U.S. DEPARTMENT OF AGRICULTURE

Third National Survey of WIC Participants (NSWP-III)

BRIEF REPORT 6: WIC PARTICIPANT SATISFACTION AND SHOPPING EXPERIENCE

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ABSTRACT

Background: The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a key part of the nation's public health infrastructure, providing nutritious supplemental foods, nutrition education, breastfeeding support, and referrals to health and social service programs for low-income pregnant and postpartum women, infants, and children up to age 5 who are at nutritional risk. The National Survey of WIC Participants (NSWP) series is designed to provide national estimates of WIC participants, State agencies' (SAs) and local agencies' (LAs) characteristics, and improper payments resulting from participant certification errors in WIC. NSWP is conducted approximately every 10 years. This brief is part of a series of 10 briefs that describe findings from the NSWP-III study, which collected data in 2019.

Objective: This brief provides information on participant satisfaction with WIC staff, operations, and services and the factors that inform WIC food purchases.

Methods: Data were collected from the following sources during the summer and fall of 2019: a nationally representative survey completed by current WIC participants that was administered either in person or over the telephone (weighted n = 6,397,412; unweighted n = 1,648) and a telephone interview with a convenience sample of 125 former WIC participants.

Findings:

- Compared to 2009, satisfaction levels in 2019 increased significantly ($p < 0.05$) in the following areas: customer service (approximate 23 point increase), staff knowledge (approximate 29 point increase), and staff's ability to speak participant's language (approximate 25 point increase).
- Participants also were asked to rate whether the food benefits included nutritious foods, the right quantity of foods, and their preferred foods. The perceived nutritional content of the food package received the highest rating of excellent by more than half of participants (53.8 percent), followed by a quarter of participants (26.3 percent) who rated nutrition as very good. Most participants were satisfied with their food benefits providing the right amount of food, with 45.2 percent providing a rating of excellent and an additional quarter (24.9 percent) of participants providing a rating of very good. Most participants were satisfied with their food benefits including their preferred foods, with 42.0 percent rating the food benefits as excellent and an additional quarter (24.2 percent) of participants rating food benefits as very good.
- Among participants residing in SAs participating in the Farmers' Market Nutrition Program (FMNP), 47.2 percent of participants reported that they participated in FMNP. Of those, approximately half (52.1 percent) rated the program as excellent. Of those who did not participate in FMNP (50.9 percent), the top two reasons for not participating were that the farmers' market was in an inconvenient/unknown location (22.3 percent) and participants did not know about the program (18.3 percent).
- Former WIC participants were asked to identify and describe their level of satisfaction with the services they used while enrolled in WIC. Among those respondents that used the respective services while enrolled in WIC, a majority reported satisfaction with referrals to the other programs (94.4 percent; n = 17) and nutrition education and counseling (76.3 percent; n = 58), while a fewer percentage of respondents reported satisfaction with breastfeeding supports (67.1 percent; n = 51) and vaccinations (60.0 percent; n = 6).

Conclusion: Overall, WIC participants were satisfied with WIC services and the WIC food benefits. Future studies could continue to assess WIC participant satisfaction with the program to help ensure WIC continues to meet participants' needs.

INTRODUCTION

Background

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a key part of the nation's public health infrastructure, providing nutritious supplemental foods, nutrition education, breastfeeding support, and referrals to health and social services programs for low-income pregnant and postpartum women, infants, and children up to age 5 who are at nutritional risk. The United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) administers WIC by providing Federal grants to 89 State agencies (SAs), including 50 States and the District of Columbia; 33 Indian Tribal Organizations (ITOs); and the 5 U.S. Territories of American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, Puerto Rico, and the U.S. Virgin Islands. In 2019, the average monthly WIC participation was 6.4 million participants nationwide.[1]

Participant satisfaction with benefits and services is critical to WIC, ensuring operations and service delivery are carried out successfully and continue to positively impact the lives of WIC families.[2] Furthermore, WIC participation has been associated with improved birth rates, diet, healthcare costs, immunization rates, and cognitive development.[3]

The National Survey of WIC Participants (NSWP) series is designed to provide information on the characteristics of nationally representative samples of WIC participants, SAs, and LAs, and to produce estimates of improper payments resulting from participant certification errors in WIC. The first NSWP study was conducted in 1998, and NSWP-II was conducted in 2009.[4,5]

The NSWP-III findings in this brief are based on data collected from two surveys during the summer and fall of 2019; the Program Experiences Survey (PES) administered to a nationally representative sample of current WIC participants; and the Former Participant Survey (FPS), which was a telephone interview with a convenience sample of 125 former WIC participants.

Research Objective and Questions

One component of NSWP-III is to provide information on the WIC participant satisfaction and shopping experiences.[6] Specifically, the brief report addresses the following research questions:

[1] U.S. Department of Agriculture, Food and Nutrition Service. (2019). *WIC Program: National level annual summary*. https://fns-prod.azureedge.net/sites/default/files/resource-files/wisummary-6.pdf

[2] U.S. Department of Agriculture, Food and Nutrition Service. (2013). *About WIC-WIC at a Glance*. https://www.fns.usda.gov/wic/about-wic-wic-glance

[3] U.S. Department of Agriculture, Food and Nutrition Service. (2013). *About WIC-How WIC helps.* https://www.fns.usda.gov/wic/about-wic-how-wic-helps

[4] U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis. (2001). *National Survey of WIC Participants: Final report.* Alexandria, VA.

[5] U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis. (2012). *National Survey of WIC Participants II.* Alexandria, VA.

[6] Please visit the FNS website at https://www.fns.usda.gov/research-analysis to access the other NSWP-III brief reports and the prior NSWP studies.

Current WIC Participant Satisfaction with WIC Services and Food Benefits

- What is the level of participant satisfaction with staff customer service; staff knowledge; staff language?
- What is the level of participant satisfaction with paperwork, certification and recertification process, and time period/length of time in the clinic?
- What is the level of participant satisfaction with location and safety, how far is the clinic (also known as service delivery site) from participants' homes, and what types of transportation are they taking to get to the clinic?
- What is the level of participant satisfaction with WIC services (other than the food package): nutrition education; breastfeeding promotion and support; peer counseling (where available); referrals to other services; anthropometric measures?
- What other benefits did WIC participants perceive due to their participation in WIC (i.e., savings on groceries; ability to spend resources elsewhere; links to health services and vaccines; social)?
- What is the level of participant satisfaction with WIC FMNP?
- How well do participants like the foods and the quantity of foods in the food packages?

Current WIC Participant Shopping Behaviors and Experience

- At what types of food stores do participants shop?
- Do participants buy their WIC items at the same location(s) they do their other food shopping? If not, why not? In the participant's opinion, what factors influence their choice of food store for purchase of WIC food items?
- Are participants happy with the stores?
- Do participants have adequate supplies to purchase all the food package items they seek to purchase on a visit?
- How far from home (in miles) is the store where participants usually redeem WIC food instruments?
- How many minutes does it take to get there (one-way travel time)?
- What is their usual mode of transportation to and from the store to use their WIC food benefits?
- What are the differences in participant satisfaction between electronic benefits transfer (EBT) and non-EBT SAs?

Former WIC Participant Satisfaction

- How does the former WIC participant recall level of satisfaction with the program, specifically regarding WIC benefit and service delivery (e.g., staff interactions, food packages, customer service, nutrition education, referrals)?

Report Organization

The following sections of this brief report detail the findings related to the research questions referenced above. The report concludes with a summary of key findings and discussion of the study limitations and recommendations for future research. The report also references appendices which include technical details of the survey methodology, a copy of the surveys, and analytic tables.

