

SUMMARY OF WIC STATE AGENCY
STRATEGIES FOR INCREASING CHILD RETENTION
July 2014



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During spring 2014, WIC State agencies were canvassed to obtain information on strategies that are used or planned to retain child WIC participants. It is currently estimated that only 53.6% of eligible children are receiving WIC benefits. This Summary is provided to share the variety of strategies identified by WIC State agencies to increase WIC child retention.

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One Year Certification for Children

Fifty-eight WIC State agencies have (or will have) implemented the one-year certification option for children by 2015. Twenty-three WIC State agencies have decided not to implement the one-year child certification option and nine State agencies are undecided. As of August 2013 the following States and ITOs have indicated that they have already implemented the 1 year certification option for Children.

- Alaska
- California
- Chickasaw Nation
- Choctaw Nation of Oklahoma
- Citizen Potawatomi Nation
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Idaho
- Illinois
- Iowa
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nevada
- New Hampshire
- New Mexico
- New York
- North Carolina
- North Dakota
- Oklahoma
- Pennsylvania
- South Dakota
- Tennessee
- Texas
- Virginia
- Washington
- Wisconsin

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Head Start and Early Head Start

- **Head Start and WIC Memorandum of Understanding (MOU)** - West Virginia, Virginia and the District of Columbia WIC Programs have MOUs with Head Start.
- **Head Start and WIC Data Exchange** - The District of Columbia WIC State Agency plans to establish a Memorandum of Understanding (MOU) at the State level between DC WIC and DC Head Start to exchange data to enable WIC to contact Head Start parents and guardians. In addition, WIC materials will be distributed at all Head Start sites and an article about WIC services for children over age one will be included in the bi-weekly Head Start newsletter.
- **WIC & Head Start Cross Collaboration Project** – In fiscal year (FY) 2013 Connecticut was awarded a non-competitive grant of \$75,000 from the Food and Nutrition Service (FNS) for continuation of its WIC Special Project Concept Paper Development Grant for the Head Start and Early Head Start Cross Program Collaboration project. The project is intended to increase participation and retention in both programs. See attached *WIC Head Start Cross Program Collaboration Project*.
- **Survey of Head Start Staff and Families** –
 - Iowa WIC surveyed Early Head Start and Head Start staff, Head Start parents and WIC staff regarding the use of WIC services to implement an outreach plan to recruit Head Start children to WIC. In FY 2015 all local agencies will provide outreach materials to local Head Start sites.
 - Pennsylvania also plans to survey and have focus groups with Head Start Staff and families to determine how WIC can better serve Head Start participants. The Head Start Association President presented at the Pennsylvania WIC Director’s meeting.
- **Satellite WIC Clinics at Head Start Centers** –
 - Virginia completed a successful pilot study of co-locating WIC clinics at Head Start sites. At the conclusion of the pilot study Virginia WIC wrote a Best Practices Guide for WIC–Head Start Collaboration. In addition to the 3 pilot study sites there are now two additional WIC Clinics at Head Start Sites. Virginia WIC’s goal is to have a least one WIC-Head Start collaboration in each health district.

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- Guam is planning to re-establish (when staffing is sufficient) satellite WIC Clinics at Head Start enrollment locations.
- **Other WIC/Head Start Collaborative Efforts** –Mississippi WIC sends letters to parents of Head Start children to encourage them to apply/return to WIC.

Partnering with Child Care Facilities

- Local DC WIC agencies have implemented a targeted outreach campaign geared toward reaching families that utilize low income child care centers. Each Local Agency has agreed to canvas the neighborhoods near their sites and distribute outreach materials to these child-care providers.
- Georgia WIC is acquiring a list of daycare centers in the state. The State agency will send letters and flyers informing the parents of the program and income guidelines. WIC Clinic staff will visit daycare centers in the area after 4:00 in the afternoon to speak with parents as they pick up their children.
- Missouri and Iowa WIC plan to provide outreach materials to day care providers throughout their respective States.

WIC Special Project Grants

- **New York** - In 2010 FNS awarded the New York WIC State Agency a WIC Special Project Grant to determine if participant-focused interventions geared toward assisting the participants with their shopping experience and check utilization results in higher retention rates among WIC-eligible children than control agencies. To improve participants' shopping experience and check utilization, intervention strategies at the State and local agency as well as the vendor level were examined. The study provided an opportunity to learn about important challenges facing WIC participants that may lead to better retention. The study also provides information on local and State Agency challenges in the promotion of positive shopping experiences for WIC participants. The final report is expected later this year and will be posted on the WIC Works Resource System.
- **Massachusetts**– In 2011 FNS awarded the Massachusetts WIC State Agency a WIC Special Project Grant to evaluate the use of Family Support Coordinators in locations that do not have comprehensive social service programs. From the previous WIC Special Project Grant, Getting to the Heart of the Matter, it was found that participants had complex needs that potentially affected their diets. Staff have a difficult time assisting clients with issues that fall outside of the scope of WIC, thus, Massachusetts WIC obtained funding for part-time referral

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coordinators who provide comprehensive service coordination for families with more significant referral service needs. The use of service coordination may improve child retention rates. The final report and findings will be presented to FNS in Spring 2015.

