The Effects of Political Culture on the Administrative Functions of The Special
Supplemental Nutrition Program for Women, Infants and Children

by
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ABSTRACT
The Effects of Political Culture on the Administrative Functions of The Special Supplemental Nutrition Program for Women, Infants and Children
(Under the direction of Joseph Holland)

This thesis examines The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) in three different regions that have different political cultures to better understand the influence of political culture on the administrative functions and characteristics of the WIC Program. The WIC Program provides Federal grants to States for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are at nutritional risk. To explore the role of political cultures’ effects on the administrative functions of the WIC Program, this thesis will use Daniel Elazar’s Political Culture Typology and choose one State within each political culture. The thesis will also use an administrative function framework to analyze whether a state’s political culture has an effect on the administrative function of the WIC Program. Finally, this thesis will discuss, compare, and contrast the administrative functions of the WIC Program in the three selected states with different political cultures. In conclusion, political culture produces minor observational differences on the administration of the WIC Program and overall political culture does not affect the administrative function of the WIC Program.
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Chapter 1
Introduction

In the late 1960s, public policy-makers were increasingly worried about the nutrition status of low-income pregnant women and infants (Wilde, 2013). In 1969, President Richard Nixon convened a White House Conference on Food, Nutrition and Health. The summary report of the conference described hunger and malnutrition among pregnant women and infants as a national emergency that required an immediate response. Based on the conference’s recommendations, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) was established as a pilot program in 1972 and made permanent in 1974 (Wilde, 2013). In the 1970s and early 1980s, United State Department of Agriculture (USDA) officials expressed doubt that the program was having a large impact on food intake of its target recipients. However, the WIC Program expanded during the 1990s and 2000s, and its political support increased. Still, there were policy controversies concerning funding levels and incremental policy changes within the WIC Program.

Today, WIC provides nutritious foods, nutrition education, which includes breastfeeding promotion and support, and refers participants to health and other social services at no charge. The WIC Program ensure the nutritional health of pregnant, postpartum and breastfeeding mothers, infants and children, serving about half of all babies born per annum in the United States. In 2014, the USDA made the first comprehensive changes in thirty years to the WIC food packages by expanding the range of healthy food offered in the program to include whole grains, fruits, and vegetables based on expert scientific recommendations, and added cultural food preferences (“Food and Nutrition”, 2014).

WIC is a federal grant program for which the United States Congress authorizes a specific amount of funding each year for program operations. The Food and Nutrition Service,
which administers the program at the Federal level, provides these funds to WIC State agencies such as State health departments or comparable agencies, to pay for costs associated with the program. This creates variation in WIC Programs from state to state (“WIC”, 2014).

Each state has it’s individual political culture, which are important to the understanding of their political environments, behavior, responses to particular issues, and composition of state social programs. Political culture is a set of attitudes, beliefs, values, and orientations held by a person that shapes their political behavior and defines the relationship with government and other citizens. Values are shared ideas about what is good. Voters do not consciously think about political culture, but citizens seem to form cohesive clusters of similar political cultures in different states or areas within the state, creating similar group political ideologies. Subcultures also exist, such as those based on religion, race, or ethnic identity, holding different beliefs and values. It is possible to measure the dominant political culture within states or areas of a state, gaining insight into the mind-set of state residents and how social programs are run. However, scholars who study political culture have not agreed on a specific definition of political culture.

For example, Daniel Elazar explores political culture in his writing, *American Federalism: A View From The States*. He observed two general ways of thinking about government across the United States: citizens perceive the government as a marketplace or as a commonwealth. Within these cultural ideas, he identifies three political subcultures, which do not correspond with traditional political ideologies of conservative and liberal. The political culture to which Elazar refers is what people believe and feel about government, and how they think people should act towards it. The first subculture is Moral Political Culture, which geographically is most clearly present in states in Upper New England, the Upper Middle
West and portions of the West. The people in this subculture are known as Moralists. In this subculture “society” is perceived to be more important than the individual. Moralists emphasize the commonwealth conception as the basis for democratic government. They see the government as a positive force that will help its citizens find the "good life." From the Moralistic perspective, a good government promotes public services and should only intervene in an individual’s private affairs when and if it serves communal goals.

The second subculture is Individual Political Culture, which is generally found in the Middle-Atlantic States through Illinois and to the West. The citizens in this subculture are known as Individualists who generally view the government for utilitarian or individualist reasons. Government has a very practical orientation and politics are viewed as business. There is an emphasis on limiting government intervention in private activities. Overall, Individualists feel that private concerns are more important than public concerns. From this view, some corruption is expected and tolerated.

Finally, the last subculture is Traditionalistic Political Culture, which is most commonly found in the Southern Region of the United States. The citizens of these states are known as Traditionalists. They have strong hierarchical views of society, which leads them not to view government as a commonwealth or a marketplace. The role of government from the perspective of the Traditionalists is largely limited to securing the maintenance of existing social order. These three distinct political cultures and orientations can help explain the differences in the administration and implementation of federal government programs in America’s individual states.

The purpose of this thesis is to examine WIC Programs in three different regions with different political cultures to better understand the influence of political culture on the
characteristics and administration of the Federal WIC Program. In this research, I examine WIC Programs in the states of Mississippi, Montana and Nevada. Using administrative functions as a framework, I conduct case studies for comparative analysis. The findings from this study provide valuable information to stakeholders and administrators to understand the implementations of the WIC Programs from across different political cultures.

In the second Chapter, I will provide a literature review scanning the scholarship of political culture. By providing a foundational framework to examine WIC programs, I use this literature as a guide for the thesis. In Chapter three, I will highlight the evolution and development of the WIC Program in America, concentrating on funding, eligibility and benefits. In Chapter four, I will explain the methods used in this thesis and justify the cases utilized for analysis. Chapter five will present my findings. Finally, in Chapter six, I will provide a discussion and conclusion.
Chapter 2

Literature Review: Political Culture

Political culture evolves and emerges from aspects of our everyday life such as family, friends, school, media, memberships and the region of the country in which we live. There are different views on how political culture is formed. One view is that society affects political culture and another is that experiences with the political system influence political culture. Once a person develops their own political culture, it is one of the main influences on how institutions operate and a determinate on how the political process plays out (Leckrone, 2013).

The study of political cultures has many critiques. First, defining political culture is extremely challenging. Political science consequently attempts to create broad generalizations in order to explain as much activity as possible. Political culture is sometimes a theory that attempts to generalize too much and capture too many variables (Leckrone, 2013). Political culture is either based on impressions or a theory that tries to explain things for which we do not have any empirical evidence. The second major criticism of political culture argues that other variables have a greater effect on policy outcomes of certain policies. Another criticism is the belief that political cultures are nothing more than a synonym for regional diversity in the United States (Leckrone, 2013). However, political culture has been studied extensively in recent years in an effort to determine why states have different attitudes about the appropriate activities of government and level of citizen participation (Leckrone, 2013). The American federal system gives great autonomy to state and local governments to structure their own governments and create public policies for the benefit of the citizens of their state. The study of political culture strives to understand why some governments behave differently than others.
Alexis de Tocqueville was one of the first proponents of the idea of political culture in the United States. De Tocqueville was a prominent 19th century French writer and philosopher. During the 1830s, France was in disorder, shifting between absolutism and radical democracy, and De Tocqueville thought that France could learn from observing American governmental system (Ceaser, 1985). He came to the United States primarily to answer the question, "Why are the Americans doing so well with democracy, while France is struggling with it?" De Tocqueville's observations remain today a classic study of American political culture (Ceaser, 1985). During his research, he identified several factors that influenced America's success with democracy such as abundant and fertile land, countless opportunities for people to acquire land and make a living, lack of a feudal aristocracy, and the independent spirit encouraged by frontier living. These elements of the society affected the success of the political system creating the idea that there is more to political affiliation and success than party ideology (Ceaser, 1985). The American political culture that De Tocqueville described in the 1830s has changed over the years.

In 1963, Gabriel A. Almond, an American political scientist noted for his comparative studies of political systems, his coauthor, Sidney Verba, wrote *The Civic Culture*. They wanted to create a theory of civic culture, which would explain political culture in relation to political involvement of citizens or lack thereof in democratic states. Almond and Verba distinguished different political cultures in which citizens were active or inactive in civic affairs, explored the relationship between citizen participation and attitudes toward their political system, and maintained that a country’s political institutions must coincide with its political culture for it to have a stable political system (Almond & Verba, 1963). In their work, they distinguished three types of citizen orientations. First, they viewed citizens with a parochial orientation as political
sleepwalkers, not involved and with no knowledge or interest in the domestic political system. Next, they viewed citizens with a subject orientation as somewhat aware of political institutions and rules. Finally, they saw citizens with a participant orientation as possessing a strong sense of influence, competence and confidence in understanding the domestic political system (Almond & Verba, 1963).

Daniel J. Elazar was another more recent political scientist who specialized in the study of federalism, political culture, and the Jewish political tradition and community. Daniel Elazar developed the well-known typology of political culture of American states and local governments in his book *American Federalism: A View from the States*. In his work, he defined political culture as “the particular pattern of orientation to political action in which each political system is embedded” (Elazar 1966, 78). Elazar viewed political culture as the underlying characteristic that explained how state and local politics functioned. The attributes preserved in a political culture were the consequence of ethnic and religious values of settlers in specific regions of the country. The established political cultural values were passed from generation to generation and new migrants to an area were assimilated into the existing political mores (Elazar, 1966).

Elazar argued that political culture helps explain state and local activities within the federal system and allows for an understanding of how they interact with the national government in the context of intergovernmental relations. Political culture affects state government operations in three ways. First, it helps set the purpose of politics and its range of acceptable actions. Second, it sets boundaries of who can participate in politics and how much public involvement is encouraged in the policymaking process. Finally, it affects the way that government is practiced. This includes tolerance of corruption (Leckrone, 2013). In short, Elazar
argued that subcultural differences could help us understand what state and local governments do, how they are organized, what political rules they observe, and who participates in the political process.

