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Authors

Guerrero, Alma D
Inkelas, Moira
Whaley, Shannon E
et al.

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A WIC-Based Curriculum to Enhance Parent Communication with Healthcare Providers

Alma D. Guerrero · Moira Inkelas ·
Shannon E. Whaley · Alice A. Kuo

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Abstract The objectives describe a curriculum to support parent-provider communication about child development, and to demonstrate its impact and effectiveness when delivered by staff from the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). A curriculum was developed by a university-WIC partnership for a WIC center-based health education class to teach parents about child development and how to talk to their child's doctor about development. During a 90-min training session, university pediatricians used this curriculum and trained WIC paraprofessionals to conduct a 20–30 min center-based education session. WIC paraprofessionals completed an on-line survey to obtain their demographic characteristics, and their attitudes and perceptions about the training sessions and their experiences teaching the center-based health education session to parents. Approximately 500 WIC paraprofessionals received the 90-min training session across 60 centers in the Public Health

Foundation Enterprises WIC Program in Southern California. About 250 WIC paraprofessionals completed the on-line survey and over 80 % of WIC staff reported that they had learned new information about child development as a result of the training, and 87 % of the WIC staff reported that the training was sufficient to feel comfortable teaching the class content to parents. We demonstrated the ability to build WIC paraprofessional capacity to promote parental participation in child developmental surveillance and communication with their child's doctor. With appropriate training, WIC staff are interested in supporting population-based efforts to improve parent-physician communication about child development that can complement WIC's existing maternal and child health topics.

Keywords Child development · WIC · Paraprofessional training · Parents

A. D. Guerrero (✉) · M. Inkelas · A. A. Kuo
UCLA Center for Healthier Children, Families
and Communities, University of California,
Los Angeles, 10990 Wilshire Ave, Suite 900,
Los Angeles, CA 90024, USA
e-mail: aguerrero@mednet.ucla.edu

A. D. Guerrero · A. A. Kuo
Department of Pediatrics, David Geffen School of Medicine,
University of California, Los Angeles, Los Angeles, CA, USA

M. Inkelas · A. A. Kuo
Department of Health Policy and Management, Fielding
School of Public Health, University of California,
Los Angeles, Los Angeles, CA, USA

S. E. Whaley
Public Health Foundation Enterprises WIC Program,
Irwindale, CA, USA

Introduction

Unaddressed developmental problems and poor childhood health have important implications for future health and wellbeing [1–3]. Effective screening and early identification of developmental delays through primary healthcare services, however, continues to be a challenge given that less than a third of pediatric providers screen with a structured, validated developmental tool and many children with developmental problems are not identified until school age [4–9]. Both parents and physicians face challenges in addressing child development appropriately during routine well-child care visits. Improving systems to support physicians in order to improve the quality of care and promote parental participation as healthcare consumers, may improve child developmental screening and early

identification of delays. The goal of this manuscript is to describe a curriculum to support parent-provider communication about child development and demonstrate its impact and effectiveness when delivered by staff from the Special Supplemental Nutrition Program for Women, Infants and Children (WIC).

The WIC program provides nutrition education, breastfeeding promotion, referrals to other services, and counseling along with food checks for low-income families living in the US that includes nearly 9 million pregnant and postpartum women, infants, and children up to age five. Many WIC center-based services have expanded beyond nutrition to address a variety of maternal and child health topics, such as smoking cessation, child immunization rates, and health and wellness [10–21]. Given that over half of all infants, and one-quarter of all children 1–4 years of age have regular contact with WIC programs, building a curriculum to impact parental participation with their child's doctor about their child's development that can fit within the WIC infrastructure holds great potential for enhancing early identification of developmental delays. WIC participants are low-income and often members of minority communities, who experience a disproportionate burden of poor child health outcomes including behavioral and developmental disorders [22, 23]. Paraprofessional WIC staff are known to foster empathy and increased communication with clients, and WIC centers have a status as a trusted community resource [24, 25]. Thus, with appropriate training and support, WIC staff are an invaluable community asset to for parents and their young children. This article describes the WIC staff training and capacity-building activities to support a sustainable county-wide WIC training program to build parent skills in talking to doctors about their child's development. In addition, the article describes WIC staff perceptions about the training activities and interactions with parents.

