





Helping Illinois Families Stay Enrolled in WIC: Getting to Know WIC to 5

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Lead Contributors

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Learning Objectives

By the end of this presentation, WIC staff and other stakeholders will understand the:

- ▶ Purpose and history of the WIC to 5 program.
- ▶ Benefits of eligible children staying enrolled in WIC until the age of 5.
- ▶ Required counseling, reporting, and evaluation activities associated with WIC to 5.
- ▶ Way incentives can be used to support staff in retaining clients.

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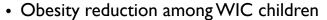
What is WIC to 5?

- **WIC to 5** is a collaboration between the Illinois WIC program and researchers at the University of Illinois-Chicago, Department of Kinesiology and Nutrition.
- The goal of WIC to 5 is to test strategies to <u>increase</u> participation and retention of eligible children in WIC.



Why WIC to 5?

- Preschool aged children enrolled in WIC have better quality diets
 - (Siega-Riz, J Pediatr. 2004)
- · Improved intakes of fruits, vegetables, and whole grains
 - (Whaley, JNEB. 2012)
- Increased intakes of B6, calcium, fiber, iron, potassium, and zinc
 - (Rose, J Nutr. 1998; Yen, Food Policy. 2010)



• (Chiasson, Obesity 2013)

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Why WIC to 5?

- Decreased risk of food insecurity in households with children
 - (Metallinos-Katsaras, Matern Child Health J. 2011)
- Reduced risk of child abuse/neglect
 - (Lee, Children and Youth Services Review. 2007)
- Increased immunization rates
 - (Cortese, Am J Prev Med. 2004)
- Improvements in access to health care/social services
 - (Buescher, Am J Public Health. 2003; Lee, J Public Health Dent. 2004)
- Increased cognitive development
- 6 (Politt, Am J Public Health. 1983)



Why WIC to 5?

- Despite the positive impact of WIC participation on the health of children, underutilization and/or premature discontinuation of WIC services continues
 - ▶ Coverage of WIC-eligible children continues to lag behind all other participant groups
 - ▶ Decline in participation rates as children age
 - ▶ Largest eligible participant group, yet lowest coverage rate
 - ▶ 82% of infants but only about 50% of children
- ▶ Known barriers/facilitators to utilizing government assistance
 - Social support
 - ▶ Communication between program provider and client
 - ▶ Program experience/ familiarity
 - ▶ Travel times
 - Food procurement practices



(Buescher et al., 2003; Harrison et al., : Jilcott et al., 2011; Kahler et al., 1992; Kropf et al., 2007; Shlay et al., 2004)

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Why WIC to 5?

Previous studies show that WIC participation and retention are influenced by client perceptions:

- ▶Program requires too much effort and the benefits are not worth the time (Woelfel et al., 2004)
- ▶Scheduling and transportation problems (Jacknowitz et al., 2010)
- ▶Participation in other public assistance programs (Buescher et al., 2003)
- ▶Long clinic wait times
- Lack of activities to occupy children
- ▶Difficulties with procurement of WIC foods at the store (Woelfel et al., 2004)

Project History and Timeline

- → 2011-2012 Formative Research
- → 2013 WIC to 5 Program Development
- > 2014 Pilot Program Launch with Four Agencies
 - ▶ McLean County WIC, Macon County WIC, Roseland Hospital WIC, Vermilion County WIC
- > 2015-2016 Evaluation and Administrative Data Analysis
 - ▶ East Side Health District (Additional Pilot)
 - ▶ Four Comparison Sites
 - ▶ Dekalb County WIC, Kankakee County WIC, Mount Sinai Hospital WIC, Peoria County WIC
- **▶ 2017** Statewide Launch

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Formative Research 2011-2012

<u>Data Type</u> Participants	Focus Groups	Online/In Person Surveys (n)	Interviews (n)	
WIC Staff	2 (n=23)	13	19	
WIC Coordinators		66	4	
Vendors			24	
Head Start Staff		18	12	
Current WIC Parents/Caregivers	2 (n=17)	100	30	
Former WIC Parents/Caregivers			22	
Health Care Providers	1 (n=2)	26	> \(\)	
Total	40	223	111 N=37	

Reasons Caregivers <u>Leave</u> the Program (Barriers)

WIC Families

- Perceived value of the food package
- Hectic/busy lifestyles
- Access to other food benefits
- Multiple jobs/ looking for work

