

WIC to 5: Retention of Participants Through the First Five Years Update

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Outline

Background and purpose

Description of the WIC to 5 program

What do we know to date?: Results from the WIC to 5 Process Evaluation

What factors contribute to retention?: Preliminary results from an analysis of administrative data.

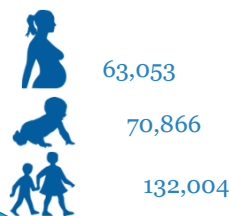
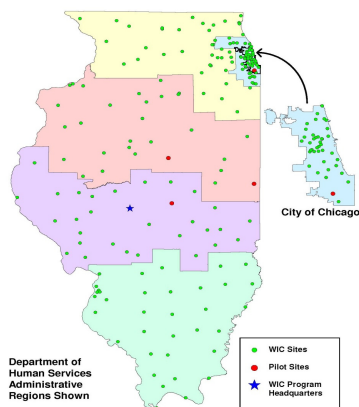
Background and Purpose

- **WIC to 5** is a collaboration between the Illinois WIC program and researchers at the University of Illinois-Chicago, Department of Kinesiology and Nutrition to **increase participation and retention of eligible children in WIC**.
- Four intervention agencies (Roseland Hospital, McLean County WIC, Macon County WIC, and Vermilion County WIC). Four comparison agencies (Mt. Sinai Hospital WIC, Peoria County WIC, DeKalb County WIC, and Kankakee County WIC).
- Analysis of Illinois WIC administrative data of infants born in 2008 (Starting with infants born in September 2008)

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Overview of IL WIC Program

Caseload served in FFY14: 265,923



50% of caseload in
Chicago/Cook Co.

CONTRACTING AGENCIES

99 Agencies

> 170 Permanent Sites

Source: IL WIC Data FFY2014

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Illinois WIC Retention Project

2011-2012 Formative Research

- Focus groups, interviews, surveys

2013 WIC to 5 Program Development

2014 Pilot Program Launch

2015 Pilot Program and Evaluation; Administrative Data Analysis

2016 Statewide Launch

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Goals of WIC to 5



Raising Client Awareness of WIC Eligibility and Benefits

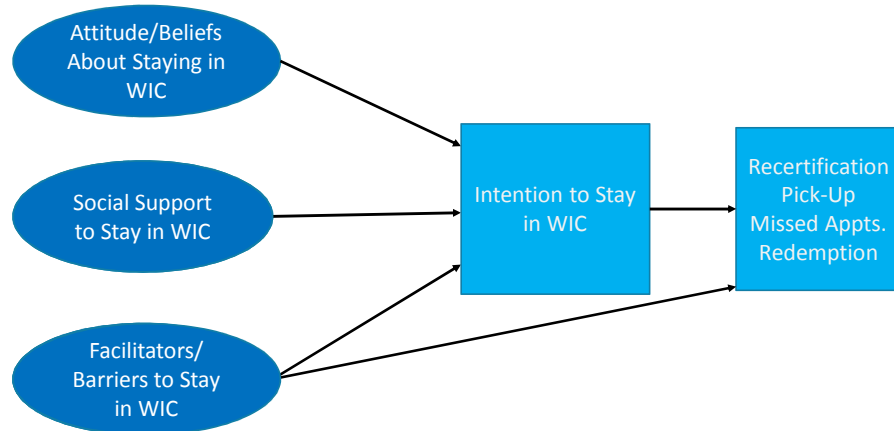
Increase Staff Incentives and Promote Staff Wellness