Methods

Center-Based Education Curriculum Description

A curriculum was developed by a university-WIC partnership for a WIC center-based health education class to teach parents about child development and how to talk to their child's doctor about development. The curriculum was structured around the following key messages: (1) parents are the best observers of their child's development (2) doctors rely on parents to understand how children are developing, and (3) parents should persist if their questions or concerns are not fully addressed. To support WIC staff in teaching the curriculum and promote involvement of parents in learning the curriculum, a video was produced to demonstrate an "unsuccessful interaction"

in which a mother does not communicate her concerns about her child's speech with her child's doctor. The curriculum was structured around this video of the parent-doctor interaction to elicit discussions about the barriers parents may have about communicating their concerns as well as potential solutions to the identified barriers. This format for the curriculum was used to promote peer social learning. A parent handout was designed to address three core areas that included: (1) information on normal developmental milestones that parents could review to better understand their child's development (2) activities to promote healthy parent-child interactions, and (3) prompts that would encourage parents to observe their child's development and communicate any concerns with his/her child's physician.

WIC Staff Training

During a 90-minute training session, university pediatricians trained WIC paraprofessionals to conduct a 20–30 min education session. The training session covered the following topics: (1) a discussion of the various barriers and facilitators of parent-physician communication about child development; (2) a basic overview of the five major domains of child development; (3) a discussion on the importance of early identification and interventions for developmental delays; and (4) a review of the video and parent handout that was specifically developed for the center-based health education curriculum on child development. This video was a short clip that focused on an "unsuccessful parent interaction with a doctor" to elicit parent discussions about barriers and solutions to effective communication with their child's doctor, and the parent handout focused on normal developmental milestones, parent-child interactions and activities that support optimal child development, and suggested strategies to formulate developmental questions for their child's doctor. The training session concluded with a WIC staff volunteer modeling how to teach the 20–30 min education session using the class video and parent handout with the other paraprofessionals' role playing as potential WIC clients. The goals of the training and materials provided during the training sessions were to arm WIC paraprofessionals with the ability to teach the education session and discuss child development with WIC clients, facilitate a discussion on the barriers and solutions to promote effective parent-physician interactions, facilitate the opportunities for parents to learn from one another, and discuss practical strategies to promote parent-physician communication. Questions about the training or class content were also addressed at the conclusion of the training.

Prior to full implementation, the curriculum was piloted at four WIC sites. Based on general positive results from evaluating the four WIC pilot sites, the university-WIC partnership disseminated the 90-minute training sessions to all Public Health Foundation Enterprises (PHFE) WIC sites

in Southern California. Four university pediatricians and six pediatric residents were involved in delivering training to 500 WIC paraprofessionals in approximately 32 training sessions over the course of approximately 2 weeks at 60 centers in the PHFE WIC Program in Southern California. One of the training sessions was recorded so that any staff not able to attend the in-person training could watch a video version of the training. A complete description of the impact of the curriculum on parents has been published in a separate article.

Data Collection and Descriptive Analysis

WIC staff was surveyed 6 months after completing the training session and 2 months after teaching the health education session to parents to assess their experiences and attitudes with the training and teaching of the curriculum. The staff completed a self-administered survey that was posted through the PHFE WIC intranet. The survey included items that captured staff's interest in teaching parents about child development, their comfort level with teaching the class content, their attitudes towards some of the core health messages of the class such as whether doctors rely on parents to understand how a child is learning, behaving, and developing, and whether parents should take specific steps to communicate their developmental concerns with a healthcare professional. Staff was given 1 month to complete the on-line survey with at least two reminders. Paraprofessionals across all 60 WIC centers were invited to complete the on-line survey. All items of the survey were close-ended, with the exception of the last item which gave the WIC staff an opportunity to provide qualitative responses about what other areas of parental support might be important for child development or communication with healthcare professionals.

