

STRENGTHENING MISSOURI WIC

Improving Maternal
and Child Health
through Research and
the Voices of WIC Families



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STRENGTHENING MISSOURI WIC: IMPROVING MATERNAL AND CHILD HEALTH THROUGH RESEARCH AND THE VOICES OF MISSOURI WIC FAMILIES

BACKGROUND

Operation Food Search (OFS) partnered with the Social Policy Institute (SPI) at Washington University in St. Louis to evaluate Missouri's Special Supplemental Nutrition Program for Women, Infants, & Children (WIC) in two phases. Phase One consists of statewide stakeholder engagement, and Phase Two will explore innovative solutions to transform WIC to be more efficient and effective for eligible participants. In Missouri, WIC typically serves over 100,000 infants, young children, pregnant and postpartum individuals, yet **only 53% of eligible Missourians enroll in WIC**. In Phase One we gathered background data on WIC uptake/participation from the Missouri Department of Health and Senior Services, identified key populations (i.e. eligible and non-participating groups), conducted 49 one-on-one phone interviews across the state, and analyzed preliminary themes regarding barriers and policy opportunities. During the spring of 2022, 2,918 Missourians completed the survey, providing valuable information about their perceptions of WIC. Over 97% of survey respondents were current WIC clients. SPI & OFS used the survey findings to evaluate WIC policy interventions aimed at increasing WIC participation.

KEY TAKEAWAYS

- WIC-eligible respondents experienced barriers to participation in the following: enrollment, appointments, and shopping with WIC.
- Families with a greater risk of adult and child food insecurity were more likely to experience transportation and technology barriers that limited their access and use of WIC benefits.
- Missouri WIC can be expanded by increasing online, virtual, and phone appointment options, increasing voucher amounts for use at farmers' markets/stands, making the increased cash value benefit (CVB) permanent, and expanding WIC benefits to meet the diverse dietary and nutritional needs of clients.
- The WIC participant experience can be improved by enhancing communications regarding eligibility, appointments, the WICShopper mobile app and available resources.

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Why Study WIC in Missouri?

The Special Supplemental Nutrition Program for Women, Infants, & Children (WIC) is an important provider of food assistance, health education, and other resources to more than six million nutritionally at-risk people in the U.S. In Missouri, WIC serves over 100,000 infants, young children, pregnant and postpartum individuals. WIC has proven to be a cost-effective program that consistently produces positive outcomes in the domains of food security, health, and financial stability.¹ Despite the program's efficacy and federal budget, WIC is underutilized at the state level. Nationally, only about 57% of all eligible individuals are enrolled in WIC. This rate is even lower in Missouri, where participation is just under 53%. Among the major eligibility groups, children ages one to four have by far the lowest participation rates, at around 45% nationally and 38% in Missouri.² WIC-eligible individuals face many barriers to participating in the program, including confusing eligibility guidelines, inaccessible appointments, food package limitations, and difficult shopping experiences.

Operation Food Search heard about some of these challenges from community members and decided to investigate. As a result, the WIC Innovation Project was born, with goals to increase WIC satisfaction among all stakeholders and to extend the program's reach to more eligible Missouri families. Using the WIC participants' experiences as a foundation and guide, Operation Food Search aims to increase WIC utilization in Missouri, with a special emphasis on the one-to-four population. In the first phase of the initiative, Operation Food Search conducted phone interviews with 49 current and former Missouri WIC participants. Based on their feedback, Operation Food Search partnered with the Social Policy Institute at Washington University in St. Louis to develop and launch a Qualtrics survey to gather more information on the WIC participant experience. During Spring 2022, 2,918 Missourians completed the survey, providing valuable information about their own WIC perceptions.

This report outlines key takeaways from both the interviews and survey, and is organized into three themes:

- **Barriers & Opportunities of Missouri WIC:** This section explores some of our findings regarding the logistical aspects of Missouri WIC, including the enrollment process, clinic appointments, benefit loading, recertification and grocery shopping.
- **Missouri WIC & Food Insecurity:** This section explores some of our findings between the relationship of adult and child food insecurity, WIC utilization, and further barriers to accessing WIC.
- **Innovative Policy Solutions:** This section highlights policy recommendations and considerations that can increase WIC utilization in Missouri.