Elazar claimed there are two layers to political culture in the United States. There is a national political culture based on two contradicting political dispositions. The first views the political system as a marketplace where interest groups bargain with each other to achieve gains for their clientele based on self-interest. The second conceptualizes the national political system as a commonwealth where groups set aside their personal interests and find solutions that are in the best interests of everyone in society nationwide. He defines the three political subcultures as Individualistic, Moralistic and Traditionalistic (Leckrone, 2013).

**Table 2-1: States Within Elazar’s Political Cultures**

<table>
<thead>
<tr>
<th>Individualistic</th>
<th>Moralistic</th>
<th>Traditionalistic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Connecticut</td>
<td>California</td>
<td>Alabama</td>
</tr>
<tr>
<td>Delaware</td>
<td>Colorado</td>
<td>Arizona</td>
</tr>
<tr>
<td>Illinois</td>
<td>Idaho</td>
<td>Arkansas</td>
</tr>
<tr>
<td>Indiana</td>
<td>Iowa</td>
<td>Florida</td>
</tr>
<tr>
<td>Nebraska</td>
<td>Kansas</td>
<td>Georgia</td>
</tr>
<tr>
<td>Nevada</td>
<td>Maine</td>
<td>Kentucky</td>
</tr>
<tr>
<td>Maryland</td>
<td>Michigan</td>
<td>Louisiana</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>Minnesota</td>
<td>Mississippi</td>
</tr>
<tr>
<td>Missouri</td>
<td>Montana</td>
<td>New Mexico</td>
</tr>
<tr>
<td>New Jersey</td>
<td>New Hampshire</td>
<td>North Carolina</td>
</tr>
<tr>
<td>New York</td>
<td>North Dakota</td>
<td>Oklahoma</td>
</tr>
<tr>
<td>Ohio</td>
<td>Oregon</td>
<td>South Carolina</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>South Dakota</td>
<td>Tennessee</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>Utah</td>
<td>Texas</td>
</tr>
<tr>
<td>Wyoming</td>
<td>Vermont</td>
<td>Virginia</td>
</tr>
<tr>
<td></td>
<td>Washington</td>
<td>West Virginia</td>
</tr>
<tr>
<td></td>
<td>Wisconsin</td>
<td></td>
</tr>
</tbody>
</table>

Source: Elazar 1966. Alaska and Hawaii were not included.
The Individualistic political subculture perceives politics as a marketplace of competing individual interests that use the political system to better their own causes. Government’s role is limited and primarily to keep the marketplace functioning. Politicians and citizens are not interested in achieving a “good society” or furthering the common good; rather they are focused on private concerns (Elazar, 1966). Politicians’ motives for running for office are based on material self-interests and to advance themselves professionally. Consequently, the Individualistic political culture is not issue driven; rather it is based on strong parties built on patronage and constituent service. There is a high tolerance for corruption in the Individualistic culture and it is tolerated because politics is dirty and should be left to the professionals. Citizens are not encouraged to participate in governmental activities except to vote (Leckrone, 2013).

This subculture consists of the Middle-Atlantic States through Illinois and to the West that was settled by German and English groups. These cultures were based on individual achievement and opportunity to pursue commercial success and wealth. Unlike the states to the North, they were focused on individualism rather than achieving community good.

The Moralistic culture believes that collective action through politics is the highest calling and that participation in politics and the betterment of the greater good are the objectives of government. The Moralistic society is the diametric opposite of the Individualistic society. Political activities revolve around the community as opposed to individual enrichment, and as a consequence, intervention into private activities from this perspective is acceptable if it furthers a public good and puts a large emphasis on the commonwealth. Issues and public policy take precedence in the Moralistic culture. Consequently, politicians are willing to initiate new solutions to public policy problems even if there is no immediate apparent electoral payoff. Politicians run for office to advance issues and causes rather than individual gain. Political
parties in this type of society are secondary, and there is a proclivity towards non-partisan solutions. Further, the emphasis on creating a good society precludes patronage politics and corruption is not tolerated. Politics is clean and discourse is on the merits of issues than who will receive the spoils of office (Elazar, 1966). Finally, participation in politics is both widespread and an expected duty of citizenship. Moralistic states are more likely than others to offer citizens the opportunity to participate in politics through direct democracy. This subculture consists of Upper New England, settled by Puritans and the Upper Middle West and portions of the west where Scandinavians and Northern European immigrant groups reinforced these values. Religious groups that migrated from Europe in an effort to escape persecution and to establish their own ideal communities settled these states. Their ultimate goal was to create good societies based on religious principles and morals (Leckrone, 2013).

Governments in the Traditionalistic culture are designed to preserve the status quo and benefit elites. Traditionalistic governments occupy the middle ground between Individualist and Moralistic society. Generally, political power within this political culture is held by a limited group of wealthy landholders and business families that rule through their own elitist conceptions of the common good. Political participation by non-elites is discouraged and voter turnout is low. Only those who belong to the privileged classes through their social status are welcomed into the political realm. Party competition is generally non-existent in the traditionalist system. However, the dominant political party typically has a number of intra-party factions that compete with each other for power. The competition is rarely based on issues since elected officials are immune to electoral pressure and the elites have a consensual position on public policy (Elazar, 1966). This subculture consists of states located in the Southern Region of the United States and people who settled the southern colonies determined the region’s values.
Agribusiness and the plantation economy, originally based in slavery and later in cheap labor, formed a variation of a feudal aristocracy (Leckrone, 2013).

Although Elazar has been successful in explaining political culture, one criticism of his model is that it is largely impressionistic and based on his interpretation of history and current events in each of the states. Ira Shakansky was the first to test Elazar’s theory in his work “The Utility of Elazar’s Political Culture” (1969). Shakansky empirically tested the validity of Elazar’s general perceptions by creating an interval scale and assigning a culture score to each state. Then he tested the impact of political culture as measured by the interval-scale on twenty-three dependent variables. He concluded that the analysis demonstrates that political culture as measured by this interval scale “shows important relationships with several traits of state politics and public service…independent of both the socioeconomic characteristics of personal income and urbanism and other features of each state’s regional history and tradition” (Shakansky, 1969). Overall, he found that political participation, policy activism, and the size of government bureaucracy were better explanations than traditional indicators such as ideology and levels of economic wealth (Clynch, 1972).

Charles A. Johnson also examined Elazar’s theory in his work “Political Culture In American States: Elazar’s Formulation Examined”. Johnson tested Elazar’s indices based on 1906-1936 religious census data, using discriminant analysis. Using religious affiliation and orientation as his key variable, he found significant correlations in the predicted direction for six dependent variables: government activities, local emphasis and administration of programs, innovative activity by the government, encouragement of popular participation in elections, popular participation in elections, and party competition. Hypothesized relationships were not
supported for two dependent variables: centralized governmental decisions making and the importance of political parties (Johnson, 1976).

David Morgan and Sheilah Watson re-examined Johnson’s work in their work “Political Culture, Political Systems Characteristics, and Public Policies Among the American States” using 1980 religious affiliation data (Morgan & Watson, 1991). Their study was successful in confirming many of Elazar’s assertions. The direct use of religion as a variable may be read in different ways. They found that the predominant religious affiliations of a state affected the political culture. For example, areas with high proportions of Fundamentalist and Pentecostal Christians also tended to be more Traditionalistic. Morgan and Watson argued that using religious data as proxy for state political culture “avoids reliance on a single linear scale in which political culture remains invariant over time,” and is also less “vulnerable to the charge of being impressionistic” (Morgan and Watson 1991).

Joel Lieske and John Kincaid develop a new subcultural measure in addition to religious affiliation in their work “Political Subcultures of the American States: State of the Art and Agenda for Research” in 1991. They offered a more improved and more empirically substantiated methodology. Specifically, they directly measured what Elazar considered sources of political culture: racial origin, ethnic ancestry, religious affiliation, and social structure. The goal was not to directly test Elazar’s overall argument, but rather to make it more precise and empirical using principal components and cluster analysis. Lieske provides a helpful contribution to political culture, which confirms the seminal nature of Elazar’s study of American political culture (Lieske, 1993).

Daniel Elazar’s main theory of political culture focused primarily on the effects of ethnic and religious influences in the creation of the Individualistic, Moralistic and Traditionalistic
subcultures that spread through the United States. Other scholars have studied his work and argued that there are better factors to explain political culture. In addition, the constant changing of demographics and economics has created new political cultures. However, all of the theories of state and local political culture are subject to examination, because of the many other variables that also seem to explain governmental behavior.

The intent of this study is to use Elazar’s political typology to compare administrative functions of the WIC Program. I will examine three WIC Programs, one from within each of Elazar’s three political cultures, and specifically look at six of the program’s administrative functions.
Chapter 3

Background of Federal WIC Program

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a short-term intervention program designed to influence lifetime nutrition and health behaviors in low-income women, infants and children up to age five who are at high-risk for poor nutrition. “The purpose of the Program is to provide supplemental foods and nutrition education, including breastfeeding promotion and support, through payment of cash grants to State agencies which administer the Program through local agencies at no cost to eligible persons” (7 CFR 246.7, 2011). The Program provides participants with health care during critical times of growth and development, in order to prevent future health problems and improve the health status of participants. The Program’s targeted recipients are pregnant women, postpartum women, infants, and children. To participate in the WIC Program applicants must meet categorical requirements, income requirements, be at a nutritional risk, and meet residential requirements in each state. The participants receive authorized supplemental foods by the state or local agencies and additional health care assistance (7 CFR 246.7, 2011).