STATA 10 (College Station, TX) was used to conduct descriptive statistics. The staff survey included items related to the attitudes about the training session, comfort levels in teaching the educational session to parents, and about child development and parent-physician communication. Responses to the items were categorized into agree (“strongly agree” and “agree”) versus neither disagree or agree/disagree (“neither disagree nor agree,” “somewhat disagree,” and “strongly disagree”). The number and percentage of agreement were calculated. For the qualitative responses, the data were examined using constant comparison analysis in which underlying codes emerged from the data [26]. To identify which topics (represented through codes) were mentioned most, a classical content analysis was completed in which three of the authors independently reviewed the qualitative responses and counted the number of times each code emerged [26]. This

provided a methodology to identify which topics (codes) were most used among WIC paraprofessionals when asked about what other areas of parental support might be important for child development or communication with healthcare professionals (Table 3).

Results and Discussion

The staff on-line survey was completed by 249 WIC staff and 92 % of those who completed the on-line survey reported attending the in-person training sessions (see Table 1). Approximately, one-third of staff had a high school degree or equivalent and over half reported more than a high school degree. WIC paraprofessional perceptions and attitudes about the training session and teaching the class showed that over 80 % of WIC staff reported that they had learned new information about child development as a result of the training and 87 % of the WIC staff reported that the training was sufficient to feel comfortable teaching the class content to parents. Close to 90 % of WIC paraprofessionals liked a pediatrician-led format for the training and almost all WIC staff reported an interest in receiving future training on how to further help parents talk to their child's doctor (Table 2). The qualitative responses from WIC staff about what additional areas of parental support might be important for child development or improving communication with healthcare professionals were identified and then quantified and are shown in Table 3 in descending order.

Our results show that the training and capacity-building activities to teach parents about child development and how to talk to their child's doctor about development was well received by WIC staff. This training has enabled the PHFE WIC program to support a center-based health education session on child development and communication with healthcare professionals about child development. The focus on WIC staff capacity building has resulted in a sustainable health education session offered at regular intervals that is now incorporated into 60 WIC centers in Southern California. Over 90 % of WIC staff reported wanting to learn more about how to continue to support parents in talking to their child's doctor and approximately three-quarters of the staff felt that as a result of the class most of their clients prepare for their child's healthcare visit. Our results therefore have important implications for population-based efforts to improve parent-physician communication related to child development.

Specific healthcare provider communication strategies have been shown to improve communication and health outcomes [27, 28] and previous research, mostly from the adult health literature, has demonstrated the positive impacts of providing patients with prompting questions,

Table 1 WIC paraprofessional characteristics (total n = 249)

Characteristic	Yes		No	
Did you attend a WIC class training session on “talking to your doctor?”	92 %		8 %	
How much schooling have you completed?	High school/GED		More than high school	
	Less than HS graduate		65 %	
	0 %		35 %	
What is the primary language spoken in your home?	Spanish	Spanish/English	Chinese (+/–English)	Other
	35 %	9 %	3 %	3 %
	English	45 %		
	0 %			

Table 2 WIC paraprofessional perceptions and attitudes

Statement	Total n = 249	
	Strongly agree/somewhat agree (%)	Neither agree nor disagree/somewhat disagree/strongly disagree (%)
My interest in the topic of how to talk to the doctor about child development is greater now than prior to attending the training session	84	16
I learned new information about child development	81	19
I received enough training to feel comfortable teaching the class	87	13
I liked having a pediatrician provide some of the training for the class	87	13
I am interested in future training on helping parents in WIC know how to talk to the doctor	91	9
Doctors rely on parents to understand how a child is learning, behaving, and developing	91	9
The class gave parents enough skills to talk to their doctor about their child’s development	91	9
Most parents prepare for their child’s visit as a result of the WIC class	71	29
Parents should go to a different doctor if they don’t get enough information about their child’s developmental concerns	94	6
Parents should make a special appointment with their child’s doctor if they don’t get enough information about their concerns during a well child check	92	8
A child’s ability to learn is pretty much set from birth and cannot be changed by how parents or others interact with them	21	79

patient-communication training, strategies to improve information-seeking skills, and exposure to activation messaging [29–33]. This knowledge was used and integrated into the development of the training curriculum for WIC staff and the center-based education curriculum for WIC clients. The curriculum was also guided by the fact that many WIC families may face challenges in participating in their child’s healthcare visit due to language barriers [34], receipt of care that is not family-centered in the primary care office [5], specific cultural behaviors that may prevent asking questions or requests for explanations

Table 3 Topics of interest for future trainings to support child development identified by qualitative responses from WIC paraprofessionals