Increase Image/Understanding of WIC among Health Care and Child Care Providers

Provide Outreach and Potentially Training for Vendors

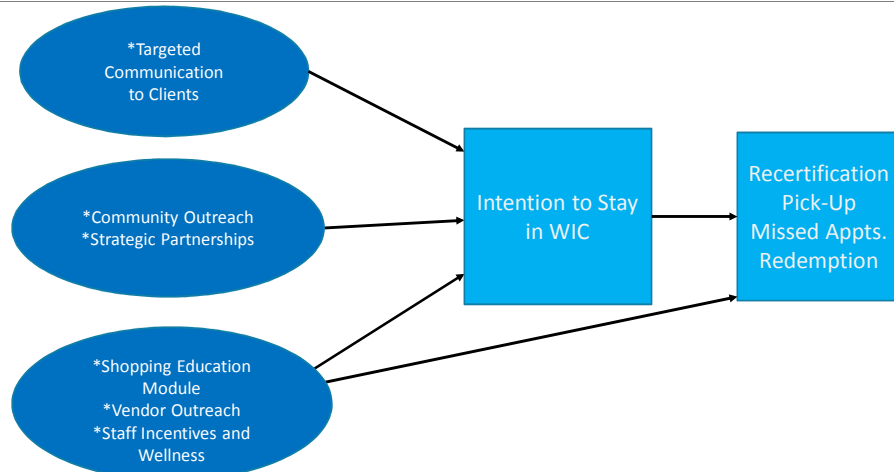
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WIC to 5 Model (Theory of Planned Behavior)



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What is Included? (Theory of Planned Behavior)



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What is Included?

TARGETED COMMUNICATION

Increase Perceived Value of the WIC Food Package.

Increase Awareness about WIC Eligibility.

Promote Trust and Reduce Perceived Judgment from WIC Staff.

COMMUNITY OUTREACH

Increase Awareness About and Perceived Value of the WIC Program Among Family Members, Community Leaders, and Other Service Providers (In Process).

What is Included?

STRATEGIC PARTNERSHIPS

Increase Perceived Value of the WIC Program Among Physicians and Child Care Providers

SHOPPING EDUCATION MODULE

Reduce Barriers Associated with Shopping.

Improve Recognition of WIC-eligible Foods and Package Sizes.

Reduce Perceived Stigma Associated with Redeeming WIC Checks.

What is Included?

VENDOR OUTREACH

Improve Relationships between WIC Clients, Cashiers, and Store Managers (In Process)

STAFF INCENTIVES AND WELLNESS

Increase Perceived Value of Staff.

Reduce Staff Stress.

Improve Staff Perceived Efficacy to Retain Clients.

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WIC to 5 Key Messages



Save

Helps our family save money.

Nourish

Provides nutritious foods kids need.

Grow

Supports healthy growth and development

Connect

Links families with other programs, providers, and resources.

Learn

Free advice and counseling from caring staff.

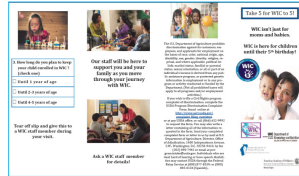
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Targeted Communication to Clients about Retention

WIC to 5 Communication Timeline



6 month follow-up visit



Take 5 for WIC to 5 Brochure



Take 5 for WIC to 5 Targeted Communication Tool/Flip Book

6 month follow-up visit

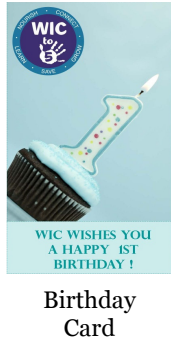


Magnet and Tote Bag

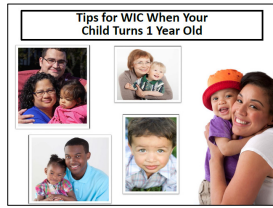


Get To Know You materials

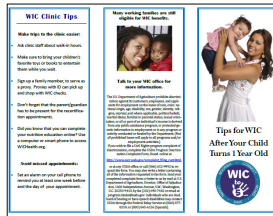
1 Year of Age



Birthday Card



1 Year Tips Targeted Communication Tool/Flip Book



1 Year Tips Brochure



Child Food Package Magnet



Board Book about WIC Foods

Shopping Education Module

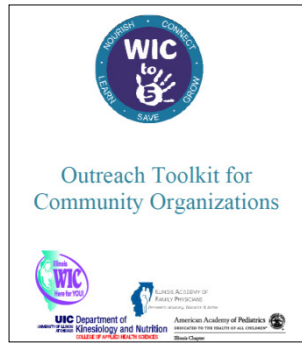
Utilizes WIC Talk format and facilitated leadership principles

Takes approximately 30 minutes

Focuses on clients discussing shopping barriers and empowering them to come up with their own strategies