History of the Program

In response to growing concern over malnutrition among many poverty-stricken mothers and young children, the federally sponsored WIC Program was piloted in 1972 as a supplemental food program aimed at improving the health of pregnant mothers, infants and children. (“National WIC Association”). Section 17 of the Child Nutrition Act of 1966, as amended, states, in part, that the United States Congress found that substantial numbers of pregnant, postpartum and breastfeeding women, infants and young children from families with inadequate income are at special risk with respect to their physical and mental health by reason of
inadequate nutrition or health care, or both (7 CFR 246.7, 2011). The WIC Program was established as a permanent program in 1975 operating in forty-five states. In 1987, new guidelines were added introducing nutrition education and the requirement that the supplemental food provided to recipients contain the nutrients that were lacking and have low levels of fat, sugar, and salt. The new guidelines also required that WIC Programs must create a referral system for other social services that could improve the mother and child’s situation.

As evidence emerged linking breastfeeding to positive health outcomes such as strengthening a baby’s immune system, decreased likeness of respiratory illnesses, lower childhood obesity rates, and a lower likelihood of contracting a number of diseases later in life, WIC implemented two campaigns, in 1997 and 2004, encouraging WIC participants to breastfeed (“Benefits of Breastfeeding”, 2005).

In 2009, the WIC Program introduced a new food package with foods consistent with the Dietary Guidelines for American and established dietary recommendations for infants and children over two years of age. In addition, fruits, vegetables, and culturally sensitive substitutes for WIC foods are now part of the standard WIC food package. Mothers who are exclusively breastfeeding receive more healthy foods with the enhanced WIC food package. These improvements built on WIC’s over forty years of success in assisting women, infants and children in the United States.

**Funding of the Program**

Today, the WIC Program is the third-largest food and nutrition assistance program in the United States, behind the Supplemental Nutrition and Assistance Program (SNAP) and the National School Lunch Program (NSLP). WIC has grown to become one of the central safety net components of the Nation’s food and nutrition system.
WIC officially is a discretionary or non-entitlement program. This means that budgeted spending levels are determined in annual appropriations legislation. The Appropriation Committees in the United States House of Representatives and Senate strongly influence WIC budget allocations (Wilde, 2013). The federal appropriations have been based on estimates of the funding level required to provide benefits to all eligible applicants.

WIC federal expenditures were approximately $6.8 billion in fiscal year 2014. According to the USDA approximately 8.6 million people participated in WIC in fiscal year 2013. One quarter of the recipients were women ages 15 to 44, nearly one quarter were infants, and just over one half of the recipients were children ages 1 to 4 (Meyer, 2012). Table 3-1 shows the breakdown of WIC participants and the annual cost associated with the benefits they receive.

**Table 3-1: Annual Food Costs of WIC Participants**

<table>
<thead>
<tr>
<th>WIC Participants</th>
<th>Number</th>
<th>Percent</th>
<th>Annual Cost*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>2,046,627</td>
<td>23.6%</td>
<td>$1,061,368,497</td>
</tr>
<tr>
<td>Infants</td>
<td>2,035,533</td>
<td>23.5%</td>
<td>$1,056,871,173</td>
</tr>
<tr>
<td>Children</td>
<td>4,580,645</td>
<td>52.9%</td>
<td>$2,379,084,470</td>
</tr>
<tr>
<td>Total Persons</td>
<td>8,662,805</td>
<td>100%</td>
<td>$4,497,324,139</td>
</tr>
</tbody>
</table>


The two kinds of allowable costs under the WIC Program are “food costs” and “nutrition services and administration cost.” The State agency may use food funds for costs of acquiring supplemental foods, warehousing supplemental foods, or purchasing or renting breast pumps.

**Eligibility of the Program**
To qualify for the WIC Program, applicants must meet categorical, residential, income, and nutritional risk eligibility requirements. The Code of Federal Regulations defines applicants in the WIC Program to be “pregnant women, breastfeeding women, postpartum women, infants, and children who are applying to receive WIC benefits, and the breastfed infants of applicant breastfeeding women” (7 CFR 246.7, 2011). For residential requirements, WIC applicants must reside within the state where they apply for eligibility, except for Indian State agencies. For income requirements, under a procedure called adjunctive eligibility, applicants who participate in the SNAP, Medicaid, or Temporary Assistance for Needy Families programs are automatically income eligible so that they are not required to provide additional documentation when applying for WIC. To be eligible on the basis of income, applicants' gross income, before taxes are withheld, must fall at or below 185 percent of the U.S. Poverty Income Guidelines. Income guidelines can differ for different local agencies within the State, as long as those guidelines are used by the local agencies for determining eligibility for free or reduced-price health care. Finally, WIC applicants must be at nutritional risk as determined by a qualified health professional based on several nutritional criteria specified in program rules. The nutritional risk criteria do not constrain eligibility in previous years when there was sufficient funding provided (Wilde, 2013). For nutritional risk eligibility, a competent professional authority on the staff of the local agency will determine if a person is at nutritional risk through a standard medical or nutritional assessment. Most applicants meet at least one risk criterion or another (Wilde, 2013).

Nutritional risk criteria will matter more if the WIC budget becomes more constrained. If WIC cannot serve all the eligible people who apply for benefits, a waitlist is created that uses a priority system which gives first priority to pregnant women, breastfeeding women, and infants.
determined to be at nutrition risk based on hematological or anthropometric measures instead of eating patterns (Wilde, 2013). Next, in propriety, would be infants up to 6 months of age whose mothers participated in WIC or could have participated and have a medical problem. After that, would be children at nutrition risk because of a nutrition-related medical problem, pregnant or breastfeeding women and infants at nutrition risk because of an inadequate dietary pattern, children at nutrition risk because of an inadequate dietary pattern and non-breastfeeding, postpartum women with any nutrition risk have priority. Finally, WIC would accept individuals at nutrition risk only because they are homeless or migrants, and current participants who, without WIC foods, could continue to have medical and dietary problems (“WIC”, 2014).

**Benefits of the Program**

The WIC Program offers three types of benefits to all participants free of charge: a supplemental food package, nutrition education, and referrals to health care and social services (Oliveria, 2002). The supplemental food package distributed through the WIC Program is designed to supplement participants’ diets with specific nutrients. Different foods are provided to each category of participants. The WIC benefit package is defined in terms of specific food and beverages, with the goal of enhancing intake of particular nutrients and more recently fruits, vegetables and wholes grains (Wilde, 2013). WIC foods include infant cereal, iron-fortified adult cereal, vitamin C-rich fruit or vegetable juice, eggs, milk, cheese, peanut butter, dried and canned beans/peas, and canned fish. The types of foods included in the WIC food package are chosen for their broad cultural and ethnic appeal, commercial availability, versatility in preparation and use, and administrative feasibility (Oliveria, 2002).

On February 28, 2014, The U. S. Department of Agriculture finalized the WIC Program to further improve the nutrition and health of the nation's low-income pregnant women, new
mothers, infants and young children. The changes, which increase access to fruits and vegetables, whole grains and low-fat dairy, are based on the latest nutrition science. The announcement marked the completion of the first comprehensive revisions to the WIC food packages since 1980 (“United States Department of Agriculture”, 2014). Foods such as soy-based beverages, tofu, fruits and vegetables, baby foods, whole wheat bread, and other whole-grain options are examples of foods added to better meet the nutritional needs of WIC participants.

Unlike many federally sponsored social welfare programs, the federal government yields great discretionary authority to the states, making each individual state responsible for a variety of important decisions about social policy, the WIC Program and its implementation. Given the discretion to make and choose policies, states differ in the way they design policy and their mechanisms for implementing particular policies and subsequent programs. The changes made to the WIC Program on the federal level show a federal influence on the program. However, the implementation of these changes is determined on the state level. Therefore, even when federal changes are made, the political culture of individual states influence how the changes are implemented.

The WIC Program makes nutrition education available to all participants or to the parents or care-givers of infant or child participants (Oliveria, 2002). WIC regulations state that nutrition education should be designed to achieve two broad goals. The first goal is for nutrition education to stress the relationship between proper nutrition and good health and raise awareness about the dangers of using drugs and other harmful substances. The second goal is to assist the nutritionally at-risk individual in achieving a positive change in food habits, which will hopefully result in improved nutritional status and prevention of nutrition related problems through the
optimal use of the supplemental foods and other nutritious foods (7 CFR 246.7, 2011).

Recently, nutrition education in the WIC Program has been focused on breastfeeding. WIC recognizes and promotes breastfeeding as the optimal source of nutrition for infants. WIC mothers are encouraged to breastfeed their infants, unless medically contraindicated. Pregnant women and new WIC mothers are provided breastfeeding educational materials and support through counseling and guidance. There are three options for new WIC mothers, full breastfeeding, partial breastfeeding, and full formula. WIC mothers who breastfeed are given a higher level of priority for program certification, a greater quantity and variety of foods than mothers who do not breastfeed, a longer certification period than non-breastfeeding mothers, one-to-one support through peer counselors and breastfeeding experts, and breast pumps and other aids to help support the initiation and continuation of breastfeeding. The WIC Program provides these benefits to breastfeeding mothers because of improved nutritional status of infants who are breastfed compared to those who are not. However, for infants of women who cannot be breastfed, a WIC participant is provided with iron-fortified infant formula to help combat iron deficiency anemia. In addition, special infant formulas and medical foods may be provided to participants when prescribed by a physician for a specified medical condition (“WIC”, 2014).

As a free of charge benefit WIC provides referrals to health care and social services. WIC was designed to provide participants with good health care during critical times of growth and development. WIC accomplishes this by having local WIC agencies assist WIC participants in obtaining health care and social services such as SNAP, Medicaid, and immunization programs, either through onsite health services or referrals to other agencies (Oliveria, 2002). For example, immunization rates of low-income children continue to lag behind those of more affluent children. Because of this a White House Executive Memorandum was issued in December 2000
directing WIC to screen the immunization records of all infants and children under the age of two at WIC certification visits. WIC provides a referral to immunization services, ideally to the child’s usual source of medical care, which helps to lower the immunization gap between low-income and more affluent children (“Immunization Screening”, 2013).

