

Advancing Health Equity to Achieve Diversity and Inclusion in WIC (AHEAD) 3.0: Enhancing Equity throughout the WIC Participant Journey

Journey Map Report



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Executive Summary



Introduction

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) plays a vital role in supporting the nutritional and health needs of pregnant and postpartum women, infants, and young children across the United States. Building on prior efforts under the AHEAD and AHEAD 2.0 initiatives, AHEAD 3.0: Enhancing Equity throughout the WIC Participant Journey focuses on understanding and improving how diverse WIC participants navigate the program from initial awareness to long-term retention. The National WIC Association (NWA), in collaboration with Urban Metrics Consultants (UMC), undertook this work to center participant voices, particularly those of Black, Brown, Indigenous/Native American, and geographically diverse families, while identifying actionable strategies to strengthen WIC systems, policies, and practices.

Literature Review

The literature demonstrates that WIC can be a deeply supportive and culturally meaningful resource when services are delivered with empathy, flexibility, and cultural awareness. Participants consistently highlighted the value of respectful staff interactions, breastfeeding peer counselors, and tailored nutrition education. However, structural barriers persist, including complex enrollment requirements, limited clinic accessibility, confusing shopping experiences, and inconsistent cultural and linguistic support. These barriers disproportionately affect families based on race, language, and geography, revealing inequities that must be addressed to ensure that all participants receive high-quality, dignified services.

Methods

AHEAD 3.0 integrates evidence from four key data sources:

- A comprehensive literature review of participant experiences and structural barriers.
- Analysis of the 2023 Multi-State WIC Participant Satisfaction Survey.
- Engagement with NWA's Participant Advisory Council (PAC).
- Focus groups with WIC participants across five racial and ethnic identity groups.

This mixed-methods approach generated both breadth and depth, pairing national survey trends with rich qualitative insights that illuminate the lived realities behind the data. The PAC played an active role in reviewing tools, validating emerging findings, and grounding the work in participant-centered perspectives.

Findings: The Six Phases of the WIC Journey

1. WIC Awareness

Participants commonly learned about WIC through healthcare settings, particularly prenatal and postpartum visits. Generational knowledge also played a significant role, especially among *African/African American (A/AA)*, *Latinx/Hispanic (L/HA)*, and *Native American (NA)* families. Visibility challenges emerged in some communities, especially among *A/AA* participants, where outreach materials lacked cultural representation. Tribal communities demonstrated strong awareness through culturally embedded networks.

2. Application and Enrollment

Enrollment was often described as straightforward, especially when online applications or on-site coordinators were available. However, barriers varied across groups. Transportation and scheduling challenges were prominent for *Asian American/Pacific Islander (AA/PI) participants*; geographic distance was a key concern for *White/Caucasian (W/CA) participants*; language access issues substantially affected *L/HA* applicants; and *A/AA* participants described discomfort related to limited staff representation. In contrast, Tribal WIC programs offered culturally grounded, relationship-based enrollment experiences that families found exceptionally supportive.

3. Nutrition Education and Appointments

While participants valued nutrition education and breastfeeding support, several groups highlighted gaps in cultural relevance and dietary accommodation. *AA/PI* and *L/HA* participants described mismatches between WIC food packages and cultural food practices, while *W/CA* participants noted unmet needs related to allergies, formula, and additional material supports. Some *A/AA* participants reported feeling dismissed during appointments, underscoring the importance of representation and respectful engagement. *NA* participants consistently described positive, family-centered, culturally affirming environments that enhanced trust and participation.

4. Critical Communication

Positive communication, including proactive check-ins, clear reminders, and multiple communication channels, supported strong engagement across groups. *AA/PI* participants emphasized the value of staff who ask clarifying questions to overcome cultural hesitancy. *W/CA* and *NA* participants reported consistently supportive communication. However, *A/AA* and *L/HA* participants described inequities, inconsistent language access, and assumptions made by staff that limited comfort and trust.

5. Shopping with WIC Benefits

Participants across all groups identified WIC apps as transformative tools that increased dignity and simplified shopping. Nevertheless, challenges persisted: insufficient culturally relevant food options, confusing or absent store signage, scanning errors, inconsistent store acceptance, embarrassment at checkout, and pressure to use all benefits. *NA*, *A/AA*, and *L/HA* participants described feeling judged by store staff, highlighting the need for stronger retail-level improvements.

6. Recertification and Retention

Recertification was widely described as easy and flexible, especially when supported by the WIC app, online document uploads, and phone appointments. Participants emphasized the value of staff responsiveness and the practical importance of WIC benefits in maintaining engagement. Recommendations focused on improving coordination across public benefit systems and expanding consistent digital tools.

WIC Alignment with Community Needs

Across all groups, participants expressed strong appreciation for WIC's practical support and the compassion of WIC staff. Yet gaps remain in visibility, cultural responsiveness, representation, and flexibility. Participants recommended increasing outreach in culturally relevant settings, hiring more bilingual and racially representative staff, expanding culturally meaningful food options, improving store-level experiences, and embedding WIC engagement more directly within healthcare environments. Tribal WIC programs serve as a strong model for culturally grounded, relationship-centered services that could inform broader system improvements.

Conclusion

AHEAD 3.0 illustrates that WIC is both a nutritional lifeline and a trusted relational support system for millions of families. When WIC services are accessible, culturally grounded, and delivered with empathy, participants report feeling respected, valued, and empowered. At the same time, persistent structural barriers, particularly those driven by language, cultural mismatch, racial disparities, and logistical constraints, interfere with equitable access and participation.

The insights from this report provide clear direction for strengthening WIC: enhance visibility, expand culturally and linguistically responsive services, modernize food packages, improve communication practices, and invest in community-embedded models similar to the Tribal WIC programs. Through these efforts, WIC can continue evolving toward an experience defined by dignity, inclusion, and effective support for all families.



Introduction



WIC and the National WIC Association

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a federal program that provides nutrition education, breastfeeding support, referrals to healthcare and social services, and access to healthy foods for pregnant and postpartum women, as well as young children. WIC serves approximately 6.9 million eligible participants through over 12,000 Local Agencies nationwide.

The National WIC Association (NWA) is the nonprofit education, advocacy, and professional development arm of WIC. NWA promotes policies, secures funding, and strengthens systems that support WIC programs nationwide by elevating participant voices. NWA strengthens WIC services by offering training and technical assistance, advancing innovation, and supporting improvements in program implementation.

AHEAD 3.0: Enhancing Equity throughout the WIC Participant Journey

While WIC provides vital nutritional assistance and education, its impact on vulnerable populations depends on how effectively the program responds to participants' diverse needs. WIC participants have reported difficulty navigating the program, citing barriers such as cultural misalignment, limited empathy from WIC staff, challenges accessing to clinic services, and frustrating or embarrassing grocery shopping experiences (Food Research & Action Center [FRAC], 2019; Gago et al., 2022; Sequeira et al., 2022; Soto Díaz et al., 2024).

Since 2019, NWA has invested in understanding and improving participant experiences through the Advancing Health Equity to Achieve Diversity and Inclusion ([AHEAD](#)) initiative. The primary goal of AHEAD was to systematically strengthen WIC's ability to incorporate a health equity framework into research, policy, and practice (National WIC Association [NWA], 2019). Building on this foundation, [AHEAD 2.0](#) focused on strengthening and diversifying the WIC workforce to better reflect and serve the diverse cultural identities of program participants (NWA, 2023). To expand the work of AHEAD and AHEAD 2.0, NWA received a two-year, \$1.6 million grant in 2024 to launch [AHEAD 3.0: Enhancing Equity throughout the WIC Participant Journey](#) (NWA, 2025).

The goals of AHEAD 3.0 are to:

- Enhance understanding of the WIC participant experience.
- Identify key barriers and promising practices in enrollment, participation, retention, and service delivery.
- Implement and analyze a large survey of WIC participants (with analysis by race and ethnicity), building on previous data, to deepen understanding of participant perspectives and inform efforts to improve the WIC experience.
- Center the lived experiences of Black, Brown, Indigenous (Native American), and geographically diverse participants to inform NWA's priorities and strategies for improving WIC (NWA, 2025).

AHEAD 3.0 is designed to center participant voices, map and diagnose pain points across the participants' journey, and propose equity-focused solutions that can be implemented across WIC service systems.

NWA partnered with Urban Metrics Consultants (UMC) to integrate existing literature, data from the 2023 Multi-State WIC Participant Satisfaction Survey, stakeholder expertise, and insights gathered from focus groups. This work culminated in the creation of a comprehensive [journey map](#) to showcase participant experiences and areas for improvement in enrollment, participation, service delivery, and retention.

Literature Review



The UMC team conducted a literature review that synthesizes findings across qualitative studies and gray literature to explore what works well in WIC, common barriers that undermine WIC participant experiences, and how experiences differ by race, geographic location, and language.

What Works Well in WIC

The literature highlights that WIC offers significant benefits, particularly when services are delivered with empathy, flexibility, and cultural competence.

Positive Staff Interactions

When WIC staff were perceived as empathetic, responsive, and culturally aware, participants reported feeling respected and supported, which strengthened program engagement and reduced stigma. Several studies have highlighted that employing staff from participants' cultural backgrounds, including tribal members in Indian Tribal Organizations (ITOs), helps foster trust and improve retention (Chaney et al., 2023; Lundmark et al., 2024).

Nutrition Education and Breastfeeding Support

Participants across studies cited the WIC Breastfeeding Peer Counselor Program and nutrition education as highly beneficial. Peer support groups, especially among Latinx and Native American communities, fostered trust and cultural affirmation, encouraging long-term participation. Nutrition education often empowered caregivers to make informed choices about infant and toddler feeding, which helped build confidence and competence in managing their family's health (Smith et al., 2023; Soto Díaz et al., 2024; Wagner & Phillips, 2024).

Access to Community Resources

WIC often served as a gateway to other services, such as Medicaid, SNAP, or community health clinics. In rural or tribal areas, the presence of WIC helped anchor broader systems of care, providing a safety net for families in need. This holistic support model was particularly effective in improving maternal and child health outcomes in underserved regions (McCarter et al., 2022).

Convenient and Accessible Locations

Participants noted that having WIC clinics located in easily accessible places, such as community centers, schools, and hospitals, improved participation. Mobile WIC units and co-location with pediatric services reduced logistical barriers, particularly for those without reliable transportation. These flexible service delivery models helped ensure continued participation and better appointment adherence (Frank et al., 2023; Sequeira et al., 2022).

