

VERMONT WIC PARTICIPANT FEEDBACK REPORT 2022

Table of Contents

Introduction and Background 1

 In-Depth Interviews 2

Demographics and Response by Region..... 2

WIC Program and Clinic Satisfaction 7

Enrollment & Scheduling 12

Breastfeeding..... 14

WIC Shopping 17

Nutrition Education..... 23

Program Improvements..... 26

Introduction and Background

The Vermont WIC program surveys participants annually to solicit feedback and plan for quality improvement. In 2018, a core set of participant survey questions was developed with focus in the following areas: Customer Satisfaction, Scheduling, Breastfeeding, WIC Shopping, and Nutrition Education. The core set of questions was vetted with the Vermont Department of Health Survey Review Committee and prioritized with input from District Office WIC staff and the State WIC team. It is a web-based survey administered via text message.

The 2022 survey included core questions and expansions in some sections. The expansions included additional demographic questions related to sex and gender, questions about video appointments (which were recently added to the program), preferred infant feeding terminology, and additional input into the shopping experience. Questions were removed around use of the WIC Foods Guide and Shopper App, program changes during COVID (expanded food list), and internet and technology questions.

On August 23, 2022, the survey link was texted to 6,987 cell phone numbers of households that were active on WIC as of August 17, 2022 and opted into WIC’s texting service. About 95% of WIC households accept texts from WIC. A reminder text was sent on August 30, 2022.

Overall, there was a response rate of 8.7%. A total of 610 participants responded to the survey (all required question sets). The number of participants who responded to the survey represents approximately 8.3% of active WIC households.

In-Depth Interviews

Because of the administration methods of the annual survey (sent by text message and offered in English only), supplemental in-person and phone interviews were carried out with active WIC participants that are less likely to complete the annual web-based survey. The aim was to include families whose preferred spoken language is something other than English and those who are not opted into WIC's texting service. These in-depth interviews also provided richer qualitative feedback on participant experiences in the WIC program.

A total of 12 interviews were conducted in August 2022, three in-person and nine by phone. The three in-person participants were recruited in collaboration with The Janet S. Munt Family Room, a parent child center in Burlington, VT (Chittenden County). The nine phone participants were recruited using a subset of the WIC Active Participant List. The list was narrowed to participants from 6 different counties who do not accept texts from WIC (n=45).

In-person interviews were held at the Janet S. Munt Family Room over the course of one morning in August 2022. Participants were informed of the project by Family Room employees and verbally consented to being interviewed and audio recorded. Interviews were recorded using Microsoft Teams on a laptop nearby the interviewer and participant. When necessary, a WIC-provided phone-based interpreter was used.

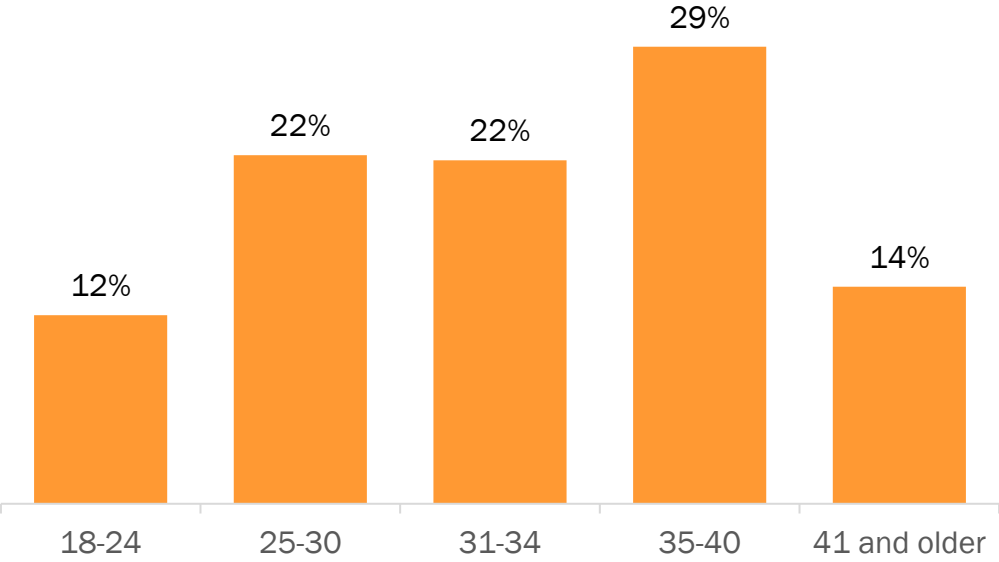
All potential phone-based participants were sent initial emails about the project and interview process, then called over the course of two weeks in August 2022. Interview calls were scheduled with interested participants. After participant consent was obtained, phone interviews were audio recorded using Microsoft Teams. All participants (in-person and phone) were compensated \$25 for their time.

Both in-person and phone interviews were transcribed and analyzed using qualitative data analysis coding by the project team. Each interview was 'double-coded' (coded separately by two members of the project team) before responses were compiled and thematically organized in a master response sheet.

Demographics and Response by Region

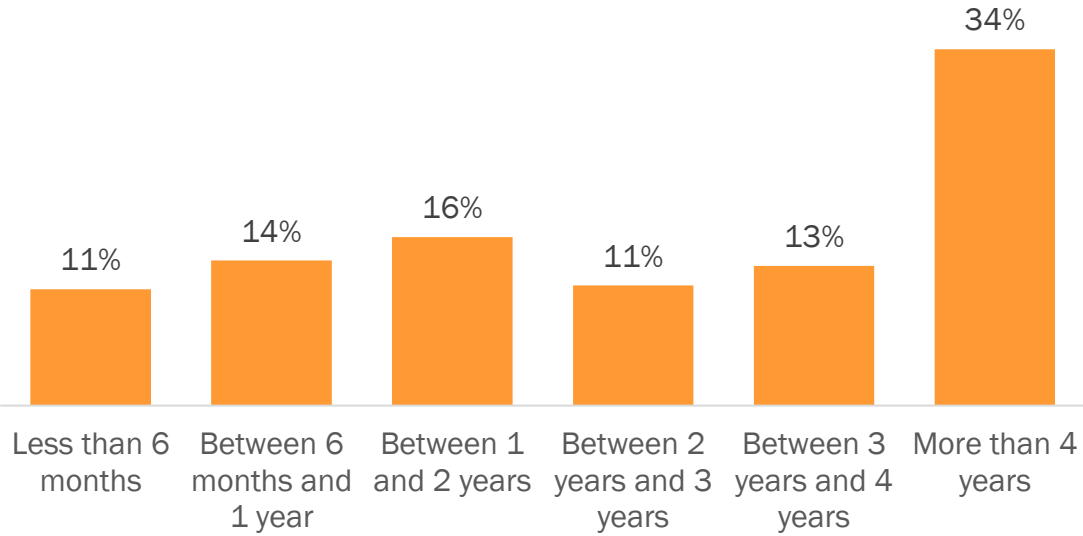
The age group with the most survey respondents was 35-40. The median and average age of the heads of households at the time of survey administration was 30.4 and 30 years of age respectively. Less than ten survey respondents were less than 18. These individuals were opted out of completing the survey.

Respondent Age



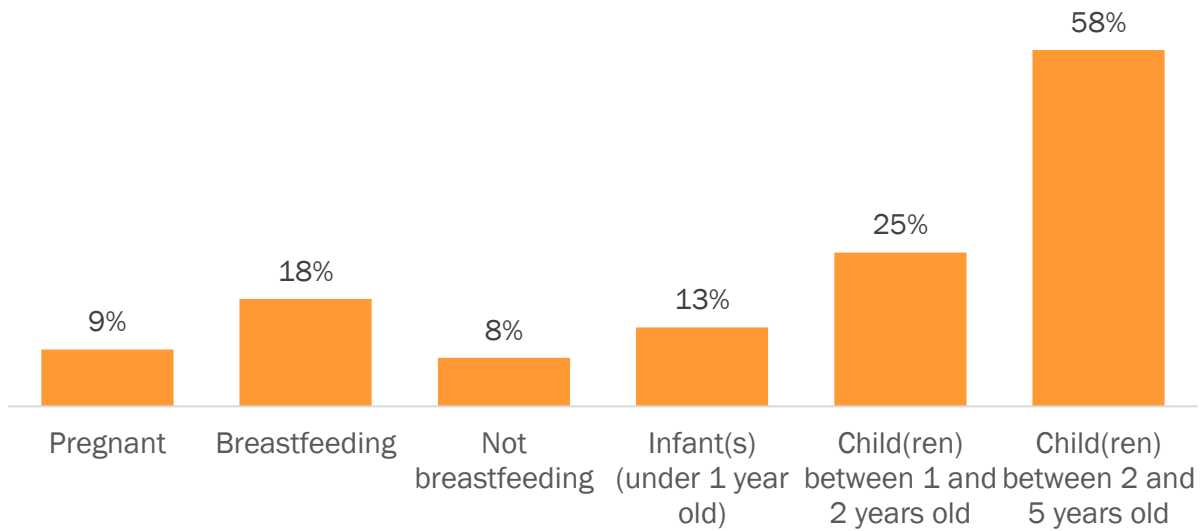
One-third of survey respondents have participated in WIC for more than 4 years. Interview participants' time participating in WIC ranged from less than 1 year to 16 non-consecutive years.