**Food Delivery for the Program**

WIC State agencies have the ability to use three types of systems or a combination of the three to deliver food to WIC participants: retail distribution, home delivery distribution, and/or direct distribution (Simon and Leib, 2011). In most WIC State agencies, WIC participants receive food instruments known as checks or vouchers to purchase the foods at authorized local retail outlets. The food instrument specifies the type and quantity of supplemental foods that can be purchased. Most participants periodically pick up their food instruments in person at the local agency or clinic every 1, 2, or 3 months (Oliveira, 2002). Some states issue an electronic benefit card to participants instead of paper checks or vouchers. Only vendors authorized by the State agency may accept the food instruments. Currently, the WIC Program nationwide authorizes approximately 48,000 vendors. These vendors must charge competitive prices for supplemental foods and cannot collect sales tax on WIC food purchases (Oliveira, 2002). The use of electronic cards is growing and all WIC state agencies are required to implement WIC electronic benefit transfer cards, also known as EBT, statewide by October 1, 2020 (“WIC”, 2014). In both home-delivery and direct-distribution food delivery systems, WIC State agencies may purchase the supplemental food in bulk lots and take advantage of discounts available to them. A few state agencies distribute the WIC foods through warehouses or deliver the foods to participants’ homes, but most state agencies have found these delivery systems to be unfeasible due to the costs associated with administering the program or because of its impact on participants.
(Oliveira, 2002). Today, Vermont uses home delivery and Mississippi and parts of Chicago use direct distribution, while all other States currently use retail food delivery (Oliveira, 2002).

**WIC Farmers' Market Nutrition Program (FMNP)**

The WIC Farmers’ Market Nutrition Program (FMNP) is associated with the WIC Program. Congress established the WIC FMNP in 1992, to provide fresh, unprepared, locally grown fruits and vegetables to WIC participants, while also expanding awareness, use, and promotion of the sales of goods at local farmers’ markets.

A variety of fresh, nutritious, unprepared, locally grown fruits, vegetables and herbs may be purchased with FMNP coupons. State agencies have the authority to limit sales of specific foods grown within their State borders to encourage the support of the farmers in their own states. During fiscal year 2013, 1.5 million WIC participants received FMNP benefits (“Farmers’ Market”, 2014). During fiscal year 2013, 17,713 farmers, 3,322 farmers' markets and 2,758 roadside stands were authorized to accept FMNP checks or coupons. Checks and coupons redeemed through the FMNP resulted in over $13.2 million in revenue to farmers during fiscal year 2013 (“Farmers’ Market”, 2014).

In addition to providing another source of healthy and nutritious food, nutrition education is provided to FMNP recipients by the State agency, often through an arrangement with the local WIC agency. These educational arrangements help to encourage FMNP recipients to improve and expand their diets by adding fresh fruits and vegetables, as well as educate them on how to select, store and prepare the fresh fruits and vegetables they buy with their FMNP coupons (“Farmers’ Market”, 2014).

The FMNP is administered through a Federal and State partnership in which the Food and Nutrition Service (FNS) provide cash grants to state agencies. The FMNP is administered by
state agencies such as the State’s Agriculture Departments or State’s Health Departments. As a prerequisite to receiving federal funds for the FMNP, each state agency must submit an annual State Plan outlining and describing how the state agency intends to implement, operate and administer all aspects of the FMNP within its jurisdiction.

Eligible WIC participants are issued FMNP checks or coupons in addition to their regular WIC benefits. These checks or coupons are used to buy eligible foods from farmers at farmers’ markets and roadside stands that have been approved by the state agency to accept FMNP coupons. The farmers or farmers’ market managers then submit the redeemed FMNP checks or coupons to the bank or state agency for reimbursement.

Congress provides funds in the form of cash grants for the FMNP each year. Federal funds support 100 percent of the program’s food costs, and 70 percent of the administrative costs necessary to operate the Program. However, State agencies operating the FMNP must match the Federal administrative funds allocated to them by contributing at least 30 percent of the Program’s total administrative cost (“WIC in the States”, 2005). The matching funds can come from a variety of sources, such as state and local funds, private funds, similar programs, and program income. The Federal FMNP benefit level per recipient must be at least $10 and not more than $30 per month. However, state agencies may supplement the Federal benefit level with state, local or private funds. During fiscal year 2014, $16.548 million was appropriated for the FMNP (“Farmers’ Market”, 2014).

**WIC Program Impact**

The WIC Program has been successful in improving many aspects of the participant’s lives and health. The Food Research and Action Center (FRAC) published a report in 2005 entitled “WIC in the States: Thirty-One Years of Building a Healthier America”. The report
reviewed the WIC Program’s achievements during its 31 year history and the program’s importance to women, infants and children (“WIC in the States”, 2005). For pregnant, postpartum women and children, the report found that the WIC Program improves recipient’s dietary intake by providing a supplemental food package every month that is designed with foods high in protein, iron, calcium, and vitamins A and C, all nutrients likely to be missing from the diets of low-income women. U.S. Department of Agriculture research has shown that participation in the WIC Program significantly improves the recipient’s dietary intakes of iron, folate, and vitamin B-6 (“WIC in the States”, 2005).

Pregnant WIC Program women participants have a greater likelihood of receiving prenatal care, which helps increase the duration of their pregnancy and correspondingly reduce the incident of low birth weight rates. USDA studies have also shown that the WIC Program lowers infant mortality by approximately one-quarter to two-thirds among the Medicaid beneficiaries who participate in WIC compared to Medicaid beneficiaries who do not participate in WIC, and it estimates that approximately 113,000 children and young adults are living today who would have died without WIC Program intervention (WIC in the States”, 2005).

For infants and children, the Centers for Disease Control and other researchers have found that the WIC Program decreases the incidence of iron-deficiency anemia, a widespread problem among low-income children. This is important because anemia affects a child’s development of motor skills, impairs memory, increases a child’s susceptibility to lead poisoning, reduces the ability of a child’s body to combat infection, and hinders the child’s overall ability to learn.

For infants and children the WIC Program significantly improves children’s diets, helps to prevent obesity in children and improves the growth of at-risk infants and children. In
addition, children enrolled in the WIC Program are more likely to have regular sources of medical care, are more likely to be immunized, are more prepared for school, and have improved cognitive development.
Chapter 4

Methodology

The following section describes the methodology used in this study. The program I will focus on is WIC, specifically administered in the states of Mississippi, Montana and Nevada. Using administrative functions as a framework, I will use a case study model for comparative analysis of the WIC Program in three states with different political cultures. The findings from this study provide valuable information for stakeholders and administrators for further understanding the implementation of the WIC Programs across different political cultures. I will perform a case study on each referenced state, specifically looking at funding and budgets, eligibility, benefits, food delivery, human resources and structure.

I chose the state of Mississippi to represent Elazar’s Traditionalistic political culture and as a base point for determining the other states. From there, I have chosen the state of Montana to represent a Moralistic culture and the state of Nevada to represent an Individualistic culture. I chose these states because they have similar median income, population, and geography to Mississippi. I looked for states that had similar median incomes to Mississippi, because social programs such as WIC are distributed to participants in a certain income bracket. Choosing States that have similar median incomes, are likely to have more similar percentages of their population in need of WIC services. I then looked at population size, because Mississippi is a relatively small state. To do this, I picked states with a small number of Congressional Representatives. Finally, I looked at the geography of each state. Because Mississippi is mainly a rural state, I looked for other states with similar geographical characteristics.

To standardize the analysis, I will use an administrative framework to do a comparative analysis of each state. When looking at funding and budget, I will explain where each state’s
funding comes from and how each state spends it. To standardize the information, I will divide the budget allocated to benefits for each state by the number of WIC Program participants and compare that between the three study states. This methodology will show the money allotted to each participant and determine whether one state is providing more money on an individual level. Next, I will examine each state’s definition of eligibility for WIC Program recipients. On a federal level, there are maximum guidelines for eligibility. However, states can adjust the eligibility standards, which I take into account because, such differences may affect the number of participants in each state’s WIC Program. Following, I will define and compare each state’s benefits. Although the federal government determines a general outline for the benefits that WIC Program participants receive, states are allowed to modify benefits. Thereafter, this paper will discuss how WIC Program participants receive their benefits in each state and then compare the three. Then, I will look at the number of employees each state WIC Program has per participant in each state and compare the ratios of the three states. Finally, I will examine the structure of each WIC Program in the state by breaking down their organizational chart to determine if political culture in each state has an impact on the administration of the WIC Program.

Comparing across political cultures, I expect the implementation of WIC Programs will differ and will ultimately show that political culture influences the way social programs are administered.

**Table 4-1: Administrative Framework**

<table>
<thead>
<tr>
<th>Administrative Functions</th>
<th>Operational Functions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding and Budget</td>
<td>A financial plan serving as a pattern for and control over future operations. A managerial or administrative instrument that specifies the ways and means* of providing public programs and services, it establishes the costs of the program and the criteria by which these</td>
</tr>
</tbody>
</table>
programs are evaluated. An economic instrument that can direct a program’s economic growth and development.