<p>Topic: Shopping Education Module</p> <p>Objectives:</p> <ul style="list-style-type: none"> 1. Participants will be able to identify shopping barriers. 2. Participants will be able to discuss strategies to overcome shopping barriers. <p>Facilitator Instructions:</p> <p>1. Welcome participants and introduce the topic.</p> <p>2. Ask participants to share their shopping barriers.</p> <p>3. Facilitate a discussion on strategies to overcome shopping barriers.</p> <p>4. Encourage participants to share their own strategies.</p> <p>5. Summarize the discussion and provide resources.</p>	<p>Topic: Shopping Education Module</p> <p>Objectives:</p> <ul style="list-style-type: none"> 1. Participants will be able to identify shopping barriers. 2. Participants will be able to discuss strategies to overcome shopping barriers. <p>Facilitator Instructions:</p> <p>1. Welcome participants and introduce the topic.</p> <p>2. Ask participants to share their shopping barriers.</p> <p>3. Facilitate a discussion on strategies to overcome shopping barriers.</p> <p>4. Encourage participants to share their own strategies.</p> <p>5. Summarize the discussion and provide resources.</p>
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Community Outreach Toolkit



Outreach Kit



Outreach Poster

Target outreach sites: Community Family Resource Centers, churches, SNAP offices, food banks, other agencies and service providers

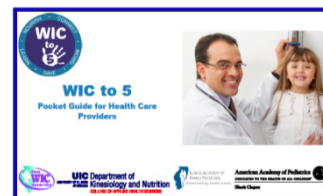
Strategic Partnerships



Illinois Head Start Association
Head Start State
Collaboration Office



- Pocket guidebook for physicians
- Handbook for childcare providers
- Online newsletter content
- Continuing education credits via webinar
- Package for offices: posters, band aids, outreach brochure



Health Care Provider Outreach Research

1. Statewide online survey on knowledge and attitudes about WIC and benefits of WIC, **n=26**
2. Intercept survey on WIC pocket guidebook at Illinois Chapter for the American Academy of Pediatrics conference, **n=16**
3. Focus group on WIC knowledge, attitudes, and feedback on outreach materials, **n=2**

Conclusions:

- Difficult to engage/recruit physicians
- Lack of knowledge on food package, training of WIC staff, education provided at WIC
- Negative physician attitudes related to provision of formula, juice, excess of milk, low dollar value for fruits and vegetables
- Physician guidebook rated highly in intercept survey
 - Some would want shorter, 1-page pamphlet or info card
 - Some want more medically specific info (e.g. formula brands, medically complex children)

Where are we now?

Give update of how many people have received the intervention. Any staff feedback?

- Feb 2014--6 month (WKI) intervention launched
 - Staff feedback positive: focus on 5 benefits is brief and feasible within visit, parents remark they were unaware of eligibility to 5 years
- Aug 2014--12 month (WCC1) intervention launched
 - Staff feedback mixed: parents like birthday card and board book, focus on clinic/shopping/food instrument barriers too much information for 12 month certification visit
- Dec 2014--Shopping education curriculum launched
 - Staff feedback positive: parents engaged in group discussion
- As of Feb 2015
 - 1,954 infants have received 6 month (WKI) intervention
 - 669 children have received 12 month (WCC1) intervention
 - Physician pocket guidebook available for download from Illinois Chapter of the American Academy of Pediatrics

What Factors Contribute to Retention?

Analyzing records of all children born in September 2008 & enrolled by 6 weeks of age for clinic, community, family & child level factors associated with continued program participation.

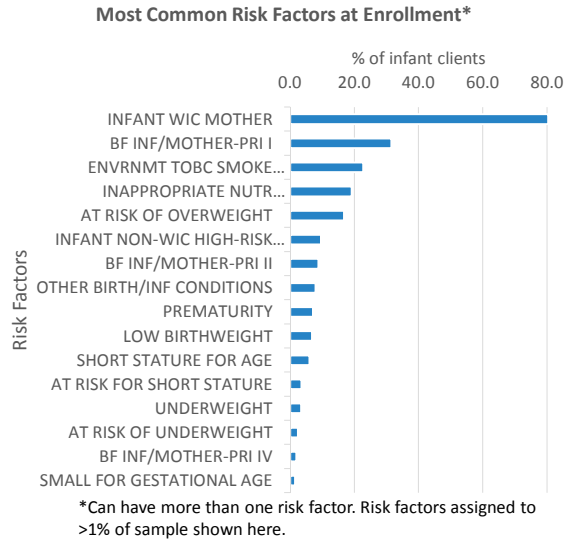
Demographic Characteristics of Children Born in September 2008