Time Participating in the WIC Program



Roughly 55% of active households had children between the ages of 2-5. The response closely matched this figure, as 58% of survey respondents answered that they had a child aged 2-5 participating in WIC. Furthermore, 25% percent of heads of households active at the time the survey was administered were pregnant or postpartum, meanwhile over one in three survey respondents (35%) participated in WIC while pregnant or postpartum. (Note: survey respondents were able to select all categories that applied to their families, so percentages do not add up to 100%).

Participant Categories



Most survey respondents identified as white, non-Hispanic (83%).

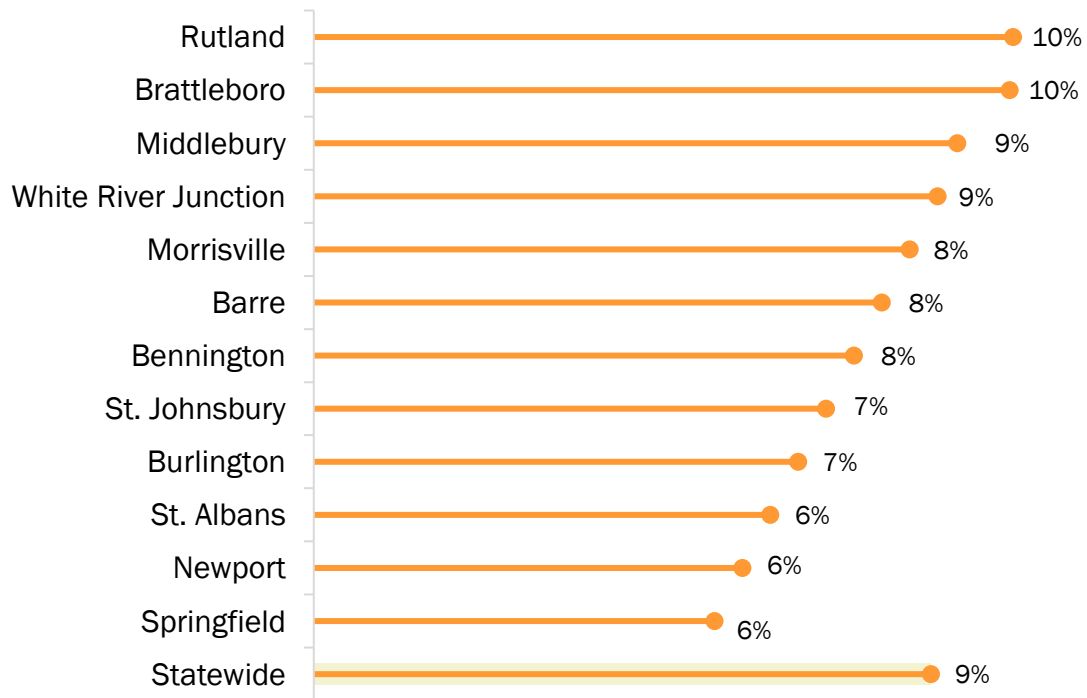
Race & Ethnicity	Percent
Non-Hispanic / Latinx	
White	83%
Asian	5%
Black or African American	4%
Native American, Indigenous, First Nation, Alaska	3%
Native	
Native Hawaiian, Other Pacific Islander	<1%
Some other race	<1%
Hispanic / Latinx	3%

English was selected as the preferred spoken language by 95% of survey respondents. The next most reported language was Nepali (4%), and all others were reported by one percent or fewer of survey respondents.

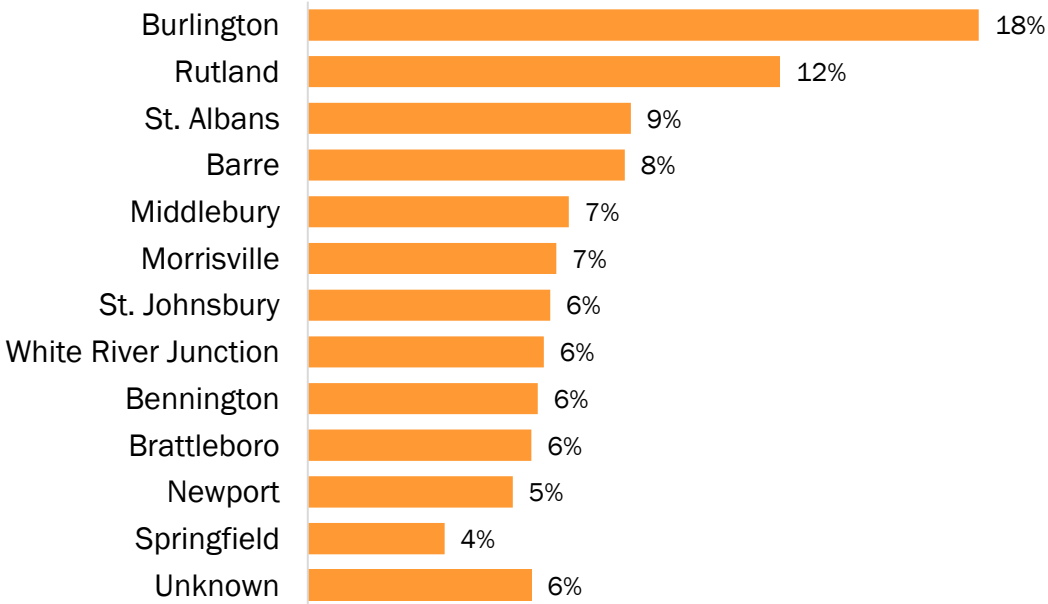
Most survey respondents (97%) selected female for both sex at birth and gender identity. All other gender identities (male, non-binary, gender non-conforming, or genderqueer, trans female/trans woman, trans non-binary, trans male/trans man, different identity) were reported by one percent or fewer survey respondents. This was the most skipped demographic question.

Rutland District Office had the highest survey response rate (10%) and the 2nd most survey responses. The labels for the response rates were rounded to the nearest whole number in the chart below, the bars reflect the unrounded percentage points thus are not precisely even.

Response Rate by District Office



Percent of Responses by District Office



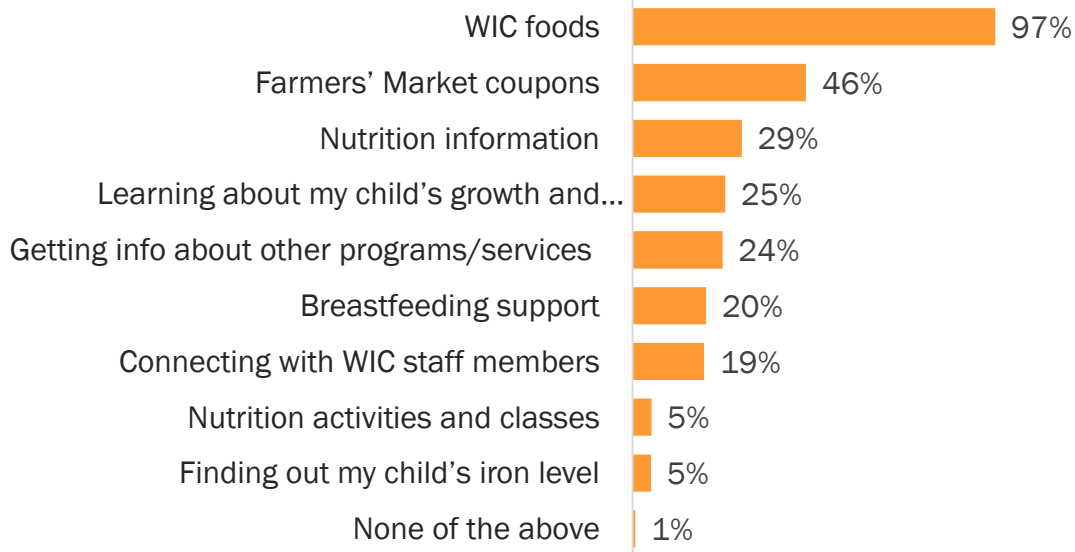
The responses from interview participants came in from across the state. The table below displays the demographics of interview participants in greater detail, including the various counties from which interviewees were recruited.

Demographics of Project Participants (Pts.) (n=12)			
Category	# Of Pts.	Category	# Of Pts.
Race / Ethnicity		Amount of Time in WIC	
White, non-Hispanic	10	<1 year, continuous	2
Hispanic	1	1-2 years, continuous	3
Mixed-race, black and white	1	3-5 years, continuous	2
Number of Children		5+ years, continuous	2
1	4	5+ years, non-continuous	3
2	4	County of Residence	
3 or more	4	Caledonia County	1
Primary Language Spoken at Home		Chittenden County	3
English	11	Lamoille County	1
Spanish	1	Orleans County	2
Has Support at Home with Children		Washington County	2
Yes	8	Windham County	1
No	3	Windsor County	2

WIC Program and Clinic Satisfaction

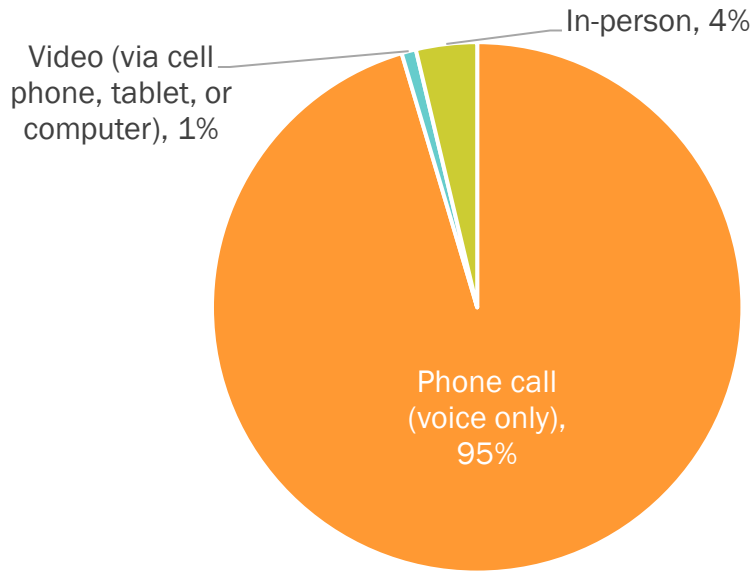
Survey respondents were asked the top three things they value about the WIC program. WIC foods was the top selected answer, with 97% of survey respondents selecting this choice which is consistent with prior years. Farmers market coupons and nutrition information were also popular choices at 45% and 29% of survey respondents selecting these options, respectively. In the open comment, additional responses were access to other services (n=3) and the increased fruit and vegetable allowance (n=3).