Tailored Food Packages and Cultural Relevance

Recent improvements in food package customization were positively received by many participants who felt the offerings better reflected their cultural food preferences and dietary needs. For example, including more whole grains, fresh produce, and lactose-free options helped participants feel that WIC respected their identities and health requirements. Such changes demonstrated responsiveness to participant feedback and enhanced overall satisfaction (Tsai et al., 2024).

Digital Tools and Modernization Efforts

The transition from paper vouchers to electronic benefits transfer (EBT) cards was widely praised for increasing dignity, reducing stigma, and streamlining transactions at grocery stores. Participants also

appreciated digital appointment scheduling, text message reminders, and online nutrition education modules, which made the program more convenient for working caregivers and those with limited internet access. Together, these updates made WIC more accessible and participant friendly (Paige et al., 2023; Zimmer et al., 2021).

Community and Peer Empowerment

WIC programs that fostered peer leadership and community engagement were especially successful in building trust and long-term commitment. For instance, participants who graduated to become peer counselors or advocates for the program reported a sense of pride and ownership. This community-based approach was especially effective in Native American and immigrant communities, where trust in government systems was historically low (Davis et al., 2022; Soto Díaz et al., 2024).

Barriers and Challenges in the WIC System

Participants widely reported that systemic barriers, administrative inefficiency, and other structural challenges hindered their ability to fully benefit from WIC services.

Enrollment and Recertification Challenges

Enrollment and recertification emerged as particularly frustrating points of engagement. Paperwork requirements, mandatory in-person appointments, and scheduling inflexibility made it difficult for caregivers juggling work and childcare responsibilities to maintain compliance. In some cases, the burden of maintaining eligibility outweighed the perceived benefits, contributing to program dropout (Barnes et al., 2023; Liu & Liu, 2016).

Clinic Accessibility and Wait Times

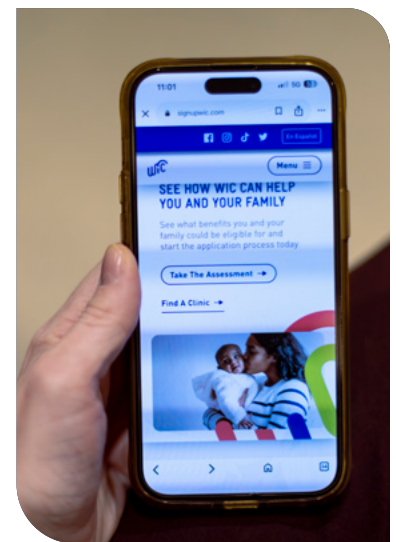
Although WIC clinics are encouraged to offer extended hours, many operate during traditional business hours. This can pose challenges for working parents with inflexible schedules or unreliable transportation. Transportation barriers were especially prominent in rural communities and tribal lands, where clinic locations were sometimes far away or only accessible via limited public transit. Long wait times at clinics further prevented consistent attendance, with some participants missing appointments or choosing not to return at all (McCarter et al., 2022; Isaacs et al., 2020).

Shopping for WIC-Approved Items

Shopping emerged as one of the most challenging aspects of the WIC participant experience. Participants reported confusion about which items were eligible, challenges with outdated or unclear shelf signage, and frequent stock shortages. These difficulties often became more frustrating at checkout, when delays or interactions with retail staff unfamiliar with WIC rules contributed to feelings of embarrassment. For caregivers who were already time-constrained or found shopping to be stressful, these problems were especially discouraging and sometimes led them to avoid returning to shopping with WIC benefits (Zimmer et al., 2021).

Technology Limitations

Digital inequities further complicated access to WIC services. Many families lacked smartphones, reliable internet, or had limited familiarity with digital tools. Even when online portals or apps were available, they were sometimes difficult to navigate. This was especially true for non-English speakers or those with low literacy. Inconsistent app performance and the inability to use digital platforms for recertification or document submission further limited the practical usefulness of the digital platforms (Sequeira et al., 2022; Smith et al., 2023).



Limited Language and Cultural Support

Although cultural competence is a recognized strength in some WIC programs, participants frequently experienced language barriers, especially in areas with growing immigrant populations (Soto Díaz et al., 2024). Forms and educational materials were not always available in the languages needed, and interpreter services could be inconsistent, limiting families' ability to navigate benefits and appointments (Soto Díaz et al., 2024). Collectively, these gaps hindered participants' full understanding of benefits and meaningful engagement in nutrition education, and for some families, contributed to feelings of exclusion (Chaney et al., 2023; Soto Díaz et al., 2024).

Rigid Eligibility Criteria and Income Thresholds

Several families described cycling in and out of WIC due to small, temporary income increases that pushed them just above the eligibility thresholds. Although these income changes often did not reflect long-term improvements in financial stability, they still resulted in loss of benefits during recertification. Uncertainty created by these fluctuations discouraged continued participation in WIC (Lora et al., 2023).

Insufficient Outreach and Public Awareness

Some eligible families were unaware that they qualified for WIC or held misconceptions about eligibility and the application process (Ayalasomayajula et al., 2025; Council of State Governments, 2020; FRAC, 2019; Monroe et al., 2023). Outreach efforts often did not adequately reach immigrant communities, young mothers, or non-English speakers, limiting their relevance and effectiveness (FRAC, 2019). Participants suggested that more proactive, culturally responsive, and linguistically accessible outreach, especially through trusted community organizations and healthcare touchpoints, could reduce misinformation, prevent delayed enrollment, and help families access benefits for which they are eligible (Ayalasomayajula et al., 2025; Monroe et al., 2023).

Emotional Toll and Stigma

Many participants said the cumulative effect of participation barriers created emotional exhaustion. They often described feeling overwhelmed, embarrassed, or judged, especially by grocery staff or the general public during shopping and checkout, which sometimes led them to stop using WIC (Lora et al., 2023). In addition, administrative and information challenges, such as complex processes and eligibility requirements, accumulated over time and made it difficult to stay enrolled (Barnes et al., 2023). Together, these negative interpersonal experiences and program challenges limited meaningful engagement and retention, even when families remained eligible or continued to need support (Barnes et al., 2023; Lora et al., 2023).

Differential Experiences by Race, Urbanization, and Language

Due to structural and interpersonal inequities, participants did not experience WIC uniformly. Factors such as racial and ethnic identity, geographic location, and language proficiency shape how participants accessed services, navigated program requirements, and interacted with staff. These differences influenced participants' perceptions of fairness, respect, and overall trust in the system, contributing to uneven experiences across communities.



Racial and Ethnic Disparities

Black Participants

In WIC-related contexts, stigma and fear of being judged have been identified as barriers to participation and benefit use, and prior negative interactions can make participants cautious in later encounters (Figueroa et al., 2025; Isaacs et al., 2020; Tabb et al., 2022). In health care, specifically perinatal care, Black women report racialized judgment, which is associated with delayed prenatal care that can contribute to institutional distrust (Chambers et al., 2022; Mehra et al., 2020). Evidence also suggests racial differences in the content of counseling received from WIC nutrition counselors in infant-feeding contexts (Beal et al., 2003). Consistent with broader evidence of racialized treatment in healthcare systems (Mehra et al., 2020), Black women's experiences of bias and judgment may influence how WIC interactions are perceived, navigated, and understood.

Latinx and Hispanic Participants

Spanish-speaking participants often faced language-access barriers. Bilingual staff and written materials at WIC clinics were not always clear or easy to understand. These issues led to misunderstandings about eligibility, benefit redemption, and policy changes (Soto Díaz et al., 2024). For mixed-status or undocumented families, fear of immigration enforcement also discouraged enrollment and engagement, particularly during periods of heightened anti-immigrant policy (Smith et al., 2023; Soto Díaz et al., 2024). Despite these challenges, many Latinx participants expressed strong appreciation for culturally responsive service, such as peer-led breastfeeding support groups and nutrition education that acknowledged cultural food norms—resources they found especially meaningful in clinics with higher representation of Hispanic WIC staff (Soto Díaz et al., 2024).

White Participants

While White caregivers also report stigma and logistical hurdles when accessing WIC, evidence suggests that access barriers and overall experiences vary significantly by race and ethnicity. For example, one study found higher odds of access barriers among Black households compared with White households (Gilbert et al., 2025), while another study found broader race/ethnic differences in the patterns of structural barriers associated with WIC participation (Liu & Liu, 2016).

More broadly, research on public benefit programs shows that administrative burdens and negative interactions, including perceived discrimination from staff, are experienced differently across racial groups (Roll et al., 2025). Rather than suggesting that any one group has a uniformly better or worse

experience, the evidence points to distinct patterns of barriers shaped by local contexts and broader structural conditions (Liu & Liu, 2016; Roll et al., 2025).

Indigenous (Native American) Participants

Among Native American families, WIC experiences varied dramatically depending on whether services were delivered through a state-run WIC office or WIC offices run by ITOs (United States Department of Agriculture Food and Nutrition Service [USDA FNS], 2002). Programs that respected tribal sovereignty, incorporated traditional foods, and used Native American languages were described as more engaging and demonstrated greater success in retaining participants (McCarter et al., 2022). However, persistent challenges, including geographic isolation and limited connectivity, affected service delivery. Tribal communities emphasized the importance of community-driven models that align with Native American values, such as kinship, intergenerational care, and food sovereignty, and the distinct role of tribal governments in program administration (USDA FNS, 2002).

Asian American Participants

Although underrepresented in the literature, recent Asian immigrants faced barriers related to program navigation and unfamiliarity with the United States (U.S.) public benefits systems (Liu & Liu, 2016). Cultural mismatches in nutrition education and limited language services contributed to confusion and underutilization of benefits, identifying the need for more culturally and linguistically responsive services (Chaney et al., 2023). In some cases, stigma associated with public assistance also discouraged participation (Gago et al., 2022). Community-based outreach through trusted culturally matched community organizations played a critical role in bridging these gaps, supporting enrollment and retention (Ayalasomayajula et al., 2025; FRAC, 2019).

Intersection of Race and Immigration Status

Participants from immigrant backgrounds faced overlapping barriers related to both race and legal status (FRAC, 2019; Soto Díaz et al., 2024). Anti-immigrant policy environments discouraged eligible families from accessing WIC, even when their children were U.S. citizens (FRAC, 2019; Soto Díaz et al., 2024). Many families encountered unclear or inconsistent communication from WIC offices about eligibility, documentation, and service options, which created confusion and discouraged enrollment and retention (Ayalasomayajula et al., 2025; Sequeira et al., 2022).



