

SUMMARY REPORT 2016

NY WIC Retention Promotion Study:

Keep, Reconnect, Thrive

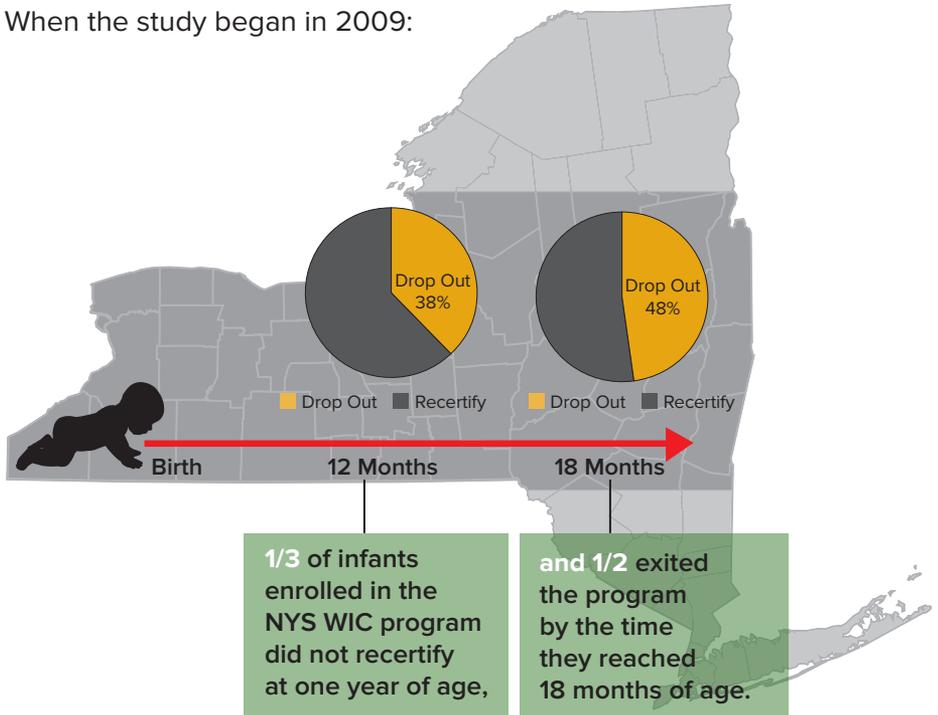
2010 WIC Special Projects Grant
(WISP-10-NY)



WIC
Program

BACKGROUND

When the study began in 2009:



Increasing NYS WIC retention rates among eligible participants is critical to improving the nutrition status and eating behaviors of low income families, nurturing optimal child development, and supporting childhood obesity prevention.

STUDY GOAL

The goal of this study was to identify barriers to retention, and to develop, implement, and evaluate strategies aimed at improving retention in the WIC program beyond one year of age for eligible infants. This study was conducted from 2010-2014, and funded by a 2010 WIC Special Projects Grant from the Food and Nutrition Service of the U.S. Department of Agriculture.

KEY BARRIERS TO RETENTION

To identify barriers to retention in the WIC program, 21 focus groups were conducted with WIC staff, coordinators, and vendors throughout NYS. A total of 284 focus group participants contributed to discussions about **barriers to retention, current strategies used to retain WIC participants, and suggestions for increasing WIC participation** beyond one year.

The most commonly reported barriers to retention among WIC coordinators, staff, and vendors are illustrated below.



Due to feasibility and resources, the research team focused on the creation and implementation of strategies that could potentially reduce the **negative shopping experiences** of WIC participants. Three strategies were designed to better prepare participants for shopping for WIC foods and redeeming WIC checks.

STRATEGIES

Shopping Orientation (SO)

Targeted curriculum that offers policies, tips, and strategies for participants to consider before shopping, while shopping, and at check-out.

Pictorial Foods Card (PFC)

Translation of the 2010 NYS official foods card into a picture-based foods card, highlighting the variety of choices available through WIC, with category tabs for easy navigation while shopping.

Guided Shopping Tours (GST)

WIC local agency staff assists families with hands-on guidance in selecting WIC foods at participating grocery stores.

All three strategies included a two-week follow-up telephone call to participants enquiring about their shopping experiences after exposure to the strategies.