STUDY METHODOLOGY

Source of Data

The findings in this brief are based on data collected from two NSWP-III surveys during the summer and fall of 2019. Table 1 lists the surveys fielded and associated operational details.

Table 1. NSWP-III Survey Summary

Survey	Type of Data Collection	Mode of Data Collection	Estimated Length of Survey	Data Collection Period	Number of Completed Instruments	Response Rate[a]	Cooperation Rate[b]
PES	National sample	In-person and telephone survey[c]	30 minutes	June 23, 2019–November 10, 2019	1,648	36.2%	66.4%
FPS	Case study	Telephone interview	30 minutes	June 24, 2019–October 25, 2019	125	-	67.0%

[a] Response rate equals the number of completed cases divided by the sum of the number of completed cases, number of refusal cases, and number of nonrespondents.
[b] Cooperation rate equals the number of completed cases divided by the sum of the number of completed cases and number of refusal cases. Since the FPS is a case study, the cooperation rate is a more suitable calculation than a response rate.
[c] Field interviewers administered the PES in person if the respondent was also sampled to complete the CS. Telephone interviewers administered the PES by telephone if the respondent was sampled only for the PES.

Survey Content

The PES and FPS instruments were developed in collaboration with FNS and were reviewed by an independent panel that included experts in WIC policy and operations. In addition, each survey was pilot tested with nine respondents to assess ease of comprehension (e.g., confusing wording or layout, failure to grasp concepts) and length of time to complete. Topics included in each survey are shown in Table 2.

Table 2. Topics Included in the NSWP-III Surveys

Survey	Topics Included
PES (Appendix B)	▪ WIC participation (new or prior participation) ▪ Reasons for leaving WIC if participated previously ▪ Participant satisfaction with WIC services, staff, and benefits ▪ Farmer's Market Nutrition Program participation ▪ Use of WIC food benefits ▪ Food security ▪ Participation in other programs
FPS (Appendix C)	▪ Reasons why former participants discontinued WIC participation ▪ Former participants' satisfaction with WIC ▪ Former participants' involvement in other assistance programs

For the PES, the majority of the questions were close-ended; however, there were some open-ended questions asking about what WIC could have done differently. There also were some questions that had predetermined response options in addition to "other specify." The interviewer was instructed not to read those options aloud but instead let the respondent answer freely. If the respondent did not provide a response that matched the predetermined response options, the interviewer collected that information under the "other specify" option. The Study Team coded those responses thematically. For the FPS, the majority of questions were open-ended since that component of the study was a qualitative case study. For additional details and copies of the instruments, please see Appendices B and C.

Analysis

WEIGHTING

PES data. The PES data were weighted to represent the 2019 population of WIC participants. As such, the weighted descriptive results are representative of all 6,397,412 WIC participants nationally. The population of WIC participants, grouped by certification category and FNS Region, was used and was derived from the fiscal year (FY) 2019 Monthly Data State Level Participation by Category and Program Cost, Estimated from Oct 2018–Sept 2019, as of December 4, 2019.[7] Please see Appendix B for more details.

FPS data. As a list of all former WIC participants does not exist and due to the use of qualitative research methods for the former participants survey, the FPS was a telephone interview with a convenience sample of 125 former WIC participants. A convenience sample is a non-probability sample in which the researcher uses participants that are available to participate in the research study. Therefore, sampling adjustments and weighting are not applicable. Although these data were obtained from a diverse sample of WIC participants across multiple SAs, the results from this survey are not weighted to be representative of the national WIC population and should not be interpreted as such.

SURVEY RESULTS

PES results are presented as weighted percentages and means. Tables with comparisons to NSWP-I (conducted in 1998) and NSWP-II (conducted in 2009) were prepared when feasible (i.e., when similar questions were asked of both studies) and can be found in Appendix G (PES data). Two-tailed *t*-tests were conducted to determine whether there were differences in the estimates between the two survey years at a 5 percent level of significance.

The FPS required the use of a comprehensive qualitative analysis approach. Thematic content analysis was conducted to develop the FPS findings.[8,9] This report includes quotes from FPS respondents to supplement the findings when applicable. Detailed findings from this case study can be found in Appendix H.

[7] U.S. Department of Agriculture, Food and Nutrition Service. (2020, July). *WIC Data Tables*. https://www.fns.usda.gov/pd/wic-program

[8] Daly, J., Kellehear, A., & Gliksman, M. (1997). *The public health researcher: A methodological approach*. Melbourne, Australia: Oxford University Press.

[9] Fereday, J., & Muir-Cochrane, E. (2006). Demonstrating rigor using thematic analysis: A hybrid approach of inductive and deductive coding and theme development. *International Journal of Qualitative Methods*, 80–92.

NONRESPONSE BIAS ANALYSIS

The Office of Management and Budget (OMB) recommends nonresponse bias analysis any time the survey response rate is less than 80 percent. The PES achieved a 36.2 percent response rate, so nonresponse bias analyses were conducted to determine whether there were respondent characteristics significantly associated with nonresponse that may have potentially introduced bias into the survey. Conducting a nonresponse bias analysis requires that the characteristics examined be available for both respondents and nonrespondents.[10] Therefore, the Study Team reviewed the sampling frame, which came from administrative data provided by States, to identify variables that were available for all respondents sampled for the survey. Language spoken at home and WIC certification category were identified as statistically significant factors associated with the participants' likelihood to complete the PES. These variables were then used to calculate adjustment factors to represent those who did not respond to the survey.

As per OMB guidelines, an item nonresponse analysis should be conducted if item response rate is less than 70 percent.[10] Item nonresponse bias analysis was not applicable to the PES because a response was required on all questions. In other words, the survey technology could not proceed to the next question unless a response was provided for the current question. Thus, the respondent provided a response to all questions asked. Please note that response options also included "not sure" and "refused".

[10] Office of Management and Budget. (2006, September). *Office of Management and Budget: Standard guidelines for statistical surveys*. https://obamawhitehouse.archives.gov/sites/default/files/omb/inforeg/statpolicy/standards_stat_surveys.pdf.

MAIN FINDINGS

Satisfaction with WIC Services and Food Benefits

Participant satisfaction with benefits and services remains a top priority for WIC, ensuring operations and service delivery are carried out in a satisfactory manner and continue to create a lasting and positive impact in the lives of WIC families.[11] Therefore, NSWP-III examined participant satisfaction based on the main components of WIC benefits—supplemental nutritious foods, nutrition education and counseling, and screening and referrals to other health, welfare and social services—in addition to satisfaction with WIC staff, the certification process, and the perceived safety and convenience of the clinic's location.

WIC SERVICES AND BENEFITS

WIC provides several benefits, such as nutrition education, breastfeeding promotion and support, and referrals to other services.[12] WIC LAs and clinics provide participants with nutrition education and counseling through classes held one-on-one, online, or in group settings. For breastfeeding support, WIC staff share fundamental knowledge about lactation, including information about infant nutrient needs and advice on how to incorporate breastfeeding in the modern day to meet the participant's personalized breastfeeding goals. Some WIC agencies are also capable of introducing the participant to a network of trained peer counselors in their community.[13] WIC staff also connect participants to other healthcare providers through referrals and coordination of services, including healthcare, housing support, child support, income support, childcare services, and substance abuse counseling.[14]

The survey explored participant perceptions on nutrition education, breastfeeding promotion and support, peer counseling, and referrals to other services using a scale of excellent, very good, good, fair, and poor. Generally, each of these services were positively rated by participants. More than half (50.4 percent) of participants reported nutrition education to be excellent, 32.0 percent rated this service as very good, and 13.2 percent rated this service as good (Appendix G, Table 5d). Comparable findings were observed for breastfeeding promotion and support, in which 60.1 percent of participants rated this service as excellent, 24.5 percent rated it as very good, and 12.6 percent rated it as good. Participants' perceptions on receiving referrals to other services from WIC staff was positive; almost half (46.7 percent) rated this service as excellent, about a quarter (24.9 percent) stated it was very good, and about a fifth (21.8 percent) described it as good (Appendix G, Table 5d).