Top 3 Things Respondents Value About WIC



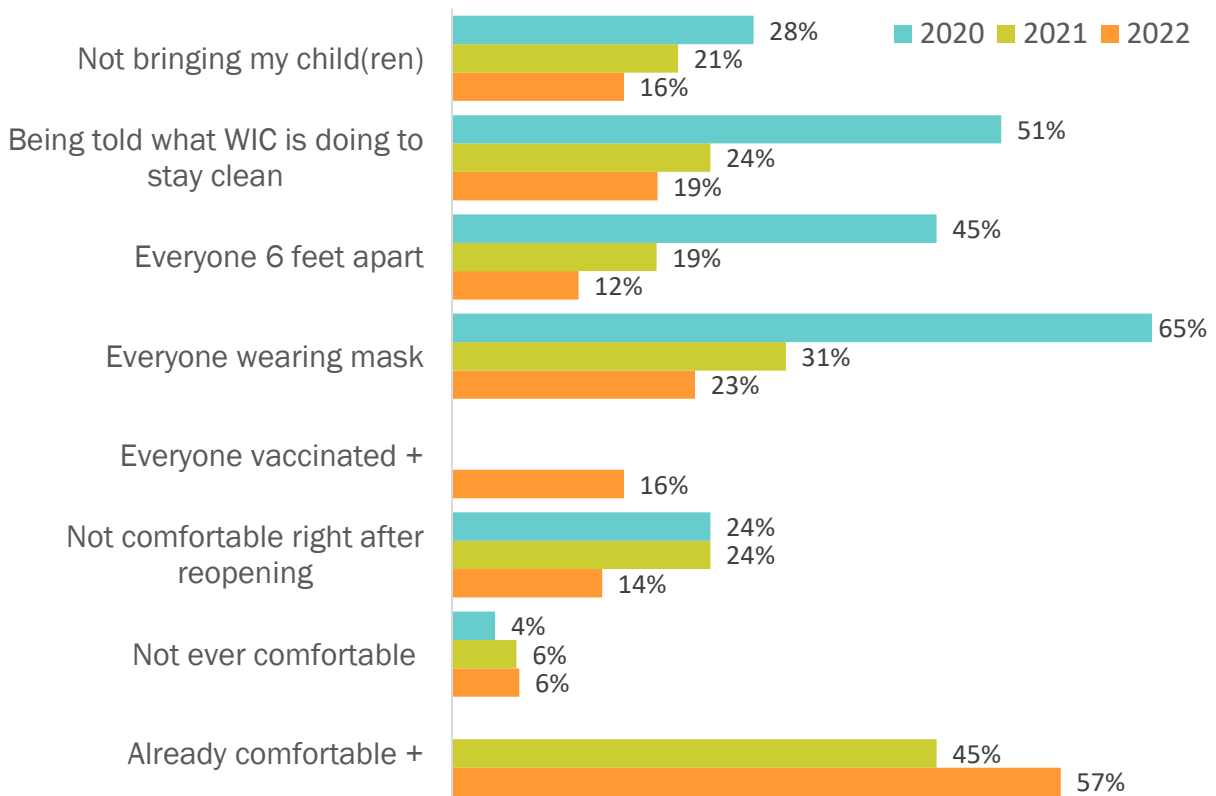
The survey asked a series of questions related to customer satisfaction with survey respondents' most recent clinic appointment and their experience with clinic staff. Most survey respondents, 95%, had their most recent appointment by phone. Due to the COVID-19 pandemic, WIC appointments have been conducted primarily by telephone since mid-March 2020. However, video appointments were piloted in four district offices in the spring and summer of 2022 and are currently being rolled out as an additional option statewide. Local WIC programs are also gradually reopening clinic spaces to in-person appointments.

Appointment Type Last Used



To better understand steps Vermont WIC can take when reopening to in-person appointments, the survey asked what the program can do to help families feel comfortable returning to the clinic environment in the previous 3 surveys (2020, 2021, and 2022). The percent of survey respondents who are comfortable returning to clinic has increased over time. Additionally, the desire for specific safety and infection prevention measures has decreased since 2020.

What Would Make You Comfortable Returning to WIC Clinic?

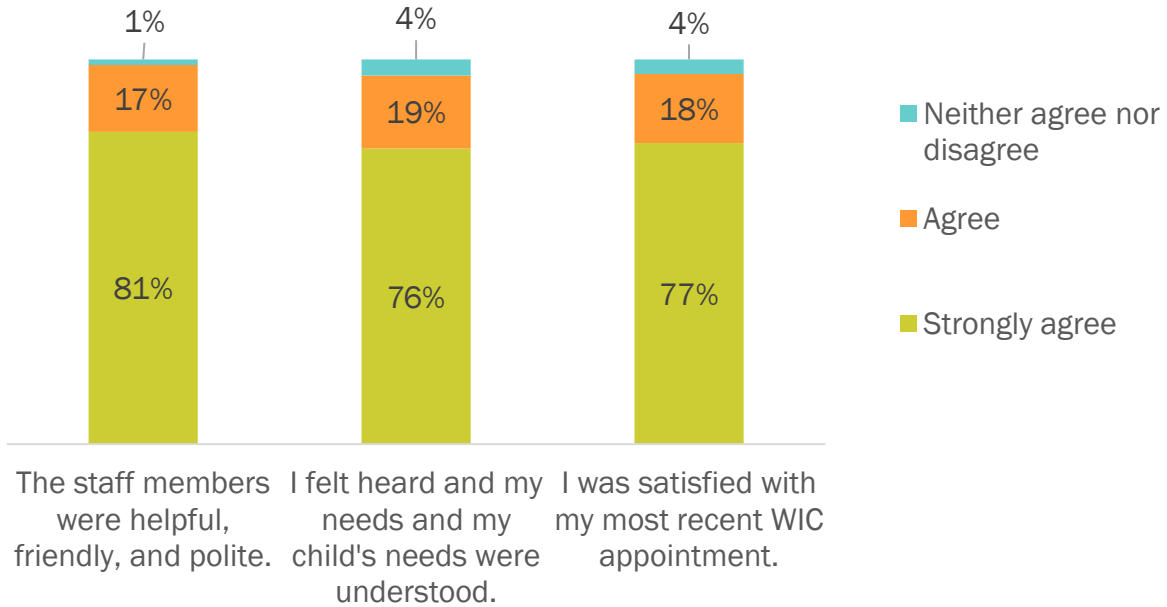


+ Option was not available in the 2020 and/or 2021 Participant Survey

When interview participants were asked their opinions about WIC re-opening to in-person appointments in the future, opinions were varied. Three participants were adamant that they would only feel safe coming back to appointments (with their often vaccine-ineligible infants) if WIC staff continue to be vigilant about masking and vaccination requirements. Others stated that they weren't concerned about COVID-19 risks, whether because they have been working in-person throughout the pandemic or because they are not 'bothered' by COVID-19.

Overall, satisfaction with WIC appointments remains high. At least 95% of survey respondents strongly agreed or agreed that they felt heard, and their needs were met at their last WIC appointment and that staff members were helpful, friendly and polite. Almost all (98%) were satisfied with their most recent visit. One percent or less of survey respondents disagreed or strongly disagreed with these sentiments and are not represented in the chart below.

Satisfaction with WIC Appointments

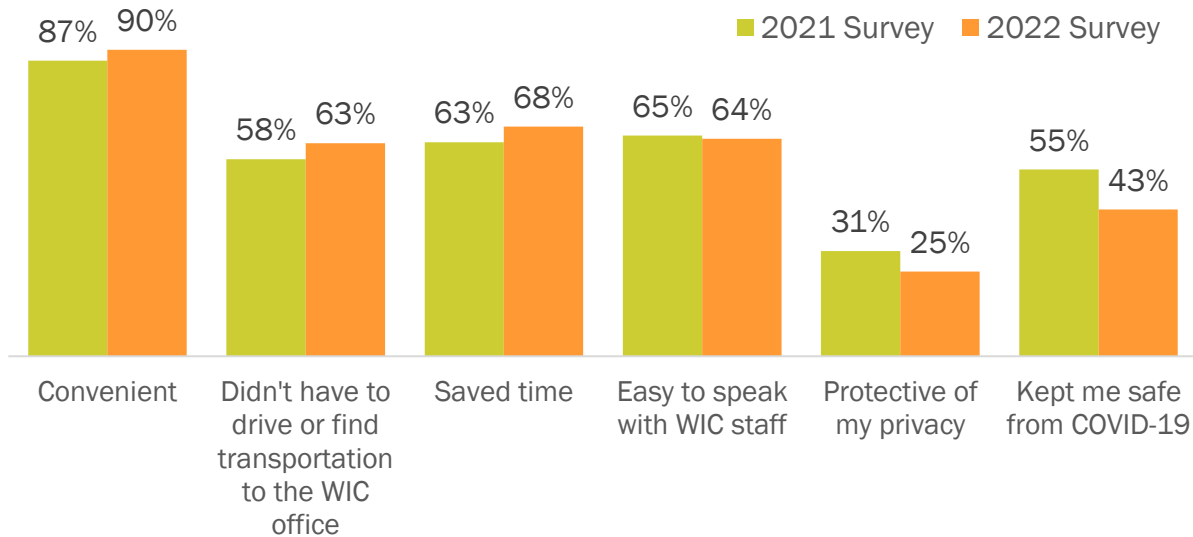


All 12 interview participants had positive things to say about WIC. Those who had used a variety of WIC services stated repeatedly that they were very happy with the program. Two participants stated that when they were not getting enough information or help from their doctors and other service providers, WIC was often the program that helped fill in the gaps in their care.