Partnering with Other Organizations

- **Medicaid** –
 - West Virginia WIC receives bimonthly data reports from Medicaid sharing contact information for Medicaid recipients that meet WIC categorical eligibility criteria. Local Agency outreach coordinators directly contact potentially eligible individuals via phone and/or mail.
 - The Connecticut WIC Program has a Memorandum of Understanding (MOU) with the Connecticut Department of Social Services Medicaid Program (HUSKY) for data sharing of newly enrolled WIC eligible participants. The goal is to increase timely enrollment and referrals to the WIC Program. There are also ongoing outreach initiatives at the local agency level.
 - DC WIC is in discussion with DC Medicaid to enter into a collaborative MOU. Data presented during an initial meeting between DC WIC and DC Medicaid underscored the large gap between the number of children under five enrolled in WIC and those enrolled in Medicaid.
- **Other Organizations/Initiatives-**
 - **First Book** - The West Virginia WIC Program has maintained a long standing partnership with First Book. First Book is a nonprofit that provides new books for free and at low cost to programs serving children in need. Through First Book National Book Bank, West Virginia WIC has offered free books to child participants on their birthday.
 - **Health Statistics Center** - To assist in program planning and outreach, West Virginia WIC partners with the Health Statistics Center to develop methodology and data sets to determine WIC potentially eligible population in each county and eligibility category (i.e. women and children 185% > FPL).
 - **Churches** – Georgia WIC is considering sending out an announcement to all churches in the State asking them to place an announcement about WIC in their church bulletin for one month.
 - **Public Schools/ Department of Education** – Georgia WIC plans to give WIC flyers to elementary schools to be distributed to parents of children 3-5 years of age.

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- **Hunger Alleviation Groups** - Minnesota WIC collaborated with Hunger Free Minnesota to do focus groups with families who were WIC eligible but not participating and with families who are participating. The focus group findings include:
 - As children grow older, parents are more confident in their abilities. They feel less need for WIC services and did not want to use WIC services. A number of people felt shame that they participated in WIC and wanted to get off as soon as possible.
 - Parents felt they could not afford to take time off work to attend WIC appointment - the value of the child's food package is not enough to make up for the lost wages to attend appointments.
- **WIC Vendors** – The Connecticut WIC Vendor Advisory Council is considering distributing WIC flyers to authorized WIC vendors so the flyer can be placed in grocery bags, at the courtesy desk of the store or posting signs in stores.

Outreach and Marketing Initiatives

- **Shopping Malls** – Indiana WIC is conducting an awareness campaign at the Castleton Square Mall - the largest and busiest mall in the State of Indiana. It features a large play area located in the food court that provides a unique opportunity to reach out to eligible families. The awareness campaign features information about the most important aspects of WIC in a fun and playful way through the use of food art, brand messaging, and WIC participant quotes. Indiana WIC plans to expand the awareness campaign to a second mall.
- **Public Education Intervention** – Illinois WIC in partnership with the University of Illinois surveyed statewide WIC staff and interviewed current and former clients at four Illinois pilot sites as well as Head Start partners regarding reasons why clients may remain on or leave the WIC program. The purpose of the surveys and interviews was to gather baseline retention trends and determine the best method of maintaining and increasing WIC participation. In 2013, Illinois WIC developed materials (based on the survey and interview results) for a public education intervention entitled “WIC to 5”. The “WIC to 5” focuses on five key messages: Save, Nourish, Grow, Connect and Learn. Statewide rollout of the project is expected in FY 2015. The “WIC to 5” retention program strives to help clients save money, nourish them with healthy WIC foods, support growth and development, connect families to needed resources, and help families learn from the expertise of WIC staff. See attachment: *Illinois Child Retention in WIC* for more information.

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- **Outreach Plan** – Arizona WIC awarded (in May 2013) a contract for the development of a statewide WIC Outreach Project with an anticipated budget of \$1.5 million over a three year period. Formative research including online focus groups and quantitative survey was completed to measure and explore in detail: attitudes, beliefs, barriers, benefits, values, emotional drivers and preferred communication channels of WIC participants. The qualitative research identified the following:
 - Relying on help is deeply unpleasant. While WIC participants reported that WIC is helpful, comforting, and valued – they also reported that WIC is a hassle, causes embarrassment, and participation carries a stigma.
 - WIC participants are hard on themselves and empathetic of others.
 - Moms want connection – they want more than checks, they value service, and want to be heard.

