



# AN EXPLORATION OF A WIC STAFFING MODEL ALLOWING INTERMEDIATE NUTRITION RISK APPOINTMENTS TO BE COMPLETED BY BACHELOR-LEVEL NUTRITION CONSULTANTS

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## INTRODUCTION:

The Washington State Department of Health has explored the feasibility of developing a WIC local agency staffing model that allows intermediate nutrition risk appointments to be performed by a bachelor-level nutrition consultant versus a registered dietitian (RD.) Currently, WA state WIC clinics do not utilize a medium-risk classification for participants.<sup>1</sup> Instead, participants not identified as high-risk do not receive nutritional counseling, and participants identified as high-risk receive nutritional counseling from a WIC registered dietitian (RD.) The current model is associated with a lack of access for WIC participants to quality nutrition services, especially in rural counties, as well as minimal diversity within the field of dietetics. This project aims to address WIC staffing shortages and a lack of access to RDs, particularly in rural areas, which will be compounded by upcoming requirements for RDs. The potential policy change has been assessed for its impact on WIC participant access to quality nutrition services and diversity in dietetics.

## BACKGROUND:

- WA state faces increasingly high staff turnover and inadequate staffing in WIC clinics.<sup>2</sup> Several local WIC agencies lack access to an RD. As the requirements to become an RD will require a master's degree in 2024, inadequate staffing is expected to worsen, disproportionately impacting WIC clinics in rural regions.
- WIC dietitians earn a median hourly wage of \$26.75, which is the lowest of all RD positions.<sup>3</sup> To compensate for the high costs of obtaining a Master's degree, new RDs may be more likely to select higher-paying jobs, further contributing to a lack of WIC RDs.
- WIC participants struggle to find a provider that represents the community they serve. WIC certifiers represent a more diverse workforce when compared with WIC RDs, and it is challenging for WIC certifiers to transition to an RD role. WIC participants seek providers with an ethnicity and language that resembles their own.<sup>4</sup>

## FINDINGS:

- There is a lack of WIC RDs across WA, heavily impacting rural regions and tribal agencies.
- WIC certifiers and WIC RDs are facing heavy workloads, due to staffing shortages, leading to burnout.
- Local agencies employ diverse WIC certifiers, who oftentimes hold a BSN and resemble the community they serve.
- The infrequent, brief appointments for WIC participants are difficult to enact lasting behavior change. Offering longer appointments at a greater frequency may offer more support.
- Several members of WIC leadership hope to see enhanced training among staff, including WIC certifiers and RDs. Areas in which leadership would like to improve training include weight neutral care, WIC risk criteria, breastfeeding, formula-feeding support, and participant-centered care.

## CONCLUSION:

Based on qualitative interviews with leadership from the State Departments of Health in Washington, Arizona, California, and Oregon, as well as a review of current staffing models across the United States, **Option #3 is recommended, allowing WIC agencies the option to conduct intermediate nutrition risk appointments through a bachelor-level nutrition consultant.**

The following medium-risk criteria for WA state WIC clinics are recommended:

<b>BMI &gt; 95<sup>th</sup> percentile (children 2-5 years)</b> WA Risk: High <b>OR Risk: Medium</b> AZ Risk: High WA Average Yearly Number: 7,669	<b>High weight-for-length (infants, children)</b> WA Risk: High <b>OR Risk: Medium</b> AZ Risk: Medium WA Average Yearly Number: 11,030	<b>Food allergies (infants, children)</b> WA Risk: High <b>OR Risk: Medium</b> AZ Risk: High WA Average Yearly Number: 1,573
<b>Food allergies (pregnant, postpartum)</b> WA Risk: High <b>OR Risk: Medium</b> AZ Risk: High WA Average Yearly Number: 528	<b>BMI &lt; 18.5 (pregnant, postpartum)</b> WA Risk: Low <b>OR Risk: Medium</b> AZ Risk: High WA Average Yearly Number: 1,968	<b>Challenges with formula use</b> WA Risk: Low <b>OR Risk: Low</b> AZ Risk: Medium WA Average Yearly Number: 4,507

## METHODS:

1. Exploration of current practices in all fifty US states
2. Assessment of data related to WIC staff recruitment and retention
3. Qualitative interviews with key members of WA, OR, AZ, and CA DOH
4. Proposal (SBAR)

	Option #1	Option #2	Option #3	Option #4
<b>Impacts ↓</b>	No WIC staffing policy change	Mandatory change for all WIC agencies	Optional change for WIC agencies	Change as exception for some WIC agencies
Cascades remains unaffected	✓	✗	✗	✓
Increase in participant access to quality WIC nutrition services	✗	✓	✓	✓
Allows more RDs to act in supervisory roles	✗	✓	✓	✓
Potential increase in staffing compliance	✗	✓	✓	✓
Potential increase in diversity in dietetics	✗	✓	✓	✓
Flexibility within agency to select model	✗	✗	✓	✓
No burden of waivers/approval required	✓	✓	✓	✗
Less potential for inequitable staffing impacts for larger agencies	✓	✗	✗	✓
Long-term approach to change	✗	✓	✓	✗

## REFERENCES

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## PROJECT GOALS:

1. To increase **diversity** in the field of dietetics
2. To enhance participant **access** to quality nutrition services