"It's a really lovely program that works very well for my family."

Survey respondents were asked what they liked about their WIC appointment by phone. Convenience and saving time were the top answers. The same question was asked to the small number of survey respondents who completed a video appointment. This group also highly valued the convenience.

What Did You Like About Your WIC Phone Appointment?



Interview participants were also asked for their thoughts on having their WIC appointments over the phone versus in-person. Most preferred phone appointments over in-person appointments. Many participants said they felt phone appointments were easier because they were more amenable to their busy schedules and didn't require scheduling around work, childcare, or transportation. Quite a few participants mentioned they liked telephone appointments because they were convenient, simple, helpful, and fast. Participants also found that the appointment reminders were helpful in case they had not marked down their appointment times. Multiple participants pointed out the various considerations that in-person appointments require.

"It's just been over the phone, which is so much, it's a million times easier than the in-person appointments we used to do, you know, before the pandemic. Just one less place to go."

A few participants preferred in-person appointments because of the opportunity for a social connection through meeting their providers and being able to receive reading materials or education in person. Several participants specifically mentioned services like height and weight measurements, lead and iron level checks, and physical checks for tongue tie and appropriate growth in infants.

"I do prefer the in-person, just the interaction. You can get a little more reading and guidance on some of the information."

While most participants voiced that they prefer phone appointments, they all said that they would “make it work” if they had to go back to in-person appointments.

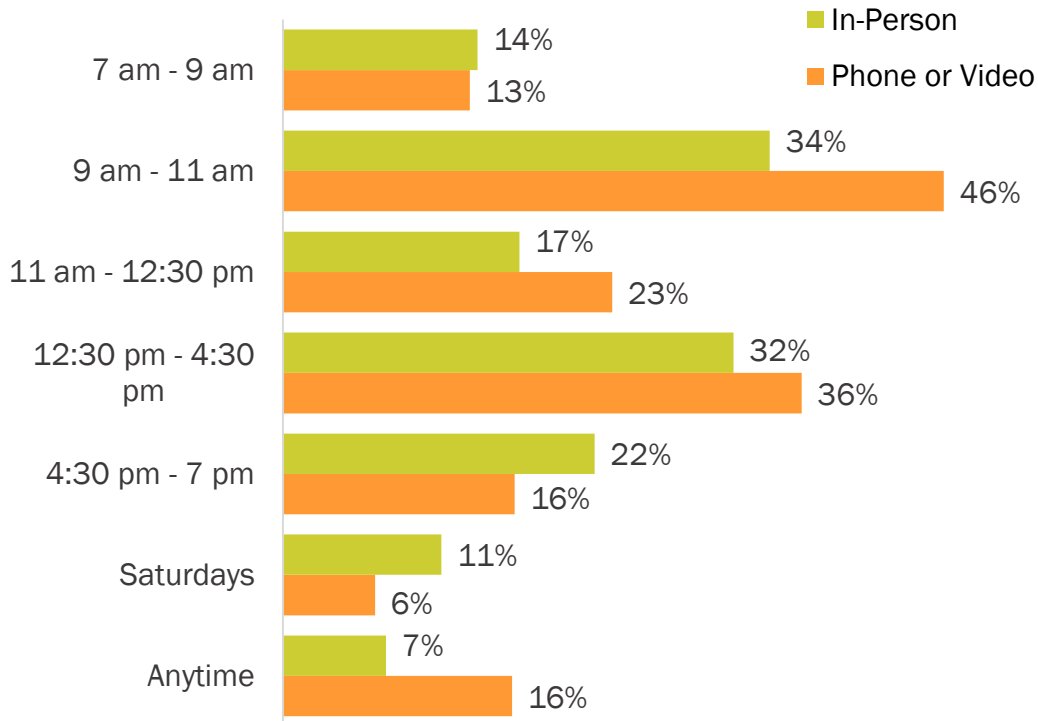
Enrollment & Scheduling

To become an active participant of WIC, one first needs to know of the program and the services it offers. The 12 interview participants were asked how they found out about WIC to get a better understanding of the flow of information in the community. Half of the participants found out about WIC either through their doctor's office or a community organization/parent center that provided information about WIC. One participant found out about WIC through Medicaid and received the information via mailers. Two participants found out about WIC through conversations with their own mothers.

It is worth noting that two interview participants expressed that they wished they knew about WIC sooner. Pamphlets about the WIC program and the resources it offers were noted as helpful for delivering this information.

Staying connected with WIC through a certification appointment is a critical piece of active participation. The online survey asked questions related to scheduling and making appointments to better understand the needs of families. Survey respondents had the option to choose more than one answer on preferred times for WIC appointments. Mid-morning was the most popular choice of appointment time, followed by afternoon. A small percentage selected Saturdays. Overall, survey respondents indicated greater availability for phone or virtual appointments than in-person appointments.

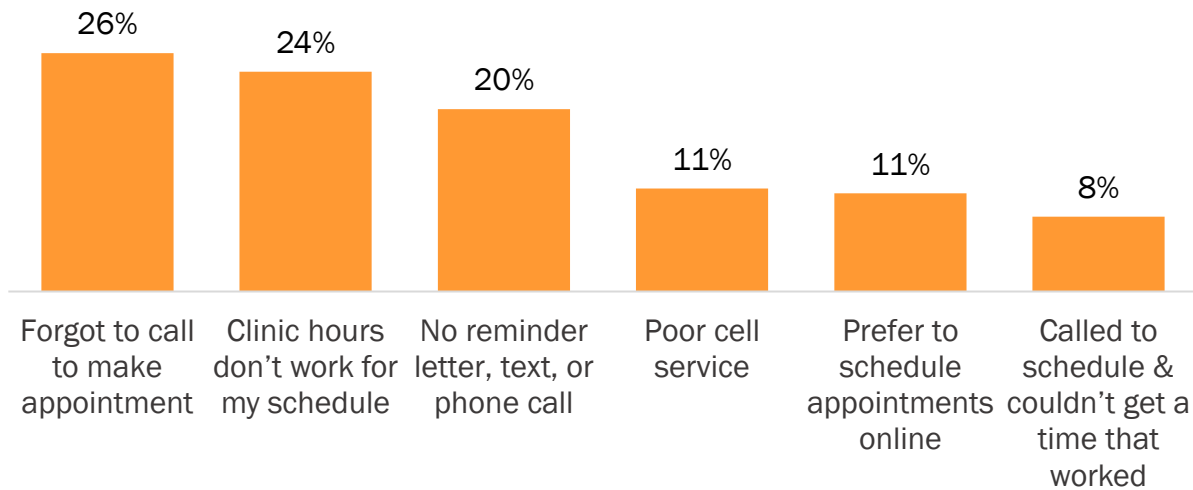
WIC Appointment Time Preference



Thirty-five percent preferred scheduling a week or two in advance of an appointment and 26% of survey respondents preferred scheduling their next appointment 6 months in advance (at the time of their last appointment). Nine percent preferred to schedule a same-day appointment, while 17% preferred the option to either schedule in advance or have a same-day appointment. Three percent of survey respondents preferred to either walk-in, call when it works for them, or did not schedule appointments.

Regardless of the scheduling method, 68% of survey respondents reported not having difficulty scheduling an appointment. Of those who did report scheduling difficulty, reasons are listed in the figure below.

Reasons for Scheduling Difficulty



Breastfeeding

Breastfeeding means giving human milk by feeding the baby at the breast and/or pumping or expressing human milk and giving it to the baby in a bottle or cup. Forty-one percent of all survey respondents (218 respondents) breastfed within the last 12 months of their completion of the survey. The following section is based on the answers from this subset of survey respondents as well as the open-ended responses of the 12 interview participants.