The quantitative findings revealed that over 70% of respondents said they would return to WIC if their grocery store/shopping experience was better/easier. For more information see attachment: *Arizona WIC Program Child Retention*.

- **Advertisements** - on television, movie theaters, internet, print publications, radio, gas stations, Pandora, etc. – Alabama, Colorado and Georgia
- **Social Media** – Alabama, Colorado, Georgia and Indiana WIC have utilized social media, to include Facebook, Pinterest and Twitter to advertize WIC services.
- **First Birthday Card** – Colorado WIC gives a first birthday card to all caregivers that promotes the benefits of continued WIC participation.

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CONNECTICUT SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS AND CHILDREN and HEAD START CROSS PROGRAM COLLABORATION PROJECT

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INTERAGENCY COLLABORATION...

The process of agencies and families joining together for the purpose of interdependent problem solving that focuses on improving services to children and families.

HOW TO STRENGTHEN THE WIC AND HEAD START COLLABORATION?

CREATE AND MAINTAIN A FORMAL PARTNERSHIP BETWEEN THE WIC AND HEAD START STAFF AT BOTH THE STATE AND LOCAL LEVELS.

- Create a memorandum of understanding or a working agreement to formalize partnership
- Include agency relationship building and maintenance into state plans and guiding principles
- Establish system for appropriate data sharing mechanisms between programs
- Involve key contact from each other's program at state staff meetings

DEVELOP TANGIBLE SYSTEMS FOR COLLABORATION.

- Increase WIC staff knowledge of the Head Start program and vice versa
- Develop and implement standardized referral process and tracking system
- Increase consistency of nutrition resources
- Generate initial training materials to assist with collaboration



IMPROVE SERVICES TO FAMILIES.

- Share information from WIC nutrition assessment (after signed release form) for better continuity of care.
- Identify protocols for co-location of services
- Provide WIC and HS/EHS benefits (nutrition education) collaboratively.



University of Connecticut



This project was funded by the U.S. Department of Agriculture, Food and Nutrition Service FY 2011 WIC Special Project Concept Paper Grant. The contents of this publication do not necessarily reflect the view of policies of the U.S. Department of Agriculture, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government.

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Illinois WIC Retention Study

ILLINOIS WIC RETENTION STUDY SEPTEMBER 11-13
NUTRITION AND BREASTFEEDING
CONFERENCE 2012

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Background and purpose

Despite the well established positive impact of WIC participation on the health of infants and children, many WIC participants, particularly children, leave the program before their eligibility expires. It is estimated that about 45% of WIC eligible children do not enroll and/or terminate participation before their first birthday and research has shown, that withdrawal rates from the program are highest among infants aged 7 to 12 months. In the spring of 2011, Illinois WIC partnered with researchers from the University of Illinois Chicago to develop a plan to examine the barriers/ facilitators to retention of child participants in

WIC in the state of Illinois. Surveys, qualitative in-depth interviews, and focus groups were conducted with WIC staff (n=46) and Head Start staff (n=17) as well as caretakers of current (n=47) and former (n=22) WIC child participants at four different counties in Illinois. Data from WIC vendors (n=24) was also accessed. To identify the main barriers to retention in WIC, information was then analyzed and coded for emerging themes in Atlas ti 6.1 qualitative management software.

Administrative, family, and individual level barriers and facilitators to WIC retention from both staff and caretakers were

identified to inform policy and programmatic interventions that will be initially tested at rural and urban pilot WIC clinic sites. The goal of this project is to develop an intervention program and make policy changes that can be disseminated across the state of Illinois to improve child retention.

This project is funded by the state of Illinois WIC program.

To meet the specific objectives, a mixed methods approach was used including in-depth interviews, surveys, and direct observation. Specific data collection approaches that have occurred thus far in the study are highlighted in the table below:

Data Source	Data Type	n
Statewide WIC staff	Online survey	n= 72
Statewide Head Start Staff	Online survey	n= 12
WIC staff	Individual and group interviews	n= 46
Head Start staff	Individual Interviews	n= 17
Current WIC caretakers	Individual Interviews and focus groups	n= 47
Former WIC caretakers	Individual Interviews	n= 22
WIC waiting room (caretakers and proxies)	survey	n= 100
WIC vendors	Individual interviews	n= 24

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"[Clients] come in mad because they have to be here... sometimes they just need to vent... it is important for us to key in on what else is going on..."