Clinic

- Difficulty scheduling/ rescheduling
- Long wait times
- Too much paperwork
- Unwelcome clinic environment
- Staff judgment

Vendors

- Difficulty using food instruments
- Negative interactions with cashiers
- Stigma from other customers
- Availability of food items

Community

- Lack of awareness about WIC eligibility
- Transportation issues
- Unsupportive physicians

Reasons Caregivers <u>Keep</u> Children Enrolled in the Program (Facilitators)

WIC Families

- Perceived value of the food package
- Expands the family food budget
- SNAP is never enough
- For some: "WIC is the only help I get"

Clinic

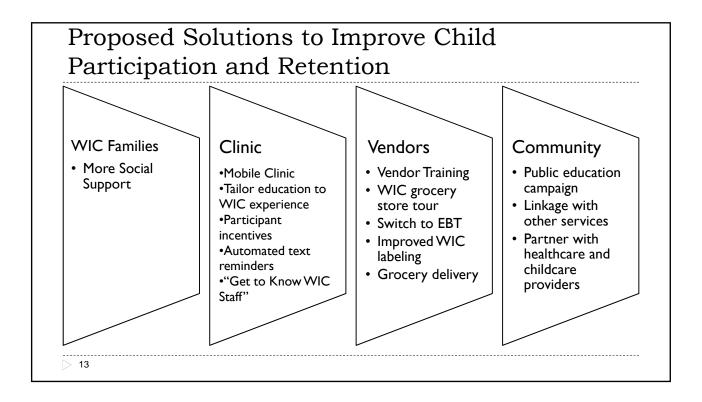
- Friendly or helpful WIC staff
- Integrated services at some sites
- Immunizations, dental care, food centers (Chicago only)
- Appointment reminders
- Welcoming clinic environment/ fun for kids
- Interesting/ useful nutrition education sessions

Vendors

 Ability to select (fruit and vegetable

Community

- Support from others
- Use of Proxy





WIC to 5 Key Messages

Save

Helps our family save money.

Nourish

Provides nutritious foods kids need.

Grow

Supports healthy growth and development

Connect

Links families with other programs, providers, and resources.

Learn

Free advice and counseling from caring staff.

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WIC to 5: Intervention

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Goals of WIC to 5



- ▶ Raising Client Awareness of WIC Eligibility and Benefits
- ▶ Increase Staff Incentives and Promote Staff Wellness
- Increase Image/Understanding of WIC among Health Care and Child Care Providers

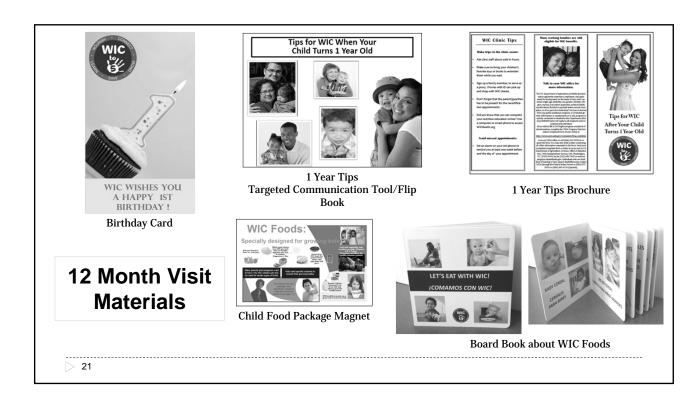


Clinic • Targeted Communication • Staff and Incentives Vendors • Shopping Education Module • Awareness Materials for Health and Child Care Providers • Posters for Other Agencies