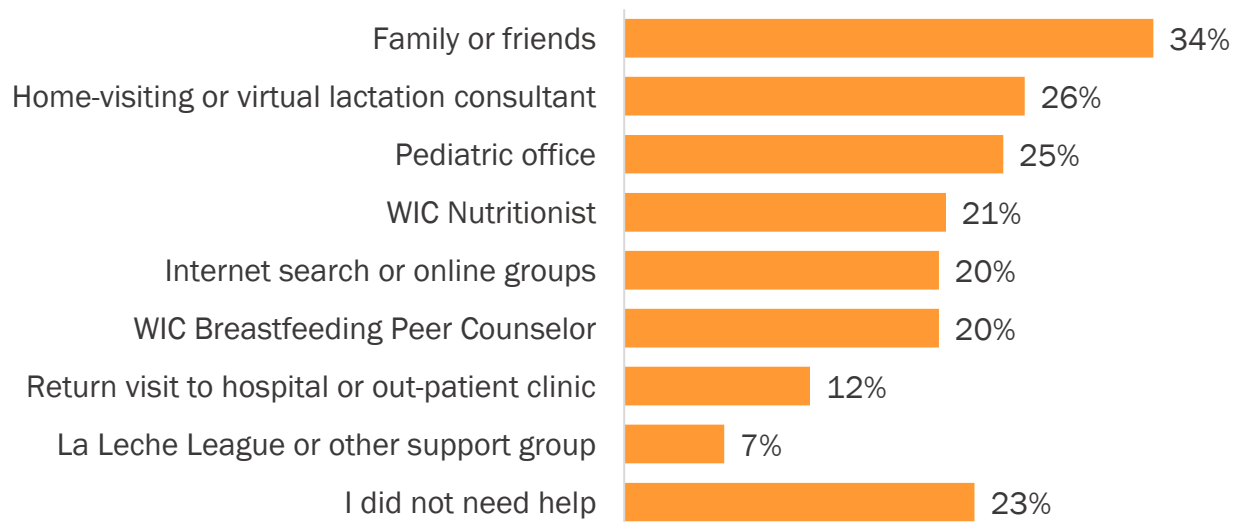
The Vermont Department of Health is committed to healthy equity and inclusive language in infant feeding terminology. To better understand infant feeding terminology preferences among WIC parents, a question was added to the survey on preferred terms. The options for preferred terms were “breastfeeding,” “bodyfeeding,” “chestfeeding,” or open-ended. Breastfeeding was the preferred term among survey respondents (93%). One percent or less of survey respondents chose “bodyfeeding” and no respondents chose “chestfeeding” as their preferred term in either the close ended or open-ended responses. Of the 11 open ended responses, 4 participants stated they preferred “pumping”, and 2 stated they preferred “nursing”.

In interviews, the 12 participants were asked how they felt about the terms “chestfeeding” and “bodyfeeding” and their possible inclusion in WIC materials. The majority of participants had never heard of the terms but were able to easily understand what “chestfeeding” meant. The term “bodyfeeding” was met with slightly more confusion and a lack of immediate comprehension. All 12 of the interview participants preferred using the terms “breastfeeding” or “nursing” for their own experiences. There was no rejection or pushback from participants about WIC including the terms “chestfeeding” and “bodyfeeding” in written materials.

“Yeah, I’ve heard breastfeeding and chestfeeding. I don’t think I’ve heard bodyfeeding. And I feel positively about the inclusion of other language. I think especially as a queer person I’m more tuned into the community of folks who don’t identify as women who are giving birth or choosing to feed their babies with their bodies.”

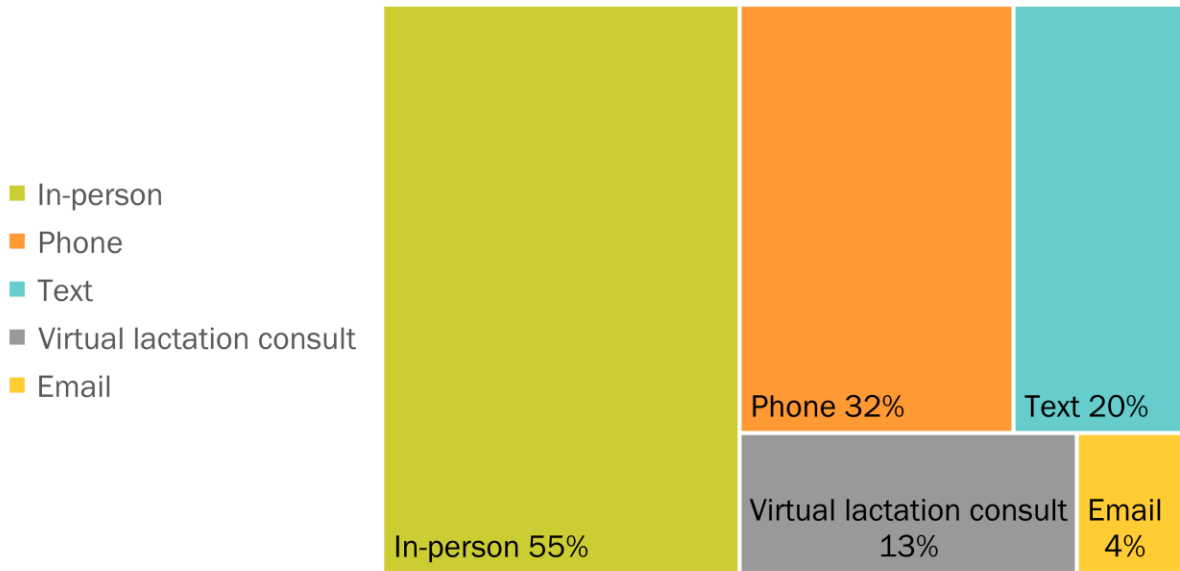
To better understand how new parents in WIC are accessing breastfeeding support during COVID-19 and limited in-person contact, survey questions were included about how and where participants are finding help. The most common source of help was from family and friends (34%), followed by a home visiting or virtual lactation consultant (26%) and the pediatric office (25%). Approximately one in four survey respondents (23%) did not look for breastfeeding help.

Where Did You Find Breastfeeding Support?



Just over half (55%) of survey respondents reported receiving in-person breastfeeding help. A breakdown of the other support options are as follows; 32% by phone, 20% by text, 13% by virtual lactation consult, and 4% by email.

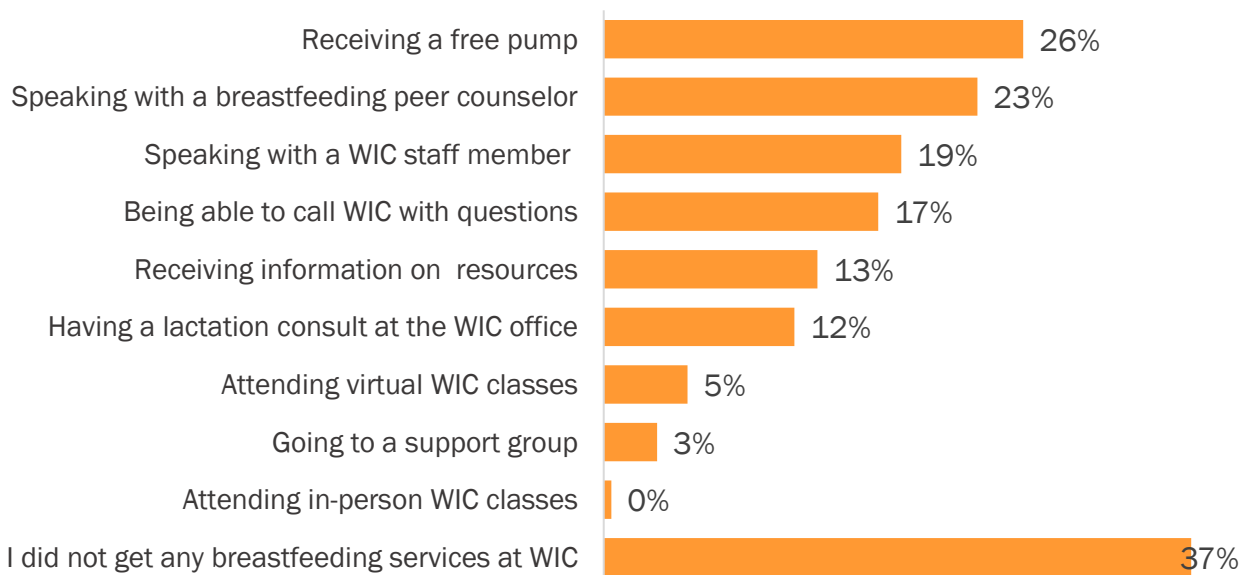
How Did You Receive Breastfeeding Support?



Accessing free breast pumps, breastfeeding peer counselors, and WIC staff, were supports from WIC that were most selected by survey respondents. Three quarters (74%) of respondents who breastfed in the past 12 months were either satisfied or very satisfied with the breastfeeding services offered through WIC. About one-third (34%) of respondents have received a breast pump through WIC.

“I wish the peer counselor continued after the first year—it was really helpful and I am still breastfeeding both of my kids.”

Which of the Following WIC Breastfeeding Services Helped You?



The 12 interview participants were also asked about their use of breastfeeding resources and support from WIC (or elsewhere). Half of the participants (n=6) said that they have never used any WIC breastfeeding resources, either because they did not breastfeed, or because they were not aware of the different breastfeeding resources available to them through WIC. The other half of the participants (n=6) had used and appreciated one or more of the WIC breastfeeding resources.