When asked about what they have gained by participating in WIC, participants reflected on their experiences with several aspects of the program. The most frequently reported benefits gained from

[11] U.S. Department of Agriculture, Food and Nutrition Service. (2013). *About WIC-WIC at a Glance*. https://www.fns.usda.gov/wic/about-wic-wic-glance

[12] Government Publishing Office. (2020). *Electronic Code of Federal Regulations 7 CFR Part 246.7(a)(2)* https://www.ecfr.gov/cgi-bin/text-idx?SID=a6828ac000f6e75ae4679d5beecb637c&mc=true&node=pt7.4.246&rgn=div5#se7.4.246_13

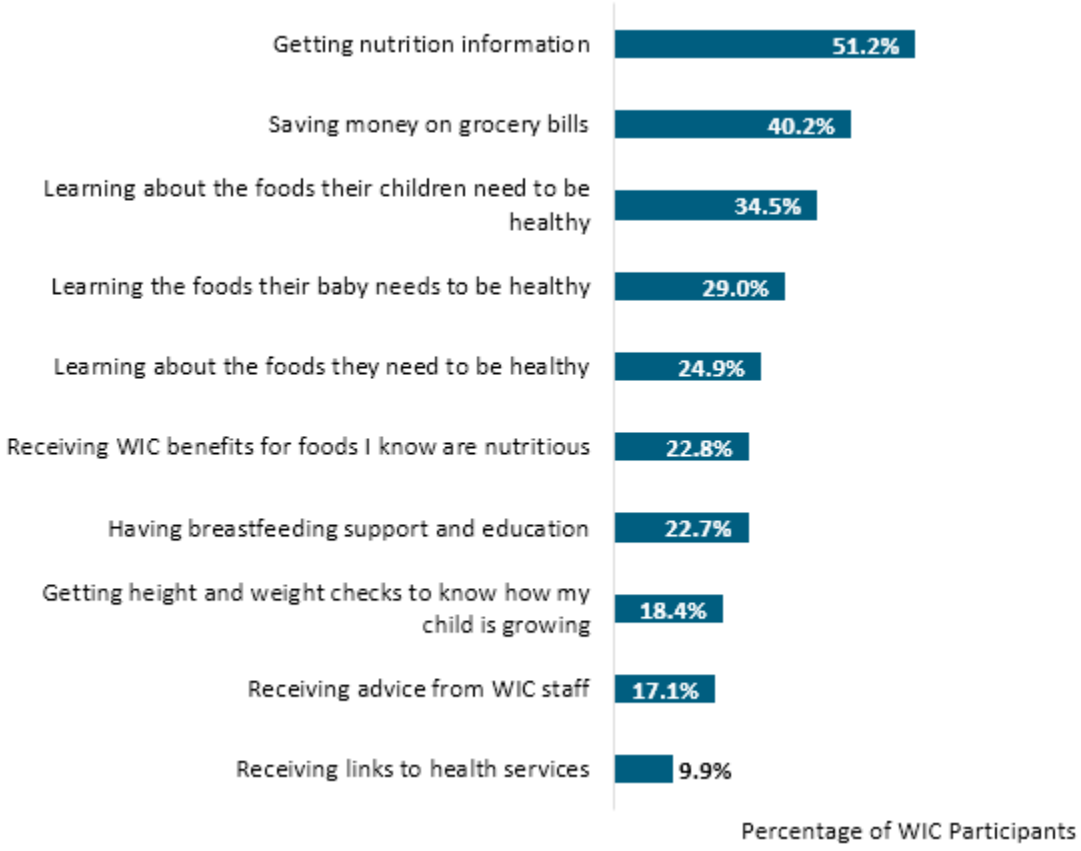
[13] U.S. Department of Agriculture, Food and Nutrition Service. (n.d.). *Get Support from WIC*. https://wicbreastfeeding.fns.usda.gov/get-support-wic.

[14] Public Law 108 – 265 (2004). *Child Nutrition and WIC Reauthorization Act (3)(c)* https://www.congress.gov/bill/108th-congress/senate-bill/2507

WIC included receiving nutrition information (51.2 percent), saving money on grocery bills (40.2 percent), learning about the foods their children need to be healthy (34.5 percent), learning about the foods their babies need to be healthy (29.0 percent), and learning about the foods they themselves need to be healthy (24.9 percent).

Other frequently reported benefits included receiving WIC benefits for foods that participants know are nutritious (22.8 percent), having breastfeeding support and education (22.7 percent), getting height and weight checks to know how their child is growing (18.4 percent), and receiving advice from WIC staff (17.1 percent) (Exhibit 1).

Exhibit 1. Top 10 Other Benefits WIC Participants Gained Due to Their Participation in WIC



Notes: Weighted *n* = 6,397,412; Unweighted *n* = 1,648. This survey question allowed the respondent to select all options that applied; percentages will not sum to 100.
Source: Appendix G, Table 5f; NSWP-III Program Experiences Survey, question 15.

WIC STAFF

Current WIC participants expressed a high level of satisfaction with WIC staff customer service, with nearly all participants being very satisfied (78.9 percent) or somewhat satisfied (16.4 percent) (Table 3). A small proportion (4.4 percent) of participants reported being neither satisfied nor dissatisfied, somewhat dissatisfied, or very dissatisfied with WIC staff customer service. Participants also were generally satisfied with staff's knowledge of WIC services and benefits and the staff's ability to speak the participant's language. For instance, most participants were very satisfied with WIC staff's knowledge (81.8 percent) and the staff's ability to speak the participant's language (90.7 percent) (Table 3).

Compared to 2009, satisfaction levels increased significantly in 2019 ($p < 0.05$) in all three categories, customer service (approximate 23 point increase), staff knowledge (approximate 29 point increase), and staff's ability to speak participant's language (approximate 25 point increase) (Table 3).

Table 3. Level of Participant Satisfaction with WIC Staff Customer Service, Knowledge, and Language in 2009 and 2019

Satisfaction Level	2009	2019
Staff Customer Service		
Very satisfied‡	55.7	78.9
Somewhat satisfied‡	24.3	16.4
Neither satisfied nor dissatisfied‡	15.0	2.1
Somewhat dissatisfied‡	3.8	1.8
Very dissatisfied	1.2	0.5
Staff Knowledge		
Very satisfied‡	52.8	81.8
Somewhat satisfied‡	25.6	14.4
Neither satisfied nor dissatisfied‡	17.1	1.9
Somewhat dissatisfied‡	3.3	1.0
Very dissatisfied	1.1	0.5
Staff Ability to Speak Participant's Language		
Very satisfied‡	66.0	90.7
Somewhat satisfied‡	17.8	6.8
Neither satisfied nor dissatisfied‡	12.1	1.1
Somewhat dissatisfied‡	2.3	0.4
Very dissatisfied	1.8	0.9
Total number of respondents (weighted *n*)	—	6,397,412
Total number of respondents (unweighted *n*)	2,528	1,648

— Data not available.
‡ The difference between 2009 and 2019 is statistically significant ($p < 0.05$).
Notes: Percentages are weighted. Corresponding NSWP-I information is not available.
Source: Appendix G, Table 5a.2; NSWP-III Program Experiences Survey, question 12.

