



Fiscal Year 2014 Missouri WIC  
Customer Satisfaction Survey:  
Summary Report



Section for WIC and Community Nutrition Services  
Division of Community and Public Health  
Department of Health and Senior Services

## Preface

This document summarizes the key findings from the Fiscal Year 2014 (FY 2014) WIC Customer Satisfaction Survey. Results are shown and discussed for individual language surveys in Arabic, Bosnian, English, Russian, Spanish, Somali and Vietnamese. Additional results are summarized in the appendices.

Missouri Department of Health and Senior Services

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## **Acknowledgments**

We are grateful to all the WIC participants who took the time to complete the survey. Your feedback will help the WIC program to improve services for Missouri families.

The deepest gratitude is expressed to local WIC agency staff who distributed the surveys to participants, worked with interpreters when necessary, and returned the completed surveys to the state office in a timely manner.

Thanks also to the lead survey coordinator, Debby Hanlon, of the Missouri Department of Health and Senior Services (DHSS), Bureau of WIC and Nutrition Services, who organized the survey and coordinated distribution and data management.

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## Executive Summary

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) program provides health screening and risk assessment, nutrition education and counseling, breastfeeding promotion and support, referrals to health, welfare, and social service programs, and checks for supplemental foods. These services are provided through local WIC providers to pregnant women, postpartum women, infants, and children up to five years of age who are at nutritional risk, based on medical and income eligibility.

In the last ten years, the Missouri WIC program has seen an increase of WIC participants whose first language is not English. It is clear that effective communication between health care providers and program participants is vital during the entire process of service in order to achieve the program's goals. In an effort to assess the impact of language background on customer satisfaction and meet the needs of different cultural groups, the Missouri WIC program conducted a survey in Fiscal Year (FY) 2006 and repeated it in FY 2008 and FY 2010 in order to verify the results. Missouri WIC repeated the survey in FY 2012, comparing the results to previous years. For 2014, the survey was revised to preserve important continuities with previous surveys and focus on information that may help to improve program services, particularly among clients whose first or preferred language is not English.

Previous survey results have established that the language background of WIC participants impacts the effectiveness of the WIC program. As communication occurs throughout the process of service administration (application, health and nutrition assessment, nutrition education and counseling, etc.), the mutual understanding between the participants and the nutritionists is critical. Survey findings suggest that language barriers may cause some WIC participants to view certain program processes differently. Still, there are large areas of agreement between the English and non-English surveys.

Overall, both English language survey (ELS) and non-English language survey (NELS) participants remain very satisfied with most aspects of the WIC program. Table 1 summarizes selected survey results on some aspects of the WIC program in FY 2014. Areas are considered to be in need of improvement if a substantial percentage of participants chose less positive responses, such as "Sometimes" or "Never," and are indicated in the "Comments" column (Table 1).

One or more language groups of NELS participants tended to choose less positive responses for the following areas: waiting time in the clinic, clinic privacy, comfort of participants in asking questions of WIC staff, access to the Internet, WIC staff using words that are understood, cashiers at the WIC store or pharmacy being helpful, and stores consistently stocking the WIC foods listed on the checks. The areas specifically identified as needing additional attention and effort include: WIC vendors, communication between WIC staff and participants whose first language is not English, and nutrition education.

Table 1. FY 2014 WIC Customer Satisfaction Survey: Summary Results by English Language Surveys (ELS) and Non-English Language Surveys (NELS).

Topic	Response	ELS	NELS	Comments
<b>WIC Experience</b>				
Wait-time in clinic	Less than 15 min.	54.3%	56.1%	14.7% of Somali and 18.2% of Vietnamese respondents waited 30-60 minutes, substantially longer than other groups.
	15-30 minutes	37.7%	34.4%	
Clinic privacy	Always	88.4%	88.7%	20.6% of Somali and 29.1% of Vietnamese respondents found clinic privacy adequate "Sometimes"
	Sometimes	9.9%	8.8%	
Comfortable asking questions	Always	84.6%	84.0%	13.3% of Bosnian respondents felt comfortable asking questions "Never."
	Sometimes	11.4%	9.6%	
<b>WIC Education Processes</b>				
Nutrition education method	Talk to a nutritionist at the WIC clinic	34.3%	41.3%	Responses were more varied than for 2012, with somewhat lower percentages for each choice due to broader distribution among choices.
Access to the internet	Home and/or phone (smartphone)	67.2%	62.9%	Increased access among non-English respondents, compared to 2012. Substantial numbers of Spanish (15.5%) and Somali (12.7%) respondents do not use Internet at all.
Pictorial WIC food list	Easy to understand	92.0%	84.4%	Substantial percentages of Somali (41.2%) and Vietnamese (23.6%) respondents found the pictorial lists "Somewhat difficult" to understand.
<b>Food insecurity</b>				
Concern over ability to buy enough food	Always	8.4%	9.6%	23.6% of Vietnamese respondents were "Always" concerned that they would have enough money to buy food, 56.4% "Sometimes" felt concerned.
	Sometimes	45.4%	38.2%	
<b>WIC Staff and Vendors</b>				
WIC staff use words I understand	Always	94.3%	83.7%	41.2% of Somali participants and 21.8% of Vietnamese respondents said that they understood the words used by WIC staff "Sometimes."

<b>Topic</b>	<b>Response</b>	<b>ELS</b>	<b>NELS</b>	<b>Comments</b>
Cashiers at WIC store or pharmacy are helpful	Always	57.8%	62.7%	Low compared to other results, and lower than for 2012. Satisfaction was lowest among Somali (29.4%) and Vietnamese (56.4%) respondents
Store has desired WIC foods	Always	65.2%	68.0%	Low compared to other results but improved by approximately 5% from 2012, for English respondents. Lower than 2012 by approximately 4%, for non-English surveys.
<b>WIC Checks</b>				
Use all WIC checks	Always	77.9%	83.3%	English, Somali and Vietnamese respondents were most likely not to use all their WIC checks consistently.
Why were all WIC checks not used? (from participants who said they did not use all the WIC checks)	Check expires before I can use it	16.1%	9.2%	None.
	Forget to use the last check	10.2%	10.1%	None.
	Problems getting to the store	4.0%	16.7%	16.9% of Somali and 18.2% of Vietnamese respondents indicated they had problems getting to the store – substantially more than other groups.
	Write-in responses	9.0%	7.1%	Included several variations on check-box responses
<b>Favorite Things and Hard Requirements</b>				
Three most favorite things about WIC	Both ELS and NELS participants: A) Checks for healthy eating and lifestyle, B) Checks for healthy foods, and C) Checks for infant formula.			
Three hardest requirements from WIC	Most respondents indicated that none of the WIC requirements are hard, or gave no response at all, suggesting non-response may be roughly equivalent to the “No requirements are hard” response.			
<b>Overall Satisfaction</b>				
WIC services	Excellent or good	94.2%	93.0%	Both approximately 4% lower than for 2012.



## **Introduction**

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is federally funded and administered by the United States Department of Agriculture (USDA). In Missouri, WIC is administered by the Missouri Department of Health and Senior Services (MDHSS). The Missouri WIC program provides health screening and risk assessment, nutrition education and counseling, breastfeeding promotion and support, referrals to health, welfare, and social service programs, and checks for supplemental foods. These services are offered through local WIC providers and are free to pregnant and postpartum women, infants, and children up to five years of age who are at nutritional risk, based on medical and income eligibility. The average monthly caseload for Missouri WIC in 2014 was 138,420, including 35,574 women, 37,294 infants and 65,552 children.<sup>1</sup>

In order to understand and meet the needs of the various cultural groups, the Missouri WIC program launched a Cultural Competency Project in January 2006. One of the activities of this project was to conduct a survey reaching as many different WIC participants of various cultures and languages as possible. Missouri WIC repeated this survey in FY 2008, FY 2010, FY 2012 and continues in FY 2014, in order to verify the survey results and compare the results between the three years. Missouri WIC believes that understanding and carefully considering culture is an integral part of providing health services because culture affects "...how health care information is received, how rights and protections are exercised, what is considered to be a health problem, how symptoms and concerns about the problem are expressed, who should provide treatment for the problem, and what type of treatment should be given".<sup>2</sup>

## **Purpose**

The purpose of the survey is to determine how Missouri WIC can improve services for clients whose primary or preferred language is not English, by determining how their service needs differ from primarily English-speaking clients, and whether service needs differ among specific language groups of WIC participants.

## **Limitations**

The state office was very thorough with translations; however, some of the participants spoke different dialects than presented in the translated surveys. Specific languages mentioned were Arabic and Russian. Local agencies reported that the survey was time consuming to complete, even more so for those participants who were illiterate and completed the survey with the help of interpreters. Two months were allotted for data collection; however, many agencies thought they could have collected more "other languages" surveys if given more time, preferably six months. However, participants are certified every six months. The time period of two months was chosen to coincide with the distribution of checks every other month. Due to time constraints, a longer data collection period was not feasible, but will be taken into consideration for future studies.

Table 2. Response rates of completed surveys by language.

Language	Surveys Requested	Surveys Returned	Response Rate
Arabic	135	89	65.9%
Bosnian	40	15	37.5%
English	630	596	94.6%
Russian	50	37	74.0%
Somali	155	71	45.8%
Spanish	695	472	67.9%
Vietnamese	90	56	62.2%
Total	1,795	1,336	74.4%

## Methods

### Sample Size

In order to select representative samples of WIC participants by native languages spoken, a language summary report was obtained from the Missouri WIC Information Network System (MOWINS), which collects the language spoken by each participant,<sup>1</sup> and verified as accurate by local providers' first-hand knowledge of their clients. Participants who spoke the following languages were invited to participate in the survey: Arabic, Bosnian, English, Russian, Somali, Spanish, and Vietnamese. Data was collected from the participant or guardian at the time of WIC certification and entered into MOWINS by WIC staff.

Using the MOWINS language summary report, 21 WIC providers were selected to participate in the FY 2014 WIC Customer Satisfaction Survey, based on the number of participants who spoke various languages. The total sample size requested of providers was 1,795 surveys, although providers were free to distribute more than the requested number, if circumstances permitted. A total of 1,336 surveys were returned (Table 2).

### Survey Instrument

The original survey instrument was developed in FY 2006 by a consultant at the Sinclair School of Nursing, University of Missouri-Columbia and the Missouri WIC Cultural Competency Team, comprised of Missouri WIC staff. The Cultural Competency Team revised the content and format to include education questions for the FY 2008 survey. The FY 2008 survey was then translated into the languages selected for the FY 2010 WIC Customer Satisfaction Survey, in which both English and non-English survey instruments consisted of 21 closed-ended questions. The same survey was distributed for FY2012 as in FY 2010. For 2014, the questionnaire was revised to focus on modifiable program services and revise questions that had appeared to be difficult for clients to answer or understand. The 2014 English language survey is shown in Appendix A. Copies of other language surveys may be obtained through the contact information on p.3.