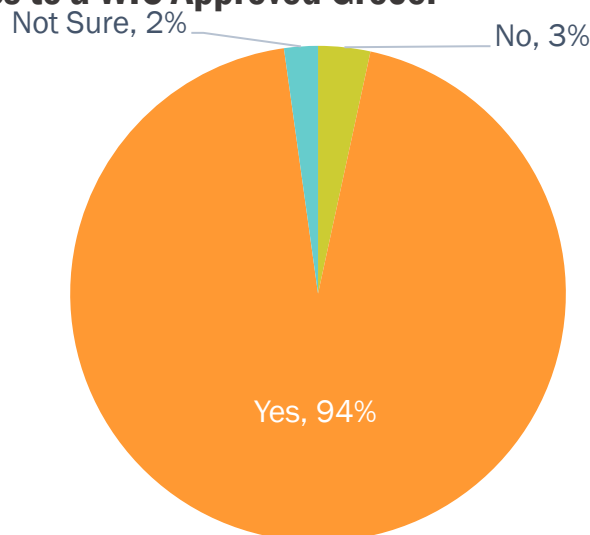
Free pumps as well as the WIC staff and lactation consultants were the most common resources utilized by the interview participants. It should be noted that, among those who had used WIC resources, several participants seemed to lack a complete understanding of the role of the breastfeeding peer counselor –though these same participants did express a great appreciation for their support in checking in with the participants.

WIC Shopping

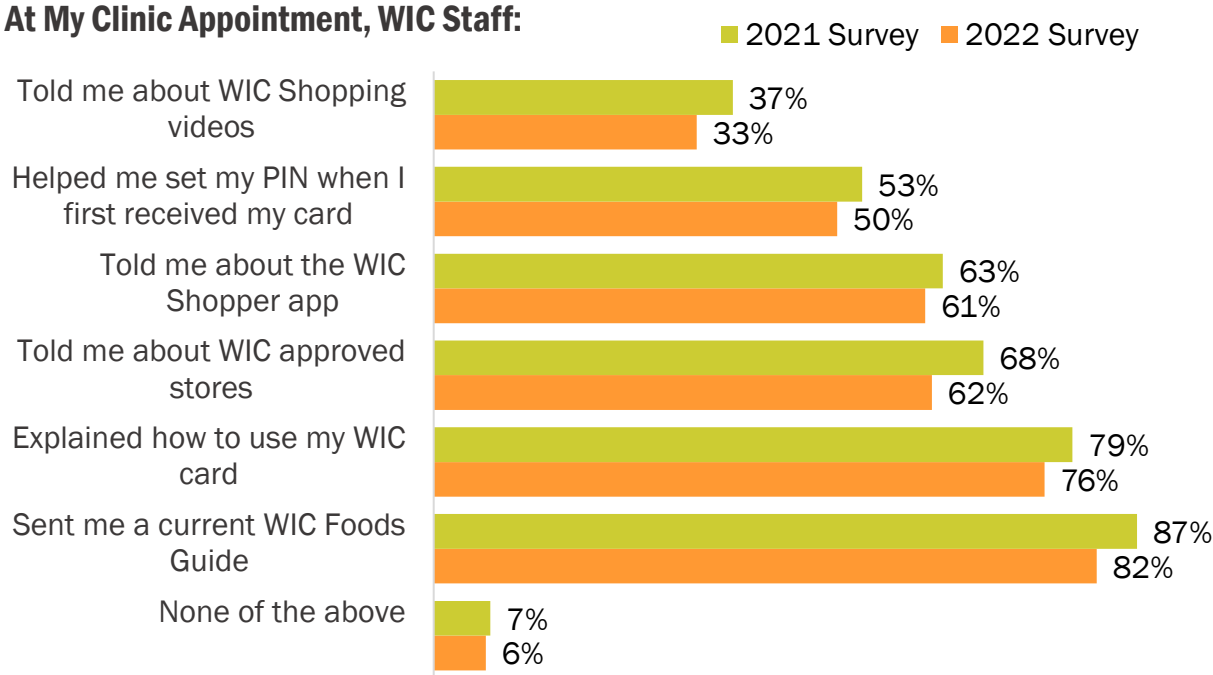
Survey respondents and interview participants were asked a series of questions about the WIC shopping experience. Vermont WIC completed rollout of eWIC in 2016, transitioning from an over 40-year history of home delivering the WIC food package to purchasing it in grocery stores using an electronic benefit transfer (EBT) card. Given the range of total length of time participating in WIC among survey and interview respondents, some have experienced both methods of accessing the food benefit, while others have only accessed the food benefit in the retail environment.

Nearly all, 94%, of survey respondents reported having easy access to a WIC grocer. Of the 28 responses that were “No”, or “Not Sure”, 20 people explained further. The issue most had in common was travel distance (50% of responses), with respondents stating they had a far drive to their nearest WIC grocer, or that their preferred store was far away. Other issues were lack of transportation, the stores not having the items they needed or a very limited stock, and issues across state lines (e.g., New Hampshire stores not accepting Vermont WIC).

Easy Access to a WIC Approved Grocer

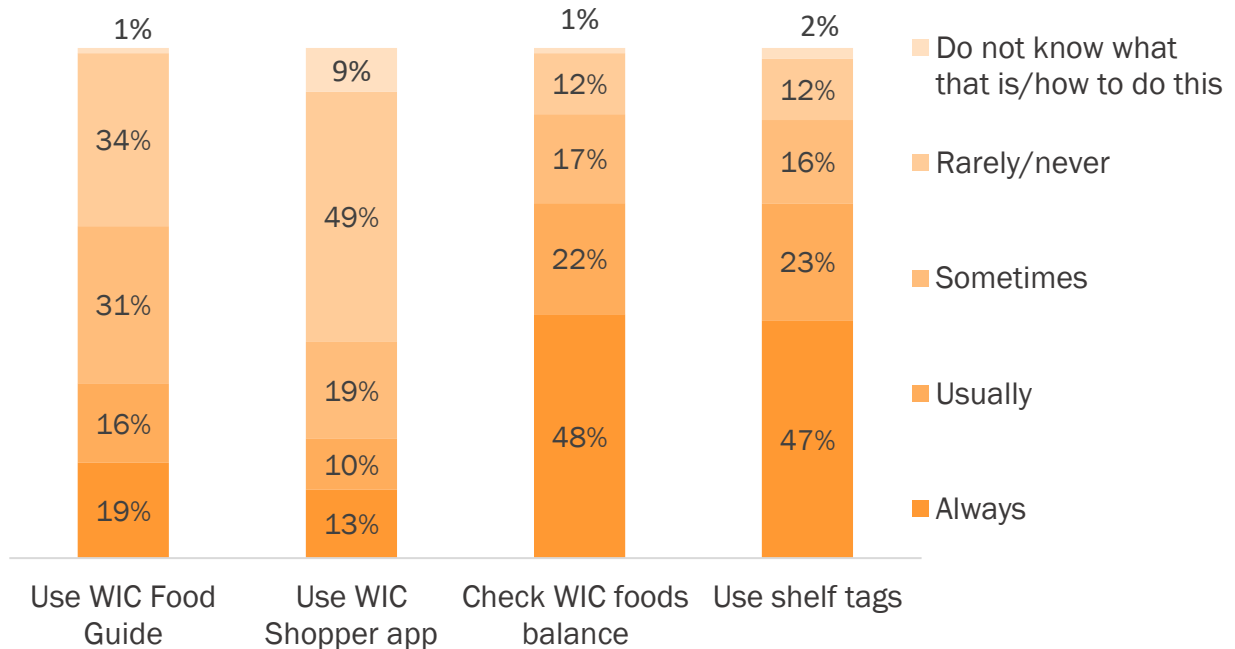


Because WIC shopping can be complicated at first – interview participants noted a steep learning curve – local WIC staff focus on this topic in depth at the initial enrollment appointment. The chart below shows different activities clinic staff engage in with participants. Eighty-two percent of survey respondents reported that they received a current WIC Foods Guide.. The other activities listed may happen at appointments early on in a family’s time on WIC, but less frequently if a family is experienced and confident with the shopping process. In 2018, Vermont WIC developed and released a series of WIC Shopping videos that are meant to be texted to new participants and anyone having trouble shopping. Thirty-three percent of survey respondents reported being told about or shown the WIC Shopping videos in 2022.



The survey asked about the use of different resources when shopping for WIC foods. Using store shelf tags and checking their WIC food balance are the most common resources used by survey respondents, at 70% and 69% respectively. This is consistent with prior year surveys.

Resources Used in WIC Shopping

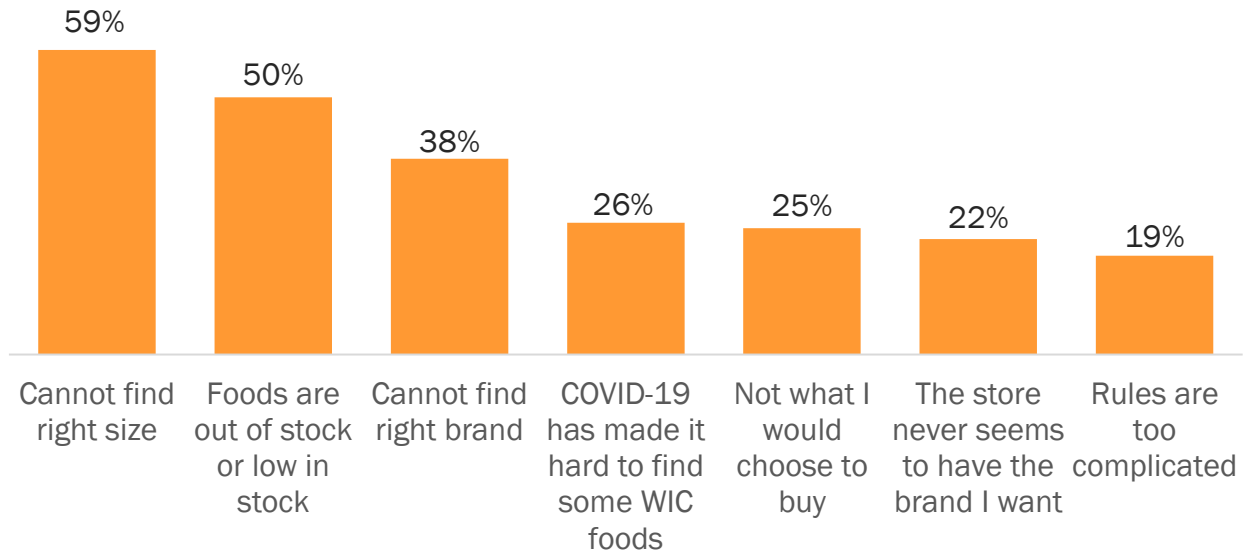


The resources mentioned by interview participants were slightly different. Several interview participants mentioned shopping with the WIC Foods Guide whenever possible to improve their shopping experience.