	Total N=7414	
Mother characteristics	n	%
Pre-pregnancy weight (lb)	155.5±42.4	
Pre-pregnancy BMI		
Underweight	238	3.2
Normal	2652	35.8
Overweight	1874	25.3
Obesity	1754	23.7
Unknown	896	12.1
Weight at delivery (lb)	184.3±42.0	
Weight gain during pregnancy (lb)	31.4±17.3	
Breastfeeding		
Yes	4698	63.4
No	2689	36.3
Unknown	27	0.4
Length of breastfeeding (month)	4.4±5.5	
Household size	3.8±1.5	
Education		
Less than high school	747	10.1
High school or GED	4585	61.8
More than high school	1567	21.1
Unknown	515	6.9

	Total N=7414	
Infant characteristics	n	%
Birth weight (lb)	7.1±1.1	
Weeks gestation at mom's first certification (week)	17.0±9.2	
Gender		
Male	3681	49.6
Female	3733	50.4
Race		
NH White	2208	29.8
NH Black	2051	27.7
Hispanic	2894	39.0
Asian	142	1.9
Other	119	1.6

Risk factors at the first assessment date

Total N=7414		
Risk assessment	n	%
Number of risks		
1	1784	24.1
2	2837	38.3
3	1797	24.2
4	692	9.3
5	196	2.6
6 or more	108	1.5



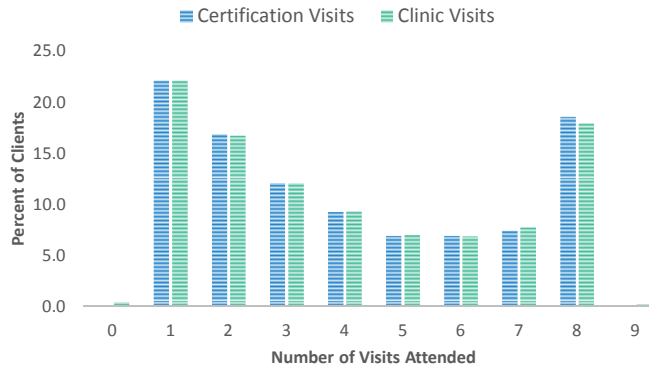
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Summary of WIC participation/retention

Number of Certification Visits

1. Infant
2. 1 Year
3. 1.5 Years
4. 2 Years
5. 2.5 Years
6. 3 Years
7. 3.5 Years
8. 4 Years
9. 4.5 Years

ATTENDANCE AT WIC VISITS, N=7414



Number of Clinic Visits

1. 3 months
2. 6 months
3. 9 months
4. 1 year 3 months
5. 1 year 9 months
6. 2 years 3 months
7. 2 years 9 months
8. 3 years 3 months
9. 3 years 9 months
10. 4 years 3 months
11. 4 years 9 months

Slide 26

U1 Do we need both or just certification vists?
User30, 5/13/2015

Predictors of Child Retention (number of certification visits)

Predictor	Coefficient Estimate	Standard Error	p value
Maternal pre-pregnancy BMI			
Underweight	-0.013	0.035	0.7078
Overweight	0.061	0.015	<.0001
Obesity	0.069	0.016	<.0001
Normal (ref)			
Infant Gender			
Female	0.003	0.012	0.8321
Male (ref)			
Infant Race			
NH Black	-0.138	0.017	<.0001
Hispanic	0.141	0.015	<.0001
Asian	0.046	0.044	0.2932
Other	-0.095	0.050	0.0584
NH White (ref)			
Breastfeeding			
No	-0.051	0.013	0.0001
Yes (ref)			
Mother Education			
High school	-0.158	0.018	<.0001
More than high school	-0.223	0.022	<.0001
Less than high school (ref)			
Household size	0.004	0.004	0.2793
Number of risk factors	0.028	0.005	<.0001
Birth weight	0.002	0.001	0.8308

Higher retention rates predicted by:

- Overweight or obese pre-pregnancy BMI
- Infants having more risk factors at enrollment

Lower retention rates predicted by:

- African American race
- Higher education
- Not breastfeeding

Next steps

- Meet with pilot sites to discuss 2 year old intervention & fidelity
- Analyze data on a full year's births
 - This will include FI pick up and redemption data
- Complete & distribute Community Outreach Kit