¹ FRAC. (2019). Making WIC Work Better: Strategies to Reach More Women and Children and Strengthen Benefits Use. Retrieved from <https://frac.org/wp-content/uploads/Making-WIC-Work-Better-Full-Report.pdf>

² USDA, Food and Nutrition Service. (n.d.). WIC 2019 Eligibility and Coverage Rates. Retrieved from <https://www.fns.usda.gov/wic/2019-eligibility-coverage-rates#2>

The WIC Roadmap: Exploring Programmatic Barriers and Opportunities for Innovation

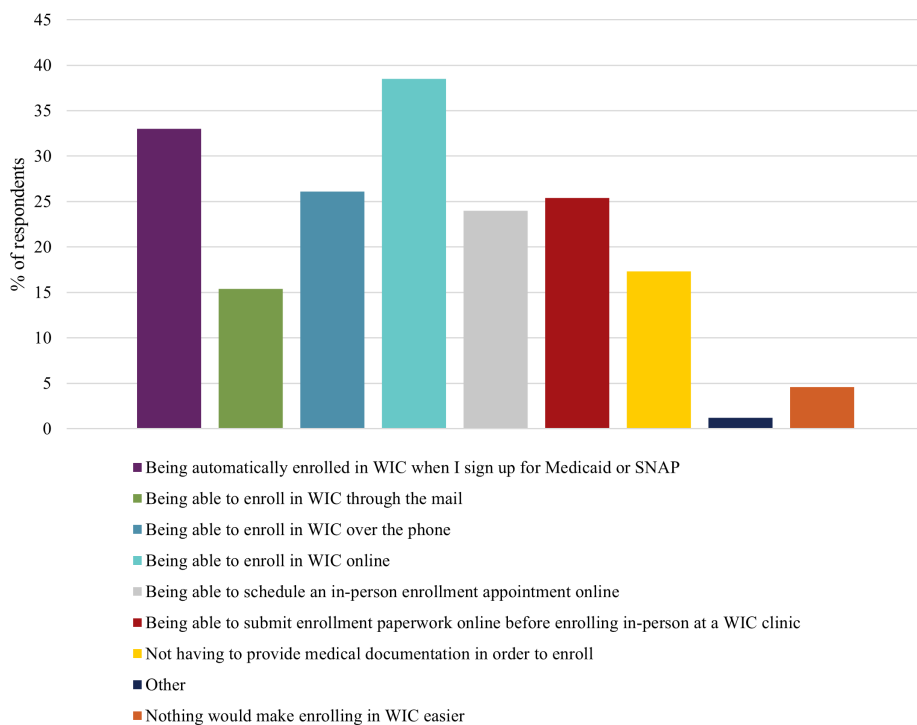
WIC ENROLLMENT

Our data found that WIC clients who are pregnant, breastfeeding and post-partum were more likely to experience enrollment barriers. Specifically, pregnant and post-partum WIC clients were more likely to experience technology-related enrollment barriers. Pregnant WIC clients were also more likely to experience additional enrollment barriers related to long clinic wait times and childcare needs. Moreover, Black and Hispanic WIC users were more likely to experience enrollment barriers than white respondents, specifically around transportation. According to one respondent,

“I still have to drive 25 [minutes] each way to get the [WIC] card reloaded”

When asked to select up to three changes in the WIC enrollment process, 38% of respondents selected being able to enroll online, 32% selected being automatically enrolled in WIC when enrolled with Medicaid and/or SNAP, and 26% selected being able to enroll in WIC over the phone (Figure 1).

Figure 1. What would make WIC enrollment easier?



Note: Respondents could select up three options

WIC APPOINTMENTS: RELOADING & RECERTIFYING BENEFITS

Our data showed that pregnant people found WIC clinic locations less convenient, as compared to other WIC-eligible groups. WIC clients in non-metro areas were more likely to report that WIC clinics were not conveniently accessible than those in metro areas. Hispanic WIC clients are more likely to report WIC clinic locations as being convenient. Some of the most significant barriers to navigating WIC appointments that respondents identified include access to technology (40%), inconvenient clinic hours (40%), long clinic wait times (39%), having to take off work (39%), and access to transportation (38%). Respondents additionally shared that trying to contact WIC clinics to schedule appointments and ask questions has been challenging:

“Making appointments is difficult...hard to get ahold of anyone”

Survey and interview respondents highlighted that attending in-person clinic appointments is a barrier to enrolling and participating in WIC. Some cited that clinic hours tend to conflict with their schedules, and WIC clinics across Missouri tend to differ in terms of hours, operations, and uploading benefits:

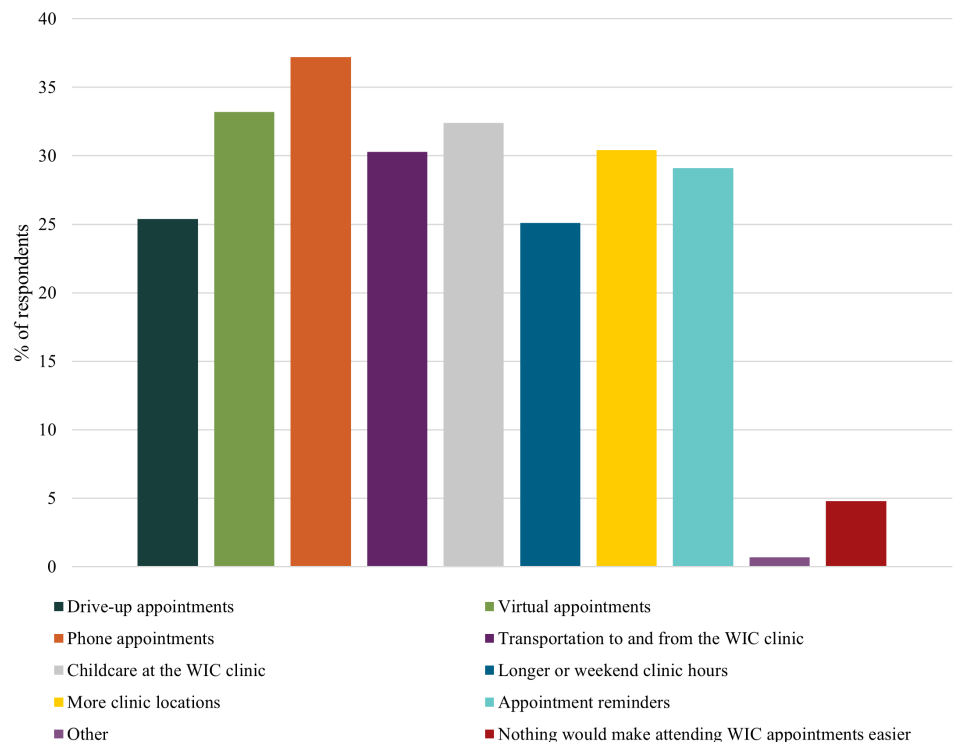
“The location closest to me is only one day a week.”

“WIC clinics are not uniformed. Some renew for two months some renew for three months.”

“Office hours were limited, and I could not afford to take off work in the middle of the day. The office hours that were always available made me miss a full day’s work.”

Improving accessibility of appointments is important for families to receive benefits, as only 37% of current WIC clients reported being able to visit the WIC clinic within the first week of new benefits being available. When asked to select up to three changes that would improve WIC appointments, most respondents chose phone appointments (37%), virtual appointments (33%), having childcare at the WIC clinic (32%), more WIC clinic locations (30%), and

Figure 2. What would make attending WIC appointments easier?



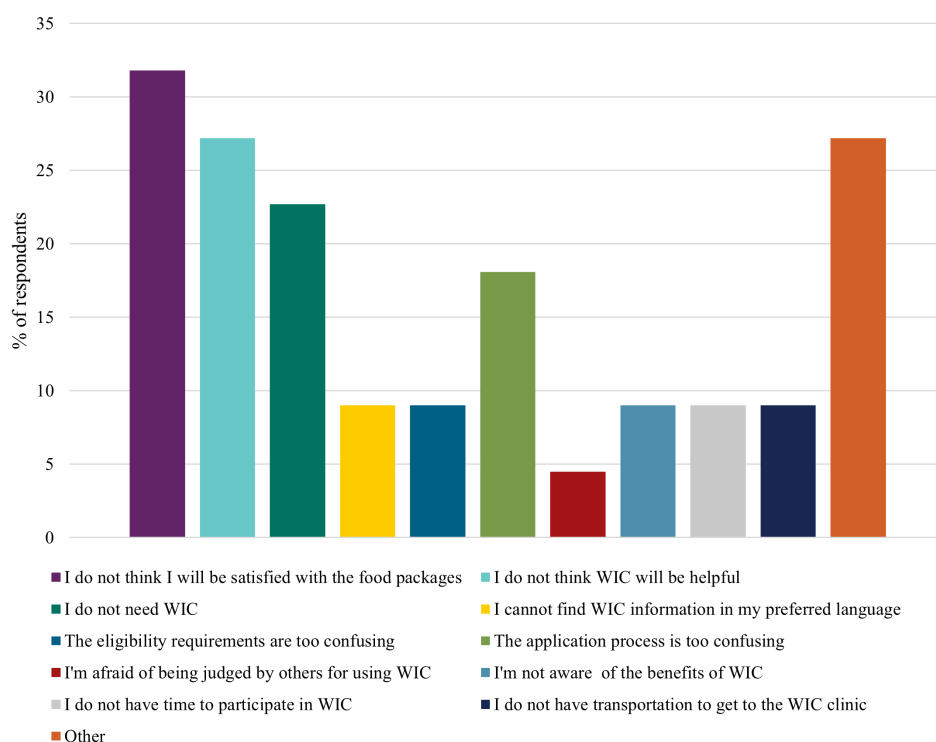
transportation to and from the WIC clinic (30%) (Figure 2). When asked what improvements could be made to the process for reloading benefits, respondents identified automatic reloading (42.7%), reloading benefits online (39%) and having more months of benefits loaded at a time (34.8%).

As indicated by one survey respondent:

“They need to figure out a way to load additional funds onto people’s cards who have already had their appointments for the upcoming months. Its been several times I’ve had an appointment then WIC will send out a text saying they increase the amount of fruits and veggies for however many months and we need to bring our cards to the office so they can reload it. I’ve missed out on that every time because I work during the hours that my WIC office is open, and I’m sure others have too.”

