

Chapter 9

Program Participation

Cost-containment practices can negatively affect WIC participation levels in several ways. First, if a State's use of competitive pricing criteria at application reduces the number of authorized vendors and makes it difficult or inconvenient for participants to travel to a WIC-authorized outlet, some of them may become dissatisfied with the program and either stop participating (by not picking up or redeeming their food instruments) or not seek recertification at the end of their certification period. Second, food-item restrictions may have similar effects if participants are dissatisfied with the choices on their State's list of approved foods. Third, through word of mouth, participant dissatisfaction with a reduced availability of vendors or foods associated with cost-containment practices might keep otherwise-eligible individuals from applying for program benefits.

Research Approach

This chapter examines the possible effects of vendor and food-item restrictions on WIC program participation by examining the incidence of participants in the six case study States who "dropped out" of WIC. Focus groups with participants who stopped picking up their food instruments then probed the extent to which different cost-containment practices may have influenced the decision to stop participating.

It is beyond the scope of this study to estimate the degree to which cost-containment practices may have kept otherwise-eligible individuals from applying to WIC. Based on the findings presented in earlier chapters, however, and especially the survey results on participant satisfaction found in chapter 6, there is little evidence that cost-containment practices had any measurable adverse impact on program application rates in the case study States.

WIC Program Dropouts

The study defined and identified WIC program "dropouts" as WIC participants who failed to pick up their WIC food instruments for two consecutive months during the six months prior to November 2000. That is, they missed a scheduled food instrument issuance and did not pick up the instruments within 60 days, regardless of whether they were supposed to pick up a one-, two-, or three-month supply at the time. This definition does not preclude identifying as dropouts participants who later returned to the program. For instance, a participant could have failed to pick up her food instruments in September and October 2000, but then picked up new instruments in November.

Food instrument issuance data are recorded at WIC service sites and maintained in the State's information system. Given the variations in the information maintained on each State's system, the study could not use the same definition for dropouts in California as in the other States. Dropouts in California could only be identified as those participants who failed to pick up their most recent issuance.

Table 9-1 presents the calculated dropout rates for the six States. California had the highest rate, 4.2 percent, perhaps due to the different definition of dropout used there.¹ The remaining dropout rates were 3.3 percent (Connecticut and Ohio), 3.1 percent (Oklahoma and Texas), and 2.1 percent (North Carolina). The rates were generally low and consistent. Based on the States' issuance data, there does not seem to have been a problem with participants failing to pick up their food instruments.

Table 9-1—Program dropout rates

	CA	CT	NC	OH	OK	TX
	<i>Percent</i>					
Dropout rate	4.2	3.3	2.5	3.3	3.1	3.1

The dropout rate in California measures the percentage of WIC participants who failed to pick up their most recent set of food instruments prior to November 2000. In the other States, the dropout rate measures the percentage of WIC participants who failed to pick up their food instruments for 2 consecutive months in the 6 months prior to November 2000.

Source: State issuance data from November 2000.

The dropout rates in table 9-1 represent WIC participants who failed to pick up their food instruments for 2 months in a row (or just the most recent month, in the case of California) for any reason. A subset of these participants may have dropped out as a result of dissatisfaction with available WIC-authorized outlets or approved foods. Other factors could explain participants' dropout behavior, however, including problems getting to the clinic, poor service or language problems at the clinic, perceived stigma, difficulty using the food instruments, thinking they were no longer eligible for the program, or moving out of the area.

To determine if and why vendor or food-item restrictions might cause some participants to drop out of the WIC program, the study conducted focus groups in April 2001 with dropouts in five cities. Focus groups were used rather than a survey because focus groups are better suited for learning about how specific factors of interest (here, cost-containment practices) fit into an overall pattern of reasons for dropping out of WIC.

To better understand the role of cost-containment practices in explaining dropouts, it was necessary to invite to the focus groups only dropouts for whom cost-containment practices were a contributing cause. A screener survey therefore asked dropouts why they stopped picking up their WIC food instruments. If the respondents said they believed they or their children were no longer eligible for WIC, they were not recruited for the focus group.² If any reason related to not liking WIC stores or foods was given, the respondents were invited. If the respondents did not indicate dissatisfaction with WIC stores or foods as a reason for dropping out, they were asked explicitly whether either factor contributed to their decision. If they said "yes" to either question, they were invited to the focus group.

¹ Whether the different definition used for California would cause measures of dropout rates to increase or decrease is not known. Although 1-month dropouts would occur more frequently than two-month dropouts, the two-month dropouts could have occurred at any point in a six-month period. In contrast, the California dropout rate was measured only for the most recent issuance.

² These respondents were not invited to a focus group because the project team believed that a respondent's perception of no longer being eligible would dominate any other possible reasons for not picking up her food instruments. Thus, little would be learned about the possible role of food-item and vendor restrictions.