Urban vs. Rural Disparities

Urban Areas

In urban settings, families had a greater number of clinic options and access to public transportation, but they also faced challenges. Clinic crowding, long wait times, and inconsistent staff interactions were common, making it harder for some families to stay engaged with services (FRAC, 2019; Gilbert et al., 2025; Sequeira et al., 2022). Heavy caseloads and staffing constraints further strained continuity of care (FRAC, 2019; Sequeira et al., 2022). Although some urban clinics implemented technological upgrades, digital systems were not always accessible to participants with low literacy or limited English proficiency, contributing to confusion and missed appointments (FRAC, 2019; Sequeira et al., 2022).

Rural Areas

Participants in rural settings encountered distinct barriers, including long travel distances, fewer clinic locations, and limited staff availability (Isaacs et al., 2020). Gaps in internet and cellular service also restricted digital engagement, complicating appointment logistics and benefits use (Sequeira et al., 2022). As a result, rural families often relied more heavily on community-based outreach and flexible service models such as mobile clinics or telehealth appointments (Ayalasomayajula et al., 2025; Paige et al., 2023). Participants in tribal areas also reported that distance, road conditions, and poor road infrastructure could isolate communities from essential services for extended periods (USDA FNS, 2002).

Language and Literacy

Non-English speakers, particularly those who have recently emigrated, consistently identified language as a primary barrier. Limited English proficiency increased confusion and frustration when interacting with staff, interpreting written materials, or navigating mobile applications (FRAC, 2019; Soto Díaz et al., 2024). Low literacy levels further restricted the effectiveness of standard WIC communications, especially when instructions were dense or technical (FRAC, 2019). Programs that offered multilingual services, plain-language materials, and verbal explanations did a better job of meeting participants' needs and preferences (Chaney et al., 2023). When language and literacy needs were unmet, families reported feeling excluded and were less likely to stay engaged (Sequeira et al., 2022; FRAC, 2019).

Literature Review Conclusion: Moving Toward a More Equitable WIC System

WIC provides indispensable support to millions of families, yet its effectiveness is shaped by how well it accommodates the diverse realities of its participants (Barnes et al., 2023; FRAC, 2019). Persistent barriers to engagement, ranging from administrative burdens to culturally incongruent services, remain multifaceted and persistent (Barnes et al., 2023; Lora et al., 2023). At the same time, successful models that emphasize empathy, cultural responsiveness, clear communication, and flexible delivery point toward actionable solutions (Ayalasomayajula et al., 2025; Paige et al., 2023). To fully realize its mission, WIC must go beyond nutritional provision to center participant dignity, cultural identity, and lived experience, while reducing administrative barriers that reduce engagement (Barnes et al., 2023).

Methods



In addition to the literature review, data were triangulated from the [2023 Multi-State WIC Participant Satisfaction Survey](#), engagement with NWA's Participant Advisory Council (PAC), and focus groups with WIC participants. This integrated approach ensured that the findings and the [journey map](#) reflect broad national patterns while remaining grounded in the depth and nuance of participant perspectives.

2023 Multi-State WIC Participant Satisfaction Survey

With funding from the Robert Wood Johnson Foundation, NWA partnered with the University of California Agriculture & Natural Resources' Nutrition Policy Institute (NPI) and Pepperdine University to field the [2023 Multi-State WIC Participant Satisfaction Survey](#). The survey was offered in English and Spanish and captured feedback from over 38,600 WIC participants across 19 states, one Indian Tribal Organization, and one U.S. territory. The survey aimed to better understand declining participation and underutilization of WIC benefits from the participant perspective.

In addition to sociodemographic questions (e.g., age, race/ethnicity, education, employment, and zip code), the survey assessed participant experiences and perceptions related to:

- Enrollment and recertification documentation;
- WIC appointments and nutrition education;
- WIC's efforts to support diversity, equity, and inclusion;
- Shopping experiences and challenges;
- Use of the WIC card and WIC apps;
- Cash Value Benefit (CVB) for fruits and vegetables; and
- Proposed changes to the WIC food package.

NPI conducted statistical analyses, including stratification by race and ethnicity for the purposes of this study. While no significant differences emerged across racial and ethnic groups, the findings revealed several cross-cutting patterns relevant to participants' experiences. Across all groups, respondents reported high levels of satisfaction with WIC. Approximately 91-95% of participants expressed positive feedback on the program overall, its nutrition education, WIC apps, and feeling valued and respected within the program.

Participants indicated that access to WIC foods, nutrition education, and program support were the primary reasons for enrollment. They also expressed appreciation for flexible service delivery options, including both in-person and remote engagement. At the same time, persistent challenges, such as difficulty shopping for WIC-approved foods, were reported across groups.

To contextualize WIC participant experiences and inform development of the WIC [journey map](#), UMC drew on key insights from the 2023 Multi-State Survey, along with published reports and briefs from NWA, NPI, and Pepperdine University, including the: [2023 Multi-State WIC Participant Satisfaction Survey Report](#); [Expanded Shopping Options needed to Improve WIC Participants' Shopping experience](#); and [WIC App Modifications Needed to Improve WIC Participants' Shopping Experience](#). These findings helped identify six participant engagement phases for the WIC journey map (described later in this

report) and shaped priority topics for deeper exploration through PAC engagement and WIC participant focus groups.

While the survey provided valuable breadth, it offered limited nuance regarding how high overall satisfaction can coexist with ongoing friction or unmet needs. Accordingly, the qualitative components of this study were designed to deepen understanding of participant experiences, with particular attention to the experiences of Black, Brown, and Indigenous/Native American communities.

Recruitment and Participants

NWA Participant Advisory Council (PAC) Participation and Integration

NWA's Participant Advisory Council (PAC) is composed of current or recent WIC participants (within the past six months) who provide guidance on NWA's projects, advocacy efforts, and program improvement initiatives. PAC members consult on NWA committees, task forces, and workgroups, offering insights grounded in lived experience. The council plays a critical role in ensuring that participants' perspectives inform the design, evaluation, and refinement of WIC program operations and policy priorities.

UMC Engaged with the PAC at Four Critical Stages of the Evaluation Process:

1 Early Consultation

UMC first met with the PAC during regularly scheduled monthly meetings to introduce the evaluation goals, discuss participant perspectives, and establish a collaborative feedback process. During these meetings, the UMC team presented the six preliminary journey phases derived from the literature review and the 2023 Multi-State Survey. PAC members affirmed that the phases broadly reflected their WIC experiences.

2 Refining Data Collection Instruments

After drafting the focus group guide, UMC reconvened with the PAC to review the proposed questions. PAC members provided targeted feedback that strengthened question clarity, sequencing, and the overall structure and ensured participant-centered framing. Their recommendations were incorporated into the final focus group guide.

3 PAC Focus Group

Twelve PAC members participated in a focus group facilitated by UMC. Participants identified as African or African American, White, Asian, and Latinx. Given this diversity and the pre-existing relationships among PAC members, the evaluation team approached analysis with intentional reflexivity, recognizing that familiarity within the group did not necessarily ensure fully open dialogue, particularly on topics related to race and ethnicity.

4 Interpretation of Preliminary Findings

Following the completion of all focus groups, UMC synthesized preliminary findings and presented them to the PAC for review. This final consultative step allowed participants to validate the interpretations and confirm that the themes accurately reflected the breadth of experiences shared.

Overall, the PAC engagement was instrumental in shaping data collection tools, strengthening interpretation, and ensuring that the evaluation captured the complexity and diversity of WIC participants' experiences. Their contributions underscore the value of integrating participant insight to improve WIC programming and policies and to enhance participant satisfaction during enrollment and service experience.

Pre-Survey and Focus Group Participants

Using a convenient sampling approach, NWA recruited participants with support from State and Local WIC Agencies. The focus groups were organized around five racial and ethnic identities: *Asian American/Pacific Islander (AA/PI)*, *White/Caucasian American (W/CA)*, *African/African American (A/AA)*, *Native American (NA)*, and *Latinx/Hispanic American (L/HA)*. This structure was designed to create racially homogenous spaces in which participants could speak openly about both positive and challenging experiences with WIC without concern for cross-group comparison or judgment.

All participants completed informed consent documents and a pre-focus group survey prior to participation. Focus groups were conducted via Zoom, lasted 90 minutes, and were recorded and professionally transcribed. Participants received a \$75.00 gift card for their time.



Data Collection Assessments

Prior to the focus groups, WIC participants completed a brief pre-focus group survey that included demographic questions and items assessing WIC participants' satisfaction with the WIC experience, challenges in redeeming benefits, and satisfaction with breastfeeding support. Next, they participated in the 90-minute, virtual and racially aligned focus group that focused on understanding the WIC journey.

Data Analysis

The UMC team conducted descriptive data analyses of pre-focus group data to characterize participant demographics and experiences. Focus group transcripts were analyzed using a combination of inductive and deductive coding, followed by thematic analysis to develop a nuanced understanding of the WIC journey from participants' perspectives.

The Six Phases of the WIC Navigation Process

Drawing on the findings from the literature review and the 2023 Multi-State Survey, the UMC team created a six-step model to illustrate how families navigate WIC. While these steps provide a useful framework for organizing the participant experiences, the WIC journey is not linear. Families move back and forth between steps, skip steps, or encounter them in different sequences depending on program procedures, individual circumstances, and contextual factors, such as transportation, childcare, employment, access to technology, and the local food retail environment. This framework intentionally reflects the complexity of participants' lived experiences and supports a more nuanced understanding of engagement, barriers, and opportunities for program improvement.



1. WIC Awareness

The first step captures how participants learn about WIC through outreach, referrals, and informal information shared within community networks.



2. Application and Enrollment

The next step involves the process of applying for WIC, eligibility determination, and the ease or difficulty of completing the enrollment requirements.



3. Nutrition Education and Appointments

Following enrollment, participants engage in nutrition education, counseling, and health assessments. This may include growth measurements, discussions about dietary habits, breastfeeding support, individualized nutrition plans, and referrals to health or social services. Appointments may be conducted in person, virtually, through self-paced online modules, group classes, or a combination of formats.



4. Critical Communication

Ongoing communication with WIC staff supports continued participation. This step includes appointment reminders, follow-up messages, benefit notifications, two-way communication between staff and participants, and use of WIC apps or online portals.



5. Shopping with WIC Benefits

This step reflects how participants use WIC benefits in real-world shopping environments. Families must identify WIC-approved items, navigate store layouts, understand allowable substitutions, and use their eWIC card or WIC app during checkout.



6. Recertification and Retention

Recertification is a periodic requirement for continued enrollment and includes eligibility verification, health assessments, and required appointments. Retention reflects the factors that influence families' decisions to remain engaged with WIC over time.



