

Satisfaction of California WIC Participants With Food Package Changes

Lorrene D. Ritchie, PhD, RD¹; Shannon E. Whaley, PhD²; Nancy J. Crocker, MS, RD³

ABSTRACT

Objective: Assess California Women, Infants, and Children (WIC) participant satisfaction with the 2009 food package revisions and compare satisfaction based on language preference and timing of WIC enrollment relative to the revisions.

Methods: Computer-assisted telephone interviews of 2,996 WIC participants in 2010.

Results: Most participants (91.3%) were satisfied with checks for new WIC foods (fruits/vegetables, whole grains, and lower-fat milk) and 82.7% of participants were satisfied with amounts of foods that were reduced in the revised food package (milk, cheese, eggs, and juice). Difficulty using new checks was reported by 13.7% of participants. Compared with English-speaking participants, a higher percentage of Spanish speakers reported satisfaction ($P < .01$) and a lower percentage reported difficulties using checks ($P < .001$). A higher percentage of newer enrollees reported satisfaction compared with those participating in WIC before the revisions ($P < .01$).

Conclusions and Implications: This research suggests that recent policy change to the WIC food package improves WIC participant access to healthful food options without decreasing satisfaction.

Key Words: nutrition policy, patient satisfaction, Women, Infant, and Child (*J Nutr Educ Behav.* 2014;46:S71-S78.)

INTRODUCTION

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is the third largest federal nutrition assistance program in the US.¹ The WIC program provides a nutritional safety net for women and children during the developmentally critical life stages of pregnancy, postpartum, infancy, and early childhood (up to 5 years of age). In the US, approximately half of all infants and one quarter of young children, pregnant women, and postpartum women receive WIC benefits.² Benefits include checks (or in some states, electronic benefits transfers) for specific foods, education on nutrition and child feeding, breastfeeding

support, and referrals to other health and social service resources. The WIC program is unique compared with other federal programs, in that nutrition education is an essential component and only specified foods are allowed.

Since WIC's inception in 1974, the WIC food package has included milk, cheese, eggs, breakfast cereal, 100% juice, and beans or peanut butter. In 2009, the US Department of Agriculture (USDA) made substantial revisions to better align the food package with the 2005 Dietary Guidelines for Americans by adding fruits, vegetables, and whole grains, and emphasizing lower-fat milk.³ In California, the food package now includes a cash-value voucher (\$6 for children

and \$10 for women) for fresh, canned, or frozen fruits or vegetables, and checks for whole wheat bread, corn or whole wheat tortillas, brown rice, oats, bulgur, or barley. The amount of milk provided is slightly reduced, and women and children ages 2–5 years can no longer purchase whole milk with WIC checks. To make WIC foods more consistent with the Dietary Guidelines, as well as to keep food costs neutral, cheese, eggs, and 100% juice are now offered in reduced amounts compared with years before 2009.

At the same time these programmatic changes were being implemented, participation in WIC declined from a national peak (numbers in thousands) of 9,122 and 9,175 in 2009 and 2010, respectively, to 8,908 in 2012.⁴ Monthly decreases have been observed among all categories of WIC participants: women, infants, and children.⁴ Could participant dissatisfaction with changes in the amounts and types of foods offered under the revised package, the accessibility of the new foods, or the ease of use of checks for the new foods have contributed to the recent decline in WIC participation?

The goals of the current study were to: (1) assess the satisfaction of

¹Atkins Center for Weight and Health, University of California, Berkeley, CA

²Public Health Foundation Enterprises-WIC Program, Irwindale, CA

³California Department of Public Health, Special Supplemental Nutrition Program for Women, Infants, and Children, Sacramento, CA

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Address for correspondence: Lorrene D. Ritchie, PhD, RD, Nutrition Policy Institute, 1111 Franklin Street, #10123, Oakland, CA 94607; Phone: (510) 987-0523; Fax: (510) 587-6415; E-mail: Lorrene.Ritchie@ucop.edu

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California WIC participants with revisions to the food package; (2) examine difficulties reported in using the new checks and finding the new foods after the food package changes; and (3) compare satisfaction and difficulties by language preference (Spanish vs English), and time of initial WIC enrollment (before vs after the food package revisions). The researchers compared primary Spanish vs English speakers because prior research showed a higher level of satisfaction with WIC nutrition education among Hispanics compared with other groups.^{5,6} Participants who had enrolled in WIC before food package changes were compared with participants who enrolled afterward because those who were relatively new to WIC, having no prior experience with the original package, might be more accepting of the new package.