Topics (codes)	Number of times codes used
More information about child development	124
Tools to empower parents to get concerns addressed at doctor visits	85
How to ask doctor questions/improving communication skills	82
Handouts on child development	36
How doctors can change their behaviors	21
How parents can change providers or a health plan	10
Importance of well child care visits- health care visits	8
Oral health and dental services for children	7
Healthy foods for children	6
Parenting skills	6
Information about children with special health care needs	5
Community referrals for child development	4
Classes/support groups for parents	4
Activities that promote optimal child developmental	4
Child abuse information	3
Child disciplining	3
Harms of television viewing	2

from healthcare providers, and limited active involvement in the clinical encounter due to traditional role expectations that delegate decision-making to healthcare providers [35, 36]. Furthermore, when parent-provider communication about child development are considered, additional challenges may exist due to low maternal knowledge and specific beliefs and expectations of child development particularly among ethnic-cultural groups [37, 38] that may impact what and how parents communicate about development to their child's healthcare provider

Our curriculum also recognized the increasing pace [39] and number of recommended topics to discuss during pediatric visits [40, 41] by encouraging parents to make doctor appointments to specifically discuss child development if they have a concern and the general emphasis of preparing questions prior to a child's healthcare visit. Collectively, the key messages and activities of the center-based health education session were geared at developing specific skills and attitudinal shifts to enable a person to feel more comfortable and involved with their health and care, known as patient activation and empowerment respectively [32]. Activation and empowerment has been mostly studied in adults but the same strategies can be used

for parents and their child's health care. This scope of work is the first to examine the feasibility of developing a sustainable brief parent activation strategy on child development delivered by WIC staff. One other previous study has shown general positive results on the impact of a brief activation video on parent-provider communication about child development [31]. Thus, building off of these activation strategies may show promise in impacting parental communication and interactions with healthcare providers about child development.

The training and capacity-building activities for WIC staff was approximately 1½ hours. Other studies that have focused on capacity-building of WIC staff have required anywhere from half-a-day to 3 days of training [13, 21, 42]. The amount of time required to train WIC staff for this innovative center-based health education session therefore make it feasible for other WIC programs to replicate. The overwhelming positive survey responses from WIC staff on the topic and on the training and capacity-building activities suggest that other WIC staff may also welcome a similar topic or approach to the training activities. Furthermore, our survey results indicate that WIC staff have an interest and would like further training on how to support parents in their interactions and conversations with healthcare providers about child development. As a result of this interest other pilot activities are underway at selected WIC centers that build off the educational session. For example, one-on-one (WIC staff and WIC client) counseling on identifying parental developmental concerns and the development of specific strategies to communicate these concerns to a healthcare provider are currently being piloted. In addition, new health education sessions have been developed modeled by our curriculum, such as "Talking to your Doctor about your Pregnancy".

Our results should be considered in light of some limitations. All staff perceptions and attitudes were self-reported. It is possible that some staff may have reported higher levels of agreement on survey items because of social desirability. Several WIC program evaluations, however, have used similar self-reported measures. In addition, the response rate for the on-line survey by WIC staff was approximately 50 %. This response rate is likely attributed to the fact that the staff survey was optional and not specifically set-up as part of a research study. The 50 % response rate, however, is on par with other internal WIC evaluations and therefore the respondent answers are likely representative of the WIC staff population. Another consideration is that several community stakeholders were involved in this university-WIC partnership, therefore, other WIC programs may have difficulty implementing such an initiative without key leadership support and interest in the topic of child development.

Conclusions

Our results indicate that, with appropriate training, WIC staff are interested in supporting population-based efforts to improve parent-physician communication that can complement WIC's existing maternal and child health topics. Furthermore, we demonstrated the ability to build WIC paraprofessional capacity among over 500 paraprofessionals to instruct a new center-based health education session to impact parent's knowledge, attitudes, and behaviors related to child development and parent-physician interactions. The health education session was geared toward promoting practical strategies to improve both the attitude and action-oriented dimensions of patient-provider interactions on a specific health topic in order to improve the quality of patient-physician communication. Further work and research is needed to determine how shifting parental attitudes and behaviors in combination with improving pediatric care can impact specific child health and developmental outcomes. Building off this work is critical in order to identify promising and effective parent strategies to improve parent-physician interactions about child development for communities with large unmet health needs, such as those who participate in WIC. Such work would also make a stronger case for state and federal policies to support this important dimension of children's health in WIC agencies.