Results



The remainder of this report presents findings from the pre-focus group survey and focus group discussions organized around the six key WIC navigation phases. For each stage of the WIC journey, we describe core themes, facilitators, and barriers shaping participant experiences. Focus group findings emphasize how experiences vary across racial and ethnic groups, highlighting differences in access, engagement, and overall program interactions. Insights from the PAC are described and supported by overarching themes. We include participant quotes that reinforce the themes by offering community-informed examples of the findings.

Pre-Focus Group Survey Findings

A total of eight focus groups and one in-depth interview were conducted with 37 individuals, including one with the PAC. The in-depth interview was originally scheduled as a focus group for Latinx/Hispanic Americans, but only one participant arrived. Table 1 summarizes participant characteristics by race and ethnicity. Multiple focus groups were conducted with Asian American/Pacific Islander (*AA/PI*, n=2) participants. For Latinx/Hispanic American (*L/HA*) participants, two focus groups and one in-depth interview (*L/HA*, n=3) were conducted to increase representation from this group.

All individuals enrolled in the focus groups were asked to complete a pre-focus group survey. This survey was created to get a cursory understanding of the participants who would be joining the focus groups and their WIC experiences.

Results

Among the 37 focus group/interview participants, 32 (86%) completed the pre-focus group survey. Survey results indicate the largest share of participants resided in the Midwest (Indiana, Minnesota, Missouri, New Mexico, and Oklahoma; 30%) and on the West Coast (Arizona, California, and Washington; 27%). Most participants (60%) were between the ages of 36 and 45. Nearly half of the participants (47%) lived in urban settings. The majority were either current WIC participants (72%) or caretakers for a WIC-eligible child (3%), and most had one or two WIC-eligible children.

Overall, participants reported high levels of satisfaction with their WIC experience. All respondents indicated they were somewhat satisfied (19%) or very satisfied (81%). Most participants strongly agreed (41%) or somewhat agreed (44%) that they had *no challenges redeeming WIC benefits at their local grocery store*. Participants also reported positive interactions with WIC staff: *88% strongly agreed and 9% somewhat agreed that staff were welcoming during certification and recertification appointments*.

Satisfaction with nutrition education and breastfeeding support was similarly high. Most participants reported being very satisfied (63%) or somewhat satisfied (31%) with the nutrition education received from WIC staff. All participants indicated they were either somewhat satisfied (75%) or very satisfied (25%) with *breastfeeding support*. In addition, all participants either somewhat agreed (25%) or strongly agreed (75%) *that they received the support needed to make informed feeding decisions for themselves and their child(ren)*.

Table 1. Characteristics of Participants

	N	Region	Age Range	Urbanicity	WIC Status
African/African American	6	50% Midwest or West Coast	66.7% 36 - 45	50% suburban	67% current participants with 1-2 eligible children
Asian American/Pacific Islander	4	75% West Coast	Age ranges evenly distributed	75% urban	67% current participants with 1-2 eligible children
Native American	5	100% Midwest or West Coast	66.7% 36 - 45	60% rural	100% current participants, pregnant (20%) or with 2 children (80%)
White/Caucasian American	5	60% Midwest or West Coast	66.7% 36 - 45	60% urban	100% current participants with 1-2 eligible children
Latinx/Hispanic American	5	60% Midwest or West Coast	*	*	100% current participants with 1 eligible child
Participant Advisory Council	12	41% East Coast	66.7% 36 - 45	42% rural 42% urban	42% current participants 42% former participants
Total	37				

*80% did not respond

Although participants reported high overall satisfaction, these broad measures mask points of friction that emerge at specific moments in the WIC journey, which are illuminated through the qualitative findings presented in subsequent sections.

Focus Groups Themes and Summaries



WIC Awareness

Awareness of WIC varied across racial and ethnic groups, though most participants first learned about WIC during prenatal or postpartum healthcare visits. Some participants, particularly those with generational familiarity, had prior awareness of WIC benefits. However, many participants felt that WIC lacked visibility or an active presence in their neighborhoods, which they perceived as a barrier to broader engagement. Participants recommended increasing outreach and visibility of WIC services and benefits. Four key themes related to WIC Awareness are described below.

Theme 1: Healthcare Settings as Gateways to WIC

Participants discussed learning about WIC during their prenatal and postpartum appointments, underscoring the critical role healthcare providers play in connecting families to the program. This pattern was observed most frequently among *AA/PI*, *W/CA*, and *L/HA* participants, suggesting that maternal health systems are central entry points for WIC engagement. Participants also discussed other ways to increase WIC visibility within their racial and cultural groups.

AA/PI often learned about WIC through clinics with on-site WIC counselors or referrals from primary care providers. Participants emphasized that these “warm handoffs” were instrumental; without them, awareness of WIC may have been substantially lower. One participant shared her experience of first hearing about WIC at the clinic, where her provider connected her with WIC:

“I heard about WIC through my clinic. They had an on-site WIC counselor, so they set some time aside with me to educate me. But initially, it was my primary care provider that mentioned it (WIC) and got me set up with the WIC coordinator.”

Results

Recommendations include increasing WIC visibility at Asian cultural events, distributing materials in community spaces, and hosting low-cost outreach events. For example, one participant mentioned:

“I think both would be nice, the services, and then just a little more outreach as well. They may not be a mom, but sometimes people who are caregivers also get WIC, and because they are not in certain communities or in the healthcare clinics with midwives who are actively referring pregnant people, they would miss those things (outreach).”

W/CA had the highest number of codes indicating unawareness of WIC pre-enrollment. These participants initially learned about WIC mainly from their medical providers during prenatal appointments and while searching for postpartum resources. One participant shared her experience with filling out WIC paperwork at the hospital:

“When I was pregnant with my firstborn in 2017, the hospital told me they had a bunch of paperwork for me to fill out because I was a new mom, and they said it would help me. I think it was WIC.”

Recommendations included better advertising, especially targeting new mothers through community events and busy locations such as hospitals and grocery stores. *L/HA* also learned about WIC through their providers during their healthcare visits. For example, one participant said:

“Well, for me, it was when I was going to my pregnancy checkups. They told me about it there, but I didn’t really know what to do. After I left the hospital, they gave me the address I needed to go to ... For me, that was a blessing. They recommended that I apply for WIC, and ... there was an interpreter who helped us a lot there.”



In addition, some participants highlighted the importance of language access and interpreter support during initial enrollment. Some noted that being born in the U.S. influenced prior awareness of WIC, while their immigrant parents had been less familiar with the program.



Participant Advisory Council Perspectives: PAC discussions aligned with focus group findings, reinforcing the importance of healthcare providers and trusted community networks in shaping awareness of WIC. Many PAC members had multiple children and reported that each pediatric appointment and interaction with their other children prompted them to re-enroll in WIC. They also noted that providers' enthusiasm and encouragement when recommending WIC reinforces its significance as a valuable resource. PAC members did not provide any recommendations for increasing WIC awareness.

Theme 2: Inherited Familiarity with WIC

Many participants discuss generational familiarity with WIC, learning about it through mothers or other family members. This pattern was common among *A/AA*, *L/HA*, and *NA* participants, highlighting the role of family networks in normalizing WIC participation.

A/AA participants demonstrated the highest level of pre-enrollment awareness, often recalling childhood experiences accompanying their mothers to use WIC benefits. For example, one participant said:

"I learned about the WIC program with my mom, so I used to go to the store with her, and I would see that she had the vouchers ... So yeah, I knew about WIC before I had my children."

L/HA participants similarly described learning about WIC through maternal and extended family members. For example, older relatives encouraged enrollment based on their own past experiences with the program. One participant commented:

"Well, I learned about the WIC program through my father-in-law's wife ... And she told me, 'Ask about the WIC program'."

NA participants also reported learning about WIC through family members, including parents who had previously participated. One participant shared:

"[My] mother told me to enroll in WIC, so I'm like, 'What is WIC?' She kind of told me a little about it. I guess she had myself and my sister enrolled when we were young."



Theme 3: Visibility Challenges among African/African American Participants

Despite generational familiarity, *A/AA* participants described a lack of cultural relevance and visibility within WIC. Participants noted limited racial representation in outreach materials and perceived gaps in community-based outreach. Recommendations emphasized increasing advertising, improving racial and ethnic diversity among staff, and hiring multilingual staff reflective of the community served. Specifically, one participant commented:

“They’re very nice. But ... all the little pictures are of white babies primarily, so that would be nice to just get some diversity.”

Theme 4: Broad-Based Awareness Within Tribal and Community Networks

NA participants reported a wider range of pathways to WIC awareness compared to other groups. In addition to healthcare referrals, participants learned about WIC through tribal organizations, community events, employment within tribal programs, and family networks. This reflects the strength of Tribal WIC Agencies, embedded within culturally familiar, community-driven systems. Participants recommended continuing to support and strengthen these culturally grounded models. One participant learned about WIC while working with her tribe in a summer youth program. She described her experience:

“When I graduated high school, I went to work for my tribe ... I was placed in a nutrition services center that [the ITO] has. The WIC program is co-located with the FDPIR (Food Distribution Program on Indian Reserves) program and other programs we have. I became aware of the program just because of where I was working. And then, it was about three, four years later when my first child was born, and I was able to sign up for the program.”



WIC Awareness Summary

Participants most often learned about WIC through prenatal and postpartum healthcare encounters, highlighting providers as key gateways to the program. Generational familiarity also shaped awareness, particularly among *A/AA*, *L/HA*, and *NA* participants who described learning about WIC from mothers and extended family. At the same time, *A/AA* participants noted visibility challenges, including limited racial representation in outreach materials and perceived gaps in community-based outreach. *NA* participants described broader awareness pathways through tribal organizations, community events, employment within tribal programs, and family networks, reflecting how culturally embedded systems can strengthen awareness.



Application & Enrollment

Across all groups, participants generally described the WIC application and enrollment process as accessible and straightforward, particularly due to the availability of online applications. However, distinct challenges emerged across groups, reflecting differences in geography, employment, transportation, and caregiving responsibilities. Five themes related to Application and Enrollment are presented below.

Theme 1: Perceived Ease and Accessibility of WIC Enrollment

Many participants described WIC enrollment as straightforward and user-friendly, noting clear application steps, efficient appointments, and supportive staff guidance. Clinic-based enrollment and same-day processing were frequently cited as facilitators. One *AA/PI* participant described her experience:

“For me personally, it was [a] very seamless experience. Because the WIC coordinator was on site, we were able to sit down and speak in person. I could ask clarifying questions right there and they walked me through every step of the application. So, I was able to do that there instead of over the phone or online.”