METHODS

This study was part of a larger pre-post cross-sectional examination of the impact of a statewide education campaign and the revised food package on California WIC participants. Three cohorts were examined before and after the revised food package. The design of the WIC Nutrition Education and Food Package Implementation (NEFPI) study has been described previously.^{7,8} Briefly, interviewers administered surveys via telephone before the statewide campaign; after the campaign but before the October, 2009 food package changes; and approximately 6 months after the changes. The data for this study came from the third NEFPI survey administration (March to May, 2010). The California State Institutional Review Board determined NEFPI to be exempt from review based on the use of anonymous survey procedures with adults.

Survey Development

Survey questions on program satisfaction and difficulties resulting from the food package changes were adapted from other tools written in English and translated into Spanish by bilingual WIC staff familiar with the language used by the Hispanic (primarily Mexican American) WIC population in California, pilot-tested, and revised accordingly. Questions were

programmed in to a computer-assisted telephone interviewing system to provide greater consistency by controlling skip patterns, branches, and randomization of items in a battery. The entire survey included 88 items and took 15–20 minutes to complete.⁹

The following sociodemographic factors were assessed: gender, age, race/ethnicity, language preference, highest level of education, current employment and school attendance status, family income, current pregnancy and breastfeeding status, number of people in the household (total, children and currently receiving WIC), and duration on WIC. Satisfaction was assessed with a series of 11 items using the same question format (“How satisfied are you with ...”) and response options (“very satisfied,” “somewhat satisfied,” “not too satisfied,” or “not at all satisfied”; refused responses and “do not know” were accepted but not presented as options; not receiving a specified benefit was also accepted as an answer option when relevant). To encourage participants to decide between satisfaction and dissatisfaction, and thereby provide clarity in the interpretation of results, a more traditional 5-point scale that includes a neutral answer option was not used. Instead, “refused” and “do not know” were allowed as answer options for situations when participants were unsure about how to answer or did not want to respond. For each question, < 1% of respondents said that they did not know or refused to answer. Satisfaction with the following WIC benefits was assessed: services received from staff; new foods; education provided regarding the new foods and checks; new food shopping guide (California WIC participants were provided an 11-page shopping guide on foods authorized by WIC)¹⁰; checks for fruits/vegetables; checks for whole grains; switch to only lower-fat milk; total amount of milk; total amount of cheese; total amount of eggs; and total amount of juice. Response options, “very satisfied” and “somewhat satisfied,” were combined into 1 category signifying “satisfaction.”

The authors assessed challenges using the new WIC benefits, with 5 items. Participants were asked to rate using the checks for fruits/vegetables and using the checks for whole grains as “very

easy,” “somewhat easy,” “somewhat difficult,” or “very difficult.” Participants were also asked whether they had experienced difficulties in the past month using the new WIC checks in general, finding the fruits/vegetables wanted, and finding the whole grains wanted. Response options, “somewhat difficult” and “very difficult,” were combined into 1 category signifying “difficulty.”

Data Collection

Field Research Corporation, an independent public opinion research firm, conducted phone surveys. Before data collection, experienced bilingual interviewers were trained in study-specific interviewing techniques. To maintain WIC participant confidentiality, auto-dialers were used and interviewers knew only the first name of the person being called.

Participant Sampling

A random sample of 9,000 was selected from all enrolled California WIC families who received WIC services in January, 2010 (N > 800,000). Study participants were either pregnant or postpartum, or the parent of a child (0–5 years of age) enrolled in WIC. Data collection was considered complete when about 3,000 surveys were concluded. A sample size of 3,000 per survey administration was selected to be able to detect a 2% to 3% change in the proportion of participants reporting a behavior change in the NEFPI study. Only participants who could complete the survey in English or Spanish, reported that they or a child in the household were currently enrolled in WIC, and were at least 18 years of age were eligible for the survey. Up to 8 attempts were made at different times of day and different days of the week to reach each potential participant.

Data Analysis

The researchers analyzed data using R statistical computing software (version 2.8.1, R Development Core Team, Vienna, Austria, 2008). Analyses were considered significant at $P < .05$. Means, standard deviations, and frequencies were computed separately for each subgroup (Spanish vs English language preference, and WIC enrollment before vs after

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