




Wilder
Research



Women, Infants, and Children (WIC)

Awareness, experience, and access



*A study conducted for the Minnesota
Department of Health WIC program*

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May 2013

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Executive summary

The Woman, Infants, and Children (WIC) program is a nutrition and breastfeeding program that helps young families eat well and be healthy. WIC provides eligible pregnant women, new mothers, babies, and young children with nutrition education and counseling, breastfeeding support and information, nutritious foods, and referrals into health and other social services. In 2008, the Minnesota WIC Program was ranked number one in the country in serving eligible families. In recent years, Minnesota WIC has consistently ranked in the top five or ten states nationally in serving eligible families. Minnesota also serves children longer than the national average length of WIC participation for children.

Wilder Research was contracted by the Minnesota Department of Health to conduct a study to help the program better understand the families who were not participating, how it might be possible to reach out to families who have not participated, and to understand the reasons why some families participate for a shorter length of time. The study began in the fall of 2012 and concluded in early 2013. This study was funded with USDA WIC Program Funds.

As originally envisioned, this study was to target families who were eligible for the WIC Program yet had never participated in the Program. However, due to difficulty in locating a sufficient number of families who had never participated, the study was expanded to include families who had participated in WIC at one time.

All study participants were asked questions around their awareness of, access to, and experience with WIC to determine:

- While the WIC Program has been very successful in reaching a high percentage of income eligible families, how might outreach and retention be improved? The WIC Program seeks to understand reasons for non-participation and drop out in segments of eligible applicants so that more effective outreach strategies could be developed.
 - What are unmet needs, barriers to accessing WIC, or cultural issues for the target populations?
 - Do specific barriers to participation exist, such as clinical environment, access to services, insufficient knowledge of WIC including participation requirements, food delivery system issues, and/or other issues?
 - How effective are currently available outreach materials used by the WIC program in Minnesota?
 - How might messaging be improved to address barriers and increase participation?

The study included focus groups and phone surveys with 70 WIC-eligible families. The study participants included WIC-eligible families who had never participated in the WIC program, former participants of WIC who left the program early, as well as current participants of the WIC program. WIC-eligible families included in the study are inclusive of the general population, with targeting of Somali immigrants, American Indians, and rural Caucasians. The study also included interviews with 10 health care providers and other professionals familiar with the health status and health care needs of the target population, such as WIC Nutritionists and Coordinators, SNAP Specialists, and other health and social services program staff.

Study Participants (n=70)

	Never Participated	Former Participant	Current Participant	Total
Focus Group	6	3	24	33
Intercept Interview	6	--	--	6
Phone Interview	--	31	--	31

With all data collection strategies, participants were provided stipends for their time and input. In many cases, data were collected in the participants' native language. All participants were asked demographic questions and given the option to receive a summary of findings. If additional research is done, additional study of demographics not fully studied here might include keeping participants on the higher end of the WIC-eligible income spectrum enrolled in the program, the Hmong, Karen, suburban Caucasian, and rural Latina communities. Other groups of interest for the WIC program may include male primary caregivers and mothers under 18.

This study has a few limitations that are important to note. First and foremost, finding the WIC-eligible population who had never participated in the program was challenging for several reasons. The community organizations Wilder Research collaborated with made extensive efforts to find the WIC-eligible population who had never participated in the program. Through this process, community organizations learned that many of the WIC-eligible families they serve are currently enrolled in the WIC Program, particularly participants who are enrolled in Head Start or other early childhood education programs.

Wilder also found that both current participants and former participants are often unaware or confused by their enrollment status. Both non-native English speakers and native English speakers were often unsure about whether they had ever been or still were enrolled in WIC. Moreover, because participants in this study were recruited through community organizations, the main caution when interpreting findings, then, is that these results do not as thoroughly reflect the circumstances of the WIC-eligible population who

are not connected to community services, had never participated in the WIC program, and are also not as reflective of some groups such as Hmong women, rural Latinas or male caregivers, for instance.

In many cases, information from each data collection strategy is only available about one subgroup that may not be available for other groups or the entire target population. In other cases, information is only available for subgroups that include some members of the target population as well as members outside the target population (i.e., focus groups that include a mix of current participants, former participants, and community members who are WIC-eligible but had never participated in the program). In most cases, clear patterns, trends, or themes are still identifiable and study participants contributed valuable perspectives, regardless of WIC enrollment status or demographic characteristics.

This summary illustrates the primary findings from this study, highlighting both areas where the Minnesota WIC program is doing well as well as areas where there are opportunities for improvement. More detailed recommendations are provided in the full report.

WIC program awareness

How aware are eligible families of the program? How could knowledge of the WIC Program be enhanced, including knowledge of participation requirements?

By and large, WIC-eligible families included in our study reported overall high awareness of the WIC program. Challenges recruiting WIC-eligible non-participants during the study impact findings related to WIC program awareness and may also support the finding that WIC-eligible families have sufficient knowledge of WIC. Some WIC-eligible families reported partial awareness related to knowing what qualification criteria are needed for participation in the WIC program and knowing the full range of services the WIC program provides. Other WIC-eligible participants, such as current or former participants, reported greater awareness of the WIC program. The top three ways of hearing about WIC included word of mouth, having grown up with WIC, or through community services, including hospitals, clinics, county programs or other government programs.

Most key informants observed substantial confusion among the WIC-eligible population, especially regarding issues of employment and whether participation in other government programs made you eligible or ineligible. The income and adjunctive eligibility requirements of the Program are complex. Misperceptions are reported as especially prevalent among immigrant groups. The most common misconception reported is that people who are employed or people who are not U.S. citizens are not eligible for the WIC program. In general, WIC-eligible families were most likely to come to the WIC program for food

assistance and then were often connected to other beneficial health services and resources once enrolled in the WIC program.

Recommendations to increase program awareness

- Clarify enrollment criteria and enrollment status - explore ways WIC can improve communication about criteria and enrollment status. Many letters sent by the WIC program to former participants for phone interviews were sent to participants who did not realize they were no longer part of the program and reenrolled after receiving the letter, or they had simply moved out of the state and were in the process of getting back on WIC, or reported to Wilder they were not early leavers but were actually told by WIC staff that they were likely to be no longer income eligible to participate in the program. Consider sending e-mail, text messages, or letters with the intention of letting people know their enrollment will be ending or they are no longer enrolled. Remind them to schedule a recertification appointment, if interested.
- Consider additional ways to let participants know about the state-to-state WIC transition. Some states have slightly different requirements for transfers into their programs. Explore ways for participants to transfer with all the information needed to transfer into other programs.
- Continue efforts to clarify and reframe the scope of WIC to eligible participants. Build awareness, particularly with non-English speaking participants, about how the WIC program provides rich information for breastfeeding and nutrition education.

WIC program experience

What are reasons for non-participation and drop out in segments of eligible applicants? Do specific barriers to participation exist, such as clinical environment, access to services, food delivery system issues, and/or other issues?

Study participants reported an overall positive opinion of the WIC program. Nearly all former participants who were interviewed over the phone had a positive opinion of the WIC program, especially regarding how much they appreciated WIC's support during times when their family was low income. The majority of former participants reported a moderately positive experience with most aspects of the WIC clinics, particularly with the clinic environment and clinic staff. The majority of former participants mentioned the staff was friendly, provided toys during the waiting period, were generally knowledgeable, and seemed to genuinely care about their children. Nearly half of the former participants interviewed self-reported a positive experience with nutrition services. Moreover, all

former participants interviewed over the phone reported that enrolling in the program is easy. Participants say:

“The WIC ladies actually care about what is happening with us. They have known us for years and really care.” – current participant, focus group

“I love it. They saved our lives when my son was born. When he finally got out of the hospital, the formula that he was put on was far beyond reach income-wise. I did not realize that we could get that through WIC. That was wonderful. We're talking \$260 per case. Prescription only. Not in stores. It was very hard to get ahold of. And they did it. It was wonderful.” –former participant, phone interview

“Being a new mom is sometimes difficult to know what is appropriate for food and WIC is very informative and they know what they are talking about. Getting feedback on what kinds of foods are appropriate for children of certain ages... they take a genuine interest in your children's health.” – former participant, phone interview

About one-third reported staying in the program is somewhat more challenging. The most challenging aspects included appointment scheduling and processing information delivered during the appointments themselves. While many said the appointment scheduling experience was not an issue, some expressed problems with lack of clinic flexibility for appointment scheduling. Information given during the appointments themselves was also difficult for some clients who felt the information they received was not information they wanted or conflicted with their primary doctor's advice.

Key informants also recognized similar challenges during WIC appointments, particularly with ensuring the appointment is a safe space for parents and information is communicated in a way that is caring. Some reported issues with inconvenient locations because of distance, hours, and cost of gas; a few reported issues with lack of dedicated space for children at some clinics; and a few reported issues with voucher pick up because of work, child care, and transportation issues.

The grocery store experience was challenging for the majority of participants because of problems finding the right items and the longer checkout process when using WIC vouchers. According to the majority of former WIC participants who were interviewed over the phone, the store locations were generally convenient and transportation was not a problem or not much of a problem. However, finding WIC-approved foods in the grocery stores was often a problem for over four-fifths of former WIC participants interviewed over the phone. These participants reported that because WIC rules are very specific, they often had problems finding the right size bread, cereal, and juice, among other items. WIC-approved items were sometimes not labeled, the labeling was too small, or the labeling was incorrect.

Across the board, participants appreciated fruits and vegetables, particularly farmers' market options. Some participants reported misperceptions about the policies related to WIC milk and juice and were concerned with the fat and sugar content of these products. Some of the participants may be referring to a WIC food package which included higher fat milk and more juice than currently offered. Some participants indicated that WIC still offers too much juice.

Recommendations to improve program experience

- Improve continuity of care and appointment scheduling experiences. Challenges with program logistics are a substantial part of why some WIC participants drop out of the program early.
 - Continue encouraging local agencies to offer a variety of scheduling options to meet various needs, including same-day scheduling, future appointment scheduling, lunchtime appointments, and evening/weekend appointments. Address appointment length scheduling issues to ensure adequate time for the appointments and more flexibility for late arrivals.
 - As possible, allow time for WIC certifiers to review the record before meeting to reduce redundant questions during WIC appointments.
 - Streamline and coordinate appointments by using the same WIC nutrition provider for subsequent visits to increase continuity of care and relationship building with participants and families. .
 - Continue efforts to increase the capacity of culturally and linguistically diverse WIC to staff to help the WIC-eligible population access clinic services more easily. Build on efforts with special programs to train culturally and linguistically specific providers.
 - Increase cultural responsiveness with nutrition education and clarify WIC policies/goals.
 - As space allows, create additional child play areas and offer toys when a play area is not feasible.
- Build on current efforts to train staff on participant-centered services to assist with enhancing the effectiveness and cultural responsiveness of nutrition services.
- Work with grocery stores to continue improving grocery store staff training and grocery store item labeling of WIC-approved products. Continue or expand availability of fruits, vegetables, and farmers' market options, when possible.

- Note: Some issues related to specific foods and beverages in the WIC food package are not feasible for local or state WIC agencies to change, but may be important to communicate to federal/USDA for future improvements to WIC on a national level.

WIC program access

What are unmet needs, barriers to accessing WIC, or cultural issues for the target population? Do specific barriers to participation exist, such as insufficient knowledge of WIC including participation requirements, access to services, and/or other issues?

Study participants agreed that the WIC program does a good job being welcoming and culturally responsive to participants' needs. Key informants believe the WIC-eligible think the WIC program is culturally responsive. Across the board, study participants agreed that the WIC program does a good job being welcoming and culturally responsive to participants' needs. A former participant commented, "WIC staff are very good. They are very knowledgeable, very helpful, as well as being understanding because I am from a different ethnic background." This attitude was echoed by nearly all key informants who reported cultural groups are comfortable accessing WIC, citing this was because the program "has culturally appropriate staff" (WIC Coordinator, key informant phone interview).

However, potential WIC participants may face barriers knowing how to access the WIC program. Some would prefer to apply online rather than make an in-person appointment. The WIC program also faces cultural barriers in terms of differences in perceptions or understanding of health among some populations. Examples include associations with obesity ("chubby babies") and healthfulness, misperceptions around whether formula or breastfeeding is healthier, or fear of child protection because of historic trauma related to out-of-home placements.

Nearly all providers reported language issues as a primary barrier for the ELL/non-English WIC-eligible population, particularly when it comes to program enrollment, comfort with staff, appointment scheduling, and attending appointments. Understanding of the WIC Program as a nutrition and breastfeeding program instead of a food program was also reported as a problem due to language barriers. Many study participants who did not speak English were even confused about their WIC status as it related to their eligibility to participate in this study.

Some Latina families may think they do not qualify because they are not citizens (or some family members are not citizens) and/or have fear associated with government services. Misunderstanding of eligibility and/or fear of government services impact Latina WIC-eligible families' economic and nutrition options due to fear of reaching out to resources funded by the federal government.

And, although key informants listed transportation as a main barrier to WIC participation, only a couple former participants who were interviewed over the phone reported that transportation, work accommodations, or child care created barriers to their participation in the WIC program. The majority of WIC-eligible families reported no problems with these logistics.

Enrollment in the Supplemental Nutrition Assistance Program (SNAP) also does not appear to have a strong influence on the decision about whether to also enroll in the WIC Program. About one-third of former participants who were interviewed over the phone had been simultaneously enrolled in SNAP; of all these dual enrolled participants, only one reported enrollment in SNAP influenced the family's decision to leave the WIC program.

Recommendations to improve program access

- Increase cultural responsiveness in nutrition education and clarify WIC policies/goals to address participants' misunderstanding or misinformation during the first WIC certification visit.
- Continue exploring innovative service delivery models and leveraging technology to deliver WIC programs in the future.
- Although our research showed that families who are involved with community organizations are very likely to be enrolled in the WIC Program, there may still be opportunities for the WIC Program to reach out to additional community organizations. Increase WIC's direct involvement in the community through additional partnerships with community organizations, community leaders, and other healthcare providers to address barriers. Workshops (in addition to WIC clinic appointments), information fairs, and other partnerships with community leaders and new immigrant groups may be very beneficial in alleviating language or cultural barriers, misinformation, or even stigma attached to the program more readily than program materials or other kinds of advertisements.

WIC program outreach

How effective are currently available outreach materials used by the WIC program in Minnesota? What media strategies might be the most effective with the target populations? What is the appropriate messaging to address barriers and increase participation?

Study participants' overall opinion of the WIC program was reported as positive. A few illustrative comments follow:

"It is a very good program. It helped me extremely during my financial hardships. My children enjoyed the food options... for example, we usually don't eat cheese in our culture, and I was able to buy cheese for my children and it's good for their diet." – former participant, phone interview

"Very helpful. Good for our community. For parents who haven't had experience with kids, it is helpful because it teaches them the proper nutrition to give their kids. People in our society have better brain development. We are breeding better people." – former participant, phone interview

"It's extremely helpful. I was very fortunate when we didn't have enough income and WIC was able to help with our food. I was very grateful to have it."
– former participant, phone interview

"One of the best federally funded programs that we have."
– former participant, phone interview

"I think it's positive. From personal experience, I have seen a lot of people coming into the clinic, stores, doctors' offices, talking about things. Everyone actually appreciates what WIC does because the foods they offer are so helpful. They are critical." – former participant, phone interview

Some participants were concerned the program may be used by families perceived as able to feed their own families, even if they meet WIC eligibility criteria. This perception of need, or lack thereof, is strongly related to reasons why some former participants left the program, even when they were still eligible.

Moderate stigma associated with use of the WIC program was reported for participants in all geographic areas, including suburban, urban, and rural locations. Caucasian WIC-eligible participants from urban, suburban, and rural geographical locations all reported some degree of stigma. Among former WIC participants interviewed over the phone, nearly half reported that people in the community may be generally reluctant or conflicted about getting help with nutrition or breastfeeding information because of the stigma attached to the WIC program and government programs in general. Nearly half believe that people in their community are willing to participate in a program with nutrition or breastfeeding information. Some stigma may exist in immigrant communities. No stigma was reported by American Indian study participants.

English-speaking study participants reported a positive perception of WIC program outreach materials. Non-native English speakers had a harder time understanding what the program is about based on the outreach materials alone.

Recommendations to improve program outreach

There is no strong consensus across study participants about the best type of outreach for the WIC program. Following, though, are the most commonly suggested outreach medias and strategies from study participants:

- Health care providers
- Hospitals and clinics
- Grocery stores
- Television
- Facebook

The following are suggestions from Wilder Research on messaging:

- Use data from this report (or additional information gathering) to find out what compelling nutrition, feeding and breastfeeding information participants learn from WIC that they did not know before they were enrolled in the program. Individual quotes or aggregated data from participants would provide interesting snapshots for marketing to emphasize the value WIC brings to educating the community on nutrition and health.
- Create a “Why I use WIC” campaign – attribute direct quotes (with permission) from WIC participants on why they use the WIC program. Emphasize specific nutrition messages WIC is interested in promoting (e.g., how breastfeeding contributes to the health of the infant and the mother). To reduce stigma, focus on positive quotes that promote WIC as a program that helps families and children with nutrition and emphasize working families who “need a little extra help and information to keep their family healthy.”
- Balance emphasis on “how to do things” in ads with “how to get things.” Some of the current outreach materials focus on food access alone (as perceived by WIC eligible study participants). Consider highlighting nutrition topics directed at the WIC-eligible (e.g., Need help breastfeeding? Need more information about nutrition?) along with information on how to access more healthy and nutritious foods.
- Dispel myths about WIC eligibility. Since study participants across the board express lack of clarity about eligibility, it is important for the WIC program to emphasize who can receive WIC services. Explore ways to communicate the complexities of adjunct eligibility more clearly. Focus marketing on common misperceptions and highlight

how people who are employed, people who have health insurance, and people who are not U.S. citizens, etc., can still receive WIC services (if they meet other eligibility criteria).

- Since many former and current participants find out about WIC through word of mouth, the WIC program could consider using this existing model to its advantage by giving appropriate incentives to participants who “refer a friend” to the program.

Introduction

The Women, Infants, and Children (WIC) program is a nutrition and breastfeeding support program for eligible pregnant women, new mothers, babies, and young children. WIC provides nutrition counseling, nutritious foods, breastfeeding support and referrals to health and other services.

