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IMPROVING WIC RETENTION IN VERMONT:

Beneficiary attitudes toward co-location in medical homes

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INTRODUCTION

- The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a national program aimed at improving the nutrition and health of pregnant women and children.
- Those eligible for Vermont WIC include anyone pregnant or with children under 5 that has an income below 185% of federal poverty level or is enrolled in Vermont Medicaid
- WIC has been shown to improve birth outcomes¹, breast feeding rates², infant growth and development, and consumption of important nutrients²⁻³.
- Those enrolled in WIC report high levels of satisfaction⁴.
- Despite the benefits of WIC, retention rates of eligible families remain low.
- Studies have shown that mandatory bi-annual recertification appointments pose logistical problems⁵⁻⁶. Rescheduling missed appointments and long waiting times at the WIC offices were also barriers⁵⁻⁶.
- Other states have found that integration of WIC recertification appointments with the family's primary care medical visits may improve retention⁷⁻⁸.
- A limited scale co-localization of WIC and the medical home in Vermont showed some promise⁵.

METHODS

- A fourteen question survey was designed to assess attitudes towards integrating WIC recertification visits with primary care appointments. Questions were asked to gather personal information (e.g. number of children in the household, parental age, current relationship status, and income), information about WIC participation (e.g. length of participation in WIC), and whether the family identified previous difficulty in missing appointments for either WIC recertification or primary care check-ups.
- The survey was emailed to families that had been identified by WIC officials as current or previous members of WIC.
- Additionally, surveys were posted to WIC Facebook pages as well as Front Porch Forum.

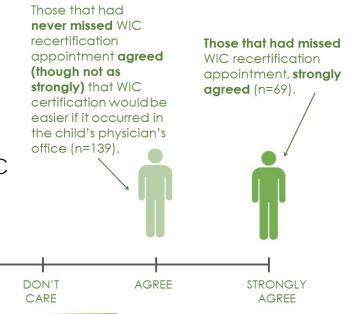
RESULTS

- 218 people completed the survey
- A majority of those surveyed (82.3%) believed that having WIC re-certification through their medical home would improve continuity of care for their family, with a larger percentage of agreement in the former WIC/current WIC previously dropped group (88.5%) as compared to the never dropped group (79.1%)
- Those who had missed a WIC recertification appointment more strongly agreed that it would be easier to get recertified if the appointment were included in their well child visits as compared to those who had never missed a WIC re-certification appointment (t-test, α =0.05, p =0.000)
- Attitudes towards WIC recertification in the medical home did not change significantly or show any particular trend based on age, relationship status, income, or number of children

COMPARING STRENGTH OF AGREEMENT

Those that had missed a WIC recertification appointment more strongly agreed that it would be easier to get recertified if the WIC appointment were at their child's physician's office as compared to those who had never missed a WIC re-certification appointment (p<0.05)

STRONGLY



DEMOGRAPHICS OF STUDY PARTCIPANTS (categorized by enrollment status)

DISAGREE

	Current, Never Dropped (n=144)	Current, Previously Dropped (n=30)	Former (n=44)
Age, mean	32.13	30.55	37.26
# of Children, mean	2.05	2.28	2.16
Relationship Status [^] , n (%)			
 Married, or living with partner 	103 (72.5%)	15 (51.7%)	32 (76.2%)
 Single, never married 	24 (16.9%)	9 (31.0%)	7 (16.7%)
 Divorced or separated 	14 (9.9%)	5 (17.2%)	3 (7.1%)
Widowed	1 (0.7%)	0 (0.0%)	0 (0.0%)
Monthly Income [^] , n (%)			
< \$1500	44 (31.0%)	9 (31.0%)	10 (23.8%)
• \$1500-\$3000	73 (51.4%)	16 (55.2%)	20 (47.6%)
• > \$3000	25 (17.6%)	4 (13.8%)	12 (28.6 %)
Counties*, n (%)	25 (17.75.75)		12 (2010 70)
• Chittenden	90 (6.3%)	0 (0.0%)	6 (14.0%)
• Franklin	140 (9.9%)	0 (0.0%)	8 (18.6%)
Lamoille	16 (11.3%)	0 (0.0%)	5 (11.6%)
Orange	11 (7.7%)	1 (3.5%)	3 (7.0%)
Washington	52 (36.6%)	14 (48.3%)	6 (14.0%)
• washington	32 (30.0%)	14 (40.370)	0 (14.076)



report missing a WIC recertification appointment (n=213).

report missing a doctor's appointment (n=210).