<table>
<thead>
<tr>
<th>Eligibility</th>
<th>Eligibility is the qualifications to participate in social welfare program and in the WIC Program, is broken into categorical requirements, residential requirements, income requirements, and nutritional risk requirements.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits</td>
<td>An advantage received based on meeting predetermined requirements.</td>
</tr>
<tr>
<td>Delivery</td>
<td>How benefits are physically distributed to participants.</td>
</tr>
<tr>
<td>Human Resources/Personnel</td>
<td>A collective term for all the employees of an organization, which refers to the personnel management function or organization unit responsible for administering personnel programs.</td>
</tr>
<tr>
<td>Structure</td>
<td>A unique configuration that divides labor, specifies roles and functions, determines how information flows among people and groups, and how the system of controls** is to work. These structures are often visualized in the form of an organizational chart, which establishes how roles, expectations and resource allocations are distributed in any giving organization.</td>
</tr>
</tbody>
</table>

*The methods by which a state gains its funds, supplies, and other necessities.  
**How Tasks are measured, evaluated, and altered.  
(Shafritz, Russell, Borick 2005)

**Research Questions**

My primary research question is as follows: Does the dominant political culture of a state affect the administrative implementation of the WIC Program in that state?

**Expected Outcomes**

Given my research, I expect that the state of Montana, as a Moralistic political culture, will be more likely to give more money to WIC participants. The Moralistic culture encourages support of the public good, which should encourage spending on the WIC Program. I expect that, the state of Mississippi, with a Traditionalistic culture, will spend less even if demand for the
WIC Program is comparable to other states in this study. Similarly I expect that, the state of Nevada, which is representative of the Individualistic political culture and as encourages private initiative, would also discourage against government financial support. Based on my research, I expect that Nevada would spend less money per WIC participant in relation to Montana, but more money per participant as compared to Mississippi.

The federal government, through the United States Department of Agriculture, outlines the WIC Programs eligibility requirements. I expect that states will vary their eligibility requirements within this range the federal government’s income requirement range based on their dominate political cultures. So, I expect that Montana will have lower income eligibility requirements, require less documentation for certification, and have a broader definition for nutritional risk. On the other hand, Mississippi and Nevada would follow the federal government’s eligibility requirements strictly.

In regard to benefits, I expect that Montana will have the greatest variety of food benefits and provide additional benefits to their WIC Program participants. But the state of Nevada, as an Individualistic political culture state will provide the variety of foods recommended by the federal government, as well as the minimum required additional benefits. The state of Mississippi will provide what is required with limited variety.

In terms of the distribution of food benefits, I expect that Montana will have the most accommodating and varied system for distribution of benefits. Given my research, I expect that Nevada will have the most practical way to distribute benefits and the state government and regulatory authority will have little involvement in the process. Finally, I expect that Mississippi will have the least practical way to distribute food benefits due to the elites who are in control of government and their distance between the program recipients.
For the human resource and personnel category, I expect that Nevada’s bureaucracy will be based on the merit system. I expect that Nevada will only have as many personnel as needed to administer the program like a business. I expect Montana, as a Moralistic political culture, will have a higher number of personnel in relation to the number of participants, to ensure the effectiveness of the WIC Program and the health of the participants. Finally, I expect that Mississippi will have the lowest number of personnel due to the fact that Traditionalistic political cultures tend to be instinctively anti-bureaucratic.

Finally, for the structure of the programs, I expect that Mississippi will have a few main elites authorizing and directing the staff. I expect that Nevada will have a more business like structure administering the WIC Program. I expect that Montana’s WIC Program will have multiple leaders who will make decisions to enhance the overall good of participants.

**Table 4-2: Expected Outcomes**

<table>
<thead>
<tr>
<th></th>
<th>Mississippi</th>
<th>Montana</th>
<th>Nevada</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Funding and Budget</strong></td>
<td>Least money spent on participants; total allocated budget/total participants in the state.</td>
<td>More money spent on participants. Total allocated budget/total participants in the state.</td>
<td>More money per participant than Mississippi, but less money per participant than Montana.</td>
</tr>
<tr>
<td><strong>Eligibility</strong></td>
<td>Will have the most strict eligibility requirements.</td>
<td>Will have the least strict eligibility requirements.</td>
<td>Will follow federal eligibility requirements closely.</td>
</tr>
<tr>
<td><strong>Benefits</strong></td>
<td>Will have the least benefits and least variety of food selection.</td>
<td>Will have the most benefits and the most variety of food selection.</td>
<td>Will have the benefits required and a good variety of food selection.</td>
</tr>
<tr>
<td><strong>Delivery</strong></td>
<td>The most inconvenient food delivery system.</td>
<td>The most convenient food delivery system.</td>
<td>The most practical way of food delivery system with the least amount government involvement.</td>
</tr>
<tr>
<td><strong>Human Resources and Personnel</strong></td>
<td>Will have a least amount of personnel.</td>
<td>Will have a most amount of personnel to ensure participants</td>
<td>Will only have enough personnel to administer the</td>
</tr>
<tr>
<td><strong>Structure</strong></td>
<td>Will have a few main elite administrators in control of the program.</td>
<td>Will have multiple heads of administrations making decisions as a group for the betterment of the participants.</td>
<td>Will have a business like structure administering the program.</td>
</tr>
</tbody>
</table>
Chapter 5

Findings

Traditionalistic Political Culture: Mississippi WIC Program

Mississippi is a state located in Elazar’s Traditional Political Culture category. Mississippi’s WIC Program was implemented in 1974. Mississippi has four congressional representatives and a population of 2,994,079 as of July 1, 2014. Mississippi’s median income is $39,031 (United States Census Bureau Quick Facts, 2014).

Funding and Budget

Preliminary data for fiscal year (FY) 2015 states there are 89,936 participants currently in the Mississippi WIC Program (USDA WIC Preliminary Data FY 2015, 2015). FY 2015 data states that the Mississippi WIC Program’s average food costs per person is $54.42 per month. Food cost in total for FY 2015 is determined to be $9,788,151. Finally, the FY 2015 budget allocates $2,559,962 for nutrition services and administrative costs (USDA WIC Preliminary Data FY 2015, 2015). These numbers do not include the Choctaw Indian WIC Program.

The United States Department of Agriculture data shows the total grant for FY 2015 given to Mississippi is $82,965,101. The total grant appropriated to the State of Mississippi, divided by the total number of participants in the state equals $922.49 per participant for the year.

The budget is divided into two parts: food and administration. Approximately 73% of the food grant went toward actual food cost as opposed to dollars spent for the staffing and operations of distribution centers. Approximately 19% of the administrative grant was for nutrition education. Within the administrative grant, 2% was spent on support for breastfeeding education and promotion, 30% was for client services, and 49% was for general administration.
Eligibility and Certification Criteria

To be eligible for the WIC Program in the State of Mississippi, an applicant must be a pregnant or postpartum woman, an infant under the age of 1, or child under the age of 5, and a resident of Mississippi. The applicant must also meet income guidelines (“Women, Infants”, 2014). Mississippi requires applicant to have an income at or below 185% of the federal poverty level (United States, Mississippi State Department of Health). Mississippi income eligibility guidelines effective from July 1, 2014 to June 30, 2015 compare the size of the household to the income they receive per year, per month, and per week (“Women, Infants”, 2014). If an applicant receives TANF, Food Stamps or Medicaid, than an applicant automatically meet WIC Program income guidelines (United States, Mississippi State Department of Health). A nurse or other qualified medical professional determine if the applicant is at medical or nutritional risk. Applicants with low iron levels in the blood, known as anemia, or who are underweight, overweight, or have a poor diet are typical examples of medical or nutritional risk (“Women, Infants”, 2014). During FY 2014, the WIC Program will be implementing SPIRIT, an online certification system that will provide participants with WIC food vouchers. This system should help increase program participation rates (United States, Mississippi State Department of Health).

Under USDA policy, WIC applicants must apply in person for benefits at their local WIC clinic. Applicants must bring proof of income, residence, and identification to their WIC appointment (“Women, Infants”, 2014). Proof of income could be a pay stub that is less than 60 days old, a signed statement from an employer indicating gross income, current W-2 forms, an income tax return for the most recent year, or proof of Medicaid, TANF, or Food Stamps. Recent
proof of residence could be a piece of mail that includes the applicant’s current address, a valid driver’s license with current address, or a mortgage/rental agreement. Proof of identification could be a valid diver license, a social security card, a valid U.S. passport, current immunization record, military ID, or newborn crib card. During this intake appointment, a nutritional assessment, consisting of height and weight measurements, blood tests, and survey on diet and exercise is completed. Once completed this process will determine the nutritional risk eligibility and can usually be completed in the same day (Simon & Leib, 2011).

**Benefits**

Mississippi WIC Program benefits include a monthly package of food, nutrition education, health care referrals, and breast-feeding support. The WIC food package provides nutritious foods to supplement the regular meals. An applicant can receive some or all of the following: eggs, beans, cheese, baby formula, peanut butter, white and chocolate milk, hot and cold cereals, 100% fruit juice, canned tuna (only for breast feeding mothers), whole wheat bread or tortillas, fresh and canned fruits and vegetables, baby food fruits and vegetables, and baby food meats (only for breast fed infants) (“Women, Infants”, 2014). The WIC participant is authorized for a “30 day-1 pick up” or a “60 day-2 pick up,” and given an appointed time go to the approved distribution center. When picking up supplemental food at the distribution centers, the WIC participant is given a piece of paper listing the amount and type of approved foods in their benefits package. The quantity and types of foods vary based on participants (Simon & Leib, 2011).

In addition to the food packages, the WIC Farmers’ Market Nutrition Program (“WIC FMNP”) enables participants to buy fresh fruits and vegetables. The WIC FMNP is a unique program designed to provide nutrition benefits to WIC clients and promote the purchase of
Mississippi grown fruits and vegetables from farmers who are selling their products at local farmers’ markets throughout Mississippi (“Mississippi Farmers”). The Mississippi WIC Farmers’ Market Nutrition Program (FMNP) was started in 1998, at first targeting a small number counties and providing benefits of $14 per recipient per month (Simon & Leib, 2011). Today, the WIC FMNP recipients certified by the staff receive a one-time benefit of $15 three checks at $5 each. These specially printed checks provided on a one-time basis to participants enrolled in WIC in communities with farmers’ markets. Checks are issued by designated staff members at local WIC Program agency sites, and then redeemed by participants at approved farmers’ markets and roadside stands for the purchase of fresh fruits and vegetables.