Overall, 78% of respondents were satisfied with the benefits reloading process. Across our qualitative and quantitative data collection, we learned that the majority of our survey respondents were new to WIC. Of the respondents who did not recertify WIC, 25% shared that they did not have time to recertify, 23% were no longer eligible, and 20% no longer needed WIC. Overall, 69% of respondents reported being very or somewhat satisfied with the WIC recertification process. WIC-eligible respondents who chose not to participate in WIC were more likely to not participate due to being unsatisfied with the food package (31%) (Figure 3).

Figure 3. Reasons for not enrolling in WIC despite being eligible



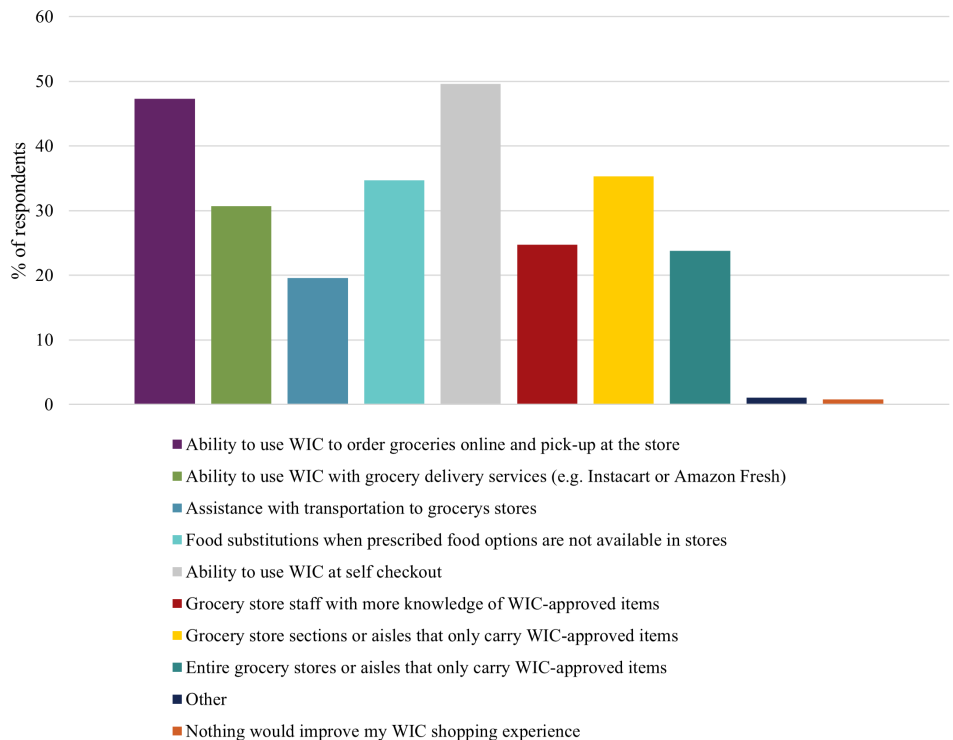
ADDITIONAL WIC SERVICES

WIC clients were least likely to be aware of the Breastfeeding Services provided by WIC. 62.9% of respondents were made aware of Breastfeeding Services at their WIC appointments, 63.9% were made aware of healthcare referrals, 74.6% were made aware of recipes with WIC-approved foods, and 87.5% were made aware of Nutrition Education. Of those who used the WIC Breastfeeding Services, 86% reported being very or somewhat satisfied. 70.5% of respondents reported being very or somewhat satisfied with WIC’s Nutrition Education.

SHOPPING EXPERIENCES WHILE USING WIC

Our data found that 89.6% of respondents have used the WICShopper App while grocery shopping. Approximately 73% of respondents agreed the WICShopper App made grocery shopping easier. 42.6% agreed they would like more training on how to use the WICShopper App. 71% of respondents were very or somewhat satisfied with using WIC at the store, and overall, 62.8% felt comfortable using WIC at the store. 56.7% of respondents agreed that WIC items were always in stock. 56.9% of respondents agreed that WIC items were easy to find. 52% were satisfied with the cashier's knowledge about WIC.

Figure 4. What would improve your WIC shopping experience?



However, 46.8% of respondents reported experience difficulties when checking out. Respondents identified being able to use WIC at self-checkout (49.6%) as one of the top improvements to the WIC shopping experience (Figure 4). One of our survey respondents shared that:

"because of a shortage of workers, sometimes there's no cashiers to check me out, so I have to leave with no groceries and it makes me sad."

Similar themes related to grocery store checkout, including delayed and/or cancelled WIC transactions, were shared with us throughout qualitative pieces of our survey. Respondents shared that technology was an added barrier when checking out, including WIC-approved items not being properly marked and issues with the WICShopper App or eWIC card not working at checkout. Additionally, ordering groceries online and pick-up in stores (47%), having sections/aisles of WIC-approved items in grocery stores (35%), and being allowed food substitutions when WIC-approved items are not stocked or available in stores (34.7%) were other popular improvements selected (Figure 4). Another WIC user shared:

"My biggest problem has been wit[h] produce items not being in the system correctly, so they are not approved when they should be."

