

Women, Infants, and Children (WIC): Awareness, experience, and access

A study conducted for the Minnesota Department of Health WIC program

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.

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For more information

This summary presents highlights of the *Women, Infants, and Children (WIC): Awareness, experience, and access*.

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MAY 2013