In 2008, Minnesota WIC was ranked number one in the country in serving eligible families. In recent years, Minnesota WIC has consistently ranked in the top five or ten states in serving eligible families. Minnesota also serves children longer than the national average length of WIC participation for children. Wilder Research was contracted by the Minnesota Department of Health to conduct a study to help the program better understand the families who were not participating, how it might be possible to reach out to families who have not participated and to understand the reasons why some families participate for a shorter length of time. This study was funded with USDA WIC Program Funds.

As originally envisioned, this study was to target families who were eligible for the WIC Program yet had never participated in the Program. However, due to difficulty in locating a sufficient number of families who had never participated, the study was expanded to include families who had participated at one time.

The following research questions are addressed by this study:

- While the WIC Program has been very successful in reaching a high percentage of income eligible families, how might outreach and retention be improved? The WIC Program seeks to understand reasons for non-participation and drop out in segments of eligible applicants so that more effective outreach strategies could be developed.
 - What are unmet needs, barriers to accessing WIC, or cultural issues for the target populations?
 - Do specific barriers to participation exist, such as clinical environment, access to services, insufficient knowledge of WIC including participation requirements, food delivery system issues, and/or other issues?
- How effective are currently available outreach materials used by the WIC program in Minnesota?
 - How might messaging be improved to address barriers and increase participation?

Wilder worked with MDH to finalize a work plan and study design, develop data collection instruments, and collect data. This report presents study findings, including

analysis of qualitative and quantitative data from key informant phone interviews with health care providers and other professionals in the community, focus groups with WIC-eligible participants, intercept interviews at food shelves with WIC-eligible people who had never used the WIC program, and phone interviews with former participants who are still WIC-eligible but dropped out early. Examples of open-ended responses from the WIC-eligible study participants and key informants are provided throughout the report to illustrate findings – please note these open-ended responses illustrate representative themes from study participants. Study methods, limitations of the study, participant characteristics, as well as table summaries of findings, representative statements, and recommendations are available in the Appendix.

WIC program awareness

The following sections explore the question, “**What is the level of WIC Program awareness and how could it be improved?**”

By and large, WIC-eligible families included in our study reported overall high awareness of the WIC program. Challenges recruiting WIC-eligible non-participants during the study impact findings related to WIC program awareness and may also support the finding that WIC-eligible families have sufficient knowledge of WIC. Some WIC-eligible families reported partial awareness related to knowing what qualification criteria are needed for participation in the WIC program and knowing the full range of services the WIC program provides.

First introduction to the WIC program

Across the study, **participants reported the most common way in which they first found out about the WIC program was through word of mouth.** Study participants reported hearing about WIC via word of mouth at varying stages of their child’s life (e.g., pregnancy, infancy, toddler, etc.). Two-thirds of former participants interviewed over the phone found out about the WIC program through friends or family. Overall, the majority of study participants first heard about the program through someone they know:

“I have an uncle who told me about the programs and services that might help. There were relatives... helping take me to go get registered.” – former participant, in-person interview

“My boyfriend at the time... he informed me of WIC. He is now my husband. I think his family had been on it. I had never heard of it before.” – former participant, phone interview

“Word of mouth. People share a lot of things... people trust the community more than they trust outsiders. So whatever I tell my neighbor, like, I just tell her my opinion. And she will believe me more than whatever you, as an outsider to the community, will be telling her.” – Somali WIC Educator, key informant phone interview

The second most common way study participants reported finding out about the WIC program is because they grew up with the program and have therefore always been familiar with WIC:

“WIC serves everybody. That’s why you can’t get nobody who isn’t on it in this area (Mahnomen). Because everybody is already using it.” – current participant, focus group

“My mom was on WIC. I am the oldest of eleven children.” – WIC participant, phone interview

The third most common way study participants reported finding out about the WIC program was through health and community services, including hospitals, clinics, local public health and human services and other county programs, or other government programs. These study participants reported that the WIC-eligible population hears about the program during pregnancy or because they qualify for Medical Assistance (MA):

“First heard about WIC at the courthouse – I applied for the health care (MA) and they asked if I wanted an application for WIC as well.” – former participant, phone interview

“In my practice in the Twin Cities, most women have been introduced to the concept of WIC in pregnancy. I think that’s appropriate and important. Then they are familiar as the health and nutrition program extends easily to breastfeeding and infant feeding and childhood.” – General pediatrician, key informant phone interview

Other ways of first hearing about WIC include television advertisements and Head Start (Somali focus group), but these were not among the most common ways the WIC-eligible population first hear about the program.

Key informants also list several community organizations, churches, schools, food shelves, English Language Learner (ELL) sites, Head Start programs, and county offices. Of these ways, only Head Start was noted by a WIC-eligible participant.

Some WIC-eligible families may have never heard of the program at all – a couple study participants who had never participated in the WIC program report people in their community do not know about WIC, “A lot of young women are not aware of the resources available to them,” (never participated, intercept interview).

Understanding of eligibility criteria

The majority of study participants overall do not have a clear understanding of WIC Program eligibility criteria and adjunctive eligibility programs, particularly WIC-eligible families who had never participated in the program. When asked in an open-ended format about who the WIC program serves, the WIC-eligible population who had never participated in the program report that WIC serves pregnant women, mothers, and children. Only one person mentioned “poverty guidelines.” (never participated, intercept interview).

When pressed specifically for who is eligible for program services, all study participants who had never participated in WIC accurately report that women who are breastfeeding, women

who have recently given birth to a child, and pregnant women are all eligible for WIC services. However, WIC-eligible families who had never participated in the program are unclear about whether the following groups are eligible: people who are born in a different country, people who meet certain income criteria, single fathers, and people who are employed. **The most common misconception is that people who are employed or people who are not U.S. citizens are not eligible for the WIC program.**

Nearly one-third of former participants who took part in phone interviews are unsure whether they still qualified for the WIC program. Some reported they no longer qualified for the WIC program because they no longer qualified for Medical Assistance, because they no longer met income criteria guidelines, or even because they needed to be on other government programs to be eligible for WIC. (It is unclear whether or not these participants *actually* qualified for the WIC program or not based on these eligibility criteria that were *self-reported* reasons for no longer being eligible for the program.) Overall, study participants lacked clarity about eligibility criteria in general, as indicated by the following interactions:

“Children can be age six and younger.”

“No, it is children age five and under.”

– American Indian focus group

“Your income has to be below a certain level.”

“It does? No, it doesn’t.”

– American Indian focus group

“If you are eligible for Medical Assistance, you are eligible for WIC too.”

“Eligibility are not always the same and people get confused about whether they can be eligible for WIC if they are not eligible for Medical Assistance.”

– Caucasian focus group

Nearly all key informants agreed the WIC-eligible do not have a clear understanding of eligibility criteria, except for a couple key informants:

“Yes, they do understand eligibility because of the culture of poverty. They are used to having to show identification and financial stubs.” – SNAP Specialist, key informant phone interview

“I think a lot of them do understand WIC eligibility criteria. That’s the first thing they will tell you. ‘Oh, you’re low income, you’re eligible for welfare, so you’re eligible for WIC.’ To become eligible and how long you can stay in WIC, they know all that stuff.” – Somali WIC Educator, key informant phone interview

Otherwise, most key informants observed **substantial confusion among the WIC-eligible surrounding issues of employment and whether participation in other**

programs makes you eligible or ineligible. These misperceptions are reported as especially prevalent among immigrant groups, possibly because “newcomers often don’t apply because they assume they will not qualify” (Spanish language interpreter, key informant phone interview), or because of language barriers:

“Sometimes... like, women who are pregnant and they know if they’re pregnant, they could qualify. And they’re not sure if they’re working and the husband’s working – they don’t know if they would qualify.” – Spanish language interpreter, key informant phone interview

“There’s a perception of ‘my friend qualifies, so I should qualify.’ People don’t know what you need to do to qualify for the program. They come and say, ‘My friends go to WIC. We have a similar situation and I should qualify too.’ We have to explain to them most of the time when they make appointments what they need to bring to qualify.” – Somali WIC Educator, key informant phone interview

“There’s some confusion about exactly what income level qualifies you for the program. The information is available online, but not everybody can access it. Perhaps immigrant groups who don’t understand English... their friends and family must explain it to them and we don’t know what they’re saying.” – WIC Coordinator, key informant phone interview

Notably, while nearly all key informants—who are professionals that directly serve the WIC-eligible community—had clarity about WIC eligibility criteria, one key informant incorrectly believed the WIC program only served children up to the age of four.

The adjunctive eligibility criteria for the WIC Program are complex. Many people who do not meet the criteria for the program under the standard 185% of the poverty level qualify under adjunctive eligibility. Materials need to explain adjunctive eligibility more simply so that those who are participating in a program qualifying as adjunctively WIC eligible know that they qualify for WIC services.

Knowledge about and perception of services

All study participants are aware that the WIC program provides access to food.

When asked about what services the WIC program provides, WIC-eligible families who had never participated in the program all reported knowing that WIC provides healthy foods. **All but one person reported knowing that the program also provides nutrition information for families.** Half of these participants reported knowing WIC provides information about other services, help with breastfeeding, and help with feeding infants and young children.

Nearly all former participants interviewed over the phone reported that financial need to provide food for themselves and their child(ren) was their primary reason for enrolling in the program. Only one person brought up breastfeeding as a primary reason, commenting, “The breastfeeding was probably the most important. Tips and pointers for latching and everything... they were knowledgeable,” (former participant, phone interview). Once enrolled, about one-third of former participants interviewed over the phone said they valued the program only for food assistance. A couple specified they only wanted formula. Many participants had positive things to say about food benefits associated with WIC:

“It is very good. I like the Minnesota WIC a lot. You can choose the food from different kinds besides the store brands. I can always find the foods I like from WIC... compared to here in Virginia, they give you the store brand and don’t give you a choice. They don’t have as many choices as when I was in Minnesota.”
–former participant, phone interview

“I love it. They saved our lives when my son was born. When he finally got out of the hospital, the formula that he was put on was far beyond reach income-wise. I did not realize that we could get that through WIC. That was wonderful. We’re talking \$260 per case. Prescription only. Not in stores. It was very hard to get ahold of. And they did it. It was wonderful.” –former participant, phone interview

There is strong perception by key informants that the WIC-eligible population perceives the WIC program as primarily providing “milk and cheese” and other food services:

“A lot of people don’t understand the benefit. They think, ‘I don’t need these supplements... I don’t need milk, so forget it.’ They don’t understand that they can learn things from WIC and get nutrition education... they don’t get the big picture.” – Somali WIC Educator, key informant phone interview

“I see it often being viewed as a place to get formula. I don’t see it as breastfeeding support, although it might be viewed that way. Often reason parents will do WIC is because formula is so expensive. Formula is the first thing that comes to mind.”
– Pediatric Coordinator, key informant phone interview

“I think that almost everyone is aware that WIC provides vouchers for food and formula... but there are a number of people who don’t understand how much we do with breastfeeding promotion.” – WIC Coordinator, key informant phone interview

Overall, there is awareness among study participants about other services available through the WIC program, but nutrition education is often viewed as a secondary purpose to food benefits. A key informant said, “We have families who talk about what a wonderful experience the nutrition program was for them. And I think we have some families, there’s a total range, there are some families who aren’t interested in the nutrition programs. Only the vouchers,” (WIC Coordinator, key informant phone interview).

Additionally, key informants observed **some WIC participants may initially come for food benefits but are then connected to health and other resources in a beneficial way once enrolled in the program:**

“More are trying to meet the needs of feeding their family versus worrying about nutrition... most of the families are in survival mode, so worrying about nutrition might not be their top priority. It’s making sure that their kids aren’t hungry.”
– Pediatric Coordinator, key informant phone interview

“For most families across the board, connecting them to other resources is a big thing. People know WIC has information about these other programs. Although we are a nutrition education program, I think we are having to incorporate a lot more of... connecting people to other resources... when they’re coming in, we’re offering those resources. Whether they want them or not, they know they’re there. A lot of moms come in and say that everything’s going well. Then the next time they come in, they have something in mind they want to talk about that they know we can help them with. So I think there’s the perception that we can help them. That WIC is a place they can talk about that. It’s not only about formula or breastfeeding. They can talk about all these different things.” – Spanish-speaking Nutrition Educator, key informant phone interview

“A lot of moms need help financially, initially. Once they get there, to the WIC program, they get the extra bonus of nutrition education, breastfeeding, etc. But it isn’t their primary goal. Food in stomach is forefront... not nutrition. That’s how it is when you’re in poverty... WIC is primarily financial help and food support. They learn about the other benefits once in the WIC program, but don’t go into it with that attitude.” – SNAP Specialist, key informant phone interview

Nearly half of the former participants interviewed self-reported a positive experience with nutrition services. About one-third of former participants interviewed over the phone reported using services for breastfeeding. Only a few mentioned that WIC provides nutrition counseling about infant feeding. One-quarter of the interviewed former WIC participants mentioned they used additional health and social services referrals, such as community resources for immunizations, flu shots, vouchers for baby clothes, blankets, and books for their children. During focus groups, WIC-eligible participants reported similar use of services. Nearly all study participants reported that, when used, the referral services offered by the WIC program were very helpful:

“Being a new mom is sometimes difficult to know what is appropriate for food and WIC is very informative and they know what they are talking about. Getting feedback on what kinds of foods are appropriate for children of certain ages... they take a genuine interest in your children’s health.” – former participant, phone interview

“Just them encouraging me to keep nursing. It was my first kid, so it was hard, but they told me not to give up and keep trying. With the next kid, they were really encouraging. The whole “Keep Healthy” program was really cool. They weigh you and stuff. I lost sixty pounds. It was nice to talk to them about that.”

—former participant, phone interview

“I think they exceeded my needs, really. They were really helpful. They did the hemoglobin and they did the lead check on my daughter. We did all of her shots at the clinic in town and they were on top of things that some people might forget. They checked in with the clinic in town.” —former participant, phone interview

“I’ve seen the data that show because of WIC, breastfeeding has increased. They’ve done a great job. WIC participants find the food program educational and helpful and look to it as a very important resource.” — General pediatrician, key informant phone interview

Only a few people specified they did not feel like they benefitted from services beyond food assistance:

“I can see that they’re doing their job for providing for people who don’t have it. We were doing it, participating in WIC, so we could afford milk and eggs and not so much for the support they provide. I already have a good support system from doctors and my family, so it wasn’t something that I needed.” —former participant, phone interview

“I didn’t learn a whole lot because I only got the food. Having five kids, I already knew what I was doing.” —former participant, phone interview

Key informant phone interviews noted that knowledge of and perception of services may differ in different cultural communities:

“The WIC program is assistance more than nutrition. Not perceived as something that’s going to help promotion, awareness, and healthy eating to reap better health... people don’t see it that way. When you see a new Somali person, the first thing that comes to their mouth is, ‘You will get free milk, cheese, cereal.’ Whatever. They talk about the food.” — Somali WIC Educator, key informant phone interview

“It depends on the family. I feel like within certain communities, it is seen differently. I would say that with my African American clients, they would see it as a formula program. That’s what I see most reflected... I would say for the Latina community, half breastfeeding and half nutrition education. Who are people seeing and... their needs differ... depending on their cultural group. It has to be different depending on who you’re working with.” — Spanish-speaking Nutrition Educator, key informant phone interview

“The groups that know about WIC are immigrants to the U.S., low-income whites, and low-income blacks... middle class people who are newly poor, we are struggling to reach both black and white.” – WIC Coordinator, key informant phone interview

Recommendations to increase program awareness

- Clarify enrollment criteria and enrollment status - explore ways WIC can improve communication about criteria and status. Many letters sent by the WIC program to former participants for phone interviews were sent to participants who did not realize they were no longer part of the program and reenrolled after receiving the letter, or they had simply moved out of the state and were in the process of getting back on WIC, or reported to Wilder they were not early leavers but were actually told by WIC staff that they were likely to be no longer income eligible to participate in the program. Some of those families then chose not to schedule a recertification appointment. Consider sending e-mail, text messages, or letters with the intention of letting people know their enrollment will be ending or they are no longer enrolled. Remind them to schedule a recertification appointment, if interested.
- Consider additional ways to let participants know about the state-to-state WIC transition. Some states have slightly different requirements for transfers into their programs. Explore ways for participants to transfer with all the information needed to transfer into other programs.
- Continue efforts to clarify and reframe the scope of WIC to eligible participants. Build awareness, particularly with non-English speaking participants, about how the WIC program provides rich information for breastfeeding and nutrition education.

WIC program experience

As we continue to ask about reasons for non-participation and for dropping out in segments of eligible applicants, particularly the question, **“Do specific barriers to participation exist, including clinical environment, food delivery system issues, and/or other issues?”**, we find the overall WIC program experience varied, depending on which aspect of the program participants are asked about.

