government’s role in serving vulnerable populations includes provision of direct benefits and services, government must also create space for diverse institutions like businesses, nonprofits, and churches to make their unique contributions in supporting vulnerable populations.

WIC partners with local businesses and grocery stores to allow participants to redeem WIC-approved foods with their food vouchers. These authorized WIC vendors offer access to the supplemental foods needed by participants included in their food packages. In 1992, Congress introduced the Farmers' Market Nutrition Program, which provides fresh, locally grown fruits and vegetables to WIC participants. This partnership grants WIC participants the opportunity to learn more about nutritious foods while also supporting local farmers in their communities.

Nonprofits and Faith-Based Organizations

In addition to businesses, nonprofit and faith-based organizations play a unique role in meeting the specific needs of their communities. With on-the-ground knowledge of the communities they serve, these organizations can often support vulnerable families in ways that government alone cannot. As Carlson-Thies goes on to write in *Current Issues Demanding Christian Response*,

What a family may desperately need is not more dollars but insightful counsel about life; not another food basket but an invitation into a network that leads to employment and offers advice and encouragement when times are tough; or perhaps not material assistance at all but a healing of the spirit and a turn toward the Lord.

Catholic Charities USA is one example of a faith-based nonprofit that serves low-income individuals and families. Catholic Charities is a partner of the Food and Nutrition Service (FNS), which administers WIC. Local sites help promote access to WIC services by providing informational

flyers and referring families to local WIC offices when they qualify. As they work to connect those in need with WIC resources, Catholic Charities helps eligible families better access these services.

One of WIC's core services connects participants to nearby health centers. For example, the Central Valley Indian Health Center is a nonprofit health care system which specifically serves Native American populations in the Fresno, Madera, and Kings County areas of California. This clinic offers a range of comprehensive health services to nearly 6,000 patients, 87 percent of whom are Native American. Central Valley coordinates appointments so participants can receive other healthcare services in addition to WIC in the same visit. Staff receive cultural competence training and actively engage in national conference calls focusing on cultural issues. Many of the staff themselves are Native Americans from the area in which they serve. Their efforts are evaluated by client responses on surveys regarding the cultural appropriateness of their services. The staff at Central Valley have indicated that this beneficial collaboration increases the ease and efficacy of WIC services as they are received by participants. The principle of connecting participants to nearby health clinics is an approach that would also prove effective in serving the needs of diverse immigrant families.^{xxx}

Clinics like the North Hudson Community Action Corporation in New Jersey hire multilingual staff to serve their clients in multiple languages, including Spanish, Arabic, and Italian.^{xxxi} Staff at the Hidalgo County Health Care Corporation in Texas are sensitive to the Spanish dialects spoken by Mexican and Central American clients. While simply offering materials in multiple languages does not ensure cultural competence, staff also demonstrate cultural competence by being knowledgeable of their Spanish-speaking clients' varied food preferences.^{xxxii} This effort to be aware of the diversity of WIC participants maximizes the impact of health services and increases the efficacy of WIC by ensuring diverse populations are reached and served adequately.

The Role of the Church

Christians are called to participate in Christ's redeeming work in the world. This call requires

civic engagement. Christians can live out this calling as they advocate for culturally competent services that are designed to empower low-income families. Cultural competence demonstrates humility in meeting people according to the contexts of their situations. By understanding how WIC's nutrition interventions are best received by their target populations, church programming can model cultural competency in their own ministries and community outreach.

Churches can come alongside and support vulnerable mothers and children in their community. This communal encouragement can empower vulnerable families to transition from their period of instability into a period of sustainable independence, growth, and hope. Churches can also join in this work by making sure that their congregants or community members are aware of their potential eligibility for programs like WIC and can assist them by offering transportation or other supports to ensure that eligible recipients are receiving their benefits.^{xxxiii} Churches can also provide information about nutrition in weekly newsletters, bulletins, and email lists.^{xxxiv}

Ensuring that women, infants, and children have adequate access to nutrition is an urgent task not just for government, but for civil society and individual citizens as well. Christians have a collective responsibility to care for those in need. Safeguarding the health of mothers and their children requires collaboration between government, businesses, nonprofits and the Church. However, the efforts of these institutions must take into account the need for cultural competence in order to more effectively reach the most vulnerable. Every person is created in the image of God, and people from all cultures and origins should be cared for and respected. From this dignity-affirming perspective, we can establish a welcoming atmosphere and truly care for the needs and concerns of our neighbors.^{xxxv}

ENGAGE

Upon entering the WIC office in Azusa, California, visitors are greeted by a welcoming atmosphere. Colorful informational posters promoting breastfeeding and smart shopping line the walls, many of which are written in both English and Spanish. One corner hosts a plethora of pamphlets and booklets. A section of the lobby is

designated as a play area for children while mothers receive WIC services.

