Making the Case for WIC: Highlights from Recent Altarum Research

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Project 1: Mid-Atlantic Region Customer Service Assessment

Objective: Assess the 9 State Agencies within the Mid-Atlantic Region for high quality services, and conduct analysis of participant to staff ratios for 4 states.

Local Assessment Methods:
- Visits to 32 sites
  - Observed WIC services
  - Interviewed site supervisor and staff
  - Interviewed participants
- Data collection from all sites
  - Conducted local staff survey in 9 states
  - Collected data on local staffing in 4 states
Participant Interviews: Purpose

Conducted to understand participants’ experience with WIC and their impressions of WIC services.

Interview questions highlighted:

- Perceptions of service delivery environment (clinic space, wait time, clinic flow, etc.)
- Experience with interactions with staff and staff attitudes
- Impact and usefulness of WIC services
- Opinions about WIC customer service
Participant Interviews: Methods

▲ Conducted at the 32 different clinics visited during the local assessments (2-7 clinics were visited per state).

▲ Participants were recruited from the waiting room before/after their appointment with interviews conducted at the WIC clinic.

▲ Interviews were face-to-face using structured questions including rating scales, ranking activities, and open-ended responses.

▲ Eligible participants must have either completed their first visit or had visited the clinic before and included the following:
  – Pregnant women
  – Mothers
  – Fathers
  – Proxies
Staff Survey: Purpose

▲ Conducted to understand staff perceptions of service delivery and customer service in their clinic as well as job satisfaction and the ability to implement new skills.

▲ Interview questions highlighted the following:

– Perceptions of service delivery environment (clinic space, wait time, clinic flow, etc.)
– Interactions with participants and staff attitudes
– Impact and usefulness of WIC
– Opinions about WIC customer service
– Communication within the clinic/program and job satisfaction
– Experience with training and implementation of learned skills
Staff Survey: Methods

▲ Administered via an online survey

– Small number of staff in sites that did not have Internet access completed hard copies of the survey.

▲ Local staff in all clinics in the 9 states were eligible to complete the survey.

– Responses from staff who work at the sites where local assessments were completed were encouraged so the opinions of staff who work at these sites may be overrepresented in the findings.
## Participant and Staff Responses

▲ Total number of respondents across the 9 States

- Participants (443)
- Staff (1592)

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<th>Respondent Type</th>
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Participant Respondent Characteristics

▲ 82% of participant interviews were conducted in English with 18% Spanish language interviews conducted in Puerto Rico, Pennsylvania, New Jersey, Virginia and District of Columbia.

▲ While more than one-third (38%) had been participating in WIC for 1-3 years, about a quarter (24%) were new to the program (participating for less than 1 year) and 21% had been participating for 4-6 years.
**Staff Respondent Characteristics**

▲ Age: The largest proportion (38%) reported that they were 50 years or older, while 20% were 20-29, 20% were 30-39, and 21% were 40-49.

▲ Almost half (44%) of staff reported working in WIC for 10 or more years.
Interactions between Staff and Participants

▲ The WIC staff focus the conversation on the participant’s life and needs.
  – Over three-quarters (77%) of participants strongly agreed and 14% agreed somewhat.

▲ The WIC staff talk with participants about ways to keep their family healthy and eating healthy.
  – The vast majority (83%) of participants strongly agreed and 11% agreed somewhat.
Impact and Usefulness of WIC

▲ Participants use the information they get at WIC.
  – The majority (73%) of participants strongly agreed and 21% agreed somewhat.

▲ Participants and their families have made nutrition or lifestyle changes since they have been on WIC.
  – Nearly three-quarters (73%) of participants reported making one or more nutrition or lifestyle changes since being on WIC. The most common changes include:
    – Eating more fruits and vegetables (41%)
    – Eating more whole grains (13%)
    – Drinking low fat milk (13%)
  – A third (34%) of participants mentioned other changes such as eating less junk food, eating smaller portions, and drinking more water.
Impact and Usefulness of WIC

Changes Participants Reported

- Physical activity: 5%
- Use low fat milk: 13%
- Drink less soda: 5%
- Eat more whole grains: 13%
- Increase fruits and vegetables: 41%
- Eat healthier snacks: 7%
- Eat less fast food: 8%
- Drink the appropriate amount of juice: 4%
- Other: 34%
Impact and Usefulness of WIC

▲ Top three ranked features that participants feel are most valuable/useful about being on WIC