"I may have complained that they missed an appointment last week, but their care could have broken down. Their house could have gotten robbed. It could have not even been something like that. They could have just been running late for the day."

WIC staff

WIC Staff Data Summary (n=46)

WIC staff from four different sites (one local-urban, 3 county- urban/rural) identified **barriers to retention** ranging from personal/cultural values and limited cooking or budgeting skills to issues of access:

Transportation issues were brought up repeatedly at the county (urban/rural) sites, more so than the local (urban) sites. Staff at all four sites acknowledged that participants may have to travel significant distances or work around the bus schedule, even when the agency is in an accessible location.

Conflicting work schedules were often mentioned as a barrier, but staff expected that their extended hours should have resolved some of this problem.

Inability to get WIC administrators on the phone is an issue which makes it difficult to reschedule appointments or ask questions outside of direct consultations.

Long wait times and unwelcoming clinic environments were recognized by staff members as a problem. Mixed opinions were expressed about creating child friendly environments with toys and books; it was suggested that additional personnel would be needed to maintain those areas.

Unengaged clients were frequently mentioned as a barrier; emphasizing that it is easy to become discouraged and find fault with clients who do not want to feel [the Food Instruments are] their right.

Staff empathy: Other staff recognized client disengagement as more complicated than mere assumptions of self entitlement. As a staff member one does not know what other daily stressors or crises they have had to face.

Vendor issues: Clients complain that they get confused when certain items are prohibited at particular vendors while others allow these items. Staff reported they have tried to facilitate the clients reporting their problems to the vendor hotline because it was unclear why the cashiers or stores themselves were not allowing these items. Clients also complain about restrictions in the brands, receiving more of certain items than their family uses, and how several items are grouped onto a one-time-use coupon when certain items may not all be available at that store or inconvenient to carry all the items at once.

Limitations of the participants' knowledge about the program was indicated by staff across each of the 4 sites. Despite their assurance that the information was given to clients, staff stated that clients were surprised their children could stay on the program through age 5, that they did not know the income threshold was higher than SNAP, and other government programs, and that proxies could pick up coupons for them. It was suggested by staff that clients and the broader community might be better educated about the goals of the program.

Unsupportive physicians: One group interview drew attention to a perceived problem with physicians in the area not being supportive of the WIC program because of the "hassle" of paperwork. These staff members asserted that general practitioners "push" formula on new mothers and do not realize/care how much breastfeeding support WIC provides. Staff are very much aware that their clients enrolled mainly for the formula.

Perceived value of the food package: Staff suggested that there must be ways of showing clients how much the WIC food package is worth or how they could save money by using WIC, but they think that most clients do not make those calculations and prefer to use Link to cover most of their food expenditures.

Hectic lifestyles: Alongside issues of low literacy and financial resources, staff members reported that some of their clients do not have working phones or change their numbers frequently. At the integrated sites, case managers may be able to track down families with infants to help them reschedule appointments, home care, or arrange for transportation to the clinic.

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ILLINOIS WIC RETENTION STUDY

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WIC Caretaker Data Summary (n=69*)

*(n includes data from individual interviews and focus groups with current and discontinued caretakers)

Facilitators of Using WIC: Barriers to Using WIC

Friendly or helpful staff members was the most commonly reported theme among participants who stayed in WIC past their child's first birthday. Participants who had WIC experience at more than one site were often able to articulate a difference in how they were treated.

Expanding the family food budget: Although it was commonly suggested by staff and participants that Link could be used cover most of their grocery expenses and allowed users more variety, some participants expressed that "[Link] is never enough." Since WIC has a higher income threshold than Link, there were **some clients for whom WIC is the only aid they receive**, which prevented them from missing appointments or dropping out of the program even when they had problems with wait times or staff.

Fruit and vegetable vouchers were commonly identified as particularly beneficial to their family because their children liked to eat fruit.

Reliable transportation: Having a vehicle was commonly identified as a facilitator, although many clients reported **getting rides from friends or family**.

Integrated services: Participants at the urban site described the benefit of having a WIC clinic in or near a food center which reduces the hassle of locating WIC-eligible foods. For those who had only experienced an **integrated model with case management and clinical services** (but no food center) identified the ease of scheduling multiple services (dental, immunizations, and WIC) in a single visit.

Appointment reminders elicited positive client response, suggesting that they might have forgotten or thought it was scheduled for a different day. Receiving reminders or having WIC staff (or case managers, at some sites) call to follow up with clients after a missed appointment was also suggested as a way to facilitate rescheduling in these instances.