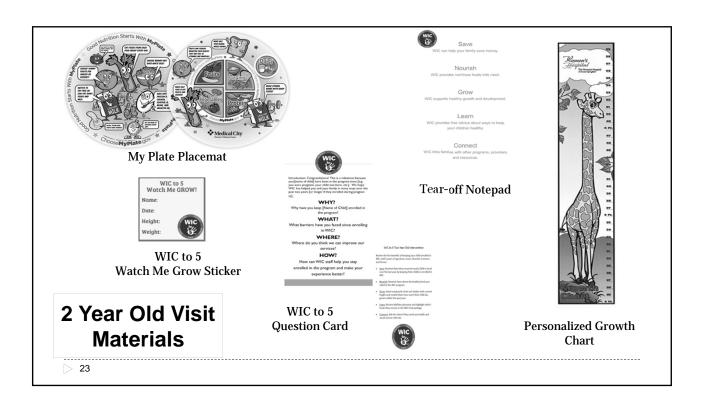
Timing	Objective	Materials
Pregnancy through 5 months	Increase Awareness about WIC Eligibility and Benefits	Posters, Plastic Sleeves
6 month visit	Increase Awareness about WIC Eligibility and Benefits	Flip Cards, Brochure, Tote Bag, Magnet
12 month visit	Reduce barriers to appointments, Shopping, WIC foods	Flip Cards, Tip Sheet, Magnet, Board Book, Birthday Card
2 year visit	Acknowledge participation, stress value of package to child's diet, remind of 5 reasons to stay in WIC	Tear Off pad, WIC to 5 Question Card, MyPlate placemat, Growth Chart, Sticker
3-4 year old visit	Highlight benefits of program for preschool, target healthy growth and development	WIC and School Readiness brochure, Piggy Bank, WIC Graduation Certificate
Anytime	Reduce.barriers, stigma.to.shopping.and.enrollment	. Group Shopping Education Curriculum, Fotonovella

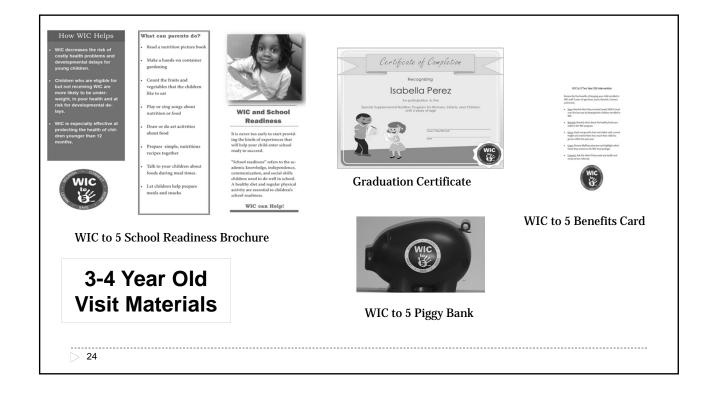






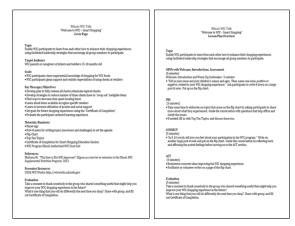






Shopping Education Module

- ▶ Utilizes WIC Talk format and facilitated leadership principles
- ▶ Takes approximately 30 minutes
- ▶ Focuses on clients discussing shopping barriers and empowering them to come up with their own strategies



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Roseland Hospital WIC Program









Staff Incentives and Wellness

- ▶ Tote bags, water bottles, pedometers, and other incentive gifts selected by sites
- Incentive program developed by WIC coordinators
- ▶ Wellness newsletters
- ▶ Empowerment Survey





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Community

American Academy of Pediatrics

Dedicated to the health of all children



Illinois Chapter







- Pocket guide for health care providers
- ▶ Handbook for childcare providers
- Online newsletter content
- ▶ Prescription pads
- Standing banner
- ▶ Table runner
- ▶ Package for offices: posters, band aids, outreach brochure