Participant Advisory Council Perspectives: The PAC similarly described enrollment as positive when staff provided clear guidance and proactively ensured participants accessed the full range of available benefits. Supportive staff interactions reinforced perceptions of WIC as accessible and participant centered.



Theme 2: Logistical Enrollment Barriers: Transportation and Time for Asian American/Pacific Islander Participants

Although *AA/PI* participants generally experienced smooth enrollment. They identified barriers related to transportation, scheduling, and balancing work and caregiving responsibilities. Participants noted enrollment was easier for those with flexible schedules, access to childcare, or reliable transportation, and more challenging for families without these supports. *AA/PI* participants did not offer specific enrollment-related recommendations. One participant's comment highlights a barrier to attending an enrollment appointment in person:

“There was the follow-up application where they (staff) wanted to meet me in person and they were like, ‘Bring both your kids.’ ... I remember that [it] was a struggle. I brought the baby with me, but I left my toddler in daycare ... I wasn't in a place to run errands or have appointments with them both at that time.”

Theme 3: Geography and Distance-Based Barriers for White/Caucasian American Participants

W/CA participants generally described enrollment as easy and efficient, with most completing applications online or at the hospital after childbirth. However, they reported the greatest challenges related to geographic access. They described WIC offices as being located far from their homes or in areas perceived as unsafe, which created barriers to in-person visits. One participant expressed frustration when nearby offices closed, requiring longer travel times. They commented:

“The next closest WIC office to my house is like, 45 minutes. It's not terrible, but it was just frustrating to learn that the local WIC office that was only 10 minutes down the road, closed down.”

Another participant stated:

“I just think they need to have more offices in better areas. The only other ones in the area [are] really far away, and you have to have a vehicle to get there. It's really far, far away.”

Participants recommended expanding the number and geographic distribution of WIC offices to reduce travel burdens and improve accessibility.

Theme 4: In-Person Constraints and Limited Representation for African/African American Participants

A/AA participants also described enrollment as generally smooth, but noted challenges related to in-person requirements. Some experienced difficulty securing in-person appointments due to limited availability; however, once initial enrollment was completed, follow-up phone appointments were easier to manage. One participant shared:

“I don’t know if it was just the timing, but I had to do mine in person, so that was just a little more complicated because they had limited spots available at the time ... So that was the only thing that was a little frustrating, but it was pretty easy once I got there.”

In addition to logistical challenges, participants emphasized the importance of staff representation. Many noted that a lack of racial and linguistic representation among staff affected their comfort during enrollment. Participants recommended increasing staff diversity to better reflect the community served. For example, one participant commented:

“Because I know for myself, there is no staff that I have seen that [is] representative of me. And so, sometimes it doesn’t always feel comfortable.”



Participant Advisory Council Perspectives: PAC members identified similar enrollment barriers, including language challenges, long wait times, scheduling constraints, and discomfort during in-person sign-up. Some described feelings of embarrassment or perceived stigma, particularly during initial enrollment or recertification, even as familiarity with the program increased. PAC members recommended streamlining enrollment and screening processes within healthcare settings, such as initiating WIC engagement in provider waiting rooms, to reduce barriers and normalize participation.

Theme 5: Cultural Alignment Facilitates Enrollment for Native American Participants

NA participants described highly positive enrollment experiences through Tribal WIC Agencies, which were embedded in culturally familiar and community-centered settings. Participants emphasized the sense of connection, respect, and relational care they experienced, often describing WIC staff as treating families “like family.” This culturally grounded service delivery facilitated trust, comfort, and sustained engagement. Overall, **NA** participants expressed high satisfaction with the enrollment process. One participant described their experience and stated:

“I really can’t think of a single moment where my children and I just didn’t get greeted as [a] family. It was pretty amazing. I always left WIC feeling like, ‘Man, that was really cool. What was that? That’s cool.’”



Another individual commented:

“I feel the tribal programs offer a lot more customer service, connection, that feeling of family ... I haven’t experienced state WIC, but just other state programs.”

Theme 6: Language as a Barrier in Enrollment for Latinx/Hispanic Participants

L/HA participants reported significant challenges during application and enrollment due to language barriers. Although written materials were available in Spanish, the limited availability of bilingual staff made in-person enrollment more difficult and less welcoming. Participants described relying on interpreters and noted that the process improved once Spanish-speaking staff became involved. The lack of consistent language access hindered participants’ sense of support during enrollment. For example, one participant said:

“The enrollment didn’t go well because no one in the office spoke Spanish. So, they had to bring in a woman to interpret for me because I don’t understand English. It got easier once I spoke with the lady who spoke Spanish.”

Application and Enrollment Summary

Across groups, participants often characterized enrollment as accessible and straightforward, especially when supported by online applications, on-site coordinators, or same-day processing. Distinct barriers varied by group: **AA/PI** participants reported transportation and scheduling constraints, particularly when asked to bring children to in-person appointments; **W/CA** participants described geographic distance, office closures, and locations perceived as unsafe; **A/AA** participants emphasized limited in-person appointment availability and the importance of racial and linguistic staff representation for comfort; **NA** participants reported highly positive, culturally grounded experiences in Tribal WIC Agencies; and **L/HA** participants described language barriers during in-person enrollment that improved when Spanish-speaking staff were available.



Nutrition Education and Appointments

Across all groups, participants generally found WIC's nutrition education and appointments helpful, particularly when supported by accessible resources such as online cooking classes, recipes, and nutrition counseling. At the same time, participants identified group-specific challenges related to cultural relevance, scheduling, representation, and accommodation of health needs. Four themes emerged from the focus group data.

Theme 1: Culturally Relevant Nutrition Education Matters

AA/PI and **L/HA** participants emphasized the need for nutrition education and food packages that align with their cultural food practices. Many shared that recommended foods or guidance did not reflect their everyday eating practices, limiting the applicability of WIC nutrition education.

AA/PI participants appreciated the support of nutrition coordinators and breastfeeding counselors but described significant cultural mismatches in food options, including limited rice options and non-dairy alternatives. Lactose intolerance and cultural food preferences made some WIC offerings less relevant. One participant highlights this barrier by stating:

“Culturally, we don’t really drink cow’s milk ... A lot of us (AA/PI) are lactose intolerant. [In] my family, there’s people who are lactose intolerant, but that’s just dietary wise, that’s not something we consume.”

Scheduling conflicts and transportation barriers further limited appointment attendance for working parents. Recommendations included expanding culturally representative food options and offering more flexible appointment times.

L/HA participants also cited challenges related to cultural relevance and language. While online classes and resources were helpful, many recipes and examples were described as Americanized and disconnected from traditional diets. Participants expressed appreciation for breastfeeding education and individualized lactation support, particularly for first-time mothers facing challenges. Recommendations included hiring more bilingual staff, offering culturally relevant nutrition education and recipes, and providing additional guidance on infant feeding and complementary foods. One participant shared:

“Honestly, it was hard for me. So, [my baby] wouldn’t latch, and that was really hard for me because I had no experience breastfeeding, [and] I didn’t know what to do. That’s why I’m so grateful to [breastfeeding counselor] for everything she did for me.”

Theme 2: Efficient Appointments with Some Gaps in Nutrition Education and Dietary Accommodation

Although appointments were efficient and accessible, gaps remained in addressing dietary restrictions, health conditions, and material needs.

W/CA described appointments as fast and easy, organized, and with nutrition education that felt relevant and up-to-date. While they did not raise concerns about cultural relevance, participants highlighted gaps in dietary accommodations and material supports. Some expressed a need for additional formula, greater milk variety, and resources related to diapers and diaper banks. Participants also noted insufficient guidance for families managing food allergies or conditions such as celiac disease. Recommendations focused on expanding food options and improving education related to health-based dietary needs. One participant provided an example of the dietary and material needs; they noted:

“I wish they [would] give just a little bit more cans a month of the small ones, because I’m disabled now and I’m on a real fixed income. And so it’s a little hard coming up with the extra [money]. And I wish my local [clinic] had resources to send you diapers, diaper banks, or information.”



Participant Advisory Council Perspectives: PAC members echoed these concerns, noting that nutrition education did not always reflect cultural food practices or complex health needs such as gestational diabetes or childhood food allergies. While foundational nutrition guidance was viewed as helpful, participants expressed a desire for more tailored meal planning and greater provider awareness of allergy-related accommodations.

Theme 3: Feeling Dismissed During WIC Appointments

A lack of representation and perceived dismissiveness during appointments undermined trust and a sense of belonging for some participants, despite generally positive educational content.

A/AA participants highlighted limited racial and ethnic representation among WIC staff and in visual materials. While nutrition education was often described as informative, participants felt it did not always reflect their children’s specific needs or circumstances. Several participants described feeling dismissed during appointments, particularly as younger mothers, which affected their comfort and engagement. One participant described their experience of feeling dismissed, stating:

“It was just like, ‘Okay, here’s your stuff. Go ahead and go. Here’s your package.’”

Another participant highlighted perceived favoritism; they commented:

“It just seems like I really have to be in a very special predicament for them to offer resources. Same with the peer counselor. I wasn’t offered it for a while, even though they knew I was pregnant.”



Participants recommended increasing staff diversity, improving outreach about available services, and ensuring consistent, respectful engagement across appointments.

Theme 4: Culturally Affirming and Family-Centered WIC Support

Family-centered, culturally affirming environments strengthened engagement and made appointments more accessible and positive.

NA participants described their WIC appointments as welcoming, culturally affirming, and family-friendly. Participants emphasized the importance of spaces that accommodated children of all ages, integrated play and activities, and provided services for older children. These features made attending appointments easier and more enjoyable. Participants also highlighted strong relationships with breastfeeding peer counselors and staff dedication, including support outside standard clinic hours. While no major barriers to appointment attendance were reported, participants expressed interest in greater flexibility to access virtual nutrition education alongside in-person services. One participant highlighted their appointment experience:

“I love our WIC offices. I love going in person because they’re nice, they’re quiet, they’re clean, they’re colorful, they’re friendly, and they make you happy when you go in. The staff are wonderful.”

Another participant spoke to the dedication of the WIC staff, saying:

“Sometimes we’re talking to these ladies outside of the normal clinic hours, and I think that’s really a testament to the dedication that the staff has and the desire to serve and help moms and babies. Congress should give them more money and pay them more.”