Time as a resource: Several of the barriers to staying in the program mentioned by former and current WIC caretakers could be tied back to lack of time and busy lifestyles:

• **Long wait times** were mentioned, but these interviewees suggested that more than the wait itself, it was the fact that there was **no one in front of them in line and staff appeared not to be working**. It was also suggested that even 30 minutes was too long "just to get coupons," and they should be ready for clients if they've made an appointment.

• **Conflicts with appointment times** came up as a key barrier among participants that had work, school, or other responsibilities that did not coincide with available clinic times. Past clients described themselves as very busy, with some also taking classes; this affected their ability to **schedule "a whole day" just for WIC**, even if extended hours were offered.

• **Having to manually obtain paperwork** (such as the most recent documentation of their child's blood work) from their doctor's office, which would often require an extra trip, was identified as a hassle among caretakers whose time was tight.

• In understanding how **some people prefer Link to WIC**, one participant mentioned that one difference is that for the Link program, "they want to get you out of the office...you can re-determine over the phone."

Transportation issues came up as a well known barrier in almost all conversations with caretakers even among those that had reliable transportation. Clients mentioned having to manage their appointments, child care, and work schedules according to public transportation options or use friends'/relatives' vehicles to go to appointments and shop for food. Clients living in rural areas that traveled longer distances to the WIC clinic mentioned the cost of gas has to be taken into consideration before they come to WIC.

Continued on next page

"With the Link card you can just void it and say this is not eligible and move it out of the way. [Using WIC] is just a longer process. It is time consuming, and it is somewhat embarrassing"

WIC caretaker



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WIC Caretaker Data Summary Continued

Barriers to Using WIC Continued:

Unwelcoming clinic environments or waiting rooms described as “chaotic” surfaced as barriers to keeping children enrolled in WIC. One participant wished there were more activities to entertain children.

Nutrition Education Requirements: Caretakers were more likely to complain about nutrition education requirements if they were not learning anything new or valuable in nutrition education classes. Caretakers with multiple children felt that they had heard the information before, but were open to learning new things or educational activities, especially ones that included their children—such as cooking classes.

Vendor Issues: as in the staff interviews, discrepancies with stores having different eligible foods and policies were common complaints among caretakers. Interviews suggested that cashiers and other customers made comments that caused WIC clients to feel “embarrassed,” especially when “holding up the line.” They described passing up some food items when they had brought the wrong sizes/brands to the counter, because the stores are so big and it would take too long to find a replacement: “I don’t really need it anyway.” Negative interactions with cashiers were more commonly described among past clients than those currently enrolled.

Too many items on one voucher: At one site, accumulating foods that “go to waste” was cited more frequently than any other barrier; this and difficulty carrying all of the items on the checks were commonly reported across all sites. Inability to shop for all the items on the voucher at once before there is time for a “big grocery trip” might also contribute to reports of expired checks.

Mistreatment/disrespect by WIC staff: Across sites, past clients were more likely than enrolled clients to report problems with staff.

Clients described “rudeness” from administrative staff while they waited to attend their appointments. Some remarked that the nutritionist and other clinic staff were “nosy” or “judgmental,” and they did not want people “in [their] business”; this was also mentioned by Head Start Staff members who had heard it from their clients.

Stigma: Interviewees discussed “stigma” and expressed concerns that they might be using—“wasting”—“government funds” that “other people need more. WIC clients who have dropped out of the program may offer new insights into the reasons people drop out rather than stay enrolled. A few suggested that they received differential treatment from staff and cashiers because of their race, class, or immigrant status. Past WIC participants were even more likely to discuss “embarrassment” than current ones. One female caretaker who discontinued using WIC services states: “It’s put in this way, too, when you’re a black female, single, you also get that look... if you need financial assistance and you’re not financially stable, you shouldn’t be having kids.” Having a partner or family member was suggested as a way to reduce this self-consciousness, but past clients acknowledged that WIC coupons and Link are both visible “symbols” of poverty.

Client misinformation may account for some of the drop-off, as one past client stated, “I didn’t know I could re-enroll,” and another said, “the woman I gave my information to never called me back.” They made some suggestions that staff did not do any follow-up to see if people intended to dropout or just needed to reschedule, and that accountability might encourage them to stay in. As the children get older, it may be harder to convince parents to re-enroll because they know their children will age out.