CERTIFICATION PROCESS

The study also assessed current WIC participants' levels of satisfaction with time spent at the WIC clinic and the certification process. Nearly all participants were at least somewhat satisfied with the time it took to get certified and the total period of time spent at the clinic. Specifically, the majority were very satisfied (71.7 percent) with the overall time it took for participants to become certified with an additional 21.5 percent of participants reporting they were somewhat satisfied. Similarly, 64.7 percent of participants were very satisfied with the total amount of time spent at the clinic, and 24.5 percent were somewhat satisfied (Appendix G, Table 5b.1). Likewise, most participants responded positively to the amount of wait time required prior to seeing WIC staff, with the majority being very satisfied (63.8 percent) or somewhat satisfied (25.0 percent) (Table 4). Participants also expressed their satisfaction with how WIC staff handled the certification process, and the majority were very satisfied (80.5 percent) and somewhat satisfied (14.8 percent) (Table 4).

Notably, in comparison to 2009, participant satisfaction levels with wait time and how staff handled the certification process increased significantly ($p < 0.05$) in 2019. In 2009, the percentage of WIC participants very satisfied with wait time was 37.2 percent, compared to 63.8 percent in 2019. Similarly, the percentage of WIC participants who were very satisfied with how staff handled the certification process was 47.8 percent in 2009 compared to 80.5 percent in 2019 (Table 4).

Table 4. Level of Participant Satisfaction with Certification and Recertification Process in 2009 and 2019

Satisfaction Level	2009	2019
Wait Time Until Seen by WIC Staff		
Very satisfied‡ (%)	37.2	63.8
Somewhat satisfied (%)	21.6	25.0
Neither satisfied nor dissatisfied‡ (%)	23.2	3.5
Somewhat dissatisfied‡ (%)	11.0	4.8
Very dissatisfied‡ (%)	7.0	2.8
Not sure (%)	0.0	0.2
Refused (%)	0.0	0.0
WIC Staff Handles Certification		
Very satisfied‡ (%)	47.8	80.5
Somewhat satisfied‡ (%)	24.9	14.8
Neither satisfied nor dissatisfied‡ (%)	22.3	2.1
Somewhat dissatisfied‡ (%)	3.9	2.3
Very dissatisfied‡ (%)	1.2	0.1
Not sure (%)	0.0	0.2
Refused (%)	0.0	0.0
Total number of respondents (weighted *n*)	—	6,397,412
Total number of respondents (unweighted *n*)	2,528	1,648

— Data not available.
‡ The difference between 2009 and 2019 is statistically significant ($p < 0.05$).
Notes: Percentages are weighted. Corresponding NSWP-I information is not available.
Source: Appendix G, Table 5b.2; NSWP-III Program Experiences Survey, question 12.

CLINIC SAFETY AND LOCATION

Safety and convenience of WIC clinic location were also rated by participants, and positive sentiments were generally observed. More than 90 percent were very satisfied or somewhat satisfied with the safety of the clinic location (79.7 percent and 15.4 percent, respectively) (Table 5). Likewise, more than 90 percent were very satisfied or somewhat satisfied with the convenience of the WIC clinic location (77.7 percent and 14.8 percent, respectively) (Table 5). Compared to 2009, participant satisfaction significantly increased with respect to the safety and convenience of WIC clinic location ($p < 0.05$). Notably, the percentage of WIC participants that were very satisfied with the WIC clinic location increased from 54.0 percent in 2009 to 79.7 percent in 2019. In addition, the percentage of WIC participants that were very satisfied with the convenience of the WIC clinic location rose from 53.8 percent in 2009 to 77.7 percent to 2019 (Table 5).

Table 5. Level of Participant Satisfaction with WIC Clinic's Safety and Location in 2009 and 2019

Satisfaction Level	2009 %	2019 %
Safety of the Clinic's Location		
Very satisfied‡	54.0	79.7
Somewhat satisfied	19.5	15.4
Neither satisfied nor dissatisfied‡ (%)	20.3	2.3
Somewhat dissatisfied (%)	5.0	1.7
Very dissatisfied‡ (%)	1.2	0.7
Convenience of the Clinic's Location		
Very satisfied‡	53.8	77.7
Somewhat satisfied‡	21.9	14.8
Neither satisfied nor dissatisfied‡ (%)	18.6	2.0
Somewhat dissatisfied (%)	3.9	4.7
Very dissatisfied‡ (%)	1.6	0.6
Total number of respondents (weighted *n*)	—	6,397,412
Total number of respondents (unweighted *n*)	2,528	1,648

— Data not available.
‡ The difference between 2009 and 2019 is statistically significant ($p < 0.05$).
Notes: Percentages are weighted. Corresponding NSWP-I information is not available.
Source: Appendix G, Table 5c.3; NSWP-III Program Experiences Survey, question 12.

Additionally, participants' mode of transportation to the clinic was examined, and vast majority of participants reported that they traveled to their local WIC clinic by using either their personal car (78.5 percent) or by receiving a ride from someone else (14.6 percent) (Appendix G, Table 5c.2). On average, participants spent approximately 13 minutes in travel time to reach the WIC clinic with a range from 0 minutes to 2.5 hours (Appendix G, Table 5c.2). The range likely can be attributed to the geographic locations of the surveyed respondents (i.e., New York City versus rural Wyoming).

FOOD PACKAGES

The WIC food packages are designed to meet the nutritional needs of the different WIC certification categories (pregnant, breastfeeding, and postpartum women; and infants and children). In addition, the food packages align with the Dietary Guidelines for Americans and infant feeding practice guidelines of the American Academy of Pediatrics.[15] For children and women participants, food packages include juice, milk, cereal, cheese, eggs, fruits, vegetables, whole wheat bread, canned fish, legumes, and peanut butter. However, the amount of foods provided varies if the participant is a child or a pregnant, breastfeeding, or postpartum woman. The infant food packages include formula (if the infant is formula-fed) and, starting at 6 months of age, infant cereal and fruit and vegetable. Fully breastfed infants also receive meat baby food starting at 6 months of age.[16] Participants can redeem these food benefits at authorized WIC retailers.

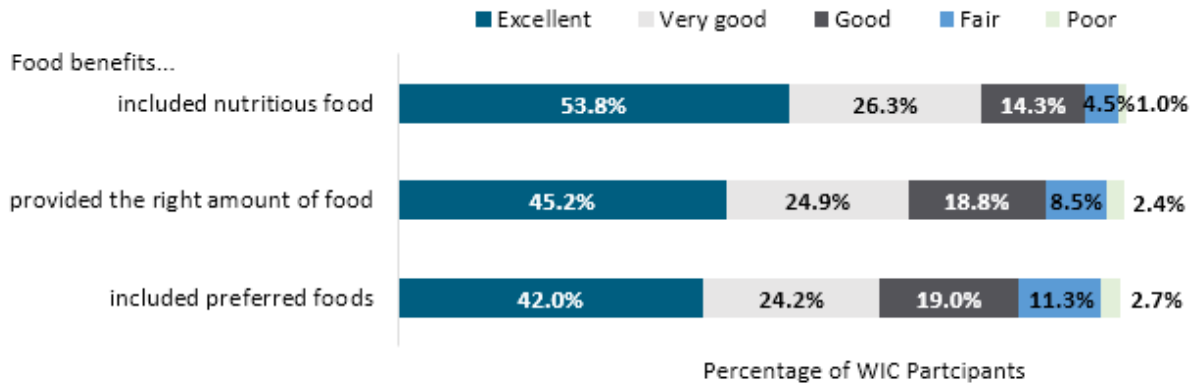
Current WIC participants also rated several important aspects of WIC food benefits, including quantity, preference, and nutrition, using the scale ranging from excellent to poor. When asked whether the food package provided the right amount of food, almost half of participants (45.2 percent) rated the quantity of food provided in the food packages as excellent, while an additional quarter of participants (24.9 percent) rated the quantity as very good. Approximately one-fifth of participants (18.8 percent) rated the quantity of food benefits as good, followed by about 11 percent who rated the quantity as fair and poor (8.5 percent or 2.4 percent, respectively) (Exhibit 2). When looking at satisfaction levels by food security status, only 10.7 percent of participants with very low food security rated the quantity of foods as excellent, which was much lower compared to the overall percentage that rated the food benefits quantity as excellent (45.2 percent). Conversely, 48.9 percent of participants with high food security rated the quantity of foods as excellent, which is similar to the overall percentage of 45.2 percent (Appendix G, Table 4a.1).

