

NLN 2016 Abstract Submission from Oregon

Title: WIC Staff: An Underappreciated Source of Developmental Observation and Referrals for Low Income Families

Submitted by: Katharine E Zuckerman, MD MPH¹, Alison E Chavez, BA¹ and Julie A Reeder, PhD MPH². ¹Division of General Pediatrics, Oregon Health & Science University, and ²Oregon Health Authority, Oregon WIC Program,

Background:

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) acts as an important source of information on child development for low-income families during early childhood. However, little is known about how WIC staff interact with families when either staff or parents identify possible developmental delays.

Objective:

To assess WIC staff knowledge and experience with children at risk for developmental delay, and WIC's relationship with local child development resources.

Design/Methods:

An online survey of Oregon WIC clinical staff was fielded in October, 2015. Survey items assessed how often WIC staff had concerns about child development/behavior, how often staff were asked by parents about developmental/behavioral concerns, their knowledge of signs of potential developmental delays, how connected staff felt with county Early Intervention/Early Childhood Special Education (EI/ESCE), and how connected staff felt with local pediatric primary care providers. Descriptive and bivariate statistics assessed frequency of parent and staff concerns, connectedness with EI/ESCE and medical providers.

Results:

153 staff (80% of all WIC clinical staff in Oregon) completed the survey. 27.6% (21.0%-35.4%) of respondents reported having concerns about a child's development/behavior > 1 time per week, and 39.5% (31.9%-47.5%) reported being asked about developmental/behavioral concerns by parents > 1 time per week. 68.6% (60.8%-75.5%) of staff reported feeling less than very well connected to EI/ESCE, and 75.0% (67.4%-81.3%) reported feeling less than well connected to all or almost all local pediatric providers. The majority of WIC staff correctly recognized which behavioral signs of a two year old would be grounds for suspecting a developmental delay.

Conclusions:

WIC staff frequently observe and are asked about potential child development concerns. The knowledge scores of staff suggest that when a WIC staff member has a concern it is highly likely that a referral for further evaluation is warranted. At the same time, a majority of WIC staff feel disconnected from local developmental and medical resources. Study findings point to a need to improve existing referral processes, provide targeted WIC staff education on child development, and enhance coordination between WIC and educational/medical providers.