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Head Start Staff Data Summary (n=17)

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Staff members from 3 different Head Start locations (2 mixed rural/urban sites and 1 urban site) were interviewed. These interviews provided a fresh perspective, as the staff members interact directly with children as well as hearing a lot of complaints from parents about WIC and their other daily hassles. Many of the staff members were reluctant to be interviewed because they felt they knew very little about WIC unless they had family members or clients who were enrolled. This limitation, and their expressed interest in learning more about a program that they thought only offered a little bit of "milk and diapers," indicated a **potential avenue for community education and collaboration.**

Comments about WIC staff: most common complaint heard by Head Start staff from parents was that the **WIC staff was "nosy."** Respondents described how some parents were sensitive about their child's weight and they had gotten complaints that they did not need to feel judged by the WIC staff because they had already discussed these issues with their physicians.

"I've actually had some people tell me that the WIC staff has been rude to them and that's part of the reason they don't go back. A lot of the times, they say that they go against what the doctors say, so it's confusing to them as to what milestones their children should be at and that kind of thing"

Child Feeding Practices: A major theme from these interviews was **the influence children seem to have on their parents purchasing decisions.** Respondents suggested that parents had difficulty saying "no" to their children and that the children ate well at school but were given more of what they wanted at home:

"kids want [the sweet stuff]...of course, WIC is not going to pay for the sugary cereals and all that. If the kid is not going to eat it, why get it...if they kids say they don't want to eat this and they only eat that, then they would rather just give them that instead of hearing the fighting or dealing with it."

Priorities, budgeting, and hectic lifestyles: Staff members repeatedly described the parents they worked with as young, with limited food preparation and budgeting skills, and this affected how they understood their priorities. Head Start staff said they found a lot of **grandmothers taking care of the children** and even attending meetings. Attendance at events was high when the center provided child care and especially food; this often resulted in whole families coming to get fed. One staff member described visiting clients' homes and seeing that

they had lots of video games for their children, so she felt like they **needed to be counseled more on how they spend their money.** Respondents expressed some confidence that a lot of their clients used smartphones to play games and get on Facebook, so this may be an avenue for education in a mode that clients want to use. Head Start staff members indicated that clients reported **transportation as a limitation** to attending appointments (at Head Start, as well as WIC), but stipulated,

"if they think it's a priority, they get to where they want to get. If they don't see it's a priority, then they don't. There's always a relative or a friend that they can get a ride to, especially in the small town that we are, if they wanted to bad enough, if they depend upon it bad enough."



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WIC Vendors Data Summary (n=24)

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Themes from vendors:

Ineligible items:

- Vendors assume clients have been adequately informed about the rules during their appointments
- Vendors question whether the client is intentionally trying to get an item they knew did not qualify
- Vendors recognize that non-English speakers may be more likely to have true difficulty understanding or remembering which items qualify
- Certain items do not come in the types or package sizes specified by the Food Instrument which causes selection problems (e.g. tortillas, whole wheat bread, juices)
- Price limits are not specified on the Food Instrument for foods other than fruits and vegetables
- Cereal was also the food most commonly used to illustrate customers trying to get something that didn't qualify
- Confusion exists over which vegetables qualified e.g. people thought they could purchase red potatoes because the list says "no white potatoes"

Frustration at the register:

- Most confusion happens at the register AFTER the client has made her selections rather than at the shelves
- Clients try to use coupons that have expired or in advance of their start date
- Clients may not anticipate that different brands qualify at different retailers, the items went over the price limit, or certain items have been taken off the approved food list
- The client feels embarrassed and self-conscious for holding up the line
- Clients may leave without everything on the coupon or threaten to take their business elsewhere if they become frustrated (hurts vendor and participant)

Suggestions from Vendors:

- Most clients and vendors identify the problem as having more to do with not being well informed (of the specific items to look for and the criteria making them eligible) before approaching the shelves
- It is imperative to prepare clients on what to look for when they shop
- Even if vendors are trained well on eligible foods, correcting the client at the register may exacerbate the stigma they feel since it draws attention to their participation in the program



ILLINOIS WIC RETENTION STUDY

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CONCLUSION/ FUTURE DIRECTIONS

Few studies have focused on examining barriers to retaining children currently participating in WIC. This and other studies have cited a number of personal and administrative barriers to participation including work or school conflicts, difficulties with transportation, and excessive waiting times. Unlike this study, most of these studies have examined barriers from the perspective of parents/ caretakers of child participants and have not included past participants, WIC administrators and/or staff. Qualitative methodology from this study revealed several barriers to retention, many of which could be remedied by new technologies and educational strategies as suggested by caretakers and staff alike. Building on previous research, we believe the findings from this formative research are particularly timely and can be used to inform a statewide campaign to increase retention in the Illinois WIC program and also have potential for impacting child retention nationally.