Participants also were asked to rate whether the food benefits included nutritious foods and their preferred foods. The perceived nutritional content of the food package received the highest rating of excellent by more than half of participants (53.8 percent), followed by a quarter of participants (26.3 percent) who rated nutrition as very good (Exhibit 2). Similarly, 42.0% of participants rated the food benefits including their preferred foods as excellent, while an additional 24.2% rated the food benefits including their preferred foods as very good (Appendix G, Table 4a.1).

[15] U.S. Department of Agriculture, Food and Nutrition Service. (2013, October). *WIC food packages*. https://www.fns.usda.gov/wic/wic-food-packages.

[16] U.S. Department of Agriculture, Food and Nutrition Service. (2013, November). *WIC food packages - maximum monthly allowances.* https://www.fns.usda.gov/wic/wic-food-packages-maximum-monthly-allowances

Exhibit 2. WIC Participants' Rating of Food Benefits



Notes: Weighted *n* = 6,397,412; Unweighted *n* = 1,648.
Source: Appendix G, Table 4a.1; NSWP-III Program Experiences Survey, question 18.

From 2009 to 2019, participants' opinions remained relatively constant regarding whether food benefits provided the right amount of food and whether the food benefits included their preferred foods, with one exception. In 2019, significantly more ($p < 0.05$) participants gave a fair rating for the food package including their preferred foods than in 2009 (11.3 percent in 2019 and 7.7 percent in 2009) (Appendix G, Table 4a.2).[17] Please note that for NSWP-II, the data were collected in the last quarter of 2009, which overlapped with changes to the WIC food package, including changes to the types and quantities of foods offered. Therefore, it is not clear whether the participants in 2009 were basing their responses on the pre-2009 or the 2009 WIC food package.[18]

FARMERS' MARKET NUTRITION PROGRAM

The FMNP is a component of WIC that provides coupons to eligible WIC participants, which can be used to buy eligible foods from farmers, farmers' markets, or roadside stands that have been approved by the SA.[19] Currently, the FMNP operates in 49 SAs with 1.6 million average annual participants in FY 2019. The PES included questions regarding participant benefit use and satisfaction at farmers' markets. Please note that only participants who resided in SAs that operate FMNP were asked these questions, and the Study Team is unable to assess whether the participant's respective LA had an FMNP.

Among participants living in States that participate in FMNP, 47.2 percent of participants reported that they participated in the FMNP (Appendix G, Table 5g.1). Of those who participated in FMNP, participant ratings of the program were generally high with approximately half (52.1 percent) reporting the program as excellent, 28.8 percent reporting the program as very good, and 14.2 percent reporting the program as good. A small percentage of participants rated FMNP as fair (1.9 percent) or poor (0.2 percent) or reported they were unsure (2.8 percent). Differences in ratings were observed among certification categories. For example, a higher percentage of breastfeeding women rated FMNP as

[17] Please note that NSWP-II conducted in 2009 did not ask the participants to rate their satisfaction with the food benefits including nutritious foods.

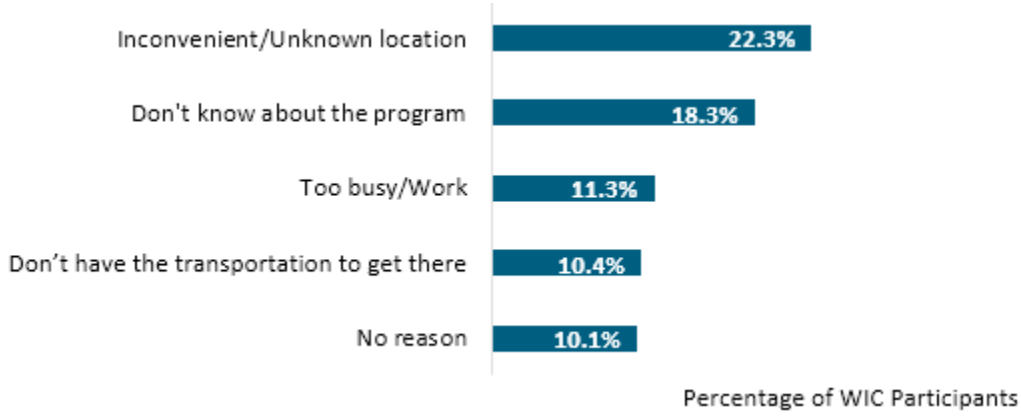
[18] U.S. Department of Agriculture, Food and Nutrition Service. (2013, October). *Background: Revisions to the WIC Food Package*. https://www.fns.usda.gov/wic/background-revisions-wic-food-package

[19] U.S. Department of Agriculture, Food and Nutrition Service. *Farmers Market Nutrition Program*. https://www.fns.usda.gov/fmnp/wic-farmers-market-nutrition-program

excellent (64.0 percent), followed by caregivers of infants (56.7 percent), pregnant women (55.4 percent), caregivers of children (49.4 percent), and postpartum women (40.5 percent) (Appendix G, Table 5g.2).

Of those who do not participate in FMNP (50.9 percent), the top reasons for not participating was that the farmers' market was in an inconvenient/unknown location (22.3 percent), participants did not know about the program (18.3 percent), participants were too busy or had to work (11.3 percent), and lack of transportation to get there (10.4 percent) (Exhibit 3).

Exhibit 3. Percentage of WIC Participants Not Participating in FMNP by Reported Barriers



Notes: Weighted *n* = 1,681,673; Unweighted *n* = 401. This survey question allowed the respondent to select all options that applied; percentages will not sum to 100. This survey question was only presented to participants in States where WIC benefits are authorized for use at farmers' markets and when participants indicated on a prior question that they participated in the FMNP. The survey question included an open-text option, which the Study Team reviewed and coded into new categories of responses. These categories included inconvenient/unknown location, too busy/work, no reason, forgot, and lack of information about the program.
Source: Appendix G, Table 5g.3; NSWP-III Program Experiences Survey, question 16D.

The distribution of reasons given for not participating in FMNP varied by food security status. For example, respondents with low food security frequently reported that they did not know about the program (29.1 percent) or they did not like the food it offered (24.9 percent). In contrast, the top reasons reported by participants with high food security were more in line with the overall averages reported in Exhibit 3 (Appendix G, Table 5g.3).

In addition, respondents participating in FMNP were asked about their preference of location for using their WIC benefits to purchase fresh fruits and vegetables. Slightly greater than half of respondents (52.3 percent) indicated that they prefer purchasing fresh fruits and vegetables at the grocery store while another 40.2 percent preferred purchasing fresh fruits and vegetables at a farmers' market. The remaining 7.5 percent were unsure of their preferred location for purchasing fresh fruits and vegetables (Appendix G, Table 9). Please note that the survey question referenced "WIC benefits" and did not specify FMNP or cash-value voucher/cash value benefit, so each respondent could have interpreted the question differently.