Under half (44%) of survey respondents reported buying all their foods with their WIC card which is a decrease from the 2021 survey where just over three-quarters (78%) of respondents reported buying all their foods. Thirty-four percent of survey respondents said they do not have trouble finding any WIC foods. If participants have had challenges, the most common one was being unable to find the correct size (59%) followed by foods being out of stock (50%) and not being able to find the correct brand (38%). Twenty-six percent of survey takers responded that COVID-19 has made it hard to find some WIC foods.

Interview participants also mentioned finding certain WIC food items to be a challenge.

Challenges Finding WIC Foods



Like previous surveys, 48 oz. juice, whole wheat bread, 64 oz juice, yogurt, and cold cereal were the top five most challenging WIC foods to find.

Top 5 Most Challenging to Find WIC Foods	
48 oz. Juice	24%
Whole Wheat Bread	24%
64 oz. Juice	15%
Yogurt	15%
Cold Cereal	12%

Poor selection in the store (27%), forgetting to purchase all foods before the end of the month (19%), and not liking the selections (17%) were the top reasons survey respondents selected for not buying all their WIC foods each month.

Reasons Why Not All WIC Foods Are Bought Each Month	
Poor selection in the store	27%
I forget to buy all of my foods before the end of the month	19%
My family doesn't always like the options	17%
I prefer to order groceries online and am not able to with WIC	10%
I don't like the brands of WIC foods	7%
COVID-19 has affected my access to WIC foods	6%
I have other benefits that I use first, such as 3SquaresVT or school food distribution	3%
I am uncomfortable using the WIC card	3%

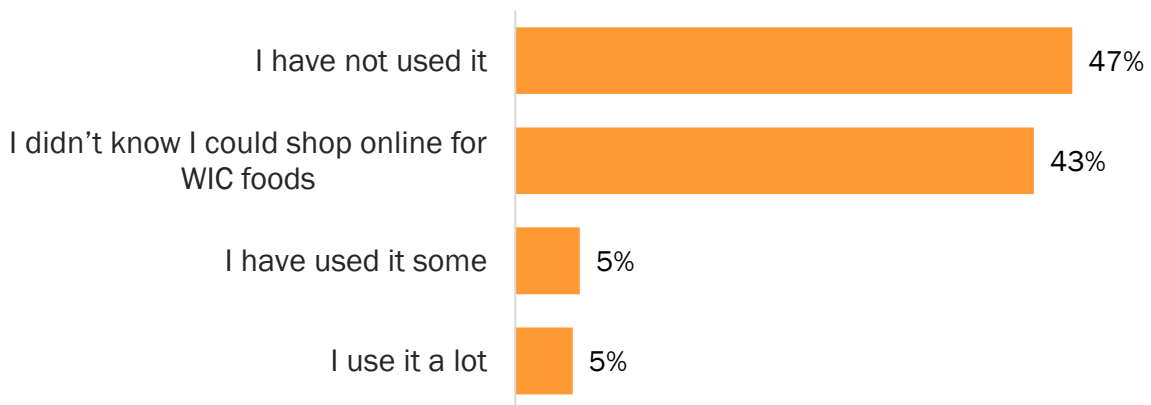
My family/I do not need/want the food benefit	3%
I am unsure how to use or cook some of the WIC foods	2%
WIC foods are not culturally preferred	2%
Too much food is on my card each month	1%

Interview participants who experienced problems buying their WIC foods also mentioned incorrect labeling or lack of labeling on food items, repeated technological issues at the grocery store, and too rigid of food choices (brands, sizes/volumes, types of food) as hinderances.

“Oftentimes I’ll get to the checkout and my grocery bill is higher than I had anticipated, and I have to think about what that might be, and when I look back it’s typically something that was labeled as WIC that turned out not to be WIC.”

About half of survey respondents (47%) reported they have not shopped for WIC foods online; 43% didn’t know they could. Online shopping for WIC foods is currently limited to some retailers. There were 18 participants that selected “other.” Among these, the most stated reason for not using online WIC food shopping services was that their preferred or local WIC grocer did not offer an online shopping option for WIC participants. Another common theme was that after they purchased online, they were required to pay full price at the store for pickup.

Experience Shopping for WIC Foods Online



Buying WIC foods online and using the WIC card at self checkout were most frequently selected by survey respondents as preferred enhancements with more than half selecting these options. Most respondents to this question were interested in at least one of the shopping methods listed.

Preferred Enhancements for WIC Shopping



Some reasons given in the open-ended sections for wanting WIC shopping enhancements were:

1. Some feel embarrassed, or that there is a stigma associated with using WIC and would like the ability to self-checkout or order online.
2. Some feel that it is challenging to shop in-store with children and would like the ability for food delivery, or curbside pick-up.
3. Some feel that they want to be afforded the same luxuries as other shoppers have with online grocery shopping.
4. Other responses (of which there were 7), mentioned improvements to the EBT card, improvements to the phone app, and improvements to food options (such as organic groceries).

"I want the same luxuries people with other forms of payment have."

"PLEASE allow curbside pickup! It would help so much to not have to bring my children to shop."

When interview participants were asked if they would use or benefit from an online shopping option for WIC, some were enthusiastic, noting that it would provide them an option for getting groceries when they aren't able to get to the grocery store.

Other interview participants felt an online option "wouldn't make sense for [their] situation" often because they would already be leaving the house for other groceries or errands. Others weren't sure how the technicalities of that option might work, citing worries about ordering things like milk online, paying unwanted fees, or receiving items

erroneously. One participant stated that online shopping, and figuring out a new system, would be too much work for her, while another said that her family didn't have a computer in their house with which to shop.

Nutrition Education

A cornerstone of the WIC program is nutrition education. Families complete a nutrition activity twice per year in between clinic appointments. They can be done online at wichealth.org, or at in-person group or one-on-one activities. wichealth.org was the top choice of survey respondents with almost half (45%) selecting this option. Of those who have completed one, 80% of survey respondents were very satisfied or satisfied with their most recent nutrition activity.

Nutrition Education Activity Typically Chosen Between Appointments



WIC participants are interested in a variety of nutrition education topics related to nutrition and other health behaviors. The Top 5 Most Popular and the Top 5 Least Popular topics among survey responders are listed in the tables below.

Top 5 Most Popular	
Tips for stretching a family food budget	39%
Child nutrition	38%
How to maintain a healthy weight or losing weight	26%
How to cook with WIC foods	22%
Physical activity and active play for kids and families	21%

Top 5 Least Popular	
Quitting smoking, alcohol, or other drugs	3%
Immunizations	5%
Returning to work and breastfeeding/pumping	6%
Lead and other environmental health topics	7%
Healthy pregnancy	8%

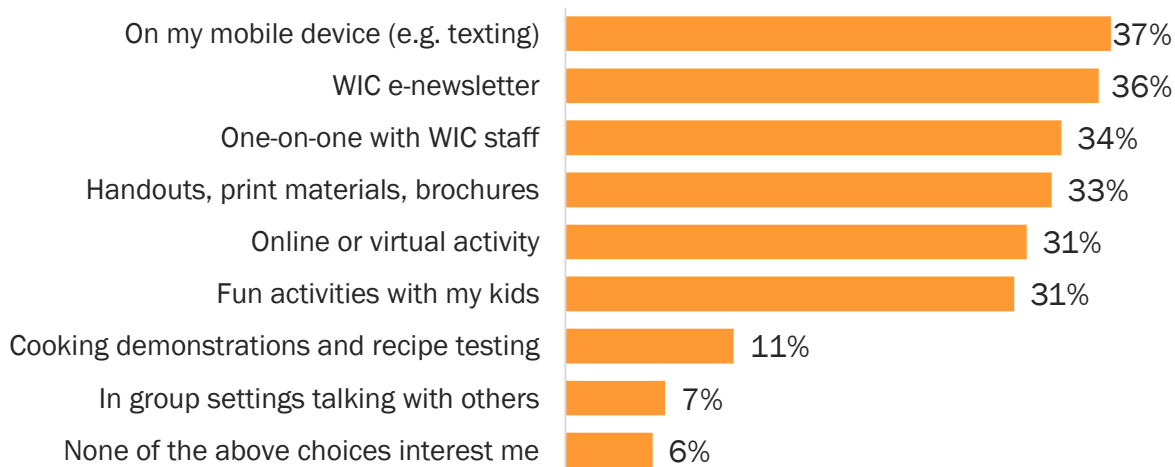
The nutrition education topics that interview participants suggested were gardening, transitioning babies to solid foods, and meal planning. One participant specifically suggested doing week-long meal planning with recipes based on WIC foods so there is not as much food waste.