The table below highlights key themes and suggested solutions that emerged in the interviews and focus groups:

Barrier to Retention	Suggested Solution
Lack of transportation/ difficulty carrying groceries on the bus/ Carrying groceries and children	Transportation Service: engage private company/ contractor Grocery delivery Mobile clinic
Vendor issues: item identification/ item availability/ mistreatment	Vendor training WIC grocery store tour: headset/ video
Expired coupons	Automated text reminders
Lack of knowledge about proxies	Public education campaign: educate clients about use of proxies
Taking children out of school/ bringing children to WIC clinic	Child physically present at clinic once per yr Sharing scheduling between Head Start and WIC
Concern about customer service/ staff attitude	Public education campaign: "get to Know WIC Staff" photo board, newsletters Participant centered services
WIC clinic/ waiting room environment	Videos for viewing Activities while you wait Activity/ TV/ internet room
Not aware children are [still] eligible	Public education campaign: highlight eligibility period
Don't value WIC foods/ services based on other received benefits (e.g. SNAP)/ no longer need infant formula	Public education campaign: "Selling WIC"/ community outreach/ through You-tube, famous spokesperson, clients, family members
Concern about nutrition education requirement	Online/ mobile phone options Tailor education based on WIC experience (not just child stage) Waiting room video/ You-tube channel education
Hectic lifestyle/ stress/ survival mode	Peer counselors, linkage with other services, social service providers



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Arizona WIC Program Child Retention Project April 2014

1. Do you have a child retention project currently in place or have you completed such a project recently (last 12-18 months)?

Yes, a multi-component project to increase child retention in WIC is in progress.

2. If yes, please provide a brief description and a summary of the results (if available). Please also include lessons learned and/or challenges to increasing child retention rates. Could this strategy/project be replicated in other States?

Outreach/Marketing Program

The Arizona WIC Program began the development of a statewide WIC Outreach Project one year ago. In May 2013, a contract was awarded through a competitive process to begin work on the project with an anticipated budget of \$1.5 million over a three year period.

Over the summer and early fall of 2013, formative research including online focus groups and quantitative survey was completed to measure and explore in detail:

- Attitudes
- Beliefs
- Barriers
- Benefits
- Values
- Emotional Drivers
- Preferred Communication Channels



Recruitment for participation in the formative research was done statewide through Facebook and included previous WIC participants, women who had never participated in WIC, and current WIC participants. Click-through rate of .352% is three times the industry standard of .10%

Focus groups were conducted online via webcam using Focus Vision Software. This allowed for a collaborative platform with live moderation.

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Six online focus groups and 12 in-depth qualitative interviews were conducted with previous Arizona WIC participants as well as WIC eligible women who had never participated in WIC. The focus groups and interviews were conducted with English and Spanish speakers. The focus group discussion guides and in-depth interviews used projective techniques to capture the women's true feelings and emotions and provide valuable insight into factors that will encourage women to return to or enroll in the Arizona WIC Program.

From the qualitative research these key findings were identified.

- Finding 1 – Relying on help is deeply unpleasant.
Positives – WIC is helpful, comforting, and valued
Negatives – WIC is a hassle, causes embarrassment, and participation carries a stigma.
- Finding 2 – WIC eligible are hard on themselves and empathetic of others
- Finding 3 – Moms want connection.
Moms want more than checks, they value service, and want to be heard.

The qualitative findings informed the development of the quantitative survey which was administered online via SurveyMonkey. In total, 775 surveys were completed (689 via SurveyMonkey, 86 via promotora's android tablet. The data from the quantitative surveys presented here includes the 473 women who were eligible for WIC at the time of the survey and included:

- Currently Enrolled (n=216)
- Previously Enrolled (n=181)
- Never Enrolled (n=76)