The Relationship Between WIC and Food Insecurity in Missouri

In our survey, we used the USDA's 18-item US Household Food Security Survey Module to screen for level of adult and child food insecurity for WIC participants in Missouri. When accounting for income, number of adults and children, and other benefits, respondents who struggled to find all the WIC-approved items they wanted to buy when grocery shopping were more likely to experience higher levels of adult food insecurity.

Households experiencing technology and transportation barriers were generally more likely to report higher levels of food insecurity.

Additionally, respondents with WIC clinic locations that were inconvenient were more likely have higher levels of child food insecurity within their households (Figure 5). Similarly, adults experiencing technology barriers were more likely to report higher levels of food insecurity (Figures 6.1 and 6.2).

Figure 5. Child Food Security and Accessibility of WIC Clinics

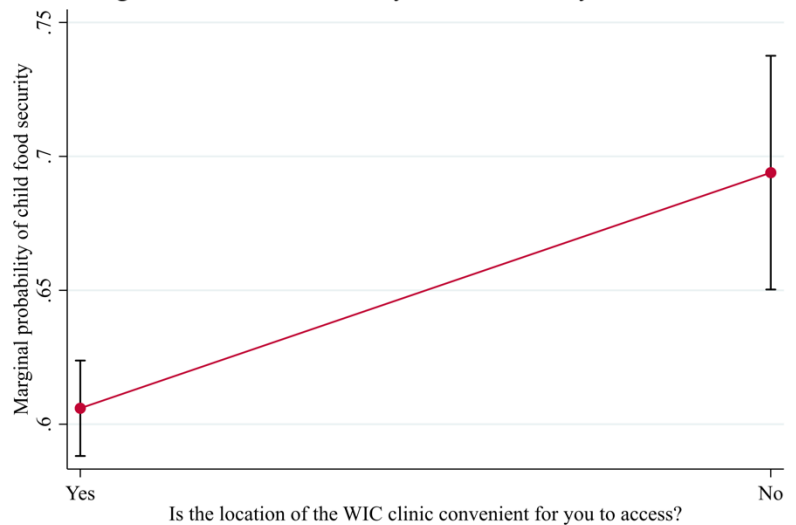


Figure 6.1

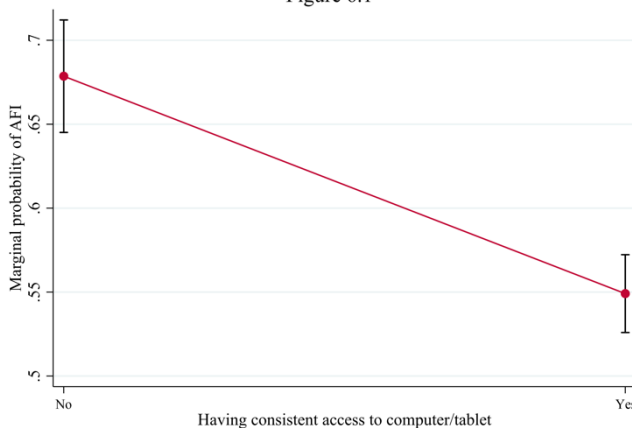
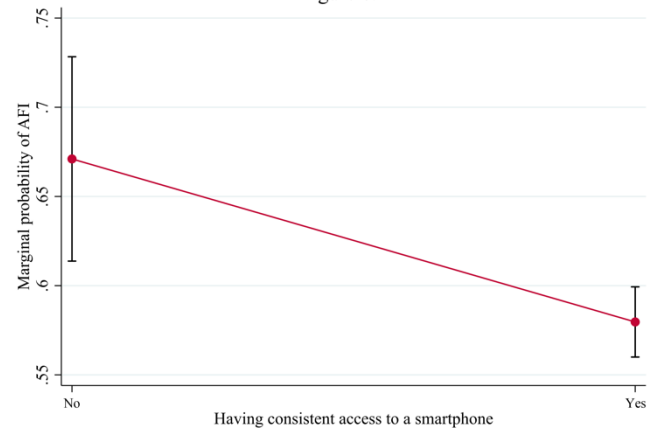


Figure 6.2



(Marginal probability of AFI = Marginal probability of adult food insecurity).

We found a similar trend when comparing child food insecurity status and access to technology as well. Alternatively, respondents who felt the WIC food package met their cultural dietary preferences were less likely to experience adult food insecurity. Households that take longer to reload their benefits once they expire were often more likely to have higher rates of adult and child food insecurity. Moreover, approximately half of our survey respondents indicated that they or someone in their household are

currently participating in the Supplemental Nutrition Assistance Program (SNAP). SNAP, formerly known as food stamps, offers a monthly benefit to help income-eligible families and individuals buy food. Over a quarter of survey respondents utilize TANF, or Temporary Assistance (TA) in Missouri, which provides temporary cash benefits to help families in need cover costs for their children.