## **Data Collection**

Survey packets were mailed to each of the 21 participating local WIC providers in February 2014. The packets included the following: cover letter, survey instructions, tally sheet that indicated the number of surveys per language to be collected, and hard copies of the survey in English and other languages based on the MOWINS language data report. The number and language of surveys sent to the local WIC providers varied according to their individual sample size determined by the estimates (see Appendix B for distribution of surveys by language and local WIC provider).

The survey was anonymous and participation was voluntary. The self-administered questionnaire included 21 questions, including 6 multiple-response questions, and was distributed to a convenience sample of WIC participants who spoke specific languages. WIC personnel were instructed to invite mothers or caregivers of WIC children or infants who spoke the languages listed on WIC Inventory and Tally Sheets. Participants were invited to join the study based on their native language, but were allowed to complete the survey in any available language they preferred. Participants with limited literacy completed the survey with the help of an interpreter. Participants who completed the survey must have been enrolled in WIC for at least 6 months prior to taking the survey, in order to have adequate depth of experience from which to answer the questions. Each local WIC provider mailed their completed surveys to the state office in an addressed pre-paid envelope by August 24, 2014.

## **Data Entry and Analysis**

Data entry was conducted by WIC and Nutrition Services staff and analysis was conducted by Office of Epidemiology staff. Data were entered into a Microsoft Access database, which was later imported into SPSS, v.20 for analysis, and Excel 2010 for most graphs and tables. Frequencies were run for each response to each survey question by individual languages and by an English/non-English grouping. Associations between English Language Survey (ELS) and Non-English Language Survey (NELS) responses were evaluated by chi-squared test.

## **Response**

All local providers invited to participate in the survey did so (21/21, 100%), and the overall survey response rate was 74.4% (1,336/1,795), among completed surveys received for analysis (Appendix B). Please refer to Table 2, above, for the distribution of completed surveys by language. All 21 local WIC providers collected English surveys and all 19 with Spanish-speaking clients collected Spanish surveys, comprising a considerable Spanish-speaking response, of 35.3% of the returned surveys. The Arabic, Bosnian, Somali, and Vietnamese survey participants were mainly from Kansas City and St. Louis City, the major urban centers of Missouri. Most people who completed an English Language Survey (ELS) spoke English as their first language, and most people who completed a Non-English Language Survey (NELS) were not native English speakers.

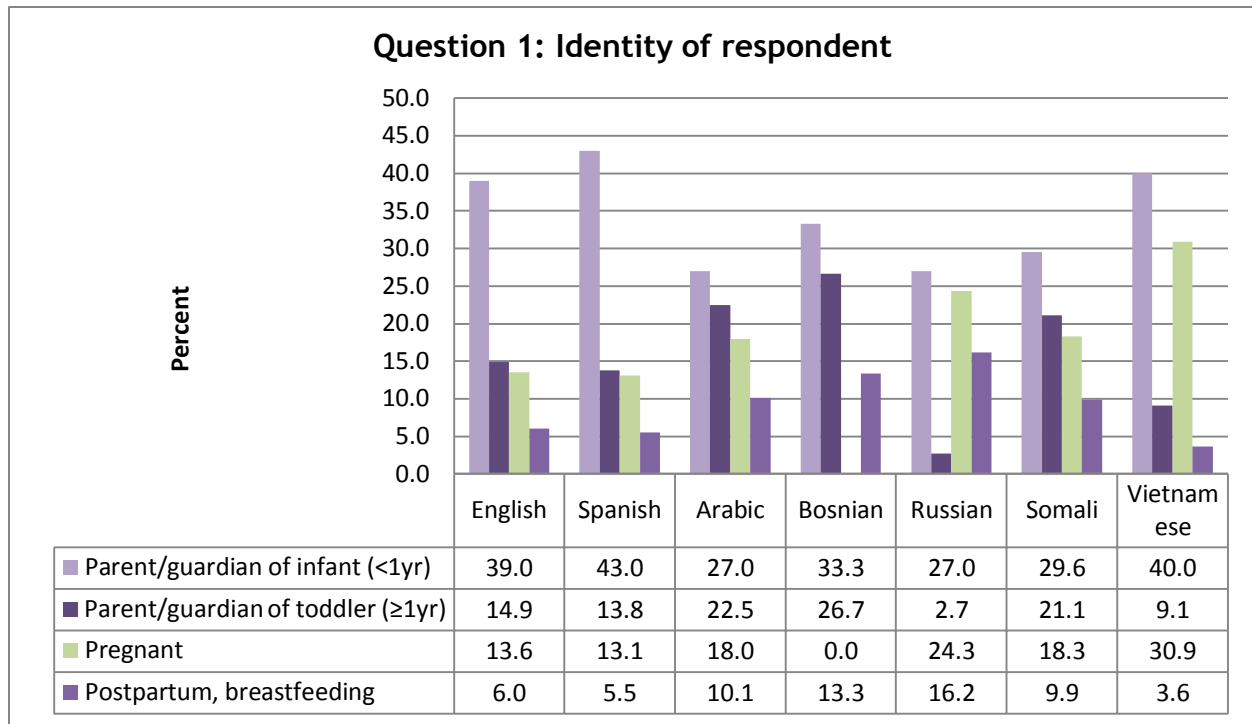
## **Results and Discussion**

Results from the analysis of the English language surveys (ELS) and non-English language surveys (NELS) are presented in this section. Tabular data are presented with the graphs, for single and multiple response questions. Topics were deemed to be an “area for improvement” if a substantial percentage of participants chose the less positive responses, such as having adequate privacy “Sometimes.”

In this section, differences between the ELS and NELS on each response and their statistical significance are discussed. Generally, significance is not discussed for individual language results, due to small numbers in many categories. When a difference between the ELS and NELS surveys is noted as significant, it means there is a one-in-twenty chance (5%, or  $p = 0.05$ ) or less, that the given result or a more extreme result could have happened by chance alone. It follows that the reported difference probably did not happen by pure chance, but that is not the same thing as saying we are 95% certain of the difference, as is often stated in explanations of statistical significance. There is no set reason to choose 5% as a cut-off point for significance, although it is the level most commonly used because it represents a useful balance between deciding too many differences are significant when they really are not, and setting the standard of certainty so high it is met only rarely, if ever. Statistical significance is important because a difference between the groups’ responses could be related to real differences between the groups. However, a significant result is not necessarily an important result, and results that are non-significant are not necessarily unimportant.

## Respondent demographics

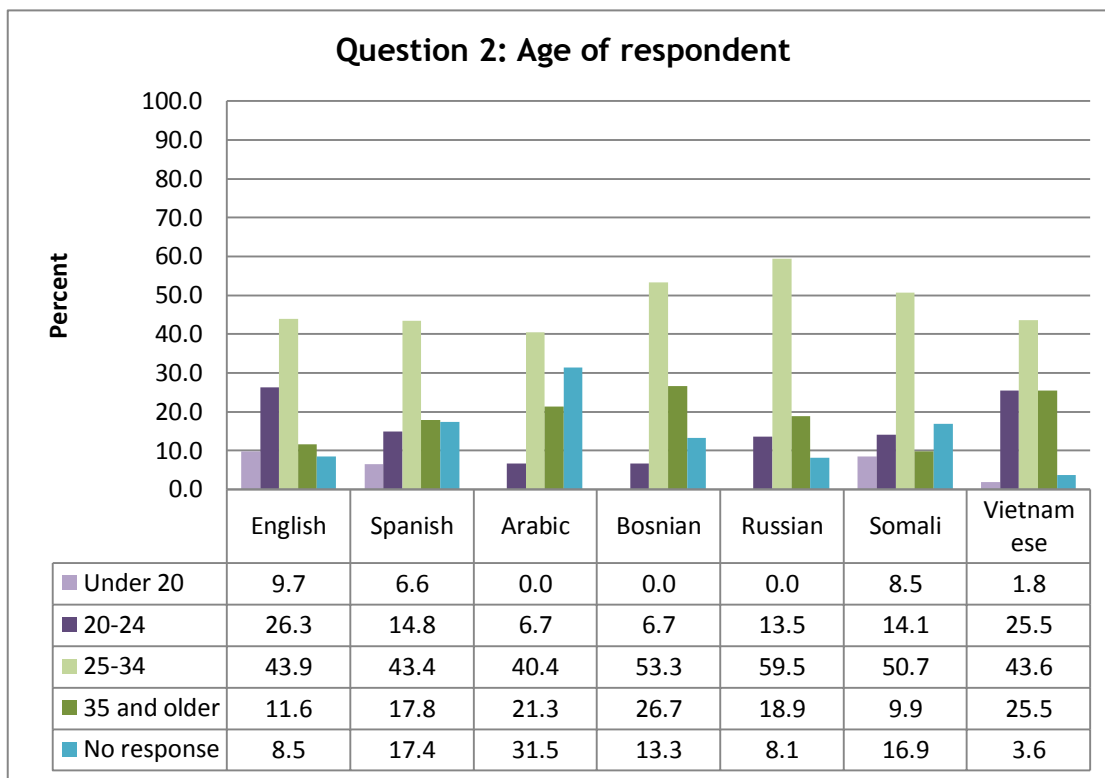
**Figure 1.** Question 1: Are you: (check all that apply)



The Fiscal Year (FY) 2014 survey first asked participants to indicate their status as parent or guardian, whether they were pregnant or postpartum and whether their child was under 1 year of age or age 1 and greater. Figure 1 shows percentages of the four most common responses, by language groups. Interestingly, respondents who chose “Postpartum, breastfeeding” did not coindicate any other options, such as those indicating their child’s age. Remaining responses were spread among possible combinations of the five choices offered in the question (see Appendix A). Approximately 80% of respondents indicated they were either parent or guardian, or pregnant at the time of the survey.

Figure 2 shows age distributions of respondents, by language groups. Although age distributions did not differ markedly, Arabic, Bosnian and Vietnamese groups had greater percentages of respondents 35 and older, and the Arabic and Bosnian groups had fewer respondents of ages 20-24. Most respondents were female.