FMNP is a seasonal program that begins in June or July with the distribution of checks to eligible recipients. The checks are valid for use at all authorized farmers’ markets until October of the same year. Currently, the program operates in Bolivar, Clay, Hinds, Holmes, Lauderdale, Lowndes, Noxubee, Pike and Tate counties.

The Mississippi farmers’ markets, which are selected for the program, are selected based on specific criteria agreed upon between the Mississippi Department of Agriculture and Commerce and the Mississippi State Department of Health’s WIC Program. The selection criteria for farmers markets to be selected for participation include proximity to WIC nutrition sites, WIC targeted nutrition areas, and types of farm produce available. Mississippi Department of Agriculture and Commerce (MDAC) employees train and certify farmers’ market managers and participating farmers.

WIC participants benefit from the FMNP program greatly too, because the program enhances the standard food package received by WIC participants with fresh fruits and vegetables. During the time FMNP coupons are valid, WIC participants can receive the standard
food pack plus fresh local fruits and vegetables. In addition, WIC participants receive additional nutrition information from a WIC nutritionist. Finally, WIC participants form relationships with rural farmers and community members that could result in farmers or members of their community sharing tips with WIC participants who may not have the knowledge and experience on ways to prepare and store fruits and vegetables for healthier meals.

In addition to the food packages and WIC FMNP described above, the other type of benefit provided to all WIC participants (or to the parents or caretakers of infant or child participants) is nutrition education. The nutrition education provided to Mississippi WIC participants takes the form of both individual counseling and group classes (including group discussion, audiovisual materials and kiosk-based trainings), which may take place at the county health department and/or the food distribution center, depending on the space available (Simon & Leib, 2011). The nutrition counseling covers a wide range of topics, including healthy eating, healthy beverages, the importance of exercise, the dangers of alcohol/drug use, and the importance of breastfeeding. Mississippi WIC participants are required to participate in a nutrition education class at least twice during each certification period (i.e. at least every three months) (“Women, Infants”, 2014). Another benefit to WIC participants is free health referrals. The health referrals are to programs such as Medicaid, TANF, SNAP, Maternity Services, Immunizations, and Early Periodic Screening, Diagnosis and Treatment (“Women, Infants”, 2014). Finally, breast-feeding support is a benefit of the WIC Program. The Mississippi WIC Program provides peer counselors, lactation specialists, and lactation consultants. If participants choose to breastfeed, additional benefits and incentives are provided. For example, breastfeeding mothers are eligible to participate in WIC longer than non-breastfeeding mothers. The breast feeding mothers receive follow-up support through peer counselors, and they can receive breast
pumps, breast shells, or nursing supplements to help support their breastfeeding. (“Women, Infants”, 2014).

**Delivery**

The Mississippi WIC Program operates under a direct distribution system. A direct distribution system is one in which WIC participants pick up their supplemental food from storage facilities or distribution centers operated by the state or local WIC agency (Simon & Leib, 2011). Food items can be picked up at the participant’s local WIC distribution center. The food package provides specific food items in a set quantity. After certification, the WIC participant is authorized for a “30 day-1 pick up” or a “60 day-2 pick ups” (“Women, Infants”, 2014). However, a beneficiary forfeits any benefits not used during the month’s valid purchasing period. At the distribution center, the WIC participant is given a piece of paper that lists the amount and type of approved foods in their benefits package. At a typical distribution center, the selection available to participants is moderate but not extensive. Also, because participants have set times when they can pick up food items, some food items may be out of stock or unavailable.

Currently, Mississippi is the only state that uses a direct distribution system. Mississippi is mandated by federal law that its WIC Program be EBT compliant by October 1, 2020. Before the Mississippi WIC Program can meet this mandate, it needs to move to a retail distribution system. Mississippi plans to switch to a retail and EBT system simultaneously (E. Guthrie-Lewis, personal communication, Mar 16, 2015).

**Human Resources and Personnel**

To apply for a position with the Mississippi WIC Program, applicants must apply online to the Mississippi State Personnel Board. While states are required to meet staffing requirements related to their administrators, program specialists and nutrition professionals, there are no
federal staffing requirements that are directly applicable to WIC local agencies (“WIC Staffing Data Collection Project”, 2006). The Mississippi WIC Program pays full or partial salary for approximately 700 staff (E. Guthrie-Lewis, Personal communication, April 10, 2015). The program employs people in the following categories: clinic services, food distribution centers, central office administration, and WIC IT staff.

Structure

The Mississippi WIC Program is controlled by the Mississippi State Department of Health. The program is under health services along with children and adolescent health, women’s health, oral health, and health and data research. Currently, the Mississippi State WIC Director is Elvie Guthrie-Lewis. Serving under her are a Nutrition Coordinator, a Breastfeeding Coordinator, and a State Vendor Manager. The WIC Program is listed on the Health Department organization chart, figure 5.1.

Moralistic Political Culture: Montana WIC Program

Montana is a state located in Elazar’s Moralistic political culture. Montana has one representative at large and has a population of 1,023,579 as of July 1, 2014. Montana has a median income of $46,230 (United States Census Bureau Quick Facts, 2014).

Funding and Budget

Preliminary data for fiscal year (FY) 2015 states there are 18,852 participants currently enrolled in the Montana WIC Program (USDA WIC Preliminary Data FY 2015, 2015). FY 2015 data states that the Montana WIC Program’s average food costs per person is $40.38 per month. Food cost in total for FY 2015 is determined as $1,788,151. Finally, the FY 2015 federal budget allocates $513,584 for nutrition services and administrative costs (USDA WIC Preliminary Data FY 2015, 2015). These numbers do not include the Inter-Tribal Council.
The United State Department of Agriculture data shows the total grant for FY 2015 given to Montana is $16,052,303. The total grant given to the State of Montana by the federal government, divided by the total amount of participants in the state allocates $851.49 per participant for the year.

**Eligibility and Certification Criteria**

A person in Montana applying for the WIC Program must meet certain eligibility requirements. In Montana, like Mississippi, a person applying for WIC benefits must meet a categorical, residential, income, and nutritional requirements. The applicant must be a pregnant woman, breast-feeding woman, postpartum woman, infant (up to age one), or child (up to age five) and live in the state of Montana. The income requirement requires that the household’s income is at or below current WIC income guidelines or household meets adjunctive income eligibility definition. The federal income guidelines are subject to change yearly. Finally, the applicant must be at a nutritional risk. If applicants are unsure if they meet the WIC eligibility requirements, the program’s website has a pre-screening tool where they can check eligibility (“Montana Department of Health and Human Services”).

To apply, applicants need to visit their local WIC agency and bring proof of income, residence, and identify for each family member applying for WIC benefits. Montana does not require proof of pregnancy. For proof of current income, Montana requires one of the following documents: paycheck stubs, most recent income tax return, award letter from unemployment, award letter from Social Security, or income adjunctively eligible program. For proof of current address, an applicant must bring a recent pay stub, recent bank or credit card statement, utility bill, rent or mortgage agreement, driver’s license with current address, voter registration with current address, or county statement of current address. For proof of identity, applicants may
present a driver’s license, state ID, U.S. passport, birth certificate, social service card, voter registration card, or health insurance card. There are a total of 85 WIC clinics in Montana (“Montana Department of Health and Human Services”). The WIC clinic set their non standard hours. For example, some are open the first Tuesday of even months or only one day a week.

When accepted into the Montana WIC Program, participants sign a contract explaining their rights and responsibilities. The contract lists what the participants agree to and list items they should understand before committing to the program (United States, Department of Public Health and Human Services).

**Benefits**

The Montana WIC Program provides nutrition and health education, breastfeeding support, healthy food and referrals to other services free of charge to Montana families who qualify. Montana’s WIC Program allows participants to purchase fresh fruits and vegetables, whole grains, cereals, eggs, peanut butter, beans, milk, cheese, juice, soy beverage, infant foods and infant formula with WIC coupons at participating Food Markets and grocery stores that participate. However, food choices and amounts will vary depending on whether there is a pregnant woman, a breastfeeding woman, an infant or a child 1 to 5 in the household. Because Montana’s WIC Program allows participants to go to food markets and grocery stores, where they specify the item’s brand, size, and type that qualify. For example, milk is required to be pasteurized and fortified and be a store brand, if available. In addition, participants can only get certain types and sizes of milk, which are: skim, 1%, 2%, organic, lactose-free, evaporated, whole, sweet acidophilus, nonfat dry, meyenberg goat milk, no flavor added, no pints, two ½ gallons may be substituted for 1 gallon, no enhanced milk, and quarts only if specified on
benefits. There are specific requirements for each general food assigned to a participant (United States, Department of Public Health and Human Services).

The Montana WIC Program also provides the benefit of shopping at farmers’ markets. Since 2002, the Montana WIC Program has been operating the WIC Farmers’ Market Nutrition Program (FMNP) in select locations. WIC participants are offered the opportunity to purchase locally grown fresh fruits and vegetables using the FMNP Benefit. There is a list of approved fruits and vegetables that can be purchased at the farmers’ markets, in addition to a list of non-approved items (United States, Department of Public Health and Human Services).

Additionally, there is nutrition education for participants. There are numerous links online with information about proper diets for infants and children, different tips for cooking with WIC foods, and kitchen safety tips. There are also websites linked on the Montana WIC page specifically for breastfeeding education. The Montana WIC Program has several breastfeeding Peer Counselor Projects. Many of the local program staff have studied and passed the exam to become Certified Lactation counselors so they can provide mothers help with breastfeeding concerns. In addition, the Montana WIC Program has various breast pumps available for breastfeeding mothers and infants.