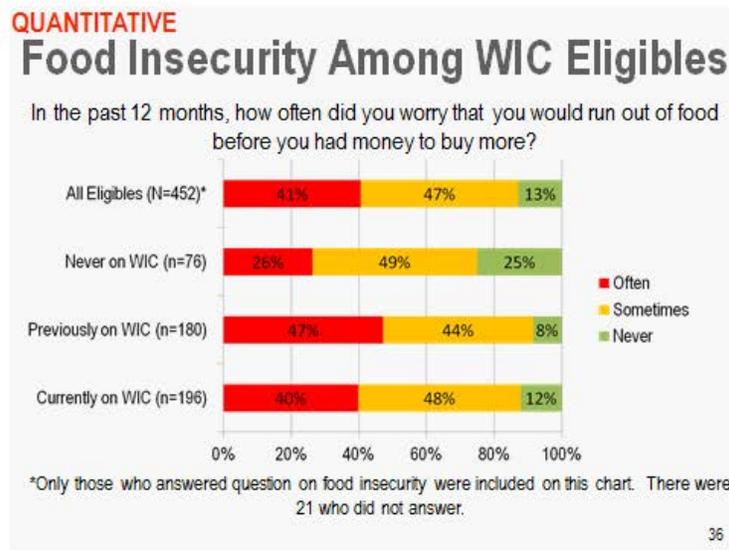
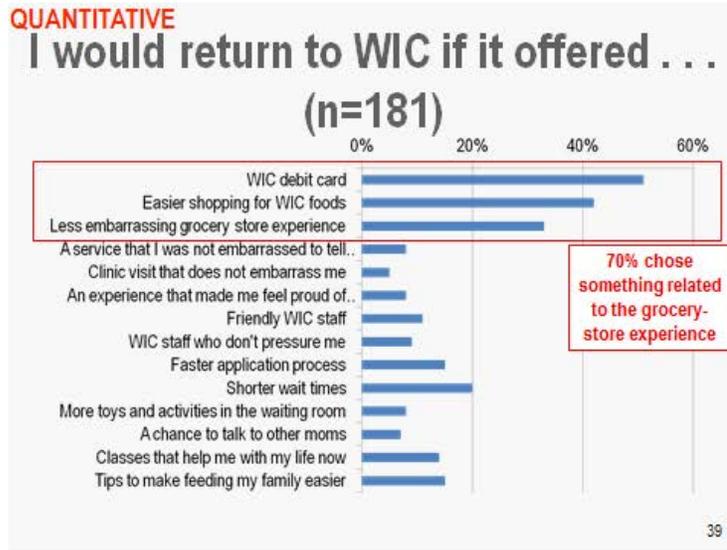
Selected key findings from the quantitative survey included:

- Grocery Store Experience
- Food Security
- Reasons for not participating in WIC

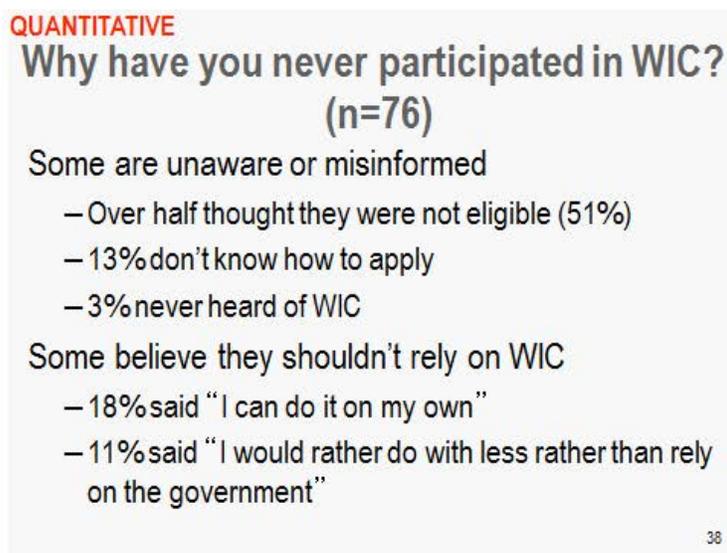
Details on these three findings are provided on the following pages.

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Due to delays in FFY 2014 funding, the timeline for development of the WIC Outreach/Rebranding Project has been extended. At this time, a Creative Brief for the project has been developed and approved. Three concepts for the Outreach Project have been developed and local WIC agency input is being gathered prior to moving ahead with formative research on the concepts. It is anticipated the Outreach Project will be launched in October 2014.

Policy Change

Currently, the Arizona WIC Program honors one (1) year certifications for children who are transferring from other state agencies that have implemented this policy. The Arizona WIC program will begin implementation of one (1) year certifications for all children who are certified in June 2014. This change in policy will be coupled with the rollout of our updated computer system (known as HANDS) and will be completely implemented statewide by January 2015.

The Arizona WIC Program currently enrolls 75% of all infants by 14 months of age. One (1) year certifications will aid in increasing the likelihood of these infants continuing participation in WIC as children. We plan to promote the one year certification to participants and remind them of the benefits to children and their families by continuing to be on WIC.

In addition, our Partners (Guam, American Samoa, CNMI, and Navajo Nation) will also be rolling out the HANDS system so will be implementing one (1) year certifications for children.

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Collaboration

Ongoing collaboration to promote participation in WIC is conducted with a variety of groups and organizations including:

- American Academy of Pediatrics, Arizona Chapter
- Arizona Department of Economic Security, Hunger Advisory Council
- Arizona Department of Economic Security, Supplemental Nutrition Program
- Arizona Department of Education, Child and Adult Care Food Program
- Arizona Health Care Cost Containment System (AHCCCS)
- Association of Arizona Food Banks
- First thing First

3. If no, are you considering such a project?