**Figure 2: Age of respondents**

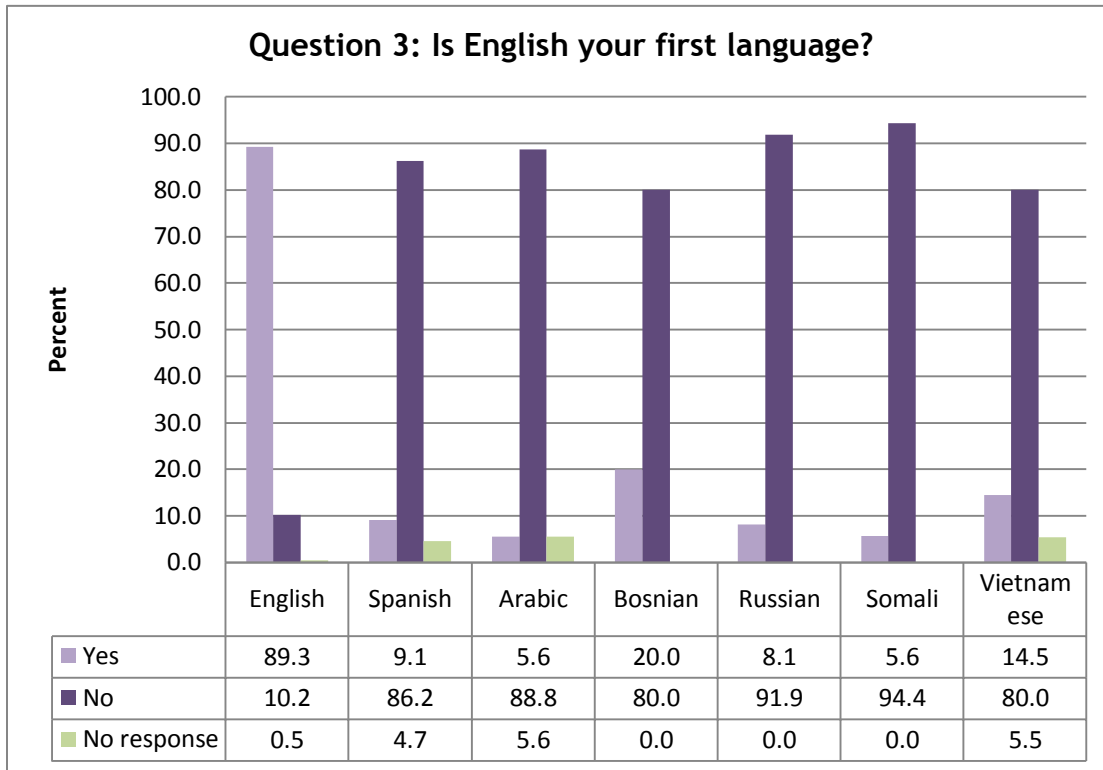


**Question 3: Is English your *first* language?**

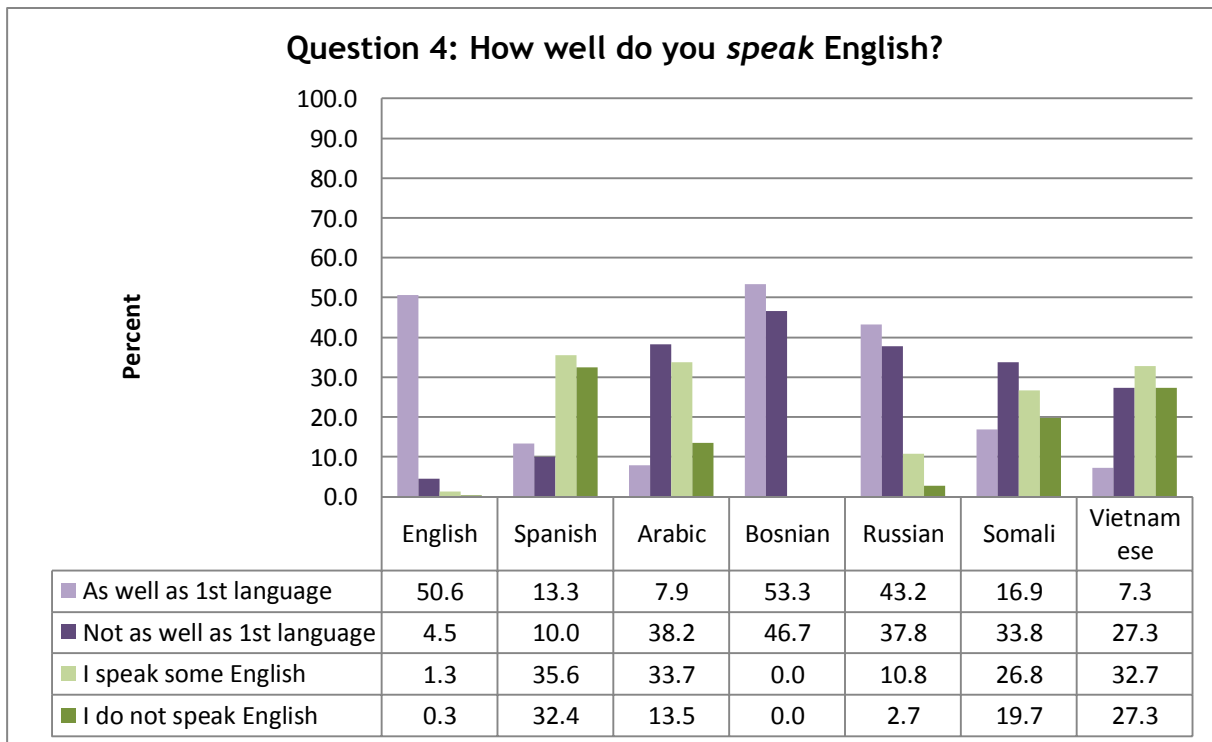
Questions 3, 4, 5 and 6 were primarily intended to measure perceived need for interpreters at the various WIC clinics and, although they were not directly intended for those who took the English survey, the questions were included on all versions of the survey. Approximately 10% of respondents who took the English survey indicated that English was not their first language. Notably, 20% of Bosnian survey respondents and 14.5% of Vietnamese respondents reported that English was their first language.

All who took the Bosnian survey indicated they spoke English as well as their first language, or that they spoke English well, but not as well as their first language (100%), as did most who took the Russian survey (81%). Majorities of those who took the Spanish, Arabic, Somali and Vietnamese surveys indicated they spoke some English or that they did not speak any English. Among Somali and Vietnamese surveys, approximately 20% to 25% of clients indicated they did not speak any English (Figure 4).

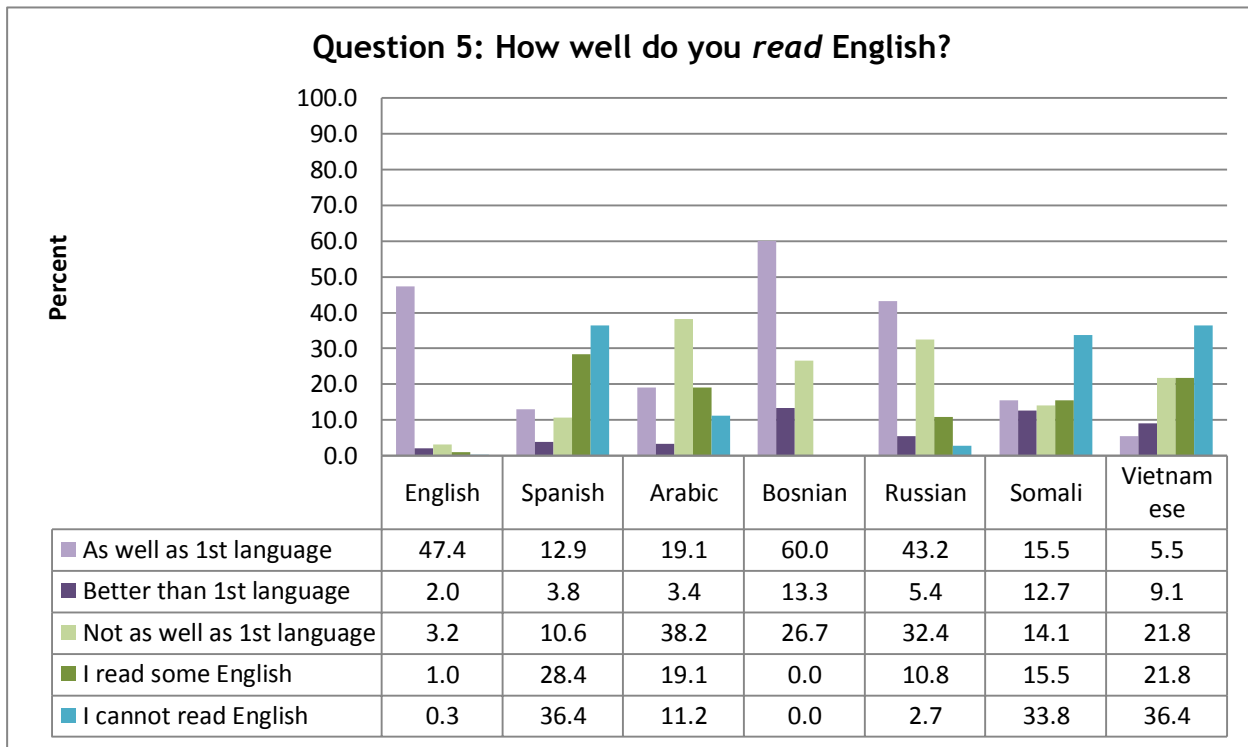
**Figure 3: Is English your *first* language?**



**Figure 4: How well do you *speak* English?**



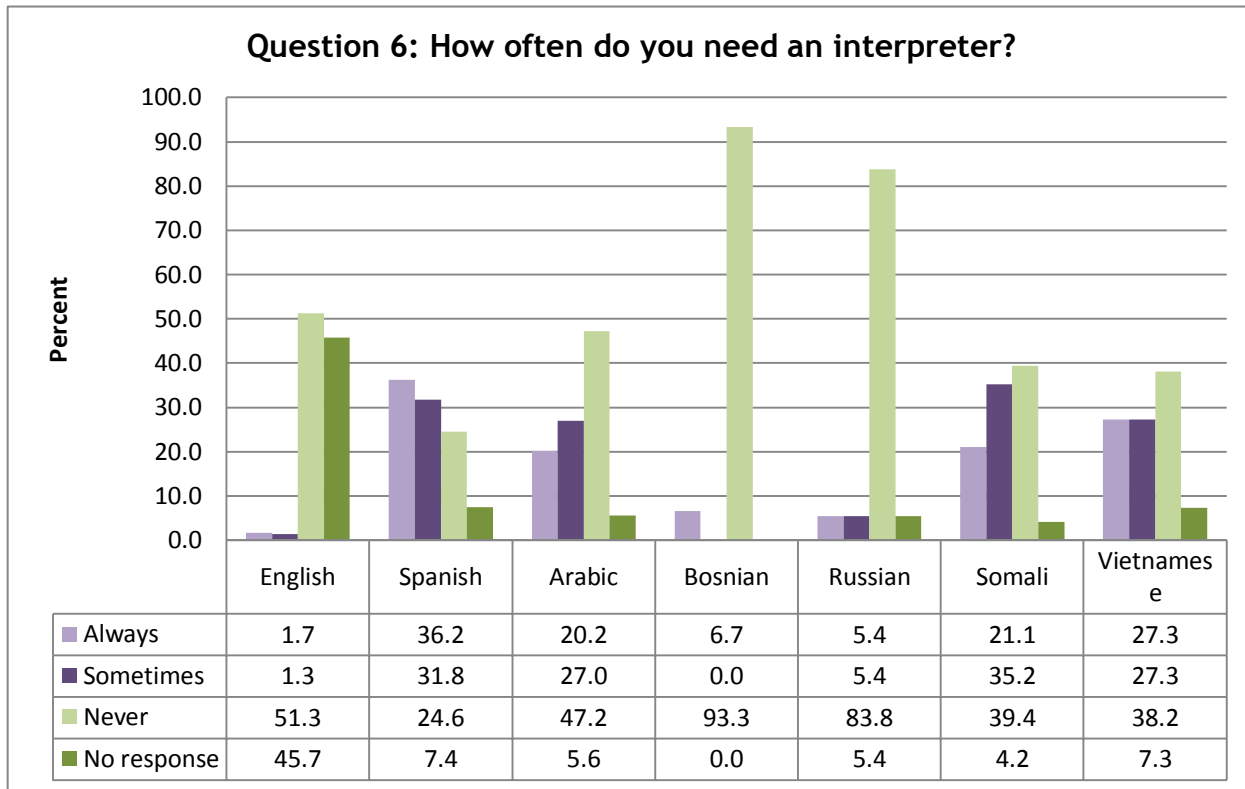
**Question 5:** How well do you *read* English?