Policy Recommendations: How Can We Expand Missouri WIC?

INCREASE WIC ACCESS: BENEFIT ENROLLMENT, RELOADING & RECERTIFICATION

35-40% of survey respondents reported experiencing WIC clinic barriers related to access to technology, access to transportation, clinic locations, long wait times, conflicts with work schedule, and finding childcare. Across our qualitative responses, we found that long wait times, crowded clinics, long appointments, and inconvenient clinic hours were among some of the most common barriers for participants when trying to enroll and participate in WIC benefits. 25% of respondents requested that WIC clinics have longer or weekend hours.

39% of survey respondents indicated that WIC could be improved if there was an option to enroll online. Additionally, 33% of survey respondents indicated that WIC enrollment could be improved if there was automatic enrollment in WIC with Medicaid or SNAP. 37% of respondents opted for phone appointments, and 33% opted for online appointments, instead of having to visit a WIC clinic in-person. When asked about improvements to benefit reloading, 43% of survey respondents opted for benefits to automatically be reloaded, without having to visit a WIC clinic. 40% of survey respondents opted for benefits to be reloaded online. Based on our data findings, we recommend implementation of more asynchronous appointment options (i.e. online, virtual, or over the phone) to allow WIC users more accessibility to enroll, reload benefits, and recertify with WIC without having to navigate barriers that deter WIC participation.

CASH VALUE BENEFIT

The vegetable and fruit cash value benefit (CVB) was first introduced in 2007 and is credited with improving the diets of WIC families.³ Due to the pandemic, Missouri WIC temporarily increased the cash value benefit (CVB) for fresh and frozen fruits and vegetables, as allowed by the USDA. The old benefits were \$9/month for eligible children, and \$11/month for eligible mothers. The extended benefits allowed \$24/month for eligible children, \$43/month for eligible pregnant and postpartum participants, and \$47/month for eligible breastfeeding participants. As indicated by one respondent:

“[W]ith inflation and grocery prices rising, we should get more money for fruits and veggies for the month. We are not surviving off of \$9-20 worth”

³ National WIC Association. (2021). WIC's Cash Value Benefit (CVB) Increase: What Does It Mean For Me? Retrieved from <https://www.nwica.org/blog/wics-cash-value-benefit-cvb-increase-what-does-it-mean-for-me#.YyNnR6HMJPZ>

We found that Missouri WIC users would greatly increase their monthly fruit and vegetable spending if the temporary CVB increase was made permanent, as indicated by *Figure 7*. Based on our data findings, we recommend that federal level policymakers consider a permanent increase of the CVB for Missouri WIC users.

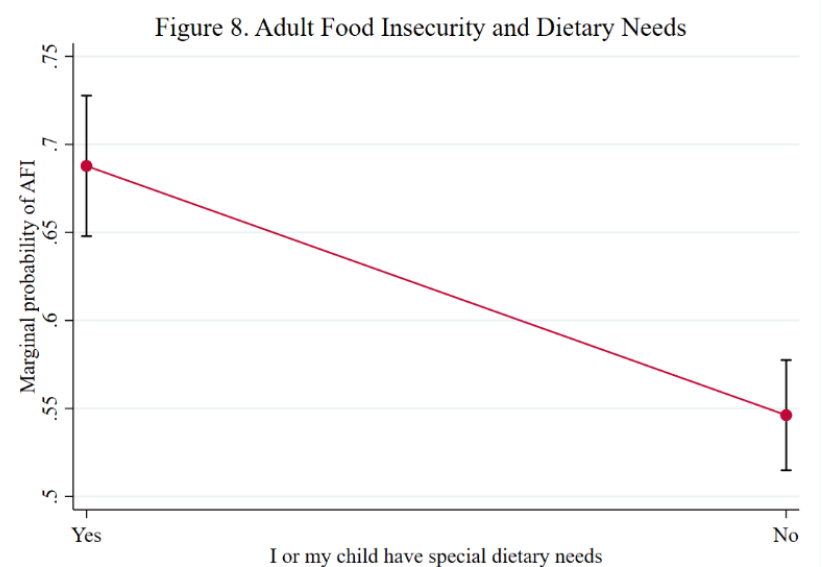
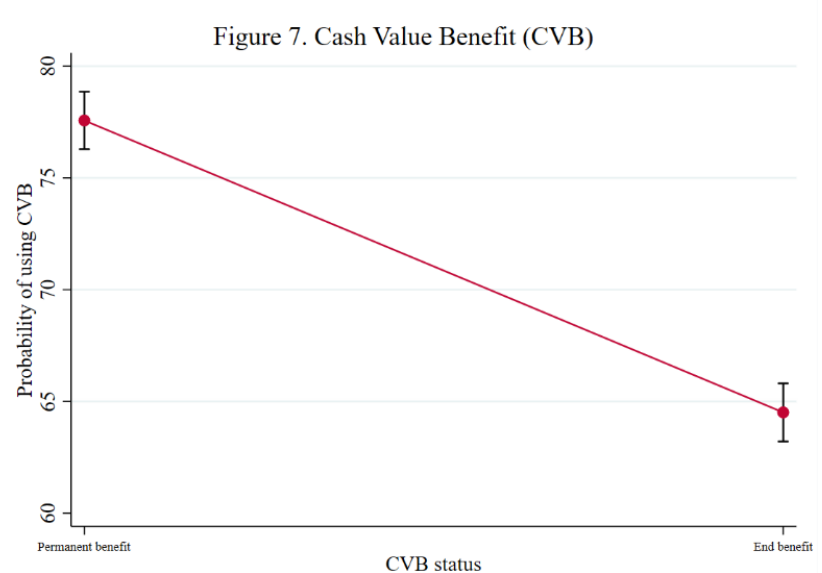
DIETARY ACCOMMODATIONS