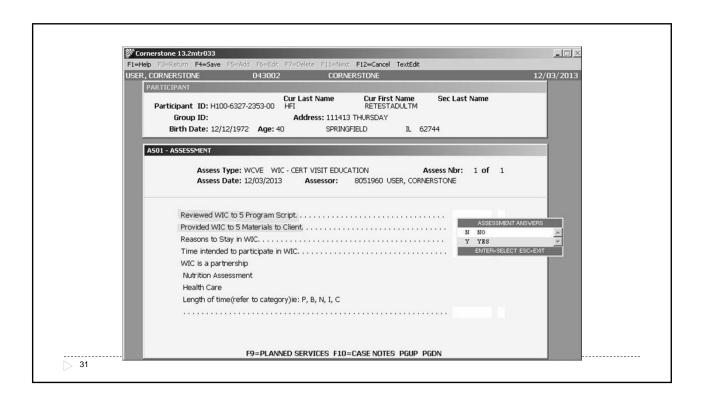
WIC to 5: Evaluation and Results

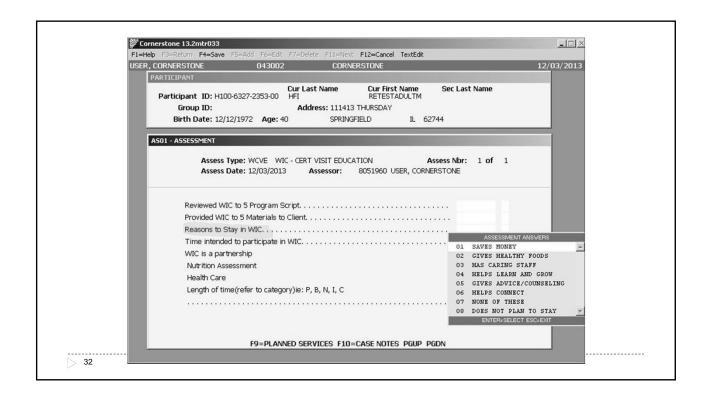
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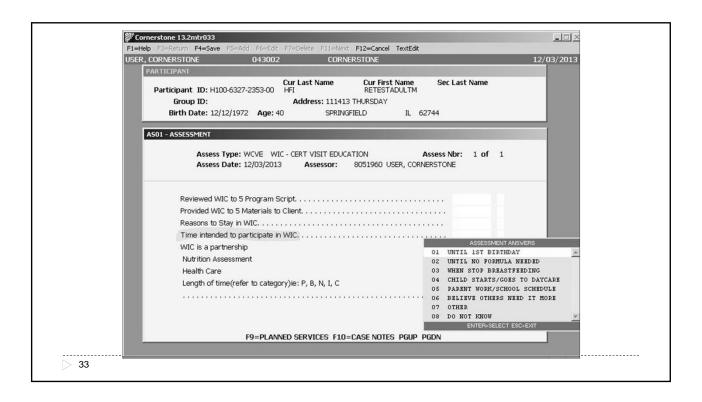
Process/Outcome Evaluation Plan

Cornerstone Questions

- ▶ 6 month Tear-off Card
- ▶ Longitudinal Survey with WIC Parents/Caregivers 3-6 months (n=144)
 - ▶ Recruit ~30 mother/child dyads from 4 pilot agencies and 4 control agencies for longitudinal survey
- ▶ Administrative Data Analysis

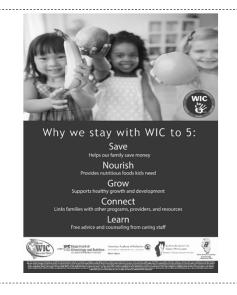


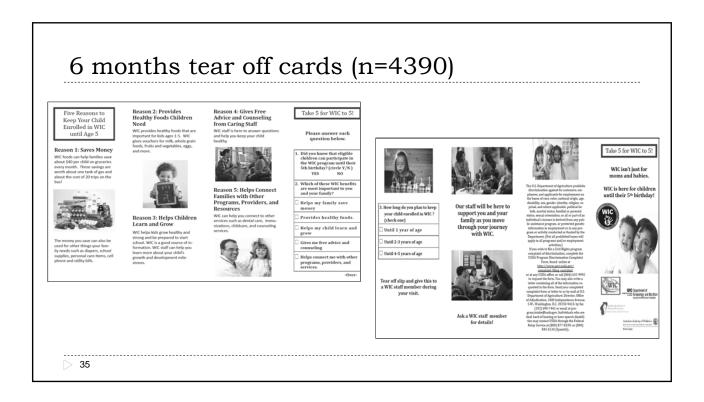




Results:

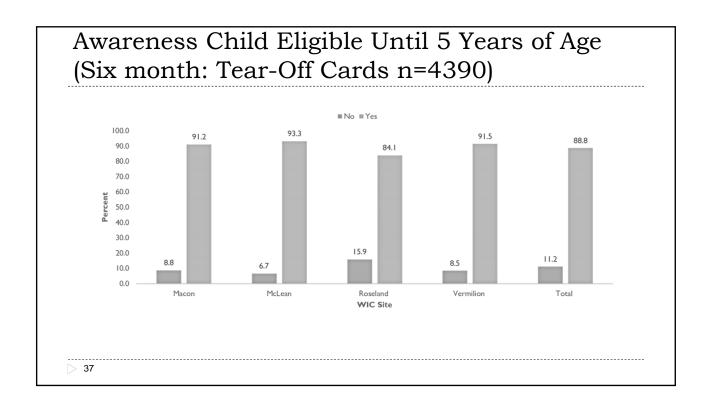
- ▶ Over 26,000 clients were asked the time intended question.
- ▶ 5050: 6 month old intervention 3066: I year olds intervention.
- We received 4390 tear-off 6month cards

