

Grace Peterson Nursing Research Colloquium

Jun 18th, 9:00 AM

Formula and Milk Food Insecurity Amongst Infants and Children in WIC Families

Kristen Hench
khench1@mail.depaul.edu

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Hench, Kristen, "Formula and Milk Food Insecurity Amongst Infants and Children in WIC Families" (2019). *Grace Peterson Nursing Research Colloquium*. 18.
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Background:

While research on Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) participation and proximal health indicators has been considerable few studies describe the experience of formula and milk food insecurity amongst infant/early childhood WIC populations. The purpose of this study was to examine perceptions of formula and milk food insecurity in infant/early childhood WIC populations as described by WIC clinic staff.



Method:

We conducted four focus groups utilizing a semi-structured interview guide with public health staff (N = 24). WIC staff included social workers, nurses, nutritionists, and ancillary staff. NVivo 11.4.2 software was used for data organization. Qualitative analysis was carried out using thematic analysis. The setting for this study is three WIC programs housed within public health clinics in nonmetropolitan counties and rural counties in a Midwestern state. These public health clinics administer the WIC program that includes access to supplemental foods, health care referrals, and nutrition education to nutritionally at-risk, low-income childbearing women and their children up to age 5. Each family's food security status is among the themes discussed between WIC staff and program participants during their visits.

Results:

WIC providers spoke at length about formula and milk food insecurity experienced by participating WIC families. Four key themes emerged, including (1) defining and describing formula and milk food insecurity, (2) food-altering behaviors of families experiencing formula and milk food insecurity, (3) management behaviors of families experiencing formula and milk food insecurity, and (4) WIC professionals' perspectives on formula and milk food insecurity's impact on WIC program participation.

Illustrative Quotes:

- 1) *"We only give so much a month, and sometimes the only way of feeding... their babies is that formula, and if they run out what are they going to do?"*
- 2) *"They flavor the 1% milk [with] strawberry [and] chocolate [syrups]."*
- 3) *"[We] have a long list of places [to] refer them to, to get those things...we also give out the [United Way] 211 cards and they can call that anytime and get a referral to somewhere, if they need something ASAP."*
- 4) *"[WIC used to] give them the option for any kind of milk...Whole milk, 2%, low fat, whatever you wanted. And that was when the caseload was much higher."*



Discussion:

Infants and toddlers are greatly affected by WIC changes in two main ways. First, by providing less formula to partially breastfeeding and formula-feeding mothers, families do not have enough formula supply for their children and are resorting to formula stretching, auxiliary emergency services and pantry providers to cover this need. Second, imposing restrictions on the type of milk that participants can purchase has detracted potential participants from accessing WIC services, which has reduced their caseload. Moreover, the restrictions posed on milk might lead to unintended consequences. Based on the results from this study, some of these unintended consequences include behaviors such as flavoring milk with sugary products (e.g., chocolate and strawberry syrup), which in turn might promote childhood obesity. It is important to highlight that changes made to WIC are based on scientific recommendations. However, this study demonstrates that these changes might be better implemented with the help and input from WIC providers.



Conclusion:

This study brings attention to the concept of formula and milk food insecurity (FMFI) as a critical public health issue impacting the growth and development of at-risk pediatric populations, and has implications for future public health policy development and programming.