The plan was to have 8 to 9 WIC dropouts in each State attend a focus group session. For reasons described below, it was not possible to conduct a focus group in Hartford, CT, so two focus groups were held in Los Angeles, CA. Other focus group sites were Charlotte, NC; Houston, TX; Oklahoma City, OK; and Cleveland, OH. It was not always possible to find enough WIC participants in a single city in each State who met the screening criteria (which included speaking English), despite selection of the city in each State with the largest number of identified dropouts. A total of 34 respondents participated in the six sessions.³

Out of 268 identified dropouts in Hartford, none met the screening criteria. Recruiting efforts were difficult in the other sites as well, suggesting that most dropouts stopped picking up their food instruments for reasons unrelated to cost-containment practices.⁴ Following common practice in focus group selection of a certain number of people meeting specified criteria, the screening interviews did not follow the same procedures as an evaluation survey (for example, callbacks to increase response rates or a full follow-through on all released sample). For this reason, one cannot use the results of the screening interviews to estimate the percentage of dropouts who gave specific reasons for their decision.

Given the recruiting difficulties and the relatively small percentage of participants who dropped out, it is likely that only a small fraction of WIC participants in the six States left the program for reasons related to cost-containment practices. This assessment is reinforced by what was learned at the six focus groups, as described below.

Each focus group began with a discussion about attitudes toward the WIC program. Focus group participants were generally positive about the program, and indeed many had resumed picking up their food instruments. The free food supplements and health referral services were the favorite components of the program, with many respondents saying the supplements helped them meet the nutritional needs of their children. Mothers with infants relied on the program to obtain expensive infant formula. Likewise, the mothers said the WIC program was a valuable source of information on child health care. Many respondents said they sought health information from WIC on child immunizations. These positive attitudes and resumed participation are evidence that the focus group participants did not have strong complaints about the WIC program. Rather, as discussed later, they continually weighed the advantages and disadvantages of continued participation and, with changing circumstances, made different decisions at different times.

Using a card-sort technique, participants were then invited to rank the relative importance of six different reasons for not picking up their food instruments:

1. I don't like the experience in the clinic.
2. I can't shop at my usual store.
3. It is too confusing to find the allowed item on the WIC vouchers.

³ The number of participants at each focus group was Cleveland (5), Charlotte (7), Oklahoma City (2), Houston (4), and Los Angeles (8 and 8).

⁴ Pre-coded responses to the question included (1) transportation or child care problems getting to the clinic; (2) poor service at the clinic, long waiting lines, or crowded waiting areas; (3) clinic staff not speaking your primary language; (4) feeling like participation in the program labeled you as "poor"; (5) not liking the kinds of food you could get from WIC; (6) trouble using the food instruments; (7) not liking the stores where WIC instruments can be used or the stores not being convenient; (8) not being able to get infant formula anymore; and (9) thinking you were (or your child was) no longer eligible for WIC.

4. I don't like the experience at the checkout.
5. I don't like the WIC food-item selections.
6. Overall, I don't think the benefits are worth the extra hassles.

Results from the card sort exercise are not available for the Cleveland focus group.⁵ Among the remaining five groups, only three out of 27 respondents said that not liking the WIC food-item selections was their main reason for not picking up their food instruments, with another six respondents giving food-item selections as their second most important reason. Not being able to shop at their regular store was consistently at the bottom of the list (only three respondents gave this a first or second ranking). These findings about the relative importance of factors other than food-item and vendor restrictions are especially striking when one recalls that the screening criteria used to select focus group participants were related only to possible effects of food-item and vendor restrictions.

"I don't like the experience in the clinic" was the most commonly cited reason for not picking up food instruments, with 13 of 27 respondents giving this as their first or second most important reason. Eight respondents said their first or second reason was that the WIC benefits were not worth the extra hassle of obtaining them.

With regard to food selection, many respondents voiced preferences for food items not federally approved for WIC (like sweetened cereals). Some complaints, however, were related to food restrictions imposed by the States. Examples, by item, included the following.

Milk

"We used to get any kind of milk you want and now you have to get the store brand milk. And I don't understand what's the difference and why can't you get Pet milk." (Charlotte, NC)

"I mean the [store-brand] WIC milk doesn't taste very good...It tastes spoiled...old...watery." (Oklahoma City, OK)

Eggs

"You can only get [one] brand of eggs and they [the store] won't let you substitute because WIC won't pay for the substitution." (Oklahoma City, OK)

Cereal

"When it comes to the selection of cereal, there is no selection. You can only get about five different cereals. There are 30 brands of cereal that are healthy that they could put on there." (Charlotte, NC)

"I think they need to broaden their [cereal] selections." (Los Angeles, CA)

"I don't like corn flakes or Kix cereals." (Cleveland, OH)

⁵ The cards for the Cleveland focus group were lost in transit. Review of the transcript from the Cleveland session indicates that problems at the clinic were the main reason respondents gave for not picking up their food instruments.