Situated in Los Angeles County, the city of Azusa is home to a WIC office that serves a diverse population. Sixty seven percent of Azusa residents are Hispanic or Latino, mostly of Mexican descent.^{xxxvi} In the state of California, the WIC program, administered through the Public Health Foundation (PHFE), is the largest local WIC agency in the country. In Los Angeles County (LAC), WIC currently serves approximately two-thirds of all infants and about half of all children age one to five.^{xxxvii} Eighty-one percent of PHFE WIC clients are Latino.^{xxxviii}

In 2015, the WIC participation rate was at 65 percent.^{xxxix} While the California WIC program has maintained one of the highest participant rates in the nation since 2009, how can California continue to ensure that those eligible for WIC are receiving benefits?^{xl}

One of the reasons the WIC program in California has been so successful is because of how local WIC offices accommodate their services to the particular cultures of the areas where they serve. According to Dr. Shannon Whaley, the Director of Research and Evaluation for the LA County WIC program, local WIC agencies are instrumental within their communities.

“Different states have different ways of running their programs, but the four core services are the same. Participants receive food, nutrition education, breastfeeding support, and referrals, whether they’re in Tulsa, Portland, or Los Angeles,” she said. “What we hope is that participants are receiving services from a culturally sensitive person who then can gear the education toward what they are going to need.”

Whaley explained that one of WIC’s greatest strengths is how local agencies serve as community fixtures.

“The reason WIC is so effective is because we hire people from the communities for which they work,” she said. “[...] All 52 of our sites are staffed culturally to match the clients we are serving there and staff tend to represent the client who is coming in.”

With staff who are already embedded in the community where the WIC office serves, the local office is able to tailor WIC services accordingly.

According to Dr. Kathryn Ecklund, a clinical psychologist who specializes in diversity dynamics and cultural identity development, having a strong foundational knowledge of one’s community is the key to cultural competence.

“Anytime you are trying to develop a service to serve a marginalized population and the people developing the program are not part of that community that they are developing the program for, there is a really good chance they are not understanding how service-delivery can be done effectively,” she said.

For large federal programs like WIC, the ability of local agencies to tailor their services is a leading determinant for success in producing positive health outcomes for participants. PHFE also refers participants to other public social services like CalWORKs, California’s Temporary Assistance for Needy Families (TANF) program, and Medi-Cal, which offers free or low-cost health coverage for low-income individuals.

While these federal resources are indispensable, so are the other nongovernmental institutions that can provide support to families already participating in the WIC program. Pregnant and breastfeeding mothers are referred to community resources like First 5 LA, an organization that advocates for school-readiness in children entering kindergarten; CinnaMoms Breastfeeding Support Group, an organization which aims to increase breastfeeding rates among African American mothers; and La Leche League, an organization that also provides mother-to-mother breastfeeding support.

According to Dr. Jennifer E. Walsh, Dean of the College of Liberal Arts and Sciences at Azusa Pacific University, the additional support from other institutions within civil society and the Church is what helps vulnerable populations thrive.

“The goal is that while you may be in a season where you are at the minimum, we do not want you to stay there for the rest of your life and we certainly do not want you to stay and have your

children be relegated to just depending on that bare minimum,” she said. “I would love to see faith-based organizations do more with that area in particular.”

Azusa Participants’ Perception of WIC

Right next door to the Azusa WIC Office is a WIC store called Mommy’s Nutritional Center, which offers various WIC-approved foods that participants can obtain with food vouchers. Many employees at this store have been involved with the WIC program themselves, whether they are a former recipient or an older sibling of a child currently receiving services. At the WIC office, nutritionists assess where families may be nutritionally lacking and help prescribe a food package according to their dietary conditions. Afterwards, participants can go next door to the Nutritional Center to receive these items.

During her experience with WIC, Maria*, now an employee at the Nutritional Center, said that the nutrition education she received was extremely helpful. Through WIC’s services, she not only received the nutritious foods her family needed, but also learned how to prepare them properly. She learned, for example, how to correctly store fruits and vegetables so they would not expire as quickly. One thing Maria said she had not considered before is how rotten tomatoes can soil nearby produce. She explained that she had been able to integrate information like this into her everyday lifestyle. She also mentioned the special recipes that WIC offered and how the office gave out coupons for participants to use at a local farmers’ market. Above all, she said she is appreciative of the thoughtful variety of food options

that are supplied at the Nutritional Center. For example, some participants are lactose intolerant and can receive soy milk at the Center instead of having to buy an expensive dairy alternative at a nearby grocer.

Other participants at the Center acknowledged how valuable these services are to their families. Lilia* shared that the food packages have been the most helpful service she has received because they “help bring more food to my family and help when we don’t have enough money to buy for our daughter.” She also believes that WIC has changed her family’s overall health, stating, “I used to love junk food. Now I barely eat any because I’ve had help to learn what’s good and bad to eat.”

Another participant, Isabel*, said, “Everything the WIC program has to offer was really helpful for both my kids and me. It’s beneficial to our health, especially for the young ones.”

The local WIC office in Azusa has demonstrated what effective culturally competent programming and services can look like. As participants reported, the assistance they receive is beneficial to their families. Beyond Azusa, state and local WIC offices should prioritize cultural competency in order to ensure that services are accessible and effective. At the same time, government must continue to create space for civil society organizations to provide unique and holistic services that provide needed physical, emotional, and spiritual support during families’ time of need.

* Indicates name has been changed in order to ensure privacy.

About the Authors

Juliana D'Aoust, originally from Gilbert, Arizona, is entering her junior year at Azusa Pacific University (APU), double majoring in Psychology and Honors Humanities. She is interested in specializing in health and cultural psychology as a platform into the fields of public health or clinical counseling. She is passionate about missions and global outreach, particularly ministries promoting sustainable development in vulnerable communities. Juliana has been to Guatemala, Mexico, and the Dominican Republic twice on mission trips focused on community development. Most recently, she lead an Action Team to the Dominican Republic with her university, serving at a women's social work site through the organization Students International. Juliana has participated in Dr. Priscila Castaneda's Social Diversity and Cultural Development Research Lab and has recently received the Scholarly Undergraduate Research Experience (SURE) award to continue researching dimensions of cultural competence in the Special Supplemental Nutrition Program for Women, Children, and Infants (WIC) in Azusa, California. She is completing her research under the guidance of Dr. Castaneda and Dr. Kathryn Ecklund in APU's Psychology Department. In her past, Juliana has also enjoyed cheerleading at APU and making s'mores with campers as a counselor for WinShape Camps.

Dr. Priscila (Diaz) Castaneda served as Juliana D'Aoust's faculty advisor for this report. Dr. Castaneda is an associate professor in the Department of Psychology at Azusa Pacific University. She completed her Ph.D. in August 2011 from the Social Psychology program at Arizona State University. Her extensive research and quantitative training in the Social Psychology program at Arizona State University branded her work in intergroup relations and culture. Her main research interests include attitudes towards immigrants, and the societal as well as intrapersonal challenges facing minority and immigrant groups. In addition, she examines how culture and socioeconomic status influence health care decision making. She has developed a research program with a number of collaborations applying multiple methodologies, including lab experiments, longitudinal studies, surveys, and field interviews. Much of this collaborative work to inform policy, social services, behavioral scientists, and prevention efforts to shape the lives of individuals living in a multicultural setting.



About the Center for Public Justice

The Center for Public Justice is an independent, nonpartisan organization devoted to policy research and civic education. Working outside the familiar categories of right and left, conservative and liberal, we seek to help citizens and public officeholders respond to God's call to do justice. Our mission is to equip citizens, develop leaders, and shape policy in pursuit of our purpose to serve God, advance justice, and transform public life.

About Shared Justice

Shared Justice is the Center for Public Justice's initiative for Christian 20- and 30-somethings interested in the intersection of faith, politics, and public justice. Through its online publication, SharedJustice.org, CPJ has published hundreds of articles written by college students and young professionals committed to pursuing justice for their neighbors through political engagement. Shared Justice also offers a variety of programs, resources, and events for young adults, including campus speaking engagements and the Student-Faculty Research Prize. In 2015, Shared Justice published *Unleashing Opportunity: Why Escaping Poverty Requires a Shared Vision of Justice*, designed to equip students, faculty, and young adults with the tools necessary to participate in lifelong civic engagement.

About the Shared Justice Student-Faculty Research Prize

The Shared Justice Student-Faculty Research Prize awarded three student-faculty pairs from Council for Christian Colleges and Universities (CCCU) schools with funding to conduct research on the social safety net. Students researched a federal safety net program and explored the program's impact in their local community. This semester-long research project culminated in three policy reports that together form the *Reframing the Safety Net* series.

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