Nutrition Education and Appointments Summary

Participants generally found WIC’s nutrition education and breastfeeding support helpful, particularly when paired with online classes, recipes, and counseling options. Group-specific experiences highlighted differences in fit and access: **AA/PI** and **L/HA** participants reported mismatches between food packages/education and cultural food practices, including limited rice options and lactose intolerance; **W/CA** participants described efficient appointments but noted gaps in allergy-related guidance, formula amounts, and material supports such as diapers; **A/AA** participants recounted instances of feeling dismissed or overlooked during appointments and underscored the importance of staff representation and consistent, respectful engagement; and **NA** participants described welcoming, family-friendly, and culturally affirming clinic environments, strong relationships with staff (including support beyond standard hours), and interest in retaining flexibility for virtual education alongside in-person services.



Critical Communication

Communication between WIC participants and staff is central to the program experience and strongly influences feelings of support, inclusion, and engagement. Although most participants described their interactions positively, their feedback highlighted opportunities to strengthen cultural sensitivity, language accessibility, and proactive staff engagement. Three themes emerged from the focus group data related to the Critical Communication phase.

Theme 1: Proactive and Culturally Sensitive Communication Encourages Engagement Among Asian American/Pacific Islander Participants

Proactive, culturally sensitive communication, particularly staff-initiated questions, helped overcome hesitancy and supported engagement among *AA/PI* participants.

AA/PI participants generally had positive communication experiences with WIC staff and valued the reliability and warmth of staff interaction. However, some described cultural tendencies toward hesitancy or discomfort in asking questions, which limited their ability to fully express their needs. Participants emphasized that when staff proactively asked questions and checked for understanding, they felt more comfortable engaging and sharing concerns. Recommendations focused on staff avoiding assumptions about participant knowledge and taking an active role in inviting questions and dialogue.

Describing her hesitancy to ask questions, an *AA/PI* participant commented:

“Culturally for me, I think that it’s hard for me to sometimes ask questions ... I don’t know why it is .. I’m more quiet than I am probably boisterous, and that’s something that can be difficult because I won’t necessarily ask those types of questions that I really actually need. And so sometimes I’m not vocal ... [Staff] asking me more questions helps me be able to verbalize what I need.”

Theme 2: Consistent and Supportive Communication Fosters Positive Participant Experiences

Reliable, multi-channel communication, tailored to participant preferences, reinforced trust, and reduced logistical barriers. *W/CA* participants described communication with staff as respectful and supportive. Most communication occurred via text, though some participants expressed preference for phone calls. Participants appreciated appointment reminders and notifications and suggested

expanding communication to include video visits, particularly for those facing transportation or neighborhood safety challenges.

NA participants consistently reported positive communication experiences, highlighting feelings of support. Participants valued having multiple communication options, including phone calls, texts, video conferencing, and home visits. No major concerns were raised, reflecting high satisfaction with communication practices. One participant reflected on what they enjoyed about communicating with WIC staff, saying:

“I really enjoy the text messages that I receive from my WIC program. It could be like, ‘Happy fruit and vegetable day, here’s a fun recipe for your kids.’ It’s at least once a month, it’s not too frequent, not overwhelming or anything like that, but I do enjoy those a lot.”

NA participants also valued multiple communication options, including phone calls, video conferencing, text communication, or home visits with staff to gain the nutritional knowledge and guidance they needed to support their families. No specific concerns or recommendations were raised, further reflecting participants’ overall satisfaction with communicating with WIC staff.

Theme 3: Equitable and Culturally Responsive Communication is Essential for Positive WIC Participant Experiences

Perceived inequities in attention, representation, and language access undermined trust and comfort for some participants, particularly **A/AA** and **L/HA** families. **A/AA** reported mixed communication experiences. Some described positive interactions, while others felt communication quality varied depending on staff race, age, or shared background. Participants noted feeling rushed, overlooked, or receiving limited engagement during appointments, which affected trust and comfort. Some also perceived access to resources, such as peer counselors or breastfeeding support, required being in a particularly urgent or “special” circumstance. Recommendations emphasized improving staff demeanor, fostering cultural humility, and ensuring equitable communication regardless of race or ethnicity. A participant expressed her disappointment when communicating with WIC staff:

“It’s sad to see because I see the interaction that they give others of their descent, and I do see that they do give a lot more attention to those others that they [are] more familiar with or can relate to better, whether it’s having the same language or having the same background. I don’t see a lot of people of color working at the WIC office, and that is a difficult thing for me as I go to [the] WIC office.”

L/HA participants also reported mixed experiences. While many appreciated text reminders and interpreter services, challenges arose when bilingual staff were unavailable or when phone-based interpretation was inadequate. Participants consistently reported stronger communication when served by Spanish-speaking staff. Recommendations focused on expanding bilingual staff, discouraging assumptions about participants' circumstances, and prioritizing empathy, kindness, and individualized support in staff interactions. One participant spoke about her frustration with the WIC interpreting service:

“At WIC, there’s a lady who also speaks Spanish, so when she’s not there, we have to do it [appointment] through the phone. Well, that’s another barrier ... because the phone doesn’t give the correct explanation.”

One participant expressed the kindness she would like to see communicated by WIC staff:

“I think that would be very helpful, for them to learn to be kind ... That they be kind and understand that not all moms are the same, that they get to know each one. [They] can say ‘Good morning, I’m here to help you, do you need anything? Any resources? Or can I show you something?’”

Critical Communication Summary

Communication practices strongly shaped engagement and comfort across participant groups. *AA/PI* participants emphasized the importance of proactive, staff-initiated questions that helped them articulate needs when hesitancy to ask questions might otherwise limit communication. *W/CA* and *NA* participants described supportive, reliable, and multi-channel communication: texts, phone calls, and video, along with useful appointment reminders. *A/AA* and *L/HA* participants reported mixed experiences, including feeling rushed or overlooked, variability tied to staff background, and challenges when bilingual staff were unavailable and phone-based interpretation was used, underscoring how language access and equitable interaction influenced their program experiences.





Shopping with WIC Benefits

Across diverse participant groups, the WIC shopping experience reflected a mix of convenience and ongoing limitations, shaped by the usefulness of WIC apps, perceptions of dignity, and access to culturally relevant foods. Although the apps improved clarity and reduced embarrassment, persistent challenges remained: limited food choices, pressure to use all benefits, inconsistent store labeling, and discomfort during checkout. One overarching theme emerged from the focus group data.

Theme 1: Navigating WIC Shopping—Balancing Dignity, Flexibility, and Accessibility

Participants valued the dignity and clarity the apps and eWIC card brought to shopping, but persistent gaps in food options, store signage, and checkout interactions limited flexibility, cultural relevance, and comfort across groups.

Asian American/Pacific Islander Participants

AA/PI participants generally found shopping with WIC easy, though several noted difficulties finding culturally relevant or healthier food options, such as specific peanut butter without additives, or brown rice similar to what they grew up eating. One participant described how the available brown rice varieties did not match her usual preference, underscoring the importance of culturally meaningful food choices. She said:

“I would say that for me, the one thing that I really never really liked was the rice options. The brown rice is not a brown rice I grew up using or would use. It’s hard for me. And I would rather have those options.”

Mixed feelings about embarrassment surfaced. Some felt uneasy when neighbors could see their transition into WIC, especially in small towns. One participant described how her husband felt ashamed. Another said her comfort level increased over time, particularly when managing shopping with young children, effectively reducing concerns about others’ perceptions. One participant spoke about the experience of not being ashamed of receiving public assistance. She shared:

“People assume that you feel a certain level of shame being on welfare ... I have no shame whatsoever. I’ve lost all my ability to be embarrassed, especially at the grocery store with two screaming children. I’m like, whatever, just ring me up. It’ll be fine.”



To improve the shopping experience, **AA/PI** participants recommended expanding the availability of culturally relevant and healthier foods, allowing WIC benefits to be used at smaller specialty grocery stores, and increasing the flexibility to “swap out” or exchange one food option for another.

White/Caucasian American Participants

W/CA participants appreciated the dignity and ease introduced by WIC apps compared to the paper voucher system. The app was seen as a major improvement, though some found scanning items time-consuming and suggested clearer product images. Participants also raised concerns about the adequacy of certain benefits, such as milk and formula amount, and lack of resources for items like diapers. Participants voiced a desire for healthier, higher-quality food options, even if it meant fewer items. One participant explained a preference for foods with lower added sugar and greater nutritional quality. Recommendations included increasing the monthly formula allowance and offering healthier food options.

African/African American Participants

Most **A/AA** participants found WIC apps extremely helpful for shopping and locating eligible items. One participant noted that she now uses all her benefits, a change from when paper vouchers were used, crediting the app’s discreet, unassuming nature for the change. Another praised the help desk responsiveness to her app issues and described quick fixes when scanned items appeared incorrect. She commented:

“It’s also super helpful because I learned I could order groceries online through [grocery store] with WIC! And if I scan an item that has a WIC sign, but the app says no, I can submit a picture, and they usually fix it pretty quick. They replied within 24 hours and made sure I was able to find what I needed, which I appreciated.”

However, challenges remained. Scanning items could be time-consuming, and participants felt the app could include better pictures. Participants also learned that store signage indicating WIC-eligible items is optional in some places, creating confusion if stores choose not to display signs. Recommendations included improving app visuals and ensuring clearer store signage.

Native American Participants

NA participants saw the app as easing shopping through instant eligibility checks, reducing the chances of buying non-approved items inadvertently. The integration of e-cards also helped reduce embarrassment by streamlining the transaction. One participant noted occasional frustrations,

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such as vegetables not always scanning, but overall valued the ability to check balances and recent transactions directly in the app. This aligns with official guidance in some states that WIC apps can be used to scan foods, check balances, and view appointments, which is intended to simplify shopping and program use. A participant shares the ease and helpfulness, but also a minor frustration with using the app; she states:

“I do like the WIC app. It has made it easier to shop because I can scan some items. Sometimes the vegetables don’t really scan as much, but I do like to check and see what I have left instead of searching for that last receipt, like, ‘What’s on it?’ I can actually just pull up the app and it’ll show me the recently updated stuff, which is really helpful to me and it reminds me what I’m approved for.”

Despite these benefits, some **NA** participants still felt judged by store staff or cashiers. Many described negative experiences as a matter of customer service rather than program design, indicating that grocery stores need to address front-line staff interactions. A participant recounted a rude cashier who provided the receipt in a dismissive way, underscoring how store behavior can undermine a largely positive WIC shopping experience.

NA participants also suggested expanding eligible shopping locations to include more convenient retailers, such as Dollar General, to reduce travel and accommodate families living farther from traditional grocery stores.