As indicated by *Figure 8*, we found a relationship between adult food insecurity and special dietary needs. 21% of our survey participants identified they have special dietary needs, and 23% of respondents identified that their child(ren) has special dietary needs. Households with adults or children with special dietary needs were more likely to have higher rates of food insecurity (*Figure 8*). Additionally, we found that our respondents would like to see more protein options, such as meat, and nearly a quarter (24%) of our respondents indicated that they would like

to see more dairy-free options in the WIC package. The overwhelming majority of our qualitative feedback highlighted the need for improvements of the overall WIC food package, such as the need for substitutions:

“And so that's the only frustration is just not having it in stock and having to come back like a day or two later to see if it's in stock because I feel like it's a lot of back-and-forth driving, and it almost negates the purpose of saving money when I'm when I'm trying to save money through WIC.”

As noted in *Figure 3*, being dissatisfied with the WIC food package was one of the top reasons respondents did not enroll in WIC despite being eligible. Based on our findings, we recommend that Missouri WIC decision makers consider expanding the WIC food package to include more extensive brand options and allow WIC users to have purchasing flexibility to substitute items when a WIC-approved item is out of stock.



Other Key Policy Considerations

Looking ahead to the next phase of the WIC Innovation Project, we believe it's important to think about themes from our first phase that might inform our next steps for policy considerations at the state and organizational levels. The following are policy considerations we believe will be insightful as we convene with other key stakeholders, such as WIC retailers and clinics, to gain more knowledge about program and policy implementation barriers and opportunities.

WIC CLINIC IMPROVEMENTS

Based on survey and interview feedback, we learned that there are inconsistent hours/days of operation for Missouri WIC clinics. Some clinics operate daily, and some operate on a part-time basis, which has been indicated as an additional policy consideration for improving WIC accessibility. Based on available state data, we found that a significant number of Missouri counties, predominantly located in rural Missouri, often have only one WIC clinic location. Moreover, survey respondents indicated that clinic hours were often limited, inaccessible, and difficult to attend due to schedule conflicts with work, childcare, and overall long wait times and appointments. WIC users also indicated that it was often difficult to reach clinics over the phone to schedule appointments for enrollment, reloading benefits, and recertification. Policy considerations that could improve WIC access might include expanding funding to improve clinic staffing, extending the hours of existing Missouri WIC clinics, and improving communications of appointments and program resources. Creating family friendly WIC clinic environments that are clean, welcoming, allow diaper bags and baby carriers, have plenty of waiting room space that is equipped with entertainment for children, and that provide take-away information for parents was important to families during qualitative interviews.

GROCERY STORE IMPROVEMENTS

Common themes among survey respondents' experiences while shopping at the grocery store indicated that WIC users experience barriers to finding WIC-approved items and checking out. A common improvement that could be implemented among grocery stores, as requested by our survey respondents, would be to have better labeling of WIC-approved items, including having WIC-only shelves and aisles within WIC retailers. Additionally, it is imperative for grocery retailers to consider the accuracy of their WIC-approved item labeling to maintain consistency with the Missouri WIC guidelines and food package.

Likewise, respondents indicated that checking out at the grocery store was often a barrier to accessing WIC benefits because of technology issues that impact payment. Examples of technology barriers when attempting to use WIC benefits include: chip malfunctions at cash registers, eWIC cards being declined, WIC-approved items not being counted as WIC-approved in the grocery computer system, WIC being "offline," and lack of internet accessibility to use the WIC Shopper App. As a few respondents shared with us,

"Many times, fruits and veggies don't come up as WIC, and it's a complete hassle to fight it. The cards make it easier to combine all groceries but when something comes up not covered and it should be, it takes a whole circus to change it. Also, not being able to make one mistake entry for the card pin is a complete pain. I've had to cancel whole orders because of this."

