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

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ILLINOIS WIC NUTRITION SERVICES COORDINATOR

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)

Overview of IL WIC Program

Caseload served in FFY14: **265,923**

- 63,053
- 70,866
- 132,004

50% of caseload in Chicago/Cook Co.

**CONTRACTING AGENCIES**

- 99 Agencies
- > 170 Permanent Sites

Source: IL WIC Data FFY2014
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

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
WIC to 5 Model
(Theory of Planned Behavior)

Attitude/Beliefs About Staying in WIC

Social Support to Stay in WIC

Facilitators/Barriers to Stay in WIC

Intention to Stay in WIC

Recertification Pick-Up Missed Appts Redemption

What is Included?
(Theory of Planned Behavior)

*Targeted Communication to Clients

*Community Outreach *Strategic Partnerships

*Shopping Education Module *Vendor Outreach *Staff Incentives and Wellness

Intention to Stay in WIC

Recertification Pick-Up Missed Appts Redemption
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.

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.
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

Tips for WIC When Your Child Turns 1 Year Old

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
Community Outreach Toolkit

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

Outreach Poster

Strategic Partnerships

- 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

<table>
<thead>
<tr>
<th>Mother characteristics</th>
<th>Total N=7414</th>
<th>n</th>
<th>%</th>
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<tbody>
<tr>
<td>Pre-pregnancy weight (lb)</td>
<td>155.5±42.4</td>
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<td>Underweight</td>
<td>238</td>
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<td>Normal</td>
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<td>Weight at delivery (lb)</td>
<td>184.3±42.0</td>
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<tr>
<td>Weight gain during pregnancy (lb)</td>
<td>31.4±17.3</td>
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<tr>
<td>Breastfeeding</td>
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<td>Yes</td>
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<td>63.4</td>
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<td>2689</td>
<td>36.3</td>
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<tr>
<td>Unknown</td>
<td>27</td>
<td>0.4</td>
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<tr>
<td>Length of breastfeeding (month)</td>
<td>4.4±5.5</td>
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<tr>
<td>Household size</td>
<td>3.8±1.5</td>
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<tr>
<td>Education</td>
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<tr>
<td>Less than high school</td>
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<tr>
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<td>515</td>
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<td>Birth weight (lb)</td>
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<td>Weeks gestation at mom’s first certification (week)</td>
<td>17.0±9.2</td>
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<tr>
<td>Gender</td>
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<tr>
<td>Male</td>
<td>3681</td>
<td>49.6</td>
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<tr>
<td>Female</td>
<td>3733</td>
<td>50.4</td>
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<tr>
<td>Race</td>
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<tr>
<td>NH White</td>
<td>2208</td>
<td>29.8</td>
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<tr>
<td>NH Black</td>
<td>2051</td>
<td>27.7</td>
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<tr>
<td>Hispanic</td>
<td>2894</td>
<td>39.0</td>
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<tr>
<td>Asian</td>
<td>142</td>
<td>1.9</td>
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<tr>
<td>Other</td>
<td>119</td>
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Risk factors at the first assessment date

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<td>Risk assessment</td>
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<td>%</td>
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<td>Number of risks</td>
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<td>1</td>
<td>1784</td>
<td>24.1</td>
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<td>2</td>
<td>2837</td>
<td>38.3</td>
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<tr>
<td>3</td>
<td>1797</td>
<td>24.2</td>
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<tr>
<td>4</td>
<td>692</td>
<td>9.3</td>
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<td>5</td>
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<td>6 or more</td>
<td>108</td>
<td>1.5</td>
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Most Common Risk Factors at Enrollment*

- INFANT WIC MOTHER
- BF INF/MOTHER-PRI I
- ENVIRONMENTAL TOBACCO SMOKE...
- INAPPROPRIATE NUTR...
- AT RISK OF OVERWEIGHT
- INFANT NON-WIC HIGH-RISK...
- BF INF/MOTHER-PRI II
- OTHER BIRTH/INF CONDITIONS
- PREMATURITY
- LOW BIRTHWEIGHT
- SHORT STATURE FOR AGE
- AT RISK FOR SHORT STATURE
- UNDERWEIGHT
- AT RISK OF UNDERWEIGHT
- BF INF/MOTHER-PRI IV
- SMALL FOR GESTATIONAL AGE

*Can have more than one risk factor. Risk factors assigned to >1% of sample shown here.

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

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

ATTENDANCE AT WIC VISITS, N=7414

- Certification Visits
- Clinic Visits

Number of Visits Attended

Percent of Clients

0.0 20.0 40.0 60.0 80.0
Do we need both or just certification visits?
User30, 5/13/2015
Predictors of Child Retention (number of certification visits)

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

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