Latinx/Hispanic American Participants

L/HA participants described strategies to handle checkout and payment challenges, such as shopping at certain community stores and using WIC apps to verify product eligibility and access recipes. One mother preferred feeding her baby unprocessed, whole foods rather than relying on jarred baby food, and she valued benefits like those at farmers’ markets. A participant who spoke about wanting more fresh vegetables commented:

“As a suggestion ... maybe having an option for moms who don’t use baby food or meat, to have more vegetables and produce instead.”

However, some participants felt pressured to use all their allotted benefits each month, sometimes buying food they would not normally eat because they worried about losing their benefits. WIC apps were considered helpful in avoiding challenges with finding eligible items, but problems persisted with unused

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funds, poor WIC signage in stores, and inconsistent labeling. Participants reported that without access to the WIC app, it was easy to accidentally select non-WIC-approved items, forcing them to pay out of pocket. Furthermore, one participant highlighted the embarrassment of needing staff to open registers, suggesting self-checkout compatibility to reduce friction and perceived annoyance from employees.

Recommendations from *L/HA* participants included allowing more flexibility to switch between food options, reconsidering product sizes or monetary allotments to reduce unused funds, and ensuring stores regularly update WIC labels and signage to minimize confusion and streamline shopping.



Participant Advisory Council Perspectives: PAC members described additional shopping challenges, especially for families near state borders. They noted inconsistencies in cross-state reciprocity, where benefits could be used in one neighboring state but not other neighboring state, creating confusion and requiring extra travel. Store-specific barriers also complicated benefit use, as not every location within a retail chain included clear WIC signage. These experiences contributed to frustration, discomfort during checkout, and constrained shopping choices, highlighting how geographic and retail-level factors shape everyday access to food.

Shopping with WIC Benefits Summary

WIC apps were widely cited as a facilitator that increased dignity and clarity during shopping by enabling instant eligibility checks, balance tracking, and fewer errors at checkout; eWIC card integration further streamlined transactions. Persistent challenges remained across groups, including limited culturally relevant foods or preferred products, scanning issues, unclear or inconsistent store signage, uneven acceptance across store locations, and negative interactions at checkout that sometimes led to embarrassment. Some *L/HA* participants also described pressure to use all benefits each month, occasionally purchasing items outside their usual diets, while PAC members noted cross-state inconsistencies near state borders that complicated benefit use and store choice.





Recertification and Retention

Across all groups, participants consistently described the WIC recertification process as easy and flexible. The ability to complete requirements by phone, online, or through the WIC app, combined with document uploads, supportive staff, and adaptable scheduling, was viewed as a major strength. Continued engagement was largely driven by the value of WIC benefits and resources, with recommendations focusing on preparing documents and use of digital tools to support a smooth experience.

Theme 1: Streamlined Recertification and Staff Support Drive Continued Program Engagement

Flexible recertification options, supportive staff, and digital tools reduced burden and reinforced participants' decisions to remain enrolled in WIC.

AA/PI participants expressed appreciation for being able to complete recertification by phone and have their medical documentation sent directly from healthcare providers, which made the process feel seamless. Written confirmation of benefit changes and flexible scheduling were also valued, though some appointments took longer than expected. Participants expressed a desire for greater coordination across public assistance systems, such as SNAP, to reduce repeated income verification.

Participants emphasized remaining enrolled in WIC because of the valuable benefits, access to specialized supports such as IBCLCs, and staff responsiveness, particularly during periods of rising food costs. For families new to WIC, participants recommended anticipating longer appointments during the initial recertification process.

W/CA participants described recertification as smooth, brief, and efficient, often completed through a combination of phone calls, online document uploads, and short in-person visits. Continued participation was attributed to food benefits, supplemental resources such as diaper giveaways, staff support, and the WIC app, which helped track benefits and locate approved stores. Recommendations for other participants included preparing required documentation in advance and seeking staff assistance when needed. A participant described their recertification process:

“Mine [was] pretty easy. I get the phone call right here, send a text, and I just go online and upload the stuff. And then I go to the appointment, and they do it right at the front desk and reload my card, and I’m done [in] maybe 5 or 10 minutes. Pretty streamlined.”

A/AA participants similarly described recertification as easy, particularly when document upload features were available through the WIC app. While most did not offer recommendations, one participant noted that recertification would be even easier if document uploads were consistently available across all WIC apps.

NA participants unanimously described the recertification process as easy and flexible, highlighting the usefulness of WIC apps for tracking requirements and receiving reminders. The staff's flexibility with scheduling was frequently noted. One participant commented:

“They (staff) work around your schedule. Certain days don’t work for me, they’re pretty good about rescheduling me to another day or a time that works for me and my family.”

Continued engagement was driven by valuable benefits, particularly the fruit and vegetable and farmers' market vouchers, as well as comprehensive wraparound services. Participants recommended preparing documents in advance and requesting phone appointments when in-person visits were not feasible.

L/HA participants also reported that recertification was straightforward and attributed continued participation to WIC's food benefits, nutritional guidance, and breastfeeding support. Recommendations emphasized fully engaging with available services and remaining open to learning and support. One participant reflected on the benefits of recertifying their WIC benefits; they said:

“It’s (WIC) a big help and very beneficial, not just the food and resources they give me, but also the nutritional guidance I get to keep helping my little girl grow. And [also] the time they helped me with breastfeeding and all that, giving me the classes.”

Recertification and Retention Summary

Participants across groups consistently described recertification as easy and flexible when supported by phone appointments, online document uploads, app-based reminders, and responsive staff. Continued participation was tied to the value of food benefits, access to specialized supports (such as lactation consultants), and staff responsiveness during periods of rising food costs. Group-specific notes included: **AA/PI** participants' appreciation for phone-based recertification, provider-sent documentation, written confirmations, and flexible scheduling (with some appointments taking longer than expected); **W/CA** participants' streamlined processes combining phone, online uploads, and short in-person visits; **A/AA** participants' emphasis on the ease of app-based document uploads when available; **NA** participants' unanimous reports of easy, flexible recertification with useful app reminders

and staff scheduling flexibility; and *L/HA* participants' descriptions of straightforward recertification and continued engagement due to food benefits, nutrition guidance, and breastfeeding support.



WIC Alignment with Community Needs

Across all groups, participants generally felt that WIC was responsive to the community's needs, frequently citing friendly and supportive staff as central to their satisfaction. At the same time, participants identified gaps in visibility, outreach, representation, and cultural responsiveness, and offered recommendations to strengthen WIC's community presence.

Overall Theme: WIC is Meeting Needs, Yet Missing Some

Participants valued WIC's support and staff relationships but also identified opportunities to strengthen visibility, representation, and culturally responsive engagement within their communities.

AA/PI participants appreciated staff diversity and a culturally affirming clinic environment, but noted limited visibility of WIC in their broader communities. Participants recommended increasing WIC's presence at Asian cultural events and festivals, distributing printed materials in community spaces, and offering culturally relevant food options and low-cost educational events. One participant shared:

"It would be cool to see WIC at local Asian events and then having a booth to educate people ... Because you see a lot in [city] that is catered to the different Asian countries, and they always have those (events) going on an annual basis, and they have a lot of informative booths, but I never see a WIC booth or representative at those ... places."

W/CA participants focused primarily on logistical barriers rather than cultural alignment. They highlighted inaccessible or unsafe clinic locations and limited advertising of WIC services. Recommendations included expanding office locations, improving outreach and eligibility messaging, and increasing visibility at hospitals, grocery stores, and community events. One participant emphasized:

"They don't really advertise it over here, I don't believe. So, it's kind of hard to know what there is to offer. I didn't really know anything about it (WIC) until I had my firstborn. So, it was just really hard figuring out how to support my first baby because I didn't know what to do."

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A/AA participants felt WIC was generally responsive but emphasized a lack of racial and ethnic representation among staff and promotional materials. They recommended increasing outreach, hiring staff who reflect the community's diversity, and ensuring services are inclusive and culturally affirming. One participant expressed wanting to see this outreach, commenting:

"If they were just even at the farmers' market saying, 'We're WIC. This is what we do. We provide these benefits.' Because even just saying, we could help out with this or just letting people know, you're catching other demographics ... because we're everywhere. You know?"

NA participants described WIC experiences as culturally familiar and supportive, largely through Tribal WIC programs. While they did not explicitly comment on broader alignment, their feedback underscored the importance of maintaining culturally grounded, relationship-based service models. Highlighting the supportive nature of WIC, one participant reflected:

"From my experience with my girls in WIC [and] being a single parent ... If I'm running late for an appointment and I have maybe one or two of my girls that need to attend the WIC appointment, our staff [and] our clinics are really supportive."

L/HA participants reported that WIC was attentive to community needs, particularly through multilingual support. They expressed gratitude for language access but emphasized the need for more bilingual staff, culturally relevant nutrition education, and improved outreach, especially for first-time mothers. For example, one participant stated:

"As a Latina, since sometimes you don't have family nearby here in the U.S., and sometimes people don't speak your language, they (WIC) make an effort to have not only Spanish, but also Russian and other languages, depending on where you are and the people around. So, despite the times we're living in, they all keep supporting us, and I'm really grateful for that."



Participant Advisory Council Perspectives: PAC members largely agreed that WIC was aligned with community needs and described a strong, visible presence in grocery stores, hospitals, and farmers' markets. Participants frequently encountered WIC materials, such as posters, flyers, and informational resources, in both clinical and community settings, reinforcing perceptions of WIC as accessible and embedded in local communities.



Conclusion



Across all racial and ethnic groups, participants described WIC as a supportive, meaningful, and often transformative resource for their families. The program's greatest strengths—empathetic staff, culturally respectful interactions, accessible enrollment and recertification processes, and practical nutrition education—consistently shaped positive experiences and fostered trust. Participants emphasized the importance of clear communication, cultural and linguistic relevance, and respectful and accessible support throughout their WIC journey. They sought a program that is visible, approachable, and responsive to their specific needs, a program that resonates with their identities and provides practical, straightforward guidance. Across demographics, participants expressed a strong desire for a program that meets them where they are and allows them to navigate the system without being isolated or judged.

For PAC members in particular, feeling supported, understood, and respected was central to a positive WIC experience. They placed high value on learning about WIC through trusted relationships with healthcare providers, pediatricians, and social workers, especially during sensitive periods such as early parenthood or following difficult births. Culturally relevant nutrition guidance, strong personal connections with staff, and access to services like lactation support contributed significantly to participants' sense of being genuinely acknowledged and cared for.