Question 5 was added for FY2014, to identify potential differences in reading documents and WIC materials, as opposed to speaking or understanding spoken English. Spanish, Somali and Vietnamese survey respondents were most likely to report they could not read English. Notably, more than 10% of Bosnian and Somali surveys indicated being able to read English better than their first language (13.3% and 12.7%, respectively).

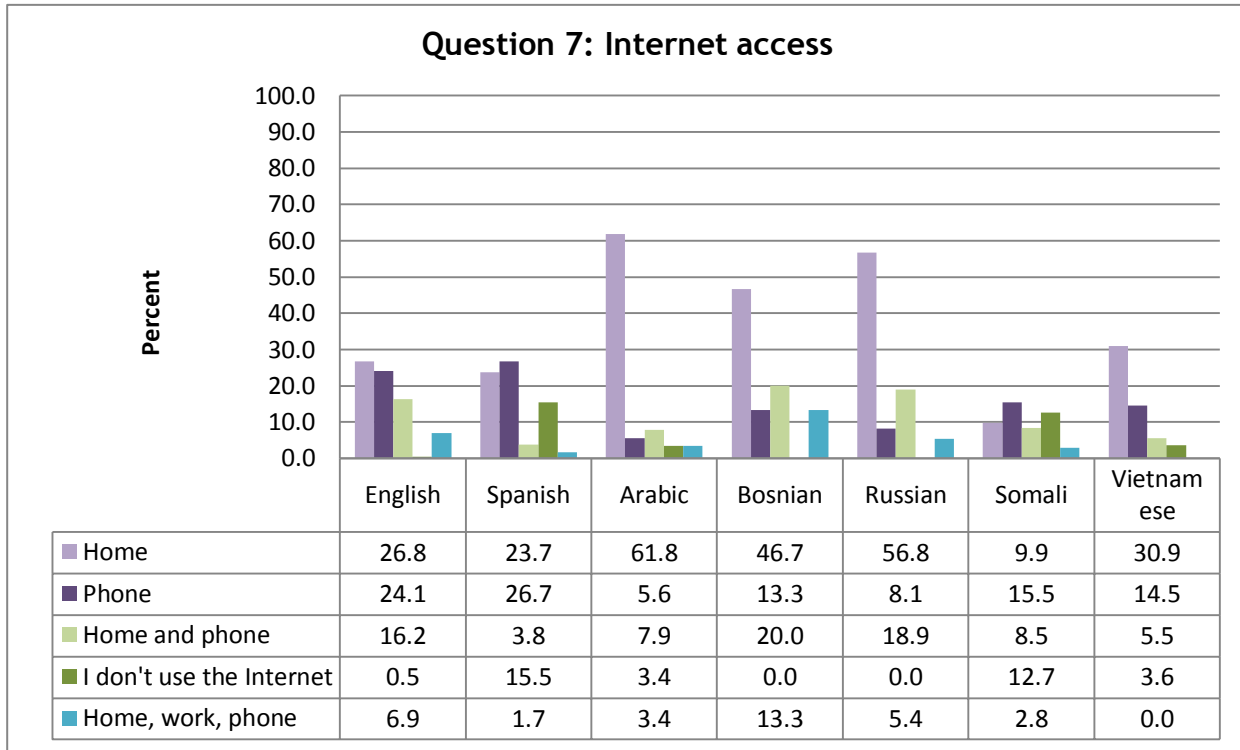


**Question 6:** How often do you need an interpreter when you come to the WIC office?



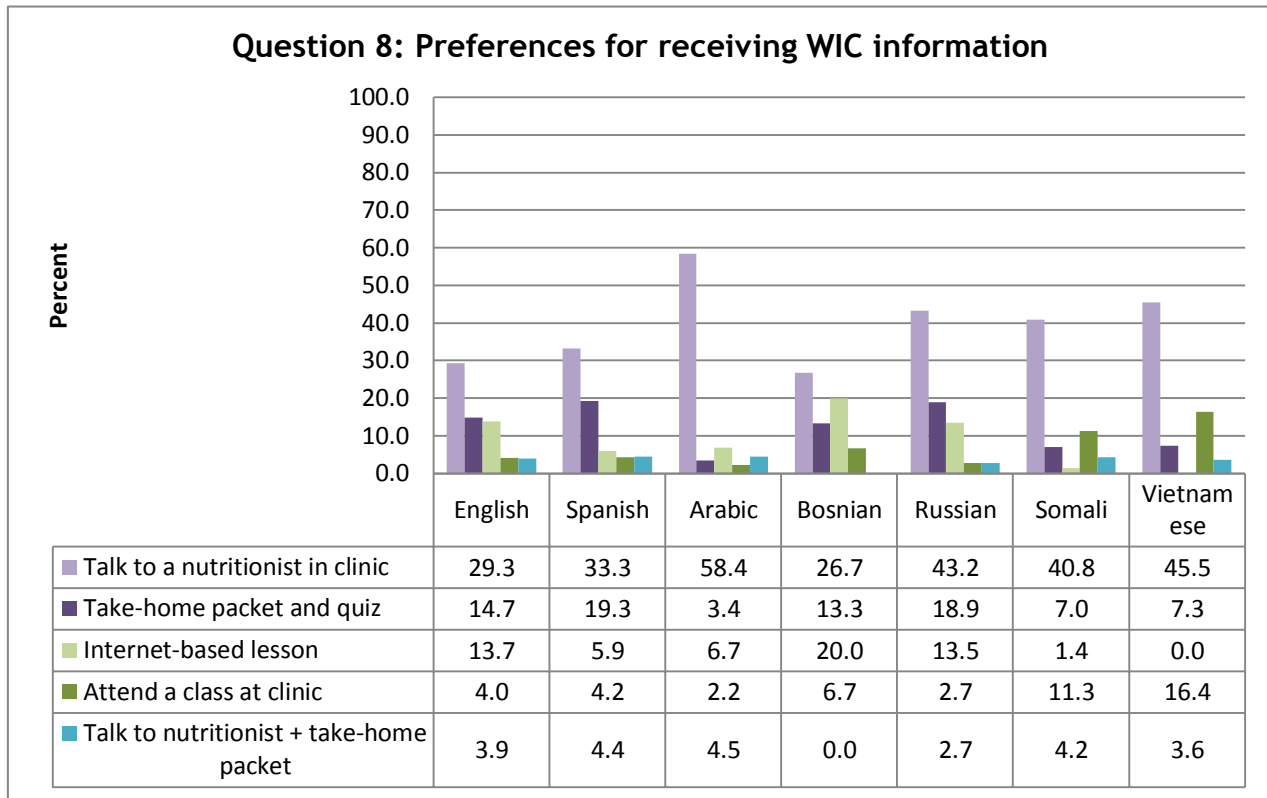
Most Bosnian and Russian survey respondents said they had never needed an interpreter (93.3% and 83.8%, respectively). Conversely, approximately 50% or more of those who took the Spanish, Arabic, Somali and Vietnamese surveys said they Always or Sometimes needed an interpreter.

**Question 7: How do you normally access the Internet?**



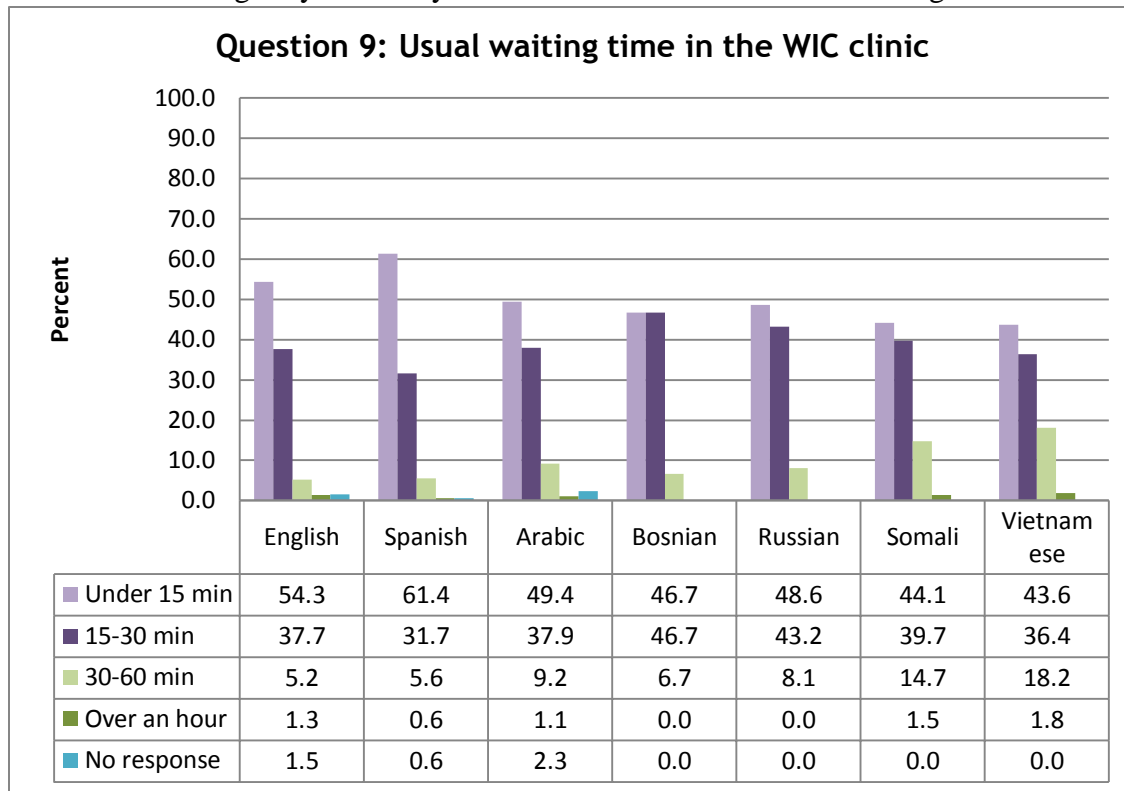
Overall, approximately two-thirds of respondents indicated they accessed the Internet by some combination of home and cell phone/smartphone access, and/or at work. Few respondents indicated they did not use the Internet at all, except among those taking Spanish (15.5%) and Somali (12.7%) surveys.