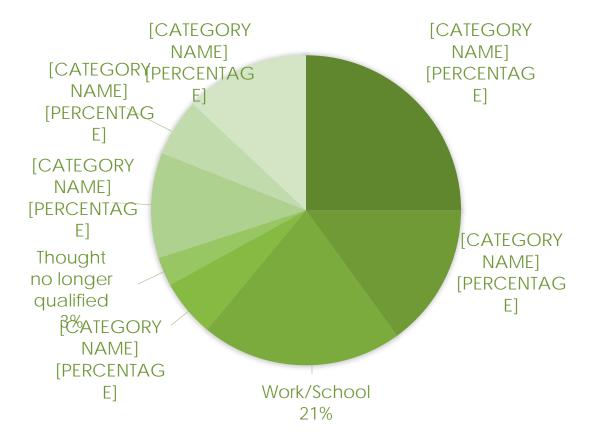
82.3% of all study participants believed having WIC recertification in their child's physician's office would improve continuity of care for their family (n=209).

of current and former WIC participants who had been previously dropped believed that having WIC re-certification in their child's physician's office would improve continuity of care for their family (n=70).

of WIC participants who had never been dropped believed that having WIC re-certification in their child's physician's office would improve continuity of care for their family (n=139).

REASONS FOR MISSED WIC APPOINTMENTS

100% of those who had missed a WIC appointment agreed it would be easier if WIC recertification were at their child's doctor's office, regardless of their reason for missing the WIC appointment (n=47).



DISCUSSION

- Our data suggests substantial interest amongst WIC beneficiaries for a consolidation of recertification appointments with medical care services, and that this model is most favored by those who have missed previous recertification appointments.
- The data did not vary significantly based on a range of stratifiers - including income, relationship status, county of residence, and number of children – suggesting that this view is broadly held across the state.
- Limitations: Survey was not validated; responses collected via social media sites; limited sample diversity.
- The data gathered suggests further exploration of the potential to retain WIC participants through co-location of recertification appointments within the Medical Home.

66 Combining the [doctor and WIC] appointments makes sense to me. . . [less] duplication of services. Less stigma as well."

WORKSCITED

1) Hoynes, H., Page, M., and Stevens, A. Can Targeted Transfers Improve Birth Outcomes? Evidence from the Introduction of the WIC Program. Journal of Public Economics. 2011 Aug; 95(7-8):813-827.

2) Chiasson, MA et. al. Changing WIC Changes What Children Eat. Obesity. 2013 May; 21(7):1423-1429.

3) National WIC Association, The Role of WIC in Public Health, accessed October 1, 2014, (https://s3.amazonaws.com/aws.upl/nwica.org/ WIC_Public_Health_Role.pdf)

4) United States Department of Agriculture, National Survey of WIC Participants II Report Summary, accessed October 2, 2014, (http://www.fns.usda.gov/sites/default/files/NSWP-II_Summary.pdf) 5) United States Department of Agriculture, WIC Services in the Medical Home: Improving Early Feeding Practices, accessed October 2, 2014, (http://www.nal.usda.gov/wicworks/Sharing_Center/spg/VT_report.pdf) 6) Woelfel, ML et. al. Barriers to the use of WIC services. J Am Diet Assoc. 2004 May; 104(5):736-43

7) Stevenson, LJ et al. Providing Better Access to Health Care: A Pediatric Nurse Practitioner WIC-based Clinic for One-stop Health Care. J Pediatr Health Care (1994): 8, 168-172.

8) Huynh, D, Women, Infants, and Children: Awareness, Experience, and Access, accessed October 4, 2014,

(http://www.health.state.mn.us/wic/wilder/summary.pdf)

COMPARING MISSED APPOINTMENTS