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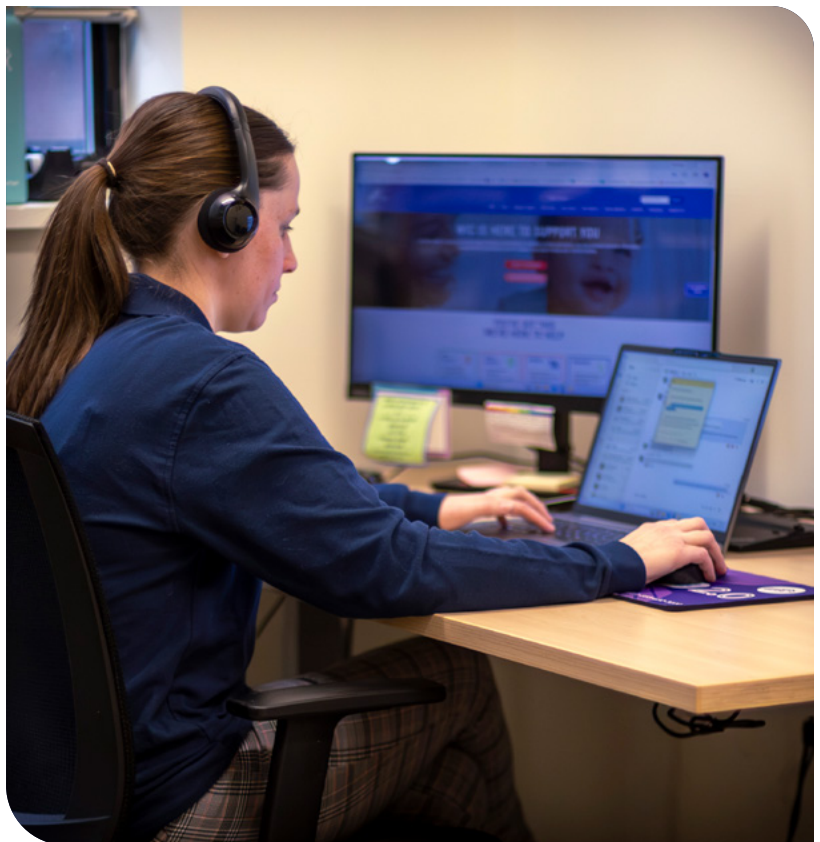
Several aspects of WIC are working particularly well. WIC apps were widely described as transformative—improving shopping experiences, document management, and appointment reminders. Nutrition education resources, including recipes, online classes, and access to nutrition professionals, were also seen as valuable and motivating. Many participants praised WIC staff for their warmth, responsiveness, and willingness to go above and beyond. Tribal WIC programs stood out for their culturally grounded service models, which fostered strong community connection. Flexible appointment options and proactive communication further reduced stress and improved convenience, particularly for rural families, immigrant, and first-time parents.

PAC members also highlighted WIC's strengths in accessibility and staff support. They praised the caring staff who provide clear information that allow participants to maximize benefits, offer clear nutrition education, and provide emotional reassurance when families need additional support. They also noted WIC's strong presence in hospitals, grocery stores, and farmers' markets, reinforcing its role as a trusted community resource.

Despite these strengths, participants identified persistent challenges that limit full and equitable participation in WIC. These included gaps in program awareness, difficulty accessing culturally relevant foods, rigid food package structures, and administrative burdens during recertification. While WIC apps streamlined many processes, families still expressed a need for expanded bilingual support, better system integration across public benefits, and more flexible food options.

Some participants, particularly *A/AA* and *L/HA* families, reported feeling judged by store staff or confused by unclear store signage. PAC members also cited language barriers, staffing shortages, long clinic wait time, and feelings of embarrassment or stigma during in-person visits. Although phone appointments increased convenience, some participants noted reduced access to community events, peer engagement, events, and additional services.

Based on these experiences, several key recommendations emerged. Participants emphasized increasing WIC visibility through community events, healthcare settings, cultural festivals, and high-traffic neighborhood spaces. They called for more bilingual and culturally



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representative staff, expanded culturally relevant food options, and nutrition education that reflect traditional diets and practices as well as dietary restrictions. Improving access through additional clinic locations, flexible virtual appointments, reliable interpreter services, and clearer store signage would further reduce barriers. Participants also recommended greater flexibility within food packages, improved cashier interactions, and proactive, non-assumptive communication that encourages families to ask questions without fear of judgement. PAC members further emphasized expanding staff capacity, hiring individuals with lived experience, embedding WIC engagement within medical settings, and prioritizing empathy and equity in all interactions are essential steps to effectively engage with families.

Overall, these findings demonstrate that WIC functions as both a nutritional and relational support system. Strengthening culturally responsive outreach, increasing staff diversity, enhancing food and education relevance, and expanding flexible access points would further align WIC services with the diverse communities it serves. When WIC is accessible, culturally grounded, and relationship-centered, it does more than provide food to families—it helps them feel seen, supported, and empowered.



Appendices

Appendix A: Themes Identified Across WIC Phases

WIC Phase	Themes
WIC Awareness	<ol style="list-style-type: none"> 1. Healthcare Settings as Gateways to WIC 2. Inherited Familiarity with WIC 3. Visibility Challenges among African/African American Participants 4. Broad-Based Awareness Within Tribal and Community Networks
Application and Enrollment	<ol style="list-style-type: none"> 1. Perceived Ease and Accessibility of WIC Enrollment 2. Logistical Enrollment Barriers: Transportation and Time for Asian American/Pacific Islander Participants 3. Geography and Distance-Based Barriers for White/Caucasian American Participants 4. In-Person Constraints and Limited Representation for African/African American Participants 5. Cultural Alignment Facilitates Enrollment for Native American Participants 6. Language as a Barrier for Latinx/Hispanic Participants
Nutrition Education and Appointments	<ol style="list-style-type: none"> 1. Culturally Relevant Nutrition Education Matters 2. Efficient Appointments with Some Gaps in Nutrition Education and Dietary Accommodation 3. Feeling Dismissed During WIC Appointments 4. Culturally Affirming and Family-Centered Support

WIC Phase	Themes
Critical Communication	<ol style="list-style-type: none"> 1. Proactive and Culturally Sensitive Communication Encourages Engagement Among Asian American/Pacific Islander Participants 2. Consistent and Supportive Communication Fosters Positive Participant Experiences 3. Equitable and Culturally Responsive Communication is Essential for Positive WIC Participant Experiences
Shopping with WIC Benefits	<ol style="list-style-type: none"> 1. Navigating WIC Shopping—Balancing Dignity, Flexibility, and Accessibility
Recertification and Retention	<ol style="list-style-type: none"> 1. Streamlined Recertification and Staff Support Drive Continued Program Engagement
WIC Alignment with Community Needs	<ol style="list-style-type: none"> 1. WIC is Meeting Needs, Yet Missing Some

Appendix B: Facilitators and Barriers Across the 6 Phases

WIC Phase	Facilitators	Barriers
WIC Awareness	<p>Awareness was often obtained in the healthcare setting where prenatal and postpartum providers acted as key gateways to enrollment. Most common among <i>AA/PI</i>, <i>W/CA</i> and <i>L/HA</i> participants.</p> <p>Generational awareness, most common among <i>A/AA</i> and <i>L/HA</i> participants, and robust tribal and community networks among <i>NA</i> participants bolstered familiarity with WIC.</p>	<p>WIC’s limited visibility in certain <i>A/AA</i> communities proved to be a barrier, indicating a gap between generational knowledge and outreach.</p> <p>Lack of culturally representative outreach materials, particularly noted by <i>A/AA</i> and <i>AA/PI</i> participants.</p>

WIC Phase	Facilitators	Barriers
<p>Application and Enrollment</p>	<p>Cultural alignment significantly facilitated enrollment for <i>NA</i> participants in Tribal WIC Agencies, where the process felt relational and supportive.</p> <p>Online and same-day enrollment options that streamline the process were also shared as a facilitator.</p> <p>On-site WIC counselors in hospitals or clinics who guide applicants step-by-step were also helpful.</p>	<p>Transportation and time constraints affected <i>AA/PI</i> participants.</p> <p>Geographic distance limited access for <i>W/CA</i> participants.</p> <p>Language barriers posed challenges for <i>L/HA</i> participants.</p> <p><i>A/AA</i> participants had challenges with enrolling in person and staff being racially and linguistically diverse.</p>
<p>Nutrition Education and Appointments</p>	<p>Nutrition education and appointments thrived in culturally affirming and family-centered environments, especially within <i>NA</i> participants' Tribal WIC settings.</p> <p>Participants appreciated breastfeeding support and foundational nutrition education.</p> <p>Flexible appointment formats (e.g., in-person, phone) were also viewed positively.</p>	<p>Barriers arose when guidance lacked cultural relevance or inclusivity for dietary needs, particularly for <i>A/AA</i>, <i>AA/PI</i> and <i>L/HA</i>.</p> <p>Limited accommodation for dietary needs (e.g., lactose intolerance, food allergies, Celiac disease) was also discussed as a barrier, particularly for <i>W/CA</i> participants.</p>
<p>Critical Communication</p>	<p>Critical Communication played a crucial role in establishing trust and engagement.</p> <p>Proactive, culturally sensitive, and consistent communication facilitated participation, particularly among <i>A/AA</i>, <i>AA/PI</i>, and <i>NA</i> participants.</p> <p><i>W/CA</i> participants described positive communication experiences, with staff being respectful and supportive of their needs.</p>	<p>Assumptions, uneven staff responsiveness, and language barriers diminished experiences for <i>A/AA</i> and <i>L/HA</i> participants who noted gaps in communication and shopping interactions, where dignity and clarity were not consistently maintained.</p>

WIC Phase	Facilitators	Barriers
<p>Shopping with WIC Benefits</p>	<p>WIC apps were a notable facilitator that improved dignity and navigation for participants across racial/ethnic groups.</p> <p>Farmers’ market benefits, valued for fresh, unprocessed food options, were also seen as a benefit.</p>	<p>Persistent barriers included cross-state restrictions on use of benefits, inconsistencies in store acceptance, limited culturally appropriate food options, unclear labeling, feeling pressured to use all benefits, and uncomfortable checkout experiences, particularly among L/HA, A/AA, AA/PI and NA participants.</p>
<p>Recertification and Retention</p>	<p>For streamlined processes, digital tools, and supportive staff emerged as strong facilitators across all groups. Participants valued flexible scheduling, clear reminders, and efficient document submissions</p>	
<p>WIC Alignment with Community Needs</p>	<p>Participants generally felt WIC met core needs, particularly through supportive staff and tangible benefits.</p>	<p>L/HA, A/AA, AA/PI and NA participants noted unmet community-specific needs such as cultural representation, expanded outreach, and greater flexibility, reinforcing that while WIC is effective, it is not yet fully equitable.</p>

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