**Question 8:** If WIC could give you information about nutrition in any of the following ways, which would you choose? (check all that apply)



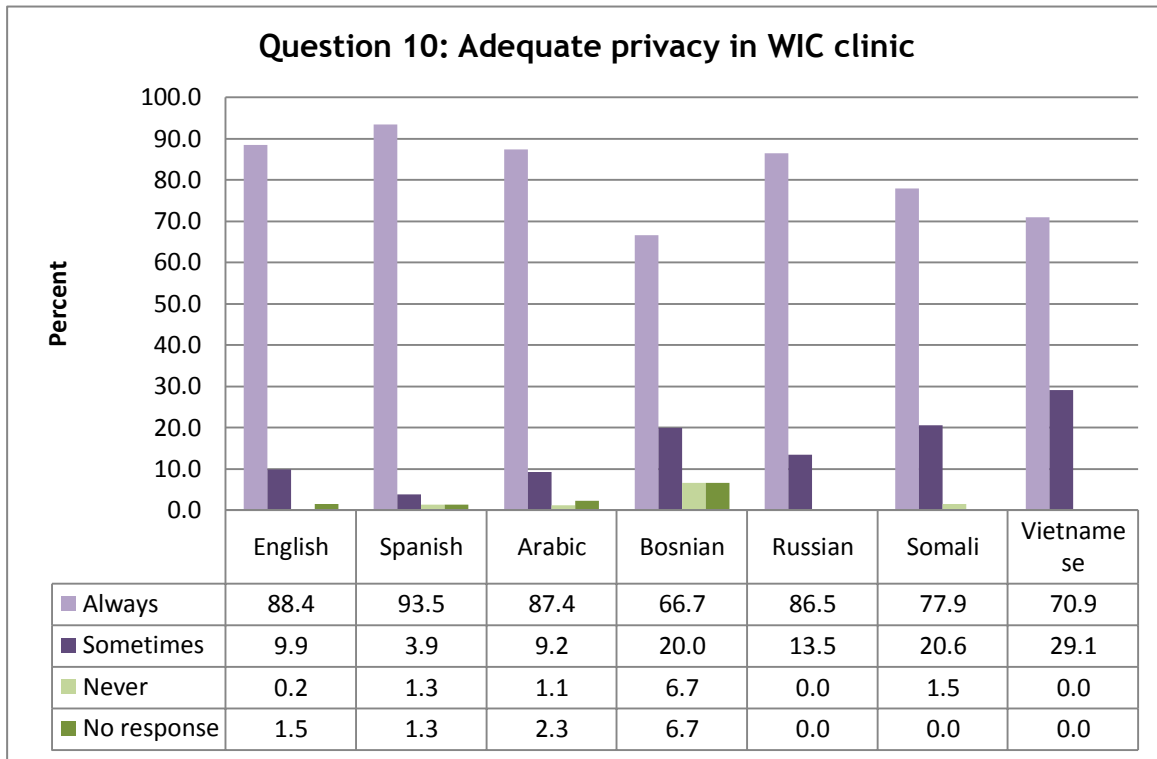
Question 8 asked for a check-all-that-apply response, but most respondents chose only one answer, preferring to talk to a nutritionist in the WIC clinic to obtain information about nutrition, followed by take-home packets and Internet-based lessons. Talking to a nutritionist and taking home a packet were the only multiple-response choices commonly selected together.

**Question 9:** How long do you usually have to wait in the WIC clinic waiting room?



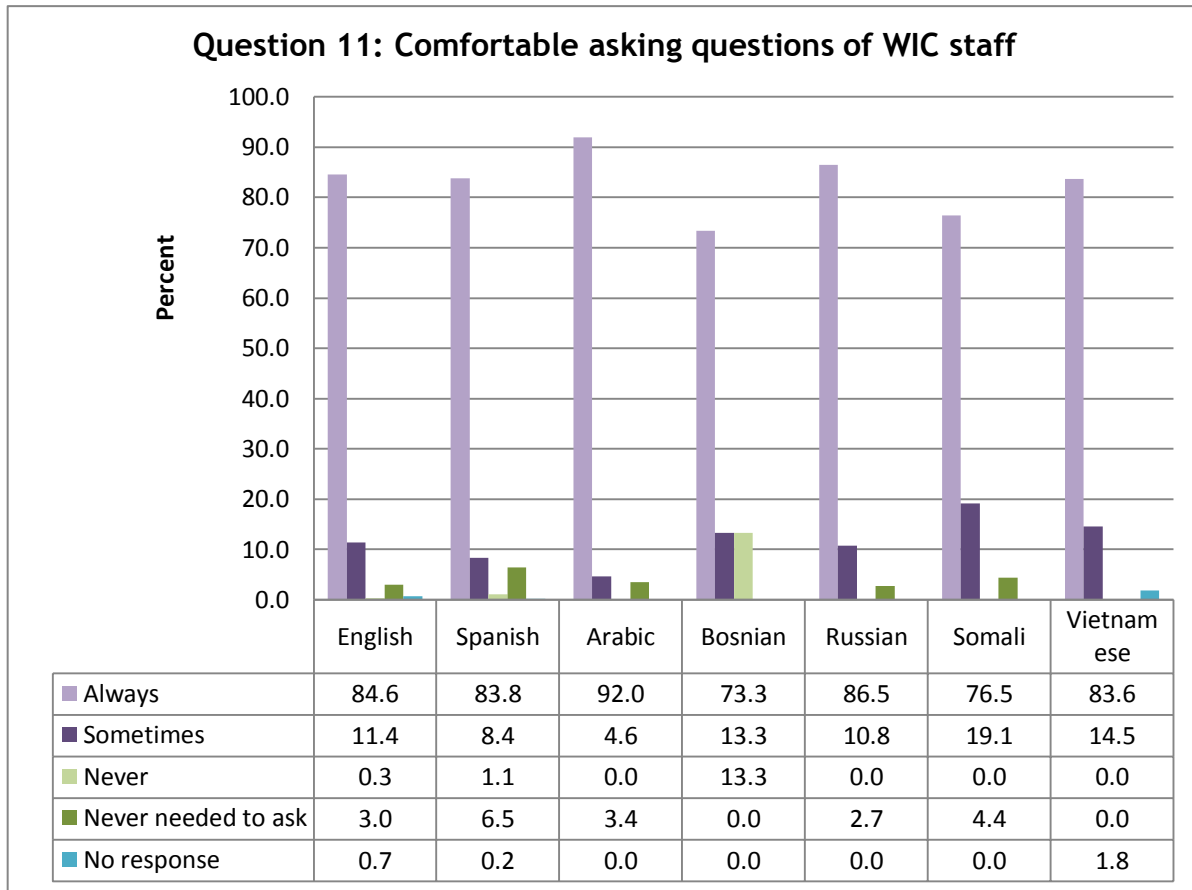
Approximately 90% of respondents indicated wait-times of 30 minutes or less, with a majority under 15 minutes. Only Somali and Vietnamese surveys indicated that more than 10% of clients usually waited longer than 30 minutes, with 20% of Vietnamese respondents usually experiencing long wait times.

**Question 10:** Does your clinic have enough privacy for you to feel comfortable answering personal questions?



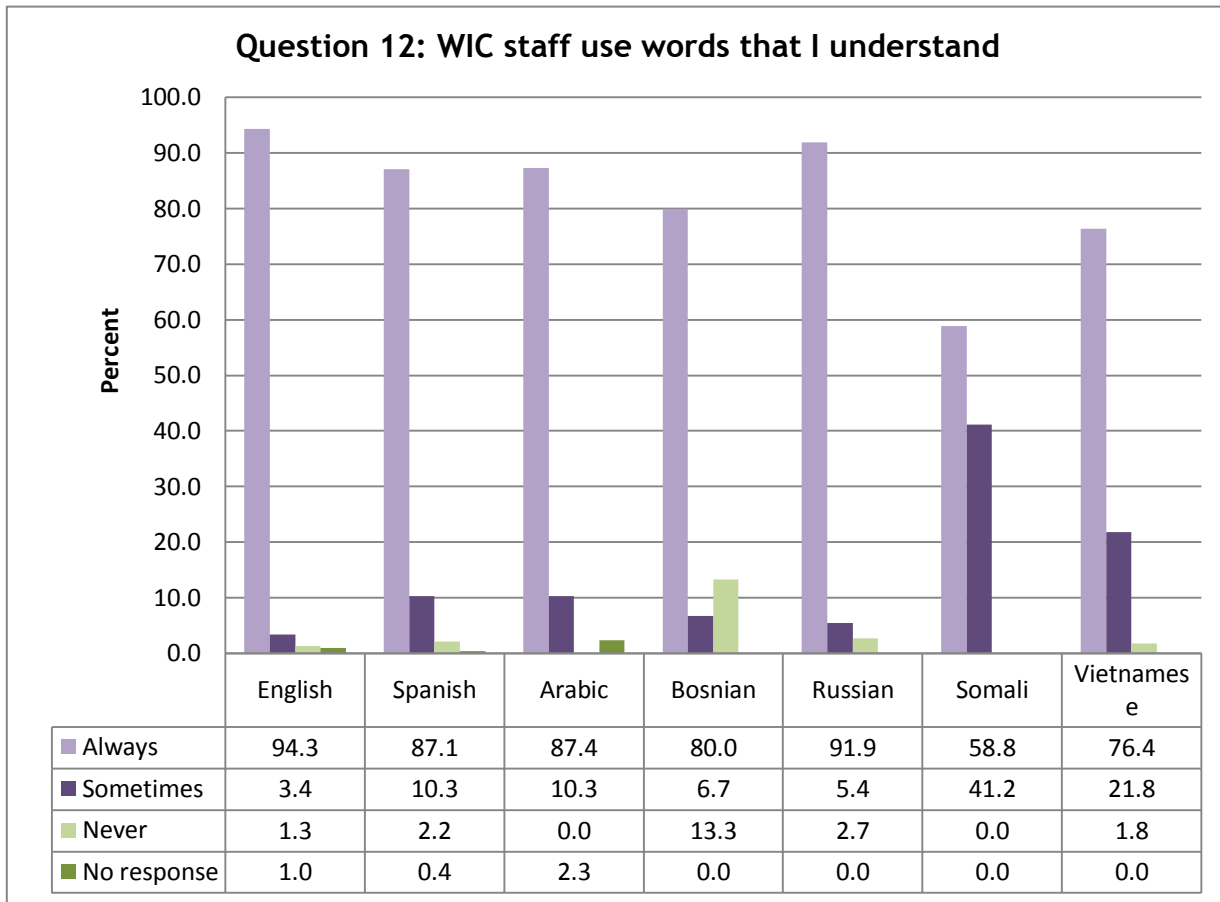
Nearly all respondents were generally satisfied with the level of privacy usually available in WIC clinics, although significant percentages of Bosnian, Russian, Somali and Vietnamese clients felt privacy was adequate only “Sometimes,” and 6.7% of Bosnian respondents felt privacy was “Never” adequate.