“There’s not enough selection on the cereal.” (Houston, TX)

“My kids won’t eat Kix. They won’t eat those Cheerios.” (Los Angeles, CA)

“Kids don’t want that [cereal]. You have to get the store brands and that’s a no-no.” (Los Angeles, CA)

“I don’t like WIC food items, but that is only for the cereal though.” (Oklahoma City, OK)

“Don’t like getting the off-brand because they are not end up tasting right.” (Oklahoma City, OK)

Juice

“This one lady told me you can’t get mixed juice. You can only get one, all grape, all apple, or something like that.” (Los Angeles, CA)

“You can get orange juice, but the orange doesn’t taste like orange.” (Los Angeles, CA)

“Generic beans don’t really make a difference because beans is beans, but generic juice is nasty, generic cereal is nasty!” (Los Angeles, CA)

“I’d prefer a national brand [of juice]...I don’t like generic stuff” (Los Angeles, CA)

Cheese

“I just feel they should add sliced cheese in there because if you’re making kids grilled cheese or making the kids sandwiches or something like that the slices are better.” (Los Angeles, CA)

“And they don’t allow you to get individually wrapped cheese. You have to get the cheese that is thrown together in the pack. It gets hard and you can’t use it.” (Cleveland, OH)

“It’s not Kraft and it’s not milk cheese. It’s that oil-based cheese, and if you try to melt it all of a sudden it just turns oily, constantly, like processed cheese.” (Los Angeles, CA)

“You can’t get high-quality cheese.” (Los Angeles, CA)

A few comments were also heard about access to WIC stores:

“I don’t like how you can’t go to any store and use WIC.” (Oklahoma City, OK)

“I can’t shop at my usual store. Because the store, by being so cheap ... they don’t accept WIC.” (Cleveland, OH)

“I live on the west side and we have four stores close by me. None of these corner stores accepted WIC until last year.” (Cleveland, OH)

Respondents were also asked to rate their satisfaction with the types, quantities, and brands of selected WIC foods. Key findings related to satisfaction with **allowed types** were:

- Respondents liked having different types of juice to choose from.
- Most respondents disliked the selection of cereals on their food instruments. They understood that unsweetened cereals were more nutritious than sweetened cereals, but they said they had to add sugar to the unsweetened cereals to get their children to eat them. Several respondents remarked about having to give their WIC cereals away or find a place to store them because nobody at home would eat them.

Key findings related to satisfaction with **allowed brands** were:

- Most respondents were very satisfied with milk, and they generally did not perceive a difference in taste from one store brand to another.
- A few respondents were unhappy that they could not buy national brands of cheese.
- Some respondents complained about not being able to purchase national brands of juice.

Key findings related to satisfaction with **allowed packaging** were:

- Some respondents did not like having to buy milk in gallon containers, preferring smaller containers.
- Most respondents enjoyed the option of purchasing adult juice in either a plastic bottle or can.
- Most respondents were very satisfied with prescribed cheese, but they did not like having to select it in blocks, which they found hard to store and keep fresh.

A number of respondents also said that quantities of prescribed food were inadequate, especially for milk, eggs, and juice.⁶ Cost-containment practices, however, do not change quantities of prescribed food.

A common theme running through the food-item discussions was that, whether due to State cost-containment practices or Federal restrictions on approved foods, the decision to not pick up one's food instruments reflected a balance between benefits and costs. These groups of participants weighed the benefits of the prescribed food against the difficulties and inconvenience of going to the WIC clinic to pick up their food instruments and using them at the store. Food-item restrictions on types, brands, and packaging of approved foods clearly bothered some of the focus group respondents, but the problems of picking up the instruments at the clinic and using them at store checkout counters bothered them more. Even among this select group of participants, however, the balance between perceived benefits and costs varied over time. Although the focus groups did not include income levels or income changes as a scheduled topic for discussion, respondents sometimes mentioned that they were more likely to pick up and use their food instruments when money was

⁶ Remarks in the focus groups that not enough food is prescribed contrasts with survey findings reported in chapter 6 and appendix I. Survey respondents sometimes said that they did not buy or consume all their WIC food because too much was prescribed. The two findings are not inconsistent, but merely reflect the two ends of an overall distribution of participant beliefs about the adequacy of prescribed quantities of food.

scarce. This is why some of the respondents had resumed picking up their food instruments by the time the focus groups were held in April 2001.⁷

Conclusions

Based on these findings, there is little evidence that cost-containment practices had a negative impact on program participation in any of the study States. Five factors justify this conclusion. First, the study identified relatively few participants in each State as dropouts; the vast majority (generally over 90 percent, according to chapter 8) of WIC participants picked up their food instruments each month. Second, only a subset of all dropouts said that restrictions on authorized vendors or foods contributed to their decision to drop out. Third, even among this subset of dropouts, the food-item and vendor restrictions usually were not the major reasons for failing to pick up food instruments; instead, unpleasant experiences with clinic staff and inconvenience were cited more often as the reason. Fourth, a number of the focus group respondents said they had already resumed picking up their food instruments. Finally, the overall levels of satisfaction with and use of WIC foods (reported in chapter 6) make it unlikely that very many otherwise-eligible individuals did not apply for program benefits because they heard complaints from participants about restrictions on authorized stores or allowed foods. Together, these five factors indicate that cost-containment practices had little or no impact on program participation.

⁷ Recall that the dropout “event” occurred during the 6 months preceding November 2000.