Shopping Behaviors and Experiences

Current WIC participants were asked about their shopping behaviors and experiences, including the type of store they shop for WIC food items, factors that influenced their choice of store, availability of WIC items, satisfaction with the store where most of their WIC shopping is done, and transportation logistics (travel time and mode of transportation).

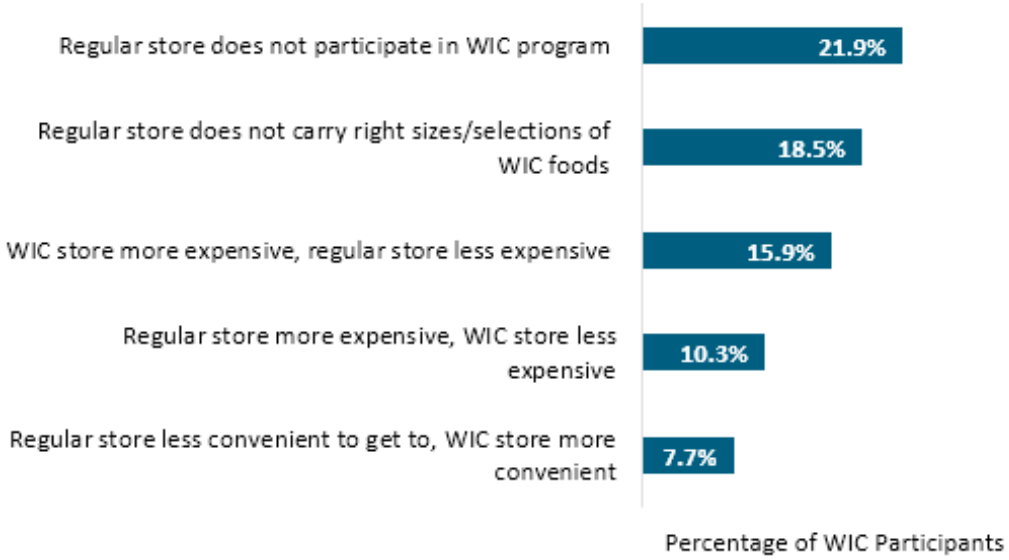
WHERE PARTICIPANTS USE WIC BENEFITS

Participants were asked to identify the type of store that best described where they most often used WIC benefits. More than half of participants utilized their WIC benefits at large grocery stores (57.1 percent), followed by more than a quarter at large combination food store-retailers, such as Walmart or Target (26.8 percent) (Appendix G, Table 4e.3). Almost one-tenth of participants (8.9 percent) reported that they shop at a store that carries only WIC-approved items, an amount that significantly increased ($p < 0.05$) from 3.5 percent in 2009 (Appendix G, Table 4e.8). Most participants (82.8 percent) indicated they buy WIC food items at the same store where they do most of their other food shopping (Appendix G, Table 4e.1). This percentage is similar to 2009, when 83.7 reported shopping for WIC items at the same location as other items (Appendix G, Table 4e.6).

Among participants who did not buy WIC food items at the same location as other food items (16.4 percent), the top reported reasons for not doing so were that the regular store did not participate in WIC (21.9 percent), the regular store did not carry right sizes/selections of WIC foods (18.5 percent), and the WIC-approved store was more expensive than the regular store (15.9 percent)[20] (Exhibit 4). Additionally, about one-fifth of participants (21.7 percent) reported a variety of other reasons for not buying WIC food items at the same location as other food items. These reasons included the store the participant shops at provides certain rewards (2.1 percent), the WIC store has limited offerings of foods the participant needs (1.9 percent), and the other store has a specific food the participant needs (1.5 percent) (Appendix G, Table 4e.2).

[20] While such information is not specifically stated in the survey question, the Study Team assumes that this response means that the non-WIC items were more expensive at the store where participants buy their WIC items.

Exhibit 4. Top Five Reasons WIC Participants Do Not Buy WIC Food Items at the Same Location as Other Food Items



Notes: Weighted *n* = 1,051,228; Unweighted *n* = 227. Data presented in the exhibit are among the respondents who indicated they do not shop for WIC items at the same location as other food items (see Table 4e.1.).
Source: Appendix G, Table 4e.2; NSWP-III Program Experiences Survey, questions 25 and 26.

There were significant differences ($p < 0.05$) in the reasons participants did not buy WIC food items at the same store as other food items between 2009 and 2019. Most notably, more participants in 2019 (21.9 percent) cited that the regular store does not participate in WIC compared to 2009 (9.2 percent) ($p < 0.05$). In addition, more participants in 2019 (18.5 percent) indicated the regular store does not carry the right sizes/selections of WIC foods compared to participants in 2009 (8.5 percent) ($p < 0.05$). However, compared to 2009, significantly fewer 2019 participants reported that the WIC store was more expensive than the regular store (24.4 percent in 2009 versus 15.9 percent in 2019) (Appendix G, Table 4e.7) ($p < 0.05$).

FACTORS THAT INFLUENCE WHERE PARTICIPANTS SHOP

To gain further insight into shopping preferences, participants were asked to rate the importance of factors that influenced their choice of food stores for purchasing WIC food items. Participants were asked to rate on a scale of "0-not at all important" to "5-extremely important." The majority of participants rated several factors as extremely important, including the location is safe (87.1 percent), the store has right sizes and brands of WIC foods (85.0 percent), the location is convenient and easy to get to (82.0 percent), and the store hours are convenient (80.6 percent) (Appendix G, Table 4e.4).

Several factors that influenced the choice of food stores where participants purchase WIC food items significantly differed between 2009 and 2019 ($p < 0.05$). All but one of these factors had a small percentage decline in participant ratings of very to extremely important from 2009 to 2019. In 2019, significantly fewer WIC participants indicated that whether or not a store carried only WIC items was a very or extremely important factor that influenced where participants purchased WIC food items than in 2009 (from 90.0 percent in 2009 to 34.9 percent in 2019) ($p < 0.05$) (Appendix G, Table 4e.9).