**Delivery**

Montana uses a retail distribution system to provide WIC participants with their supplemental healthy food benefits. A retail distribution system is one in which WIC participants obtain their supplemental food packages by exchanging a food instrument, which could be a check, voucher, or an Electronic Benefits Transfer (EBT) card at an authorized retail outlet. To use Montana WIC benefits, participants must first select a Montana WIC authorized retailer. Then they must have to make sure to use the benefits after the “First Day to Use,” but before the
“Last Day to Use.” The benefits listed on the voucher act as a shopping list. The participant is only allowed to purchase items on that list that meet Montana’s specified food list brands and sizes. Fruit and vegetable benefits may be redeemed at authorized food markets or grocery stores in addition to Farm Direct booths, stands, and stalls. WIC foods must be bought separately from other foods a participant is buying (United States, Department of Public Health and Human Services).

Currently, Montana’s WIC Program uses checks and vouchers that are distributed at WIC agencies. These checks and vouchers are then taken to 192 authorized state retailers, where they are exchanged for specific food benefits. Checks cannot be replaced if lost or stolen. However, Montana is in the processes of implementing the use of EBT cards statewide. The start date is May 1, 2016 (“United States Department of Agriculture”, 2015).

**Human Resources and Personnel**

There are approximately 130 WIC employees in 84 clinics across the state of Montana. However, there are 11 full time staff that work in the State’s main office for the Montana WIC Program. Most of the employees are not full-time WIC employees. Approximately half of the employees work on other State public health programs in order to work a full 40-hour week. USDA and Food and Nutrition Services (FNS) require that WIC employees must track time spent on the program quarterly (B. Lahr, personal communication, March 25, 2015).

There are a variety of jobs within the State of Montana WIC Program. The positions that require the most training are aides to clinic and nutrition educators, Competent Professional Authorities (CPA), registered dietitians and breastfeeding coordinators. Other positions in the WIC Program are counseling, outreach and retail. Training for general positions can be done online ([Staff Training Form](#)).
Structure

The Montana WIC Program is administered within the Montana Department of Public Health and Human Services. The program is not listed on the organization chart, but the WIC Program is in the division of Public Health and Safety and is classified under the issue of Family Health. The Montana WIC Program has a Director and 11 full time staff under the Family Community Health Bureau. The administrator of this branch is Todd Hardwell.

Individualistic Political Culture: Nevada WIC Program

Nevada is located in Elazar’s Individualistic political culture category. Nevada has four congressional representatives and has a population of 2,839,099 as of July 1, 2014. Nevada’s median income is $52,800 (United States Census Bureau Quick Facts, 2014).

Funding and Budget

Preliminary data for fiscal year (FY) 2015 states there are 74,200 participants currently in the Nevada WIC Program (USDA WIC Preliminary Data FY 2015, 2015). FY 2015 data states Nevada WIC Program’s average food costs per person is $38.43 per month. Food cost in total for FY 2015 is determined as $5,702,711. Finally, FY 2015 budget allocates $1,789,090 for nutrition services and administrative costs (USDA WIC Preliminary Data FY 2015, 2015). The State of Nevada does not have any Indian Tribal Organizations.

The United States Department of Agriculture data shows the total grant for FY 2015 given to Nevada is $50,884,264. The total grant given to the State of Nevada by the federal government, divided by the total number of participants in the state equals $685.78 per participant per year.

Eligibility
To participate in the Nevada WIC Program applicants must be residents of Nevada, be pregnant or recently pregnant women with an infant or child up to age 5, have a moderately low income, and be found to have a nutritional risk (“Nevada WIC”, 2015). The Nevada WIC Program uses the federal government’s income guidelines. The income guidelines for WIC are considerably higher than for other welfare programs, so many families with employed family members can qualify for WIC in the State of Nevada. These guidelines change yearly. To be categorized as having nutritional risk, Nevada residents must do a mandatory medical and nutritional screening.

If eligible, applicants must schedule an appointment to become WIC certified. They must bring proof of identification, proof of residency, and proof of income to their appointment. Proof of identification for infants and children must be a current and valid original document, not a photocopy, of immunization records, hospital birth records, birth certificate, or Medicaid card. Women or the parent, guardian, or proxy must bring a current and valid photo ID, work or school ID, birth certificate, or Medicaid card. For proof of residency, one document may be used to certify the entire family. The parent or guardian’s proof of residence applies to the infant or child. The documents accepted as proof are current utility bill for the residence reported, rent or mortgage receipts, statement from landlord, or State of Nevada driver’s license with current physical address and a P.O. Box is not acceptable.

**Benefits**

The Nevada WIC Program has benefits of free supplemental healthy food, nutrition education, breastfeeding resources, and healthcare screening and referrals. Nevada WIC participants can purchase milk, eggs, soy beverages, tofu, cheese, cold cereals, hot cereals, fruits, vegetables, juices, concentrate juices, legumes, whole grains, canned fish, and infant foods and
formula based on participant status. Because Nevada’s WIC Program allows participants to go to food markets and grocery stores, they specify the item’s brand, size, and type. For example, when a participant buys milk it must be the least expensive brand available. It has to be pasteurized fluid cow’s milk, nonfat, 1%, or whole. It can be fresh or evaporated goat’s milk, dry (vitamins A and D fortified), evaporated (vitamin D fortified), fluid lactose-free, acidophilus, or UHT if specified on the participant’s shopping list (“Nevada WIC”, 2015). Nevada’s WIC Program does not allow flavored or organic milk to be purchased. These health food benefits can be purchased at 229 approved WIC retailers across the state. Nevada lists the retailers by area. There are 57 retailers in north Nevada, 28 retailers in rural Nevada, and 144 retailers in south Nevada. Currently, Nevada does not offer the Farmers’ Market Nutrition Program for WIC participants (“Nevada WIC”, 2015).

In addition to supplemental healthy foods, nutrition education is one of the benefits of the Nevada WIC Program and is made available at no cost to all participants. The Nevada WIC Program strives to provide nutrition education that meets the needs, interests, household situation and cultural preferences of participants. Nutrition education is provided both individually and in-group sessions (“Nevada WIC”, 2015). When special accommodations are required, nutrition education can be done online. The Nevada WIC Program provides nutritional educational materials that keep up with personal and cultural preferences of participants. Nutrition education offered by the Nevada WIC Program teaches mothers not only about specific nutritional needs but also the nutritional needs of their infants and children (“Nevada WIC”, 2015). One example of the WIC Program’s nutritional education is participants are taught how to shop for nutritious foods as well as how to prepare well-balanced meals. In addition, WIC participants can seek nutrition counseling services.
Another Nevada WIC Program benefit is breastfeeding resources and support. Like the other states in the study, the Nevada WIC Program provides breastfeeding support, education and counseling. In addition, the Nevada WIC Program works closely with local breastfeeding programs and services. The State of Nevada has a large initiative promoting breastfeeding among new mothers in general (“Nevada WIC”, 2015).

Lastly, the Nevada WIC Program provides community referrals, nutritional counseling, and health screenings. The WIC staff provides community referrals for immunizations, health care, and other programs in the community. Qualified registered dietitians and nutritionists provide professional nutrition and wellness advice. Health screenings allow Nevada WIC Program participants to track their child’s growth, and parents will be given information on how to understand their child’s health and development (“Nevada WIC”, 2015).

**Delivery**

Like Montana, the Nevada WIC Program uses retail distribution system and has used EBT cards statewide since August 2009. JP Morgan is the states EBT card processor (“United States Department of Agriculture”, 2015). Participants obtain EBT cards and use them like debit cards for WIC-approved food purchases at authorized and approved retailers.

**Human Resources and Personnel**

The Nevada WIC Program has statewide coordinators that oversee WIC personnel in county offices and clinics across the state. Nevada has 18 staff members or personnel that take care of most of the business in the state capitol (M. Walker, Personal communication, April 10, 2015). Nevada WIC’s webpage has a tab for staff that is accessible by the public. The webpage provides easy access to the policy and procedural manual, frequently used forms, and other convenient resources (“Nevada WIC”, 2015). There is an online form that can be filled out to file
a complaint about a staff member. This helps to keep WIC staff accountable. All WIC staff are required to meet with the local agency breastfeeding coordinator immediately upon hire. At this meeting, the breastfeeding coordinator will discuss why WIC supports breastfeeding as a priority, the local agency breastfeeding promotion program, the breastfeeding promotional supplies available for distribution, the peer counseling program (if applicable), and the breast pump distribution program. WIC nutritionists are required to complete 17 training modules within six months of hire, an eight-week instructor-led nutrition course within six months of hire, and 35 hours of breastfeeding training within one year of hire. Administrative staff is required to complete the WIC entry training modules within two months of hire and six hours of breastfeeding training within six months of hire. Peer counselors are required to complete all breastfeeding training modules within six months of hire, Loving Support Peer Counselor Training within one month of hire, and 35 hours of breastfeeding training within one year of hire.

The State of Nevada WIC Program staff participates in a unique program called Nevada WIC C.A.R.E.S., which stands for Connect, Access, Respond, Empower, and Support. The State of Nevada WIC C.A.R.E.S represents a system-wide commitment to excellent care and services provided every day in WIC Programs across the State. Within the C.A.R.E.S. framework, the WIC staff become partners with participants and provides guidance and support to help WIC participants adopt positive nutrition and health-related behaviors for themselves and their families. When choosing to participate in the C.A.R.E.S. program, WIC staff members are offered training to provide quality participant-centered services (PCS), in addition to building a framework for staff mentoring that will support the ongoing development of current and future staff. The C.A.R.E.S “Champions” create an environment in which constructive feedback and
positive support help staff at all levels develop their skills, ensuring that the spirit and style of Nevada WIC C.A.R.E.S. is included in all aspects of service delivery (“Nevada WIC”, 2015).

