Retention of Infants and Children on SFWIC: Impact on Food Insecurity and Other Public Health Outcomes

Presentation to the FSTF, September 5th, 2018
Priti Rane MS, RD, IBCLC
Director of Nutrition Services/WIC Director
Presentation Agenda

● WIC caseload
● WIC caseload- 0- 5 years old
● Retention of children on WIC: Effects on food insecurity and other public health outcomes
● Collaboration with Mayor’s Office of Civic Innovation- Data SF, Civic Bridge and Google to address declining participation trends among children in WIC
● Addressing food insecurity among prenatal women-EatSF partnership update
● Impact of food insecurity on infants and children that may not be qualified or choose not to participate on WIC
In recent years San Francisco’s WIC program has experienced a significant decline in the participation rates, particularly of children over one year of age similar to the state and nationwide declining trend in participation.
Impact of WIC Participation on Children’s Health

- Reduced fetal deaths and infant mortality.
- Improved growth of nutritionally at-risk infants and children.
- Decreased incidence of iron deficiency anemia in children and overall improved diets.
- Children enrolled in WIC are more likely to have a regular source of medical care and have more up to date immunizations.
- Children who receive WIC benefits demonstrate improved intellectual development and school readiness.


https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4703081/
Impact of Food Insecurity on Health Outcomes

- WIC reduces the prevalence of child food insecurity by at least 20% *
- Children who are food insecure are sick more often, and more likely to have to be hospitalized and suffer growth impairment that precludes their reaching their full physical and cognitive potential.

### Impact of Declining WIC Participation

<table>
<thead>
<tr>
<th>Description</th>
<th>Total (2015-09)</th>
<th>Infants and Children (2015-09)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number lost WIC participants since 2015-09</td>
<td>3421 (Total)</td>
<td>2307 (Infants and Children)</td>
</tr>
<tr>
<td>Lost WIC Redemption Expenditures ($834.77 per ppt per year $ \times $ # participants disenrolled)</td>
<td>$2,855,748.17</td>
<td>$1,925,814.39</td>
</tr>
<tr>
<td>Increase Health Care Expenditures* (multiplier of 3.04 $ \times $ lost WIC Revenue and Redemption Expenditures)</td>
<td>$11,025,598.37</td>
<td>$7,435,269.05</td>
</tr>
<tr>
<td>Lost WIC Administrative Revenue ($225.40 per ppt per year $ \times $ # participants disenrolled)</td>
<td>$771,093.4</td>
<td>$519,997.8</td>
</tr>
<tr>
<td>Total Fiscal Impact (lost revenue plus lost expenditures plus increased health care costs)</td>
<td>$14,652,439.94</td>
<td>$9,881,081.28</td>
</tr>
</tbody>
</table>

Partnership with Mayor’s Office of Civic Innovation
**DataSF Analysis: Participation & Retention trends - 2011 - 2017**

- **29%**
  - Drop in infant participation since 2011
  - Low Participation

- **34%**
  - Drop in child participation since 2011
  - Low Participation

- **39%**
  - Drop in prenatal participation since 2011
  - Low Participation

- **72%**
  - Children drop off the program prematurely
  - Low Retention
English speakers are 1.75 times as likely to drop out at 13 months.

- Babies who are exclusively formula fed are 50% more likely to drop out.
- High levels of prenatal engagement are associated with higher retention.
- English speakers are more likely to drop out regardless of their Race/Ethnicity.
Demographic data
Census data doesn’t explain what’s happening. SF’s English speaking population is growing and fewer people are moving away.

The population of English speakers - the group with the highest drop off - is growing.

<table>
<thead>
<tr>
<th></th>
<th>At or above poverty line</th>
<th>Below poverty line</th>
</tr>
</thead>
<tbody>
<tr>
<td>Only English</td>
<td>1.37%</td>
<td>0.99%</td>
</tr>
<tr>
<td>Spanish</td>
<td>-0.11%</td>
<td>-3.28%</td>
</tr>
<tr>
<td>Other</td>
<td>0.86%</td>
<td>-0.37%</td>
</tr>
</tbody>
</table>

Mobility is down for individuals below 150% of poverty line.

