

Pasadena Public Health Department: WIC Roadmap to Success Evaluation

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EVALUATION
SPECIALISTS





EXECUTIVE SUMMARY

The Pasadena Public Health Department's (PPHD) Women, Infant and Children (WIC) program received a grant to identify reasons for WIC program attrition, and to develop and disseminate a graphical representation of its WIC program (the "Roadmap to Success"). Evaluation Specialists conducted a series of four focus groups to explore reasons for program attrition, collect feedback on an initial draft of the Roadmap to Success, and collect feedback on the Department's intended dissemination plan for the Roadmap. Further details about the methods used and a copy of the draft Roadmap are provided at the end of this summary.

Key study findings include:

- The WIC program is generally well-received and appreciated by recipients.
- Recipients typically learn about the program through personal connections and recommendations, rather than public awareness campaigns or communication.
- Recipients continue involvement because they appreciate the WIC program benefits and staff support.
- Retention and participation challenges center around the logistics of engaging with the program and using WIC food checks (also known as WIC Food Instruments).
- Most participants liked the Roadmap to Success concept as a single source of information. For example, they appreciated the overview of key milestones and its potential to communicate what is expected at each appointment.
- Participants provided a variety of suggestions for how to disseminate the Roadmap to Success.
- Neither primary language nor current status in the program seemed to influence participants' experiences or suggestions for the Roadmap to Success.



WIC PROGRAM ENROLLMENT

WIC participants generally enroll because friends and family, and practitioners (such as nurses) tell them about and/or encourage them to participate in the program. They also recognize that WIC can supplement their ability to meet their families' nutritional needs.



WIC PROGRAM ENGAGEMENT

WIC participants continue program involvement because they appreciate the benefits and personal support offered by WIC staff.

Recipients of WIC expressed a general sense of gratefulness and appreciation for the support. In addition to the food and nutritional support, they are particularly grateful for the additional assistance (in the form of food checks, nursing bras, and books for kids) and the education (child nutrition, child development, breastfeeding practices). Several mothers even noted a sense of solidarity and personal identification with other mothers and families receiving the benefits. Many also noted the ease with which they can use their WIC checks at 'above-50-percent'¹ vendors versus other WIC-authorized vendors. Some recognize that PPHD is limited in how they can shift WIC offerings, as they know that the USDA regulates the program. Families also reported a general sense of support from WIC staff, describing them as flexible, helpful, and welcoming. Many reported an improvement in the office environment and practices over the past few years.



WIC participants experience challenges in engagement with the WIC program, specifically the logistics of participation and the practice of using WIC food checks.

The mothers who attended focus groups reported that attending WIC appointments was often difficult, particularly for new and working moms. They reported that they were often unprepared for the length of an appointment, as they weren't told in advance how long it would take. This impacted their work schedules, babysitting plans, travel modes, and materials they brought with them if they were bringing their children (e.g. bottles, snacks, reading material). They also reported that their appointment times were frequently not kept, and they were often unaware of the documentation needed for each appointment.

¹ While clients anecdotally refer to these as WIC only stores, these are vendors that receive more than fifty (50) percent of their annual food sales revenue from WIC.

Some mothers felt that the documentation required to continue engaging in the program was redundant, and that the education requirements were ill-matched and/or redundant as well. Importantly, they felt that the process of receiving the WIC food checks was challenging. Some mothers were not easily able to pick up the checks due to their work schedules and the location of WIC office sites, and many felt that the process of receiving the checks was not efficient. Finally, several mothers mentioned that some benefits of WIC participation were not initially presented to them; they had to know to ask for them. This indicated that some recipients may not be receiving all their benefits, merely because they are unaware of their availability². As anticipated, many were unaware of how long they were eligible for the program benefits.

Focus group participants also reported that using the WIC food checks, once they received them, was challenging. They reported two types of stress in using them: their own internal stress and the burden they perceived themselves imposing on those around them. Mothers mentioned perceiving a sense of burden from other customers in line behind them at market checkout lines. Specifically, they worried that other customers were frustrated at the delays they experienced due to the time it takes for WIC recipients to use WIC food checks. They also reported that they felt shame and anxiety at supermarkets when using WIC food checks. The anxiety often stemmed from being uncertain that they had selected WIC-authorized food products and sizes, and the shame came from a sense that others judged them for using the benefit. They felt that many staff at supermarkets, as well as many customers, did not fully understand the program, thereby creating a feeling of stigma each time they attempted to use food checks. Finally, they felt anxiety in using the checks, as they found it difficult to align their families' food needs with the food check requirements and the supermarkets' inventory.

The following table presents a summary of recommendations aligned with each of these findings.