References

- Brooks-Gunn, J., & Markman, L. B. (2005). The contribution of parenting to ethnic and racial gaps in school readiness. *The Future of Children*, 15(1), 139–168.
- Halfon, N., & Hochstein, M. (2002). Life course health development: an integrated framework for developing health, policy, and research. *The Milbank quarterly*, 80(3), 433–479.
- Reyes, O., & Jason, L. A. (1993). Pilot-study examining factors associated with academic-success for hispanic high-school-students. *Journal of Youth and Adolescence*, 22(1), 57–71.
- Zuckerman, K. E., et al. (2009). Household language, parent developmental concerns, and child risk for developmental disorder. *Academic Pediatric*, 9(2), 97–105.
- Guerrero, A. D., et al. (2010). Racial and ethnic disparities in pediatric experiences of family-centered care. *Medical Care*, 48(4), 388–393.
- Guerrero, A. D., et al. (2010). An update on assessing development in the pediatric office: Has anything changed after two policy statements? *Academic Pediatric*, 10(6), 400–404.
- Tomblin, J. B., et al. (1997). Prevalence of specific language impairment in kindergarten children. *Journal of Speech, Language, and Hearing Research*, 40(6), 1245–1260.
- Wiggins, L. D., Baio, J., & Rice, C. (2006). Examination of the time between first evaluation and first autism spectrum diagnosis in a population-based sample. *Journal of Developmental and Behavioral Pediatrics*, 27(2 Suppl), S79–S87.
- Horwitz, S. M., et al. (1992). Identification and management of psychosocial and developmental problems in community-based, primary care pediatric practices. *Pediatrics*, 89(3), 480–485.
- Brodsky, J. L., Viner-Brown, S., & Handler, A. S. (2009). Changes in maternal cigarette smoking among pregnant WIC participants in Rhode Island. *Maternal and Child Health Journal*, 13(6), 822–831.
- Ashkar, S. H., et al. (2003). The effectiveness of assessment and referral on immunization coverage in the special supplemental nutrition program for women, infants, and children. *Archives of Pediatrics and Adolescent Medicine*, 157(5), 456–462.
- Hoekstra, E. J., et al. (1998). Impact of a large-scale immunization initiative in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). *The Journal of the American Medical Association*, 280(13), 1143–1147.
- Crawford, P. B., et al. (2004). Walking the talk: Fit WIC wellness programs improve self-efficacy in pediatric obesity prevention counseling. *American Journal of Public Health*, 94(9), 1480–1485.
- Boe, D. T., Riley, W., & Parsons, H. (2009). Improving service delivery in a county health department WIC clinic: An application of statistical process control techniques. *American Journal of Public Health*, 99(9), 1619–1625.
- Ikeda, J. P., et al. (2002). Culturally relevant nutrition education improves dietary quality among WIC-eligible Vietnamese immigrants. *Journal of Nutrition Education and Behavior*, 34(3), 151–158.
- Trepka, M. J., et al. (2008). Randomized controlled trial to determine the effectiveness of an interactive multimedia food safety education program for clients of the special supplemental nutrition program for women, infants, and children. *Journal of the American Dietetic Association*, 108(6), 978–984.
- Johnson, D. B., et al. (2006). Promoting family meals in WIC: Lessons learned from a statewide initiative. *Journal of Nutrition Education and Behavior*, 38(3), 177–182.
- Peterson, K. E., et al. (2002). Design of an intervention addressing multiple levels of influence on dietary and activity patterns of low-income, postpartum women. *Health Education Research*, 17(5), 531–540.
- Khoury, A. J., et al. (2002). An innovative video succeeds in addressing barriers to breastfeeding among low-income women. *Journal of Human Lactation*, 18(2), 125–131.
- Whitaker, R. C., et al. (2004). Altering the perceptions of WIC health professionals about childhood obesity using video with facilitated group discussion. *Journal of the American Dietetic Association*, 104(3), 379–386.
- Newes-Adeyi, G., et al. (2004). Improving client-provider communication: Evaluation of a training program for women, infants and children (WIC) professionals in New York state. *Patient Education and Counseling*, 55(2), 210–217.
- Flores, G., et al. (2003). The health of Latino children: Urgent priorities, unanswered questions, and a research agenda. *The Journal of the American Medical Association*, 288(1), 82–90.
- Flores, G., & Zambrana, R. E. (2001). The early years: The health of children and youth. In M. Aguirre-Molina, C. W. Molina, & R. E. Zambrana (Eds.), *Health issues in the Latino Community*. San Francisco: Jossey-Bass.
- Pinto-Martin, J. A., et al. (2005). Developmental stages of developmental screening: Steps to implementation of a successful program. *American Journal of Public Health*, 95(11), 1928–1932.
- Small, M. L. (2006). Neighborhood institutions as resource brokers. *Social Problems*, 53(2), 274–292.
- Leech, N. L., & Onwuegbuzie, A. J. (2007). An array of qualitative data analysis tools: A call for data analysis triangulation. *School Psychology Quarterly*, 22(4), 557–584.
- Hironaka, L. K., & Paasche-Orlow, M. K. (2008). The implications of health literacy on patient-provider communication. *Archives of Disease in Childhood*, 93(5), 428–432.
- Schillinger, D., Piette, J., Grumbach, K., Wang, F., Wilson, C., Daher, C., et al. (2003). Closing the loop: Physician