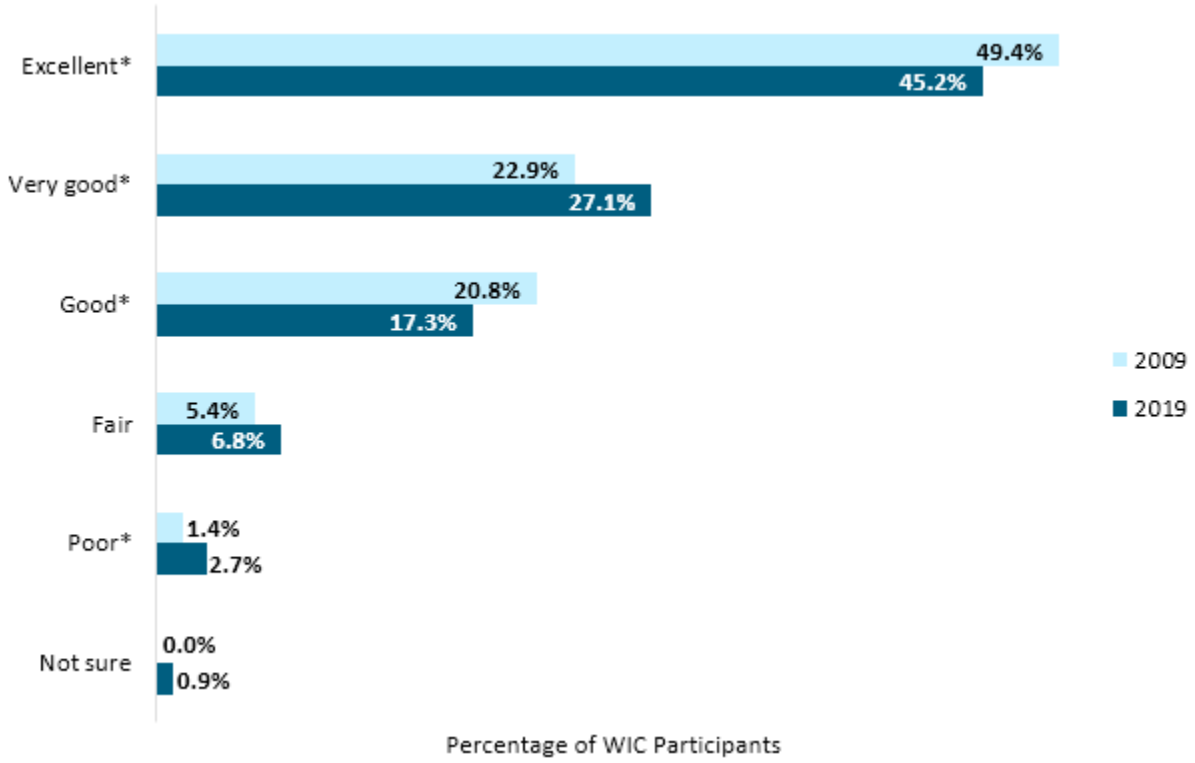
AVAILABILITY OF WIC ITEMS

Regarding the store where they usually shopped, participants reported how frequently that store had all of the WIC-approved food items participants wanted to buy during their visit. More than eighty percent (82.2 percent) of participants indicated that their store had an adequate supply of WIC-approved food items every time (41.0 percent) or almost every time (41.2 percent) they visited the store. A smaller percentage of participants reported that the store where they typically shopped had the WIC items they wanted to buy occasionally or sometimes (13.4 percent), almost never (1.9 percent), or never (1.0 percent) (Appendix G, Table 4g).

PARTICIPANT SATISFACTION

Most participants rated the store where they do most of their WIC shopping positively. Almost half of participants deemed the store as excellent (45.2 percent), and more than a quarter of participants thought the store was very good (27.1 percent). A smaller percentage of participants rated their store as fair or poor (Exhibit 5). In addition, these ratings were consistent overall regardless of the State's EBT status (Appendix G, Table 4j). Between 2009 and 2019, the percentages of participants rating their store as excellent, very good, good, and poor were significantly different ($p < 0.05$). However, changes were less than 5 percentage points. Furthermore, the percentages of participants rating their stores as excellent or very good was 72.3 percent for both 2009 and 2019 (Exhibit 5).

Exhibit 5. Participants' Rating of Store Where They Do Most of Their WIC Shopping in 2009 and 2019



* The difference between 2009 and 2019 is statistically significant ($p < .05$).
Notes: For 2009, weighted n = 9,213,739; unweighted n = 2,538. For 2019, weighted n = 6,397,412; unweighted n = 1,648. Corresponding NSWP-I information is not available.
Source: Appendix G, Table 4f.2; NSWP-III Program Experiences Survey, question 24.

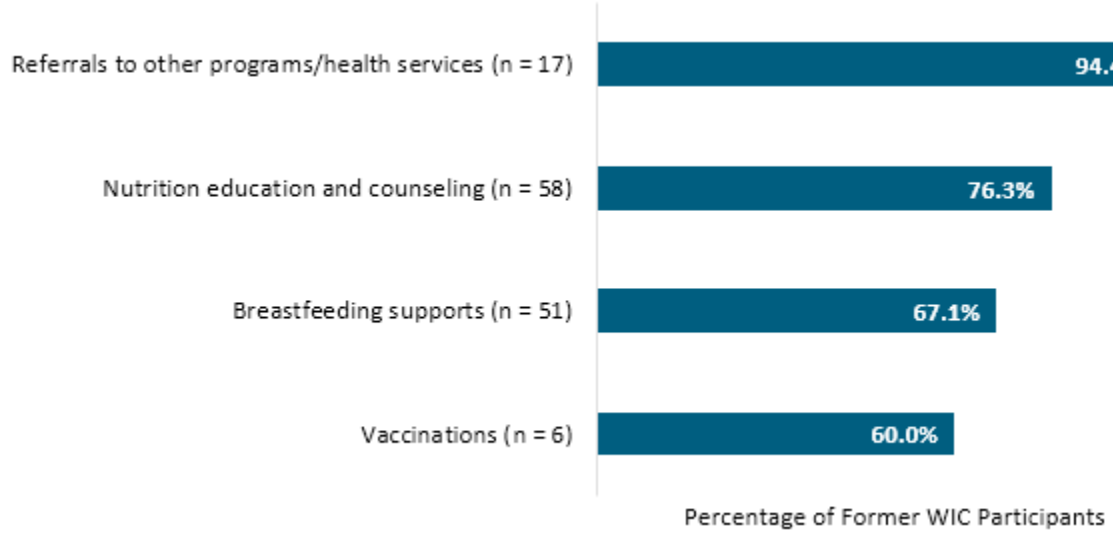
TRANSPORTATION LOGISTICS

Participants also reported how long it typically takes to travel to the store where they usually purchase WIC food items. Overall, participants had an average travel time of approximately 11 minutes to the store (Appendix G, Table 4h). The majority of participants (79.3 percent) traveled by personal car to get to the clinic. Other modes of transportation to the WIC clinic included getting a ride with someone (14.1 percent), followed by walking (6.4 percent) and taking the bus (2.5 percent). Approximately 2.0 percent of respondents reported traveling to the store via Uber/Lyft, taxis, light rail/subway/commuter trains, or community shuttle (Appendix G, Table 4i).

Former WIC Participant Satisfaction

Former WIC participants were asked to identify and describe their level of satisfaction with the services they used while enrolled in WIC. Among the respondents that used the respective services while enrolled in WIC, most frequently reported satisfaction with referrals to the other programs (94.4 percent; *n* = 17) and nutrition education and counseling (76.3 percent; *n* = 58), while a fewer percentage of respondents reported satisfaction with breastfeeding supports (67.1 percent; *n* = 51) and vaccinations (60.0 percent; *n* = 6) (Exhibit 6).

Exhibit 6. Services that Former WIC Participants Were Satisfied with While in WIC



Notes: The findings are among former participants who reported using the services asked about for survey question 8 (76 participants reported using nutrition education and counseling services, 76 reported using breastfeeding supports, and 18 reported using referrals to other programs/health services; and 10 reported using vaccinations).
Source: Appendix H, Table 2a.1; NSWP-III Former Participant Survey, question 9A.

NUTRITION EDUCATION AND COUNSELING SERVICES

Most former WIC participants who used WIC nutrition education and counseling services were highly satisfied with this service. Among those who reported using nutrition education and counseling services (60.8 percent; *n* = 76), a majority (76.3 percent; *n* = 58) rated the services as excellent or good. The most common reason (68.9 percent; *n* = 31) former WIC participants were satisfied with the service was because the education supported healthy choices for the whole family, including solutions for overcoming challenges related to picky eaters. The second most common reason (17.8 percent; *n* = 8) former WIC participants reported was that education encourages healthy eating specifically for babies; the education helped former participants understand how to feed infants during the first year of life, including helpful guidance for transitioning to solid foods. The third most common reason (13.3 percent; *n* = 6) given for satisfaction with nutrition services was support for a healthy pregnancy. Respondents reported nutrition education helped them understand what to eat during a pregnancy to have a healthy pregnancy and eventually a healthy baby. Finally, former WIC participants described the high quality of educational materials they received as a source of their satisfaction (13.3 percent; *n* = 6) (Appendix H, Table 2a.2).

"Well, I would say it was a great service because they give you a booklet and then they also go over it with you and what food to offer your children. And it's better for your kids to drink... I have a 4-year-old. Instead of drinking all this junk, juice, offer water or more. For me, the nutrition service was a great service."