BARRIERS AND FACILITATORS TO ENGAGEMENT	ALIGNED RECOMMENDATION
Appreciation for financial and material support	Continue offering WIC participants financial and material support in the form of food checks, breastfeeding materials (nursing bras, pumps, etc), and educational materials for their children.
Appreciation for emotional support from WIC staff	Continue offering WIC participants encouragement, flexibility, and warmth. Continue offering breastfeeding support groups and explore the feasibility of creating additional networks for mothers to support each other, improve self-care and raise healthy families.
Preference for 'above-50-percent' vendors vs other WIC-authorized vendors	Based on this finding, program staff additionally recommend highlighting benefits of WIC participation to individual, family and community health. Focus on families' contribution to improved health outcomes by highlighting mother's roles in and sacrifice for the family unit. Support and empower mothers as they continue striving for their family by allowing WIC to help a little.
Preference for 'above-50-percent' vendors vs other WIC-authorized vendors	Focus group participants expressed a desire to see more 'above 50 percent' vendors in the area. While a recommendation supported by the study, program staff have indicated that the process of becoming a WIC-authorized vendor is independent of the local WIC agency.

² The PPHD WIC Office explained that some WIC participants are not eligible for some services, and therefore do not receive information about them. In other cases, the WIC Office has limited quantities of a given benefit (e.g. farmers market checks), and offers them on a first-come, first-serve basis. Participants who engage with the WIC Office after the supply of this benefit has dwindled are therefore not informed of it.



BARRIERS AND FACILITATORS TO ENGAGEMENT	ALIGNED RECOMMENDATION
<p>Process of WIC office engagement</p>	<p>Improve processes to be more streamlined and efficient. Explore ways to improve appointment flow, moving WIC recipients throughout the system without requiring that they stand in multiple lines at various times during their visit. Provide necessary paperwork to WIC recipients in advance of their appointments; distribute the paperwork at their prior appointment or send it via email.</p> <p>Refer to the WIC Roadmap to Success at each appointment to explain the expectations for the following appointment. Ensure that all WIC recipients understand how long each appointment may take to help them in their personal planning. Explore adding office sites and extending office hours to accommodate those who live or work outside of the immediate area. Focus group participants also expressed interest in having onsite child care if possible.</p> <p>Based on this finding, program staff also recommend promoting online education at each visit and explaining its potential to expedite and reduce number of office visits needed. Program staff feel that adding additional office hours is not feasible at this time. Additionally, participant surveys conducted by staff have not indicated a significant demand for increased hours. Program staff have also indicated that child care is not an allowable expense for WIC agencies.</p>
<p>Process of receiving WIC food checks</p>	<p>Offer recipients opportunities to complete related paperwork prior to visiting the office. The anticipated switch from paper vouchers to Electronic Benefits Transfer (EBT) in 2020 is also expected to make redemption of benefits easier for clients, including fast loading of benefits onto their card, smoother transactions at stores and allowing clients to use a portion of their benefits at a time rather than all at once.</p> <p>Program staff also believe that increasing online education usage may allow some participants to reduce the number of office visits needed and receive some checks via mail.</p>
<p>Internal stress of using WIC food checks</p>	<p>Work with grocery stores to increase staff knowledge of WIC and improve customer service. Continue to promote use of shelf talkers to help clients easily identify WIC-authorized products in the market. Explore the use of smart phone applications that scan WIC-authorized products for WIC eligibility.</p>
<p>Perceived burden to others</p>	<p>Increase WIC participation acceptability by highlighting societal gains and working closely with partners, stores, and community. Strategically market program via media, promotion and outreach. Communicate with stores about staff training to ensure staff have the skills to process participants' food instruments swiftly, effectively, and with compassion.</p>
<p>Alignment between family needs, food check requirements, and store supply</p>	<p>The move to EBT is expected to improve flexibility and make the benefit redemption process easier for clients.</p> <p>Program staff also feel educational counseling could be helpful in addressing this challenge. Staff suggest providing recipe and preparation ideas for low-redemption items, as well as highlighting the benefits of the entire package to the participant and explaining the nutrition needs associated with their participant category (i.e. pregnant, infant, child, etc).</p>
<p>Lack of awareness of length of time they can access program benefits</p>	<p>More clearly and frequently communicate that program eligibility begins during pregnancy and continues through the child's fifth birthday through appointment reminders, WIC ID Folder inserts and stickers, birthday mailings (birth to 5), posters and banners in the clinic, inclusion in recorded phone message queue, on website and relevant program printed materials. Promote the Roadmap through posters in the waiting room and potentially through a video or Prezi presentation on waiting room TV screens.</p>

ROADMAP TO SUCCESS

The mothers who attended the focus groups generally liked the concept of the Roadmap to Success as a way to communicate important information in one place. They particularly appreciated the succinct overview of key milestones related to engagement and renewal. They felt this had the potential to supplement the instructions they verbally receive at WIC appointments. Suggested improvements centered around two areas, the format and the content. WIC recipients also offered several suggestions regarding distribution sites and methods.

WIC recipients suggested various changes to the format of the Roadmap to Success.

Participants felt the aesthetics and function of the tool could be improved by incorporating icons throughout the Roadmap. For instance, they suggested including a picture of a baby's face at points at which their children were required to attend appointments, or a picture of a book at points at which education would be offered. They also felt that the current legend was incomplete and difficult to interpret. They suggested that the legend be removed altogether and that the information within it be entered at the appropriate Roadmap points. Finally, they felt that both sides of the document should be utilized. To that end, they suggested presenting the visual representation of the process on one side. On the other side, they suggested either presenting the visual representation of the process in Spanish, adding additional content, or presenting the same content in a different format such as a table or chart. They felt this would help WIC recipients who are not visual learners.

WIC recipients suggested that the PPHD WIC office include additional content on the Roadmap to Success.

Focus group participants felt it would be helpful to have access to additional information within the tool. Notably, they felt that it would be important for the document to present all information in easy-to-digest language. They suggested that the tool include such information as the time estimate for each appointment listed on the Roadmap, the documentation and forms needed at each, and an indication of whether their children are required to attend. They also thought information about prenatal support would be helpful.

Finally, they felt that adding a title, an explanatory tagline, and WIC office contact information and hours of operation to the document would be helpful. They also recommended including information that is always true (e.g. children are always welcome at the appointments).

WIC recipients offered several suggestions for Roadmap distribution.

Of those distribution methods and sites already identified by PPHD WIC, focus group participants felt the WIC-authorized grocery stores, community events, and bus stops/bus placards would be the most effective ways to reach potential and current participants. They also suggested that PPHD consider the following distribution methods/sites:

- Farmers markets, other grocery stores;
- Public education sites: Preschools, day cares, early childhood education centers, schools;
- Public recreation sites: libraries, parks, churches, restaurants;
- Public service sites: welfare office, food banks, homeless shelters;
- Medical facilities: hospitals, doctor offices, pediatrician offices, dentists, OBGYN offices;
- Technology: social media, phone app, videos on buses and taxis; and
- Other: laundromats, Department of Motor Vehicles.

The following table presents a summary of these findings and recommendations aligned with each.

REACTION TO ROADMAP TO SUCCESS	ALIGNED RECOMMENDATION
Roadmap format could be improved	Engage a professional graphic designer to design the roadmap, as aesthetics will encourage WIC recipients to hang the roadmap in a visible location in their home, which can serve two purposes: reminding current recipients of the WIC engagement process, and exposing visitors to WIC recipients' homes to the program. A visually stimulating design may also encourage partner sites (e.g. churches, pediatricians, DMV) to hang the document in a visible location.
Roadmap content could be expanded	Expand the content of the roadmap to include support offered during pregnancy. Consider presenting the graphic representation of the process on one side of the document, and providing detail (e.g. documentation needed for each appointment, time estimate for each appointment) on the reverse side. Include information regarding which stores support WIC food checks, WIC office hours and locations, and a list of all WIC recipient benefits.
Roadmap distribution site list could be expanded	Participants are tech savvy and most are equipped with smart phones. Consider how to use technology in the Roadmap distribution plan. For instance, create and distribute a software application with information reflected on the hard copy of the Roadmap, or expand the PPHD WIC website to include the illustration with active hyperlinks to forms and other documentation that recipients must provide at appointments. Also, explore the feasibility of each of the focus group participants' recommendations.



METHODS

The Women, Infant, and Children (WIC) Staff of the Pasadena Public Health Department called active and inactive WIC recipients to invite them to a series of four focus groups. Calls occurred in both English and Spanish; recipients included those who were actively engaged in the program and those deemed “at risk” of dropping out of the program. Twenty-six women attended the four focus groups: 13 Spanish-speakers; 13 English-speakers; 16 actively engaged and 10 at-risk.

Evaluation Specialists (ES) used a semi-structured interview guide to collect focus group participants’ input on the topics of interest. Two trained female facilitators hosted each focus group, with Spanish-speaking facilitators leading those groups composed of Spanish-speakers. ES then used a real-time analytical technique called Participatory Ranking Method in which focus group participants participate in the analysis. This method enlists their assistance in identifying key themes in what they said in the focus groups. Three evaluators then worked together to identify key themes across focus groups and develop recommendations.

Two caveats should be kept in mind about these findings. First, those identified as at-risk, as a group, were less active in the conversations than those identified as consistent. They also often did not self-identify as drop-outs or as leaving the program. It is also possible that some participants may have been hesitant to provide negative feedback, despite our assurance that doing so would not impact their WIC benefits.

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About Evaluation Specialists

Evaluation Specialists is a woman-owned small business that specializes in evaluation of prevention, health promotion, education, and social service programs. Our experienced, highly skilled team provides methodological, substantive and clinical expertise that enables our clients to apply a wide range of cutting edge methods to answer real world questions in community settings. We partner with our clients to design and implement research and evaluation plans that provide timely, accurate, and actionable results that benefit the communities they serve.

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Welcome to
START
WICI

S120
Feeding
follow
up
G130
0.5 month
feeding
class

GA= class of the month

SM20= Child's physical/diet assessment
(5-7 months after SR)

SR= Renewal of eligibility (need to bring:

Proof of address/income, child, medical form
from MD)

GA

G131
8-11 month
feeding class

SM
5-7th month
physical/diet
assessment

GA

1st Birthday!
SR

GA

SM20

3rd Birthday!
SR

GA

SM20

GA

2nd Birthday!
SR

GA

4th Birthday!
SR

GA

SM20

GA

5th Birthday!
FINISH
GRADUATION!