**Question 11:** When you have questions, do you feel comfortable asking the WIC staff?



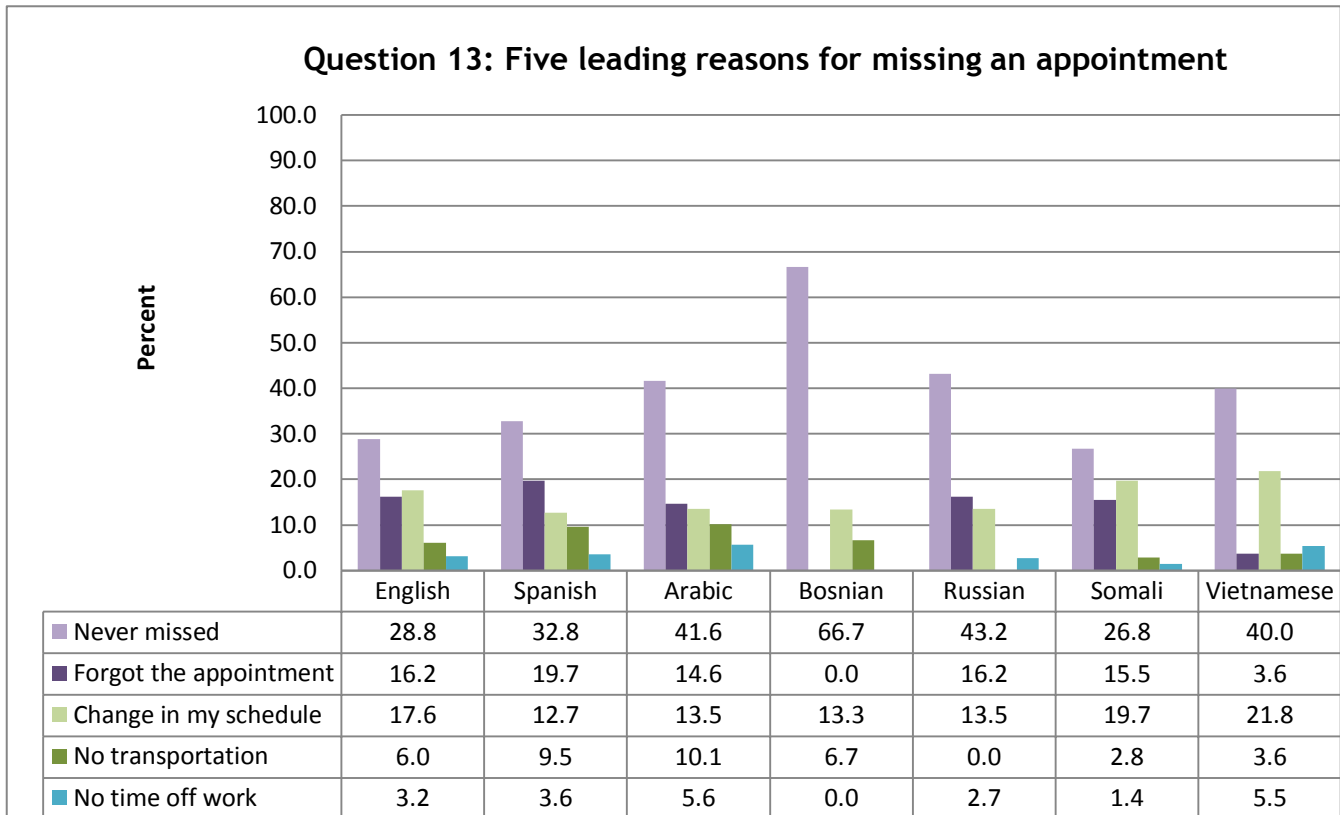
As with privacy, clients generally felt comfortable asking questions of WIC staff, when they needed to. A significant percentage (13.3%) of Bosnian survey respondents said they “Never” felt comfortable asking questions, which warrants concern, but because of small numbers of respondents to the Bosnian survey (n=15) may not be representative of Bosnian-speaking WIC clients in general.

**Question 12:** The staff at this WIC office use words that I understand.



Similar to Question 11, most clients felt WIC staff “Always” spoke in terms they understood, with notable exceptions among Bosnian-speaking respondents, who indicated WIC staff “Never” used words they understood, and Somali and Vietnamese-speakers, who commonly felt WIC staff used words they understood only “Sometimes.”

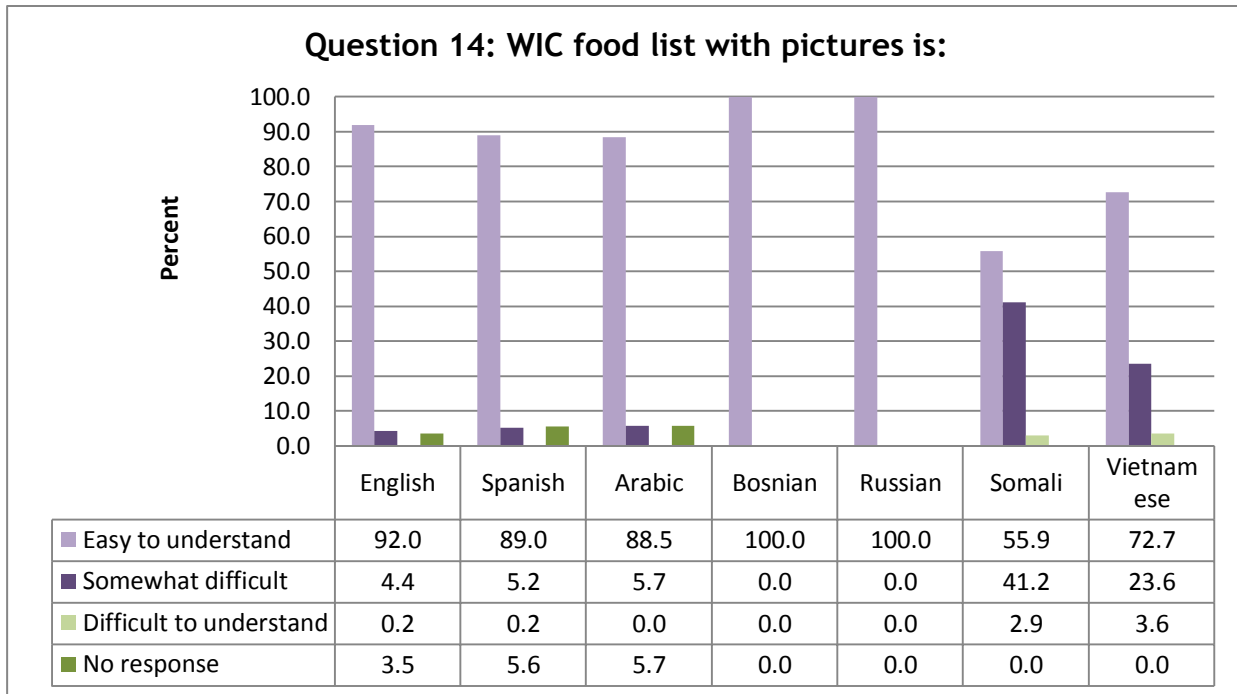
**Question 13:** If you or your proxy have ever missed an appointment, why did you miss it? (check all that apply)



The most common reasons given for missing an appointment were forgetting it or having a schedule change. Approximately one-third of respondents selected one or both of these responses. Lack of transportation and time off work were relatively minor reasons given except among Arabic survey respondents, of whom 10.1% reported transportation problems.

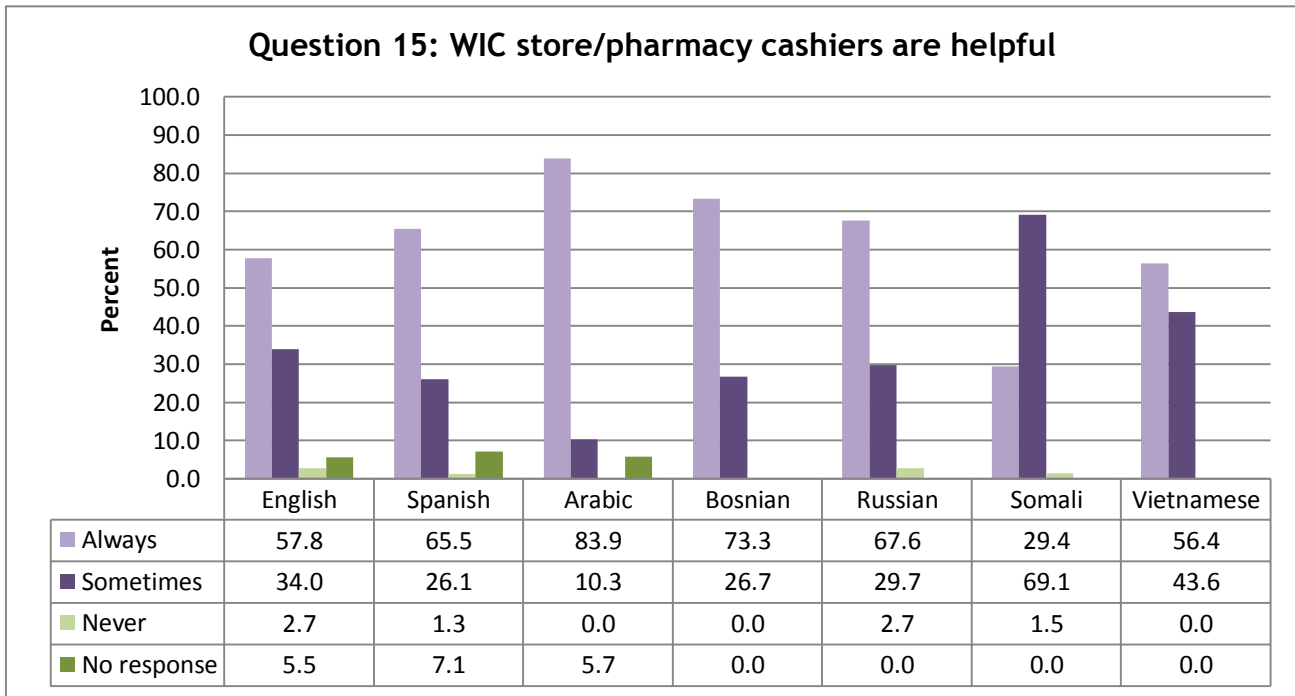


**Question 14:** The WIC food list with pictures is:



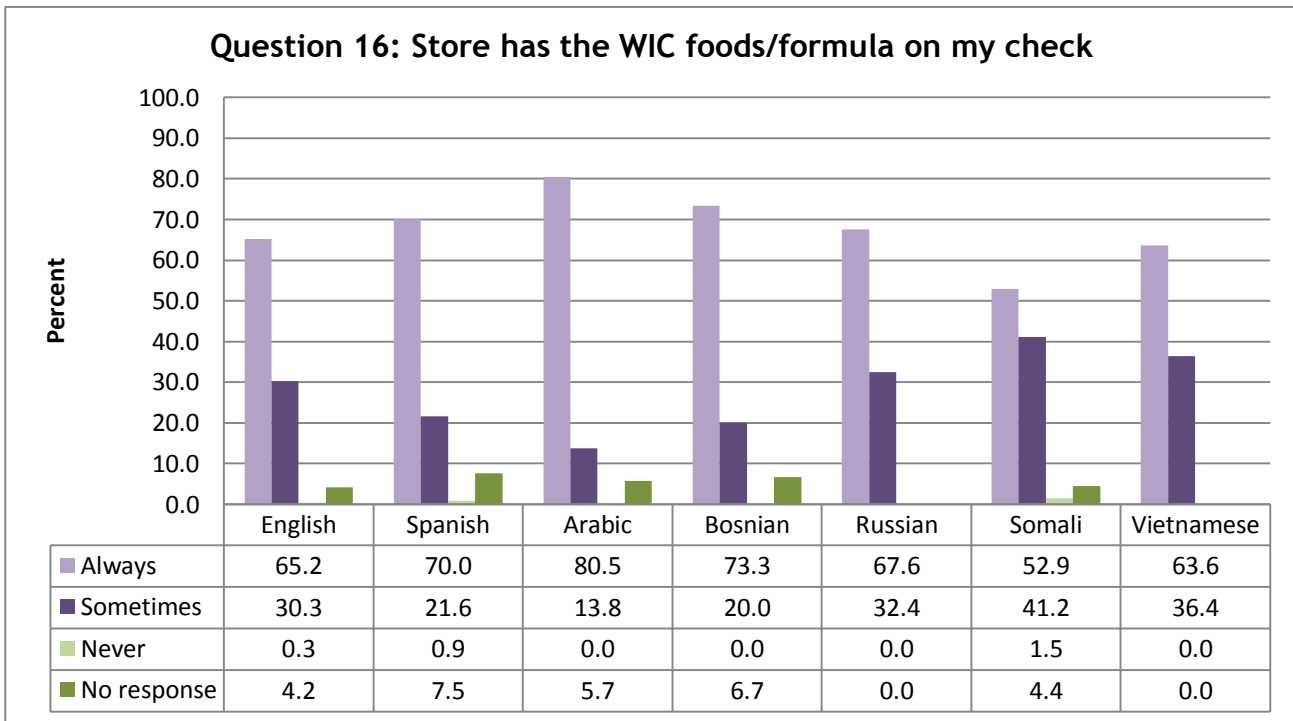
Most respondents found the WIC food list with pictures “Easy to understand.” Somali and Vietnamese respondents were more likely to find it “Somewhat difficult,” with 41.2% and 23.6%, respectively, choosing that option.

**Question 15:** The cashiers at the WIC store or pharmacy are helpful:



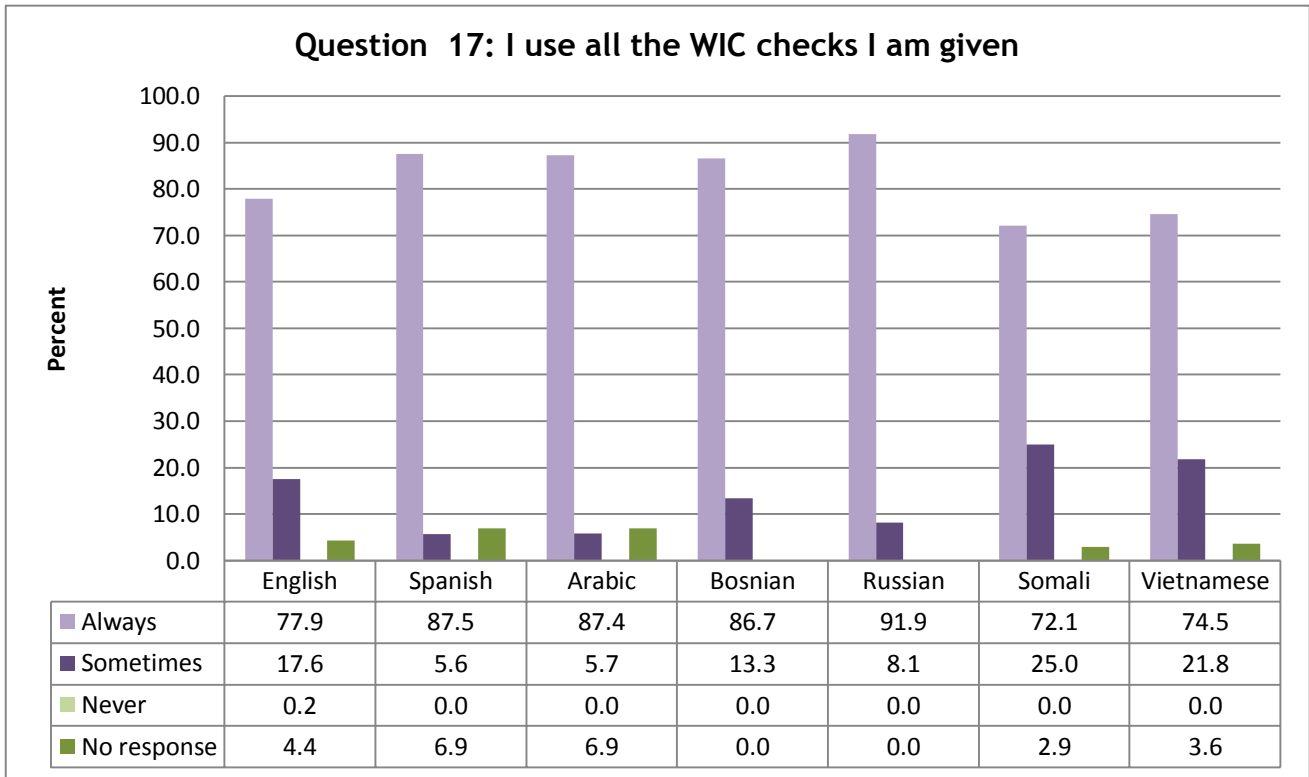
WIC store/pharmacy cashiers were viewed as “Always” helpful by majorities of respondents, except among the Somali surveys, with only 29.4% “Always” helpful.

**Question 16:** The store where I shop has the WIC foods and formula listed on my check.



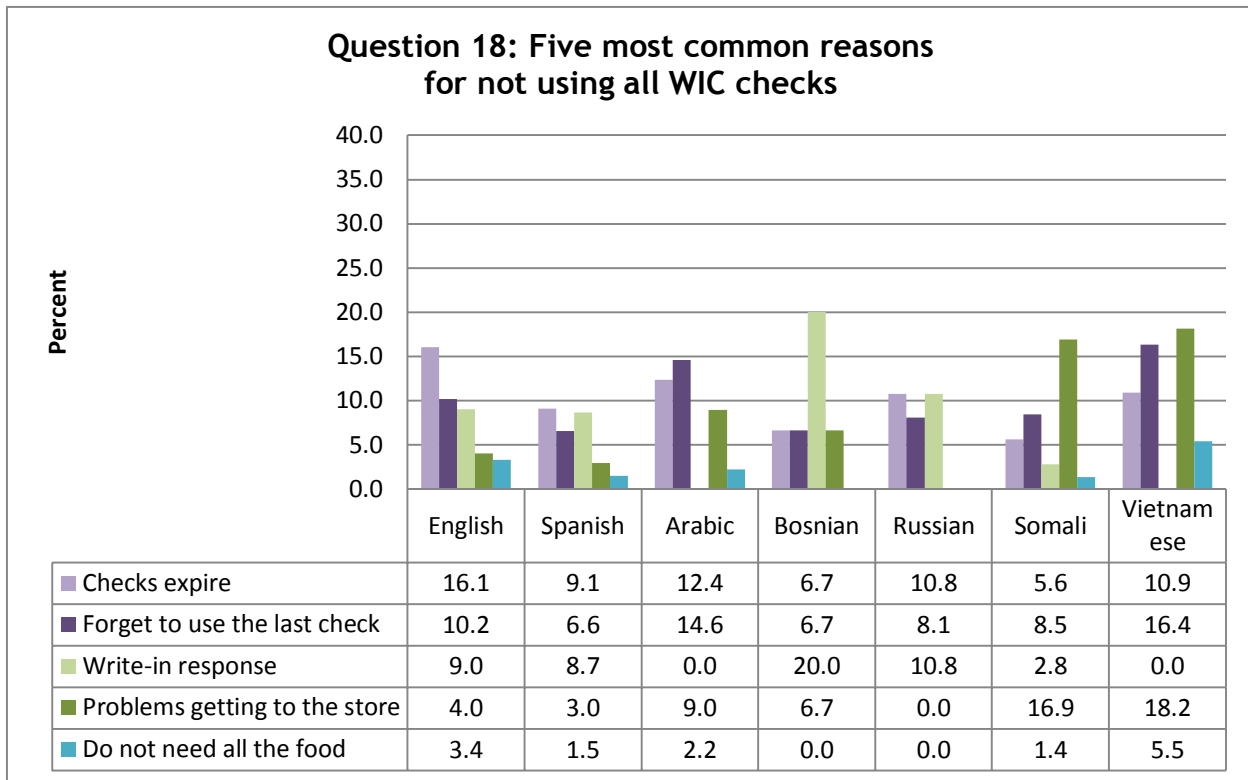
Approximately 90% of respondents felt WIC stores “Always” or “Sometimes” had the foods and formula listed on their checks.