Qualitative Data Analysis - WIC & Google Partnership
Qualitative Data Analysis-WIC & Google Partnership

9 participant interviews, 8 expert interviews, 9 staff interviews, WIC tech evaluation and clinic observations

Shopping
- Steep learning curve around what to buy
- WIC-approved foods do not work for many families
- Embarrassment and shame around using WIC checks
- Transportation of groceries
- Sticker price of formula skews perception of value of other WIC benefits

Clinic experience
- WIC technology does not meet participant expectations
- Appointment scheduling can be challenging
- WIC clinics feel like an extension of participant’s chaotic lives
- Interactions with staff make or break the participant experience

Awareness of program
- Stigma around government programs
- Participants emphasize the benefits associated with infants (particularly formula)
- Enrollment process can be overwhelming.

Staff Experience
- Staff is passionate
- Desire to focus on participants and less on administrative tasks
- Frustrated with differences in procedures between clinics
- Feedback mechanisms from staff to management are not as effective
Hypothesis

Hassles, stigma, and expectations gaps are the primary drivers of the drop in retention, particularly among English speakers. Addressing these key factors can improve retention.
<table>
<thead>
<tr>
<th>Countermeasure</th>
<th>Value added</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Playbook for clinic workflow</td>
<td>Meeting expectations, reducing hassle, Fighting stigma</td>
<td>Complete/Ongoing</td>
</tr>
<tr>
<td>Office refresh</td>
<td>Meets expectations fights stigma</td>
<td>3 of 4 clinics complete</td>
</tr>
<tr>
<td>Communication strategy (for 1-5y.old)</td>
<td>Fights stigma</td>
<td>Complete</td>
</tr>
<tr>
<td>Participant satisfaction surveys (2/yr)</td>
<td>Meets expectations</td>
<td>In progress/Ongoing</td>
</tr>
<tr>
<td>Anonymous staff feedback &amp; follow-up</td>
<td>Meeting expectations, reducing hassle, Fighting stigma</td>
<td>In progress/Ongoing</td>
</tr>
<tr>
<td>SF WIC website redesign</td>
<td>Reduce hassle +meet expectation</td>
<td>In progress</td>
</tr>
<tr>
<td>WIC marketing video (support project)</td>
<td>Fights stigma</td>
<td>In progress</td>
</tr>
<tr>
<td>Automated check-in system; Online appointment scheduling; 2 way texting</td>
<td>Reduce hassle + meets expectations</td>
<td>State to implement</td>
</tr>
</tbody>
</table>
Modernization of WIC: New MIS and Electronic Benefit Transfer (EBT)
EatSF and WIC Partnership to Improve Retention and Address Food Insecurity
For FY 17-18
- Results from pre/post surveys indicate that food security rates among EatSF WIC participants increased 15% from 38% to 53%.
- Participant retention was 96% and participants redeemed 81% of distributed vouchers.

Total amount redeemed since February 2017- $161,090
Did it Help with Recruitment and Retention?

EatSF checks distributed
EatSF 2018-2019

- Redesigned checks to lower administrative burden
- Streamlined accountability and integrity of checks
- Piloted Food Insecurity Lead model with summer intern
Food Insecurity Among Infants

- Women in food insecure households are more likely to stop breastfeeding earlier.

- San Francisco’s breastfeeding rates:
  - Intention of breastfeeding before birth- 94%
  - Any breastfeeding in the hospital- 97%
  - Exclusive breastfeeding in the hospital- 80%
  - Exclusive breastfeeding at 1 month- 45%
  - Exclusive breastfeeding at 3 months- 35%
  - For WIC moms- exclusive breastfeeding at 1 month- 27%
  - White infants on WIC are 3.5 times more likely than Asian infants and 2 times more likely than African American infants to be exclusively breastfed at 1 month.
Due to high cost of living (including housing) food insecurity among households with children aged 0-5 years is of great concern in San Francisco.

Food insecurity rates are high even among households that participate in WIC.

Non-participation in safety net programs such as WIC and CalFresh exacerbates this issue.

Nutritional needs of children that do not qualify for WIC or CalFresh or those that may choose not to participate due to recent immigration concerns need be to considered.