IMPLEMENTATION

Ten WIC sites were selected to implement the strategies, based on geographic location, retention rates, agency type, and size. Sites were assigned one strategy or a combination of the three. The table below shows the distribution of strategies among agencies.

Strategy	SO	SO + GST	SO + PFC	SO + GST + PFC
Intervention Sites (n)	4	2	3	1
Materials Distributed	<ul style="list-style-type: none"> • Enlarged Check • Bookmarks 	<ul style="list-style-type: none"> • Enlarged Check • Bookmarks • Palm Cards • Posters 	<ul style="list-style-type: none"> • Enlarged Check • Pictorial Foods Card 	<ul style="list-style-type: none"> • Enlarged Check • Pictorial Foods Card • Palm Cards • Posters

Key: **SO:** Shopping Orientation **GST:** Guided Shopping Tours **PFC:** Pictorial Foods Card

Target Groups:

1
New Participants

2
Infants
Adding Solids at **6 Months**

3
Infants
Getting Ready to Switch to the Child Food Package at **9-12 months**

Study Period:



Key:

WIC LA: WIC Local Agency

VMA: Vendor Management Agency

MONITORING AND DATA ANALYSES

Qualitative and quantitative analyses were used to assess the overall implementation and impact of the interventions among the ten study sites.

Qualitative Data Collection

Focus groups
with staff

Structured
group interviews

Key informant
interviews

QUALITATIVE MEASURES

- Sites' **organizational capacity** (readiness and existing ability to effectively implement once assigned an intervention);
- **Fidelity** of implementation (the extent to which sites implemented components of the interventions as intended);
- Allowable **adaptations** (benign deviations from the standard implementation protocol that did not pose a threat to the fidelity of the intervention); and
- **Challenges** encountered during implementation of the interventions.



MONITORING AND DATA ANALYSES

Quantitative Data Collection

WIC Retention
Promotion Study
encounter forms

Follow-up
telephone
assessment

WICSIS
administrative
data

QUANTITATIVE MEASURES

- **Reach** (the number of families/participants who discussed the interventions with staff out of the total number of participants at the site who were eligible for the intervention);
- **Dose** of implementation (the average number of WIC shopping policies and tips that were discussed with participants);
- **Participant responsiveness** (self-reported WIC check redemption and perceived usefulness of the shopping tips discussed by staff at the clinic);
- **Check redemption rate** (the percentage of WIC checks redeemed out of the total checks issued during the implementation period); and
- **Retention rate** (the percentage of participants who recertify between the ages of 9 and 15 months).

IMPLEMENTATION & IMPACT

OF THE STRATEGIES

Sites	Organizational Capacity	Number of Allowable Adaptations	Fidelity [†]	Reach [†] n=3,019 (%)	Dose [†]	Contacted by Follow-up Phone Calls (%)	Shopping Tips Helpful n=2,343 (%)	Check Redemption Rate	One-Year Retention Rate	
Shopping Orientation (SO)										
I-01	Low	3	Medium	Low (19.0)		High	68.9	88.9	↑*	↓*
I-02	High	3	Medium	Medium (44.6)		High	95.9	91.4	↓	↓*
I-03	High	3	High	High (61.2)		High	71.9	87.3	↑	↓
I-04	Low	1	Medium	Low (15.8)		Medium	78.6	87.3	↑	↓
Shopping Orientation + Pictorial Foods Card (SO + PFC)										
I-05	High	1	High	High (126.8)		Medium	76.4	83.6	↓	↑
I-06	High	2	High	High (70.5)		High	48.9	80.9	↑	↓
I-07	Low	2	High	Medium (42.5)		High	98.4	100.0	↑*	↑
Shopping Orientation + Guided Shopping Tours (SO + GST)										
I-08	Low	0	Medium	Medium (31.2)		Low	98.4	99.3	↑	↑
I-09	Low	1	Low	Low (14.8)		Medium	80.8	79.9	↑	↑
Shopping Orientation + Pictorial Foods Card + Guided Shopping Tours (SO + PFC + GST)										
I-10	Low	1	Medium	Low (12.8)		High	90.1	98.8	↑	↑

* Denotes statistically significance at p<0.05.

↑ Represents an increase; ↓ Represents a decrease; † Definitions on pages 5 and 6.