"Also, when the woman there helped with understanding how to feed by baby healthy foods. That really helped me a lot, because otherwise, I wouldn't have known the steps to take, what to do first, and what types of foods you could feed your baby and what stages and age, what not to feed them until they are 6 months old."

BREASTFEEDING SUPPORTS

Among those who reported using breastfeeding supports (60.8 percent; *n* = 76), a majority (67.1 percent; *n* = 51) rated the services provided as either excellent or good. Among former WIC participants who utilized breastfeeding supports, most (64.7 percent; *n* = 33) described their satisfaction with information supporting breastfeeding, including how to get babies to latch, nutrition to support milk production, and how often to feed an infant. The second most common reason for satisfaction with this service was the encouragement and emotional support provided by WIC staff for breastfeeding, especially navigating challenges related to breastfeeding (43.1 percent; *n* = 22). The third most common reason for satisfaction with breastfeeding supports was the guidance provided specifically by a lactation specialist, including their technical expertise, follow-up with breastfeeding mothers, and encouragement for the process of breastfeeding (33.3 percent; *n* = 17). Finally, some former participants (25.5 percent; *n* = 13) were satisfied due to the provision of high-quality breast pumps, which respondents described as a much-needed resource (Appendix H, Table 2a.2).

"They were just very personable. They made me feel comfortable with the whole, I mean it can be an awkward situation in learning how to breastfeed. And just made me feel really comfortable. Communicating, and both demonstrating how to do it, and the proper way to do it in order for the baby to get the best nutrition, the most nutrition from it.

"I literally can recall an instance where when I would pump in the early morning, it will be really clear, kind of looked like skim milk. And when I would pump in the evening it would be way thicker, like whole milk. And so I was really concerned, am I doing something wrong? And so right when I started to get overwhelmed with it, I got the text message and then I told her. And then she called me and explained what was going on and I'm like, I appreciate her knowledge."

REFERRALS

While some former WIC participants could recall receiving a referral to other programs or health services, most former WIC participants who used the service were satisfied. Of those who received a referral (14.4 percent; *n* = 18), nearly all (94.4 percent; *n* = 17) indicated they were satisfied with service

because they received information on needed services including contraceptives; dental services for children; lead testing; or support enrolling in other assistance programs, such as Medicaid, Temporary Assistance for Needy Families (TANF) and the Supplemental Nutrition Assistance Program (SNAP) (Appendix H, Table 2a.2).

"I was referred to, what was it, Medicaid, food stamps, things like that to see if I would qualify…And she referred me to a group as well too, I guess like a mommy group or something, like a nonprofit mommy group, you know, like you get together and stuff like that…And not just refer me, but she gave me the paperwork with the numbers and the addresses and where they're located. So, it made it easier for me because I didn't have to do the research and go figure it out."

"They had provided a referral for lead testing because she eats everything. It was a concern. …Yeah, that was also very convenient because I said the apartment we were in, the paint was starting to chip and so it was kind of a concern. So literally they gave us a referral and it was at my clinic, so I was able to walk right next door and just go get the lead test done same day."

VACCINATIONS

While very few former WIC participants (8.0 percent; *n* = 10) recalled using WIC vaccination services, a majority (60.0 percent; *n* = 6) of those who did use the services were satisfied. Former participants expressed satisfaction with vaccination services due to the information and explanation provided to help mothers on recommended vaccinations and timing of vaccinations for their children (Appendix H, Table 2a.2).

"Well, for the vaccination services they explained to me about the different vaccines and what they were for. The date my baby needed to be vaccinated, and that if the due date passed, then to get vaccinated within two or three days and to not wait more than a week to do it. I thought that was very beneficial because you know, sometimes you get busy and you let things pass by a few days, but when they tell you that you have to do it, then you make sure to stay on top of it."

"No, it was easy, because they explained everything [about vaccinations]. Like when they give the little shots for your iron, they explained everything before they do it. They say, 'It's like a little peck.' Then they wipe it with the alcohol and everything. They explain everything."

CONCLUSION

Participant satisfaction with WIC benefits and services is critical to ensuring continued WIC participation, and participation in WIC has been associated with several positive outcomes, such as improved birth rates, diet, healthcare costs, immunization rates, and cognitive development.[21] Therefore, NSWP-III included several questions that assessed current and former WIC participant satisfaction with WIC.

Overall, WIC participants were satisfied with WIC services including nutrition education, breastfeeding promotion and support, peer counseling, and referrals to other services. Each of these services were rated excellent, very good, or good by nearly all participants: nutrition education (95.6 percent), breastfeeding promotion and support (97.2 percent), and referrals to other services from WIC staff (93.4 percent). In addition, more than 90 percent of WIC participants were either very satisfied or somewhat satisfied with WIC staff customer service (95.3 percent), WIC staff knowledge (96.2 percent), WIC staff ability to speak the participant's language (97.5 percent), and overall time needed to become certified (93.2 percent). Compared to 2009, satisfaction levels in 2019 increased significantly ($p < 0.05$). For example, the percentage of WIC participants that were very satisfied with staff customer service increased from 55.7 percent in 2009 to 78.9 percent in 2019. In addition, the percentage of WIC participants who were very satisfied with staff knowledge increased from 52.8 percent in 2009 to 81.8 percent in 2019.

Similarly, participant satisfaction with food benefits, including using benefits at farmers' markets, was highly rated. Key attributes of the WIC benefits were rated excellent, very good, or good by the majority of participants, such as the food package including nutritious foods (94.4 percent), providing the right amount of food (88.9 percent), and including preferred foods (85.2 percent). In addition, of those WIC participants who participated in FMNP, their rating of the program was generally high, with approximately half (52.1 percent) rating the program as excellent, 28.8 percent rating the program as very good, and 14.2 percent rating the program as good. However, approximately half (50.9 percent) of WIC participants residing in States with FMNP reported not participating in FMNP. The main reasons for not participating in the program was that the farmers' market was in an inconvenient/unknown location (22.3 percent), participants did not know about the program (18.3 percent), participants were too busy or had to work (11.3 percent), and participants lacked transportation to get there (10.4 percent).

Former WIC participants also were satisfied with the services they received while enrolled in WIC. For instance, among those who reported using nutrition education and counseling services (60.8 percent; $n = 76$), a majority (76.3 percent; $n = 58$) rated the services as excellent or good. In addition, among those who reported using breastfeeding supports (60.8 percent; $n = 76$), a majority (67.1 percent; $n = 51$) rated the services provided as either excellent or good.

Based on the study findings, focus groups could be conducted with LAs on best practices and challenges for increasing awareness of FMNP among WIC participants. In addition, studies could continue to assess WIC participant satisfaction levels with the program to help ensure WIC continues to meet participants' needs.

[21] U.S. Department of Agriculture, Food and Nutrition Service. (2013). *About WIC-How WIC helps.* https://www.fns.usda.gov/wic/about-wic-how-wic-helps

As with all research studies, limitations of the design and methodology are possible. The surveys were designed and tested to elicit accurate responses. Nevertheless, some response error is possible. Respondents may have unknowingly reported incorrect information or inadvertently checked the wrong response. In addition, the survey did not define ratings for questions with response options in the form of rating scales, such as “all the time,” “often,” “occasionally,” “seldom,” and “never.” Thus, respondents could have interpreted the meaning of the ratings differently. Lastly, the former participant survey is a case study; thus, is not designed to be representative of all former WIC participants nationwide.

Prepared by Capital Consulting Corporation (CCC) and 2M Research Services for the USDA Food and Nutrition Service (Project Officer: Karen Castellanos-Brown)

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Non-Discrimination Statement: