



RESEARCH BRIEF

Both Online and In-Person Nutrition Education can Improve Health Outcomes for WIC Participants

THE ISSUE

Allowing WIC participants the flexibility and convenience of choosing between multiple modalities for nutrition education – online or in-person – may improve program effectiveness and satisfaction and increase program participation and retention, resulting in improved nutrition and health outcomes and reduced healthcare costs.



BACKGROUND

Why WIC?

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) provides nutritious food, nutrition education, including breastfeeding promotion, and referrals to health and other social services, for more than seven million low-income, nutritionally at-risk, pregnant, postpartum, and breastfeeding women, and infants and children under the age of five.¹ Participation in WIC has been shown to reduce fetal deaths and infant mortality, to reduce rates of low birthweight^{2,3}, to improve the growth of nutritionally at-risk infants and children, and to save from \$1.77 to \$3.13 in health care costs^{4,5,6} within the first 60 days after birth.

Unfortunately, WIC isn't reaching all the families that it can, and not all families stay enrolled for as long as they are eligible. Nationally in 2014, over 15 million people were eligible for WIC, yet only 55% participated.⁷ Of the 79% of eligible families participating in WIC during their infant's first year of life, 23% leave WIC after the infant turns one year old.⁸ Many WIC families have demanding schedules: over 72% of WIC-eligible children are in families with working parent(s) and 36% are in single-parent families.⁷ Reported barriers to WIC participation include long appointment wait times, scheduling or transportation problems, and that the program requires too much effort.⁹

Nutrition Education

WIC participants are required to receive nutrition education four or more times annually, customarily through individual and/or group education at clinic visits often scheduled during work and school hours, or evenings and weekends at some clinics. Offering the option of online WIC nutrition education could improve flexibility and convenience for WIC participants, particularly those balancing busy work or school schedules and with limited transportation. Given that approximately 87% of US adults utilize the Internet through computerized devices or cellular telephones, online education has become an increasingly accessible option.

Our Research^{10,11,12}

The Nutrition Policy Institute (NPI) evaluated the effectiveness of online education versus traditional in-person group nutrition education on behavior change and satisfaction with the education.

WIC FACTS

- Established in 1974 to safeguard low income women at nutritional risk, infants and children up to age 5 years
- Available in 50 states, 34 Indian Tribal Organizations, and 5 territories across the nation at 10,000 clinic sites
- Serves more than 7 million low-income participants annually
- Administered at the federal level by the USDA Food & Nutrition Services and by 90 WIC State Agencies
- Saves from \$1.77 to \$3.13 in healthcare costs within the first 60 days after birth

Disclaimer: Any opinions or recommendations expressed are those of the authors and do not necessarily reflect the view or position of the University of California, Public Health Foundation Enterprise WIC, or the United States Department of Agriculture.



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THE RESEARCH



600+ WIC participants, Spanish and English speaking, were recruited from two Los Angeles clinics



Participants were randomized into one of two groups: traditional in-person group or online education



Nutrition education focused on reducing salt intake or healthier breakfasts

Participants in both groups improved health behaviors, were satisfied with the mode of education and shared what they learned

- Reduced barriers to and increased frequency of eating breakfast¹⁰
- Improved self-efficacy, knowledge and behaviors related to salt consumption retained over several months¹¹
- 89% of in-person group and 93% of online education participants reported being satisfied with the class¹²
- 89% of in-person group and 81% of online education participants shared information learned with others¹²

What did participants say?

- *"I am pregnant... and the information that I learned is helping me have a healthier pregnancy."*
- *"I went home and cleared out my cabinets of processed high salt foods. My whole family is eating healthier thanks to WIC."*
- *"I learned to read labels and make more informed choices at the store."*



IMPLICATIONS FOR PRACTICE

Our research shows that both online and traditional in-person group nutrition education:

- Are well accepted by WIC participants
- Improve nutrition knowledge
- Enable participants to share information learned with others
- Improve self-reported healthy eating behaviors

Further research is necessary to identify generalizability of our research findings to WIC participants nationally, beyond Southern California.

WHY IS THIS IMPORTANT?

By having access to online education, which is as accepted and effective as traditional in-person education, families in WIC can complete the required nutrition education on-demand from home. This has the strong potential to streamline services such that the amount of time participants spend at the WIC site can be reduced. Access to multiple modes of nutrition education helps meet the needs of families with young children who are balancing multiple demands, thereby improving access to the WIC program and the valuable education it provides.

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