Sites with 'low' organizational capacity, exhibited little space, few staff, had not implemented a method for identifying the target participants, or not all staff had "bought into" the purpose of the study.

Some allowable adaptations include, choosing to use the actual checks to educate participants, and conducting follow-up telephone calls in person for participants with limited English speaking abilities.

Perceived Impact Among Staff

Throughout the intervention, and at the end of the study, staff reported:

- An enhanced **knowledge of shopping strategies** that can be used to educate participants on how to use their WIC checks.
- A sense of **empowerment** as a result of being able to use a “consistent list of shopping tips” for counseling participants on how to properly use WIC checks.
- Enhanced **empathy for WIC participants** learning how to navigate the shopping environment.
- Making a concerted effort to **inquire about participants’ shopping experiences** during follow-up visits.
- Enhanced **engagement with regional vendor management agencies** to facilitate the timely resolution of participants’ complaints when reported.
- An enhanced **awareness of the need for standardized staff training** on how to teach participants to shop using WIC checks.

Perceived Impact Among Participants

WIC local agency staff contacted participants exposed to the intervention two weeks following their face-to-face clinic interaction. During the telephone calls, participants:

- Consistently expressed **appreciation for the two-week follow-up telephone calls** that staff made to inquire about their WIC shopping experience.
- Expressed **appreciation of the intervention materials**, particularly the pictorial foods card.
- Reported improved **awareness of the variety of allowable WIC foods**.
- Reported an increased sense of **empowerment** (such as, the “willingness to challenge vendors about WIC-allowable foods,” “fewer unused WIC checks,” and in some instances, increased “complaints about vendors’ non-compliance”).
- Liked the idea of the Guided Shopping Tours, but **preferred to try shopping without help from WIC staff initially**.



IMPLEMENTATION CHALLENGES

Staff reported some challenges with implementation of the strategies at their sites. A major challenge reported by all implementing agencies was the ***additional time spent with each participant***. This led to staff not implementing the strategies when they perceived their sites to be busy.

Other Challenges

- Difficulty communicating with participants with language and literacy barriers.
- Difficulty reaching participants by telephone.
- Perceived low value of the WIC benefits.
- Staff turnover and scheduling challenges.
- Vendors providing WIC clients with poor service.
- Inconsistent and or non-compliant practices at the vendor level.
- Changes in adjunctive eligibility policies that created additional challenges regarding income.

TAKE HOME MESSAGE

Despite sites having low organizational capacity, low reach, and reported challenges, when staff interacted with participants in the clinics, they implemented the intervention as intended and made appropriate amendments to facilitate success.

Low organizational capacity—although not a barrier to implementation fidelity and dosage—might partially explain the low reach of eligible study participants, and thus a more muted retention outcome. Also, during times of economic hardship, WIC might carry a larger caseload; perhaps, our data reflects a drop in retention due to improving economic conditions, making more people income-ineligible to participate.

However, the strategies might have positively influenced a major retention barrier identified ***negative shopping experience***, as staff reported ***feeling more empowered to address shopping with participants***, and participants reported ***enhanced awareness of WIC-allowable products and shopping policies/procedures***.



POLICY IMPLICATIONS

Our findings have several policy implications:

- Measures that enable participants to gain a better awareness of the variety of WIC-allowable foods should be implemented. This can be achieved with tools such as the pictorial foods card, web-based pictorial foods card, or mobile device-supported pictorial foods card.
- A standardized shopping orientation for WIC participants is essential and may require the training of WIC staff using the shopping orientation curriculum or the guided shopping tours developed in this study.
- Both WIC staff and vendors need to be empowered to enforce compliance of WIC rules when tailoring food packages or redeeming checks, respectively.
- Vendors need to be trained regularly in customer service so they can do their part to support a positive shopping experience for WIC participants.
- WIC program staff should consider enhancing the WICSIS database to allow staff to document reasons participants choose to leave the program.

CONCLUSIONS

The purchase of WIC foods and the WIC food package figured prominently among factors associated with continued WIC participation.

Improvements in participants' shopping experience did not translate into substantial improvements in child recertification at one year of age.

Improving the shopping experience of WIC participants requires the commitment of both WIC local agencies and WIC vendor management agencies.



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