WIC clinics experience

The majority of former participants reported a moderately positive experience with most aspects of the WIC clinics, particularly with the clinic environment and clinic staff. When asked about what they learned from the WIC program that they didn't know before, two-thirds of former participants interviewed over the phone relayed information about healthy eating for children, maternal care, or children's health care information, other nutrition information in general, and connections to other resources. Although not routinely offered by WIC Programs, some participants stated that they received information about child care. About one-third reported they learned no new information from the WIC program. Illustrative comments follow:

“Not getting children specific foods until after they are one year old. You are supposed to wait until after they are one and I didn't know that. Such as eggs and nuts, etc.” – former participant, phone interview

“I learned about portion sizes and at the ages the amount of milk decreases and the normal food increases... the amount of portions they are supposed to eat throughout the day. That was helpful.” – former participant, phone interview

“I learned about producing more milk for breastfeeding... that was probably the biggest thing.” – former participant, phone interview

“Not eating cold meat when you're pregnant... the bacteria that grows on it. You have to heat it up in the microwave or else it can be harmful to your baby.” –former participant, phone interview

“We talked about so many things. I learned to take your kid to the dentist before they were two. I didn't think that really mattered... kids get “bottle teeth”. They suck on the nipple too long and they can get the black stuff around their teeth.” –former participant , phone interview

“I learned more about the nutritional value of the cereals. Making sure the whole grain was the first ingredient listed... more or less, the importance of whole grains.” – former participant, phone interview

A few former participants from rural areas who were interviewed over the phone reported locations were inconvenient because of distance, hours, and cost of gas. A couple WIC-eligible families who had never participated in the WIC program also reported that WIC services were not offered in a convenient location or time. About one-third of former participants who were interviewed over the phone brought their children with them to the clinic. A few felt the clinics were chaotic because there was not enough dedicated space for children due to the small clinic environment, or were uncomfortable because of other participants. Nonetheless, most reported a positive experience. Each of these themes is illustrated below:

"Nice. There were cool things that kept my son busy when I was in the office. Little things built into the walls, like mazes where you try to guide a ball. He thought it was pretty cool." – former participant, phone interview

"It definitely feels... different than going to a regular clinic. It feels like a state funded stereotype. It feels like that, definitely. It felt like I was the only person waiting. It felt like a bunch of white people helping a bunch of nonwhite people. It felt racist to me. I like to be sensitive to that... I think nonwhite people might walk away from that feeling badly." – former participant, phone interview

"I think they're awesome. They always have billboards promoting things, like breastfeeding or domestic violence. They try to be involved with the community, I think. The people who work in those offices are always really nice and helpful." – former participant, phone interview

"It was okay, I guess. We can't control the people that go in there. The environment that they created was very nice, but the clientele that would go in there was sometimes not inviting." – former participant, phone interview

The majority of former WIC participants mentioned the staff was friendly, provided toys during the waiting period, were generally knowledgeable, and seemed to genuinely care about their children:

"They were very friendly. Very helpful. When my son was on the very expensive formula, they were very willing to help and work with me and my pediatrician's office to make sure we were getting the amount that we needed when we needed it. My son had special needs, so they made that part of our life very easy. That was one thing that we didn't have to worry about, which was great. My son doesn't gain weight very well. He actually doesn't eat well. He has a feeding tube in place. He needed formula longer than the program allows... so they collaborated with our pediatrician's office and we were able to continue the formula vouchers. It was very helpful. When we were planning on moving here, we had told them we were moving and they made sure that we had enough of a supply to get us here and beyond. WIC in Minnesota also gave us the information we needed to get signed up with WIC here in other state. They've made our transition very easy." – former participant, phone interview

“The WIC ladies actually care about what is happening with us. They have known us for years and really care.” – current participant, focus group

“They actually care about how things are going on in your life and you can talk to them. I mean, you’ve seen these ladies for how many years?” – current participant, focus group

The most challenging aspect of using the WIC clinics is the appointment scheduling experience and sometimes the appointments themselves, according to study participants.

While many said the appointment scheduling experience was not an issue, some expressed problems with issues of clinic flexibility and appointment scheduling. Some clinics only took same-day appointments, were not open evenings or weekends, or were rarely open in general (one participant mentioned her clinic was only open once a month due to budget cuts). Some participants reported they could not get appointments because time slots were not sufficient to conduct checkups if clients had more than one child, or some offices were small and scheduled clients for the same time slots (all as perceived by participants):

“One thing that was frustrating – we had an appointment set up and it’s like everybody has that appointment. Ours was the earliest. When I got there, a ton of people are waiting. You wouldn’t know that I had an appointment other than that they had my name written down. If I had to wait on the first time slot of the day, I can’t imagine going much later in the day. It’s like they schedule a bunch of people at a time and then call your name when they’re finished. There could be a little more efficiency with that. Everyone has very young kids. That was frustrating to me.” – former participant, phone interview

“It’s more difficult here in Minnesota than anywhere else, but they have a smaller office. It wasn’t difficult making the appointment. Just getting it sooner than later would be the only difficult obstacle here.” – former participant, phone interview

The appointments themselves were also difficult for some clients who felt the information they received was not beneficial or conflicted with their primary doctor’s advice:

“It felt like another doctor’s appointment for me. I felt like they were just doing their job as a government program to keep track of everyone and to keep them enrolled, but I didn’t feel like I needed that.” – former participant, phone interview

“I found some of their questions a little bit invasive, but I think they do a good job with what they are charged to do. Some of the questions were kind of ridiculous – at every appointment, they’d ask if I’m in an abusive situation. For me, it was like, no, I wasn’t this month or last month and I’m not in one now. Invasive might be the wrong word. They felt odd to me. I’m not in a situation where I’m looking for help or someone to help me. I can see why those questions get asked, but it’s just weird after you say no that they continue to ask you.” –former participant, phone interview

“Only thing I ran into was the pediatrician would recommend one thing and WIC would give another recommendation. I’d typically side with the pediatrician, but that was confusing sometimes.” – former participant, phone interview

“They ask redundant questions they asked three months ago. They are still telling you the same things... some of the nurses were kind of annoying and they acted like you didn’t know anything. They are telling you the same stuff the last time you were in there. It definitely wasn’t them that kept me coming back. It was the free food. And I have eight children.” – former participant, phone interview

Key informants also recognized similar challenges during WIC appointments, particularly with ensuring the appointment is a safe space for parents and information is communicated in a way that is caring:

“Parents are concerned that they’re going in to be weighed because they’re going to tell them that their child is obese or that they’re too this, too that, that they’re in trouble.” – Pediatric Coordinator, key informant phone interview

“What I think is the challenge is, especially if you are dealing with parents, trying not to make them feel ashamed of how they’ve been feeding their child. Some can take it really personally... some know if there is an issue, they are reluctant to come in.” – Nutrition Program Coordinator, key informant phone interview

The flexibility of voucher pick up was also an issue for some clients because of work, child care, and transportation issues:

“I lost my food card and went in to get a new one. I was told that I have to wait until my three month check in to receive a new card and also food... also my food and other pick up appointments were scheduled and I hardly showed up on those days to pick up. Before I was kicked out of the program, I really just quit on my own one day since I did not go to all my appointments.” – former participant, focus group

“The only problem I’ve ever had with the WIC program was getting to the WIC office to pick up the coupons because it’s a very different time frame. Having kids in tow and transportation issues was difficult and tricky.” – former participant, phone interview

“I don’t like that you have to go there to pick up vouchers... when they don’t need to do the physicals. A little inconvenient. Other than that, I don’t really have any complaints.” – former participant, phone interview

Grocery store experience

Study participants reported the grocery store experience is challenging. According to the majority of former participants who were interviewed over the phone, the store

locations were generally convenient and transportation was not a problem or not much of a problem. However, finding WIC-approved foods in the grocery stores was often a problem for over four-fifths of former participants we interviewed over the phone. These participants reported that because WIC allowed foods are very specific, they often had problems finding the right size and type of bread, cereal, and juice, among other items. WIC-approved items were sometimes not labeled, the labeling was too small, or the labeling was incorrect:

“It would take forever in the store because you had to get the right amount of ounces and the right brands and the appropriate meats. It was just very confusing.”
—former participant, phone interview

Most former WIC participants reported that nearly all grocery store staff was helpful with the exception of a few, often accommodating food needs if the correct item and size was not available:

“Even if you do not know what is written on the voucher, employees working at stores that accept vouchers, such as Halal stores, help you pick the right products. When I was first new to the program, one employee of these stores showed me what sorts of products I was allowed and not allowed to buy with my vouchers.”
— current participant, focus group

“... they were out of a WIC product and they gave me something comparable and similar... there was another time when I was at the cash register that I had grabbed a different brand of eggs and I didn’t know it. The manager said, ‘Don’t worry about it.’ And he overwrote it and gave me the eggs I needed. They didn’t have the WIC eggs on the shelves. He was very nice. I was very grateful.”
— former participant, phone interview

“The store staff was awesome! There was a really nice lady, she would have me call her a week in advance before I thought I would need more formula, so she could order it in and have it there when I needed it... if you had a question, they always knew where it was. They weren’t crabby...” — former participant, phone interview

The checkout process when using WIC vouchers was often longer, however. Former WIC participants reported grocery store staff needed training in processing WIC vouchers. Former WIC participants also mentioned that even if staff were trained in the process, checkout would still take a long time. During the checkout process was when staff was reported to be the least helpful and when other customers sometimes seemed frustrated:

“They seemed annoyed when they saw a WIC voucher. Some clerks weren’t trained in how to properly process it, so they rolled their eyes when they saw the vouchers.” — former participant, phone interview

“As soon as you showed up with your WIC vouchers, it was like you were being judged. It was like the staff was very frustrated with you. Because it was a long process for them to check you out at the store and I think they looked down on you for getting assistance. It was very embarrassing... other customers would kind of roll their eyes at you because they had to wait longer. They would get frustrated too.” – former participant, phone interview

“Customers were annoyed occasionally because it takes longer in line if the cashier is inexperienced. Cashiers can be disrespectful... they were... bothered by the WIC program.” – former participant, phone interview

A couple of WIC-eligible families who had never participated in the program also reported that people in their community do not participate in WIC because they had heard about challenging experiences at stores. One respondent commented, “Some stores might want to do illegal things with WIC vouchers like turn them in for cash,” (never participated, intercept interview).

Food options

Overall, WIC participants reported satisfaction with the types of available food options, if they were able to find food items in the correct sizes and types, and/or if they were able to find items in stores at all. Participants really appreciated fruits and vegetables, particularly the farmers’ market option if farmers’ markets were available in their area. The majority of participants expressed appreciation for milk and formula, but a couple participants expressed misperceptions about the WIC food package and suggest WIC should stop offering corn-syrup based formulas (which is a misperception, as WIC does not offer corn-syrup based infant formula).

Some new immigrants may not understand some of the foods that come with the package, but learn quickly. A Somali WIC Educator states, “We are good at adapting. Somali people are good adapters.” Moreover, a SNAP Specialist comments that some WIC-eligible families may not participate in the program because WIC is a supplemental nutrition program, “Some people think it’s not that much help. They don’t think buying a gallon of milk is enough help. This is only a supplement to them and it’s not enough.”

Formula may also be an issue for some Somali participants. A Somali WIC Educator comments, “They are going through all this formula and some of them don’t even know how to mix the formula properly. They mix too much formula, more than the child can eat, and waste the rest of it. And then they go through all the formula given by WIC. And what happens? Their breast will dry up. The more you bottle-feed, the less breast milk you will be making.”

Misperceptions about available juice and milk options are issues for some WIC participants: “WIC staff seemed a little judgmental on certain things, but you just dealt with it. The WIC vouchers gave you juice, but then they would criticize you for buying juice because you should really promote water. But I had a cupboard full of juice that they were telling me to buy,” (former participant, phone interview). Some participants also suggest WIC remove whole milk altogether and others would prefer whole milk only.

Recommendations to improve program experience

In terms of ways that WIC could improve the clinic experience, the majority of suggestions focused on how to improve the appointments themselves and increasing the capacity of culturally and linguistically diverse WIC staff to help the WIC-eligible population access clinic services more easily. Study participants also mentioned appointment scheduling could be improved if WIC clinics had extended evening and weekend hours. For example, “Improve office hours. Offer extended hours. WIC should be open on Saturday morning or evening. WIC should function like food shelves, in terms of extended hours,” (SNAP Specialist, key informant phone interview).

Study participants gave several suggestions to improve the actual appointments themselves, ranging from structure—such as streamlining appointments by using the same WIC nutrition provider for subsequent visits to increase continuity of care and relationship building—to ways the visit itself could be streamlined by sharing health data among providers, as possible, to reduce redundant questions during WIC appointments:

“We got a different person every time we went on WIC. It would be easier if we had the same person who knew you rather than start fresh every time we went in. Rather than meet somebody and start over again.” –former participant, phone interview

“Maybe this is something they already have. At the appointments they would always ask, ‘How much of this is your child eating or drinking?’ If they had a tracker sheet that you could just write down... they ask at each appointment and I thought if they had some kind of sheet that you could fill out and bring... because half of the time I don’t remember.” – former participant, phone interview

“I think it’s a lot of wasted time and a lot of wasted paperwork. If they would just simplify it... keep track of each person and previous visits and not have to go over everything each time.” –former participant, phone interview

“Paperwork could be less. In order to re-qualify every six months, you always have to send in the same paperwork. I wish they could have a file on me. I don’t think it’s paper-saving to send the same papers in over and over again.” – former participant, phone interview

“I guess one of the things that is happening... and I don’t know if it’s all of Minnesota... they don’t have to bring proof of address and income as much. So kids will be certified for one year. I think that’s going to be a great thing, given some of the barriers... around proof of income for Latina families.”

– Spanish-speaking Nutrition Educator, key informant phone interview

WIC staff could also improve working relationships with WIC clients at appointments by clarifying nutrition education goals at the first appointment and being more culturally responsive with nutrition education. Example comments from Somali WIC Educators follow:

“Understanding that culture, having that knowledge, being ready to respond to that, might help a little better. If the WIC staff have an understanding of what else people went through, where they came from, how they’re thinking, what’s important, and what do they value.” – Somali WIC Educator, key informant phone interview

“When I was in WIC I went back a couple times and it took me awhile before I realized that the goal was nutrition education. WIC staff were asking me questions about income so I have that mindset... I figured out that at the end of the appointment, they would be doing some kind of suggestions. I don’t exactly remember how and when, if somebody explained to me or if I asked, I just figured it out.” – Somali WIC Educator, key informant phone interview

Key informants suggested that additional WIC staff who know the culture and language of participants are much needed for all cultural and language groups. Interpreters are also suggested. However, emphasis is to bridge this gap with WIC staff directly:

“Hire more Somali speakers to work at WIC centers. I don’t mind either Somali males or females to get hired, but I really prefer female, especially when it comes to teaching the WIC clients how to breastfeed.” – Somali focus group

“Definitely having a native-speaking language person... not just the Somali community, but other women coming from different countries. That would help a lot if there’s somebody from that country working at WIC. It’s hard to get WIC staff who can speak different languages, but it’s important for communities to at least have somebody who speaks their language.” – Somali WIC Educator, key informant phone interview

“WIC... needs to have ample interpreters... as our program became more diverse, we had difficulty finding someone with a two or four year degree in each specific cultural or ethnic group. So we began hiring those with a high school degree and a year of experience and we paid for them to go to a local community college to get training for nutrition. We hire a lot of locally based racial and ethnic groups to represent our community.” – WIC Coordinator, key informant phone interview

Proceeding with WIC's participant-centered services will assist with improved cultural responsiveness as well. Participant-centered services place the participant at the center of every WIC interaction and treat each participant as an expert on their own unique needs and circumstances. WIC staff help guide each participant to positive health and nutrition behaviors by focusing on the individual's capacities and strengths to enhance services in a way that is both more effective and affirming for both WIC-eligible families and for WIC staff.

The grocery store experience could be improved by focusing on streamlining how people find WIC-approved foods at stores and how the payment process works.

Suggestions focused on changing paper vouchers to an electronic card, training grocery store staff better on how to process WIC items, putting all WIC-approved items in one area or at least marking the items more clearly and correctly, or ensuring WIC-approved items are available. WIC should continue to work with grocery stores to improve staff training and item-labeling:

"It's too bad it couldn't be more simplified. It would help everybody if they simplified it a little better. They give out those EBT cards for food stamps. Too bad they can't have a card programmed for what you can buy, and if it didn't qualify, it would beep or something. You have to give them those big pieces of paper to ring it up and it takes time and people are waiting. Too bad they don't have some kind of card they could run it through." – former participant, phone interview

"Staff needs to be more trained in sensitivity. Also some cashiers take a really long time to check you out. You can start to feel weird. People feel bothered by you. Any added stress or frustration on top of being on the program is very hard to deal with. It doesn't feel great. Efficiency in checking people out and sensitivity training is needed." – former participant, phone interview

"Always have items in stock... I'd forego getting bread because they didn't have it or the correct size bread or other items just so I could get out of there." – former participant, phone interview

"I don't know how possible this would be, but to just have a designated area for WIC products or have bigger tags that say 'WIC Acceptable'. Sometimes they don't even have tags or they're hidden or labeled incorrectly." – former participant, phone interview

Some issues related to specific foods and beverages in the WIC food package are not feasible for local or state WIC agencies to change, but may be important to communicate to federal/USDA for future improvements to WIC on a national level. While the majority of study participants overall reported little to no trouble finding foods their family likes to eat under the program, some participants suggested the food package could be improved. Participants suggested water jugs would be helpful to include in the program for families

who do not have access to safe drinking water (American Indian participants, in particular), and to include “more and different ethnic foods” in the food package (former participant, phone interview). **Across the board, participants really appreciated the fruits and vegetables offered and would enjoy more farmers’ market vouchers or other options to increase their access to fresh produce.** WIC should continue or expand availability of fruits, vegetables, and farmers markets’ options, when possible.

Study participants also had a few other suggestions related to nutritional information for children with special needs, additional support for mothers, and access to additional resources:

“They do give me great nutritional information for a normal child. It would be nice if they had something for special needs children.” – former participant, phone interview

“The one thing I missed most about WIC is having the people there to talk to me... I wish they had a group get together for some of the other moms that were struggling. It would have been kind of nice to know that I wasn’t alone.”
– former participant, phone interview

“There is no real easy way to access them. The only way is at your appointment. No number given to access them. I would either have the person you have at your appointment with a little easier to access or something online with a link where you can go to ask questions or do research.” – former participant, phone interview

“The only thing that’s not in Spanish is the directory of resources. The names are in English – transportation, housing, medical assistance... if it was in Spanish and then explained underneath what kind of services they provide, they might be more willing to call and find out a bit more. Right now it’s just the name and number and the categories.” – Spanish language interpreter, key informant phone interview

WIC program access

As we delve deeper into reasons for non-participation and drop out in segments of eligible applicants, we explore the question, **“What are unmet needs, barriers to accessing WIC, or cultural issues for the target population?”**

Language barriers

All of the WIC families who had never participated in the program that we interviewed agreed that their respective communities perceived WIC as culturally sensitive, but mentioned that language can be a barrier to participation. Former and current WIC participants did not report language, specifically, as a barrier. Many study participants who did not speak English were even confused about their WIC status as it related to their eligibility to participate in this study.

Nearly all key informants reported language issues as a primary barrier for the ELL/non-English WIC-eligible population. These issues were cited most specifically for Latina and Somali WIC-eligible because these are the groups with whom the key informants were most familiar. Key informants associated program enrollment, comfort with staff, and appointment scheduling and attendance with language barriers:

“If it wasn’t for an interpreter, I think one of the challenges is, if they can’t make an appointment or need to cancel, because of that barrier of not having an interpreter, they don’t call and make changes. Sometimes they’ll call an interpreter to do it for them, but it’s too late and they’ve lost their appointment and they have to wait a couple of weeks or a week to get in. It’s a struggle. Because of the language barrier, they have to wait for an interpreter to step in and help them out. That happens quite a bit with half my clients.” – Spanish language interpreter

“I think language is a big thing. Even if our staff aren’t fluent but try to talk in Spanish, Latino families love that. It breaks huge barriers if you speak Spanish. You connect with people in a completely different way. I’m seeing that a lot of families who go to other counties say, ‘Nobody speaks Spanish there’ at the WIC clinics in those counties. And people who move to another county say, ‘I don’t want to go there now...I know no one speaks Spanish there and they won’t be able to answer any questions. I have to tell them I can’t help them anymore and I feel so bad. So language is one of the big barriers. It’s great that counties are becoming more aware of that and hiring people who speak other languages.’” – Spanish-speaking Nutrition Educator, key informant phone interview

Key informants also associated language barriers with issues some participants have in understanding program services, particularly with nutrition education:

“I would say language. It’s a big problem... I used to see clients who knew one or two or three words... the client would nod their head throughout the appointment like they understood. At the end of the appointment, if you ask them a series of questions, you would learn that they didn’t understand. You can imagine, if no one understands the language how hard it would be to explain anything to anyone. They’re not benefiting from anything.” – Somali WIC Educator, key informant phone interview

“Many non-English speaking families face even more challenges because they can’t understand healthy eating information... immigrants are often outstanding cooks and cook nutritiously and deliciously. However, the longer they are here, the more ‘Americanized’ their cooking becomes. I mean that in a bad way.” – WIC Coordinator, key informant phone interview

Cultural barriers

Across the board, study participants agreed that the WIC program does a good job being welcoming and culturally responsive to participants’ needs. A former participant commented, “WIC staff are very good. They are very knowledgeable, very helpful, as well as being understanding because I am from a different ethnic background.”

This attitude was echoed by nearly all key informants who reported cultural groups are comfortable accessing WIC, citing this was because the program “has culturally appropriate staff” (WIC Coordinator, key informant phone interview). **Key informants believe the WIC-eligible think the WIC program is culturally responsive. However, potential WIC participants may face barriers knowing how to access the WIC program.**

Key informants reported areas for improvement in terms of better understanding and responding to how cultural differences impact participants’ use of WIC. Somali WIC Educators reiterated the importance of cultural responsiveness for all families in the delivery of the WIC program, explaining:

“If they happen to think there’s no Somali person working there at WIC, they think they won’t be understood. Just going to an office where there’s an American person and they don’t understand our culture, somebody might not want to go there because they are thinking, ‘What if they don’t understand me?’” – Somali WIC Educator, key informant phone interview

“A lot of people are refugees. They barely had three meals a day! Forget about eating healthier! They were in camps for a long time. Life was very tough on them. They didn’t have a lot of options. So, in their world, when you talk about nutrition and things that WIC is trying to give, these people they are not there yet. Imagine if they WIC staff treat you the same way they treat someone who has been here for fifteen years or born here and never had the problems that these people face, being refugees, being in war. If you took those two people and gave them the same nutritional information, I don’t think you would reach the same goal with each one. That’s one of the biggest things: to be able to come to WIC knowing what people know.” – Somali WIC Educator, key informant phone interview

Relatedly, the most prevalent cultural concern expressed by key informants is the issue of nutrition education with Somali families, issues such as associations of obesity and health, misconceptions around whether formula or breastfeeding is healthier, and cultural concerns surrounding the desire for “chubby babies,” according to key informant phone interviews with Somali WIC Educators:

“It’s a very clear thing. If a mom is going to and wants to breastfeed, she will breastfeed. Others want to get the formula and so they just sit there and listen to us, but some moms... we do change their mind. Most moms know what they want to do though. They feel like they should get a lot of formula anyway. I think it’s because we (Somalis) believe in chubby babies. How nobody wants to only breastfeed because we want our baby to be chubby, so we want the formula... if their babies are not gaining weight, they think something’s wrong... sick. If they give them the formula, they’ll blow up, get chubby.” – Somali WIC Educator, key informant phone interview

“In our community, a lot of people don’t gain weight. Back home, it’s very hard: three meals a day, no snacks. People are very active. No cars. You’re walking. Burning a whole bunch of calories. It’s very hard for people to gain weight—even little kids—so unless you overeating or you can buy extra foods and stuff, it’s kind of tough. So, all of a sudden they’re here in the United States, and Somali people who came here earlier have already found out about formula. Formula means their babies can be a little chubbier. By the time this mother comes to WIC she knows what she wants formula. Her mind is set already. She has enough information from the community so that whatever you’re trying to tell her, educate her, it’s not going through... a lot of Somali mothers are good mothers. They do want their kids to be healthy. But their child being chubby is very, very important to them! So it’s kind of like understanding that whole, and if you do, then maybe WIC can prepare a better education—try to figure out how to overcome this, how can they explain that chubby is not being healthy, and things like that. What they need to focus on is not becoming chubby, but on their child getting enough nutrition and getting the right food to feed their child! Grains, fruit, vegetables, and things like that. And cooking healthier foods. And how do they do that, and where do they start? And getting their opinion, too, and trying to understand them, too.” – Somali WIC Educator, key informant phone interview

“Bringing back the example of chubby babies... when they come and they have a high risk appointment because the child is obese and we talk to them about the child being obese and having a high BMI, Somali people don’t understand the problem... they might get offended a little bit or not understand why we want this kid to lose weight.” – Somali WIC Educator, key informant interview

A Spanish-speaking Nutrition Educator also reported, “For families who’ve been here a while, where parents were born here or came here when they were very young, we’re seeing a larger move toward formula feeding. I don’t know why that is... that might be playing a role in the overweight kids we’re seeing.”

Contrary to issues with “chubby” babies, American Indian participants cited fearing that the WIC program will report them to child protection due to mandatory reporting rules because WIC staff will think their babies are underweight. These participants reported they are not concerned about their child’s weight even if the nurses are because some of their kids will not eat for days, but then they will eat a lot. An American Indian participant cited these as cultural differences and said, “Yeah, I explain it. Some people in my family have always been skinny,” (current participant, focus group).

U.S. citizenship status

Several key informants mentioned how U.S. citizenship issues impact WIC participation in different ways for Latina families, from eligibility criteria to fear of government services in general. Many “think they’re not eligible for a program like that based on the fact that they don’t have papers,” (Spanish-speaking Nutrition Educator, key informant phone interview). It is important to note that the study did not include significant numbers of WIC-eligible Latina families to directly explore this question. However, providers’ perspectives on citizenship status issues highlight findings worth exploring further:

“A lot of Latino families get paid in cash, so when we’re asking for the proof of income, it gets really complicated because they have to bring something official from their employer or they’re like, ‘I have no way of proving how much I earn.’ It’s really important to connect them to Medical Assistance or MinnesotaCare because they’re automatically eligible for WIC if they have that. But that’s another barrier because a lot of families have a hard time accessing Medical Assistance and the language barriers comes into play when they try to talk with their caseworker and it becomes a spiral and it goes on and on and on. So I do a lot of education, ‘This is how you access the medical program. The next time you come in, you can bring your card and we won’t have to worry about that anymore.’” – Spanish-speaking Nutrition Educator, key informant phone interview

“Some... believe that because of their legal status, they might not qualify. Because they don’t have an ID or the children don’t have any IDs or any proof of who they are. Especially if they’re not in school. If they’re in school, they can bring something to prove who they are. But if they do have the opportunity to get the

kids into school, and most of them do, then they'll use things like report cards and things to prove who they are for the children." – Spanish language interpreter, key informant phone interview

"A lot of clients I work with don't have social security numbers... difficult to get jobs. They are in the process of becoming citizens, so they have a hard time finding jobs. Some of them do get food support from the state. If they come as a family of five, one or two have social security numbers... but they have to share. It's not enough for all of them." – Spanish language interpreter, key informant phone interview

"I have to say though that I get a sense that for our Latino families that some of the concerns for them being in any government program is trickling a bit into WIC. I used to hear a lot of apprehension for food stamps for their native born eligible children and I am starting to see that seep into WIC as well."
– General pediatrician, key informant phone interview

"In the Hispanic community... anytime they have to come to a government building to fill out information, they are very wary of immigration and deportation... lawyers tell clients they should not take county services... lawyers are misleading. Wrong information to immigrants. In the family, the wife may be interested, but the husband is afraid of problems. We need to give information help people overcome fears." – SNAP Specialist, key informant phone interview

Misunderstanding of eligibility and/or fear of government services also impact Latina WIC-eligible families' economic and nutrition options due to fear of reaching out to resources:

"A lot of people are in precarious situations and don't know where to go or how to access those resources. That's a big part for the Latina community, especially because a lot of the parents know some English and it's very limited. Since a lot of them don't have papers, they're afraid to reach out and access those resources for their kids... with the Latina community, one of the main things is a sharp increase in childhood obesity, especially in Latino kids." – Spanish-speaking Nutrition Educator

"Issues such as knowledge of cooking more healthily or lack of money or availability... many are afraid to apply... because of lack of citizenship. They hold back applying for children because of that." – SNAP Specialist, key informant phone interview

Transportation, work, or child care barriers

Although the majority of key informants listed transportation as a significant barrier to WIC participation, only a couple former participants who were interviewed over the phone reported that transportation, work accommodations, or child care were problems to their participation in the WIC program. As mentioned earlier in the WIC program

experience section, some participants did express these issues may make participation more inconvenient, particularly with voucher pickup, but did not report these issues as significant barriers. **The majority of WIC-eligible families reported no problems with the logistics of transportation, work, or child care.** Only one former participant mentioned transportation as an issue for why they could not participate in the WIC program.

Impact of Supplemental Nutrition Assistance Program (SNAP)

Some professionals who directly serve the WIC-eligible population expressed concern that the WIC-eligible are choosing the Supplemental Nutrition Assistance Program (SNAP) over the WIC program: “With the increase in the amount of SNAP benefits, some families say, ‘Hey, SNAP is pretty easy! They just load up my card and I don’t have to go anywhere after I apply. I don’t have to take my kid in a car seat like I do with WIC for an appointment twice a year,’” (WIC Coordinator, key informant phone interview).

However, current enrollment in the SNAP program does not seem to have a strong negative impact on whether a family seeks WIC enrollment, as reported by the WIC-eligible population who participated in this study. About one-third of former participants who were interviewed over the phone had been enrolled in the Supplemental Nutrition Assistance Program (SNAP). Of all these participants, only one reported enrollment in SNAP influenced their decision to leave the WIC program: “Sort of. Because SNAP, they give you food stamps and that way I can afford milk throughout the month, so I don’t really need WIC anymore,” (former participant, phone interview).

Recommendations to improve WIC program access

In general, WIC should increase the number of staff who understand the language and culture of various participant groups and clarify WIC policies/goals of nutrition services, breastfeeding support and healthy families to address participants’ misunderstanding or misinformation about the purpose of the WIC Program. WIC should also continue exploring innovative service delivery models and leveraging technology to deliver WIC programs in the future.

While study participants were not asked specifically for recommendations related to community involvement, **improving the WIC program’s approach to community involvement in a deeper and more meaningful way is a desire that is repeatedly and regularly expressed by both providers who work directly with the WIC population as well as the WIC-eligible population themselves.** Study participants are interested in the WIC program more actively and more regularly reaching out directly to WIC-eligible populations including new immigrants, directly through partnerships with other community

organizations or health care providers. WIC-eligible families claim more community involvement from the WIC program would help improve outreach and understanding about the program:

“Get out into the community to talk about the services to let people know.”

– former participant, in-person interview

“They should be doing what they do out there a little more. It was more like word of mouth that you heard and you didn’t know exactly what they did. The community needs to be knowing more what they did. People say you can get more milk and cheese and that’s all you heard. You didn’t actually know what they did for you.” – former participant, phone interview

Key informants who work directly with the WIC-eligible population also suggested more community involvement would improve access to WIC. Community involvement would also address language or cultural barriers, misinformation, or even stigma attached to the program more readily than program materials or other kinds of advertisement. Key informants suggested that workshops (in addition to WIC clinic appointments), information fairs, and other partnerships with community leaders and organizations would be extremely beneficial:

“Becoming a little more involved in the community like having a workshop for the clients outside that little appointment... where it’s more open, less pressure, they can come in and talk about whatever’s going on in the community. If things like the workshop happen, people will talk to each other. It will give WIC a good name. People will think, ‘They (WIC) do care a little more. It’s not about just assistance.’ Awareness will grow when they talk about health and healthy eating and they will understand WIC’s purpose as more than getting milk and cheese.”

– Somali WIC Educator, key informant phone interview

“Talking to people – leaders in the community – because the Latina community will... go to places where they know they can access resources because of citizenship issues. So families will go to community centers, medical providers, anyone who would come into contact with the Latina community would be great ways. Just some of those things... letting people know you don’t have to have papers, there are people who speak Spanish who will be able to help you, it is not a program only for kids and babies but for moms too. All those things, I think, would help. I think the key thing is finding those places where Latinas congregate and where they go and having that information there for them. I think that’s the main thing.” – Spanish-speaking Nutrition Educator, key informant phone interview

“WIC is very well established and doesn’t seem to really partner with anyone outside of public health. I think that would be one way to increase... recruitment – is to be open to other entities outside of public health.” – Spanish language interpreter, key informant phone interview

“I think the collaboration piece is big. I mean they can certainly do advertising and things like that and I’m sure they would get some responses from that, but I also think having that personal touch would be huge. I don’t think WIC does fairs. Get a table and someone can walk by, get basic information about basic things to apply, and get eligibility requirements. Get questions answered... I think putting a face to it can also be really helpful. Because right now the community basically comes to them and I think there are times that they can go to the community.” – Nutrition Program Coordinator, key informant phone interview

“Promote the Bridges to Benefits program. Food shelves use this program. It asks people a series of questions, you put in ages of your children and other things, and it kicks out referrals to programs that people are eligible for.”
– SNAP Specialist, key informant phone interview

Key informants also suggested continuing and deepening relationships with health care providers and education providers as important ways to getting the word out about WIC. Key informants reported WIC-eligible families are more likely to be using these services and may have already built trust with these providers:

“I always encourage any program to get involved with the schools. The schools will take it home and then home will come to you (WIC).” – Spanish language interpreter, key informant phone interview

“Collaboration with education and medical clinics would probably be a way that they could reach a lot more people... in an ideal world, it would be wonderful to collaborate with medical clinics that are already doing checkups... these are linked to other programs that parents are already accessing.” – Pediatric Coordinator, key informant phone interview

“An effort to really work with all providers who see pregnant women is important. I think most pediatric providers are pretty aware of this program. I see the child care community as a potential ally in enrolling eligible kids. There aren’t too many other ways kids are caught up outside their home other than medical systems or child care/preschool systems. Those are really the main structures that exist for very young kids. Those are the ways.” – General pediatrician, key informant phone interview

“We see so many moms come in when they’re eight or nine months... almost about to give birth. It’s so crucial, especially for the breastfeeding, to have mothers come in immediately after they find out because you can provide so much better education and see them more times before they have their baby. If we target women at an earlier stage, that would help appropriate documentation for Latina families. That’s why I think it’s so important for medical providers who are doing the prenatal exam to tell mothers about WIC, so they come in as soon as they find out. There’s such a blind respect for doctors. Whatever the doctors say, there’ll be a blind respect for the truth. Or for anyone at an educator level, who has trained in something, the Latino community will listen much more closely and follow the instructions much more readily.” – Spanish-speaking Nutrition Educator, key informant phone interview

WIC program outreach

This section explores the question, **“How effective are currently available outreach materials used by the WIC program in Minnesota? What media and outreach strategies could be the most effective with the target populations? What is the appropriate messaging to address barriers and increase participation?”**

Overall opinion of WIC program

Study participants reported an overall positive opinion of the WIC program.

American Indian participants and Somali participants from focus groups also had positive things to say about the program. Nearly all former participants who were interviewed over the phone had a positive opinion of the WIC program, especially regarding how much they appreciated WIC’s support during times when their family was in need:

“It is a very good program. It helped me extremely during my financial hardships. My children enjoyed the food options... for example, we usually don’t eat cheese in our culture, and I was able to buy cheese for my children and it’s good for their diet.” – former participant, phone interview

“Very helpful. Good for our community. For parents who haven’t had experience with kids, it is helpful because it teaches them the proper nutrition to give their kids. People in our society have better brain development. We are breeding better people.” – former participant, phone interview

“Wonderful program that maybe should be communicated better... if that friend hadn’t told me about it, I wouldn’t have known about it at all.” – former participant, phone interview

“It’s extremely helpful. I was very fortunate when we didn’t have enough income and WIC was able to help with our food. I was very grateful to have it.” – former participant, phone interview

“One of the best federally funded programs that we have.” – former participant, phone interview

Nearly half of former participants who were interviewed over the phone reported their community had a positive opinion of the WIC program:

“My community in Minnesota – they like it! ... most of the people were using WIC. Where I lived was on campus, so most of the students were with family. I am a full time student with family.” – former participant, phone interview

“I think it’s positive. From personal experience, I have seen a lot of people coming into the clinic, stores, doctors’ offices, talking about things. Everyone actually appreciates what WIC does because the foods they offer are so helpful. They are critical.” – former participant, phone interview

Nearly half did not know the opinion of their community, some did not care to know, or said they were not proud to be on the WIC program:

“Honestly don’t know. I don’t talk to anybody about it. It’s a private matter and it should stay that way.” – former participant, phone interview

“I have no idea. We kind of keep to ourselves.” – former participant, phone interview

“I’m not sure. The few people I know who use it love it because they need it. We don’t talk to people about it and I don’t know what the community thinks. For us, it’s embarrassing.” – former participant, phone interview

A couple respondents reported their community has a negative opinion of the WIC program:

“I think people don’t understand it. And they look at it as welfare, which is very unfortunate.” – former participant, phone interview

“That it’s very sad. When you’re waiting in line to check out with WIC, people are like, ‘Look at that poor person!’” – former participant, phone interview

Former participants who were interviewed on the phone primarily left the program either because they were told they did not meet income limits (and these participants said they very much want to continue participating in the program) or because they moved out of the state of Minnesota and were planning on signing up for WIC benefits in their new state. The majority who were still eligible for the program within Minnesota who chose to leave reported a combination of having enough increase in income so that the logistical challenges of the program made it no longer “worth” staying enrolled, and because they felt others less fortunate need the program more.

As one key informant observed, “I think we have more problems with those dropping off after their child turns one and those with higher incomes who begin dropping off WIC even while they’re still eligible. Some families perceive WIC as something they need to get off when they have higher income levels. I’ve also heard from people who are eligible but drop off saying, ‘We need to stop using it, so others can use it instead.’” (WIC Coordinator, key informant phone interview). Former participants described this trend below:

“I knew I was financially... doing better, so I didn’t feel like I needed them anymore. And the trouble I had shopping just didn’t seem worth what I got out of it. And I didn’t want to seem greedy because I was making more money. I felt somebody else needed it more than I did.” – former participant, phone interview

“WIC is a fantastic thing – the only time I would use it is if I desperately needed it.” – former participant, phone interview

“I just kind of got tired of going and I didn’t really need the support anymore, I guess, as much as I did before.” – former participant, phone interview

“Kid’s dad started helping out more financially, my school schedule is too busy, I am too prideful to get in line again even though money is still tight.” – former participant, phone interview

“I actually forgot to go get vouchers and then I realized I don’t need it. I qualified for it because my daughter was still under insurance. Income, I didn’t qualify. The fact that she was still under that insurance, that’s why I qualified. I felt that I didn’t really need it and felt that someone else might need it more than me. I was wasting resources for someone else.” – former participant, phone interview

“I think just getting the time to call and make an appointment... we were doing fine at this point and somebody else needed the help. That’s the way I see it.” – former participant, phone interview

“My husband started working. Less hassle to shop with vouchers. A little bit of pride in there too. I didn’t want to take advantage of the program. Other people needed it more than we do. If we could get by at all, we didn’t use it.” – former participant, phone interview

WIC program stigma

Stigma was reported as having a moderate role in WIC participation. Perception of the WIC program varied by community, including cultural communities, geographic locations, income levels, etc. Among WIC-eligible families who had never participated in the program who were interviewed for this study, only one person had heard anything negative about the program, “regarding reporting verification and switching diets of certain babies,” (never participated, intercept interview). No stigma was reported by the American Indian community. Key informants reported possible stigma with immigrant communities, particularly the Hmong and Somali community:

“Some people just want to get vouchers and get out. And some people are ashamed about using this program because they feel like they make the money, so why are they using this program?” – Somali WIC Educator, key informant phone interview

“Newer immigrants coming from countries where there was concern about government are hesitant to do assistance.” – Nutrition Program Coordinator, key informant phone interview

“Very few Hmong families who are eligible don’t apply. However, some families – once their income increases, they felt it was more ‘middle class’ to not use WIC anymore, even though they still qualified. So there’s this stigma.” – WIC Coordinator, key informant phone interview

WIC-eligible participants from suburban, urban, and rural geographical locations all reported some degree of stigma. Among former participants interviewed over the phone, nearly half reported that people in the community may be generally reluctant or conflicted about participation in a nutrition and breastfeeding program because of the stigma attached to the WIC program and government programs in general. People in the community may have too much personal pride to participate. Nearly half believed their community is willing to participate in a program like WIC, and a few do not know whether their community would be willing or unwilling:

“I think that the people who are on it in town make it look bad and so the people who are on the edge who could benefit from it don’t want to be in the same category.” – former participant, phone interview

“I would say reluctant. Pride. It’s a pretty small town area. Our unemployment rate is extremely low and we don’t have any homeless or anyone living on the streets. Getting help is mainly for... people around here would think it is for people who are extremely poor.” – former participant, phone interview

“My community is all Finnish people—their pride gets in the way of taking help from anyone. I know people who have six kids and won’t go on it because of pride. Women who went on it were definitely very grateful to use it.” – former participant, phone interview

Former participants interviewed over the phone reported a similar sense of stigma related to the WIC program for food. Again, nearly half report people reported being willing, nearly half reported people “probably would” but would be concerned about stigma or would be too proud to enroll, and a few did not know whether their community is willing or unwilling. These themes are illustrated below:

“Yeah, maybe they would get food. There are those people out there who think it’s bad to be on government programs.” – former participant, phone interview

“Most of my friends do, but I’ve had friends who will not go because they think it’s degrading against their family. I personally don’t think it’s degrading at all. If you need help, you need help.” – former participant, phone interview

“My husband wouldn’t even go to get WIC with me because his pride was hurt so bad.” – former participant, phone interview

“I have no idea. Even the one time that I had a run-in with the cashier that was a little rude, that was kind of embarrassing. I can see how that would be a turn off for people.” – former participant, phone interview

When asked more specifically whether there are general attitudes in the community about WIC that may prevent some people from participating, about half of former participants who were interviewed over the phone clearly reiterated similar concerns. The other half, again, say there was no stigma and a few were not sure. These attitudes were also prevalent in the focus group:

“I think that some of the people around that use it tend to appear that they take advantage of other things that the state offers. So the people who are a step above that who qualify don’t want to use it even though they qualify.”
– former participant, phone interview

“If someone sees you going to a WIC clinic, they might talk about you. I have seen it happen.” – Caucasian focus group

“The community thinks if you’re using WIC, you have to be very low-income. People who are working or not extremely poor might be embarrassed to get WIC because they feel like others will see them and think they are using up a benefit that should be used for very poor families.” – Caucasian focus group

“We live right by casinos, so we have a lot of rich Natives around us. I think they judge you. Making the money they do, which doesn’t make any sense.”
– former participant, phone interview

“I wouldn’t say it is WIC specifically. I would say government assistance in general.” – former participant, phone interview

“I have a few daycare moms that feel that it’s embarrassing to go to WIC and I felt that way too. In our small town, those who go to WIC are those single moms with four kids by four different fathers or Mexicans living in the trailer house or things like that. I think a lot of people feel embarrassed to go. That’s a reason why I quit. I was embarrassed to go. I didn’t think I was low class.”
– former participant, phone interview

“WIC’s always had that reputation. People are saying that there are trashy people that use it. It has a bad reputation for that. If you’re ever really down and out like me, it’s worth it to go in there every three months.” – former participant, phone interview

“Like food stamps, there is an overall thought that they’re poor or broke or looked down on.” – former participant, phone interview

“People don’t want to be deemed as someone who needs assistance. In the community, some people are just too proud. And also people don’t realize how high an income they can have and still qualify for WIC.” – former participant, phone interview

Half of key informants reported hearing about the stigma associated with participation in the WIC program, especially regarding stereotypes about people who use the program:

“In my experience, the stereotypes about the general population are, ‘They get all the help, they get all the assistance, they don’t work.’” Without really knowing the family or the issues that the community is facing or the barriers. So what I’ve heard is they think they’re here for the free help because they don’t want to work and that’s not the case.” – Spanish language interpreter, key informant phone interview

“There may be some... newly employed who had never had to be on assistance before... that can create some anxiety of who am I going to see in the waiting room? Who will I run into? We have people who are more ‘redneck’ who think that using a program like this makes you a ‘taker’... so that there’s stigma attached makes me angry. Especially in the political climate we are in now referring to the 2012 Presidential election.” – WIC Coordinator, key informant phone interview

“There are misconceptions around food support. There are some who would rather go hungry than actually go apply for WIC or SNAP or have their children sign up for free or reduced lunches. If you’ve worked and paid into that and now you’re not working, those are your tax dollars. There’s no need to not use them... especially in a small town where the cashier knows everyone. They are worried that people will know you’re on public assistance.” – Nutrition Program Coordinator, key informant phone interview

On the contrary, the remaining half of key informants believed there is no stigma in the community about WIC that may prevent some people from participating, citing that WIC has a good reputation and the recent economic recession has changed people’s attitude towards people who are low-income:

“I think WIC’s been pretty successful in positioning itself as a health program, rather than a handout program and that they deserve credit for that. The way they managed to keep a little distance from the stigma of food stamps. For them to be able to say to a woman during pregnancy, ‘This is for the health of your baby,’ is a powerful thing, heard, and responded to. This is the difference.” – General pediatrician, key informant phone interview

“I think WIC and public health in general have worked very hard to make an environment that’s more welcoming and people feel like they can get their needs met.” – Nutrition Educator, key informant phone interview

“People’s mindsets are different because of the economy. Less stereotyping because so many people need help... there is more awareness.”

– SNAP Specialist, key informant phone interview

Perception of WIC program outreach

Pamphlets and posters from the WIC program were shown to participants during intercept interviews and focus groups. Prior to intercept interviews, all of the WIC-eligible families who had never participated in the program reported they had seen or heard of WIC through program outreach. All had also heard of WIC through their health care providers. All but one had seen WIC posters before. Only one or two people had seen or heard about the WIC program through magazines or newspapers, on television (Sesame Street or another program on PBS), from a mailing to their home, or via convenience stores.

When asked whether the outreach materials make study participants think the WIC program is for them, all but one person replied in the affirmative. Most thought the program was for them because there were children pictured in the advertisements. When asked what kind of services the program appeared to offer based on the outreach materials, all the WIC-eligible families who had never participated in the program focused on foods, along with adjectives like “nutritional” and “healthy”. None of the materials were viewed as offensive or misleading to the community.

When looking at the program materials, American Indian focus group participants reportedly understand what the program is about; they had positive comments about how the outreach brochures are “multicultural and diverse” and how “the fruit on this poster looks really delicious”. Somali focus group participants, on the other hand, did not understand what the program was promoting based on the majority of the English-language program materials. As some participants comment:

“I would think they are refugees.” – Somali focus group

“I don’t know English... they are orphans.” – Somali focus group

“I would think it’s talking about places where children are born.” – Somali focus group

“Before the focus group, I used to think the advertisements are talking about a place where children are taken care of like a child care center.” – Somali focus group

“If I was just to look at the poster... I would think it’s about donation for children.” – Somali focus group

“I think that everyone in the U.S. is the same based on the materials. That people of color – black, brown, white, or yellow have the same equality.” – Somali focus group

Somali focus group participants responded most positively to a flyer with a child, father, and a breastfeeding mother:

“I would say the mother that is breastfeeding the child is consuming these fruits and vegetables and that maybe it is good for her and her child.” – Somali focus group

“I would look closely at the children and wonder how beautiful they look. I would assume that they are beautiful because of the healthy fruits they eat in the picture. So I would also like to buy the same products for my children.” – Somali focus group

Suggestions for outreach content focused on additional emphasis on pregnant mothers in marketing materials, continued or increased advertisement in non-English languages, and additional clarity about program criteria:

“I think they should have a pregnant woman one. Then more pregnant moms would go to WIC. Make sure people know that you can start on the program as soon as you get pregnant, so put more posters of pregnant women on the posters. Would be clearer if there was a pregnant woman without any children to be really clear about when eligibility starts.” – current participant, focus group

“If it is written in your native language, you can read it anywhere you see it.” – Somali focus group

“If you can’t go in to a clinic, you can assign a proxy, but I don’t know if a lot of people know that, so that might be something to educate the public on.” – Spanish-speaking Nutrition Educator, key informant phone interview

Recommendations for WIC program outreach

There was no strong consensus reported across study participants overall about the best type of advertisement for the WIC program. Of all the study participants, only **former participants interviewed over the phone reported a clear preference for either advertisement through health care providers, including hospitals and clinics, or through grocery stores.** Nearly all former participants suggested doing outreach through health care providers; one participant mentioned walk-in clinics would be a good location to reach people who “don’t have a primary doctor,” (former participant, phone interview). However, another participant mentioned, “They need to do more advertising separate from hospitals and clinics because you have women who might be pregnant and don’t have

health insurance and don't go to the doctor and don't have access to that information,” (former participant, phone interview).

More than two-thirds of former participants also suggested doing outreach at grocery stores. Checkout lines are suggested as good areas to put brochures or flyers to inform people about WIC services. Additionally, one former participant remarked, “A lot of grocery stores have signs that say ‘WIC Accepted’. I see that often, but they don't say what WIC is or any information for qualifications,” (former participant, phone interview).

About one-fifth of former participants interviewed over the phone suggested other areas such as community centers, colleges, churches, libraries, and government buildings as possible sites to promote the WIC program. A few participants mentioned billboards, bus stops, gas stations, television ads, daycares, websites, newspapers, food shelves, or thrift stores. Word of mouth was suggested a few times. As one participant commented, “The best way was... my friends telling me. If I got the stuff by mail or watch TV, I wouldn't know really how to participate. I knew it from my friends and my neighbors who told me,” (former participant, phone interview).

About half of WIC families who had never participated in the program were equally supportive of posters, magazines or newspapers, television ads, mailings, the internet, public bus ads, and hearing from their health care providers. One person suggested electronic billboards because “they move to show all people,” (never participated, intercept interview).

WIC-eligible focus group participants also suggested a variety of areas where WIC could advertise about its program without strong overall preference for any particular location or method. The most common suggestions included grocery stores, television, and Facebook. Other suggested advertisement types and locations include flyers, buses, posters, health care providers, grocery stores, schools, Laundromats, churches, radio, and newspaper. A few culturally specific comments included Halal markets for the Somali population and television for the Hmong population: “TV is a good place to get information because we don't read, so we mostly watch TV,” (former participant, in-person interview).

■ WIC should also consider the following ideas for program marketing and outreach:

- Use data from this report (or additional information gathering) to find out what compelling information participants learn from WIC that they did not know before they were enrolled in the program. Individual quotes or aggregated data from participants would provide interesting snapshots for marketing to emphasize the value WIC brings to the community with nutrition services, breastfeeding promotion and health promotion.

- Create a “Why I use WIC” campaign – attribute direct quotes (with permission) from WIC participants on why they use the WIC program. Emphasize specific nutrition messages WIC is interested in promoting (e.g., how breastfeeding contributes to the health of the infant and the mother). To reduce stigma, focus on positive quotes that promote WIC as a program that helps families and children with nutrition and emphasize working families who “need a little extra help and information to keep their family healthy.”
- Balance emphasis on “how to do things” in ads with “how to get things.” Some of the current outreach materials focus on food access (as perceived by WIC-eligible families included in the study). Consider including questions directed at the WIC-eligible (e.g., Need help breastfeeding? Need more information about nutrition?) along with information on how to access more healthy and nutritious foods.
- Dispel myths about WIC eligibility. Since study participants across the board express lack of clarity about eligibility, it is important for the WIC program to emphasize who can receive WIC services. Explore ways to communicate the complexities of adjunct eligibility more clearly. Focus marketing on common misperceptions and highlight how people who are employed, people who have health insurance, and people who are not U.S. citizens, etc., can still receive WIC services (if they meet other eligibility criteria).
- Since many former and current participants find out about WIC through word of mouth, the WIC program could consider using this existing model to its advantage by giving appropriate incentives to participants who “refer a friend” to the program.

Appendix

Study methods

Limitations of this study

Participant characteristics

Focus group protocol

Focus group questionnaire

WIC key informant phone interview protocol

WIC former participant interview

WIC intercept interviews

WIC intercept interview refusal log

WIC eligibility tool

Study methods

In the original work plan, Wilder proposed conducting seven focus groups and 10 individual interviews with people who represent the WIC-eligible population in Minnesota (participants and non-participants) from both rural and metro area/urban locations. The original work plan ensured participants would represent recent immigrants, persons whose first language is not English, American Indians, African Americans, families that meet WIC income guidelines, and other target populations as determined with MDH. In initial project meetings, MDH requested that Wilder Research modify the original work plan by limiting the scope of the study to include only people who are WIC-eligible but had never used WIC as well as people who are early WIC leavers (and to exclude WIC-eligible people who are currently participating in the WIC program). However, because of limitations we experienced in finding WIC-eligible people who are not currently using the program, ultimately some current WIC participants are included in the study. In addition, we expanded our data collection approaches from just focus groups to also using intercept interviews and more individual phone interviews, in an attempt to reach people who are WIC-eligible but not currently participating in the program. These data collection strategies are detailed below.

Several approaches were used to gather information about the target population to address the research questions. First, in October 2012, four focus groups were held with a total of 33 WIC-eligible participants. Wilder Research collaborated with individuals and organizations who serve the target population. Each host organization was given an honoraria for recruiting, providing a venue, and supplying food and beverages for the focus groups. The focus groups were segmented into four homogenous demographics: Hmong (1 former WIC client – because other scheduled participants did not attend, this client was interviewed), Somali (12 participants – 6 current WIC clients and 6 clients who are eligible but never participated in the program), American Indian (11 participants – 10 current WIC clients and 1 former WIC client), and Caucasian (9 participants – 8 current WIC clients and 1 former WIC client). The Hmong and Somali focus groups were held at Community Action Partnership of Ramsey and Washington Counties in Saint Paul, MN. The American Indian and Caucasian focus groups were organized via Mahube-Otwa Community Action Partnership and held in Mahnommen, MN, and Park Rapids, MN, respectively.

Initially, Wilder had agreed with these organizations to recruit only those WIC-eligible people who had never used the program or who were early leavers. Every one of these organizations made extensive efforts to find these individuals, and none were successful. As described in more detail in the Limitations section below, in some cases there was confusion among participants that led the organizations and Wilder to believe the correct target population had been recruited (until we started to facilitate the focus group and

realized there had been some misunderstandings about who was eligible for the group and who was a current WIC participant). In other cases, after extensive efforts trying to find WIC-eligible people who were not using the program and being almost entirely unsuccessful (with Mahube for the two northern Minnesota focus groups) we ultimately went ahead with focus groups of current WIC users. Participants were asked about nutrition programs in their community in general, their knowledge of WIC program services, perceptions of the WIC program in their respective communities, barriers to participation, and suggestions for outreach, including specific outreach materials like WIC posters and pamphlets.

Next, in December 2012, six intercept interviews were conducted with WIC-eligible families who had never participated in the program. Wilder Research collaborated with two Neighborhood House food shelf sites in Saint Paul, MN to conduct intercept interviews with food shelf users (at the West Side location in the Paul and Sheila Wellstone Center, and the Francis Basket location in the Highland Park neighborhood). Wilder Research interviewers approached food shelf users and screened users for eligibility to participate in an interview. Over three separate weekday sessions during food shelf hours (9am-12pm and 1-4pm), Wilder interviewers approached 55 food shelf users. Of these, just six were eligible for WIC but had never participated in the program (and therefore also eligible for interviews), 15 were currently enrolled in WIC, and the remaining 34 were not eligible for WIC (e.g., no children, did not meet income requirements, etc.). Participants were asked about their perceptions of the WIC program, their understanding of eligibility criteria to participate in the WIC program, WIC services they were aware of prior to the interview, possible barriers to participation for their respective communities, outreach materials they have seen, and – like with the focus groups – suggestions for outreach, including specific outreach materials like WIC posters and pamphlets. At the conclusion of the interview, Wilder Research interviewers also provided interview participants with an MDH flyer to connect participants to WIC services, as requested by Neighborhood House.

Finally, in December 2012 and January 2013, 31 phone interviews were conducted with former participants. The Minnesota Department of Health identified eligible “early WIC leavers” in their database and sent out formal letters to 1,250 participants. MDH sent 1,000 letters in English and 250 letters in Spanish, inviting these participants to call Wilder Research in order to participate in an interview. Of these 1,250 letters, 287 letters were returned as non-deliverable. If callers were former participants with children under age five or pregnant women (including the caller) in their household, they were eligible for interview. Overall, 51 called in – 31 eligible participants were interviewed, five were found ineligible after screening, two refused to complete the interview, and 13 could not be reached when Wilder called them back (e.g. disconnected phone number, wrong phone number, etc.) or did not call back when we left them a message. Wilder Research called each participant three times or more. If eligible, participants were asked about their

experiences with the WIC program, services used during the program, reasons they left the WIC program, their community's perception of the WIC program, and suggestions for outreach. All former participants that were interviewed had participated in the WIC program between 1999-2012. The shortest participation time was three months and the longest participation time was 10 years.

With all data collection strategies used for WIC-eligible families, participants were provided stipends for their time and input. In many cases, data was collected in the participants' native language. All participants were asked demographic questions and given the option to receive a summary of findings. The eligibility screening tool, focus group protocol, intercept interview protocol, phone interview protocol, and refusal log are all available in the Appendix as well.

In addition to all of the data collection strategies above targeted toward WIC-eligible people, Wilder also conducted key informant phone interviews with 10 health care providers and other professionals who are familiar with the health status and health care needs of the target population, from September-December 2012, such as WIC Educators, SNAP Specialists, and other social services program staff. The majority of the key informants are professionals who provide direct services to the target population. Three key informants focus specifically on services for the Latina population, two key informants focus specifically on services for the Somali population, and the remaining five key informants serve the general target population. The key informants were asked about their experiences and perspectives about the target population's challenges with feeding their family healthy foods, the role the WIC program plays in the community, barriers to accessing WIC—including cultural concerns, knowledge, and perception of the WIC program—and suggestions for improving outreach and access to the WIC program.

Limitations of this study

This study has a few limitations that are important to note. First and foremost, finding the WIC-eligible population who had never participated in the program was challenging for several reasons. The community organizations Wilder Research collaborated with made extensive efforts to find the WIC-eligible population who had never participated in the program. Through this process, community organizations learned that many of the WIC-eligible families they serve are currently enrolled in WIC, particularly participants who are enrolled in Head Start or other early childhood education programs.

Wilder also found that both current participants and former participants are often unaware or confused by their enrollment status. Both non-native English speakers and native English speakers were often unsure about whether they had ever been or still were enrolled in WIC. For instance, it was common for non-Native English speakers to be

unsure of the names of the programs from which they were (or were not) receiving services. Some former participants (targeted by MDH as early leavers) who called in reported they were unaware that they were no longer enrolled in WIC. After receiving a letter from the Minnesota Department of Health (MDH) to participate in an interview about why they left the program early, some participants actually became aware of their enrollment status and then reenrolled in the program (Note: These participants were considered no longer eligible for interview). Additionally, upon interview, 10 of the 31 former participants reported they were not early leavers, but actually were no longer eligible for the program because they did not meet income criteria.

Moreover, because participants in this study were recruited through community organizations, the main caution when interpreting findings, then, is that these results do not as thoroughly reflect the circumstances of the WIC-eligible population who are not connected to community services, had never participated in the WIC program, and are also not as reflective of some groups such as Hmong women, rural Latinas or male caregivers, for instance.

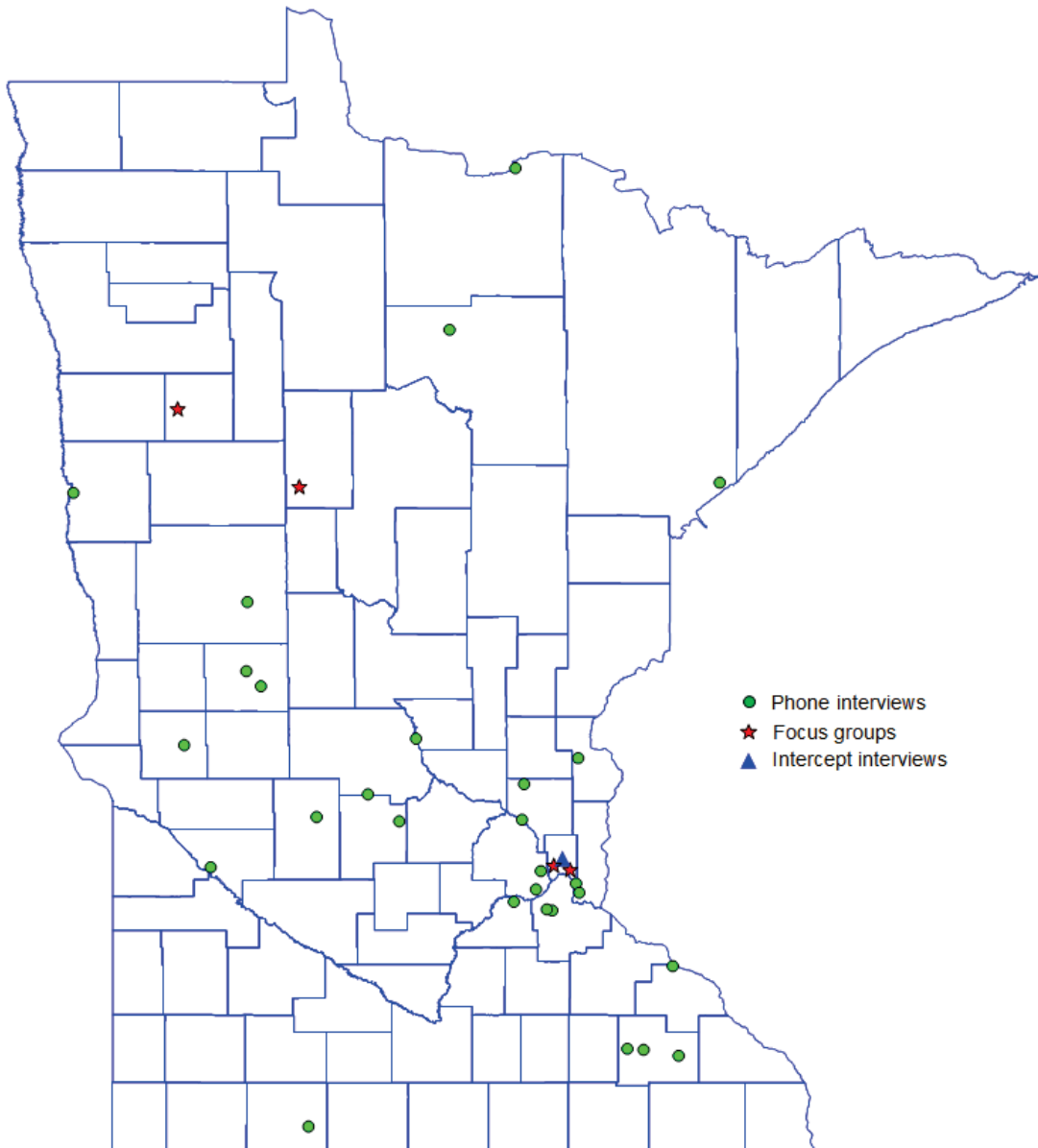
In this report, information was obtained using multiple data collection strategies, as described in the Methods section. In many cases, information from each data collection strategy is only available about one subgroup that may not be available for other groups or the entire target population. In other cases, information is only available for subgroups that include some members of the target population as well as members outside the target population (i.e., focus groups that include a mix of current participants, former participants, and community members who are WIC-eligible but had never participated in the program). Additionally, former participants who called in for interviews were more likely than other study participants to make over \$40,000 a year, and reside in rural or suburban areas in Minnesota. Participants who called in were also more likely to report stigma as a factor in nonparticipation – it is unclear whether this is because callers are more comfortable talking about issues of stigma one-on-one with an interviewer as opposed to a group focus group, or if this is because this is a stronger factor in some participants' decision to leave the program early. In most cases, clear patterns, trends, or themes are still identifiable and study participants contributed valuable perspectives, regardless of WIC enrollment status or demographic characteristics.

Participant characteristics

The target population for this study is eligible WIC participants in general, eligible participants who had never used the WIC program, and former participants (especially early leavers). The map below shows that study participants were spread throughout Minnesota and include rural, suburban, and urban experiences. The following tables illustrate demographic characteristics of study participants, including the WIC-eligible

persons and excluding the professionals who directly serve the WIC-eligible population that we interviewed as key informants.

WIC-eligible study participants' locations



1. Participant gender

	(n=70)
Female	96%
Male	4%
Other	0%

2. Participant age

	(n=70)
Under 18	3%
18-29	49%
30-39	39%
40-49	9%
50+	1%

3. Participant relationship status

	(n=70)
Single, never married	30%
Married or living with a partner	59%
Divorced or separated	10%
Widowed	1%

4. Number of children in participant households

	(n=70)
1 child	13%
2-3 children	57%
4-5 children	17%
6+ children	7%

5. Age of children in participant households

	(n=173)
Pregnant, with child	3%
Under 12 months	6%
1 year	10%
2 years	14%
3 years	8%
4 years	15%
5 years	8%
6 years+	30%

6. Participant highest level of education

	(n=70)
Less than high school	4%
Some high school	20%
High school graduate/GED	37%
Some college/technical school	16%
Associate's degree/certificate	9%
Bachelor's degree	10%
Some graduate school or more	4%

7. Participant race/ethnicity*

	(n=69)
African American	22%
American Indian	9%
Asian/Pacific Islander	4%
Caucasian	44%
Hispanic/Latina	9%

**Participants were asked to report all that apply.*

8. Primary language spoken in participant homes

	(n=67)
English	81%
Hmong	2%
Somali	13%
Spanish	6%

9. Participants' annual household incomes

	(n=68)
Less than \$10,000	28%
\$10,001-19,999	25%
\$20,000-24,999	9%
\$25,000-39,999	6%
\$40,000 or more	22%

WIC program awareness

10. WIC program awareness – Is there insufficient knowledge of WIC, including participation requirements?

	Findings	Representative Statements	Recommendations
First introduction to the WIC program	The top three ways of hearing about WIC include word of mouth, having grown up with WIC, or through community services, including hospitals, clinics, county programs, or other government programs	<p>Word of mouth: “I have an uncle who told me about the programs and services that might help. There were relatives... helping take me to go get registered.” – former participant, in-person interview</p> <p>Having grown up with WIC: “WIC serves everybody. Because everybody is already using it.” – current participant, focus group</p> <p>“Through community services: First heard about WIC at the courthouse – I applied for the healthcare (MA) and they asked if I wanted an application for WIC as well.” – former participant, phone interview</p>	<p>Clarify eligibility criteria and enrollment status - explore ways WIC can improve communication about criteria and status.</p> <p>WIC could consider sending e-mail, text messages, or letters to let people know their enrollment will be ending or they are no longer enrolled. Remind them to reenroll, if interested.</p>
Understanding of eligibility criteria	The most common misperceptions about eligibility criteria include income criteria, citizenship status, and employment status	<p>Income criteria: “Eligibility are not always the same and people get confused about whether they can be eligible for WIC if they are not eligible for Medical Assistance.” – former participant, focus group</p> <p>Citizenship status: Note – All WIC-eligible families who have never participated in WIC that were interviewed through intercept interviews reported you must be a U.S. citizen to be eligible for WIC. This was a yes/no question and participants were not asked to elaborate.</p> <p>Employment status: “They’re not sure if they’re working and the husband’s working – they don’t know if they would qualify.” – Spanish language interpreter, key informant phone interview</p>	<p>Consider additional ways to let participants know about the state-to-state WIC transition. Some states have slightly different requirements for transfers into their programs. Explore ways for participants to transfer with all the information needed to transfer into other programs.</p>
Knowledge about and perception of services	WIC is viewed as a food support and a nutrition education program, but some WIC participants may initially come for food access and are then connected to other beneficial resources once enrolled in the program	<p>“I think that almost everyone is aware that WIC provides vouchers for food and formula... but there are a number of people who don’t understand how much we do with breastfeeding promotion.” – WIC Coordinator, key informant phone interview</p> <p>“A lot of moms need help financially, initially. Once they get there (to the WIC program), they get the extra bonus of nutrition education, breastfeeding, etc. But it isn’t their primary goal. Food in stomach is forefront... not nutrition. That’s how it is when you’re in poverty... WIC is primarily financial help and food support. They learn benefits once in the WIC program, but don’t go into it with that attitude.” – SNAP Specialist, key informant phone interview</p> <p>“I think they exceeded my needs, really. They were really helpful. They did the hemoglobin and they did the lead check on my daughter. We did all of her shots at the clinic in town and they were on top of things that some people might forget. They checked in with the clinic in town.” – former participant, phone interview</p>	<p>Continue efforts to clarify and reframe the scope of WIC to eligible participants – build awareness about how WIC provides rich information about breastfeeding and nutrition education, particularly with non-English speaking participants.</p>

WIC program experience

11. WIC program experience – What are reasons for non-participation and drop out in segments of eligible applicants? Do specific barriers to participation exist, including clinical environment, food delivery system, and/or other issues?

	Findings	Representative Statements	Recommendations
WIC clinics experience	Study participants reported positive experience with most aspects, especially clinic environment and clinic staff. The most challenging aspects were appointment scheduling and information delivered during the appointments themselves. There were some issues with inconvenient locations because of distance, hours, and cost of gas, a few issues with lack of dedicated space for children at some clinics, and issues with voucher pick up.	<p>Positive experience with clinic staff: “The WIC ladies actually care about what is happening with us. They have known us for years and really care.” – current participant, focus group</p> <p>Appointment scheduling: “One thing that was frustrating – we had an appointment set up and it’s like everybody has that appointment. Ours was the earliest. When I got there, a ton of people are waiting. You wouldn’t know that I had an appointment other than that they had my name written down. If I had to wait on the first time slot of the day, I can’t imagine going much later in the day. It’s like they schedule a bunch of people at a time and then call your name when they’re finished. There could be a little more efficiency with that. Everyone has very young kids. That was frustrating to me.” – former participant, focus group</p> <p>Redundancy during appointment experience: “They ask redundant questions they asked three months ago. They are still telling you the same things... they are telling you the same stuff the last time you were in there.” – former participant, phone interview</p> <p>Misunderstanding during appointment experience: “When I was in WIC I went back a couple times and it took me awhile before I realized that the goal was nutrition education. WIC staff were asking me questions about income so I have that mindset... I figured out that at the end of the appointment, they would be doing some kind of suggestions. I don’t exactly remember how and when, if somebody explained to me or if I asked, I just figured it out.” – Somali WIC Educator, key informant phone interview</p> <p>Inconvenient logistics: “The only problem I’ve ever had with the WIC program was getting to the WIC office to pick up the coupons because it’s a very different time frame. Having kids in tow and transportation issues was difficult and tricky.” – former participant, phone interview</p>	<p>Improve appointment scheduling experience. Continue encouraging local agencies to offer a variety of scheduling options to meet various needs, including same-day scheduling, future appointment scheduling, lunchtime appointments, and evening/weekend appointments. Address appointment length scheduling for adequate timing and late arrivals.</p> <p>As possible, improve health data sharing among providers to reduce redundant questions during WIC appointments.</p> <p>Streamline and coordinate appointments by using the same WIC nutrition provider for subsequent visits to increase continuity of care and relationship building with clients.</p> <p>Increase cultural responsiveness with nutrition education and clarify WIC policies/goals.</p>
Grocery store experience	The grocery store experience was challenging for the majority of participants because of problems finding the right items and the long checkout process. Store locations were convenient and most staff were helpful.	<p>Challenges finding the right items: “It would take forever in the store because you had to get the right amount of ounces and the right brands and the appropriate meats. It was just very confusing.” –former participant, phone interview</p> <p>Most grocery store staff were helpful: “Even if you do not know what is written on the voucher, employees working at stores that accept vouchers, such as Halal stores, help you pick the right products. When I was first new to the program, one employee of these stores showed me what sort of products I was allowed and not allowed to buy with my vouchers.” – current participant, focus group</p> <p>Challenges with some grocery store staff and WIC voucher training: “Some clerks weren’t trained in how to properly process it (vouchers) so they roll their eyes when they saw the vouchers.” – former participant, phone interview</p>	<p>Increase designated child play areas.</p>

11. WIC program experience – What are reasons for non-participation and drop out in segments of eligible applicants? Do specific barriers to participation exist, including clinical environment, food delivery system, and/or other issues? (continued)

	Findings	Representative Statements	Recommendations
Food options	<p>Participants appreciated fruits and vegetables, particularly farmers' market options. Some had misperceptions about policies related to WIC milk and juice and were concerned with too much fat or sugar. Understanding how to use formula may be a concern for Somali participants.</p>	<p>Positive comments about fruits, vegetables, farmers' market: We took advantage of the farmers' market tickets. We got extra vouchers just to use at the farmers' market in the spring and the summer from WIC. And that was really great. – former participant, key informant interview</p> <p>Misperceptions about WIC policies: "WIC staff seemed a little judgmental on certain things, but you just dealt with it. The WIC vouchers gave you juice, but then they would criticize you for buying juice because you should really promote water. But I had a cupboard full of juice that they were telling me to buy." – former participant, key informant interview</p> <p>Formula challenges for Somali participants: "They are going through all this formula and some of them don't even know how to mix the formula properly. They mix too much formula, more than the child can eat, and waste the rest of it. And then they go through all the formula given by WIC. And what happens? Their breast will dry up. The more you bottle feed, the less breast milk you will be making." – Somali WIC Educator, key informant interview</p>	<p>Continue efforts to increase the capacity of culturally and linguistically diverse WIC staff to help the WIC-eligible population access clinic services more easily. Continue efforts with special programs to train culturally and linguistically specific providers.</p> <p>Proceed with WIC's participant-centered services to assist with improved cultural responsiveness.</p> <p>Work with grocery stores to continue improving grocery store staff training and grocery store item labeling of WIC-approved products.</p> <p>Continue or expand availability of fruits, vegetables, and farmers' market options, when possible.</p> <p>Note: Some issues related to specific foods and beverages in the WIC food package are not feasible for local or state WIC agencies to change, but may be important to communicate to federal/USDA for future improvements to WIC on a national level.</p>

12. WIC program access – What are reasons for non-participation and drop out in segments of eligible applicants? What are unmet needs, barriers to accessing WIC, or cultural issues for the target populations?

	Findings	Representative Statements	Recommendations
Language barriers	<p>Nearly all providers reported language issues as a primary barrier for the ELL/non-English WIC-eligible population, particularly program enrollment, comfort with staff, appointment scheduling, and attendance.</p> <p>Understanding of services, particularly in regard to nutrition education, was also reported as a problem due to language barriers. Many study participants who did not speak English as their first language were even confused about their WIC status as it related to their eligibility to participate in this study.</p>	<p>Challenges with appointment logistics: “If it wasn’t for an interpreter, I think one of the challenges is, if they can’t make an appointment or need to cancel... they don’t call and make changes. Sometimes they’ll call an interpreter to do it for them, but it’s too late and they’ve lost their appointment and they have to wait a couple of weeks or a week to get in. It’s a struggle. Because of the language barrier, they have to wait for an interpreter to step in and help them out. That happens quite a bit with half my clients.” – Spanish language interpreter, key informant phone interview</p> <p>Challenges with understanding services: “I would say language. It’s a big problem... I used to see clients who knew one or two or three words... the clients would nod their head throughout the appointment like they understood. At the end of the appointment, if you ask them a series of questions, you would learn that they didn’t understand. You can imagine, if no one understands the language how hard it would be to explain anything to anyone. They’re not benefiting from anything.” – Somali WIC Educator, key informant phone interview</p>	<p>WIC should increase cultural responsiveness with nutrition education and clarify WIC policies/goals to address participants’ misunderstanding or misinformation during program delivery.</p> <p>Continue exploring innovative service delivery models and leveraging technology to deliver WIC programs in the future</p> <p>Increase WIC’s direct involvement in the community through increased partnerships with community organizations, community leaders, and other healthcare providers to address barriers. Workshops (in addition to WIC clinic appointments), information fairs, and other partnerships with community leaders and organizations would be extremely beneficial.</p>
Cultural barriers	<p>Study participants agreed the WIC program is welcoming and culturally responsive. Cultural issues may include differences in perceptions of health from some populations, such as associations with obesity and health, misperceptions around whether formula or breastfeeding is healthier, or fear of child protection because of historic trauma related to out-of-home placements, etc.</p>	<p>Positive comments about WIC staff: “WIC staff are very good. They are very knowledgeable, very helpful, as well as being understanding because I am from a different ethnic background.” – former participant, phone interview</p> <p>Misperceptions around health: “Bringing back the example of chubby babies... when they come and they have a high risk appointment because the child is obese and we talk to them about the child being obese and having a high BMI, Somali people don’t understand the problem... they might get offended a little bit or not understand why we want this kid to lose weight.” – Somali WIC Educator, key informant interview</p> <p>Misperceptions around formula: “For families who’ve been here a while, where parents were born here or came here when they were very young, we’re seeing a larger move toward formula feeding. I don’t know why that is... that might be playing a role in the overweight kids we’re seeing.” – Spanish-speaking Nutrition Educator, key informant phone interview</p>	

12. WIC program access – What are reasons for non-participation and drop out in segments of eligible applicants? What are unmet needs, barriers to accessing WIC, or cultural issues for the target populations? (continued)

	Findings	Representative Statements	Recommendations
U.S. citizenship status	Citizenship status impacts WIC participation for Latina families in particular. This population may think they do not qualify because they are not citizens and/or have fear associated with government services. Misunderstanding of eligibility and/or fear of government services impact economic options and nutrition options.	<p>Misunderstanding of eligibility:</p> <p>“Most think they’re not eligible for a program like that based on the fact that they don’t have papers.” – Spanish-speaking Nutrition Educator, key informant phone interview</p> <p>“A lot of people are in precarious situations and don’t know where to go or how to access those resources. That’s a big part for the Latina community, especially because a lot of the parents know some English and it’s very limited. Since a lot of them don’t have papers, they’re afraid to reach out and access those resources for their kids.” – Spanish-speaking Nutrition Educator, key informant phone interview</p>	Please see previous page.
Transportation, work, or child care barriers	Although the majority of key informants list transportation as a main barrier to WIC participation, only a couple former participants who were interviewed over the phone reported these are problems. The majority of participants reported no problems.	--	
Impact of Supplemental Nutrition Assistance Program (SNAP)	The SNAP program did not appear to have a strong impact on WIC enrollment.. About one-third of former participants who were interviewed over the phone had been enrolled in SNAP. Of all these participants, only one reported enrollment in SNAP influenced their decision to leave the WIC program.	--	

WIC outreach

13. WIC outreach – How effective are currently available outreach materials used by the WIC program in Minnesota? What media strategies are the most effective with the target populations? What is the appropriate messaging to address barriers and increase participation?

	Findings	Representative Statements	Recommendations
Overall opinion of the WIC program	Study participants' overall opinion of the WIC program was positive. Some participants were concerned the program may be used by families perceived as able to feed their own families, even if they meet WIC income criteria. This perception of need, or lack thereof, was strongly related to reasons why some former participants left the program, even when they were still eligible. Both the potential of stigma associated with the WIC program and the perception that "less poor" families should not be participating reportedly keeps some eligible families from participating.	<p>Positive perception: "Very helpful. Good for our community. For parents who haven't had experience with kids, it is helpful because it teaches them the proper nutrition to give their kids. People in our society have better brain development. We are breeding better people." – former participant, phone interview</p> <p>Perception of lack of need/potential stigma: "I think it's really nice to have for people who actually need it. I recommend it for people. But I do think some people take advantage of it very easily. But I'm not sure what we would have done without it for a while." – former participant, phone interview</p> <p>Perception of lack of need/potential stigma: "I knew I was financially... doing better, so I didn't feel like I needed them anymore. And the trouble I had shopping just didn't seem worth what I got out of it. And I didn't want to seem greedy because I was making more money. I felt somebody else needed it more than I did." – former participant, phone interview</p>	<p>There is no strong consensus across study participants about the best type of advertisement for the WIC program. Following, though, are the most commonly suggested advertisement mediums from study participants: health care providers, hospitals and clinics, grocery stores, TV, and Facebook.</p> <p>Content suggestions from Wilder Research:</p> <p>Use data from this report (or additional information gathering) to find out what compelling information participants learn from WIC that they did not know before enrollment. Individual quotes or aggregated data from participants would provide interesting snapshots for marketing to emphasize the value WIC brings to educating the community on nutrition and health.</p>
WIC program stigma	Moderate stigma associated with use of the WIC program was reported for participants in all geographic areas, including suburban, urban, and rural locations. Some stigma may be possible in immigrant communities. No stigma was reported by American Indian study participants.	<p>"General stigma: Some people just want to get vouchers and get out. And some people are ashamed about using this program because they feel like they make the money, so why are they using this program?" – Somali WIC Educator, key informant phone interview</p> <p>Stigma in immigrant community: "Newer immigrants coming from countries where there was concern about government are hesitant to do assistance." – Nutrition Program Coordinator, key informant phone interview</p>	<p>Create a "Why I use WIC campaign" with direct quotes from participants and emphasis on specific nutrition education pieces to promote those areas and reduce stigma</p>
Perception of WIC program advertisement	English-speaking study participants reported a positive perception of WIC program advertisement materials. Non-native English speakers had a harder time understanding what the program was about based on the advertisement materials alone.	Please see report – statements are brief and require additional context for interpretation.	<p>Balance emphasis on WIC eligibility criteria with nutrition education pieces</p> <p>Dispel myths about WIC eligibility</p> <p>Leverage word of mouth system by giving appropriate incentives to participants who "refer a friend" to the program</p>

Recommendations

14. Recommendations*

	Recommendations
WIC program awareness	<p>Clarify eligibility criteria and enrollment status - explore ways WIC can improve communication about criteria and status.</p> <p>WIC could consider sending e-mail, text messages, or letters to let people know their enrollment will be ending or they are no longer enrolled. Remind them to reenroll, if interested.</p> <p>Consider additional ways to let participants know about the state-to-state WIC transition. Some states have slightly different requirements for transfers into their programs. Explore ways for participants to transfer with all the information needed to transfer into other programs. Continue efforts to clarify and reframe the scope of WIC to eligible participants – build awareness about how WIC provides rich information about breastfeeding and nutrition education, particularly with non-English speaking participants.</p>
WIC program experience	<p>Improve appointment scheduling experience. Continue encouraging local agencies to offer a variety of scheduling options to meet various needs, including same-day scheduling, future appointment scheduling, lunchtime appointments, and evening/weekend appointments. Address appointment length scheduling for adequate timing and late arrivals.</p> <p>As possible, improve health data sharing among providers to reduce redundant questions during WIC appointments.</p> <p>Streamline and coordinate appointments by using the same WIC nutrition provider for subsequent visits to increase continuity of care and relationship building with clients.</p> <p>Increase cultural responsiveness with nutrition education and clarify WIC policies/goals.</p> <p>Increase designated child play areas.</p> <p>Continue efforts to increase the capacity of culturally and linguistically diverse WIC staff to help the WIC-eligible population access clinic services more easily. Continue efforts with special programs to train culturally and linguistically specific providers.</p> <p>Proceed with WIC's participant-centered services to assist with improved cultural responsiveness.</p> <p>Work with grocery stores to continue improving grocery store staff training and grocery store item labeling of WIC-approved products.</p> <p>Continue or expand availability of fruits, vegetables, and farmers' market options, when possible.</p> <p>Note: Some issues related to specific foods and beverages in the food package are not feasible for local or state WIC agencies to change, but may be important to communicate to federal/USDA for future improvements to WIC on a national level.</p>
WIC program access	<p>WIC should increase cultural responsiveness with nutrition education and clarify WIC policies/goals to address participants' misunderstanding or misinformation during program delivery.</p> <p>Continue exploring innovative service delivery models and leveraging technology to deliver WIC programs in the future</p> <p>Increase WIC's direct involvement in the community through increased partnerships with community organizations, community leaders, and other healthcare providers to address barriers. Workshops (in addition to WIC clinic appointments), information fairs, and other partnerships with community leaders and organizations would be extremely beneficial.</p>

14. Recommendations* (continued)

Recommendations	
WIC outreach	<p>There is no strong consensus across study participants about the best type of advertisement for the WIC program. Following, though, are the most commonly suggested advertisement mediums from study participants: health care providers, hospitals and clinics, grocery stores, TV, and Facebook.</p> <p>Content suggestions from Wilder Research:</p> <p>Use data from this report (or additional information gathering) to find out what compelling information participants learn from WIC that they did not know before enrollment. Individual quotes or aggregated data from participants would provide interesting snapshots for marketing to emphasize the value WIC brings to educating the community on nutrition and health.</p> <p>Create a “Why I use WIC campaign” with direct quotes from participants and emphasis on specific nutrition education pieces to promote those areas and reduce stigma</p> <p>Balance emphasis on WIC eligibility criteria with nutrition education pieces</p> <p>Dispel myths about WIC eligibility</p> <p>Leverage word of mouth system by giving appropriate incentives to participants who “refer a friend” to the program</p>

Focus group protocol

Introduction:

Hello my name is <Name>. I work with <organization>.

My colleague is <name> from <organization>.

We will be here for about <length>. Please feel free to help yourself to <food and beverages> any time during the group.

Today, we will be talking about nutrition programs. We would like to know your thoughts and ideas about how we can better reach people in your community and serve more families.

You may have noticed the microphone in the middle of this table. We will be recording this group because we want to make sure that we don't miss any comments. <Name> will write down your key points on the easel pad. Please feel free to let us know if we aren't writing down your thoughts correctly. We won't write your name down by any of the comments and we will only report on the summary information from this and the other focus groups that we are doing. We will be careful not to use any information in our report that could be identified with any individual.

Before we begin, let me suggest some things that will make our discussion more productive. Please speak up--only one person should talk at a time. If you decide that you don't want to answer a question, just say so. There are no wrong answers but rather differing points of view. Please feel free to share your point of view even if it differs from what others have said. Keep in mind that we are just as interested in negative comments as positive comments, and at times the negative comments are the most helpful.

It is important for us to hear from each of you today because you have different experiences. So if one of you is sharing a lot, I may ask you to let others talk. And if you are not saying much, I may ask for your opinion. I have asked you to put your first name on a card in front of you/nametag so that we can refer to each other by name.

Opening Question

Let's begin. But first, let us find out some more about each other by going around the table.

Please introduce yourself by telling us your name and one or two fun things you like to do in the fall.

Introductory Questions

- Think about the nutrition programs that are available in your community. You have a paper and pencil in front of you. Take a few minutes to jot down all of the nutrition programs you can think of. A nutrition program is any program that offers food, money or coupons to buy food, and/or nutrition education to families.

Let's go around the room and each of you share a program from your list. <Name> will write these on the easel pad.

Transition Questions

What I want to do now is talk about the WIC Program.

- What have you heard about the WIC program?
 - Probe: Who does the WIC program serve?
 - Probe: What kinds of food does the WIC program offer?
 - Probe: What happens at a WIC appointment?
- Have you heard any negative things about the WIC Program?
 - Probe: Experience at WIC Clinic?
 - Probe: When/where the program is available?
 - Probe: Experience at the store with WIC Vouchers?
 - Probe: Citizenship or Immigration issues?
 - Probe: Fraud investigation?
- Who do you think the program is for?
 - Probe: How old can a child be served by WIC?
 - Probe: Can breastfeeding women get WIC?
 - Probe: Can women who are postpartum get WIC?
 - Probe: Can women who are pregnant get WIC?
 - Probe: Can working people get WIC?
 - Probe: Can women who are born in a different country get WIC for themselves and their children?

"The WIC program provides nutrition information, help with breastfeeding and vouchers for healthy foods for low to moderate income pregnant and postpartum women, infants, and children up until age five. WIC Participants are provided with one-one-one counseling about food, nutrition and breastfeeding to help you feed your family in a healthy way. WIC also helps with referrals to other services for childhood and family well-being."

Key Questions

- Where have you seen or heard about the WIC Program?
 - Probe: On posters, TV, radio, friends/family, doctor, other?
- What things do you think the WIC program could do to help people in your community learn more about the program?
 - Probe: What kind of advertising would reach your community best? Internet? Flyer? Bus ad? Something else?
- What would make the WIC Program more appealing to people in your community?
- What would keep people in your community from participating in the WIC Program?
 - Probe: Don't know about it?
 - Probe: Not a convenient location?

Probe: Experience at stores/vouchers for food?

- Probe: Not culturally sensitive?
- Probe: Other?

We have some [pamphlets/posters/etc.] here from the WIC program.

- When you look at these materials, what do you think the program is about?
 - Probe: Do these materials reflect that the program can help you with many nutrition services including breastfeeding, infant feeding, food access and nutrition information?
 - Cultural Probe: Do these materials reflect information that is appropriate for your culture?
 - Do these materials reflect information that is appropriate for your language?

Closing Question

- Thinking about all the things we have talked about, is there anything else that you would like to suggest to the WIC program?

Thank you for your time today. You have given us some very important information. Before you leave, please complete this short survey and hand it to <Name>. <Name> will give you your money/gift card when you hand her your survey.

We are also passing around a sign-out sheet before we distribute incentives. Please provide your contact information if you are comfortable doing so. We may also want to call you to ask you a few more questions to help us ensure we captured all of your ideas. If this would be all right, please mark "Yes." If you are interested in receiving a copy of the report, please mark "Yes" in that column. [Name of the hosting organization] will also be sent copies of the report. This report should be ready later this fall.

Focus group questionnaire

WIC Program Focus Group Questionnaire

1. Have you ever been enrolled in the WIC Program?
☐¹ Yes, I am **currently** enrolled.
☐² Yes, I used to be enrolled, but I am **not in the program right now**.
☐³ No, I had never been enrolled.
2. Which of the following WIC services were you aware of before this focus group?
☐¹ Help with Breastfeeding
☐² Healthy Foods
☐³ Help with feeding your baby and young children
☐⁴ Nutrition information for families
☐⁵ Information about other services for your family
3. Have you ever seen or heard about WIC through:
☐¹ Posters
☐² Magazines or newspapers
☐³ TV – Sesame Street or another program on PBS
☐⁴ Mailing to your home
☐⁵ Healthcare provider
☐⁶ Other (Specify: _____)
4. Are you...
☐¹ Female
☐² Male
☐³ Other
5. What is your age?
☐¹ 18-29
☐² 30-39
☐³ 40-49
☐⁴ 50+
6. What is your current relationship status?
☐¹ Single, never married
☐² Married or living with a partner
☐³ Divorced or separated
☐⁴ Widowed

7. How many children do you have? Please include any children who you are currently pregnant with.

☐¹ 0

☐² 1

☐³ 2-3

☐⁴ 4-5

☐⁵ 6+

8. What are the ages of your children? Please indicate age of each child.
Use "P" if you are pregnant and "0" for children under age 1.

____ _

9. What is the highest level of education you have completed?

☐¹ Some high school

☐² High school graduate/GED

☐³ Some college/technical school

☐⁴ Associate's degree/certificate

☐⁵ Bachelor's degree

☐⁶ Some graduate school or more ☐⁷ Less than high school

10. How do you identify your race/ethnicity? (**Please check ALL that apply.**)

☐¹ African American

☐² American Indian

☐³ Asian/Pacific Islander

☐⁴ White/Caucasian

☐⁵ Hispanic/Latino/a

☐⁶ Other (Specify: _____)

11. Primary language spoken at home? _____

12. What is your total annual household income?

☐¹ Less than \$10,000

☐² \$10,000 - \$19,999

☐³ \$20,000 - \$24,999

☐⁴ \$25,000 - \$39,999

☐⁵ \$40,000 or more

WIC key informant phone interview protocol

ID Number: _____

Minnesota Department of Health Women, Infants, and Children (WIC) Program Key Informant Interview

Introduction:

Hello, may I please speak with [informant].

My name is [interviewer name] and I am calling from Wilder Research in Saint Paul. We're calling you because you have been identified as someone who knows about general perceptions and barriers to participation in the WIC program that members of the [INSERT COMMUNITY] community might face as well as knowledge about any culturally-specific nutrition preferences and needs. We are calling to see if you would be willing to participate in a phone interview as part of a study that we are conducting for the Minnesota Department of Health. The results of the study will be used to improve programming, enhance marketing materials and approaches, and increase overall participation rate in the WIC program in Minnesota by reducing barriers to eligible nonparticipants.

The interview will take about 30 minutes to an hour depending on how much you have to say and how many different topic areas you have knowledge about and can speak to. Is now a good time to do the interview?

IF NO – When would be a better time to complete the interview? (**AS NEEDED:** We're wrapping up the interviewing for this study by the end of September, so we'd like to set up a time before then.)

IF YES – Great! Just so you know, everything you tell me in this interview is confidential. The results of your interview and survey will be combined with the responses from other individuals we are interviewing and will be used by Wilder Research and the Minnesota Department of Health to make recommendations in a report, which will be completed later this fall.

Message Script

Hello, I am calling from Wilder Research in Saint Paul. You have been identified as someone who can help us learn how the community perceives and accesses the WIC program. We would like to interview you as part of a study we are conducting for the Minnesota Department of Health. Please call INSERT NAME at INSERT NUMBER to schedule an appointment to do the interview. We really appreciate your help. Thank you!

Informant background

1. First, please tell me about your role in the community. Is your role personal, professional, or both?
2. Tell me about your interest in WIC program access.

Community health

3. What are the biggest challenges that parents in your community face related to feeding their children and themselves healthy foods?
4. What role do you think WIC plays in the community? Tell me what you think the community believes WIC's role is as a nutrition education program? A breastfeeding support program? A food program?
5. Do parents in the community go to WIC if they need help related to nutrition? Breastfeeding? How to feed their infant or child?

Barriers

[Probe for any issues related to race, culture, language]

6. What are some of the biggest challenges parents in the community have in accessing WIC?
7. Do you think parents are comfortable accessing WIC? Are there any cultural groups that may be concerned about accessing WIC?
8. What can WIC do to help make its services more accessible to parents?
9. Are there particular service providers, individuals, or programs in your community that are known to be able to help parents access programs like WIC?

Knowledge and Perception of the WIC program

[Probe for perception of the WIC program, especially negative impressions or misperceptions of programming/services and/or eligibility requirements]

[Probe for any issues related to race, culture, language]

10. Are parents in the community aware of the WIC program? What kind of knowledge do they have about what the WIC program provides – in terms of breastfeeding, infant feeding, food access, and nutrition information?
11. Do parents in the community know about the eligibility criteria for participation in the WIC program? How aware are parents in the community about eligibility during pregnancy and after the child is no longer an infant?

12. What is the common perception of nutrition programs like the WIC program?
- a. Do people in the community have a general willingness or reluctance to get help with nutrition information, food access, and feeding issues?
 - b. Are there general attitudes or stereotypes in your community about people who access nutrition programs that may prevent some people in your community from participating?
13. Is there anything else that you can say about the WIC program with regard to why some people from your community who are eligible might not participate? Do you think it's mostly about lack of awareness of the program, difficulty signing up, difficulty maintaining eligibility/enrollment, lack of cultural appropriateness of the programs or services, or other things that might prevent people in your community from participating?
14. What could the WIC Program do to reach more people in your community?

Other key informants

Are there any other individuals who know a lot about general barriers to WIC participation as well as knowledge about any culturally-specific nutrition preferences and needs in the INSERT COMMUNITY NEEDED? This would include people who provide healthcare to this population and/or people who are very familiar with the health care needs and preferences of this population, such as an elder in the community or other community leader. If so what is their role or title? What additional information do you feel they could provide?

Name:

Agency:

Phone number:

Email:

End

Those are all the questions we have at this time. Do you have any final questions or comments for us?

Thank you for your time!

WIC former participant interview

ID Number: _____

Minnesota Department of Health Women, Infants, and Children (WIC) Program Former WIC Participant Interview

Introduction:

Hello, may I please speak with [informant].

My name is [interviewer name] and I am calling from Wilder Research in Saint Paul. We're calling you because you have been identified as someone who was a former participant of the WIC (Women, Infants, and Children) Program. We are calling to see if you would be willing to participate in a phone interview about your experiences as part of a study that we are conducting for the Minnesota Department of Health. The results of the study will be used to improve programming, enhance marketing materials and approaches, and increase overall participation rate in the WIC program in Minnesota by reducing barriers for eligible participants.

The interview will take about 30 minutes to an hour depending on how much you have to say. If you participate, we will send you a \$10 gift card to Target or Walmart as our way of saying thanks for your time. Is now a good time to do the interview?

IF NO – When would be a better time to complete the interview? (**AS NEEDED:** We're wrapping up the interviewing for this study by the end of September, so we'd like to set up a time before then.)

IF YES – Great! Just so you know, everything you tell me in this interview is confidential. The results of your interview and survey will be combined with the responses from other individuals we are interviewing and will be used by Wilder Research and the Minnesota Department of Health to make recommendations in a report, which will be completed later this fall.

Message Script

Hello, I am calling from Wilder Research in Saint Paul. You have been identified as someone who was a former participant of the WIC (Women, Infants, and Children) Program. We would like to interview you about your experiences as part of a study we are conducting for the Minnesota Department of Health. If you participate, we will send you a \$20 gift card as our way of saying thanks for your time. Please call INSERT NAME at INSERT NUMBER to schedule an appointment to do the interview. We really appreciate your help. Thank you!

Screening Questions

- Do you have any children under 5 or pregnant women (including yourself) in your household?
 - Yes – Proceed.
 - No – Ineligible.
- Are you currently enrolled in the WIC program?
 - Yes – Ineligible.
 - No – Proceed.
- Have you ever been enrolled in the WIC program?
 - Yes – Eligible to complete former participant interview.
 - No – Ineligible.

Interview Questions

1. First, I have a few questions about your experience with the WIC program.
 - a. How did you first hear about the WIC program?
 - b. What made you want to participate in WIC?
 - c. When did you participate in the WIC program?
 - d. How long did you participate?
 - e. Did you get WIC foods for yourself? For your infant? For your child?
 - f. How difficult was it to enroll in the WIC program?
 - g. How difficult was it to keep enrolled in the WIC program?
2. What services did you use while you were in the WIC program? (Breastfeeding? Infant feeding? Food access? Nutrition information?)
 - a. Were those services helpful?
 - b. Can you tell me something you learned from the WIC program that you didn't know before?
 - c. What could the WIC program do to make those services better?
3. Now I would like to ask you some questions about the stores where you used your WIC vouchers
 - a. How did you travel to the store? Was the store convenient to your home?
 - b. Were the foods hard to find? Could you find foods your family likes to eat?
 - c. Was the store helpful? Tell me how you were treated by the store staff? Were other customers friendly?
 - d. What could be done to improve the stores that offer WIC foods?

4. Now I have a few questions about your experience with the WIC clinics. How was your overall experience at the clinics?
 - a. Were the location(s) you used convenient?
 - b. Did you have any problems with scheduling appointments? Was there enough availability for appointments that fit your schedule? Was it ever challenging to find childcare or did it impact your work to schedule an appointment? Did you have issues with transportation?
 - c. What did you think of the WIC clinic environment?
 - d. How was your experience with the WIC staff?
5. For what reasons did you leave the WIC program?
 - a. Did you have any needs that the WIC program did not meet? (Related to breastfeeding, infant feeding, food access, nutrition information?)
 - b. Were there things that made it difficult for you to continue participating in the WIC program? (Please describe.)
 - c. Do you think you are still eligible for WIC?
 - d. Do you have any concerns about participating in the WIC program?
Probe: immigration safety
 - e. What could WIC do to encourage you to participate in WIC again?
6. Have you been or are you enrolled in the SNAP program (Supplemental Nutrition Assistance Program)?
 - a. If yes: Did your enrollment in the SNAP program influence your decision to leave the WIC program?
7. What is your personal opinion of the WIC program overall?
8. What is your community's opinion of the WIC program?
 - a. Are people in your community generally willing or reluctant to get help with nutrition or breastfeeding information??
 - b. When women need food for their children or for themselves when they are pregnant or breastfeeding do they go to WIC?
 - c. Are there general attitudes in your community about WIC that may prevent some people in your community from participating?
9. What is the best way for WIC to let people know about their program?
 - a. Where should WIC put brochures? Probe: beauty salons, where people worship, pediatric clinics, work sites, child care centers, food shelves?
 - b. Where should WIC put posters or signs? Probe: bus stops, billboards,
10. Is there anything else that you'd like to share with us about your experience with the WIC Program or how they can improve the program?

Now I'd like to ask a few questions about you. Remember, everything you tell me is confidential.

11. Are you...

☐¹ Female

☐² Male

☐³ Other

12. What is your age?

☐¹ 18-29

☐² 30-39

☐³ 40-49

☐⁴ 50+

13. What is your current relationship status?

☐¹ Single, never married

☐² Married or living with a partner

☐³ Divorced or separated

☐⁴ Widowed

14. How many children do you have? Please include any children who you are currently pregnant with.

☐¹ 0

☐² 1

☐³ 2-3

☐⁴ 4-5

☐⁵ 6+

15. What are the ages of your children? Please indicate age of each child.
Use "P" if you are pregnant and "0" for children under age 1.

— — — — — — — — — —

16. What is the highest level of education you have completed?

☐¹ Some high school

☐² High school graduate/GED

☐³ Some college/technical school

☐⁴ Associate's degree/certificate

☐⁵ Bachelor's degree

☐⁶ Some graduate school or more

17. How do you identify your race/ethnicity? **(Please check ALL that apply.)**

☐¹ African American

☐² American Indian

☐³ Asian/Pacific Islander

☐⁴ White/Caucasian

☐⁵ Hispanic/Latino/a

☐⁶ Other (Specify: _____)

18. Primary language spoken at home?

19. What is your total annual household income?

☐¹ Less than \$10,000

☐² \$10,000 - \$19,999

☐³ \$20,000 - \$24,999

☐⁴ \$25,000 - \$39,999

☐⁵ \$40,000 or more

End

Those are all the questions we have at this time. Do you have any final questions or comments for us?

Thank you for your time!

WIC intercept interviews

WIC Program Instrument for NEVER PARTICIPATED

INTRODUCTION

Hi there! My name is _____ and I work at Wilder Research, a nonprofit research group in Saint Paul. We're talking to people today about the Women, Infants, and Children (WIC) program to help improve program services and access. If you are eligible for an interview, we would like to offer you a \$10 gift card to Target or Walmart for helping us out. Would you mind answering a few questions?

USE WIC INTERCEPT INTERVIEW ELIGIBILITY TOOL TO DETERMINE PARTICIPANT ELIGIBILITY. IF PARTICIPANT IS ELIGIBLE, CONTINUE BELOW:

1. Based on what you currently know of the WIC program, will you please tell me who you think the program serves?

2. I'm going to read you a list of different types of people. Please tell me if you think these types of people are eligible to receive WIC.

	Yes, WIC- eligible	No, not WIC- eligible	I don't know
Women who are breastfeeding	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ⁸
Women who are postpartum (women who have recently given birth to a child)	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ⁸
Women who are pregnant	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ⁸
People who are employed	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ⁸
People who are born in a different country	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ⁸
People who meet certain income criteria	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ⁸
Single fathers	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ⁸

3. Which of the following WIC services were you aware of before this interview?
(Please check ALL that apply.)
- ☐¹ Help with breastfeeding
 - ☐² Healthy foods
 - ☐³ Help with feeding your baby and young children
 - ☐⁴ Nutrition information for families
 - ☐⁵ Information about other services for your family
4. Have you ever heard any negative things about the WIC program? If so, what?
(Probes: Experience at a WIC clinic? When or where the program is available?
Experience at a store with WIC vouchers? Citizenship or immigration issues? Fraud investigation?)
-
-
-

Before we continue with the rest of my questions, I am going to read you a definition of the WIC program.

“The WIC program provides nutrition information, help with breastfeeding and vouchers for healthy foods for low to moderate income pregnant and postpartum women, infants, and children up until age five. WIC Participants are provided with one-one-one counseling about food, nutrition and breastfeeding to help you feed your family in a healthy way. WIC also helps with referrals to other services for childhood and family well-being.”

5. Now, tell me if the following factors may keep your community from participating in the WIC program: (Please check ALL that apply.)
- ☐¹ People in my community do not know about WIC
 - ☐² WIC services are not offered in a convenient location/time
 - ☐³ Experiences at stores are not good
 - ☐⁴ WIC is not culturally sensitive
 - ☐⁵ None of the above
 - ☐⁶ Other (Specify: _____)
6. Please tell me more about why these factors are keeping your community from participating in the WIC program.
-
-
-

Finally, I have a few questions about WIC advertisement and outreach materials.

7. Have ever seen or heard of WIC through: **(Please check ALL that apply.)**

- ☐¹ Posters
- ☐² Magazines or newspapers
- ☐³ TV – Sesame Street or another program on PBS
- ☐⁴ Mailing to your home
- ☐⁵ Healthcare provider
- ☐⁶ Other (Specify: _____)

8. What type of advertisement would help people in your community learn more about the program? **(Please check ALL that apply.)**

- ☐¹ Posters
- ☐² Magazines or newspapers
- ☐³ TV – Sesame Street or another program on PBS
- ☐⁴ Mailing to your home
- ☐⁵ Healthcare provider
- ☐⁴ Internet
- ☐⁵ Public bus advertisement
- ☐⁶ Other (Specify: _____)

9. Please explain why these kinds of advertisement would help people in your community learn more about the program.

Now, we have some pamphlets and posters here from the WIC program. I am going to ask you a few questions about whether the items reflect services offered by WIC.

10. Do these materials make you think that the WIC program is for you? (Probe: Why or why not?)

11. What kinds of services does it appear that this program offers based on these materials?

12. Is there anything in these materials that could be considered offensive or misleading to people in your community?

13. Do you have any other suggestions for the WIC program?

14. Are you...

☐¹ Female

☐² Male

☐³ Other

15. What is your age?

☐¹ 18-29

☐² 30-39

☐³ 40-49

☐⁴ 50+

16. What is your current relationship status?

☐¹ Single, never married

☐² Married or living with a partner

☐³ Divorced or separated

☐⁴ Widowed

17. How many children do you have? Please include any children who you are currently pregnant with or any grandchildren or other children for whom you currently have custody.

☐¹ 0

☐² 1

☐³ 2-3

☐⁴ 4-5

☐⁵ 6+

18. What are the ages of your children? Please indicate age of each child.
Use "P" if you are pregnant and "0" for children under age 1.

19. What is the highest level of education you have completed?

- ☐¹ Some high school
- ☐² High school graduate/GED
- ☐³ Some college/technical school
- ☐⁴ Associate's degree/certificate
- ☐⁵ Bachelor's degree
- ☐⁶ Some graduate school or more
- ☐⁷ Less than high school

20. How do you identify your race/ethnicity? (***Please check ALL that apply.***)

- ☐¹ African American
- ☐² American Indian
- ☐³ Asian/Pacific Islander
- ☐⁴ White/Caucasian
- ☐⁵ Hispanic/Latino/a
- ☐⁶ Other (Specify: _____)

21. Primary language spoken at home?

- ☐¹ English
- ☐² Hmong
- ☐³ Somali
- ☐⁴ Spanish
- ☐⁵ Other (Specify: _____)

22. What is your total annual household income?

- ☐¹ Less than \$10,000
- ☐² \$10,000 - \$19,999
- ☐³ \$20,000 - \$24,999
- ☐⁴ \$25,000 - \$39,999
- ☐⁵ \$40,000 or more

WIC intercept interview refusal log

Refusal Log – MDH WIC Study

Data Collector	Date	Time	Age (on-sight)	Gender (on-sight)	Reason for refusal

WIC eligibility

WIC Intercept Interview Eligibility Tool

- Do you have any children under 5 or pregnant women (including yourself) in your household?
 - Yes – Proceed.
 - No – Ineligible.
- Are you currently enrolled in the WIC program?
 - Yes – Ineligible.
 - No – Proceed.
- Have you ever been enrolled in the WIC program?
 - Yes – Ineligible for intercept interview. Collect information from participant for *possible* former WIC interview phone call.
 - No – Proceed.

Do you meet **one** of the following requirements?

- Participates (or lives in a household with someone who participates) in one of the following programs:
 - Medical Assistance
 - MN Care
 - Food Stamps
 - MN Family Investment Program (MFIP)
 - Fuel Assistance Program
 - Head Start
 - Reduced or Free School Meals
- Participates in one of the following programs:
 - Supplemental Social Security Income (SSI)
 - Medical Assistance – TEFRA
- Qualifies based on household size and income (chart below)

WIC Income Eligibility Guidelines (Effective from July 1, 2012 to June 30, 2013)

48 Contiguous States, D.C., Guam and Territories					
Persons in Family or Household Size	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly
1	\$20,665	\$1,723	\$862	\$795	\$398
2	27,991	2,333	1,167	1,077	539
3	35,317	2,944	1,472	1,359	680
4	42,643	3,554	1,777	1,641	821
5	49,969	4,165	2,083	1,922	961
6	57,295	4,775	2,388	2,204	1,102
7	64,621	5,386	2,693	2,486	1,243
8	71,947	5,996	2,998	2,768	1,384
Each Additional Member Add	+\$7,326	+611	+306	+282	+141