– Participant rankings:
  1. Receiving information on how well their child is growing
  2. Getting the WIC foods
  3. Having the opportunity to talk to WIC staff about food/nutrition

– Staff rankings:
  1. Getting the WIC foods
  2. Receiving information on how well their child is growing
  3. Receiving information about other resources for food assistance
Impact and Usefulness of WIC

Information on how well their child is growing

Getting the WIC foods

Opportunity to talk to WIC staff about food/nutrition

Information about other resources for assistance

Education pamphlets

Help with breastfeeding

Opportunity to talk with other parents

Smaller number = higher ranking

Participants

Staff

1. Information on how well their child is growing
   - Participant: 2.60
   - Staff: 3.28

2. Getting the WIC foods
   - Participant: 2.69
   - Staff: 1.38

3. Opportunity to talk to WIC staff about food/nutrition
   - Participant: 3.11
   - Staff: 3.93

4. Information about other resources for assistance
   - Participant: 3.93
   - Staff: 3.90

5. Education pamphlets
   - Participant: 4.08
   - Staff: 5.69

6. Help with breastfeeding
   - Participant: 4.34
   - Staff: 3.96

7. Opportunity to talk with other parents
   - Participant: 5.76
   - Staff: 5.84

Smaller number = higher ranking
Study 2: Effects of the Revised WIC Food Package on Redemption Patterns:

A summary of findings 18-months later
Study Overview

- Altarum partnered with the Wisconsin WIC Program in early 2008
- Funded by the Food and Nutrition Assistance Research Program of the USDA Economic Research Service (ERS)
- Multi-method approach
  - Repeated cross-sectional study design, linking State WIC program files to point-of-sale files from a sample of stores in WI
    - Baseline (prior to implementation) – June/July 2009
    - 6 months post implementation – February 2010
    - 12 months post implementation – August 2010
    - 18 months post implementation – February 2011
  - Focus groups with program participants at 6 and 18 months post implementation
Findings: Use of WIC Food Instruments

▲ There was an increase in the purchase of whole grains from 6 months post implementation to 18 months post implementation.

▲ Clients were not taking full advantage of the cash-value voucher - with 23% not redeeming at all and 34% only partially redeeming.

▲ There was an increase in participants not using food instruments for “traditional” WIC foods - from 5% not redeeming at baseline to 10% not redeeming 18 months later.

▲ While baby food redemptions started out high, they dropped off at 18th months - only 50% were fully redeeming fruit and vegetable baby food checks and only 34% redeeming checks for meat.
Findings

Food Preferences

▲ Among participants using their milk benefit, the majority purchased low-fat (81 percent).
  – Additionally, more reports of WIC participants purchasing 1% milk with their own money after their WIC checks had been used.

▲ There was a significant increase in the proportion of participants purchasing beans rather than peanut butter during the study period.
  – Among participants purchasing beans, 54 percent purchased canned beans.

▲ Fruit is more popular than vegetables.

▲ Fresh produce is by far the most popular variety.
Insight from Focus Groups

▲ Why participants don’t purchase all prescribed foods
  – Issues interpreting food instruments.
  – Participants with multiple food packages reported not needing all of the milk, peanut butter and baby food prescribed.
  – Some trouble identifying WIC allowable foods in the stores and issues at checkout.
  – Participants report great satisfaction with the addition of whole grains. However, lots of trouble with whole wheat bread availability at 6 months post, less so at 18 months post.

▲ Use of the cash-value voucher
  – Participants report great satisfaction with the addition of the cash-value voucher.
  – Some reports of cashiers not allowing split-tender for payment for fruits and vegetables.
  – Some trying to maximize benefit by waiting for sales.
Study 3: Evaluation of Models of SNAP Education - Wave 1

▲ Study included an evaluation of SNAP Education interventions in two low-income preschool settings in New York and Nevada.

▲ Study found a “Ceiling Effect” of higher than expected fruit and vegetable consumption in the baseline data collection, with families close to the recommended intake.

▲ While study did not look for a correlation, it took place after implementation of new WIC food package.
Making the Case for WIC

▲ Participants view WIC as a source of food assistance and useful information.
▲ Participants value the information they receive from WIC.
▲ The majority of participants (nearly three-quarters) interviewed report that they have made changes in eating practices and physical activity since being a part of WIC.
▲ The food package changes have been well received by participants – more ongoing education about foods available and motivation to fully use food benefits may be needed.
▲ All of the above require adequate funding for nutrition services as well as for food purchases.
Thank You!

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