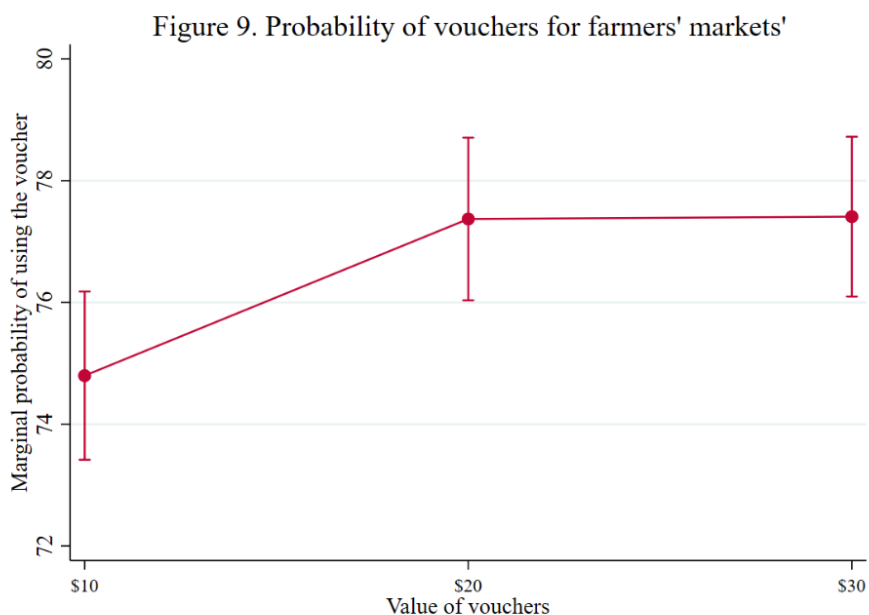
“Hate when I have a cart full of WIC approved items, and the store says the WIC is offline and not working, and I either have to pay with my own money or put it all back.”

Similarly, survey respondents indicated that having the ability to use self-checkout would eliminate many checkout barriers when attempting to use WIC benefits. Staffing shortages within grocery stores have often impacted WIC users and their ability to have a satisfactory checkout experience, or even redeem WIC benefits in general.

“Our Walgreens here in Springfield [have] mostly gone to having the self-scans on almost all of their registers...those registers aren't able to use WIC. We then have to call a person over and have them basically handle our transaction, to go over to a register where they can do it themselves. They don't have the four regular registers that have to be manned by someone open anymore. It just makes everything a lot more difficult.”

FARMERS' MARKET VOUCHERS

Lastly, Missouri has recently implemented the WIC Farmers' Market Nutrition Program, which provides four benefit vouchers of \$5 each, totaling \$20 annually. Vouchers can be exchanged for eligible foods at a farmers' market or roadside stand with an authorized farmer.⁴ Of the survey respondents who are current WIC users, approximately 90% said they would like to be able to use WIC to buy fruits and vegetables at local farmers' markets/stands. Additionally, respondents indicated that they would be more likely to use the farmers' market voucher at values of \$20 or more (see Figure 9). Based on our data findings, we recommend that policymakers consider continued support and expansion of Missouri WIC to be used at farmers' markets/stands.



⁴ Missouri Department of Agriculture. (n.d.). Farmers' Market Resources. Retrieved from <https://agriculture.mo.gov/abd/fmkt/#:~:text=The%20Missouri%20WIC%20Farmers%E2%80%99%20Market%20Nutrition%20Program%20%28WIC,in%20one%20of%20the%20following%2046%20Missouri%20counties%3A>

Summary of Demographic Data

The results showed that 97.7% of the respondents (n=2,851/2,918) are current WIC users and 2.3% (n=67/2,918) are not. Of the non-WIC users, 59.1% (n=36/66) used WIC three years ago and 40.9% (n=27/66) did not. In terms of demographics, of the 2,840 valid responses among people in the households who are currently using WIC, 23.4% (n=667/2,840) are pregnant, 24.9% (n=706/2,840) have a baby, and 24.1% (n=684/2,840) have a child or children. Additionally, of the 1,882 valid responses, 49% of survey households (n=923/1,882) have foster parent(s) and 55% (n=1,044/1,882) have grandparents. For recertification, 85.0% (n=2,453/2,886) have recertified with WIC in the past, while 11.6% (n=336/2,886) have not. For ethnicity, of 2,961 valid responses, 69.33% (n=2,053/2,961) are white, 14.2% (n=421/2,961) are African American, 8.6% (n=254/2,961) are Hispanic, and 7.9% (n=233/2,961) are others. For monthly pre-tax income, 34.9% (n=1,026/2,937) are \$0-2,000, 30.3% (n=889/2,937) are \$2,001-4,000, 27.1% (n=797/2,937) are \$4,001-6,000, and 7.7% (n=225/2,937) are \$6,001 or higher. When it comes to urbanicity, 68.7% (n=1,905/2,774) live in the metro area and 31.3% (n=869/2,774) in the non-metro area. Lastly, 76% of respondents utilize the State Children Health Insurance Program, 55.9% of respondents or their household utilize Medicaid, 50.3% utilize SNAP, 34.6% utilize Medicare, 28.8% utilize Social Security, 27.3% utilize TANF, and 25.7% utilize VA Benefits.