When asked, “What health changes has WIC helped you make?” the top survey answers were eating more fruits and vegetables (60%), eating more whole grains (32%), and trying new foods (26%). Twenty-one percent of survey respondents reported that WIC has not helped them make any of the health changes and that they already make healthy choices. This sentiment was also shared by several interview participants, who felt they do not need the information provided by WIC nutrition education resources.

Health Changes WIC Has Helped You Make	
Eat more fruits and vegetables	60%
Eat more whole grains	32%
Try new foods	26%
Eat more dairy foods	22%
Drink more water	20%
Cook more meals	20%
Eat more meals together as a family	19%
Eat less fast food	18%
Eat more iron-rich foods	17%
Breastfeed longer	13%
Drink fewer sugary drinks	12%
Brush teeth more	7%
Exercise more	7%
Visit the dentist	7%
Drink less juice	5%
Wean baby from bottle	5%
Smoke less or quit smoking	2%
I do not need to make any health changes, I already make healthy choices	21%

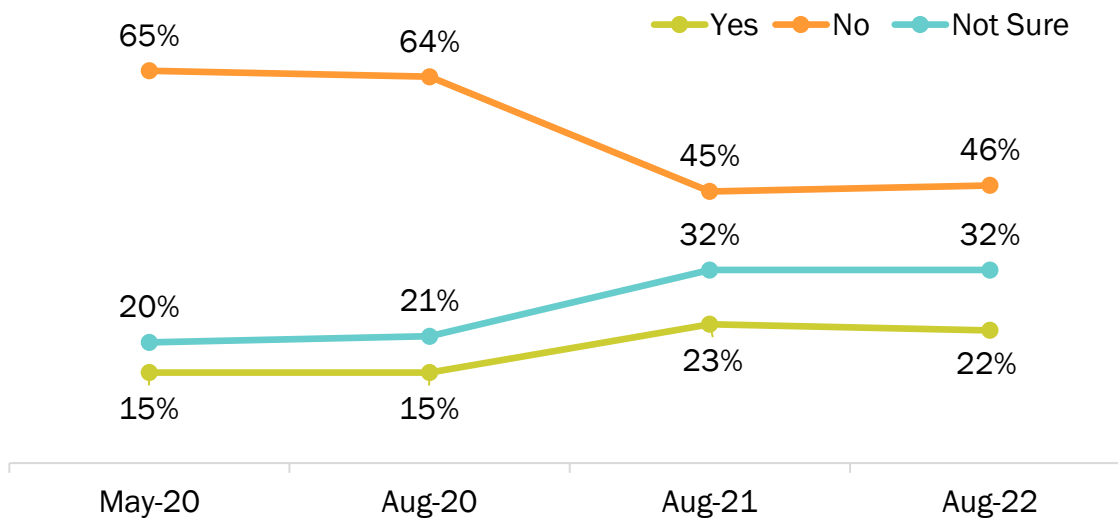
When asked, “What are your favorite ways to get your nutrition information from WIC?”, on a mobile device and the WIC e-newsletter were the top answered, selected by 37% and 36% of survey respondents, respectively.

Preferred Ways to Get Nutrition Information from WIC



Vermont WIC pivoted during the COVID-19 pandemic to provide online nutrition activities to limit in-person interactions. Therefore, a question was asked to better understand interest in this option. Those interested in and those unsure about live virtual/online nutrition or breastfeeding activities increased since COVID-19 began. Interest levels have remained relatively consistent from 2021 to 2022.

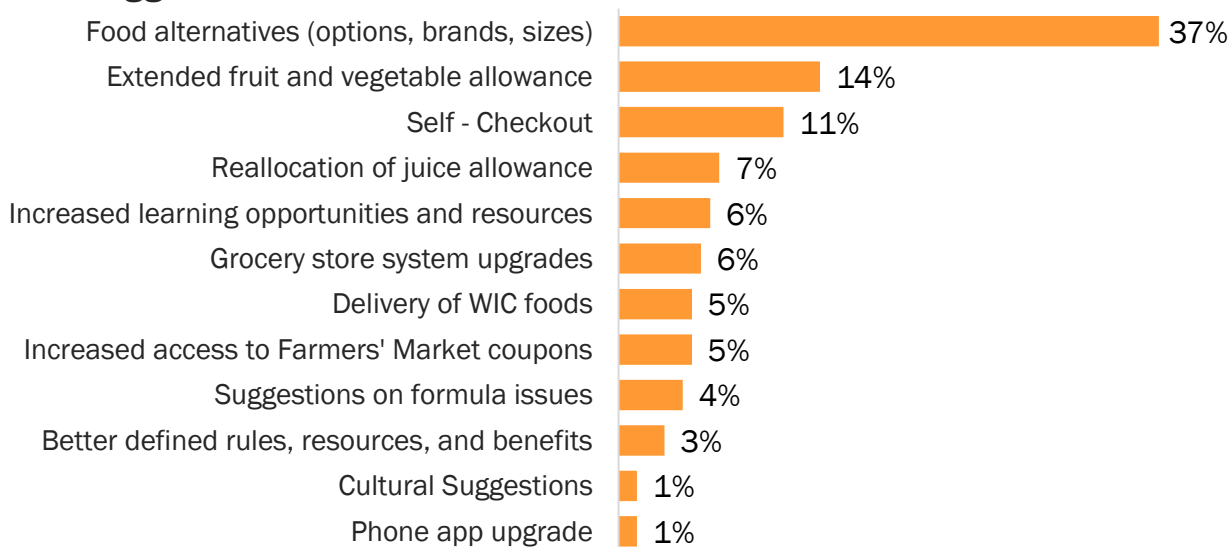
Interest in Live Virtual/Online Nutrition or Breastfeeding Activities



Program Improvements

About 46% of survey respondents (191) answered the open-ended question, “What suggestions do you have to make the WIC program better?” Some responses contained multiple suggestions. Not all these responses were true suggestions, as roughly 46+ responses were a combination of things such as Kudos to the staff and text such as “N/A”. The remaining suggestions were categorized as follows:

WIC Suggestions



1. Food alternatives/healthier options/brand choices/sizes – Respondents who directly suggested improvements to the food choices available from the WIC program. Common themes included food alternatives for those with peanut and dairy allergies, healthier food alternatives, and changes to the brands and sizes they were allowed to purchase.
2. Fruit and vegetable allowance – Respondents who mentioned they wanted WIC to keep the extended fruit and vegetable allowance.

“We don’t drink juice because both the dentist and the pediatrician have said it is better to just eat fruit.”

3. Self-Checkout – Respondents wanted WIC to add the ability to use self-checkout at the grocer. A common theme was that shoppers felt embarrassed to use their card in line with a cashier or stigmatized by other shoppers/workers. Others felt it would be much easier when shopping with children to have self-checkout available. WIC program regulations do allow self-checkout if the grocer point of sale system can technically support it.

“A lot of times, only self-checkout is available and I can not use the WIC card.”

4. Reallocation of juice and other food allowances – Respondents who wanted the ability to reallocate their food balances from certain items towards items they liked more. “Juice” was mentioned in most of these responses. Many wanted to get rid of the juice benefit (for multiple different reasons) and reallocate it towards other items such as fruit and vegetables.
5. Increased learning opportunities/resources – Respondents who mentioned they wanted WIC to offer more learning opportunities and more resources. Some examples were transportation assistance and hands on cooking classes.
6. Grocery store issues – Respondents who mentioned they wanted improvements to the way WIC food is labeled at the grocery store (for clarity), or other internal fixes to the grocers’ computer systems.
7. Food delivery – Respondents who felt the WIC program should offer home delivery of WIC foods. Many of these suggestions mentioned bringing back the older food delivery system.
8. Farmers’ Market coupon access – Respondents who stated that they wanted easier access to the Farmers’ Market coupons outside of the local health office. Most mentioning that they wanted an option to have these mailed to them.
9. Formula issues – Respondents who mentioned some form of suggestion regarding formula. The common theme was suggestions on the way WIC handled the formula benefit during the formula shortage. One example was a suggestion for monitoring ounces of formula bought instead of can size, as often the correct can size was not available in store.
10. Better defined outline of rules, resources, and benefits – Respondents who felt that things were not outlined as well as they could have been when first starting the WIC program, or those that thought resources/benefits available to them were not thoroughly expressed. Some people felt or continue to feel confused on how to access or use certain aspects of the WIC program.
11. Cultural – Respondents who felt that the WIC program did not take their culture into account. One of the examples wanted WIC to allow access to international grocers or food aisles. Another believed WIC did not practice cultural humility, and that the poverty framework WIC is built upon is outdated and based in white culture (assumption that those who are poor in the U.S are also uneducated on nutrition).
12. Phone app upgrade – Respondents who wanted improvements to the phone app, such as allowing them to check their WIC benefits balance.

The 12 interview participants were also asked to provide their suggestions for improvement. In addition to the suggestion of implementing/improving online shopping options at all WIC grocers (mentioned previously,) it was also suggested that the juice benefit be re-allocated to more nutritious options, that WIC foods be more clearly labeled at grocery stores, and that WIC approved foods become more flexible and include more brands, more sizes/volumes, and a greater variety of foods.

During the qualitative interviews, many participants expressed that they would like to have a more thorough understanding of the care and services offered by WIC. It became clear that there are some fundamental misconceptions among participants of WIC about the program's function (i.e., it is not cash assistance for groceries and other childcare needs, rather it is a nutrition-based program with specific federal and state guidelines) and staff. It will be helpful to understand more about how WIC can improve its communication about the program and its services to participants.