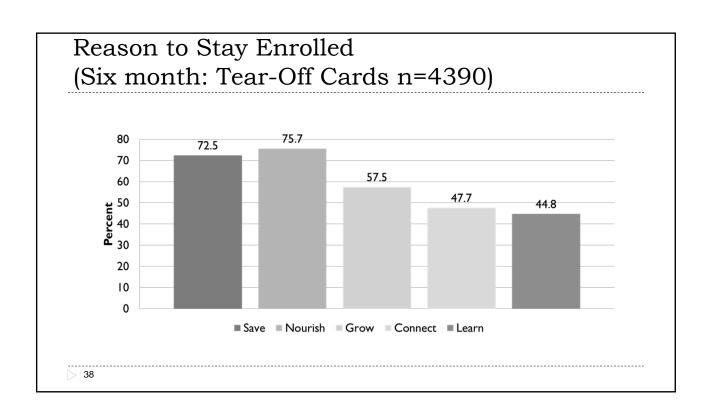




Intention to Stay Enrolled (Six month: Tear-Off Cards n=4390)

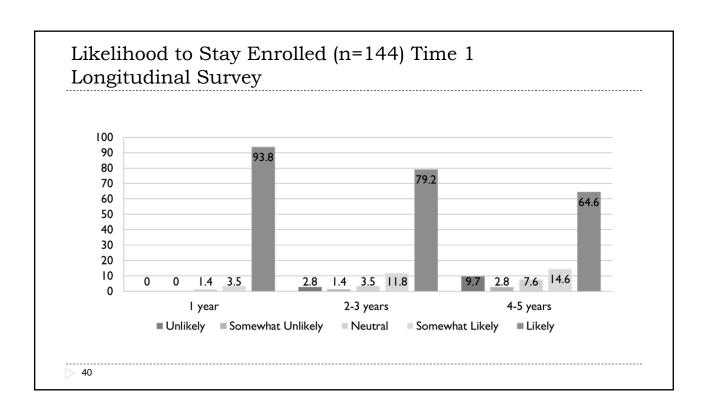
Site	% Until I year (n)	% Until 2-3 years (n)	% Until 4-5 years (n)	N=Total
Macon County Health Department WIC	5.4 % (85)	10.2 % (160)	84.4 % (1328)	1573
McLean County Health Department WIC	4.4 % (25)	5.6 % (32)	90.0 % (515)	572
Roseland Hospital WIC	2.1% (36)	5.9 % (99)	92.0 % (1555)	1690
Vermilion County Health Department WIC	4.1 % (23)	11.2 % (62)	84.7 % (470)	555
Total	3.8 % (169)	8.0% (353)	88.1% (3868)	4390

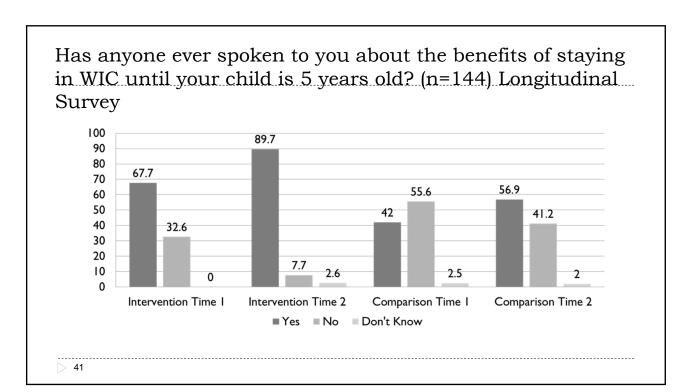


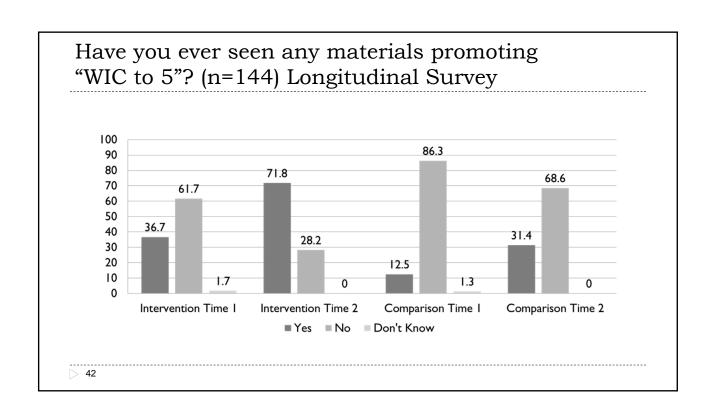


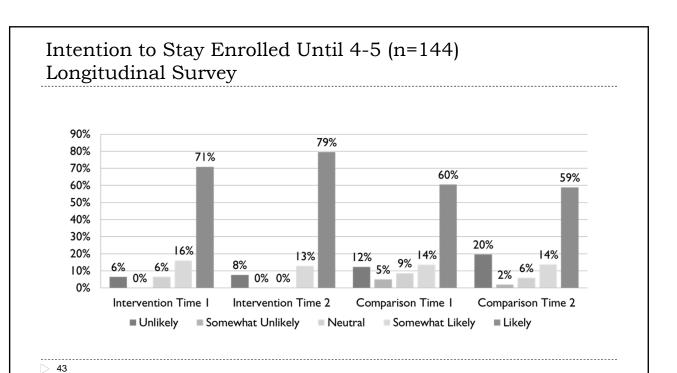
Longitudinal Survey (n=144)

- ▶ Recruited parents/caregivers of infants 3-6 months
- ▶ 4 intervention/4 comparison sites
- ▶ Longitudinal survey includes:
 - ▶ Theory of planned behavior questions to assess attitudes, social norms, perceived behavioral control, and intention
 - Intention to stay enrolled
 - Demographics and dyad/household characteristics
 - ▶ Potential modifiers including food security, infant feeding, perceived stress, food values, household organization, and hardship
 - ▶ Some process evaluation questions
- ▶ Match survey responses to administrative data for program participation outcomes









Next Steps

- Disseminate two year old intervention and materials and outreach cards
- Continue to follow participants in the longitudinal survey.
- Complete evaluation to determine which materials and strategies are most effective for discussion about broad dissemination.

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WIC to 5: What Agencies Can Do Now

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Caseload

- ▶ Outreach
 - ▶ Community partnerships: health fairs; committees; networking events
 - ▶ Program awareness: flyer to local agencies, doctor offices, daycares, schools
 - ▶ Visibility: promotional materials displayed in the community

Schedule changes

- ▶ Walk-ins
- ▶ Late Monday clinic
- ▶ Saturday clinic

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Customer service

- ▶ Efficient quality service
 - ▶ Most important topic for today
 - ▶ Participant centered services
- ▶ Staff training and development provide tools to be confident educators
- ▶ Staff recognition staff that feels supported and appreciated provide better service

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Summary

- What WIC Agencies CAN do to help Families Stay on WIC
 - ▶ Raise Client Awareness of WIC Eligibility and Benefits
 - ▶ Increase Staff Incentives and Promote Staff Wellness
 - ▶ Increase Image/Understanding of WIC among Health Care and Child Care Providers through Community Outreach
 - ▶ Enhance Client's Education Related to Vendors/Shopping Experience



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WIC to 5 Key Messages

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Learn

Free advice and counseling from caring staff.

Acknowledgements

Pilot/Intervention Site WIC Coordinators

- Bhagya Kolli, East Side Health District (Melissa Banz, RNC)
- Karen Shiflett, Macon County (Region 4 RNC)
- Kim Anderson, McLean County (Sarah Deig, RNC)
- ▶ Tammie Brooks, McLean County
- Sharon Johnson-Jadeja, Roseland Hospital (LaShon Reese, RNC)
- ▶ Patrice Hughes, Roseland Hospital
- Cheryl Sprague, Vermilion County (Sarah Deig, RNC)

Comparison Site WIC Coordinators

- ▶Kay Chase, DeKalb (Ginny Belt, RNC)
- ▶Glynnis Cailteaux, Kankakee (Ginny Belt, RNC)
- ▶Kristin Thornburg, Peoria County (Sarah Deig, RNC)
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- ▶Tanine Murdock, Administrative Assistant
- ▶Yvette Whorton, Interviewer