- communication with diabetic patients who have low health literacy. *Archives of Internal Medicine*, 163(1), 83–90.
29. Post, D. M., Cegala, D. J., & Miser, W. F. (2002). The other half of the whole: Teaching patients to communicate with physicians. *Family Medicine*, 34(5), 344–352.
 30. Mika, V. S., et al. (2007). Ask Me 3: Improving communication in a hispanic pediatric outpatient practice. *American Journal of Health Behavior*, 31(Suppl 1), S115–S121.
 31. Sices, L., et al. (2008). Communication about child development during well-child visits: Impact of parents' evaluation of developmental status screener with or without an informational video. *Pediatrics*, 122(5), e1091–e1099.
 32. Alegria, M., et al. (2009). The role of patient activation on patient-provider communication and quality of care for US and foreign born Latino patients. *Journal of General Internal Medicine*, 24(Suppl 3), 534–541.
 33. Cortes, D. E., et al. (2009). Patient-provider communication: Understanding the role of patient activation for Latinos in mental health treatment. *Health Education Behavior*, 36(1), 138–154.
 34. Flores, G., & Tomany-Korman, S. C. (2008). The language spoken at home and disparities in medical and dental health, access to care, and use of services in US children. *Pediatrics*, 121(6), e1703–e1714.
 35. Levinson, W., et al. (2005). Not all patients want to participate in decision making. A national study of public preferences. *Journal of General Internal Medicine*, 20(6), 531–535.
 36. Xu, K. T., Borders, T. F., & Arif, A. A. (2004). Ethnic differences in parents' perception of participatory decision-making style of their children's physicians. *Medical Care*, 42(4), 328–335.
 37. Ertem, I. O., et al. (2007). Mothers' knowledge of young child development in a developing country. *Child: Care, Health and Development*, 33(6), 728–737.
 38. Bornstein, M. H., & Cote, L. R. (2004). "Who is sitting across from me?" Immigrant mothers' knowledge of parenting and children's development. *Pediatrics*, 114(5), e557–e564.
 39. LeBaron, C. W., Rodewald, L., & Humiston, S. (1999). How much time is spent on well-child care and vaccinations? *Archives of Pediatrics and Adolescent Medicine*, 153(11), 1154–1159.
 40. (2000). American Academy of Pediatrics Committee on Practice and Ambulatory Medicine, Recommendations for preventative pediatric health care. *Pediatrics*, 105, 645–646.
 41. Yarnall, K. S. H., et al. (2003). Primary care: Is there enough time for prevention? *American Journal of Public Health*, 93, 635–641.
 42. Gross, S. M., et al. (1998). Counseling and motivational videotapes increase duration of breast-feeding in African-American WIC participants who initiate breast-feeding. *Journal of the American Dietetic Association*, 98(2), 143–148.