**Structure**

The Nevada WIC Program is under the state’s Department of Health and Human Services and within the Division of Public and Behavioral Health (DPBH). The DPBH was formerly the Nevada State Health Division. Currently, Michelle Walker is the WIC Program Manager for Nevada. Serving under her, is a state Nutrition Coordinator, Operations Coordinator, Breastfeeding Coordinator, Fiscal Coordinator, Vendor Coordinator, Business Process Analyst, staff for clinic and nutrition services, and staff for office administration and support (“Nevada WIC”, 2015). The WIC Program is not listed on the organization chart, but falls under the Bureau of Child, Family, and Community Wellness, which is within the Division of Public and Behavioral Health.
Chapter 6

Discussion and Conclusion

The purpose of this thesis was to examine WIC Programs with different political cultures, as defined by Daniel Elazar, to better understand the characteristic of the WIC Program. Thus, I chose to use Mississippi to represent the Traditionalistic political culture and used the state as a base point to compare how the other states operate their WIC Programs and deliver benefits. I chose the State of Montana to represent a Moralistic Political Culture and Nevada to represent an Individualistic Political Culture. Montana and Nevada were chosen because these states represent the remaining two political cultures and have similar attributes as the State of Mississippi such as population and median income. Using administrative functions as a framework, I conducted case studies for comparative analysis. The administrative functions I used were funding and budget, eligibility, benefits, delivery, human resources and personnel, and structure. The findings from my study provide valuable information to stakeholders and administrators to further understand the implementation of the WIC Program across different political cultures.

For the administrative function of funding and budget, I expected that Montana would spend the most per participant based on the federal grant received, Mississippi would spend the least and that, Nevada would spend somewhere in between. I found that Mississippi spends the most per participant per year followed by Montana, then Nevada. This could be explained because Mississippi’s distribution system requires high administrative costs, which are included in the overall federal grant given to the state.

Table 6-1: Budget Per Participant Comparison

<table>
<thead>
<tr>
<th></th>
<th>Mississippi</th>
<th>Montana</th>
<th>Nevada</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2015 Total Grant</td>
<td>$82,965,010</td>
<td>$16,052,303</td>
<td>$50,884,264</td>
</tr>
<tr>
<td>Participants FY 2015</td>
<td>89,936</td>
<td>18,852</td>
<td>74,200</td>
</tr>
<tr>
<td>---------------------</td>
<td>--------</td>
<td>--------</td>
<td>--------</td>
</tr>
<tr>
<td>Average money spent per participant per year</td>
<td>$922.49</td>
<td>$851.49</td>
<td>$685.78</td>
</tr>
</tbody>
</table>

Based on my research, I expected Montana would be more lenient on their eligibility requirements, while Mississippi and Nevada would follow the federal governments requirements more strictly. All applicants in the WIC Program must meet categorical, income, location and nutritional risk requirements. Mississippi, Montana, and Nevada followed the federal government categorical requirements and location requirements strictly. The states have the opportunity to adjust income requirements within a certain range. However, Mississippi, Montana, and Nevada chose to follow maximum federal government income requirement suggestions. There is a slight difference on the documents showing proof of income, identify, and residence. The difference I observed was not substantial.

For types of benefits provided, I expected that Montana would have the most variety of food benefits and provide more additional benefits to satisfy their participants. I assumed that the State of Nevada, as a Individualistic state, would provide a good variety of food recommended by the federal government, as well as the minimum required additional benefits given to participants. Montana and Nevada both used a retail distribution system to distribute food benefits that allowed for more variety of food choices. Montana and Nevada have similar food lists, but provide more variety and allow WIC Program participants in their states to choose items from a more comprehensive list of approved items. The biggest food benefit difference was Nevada allowing tofu to be purchased and Montana not having tofu on their list of approved items. For Mississippi, I expected the state would provide what is needed with limited variety, and it does. The food benefits received by participants in Mississippi depend on the food
available at their local distribution centers. For other benefits, such as the FMNP, I found that Mississippi and Montana both had thriving programs, and Nevada does not have one as part of its program. All states had a large emphasis on breastfeeding, and provide counselors and tools needed to breastfeed successfully. In addition, all states provide counselors who advise WIC Program participants on other benefits they are eligible to receive.

I expected that Montana would have the most accommodating system for distribution. I assumed Nevada would have a practical way to distribute benefits and have the government involved as little as possible in the distribution process. Finally, I expected that Mississippi would have the least practical way to distribute food benefits. I found that Nevada has the most practical way of distributing benefits through a retail food distribution process in combination with an EBT card system. JP Morgan, a banking company, processes the EBT system and takes the government out of the process. Montana uses a retail system that is efficient; however it still uses coupons and vouchers that participants need to pick up at local WIC clinics, which requires government involvement. Participants need to keep coupons or vouchers with them when grocery shopping and the coupons and vouchers will not be replaced if lost or stolen. I found that Mississippi provides the most inefficient way of distributing food benefits, direct distribution. Participants must pick up WIC food benefits from a specific WIC distribution center and may choose specific types and brands of appropriate foods from the section available at the warehouse. The selection at a typical distribution center is limited and not extensive.

For the administrative function of human resources and personnel, I expected that Nevada would only have as many personnel as needed to administer the program and a more business like structure and process. I expected that Montana would have a higher number of personnel in relation to the number of participants in the program, to ensure the betterment of the
participants and the effectiveness of the program. Finally, I expected that Mississippi would have a low number of personnel due to the fact that Traditionalistic political cultures tend to be instinctively anti-bureaucratic. In my research, I found that Mississippi has a large staff due to the need to run distribution centers across the state. I found that Montana has a small full time staff with 130 part time employees that staff their clinics. Finally, I found that Nevada has 18 staff members or personnel who take care of most of the business in the state capital. My expectations about personnel were wrong. I thought Mississippi would have the least amount of personnel, but because of their distribution program they have more staff members to staff the distribution centers.

For the structure of the WIC organization I expected that Mississippi would have a few main top personnel authorizing and directing the staff. I expected that Nevada would have a business like structure administering the WIC Program. Finally, I expected that Montana’s WIC Program would have multiple leaders that would make decisions to enhance the overall good of participants. I found that Mississippi has one director of the State WIC Program. The Mississippi WIC Program is monitored under the Mississippi State Department of Health. The WIC Program is listed on the organization chart. The Montana WIC Program is within the Montana Department of Public Health and Human Services. The program is not listed on the organization chart, but is under the Family and Community Health Bureau. The Montana WIC Program has a director and 11 full time staff under the Family Community Health Bureau. Similar to Montana, the Nevada WIC Program is under the Department of Health and Human Services. The WIC Program is not listed on the organization chart, but under the Bureau of Child, Family, and Community Wellness, which is within the Division of Public and Behavioral Health.
In conclusion, political culture produces minor observational differences on the administration of the WIC Program. An explanation for this is the idea of “deservingness.” Because low-income women, infants, and children are seen as deserving recipients of supplemental food and nutrition education, political culture would have little effect on how the program is administered. For future research, I suggest that political culture should be studied within other social programs that are partially funded or fully funded by the state. Because the WIC Program is funded completely by the federal government, states may have less autonomy or less desire to stray from federal regulations. When studying political culture in social programs, if a state needs to fund their own program, political culture would most likely have a larger influence on administrative functions. Although a majority of my predicted outcomes were proven to be wrong, there is now a better understanding of how political culture effects the WIC Program. In addition, this study will hopefully lead to more studies on how political cultures effects other social welfare programs.

**Table 6-2: Compared Outcomes**

<table>
<thead>
<tr>
<th></th>
<th>Mississippi</th>
<th>Montana</th>
<th>Nevada</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding and Budget</td>
<td>Mississippi spends the most money per participant per year. The State has the largest grant and the most participants.</td>
<td>Montana spends in between Mississippi and Nevada on money per participant per year. The State has the smallest grant and least participants.</td>
<td>Nevada spends the least per participant per year. However, it has more grant money than Montana and more participants than Montana. In addition, it has less grant money than Mississippi and less participants than Mississippi.</td>
</tr>
<tr>
<td>Benefits</td>
<td>Provides the least variety of food</td>
<td>Provides the required variety of food</td>
<td>Provides the most variety of food</td>
</tr>
<tr>
<td>Benefits</td>
<td>Delivery</td>
<td>Human Resources and Personnel</td>
<td>Structure</td>
</tr>
<tr>
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</tr>
<tr>
<td>Provides all other WIC Program services free of charge.</td>
<td>The least convenient method of food distribution. Provides a direct distribution system, where food can only be picked up at distribution centers across the state.</td>
<td>Has a large amount of personnel.</td>
<td>Listed on the organization chart. Mississippi State Health Department. Under one director.</td>
</tr>
<tr>
<td>Benefits.</td>
<td>Provides a convenient method of food distribution, but not the most convenient. Uses a retail system, with vouchers or coupons.</td>
<td>Has a small amount of full time personnel in combination with a larger part time WIC staff across the state.</td>
<td>Not listed on the organization chart. Montana Department of Public Health and Human Services. Under multiple bureau/divisions.</td>
</tr>
<tr>
<td>Benefits. Has incorporated tofu as a supplemental food item.</td>
<td>The most convenient method of food distribution. Uses a retail system, in combination with EBT system.</td>
<td>Has a small amount of staff that are full time and few part time workers to cover clinic sites.</td>
<td>Not listed on the organization chart. Nevada Department of Health and Human Services. Under multiple bureau/divisions.</td>
</tr>
</tbody>
</table>
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Appendices

Appendix A: Mississippi Department of Health Organization Chart
Appendix B: Montana Department of Health and Human Services Organization Chart