**Question 17: I use all the WIC checks I am given.**



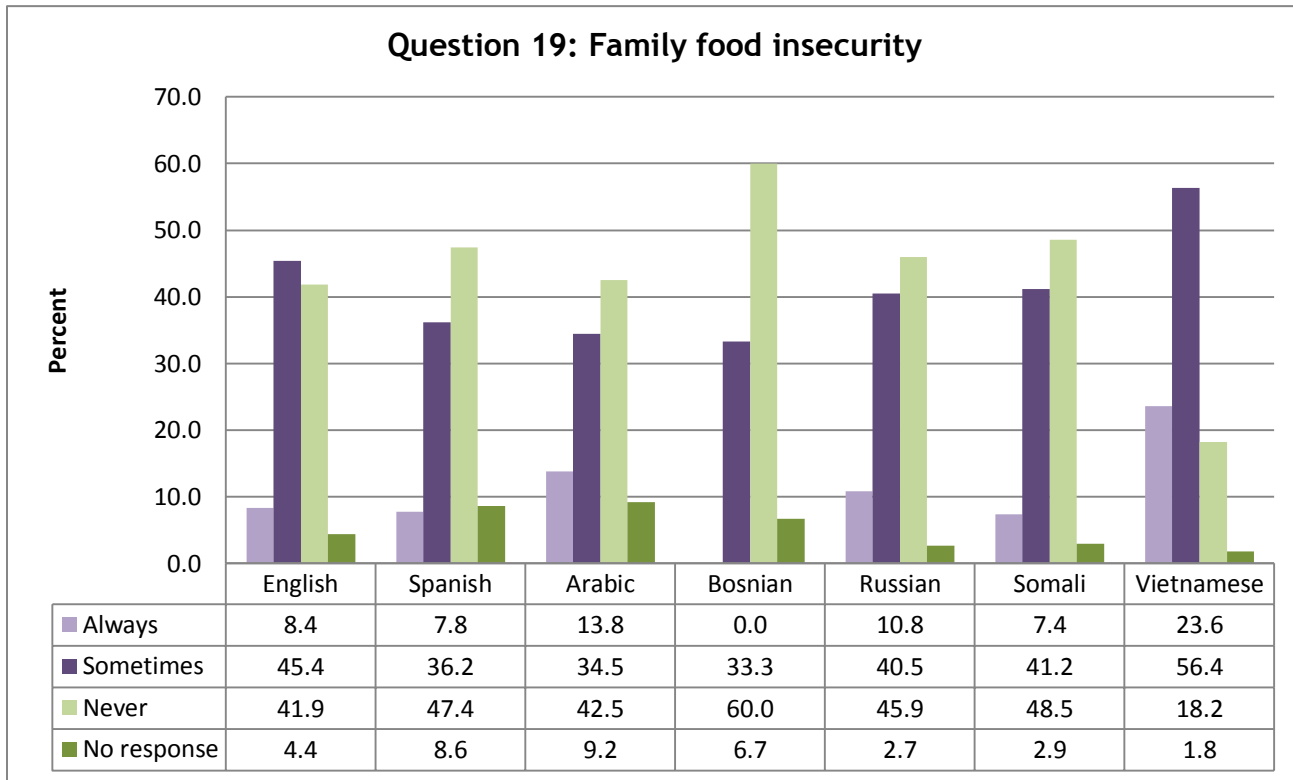
Nearly all WIC clients use all the checks they are given. English, Somali and Vietnamese survey respondents were more likely not to use all their checks on occasion, with as many as 25% (Somali) not consistently using all checks.

**Question 18:** If you don't use all your WIC food checks, why not? (check all that apply)



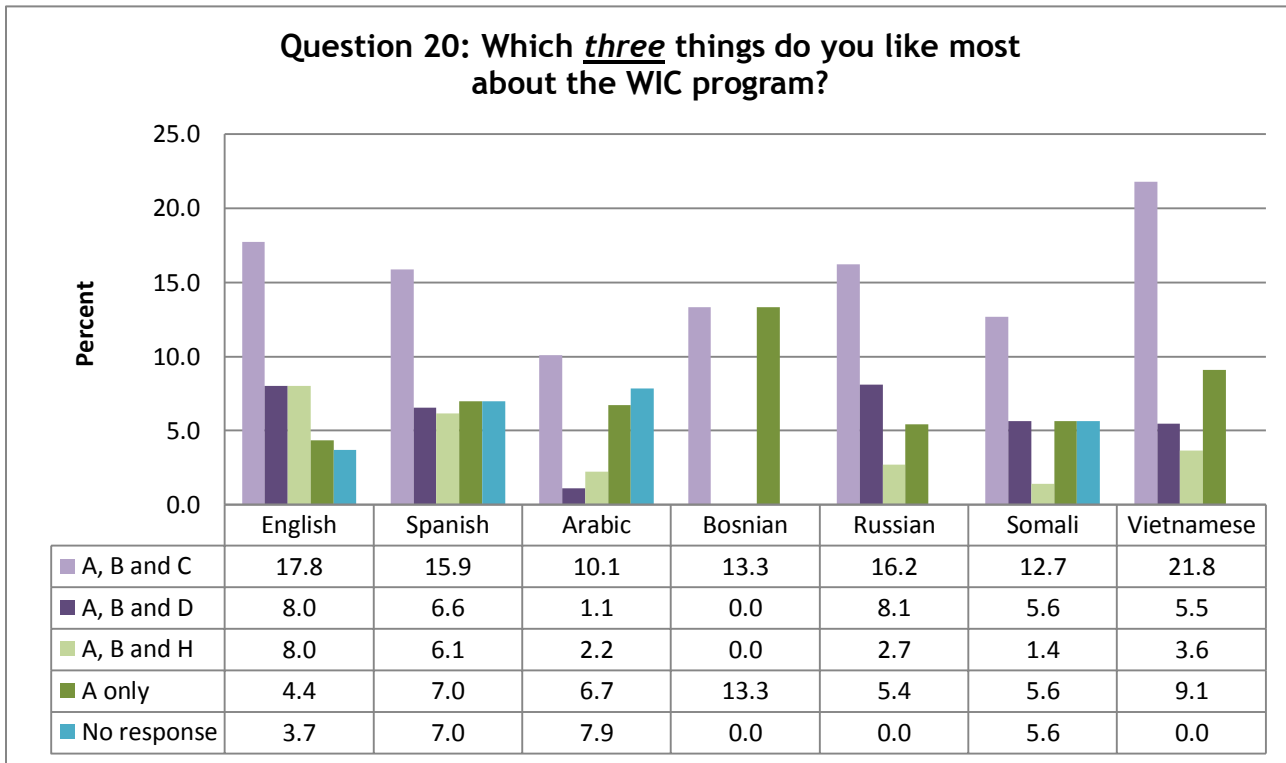
Among clients who said they did not always use all their checks, the most common reasons were that the checks expire, or that they forgot to use the last check. There were various write-in answers, which generally added comments to the check-box responses, or were effectively the same as check-box answers, with some variation. Having problems getting to the store was more commonly selected among Somali and Vietnamese respondents, with 16.9% and 18.2%, respectively, having difficulties.

**Question 19:** Are you concerned that you won't be able to buy enough food to feed your family?



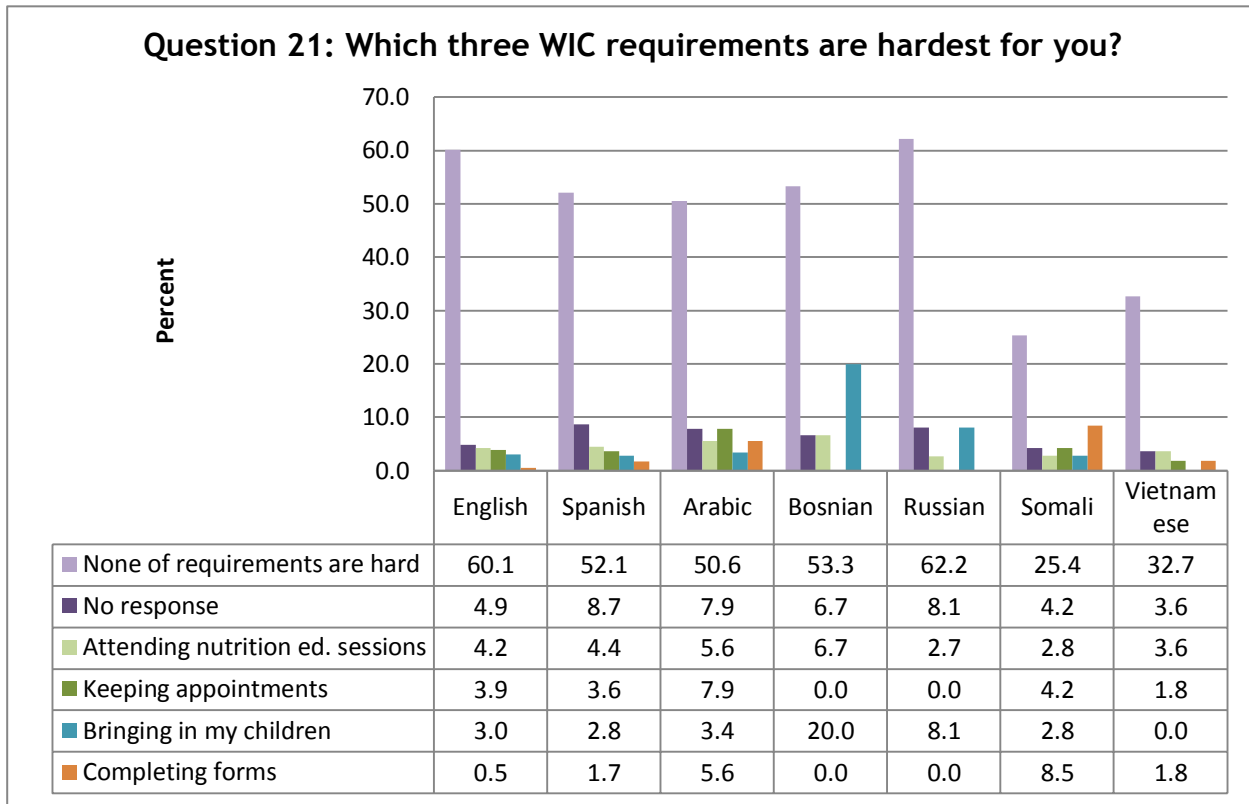
Food insecurity was experienced “Always” or “Sometimes” by half (50.5%) of all respondents. Bosnian survey responses were lowest, with 33.3% having felt uncertain about being able to buy enough food “Sometimes.” More concerning was the response among Vietnamese clients, one-fourth of whom “Always” felt food insecurity and 80% of whom felt insecure at least “Sometimes.”

**Question 20:** Which *three* things do you like most about the WIC program?



Question 20 asked clients which three things they liked most about the WIC program. The full answers are not shown in Figure 20, due to space constraints, but the most popular combinations were as follows: Answers A, B, and C, chosen in combination were “Information on healthy eating and lifestyle choices,” “Checks for healthy foods,” and “Checks for infant formula.” Choices A, B and D followed, including “Breastfeeding support” with A and B (“Information on healthy eating and lifestyle choices” and “Checks for healthy foods”). Choices A, B and H were the third most common triplet. Choice H was “Other health services (testing for anemia, lead information or testing, family planning).”

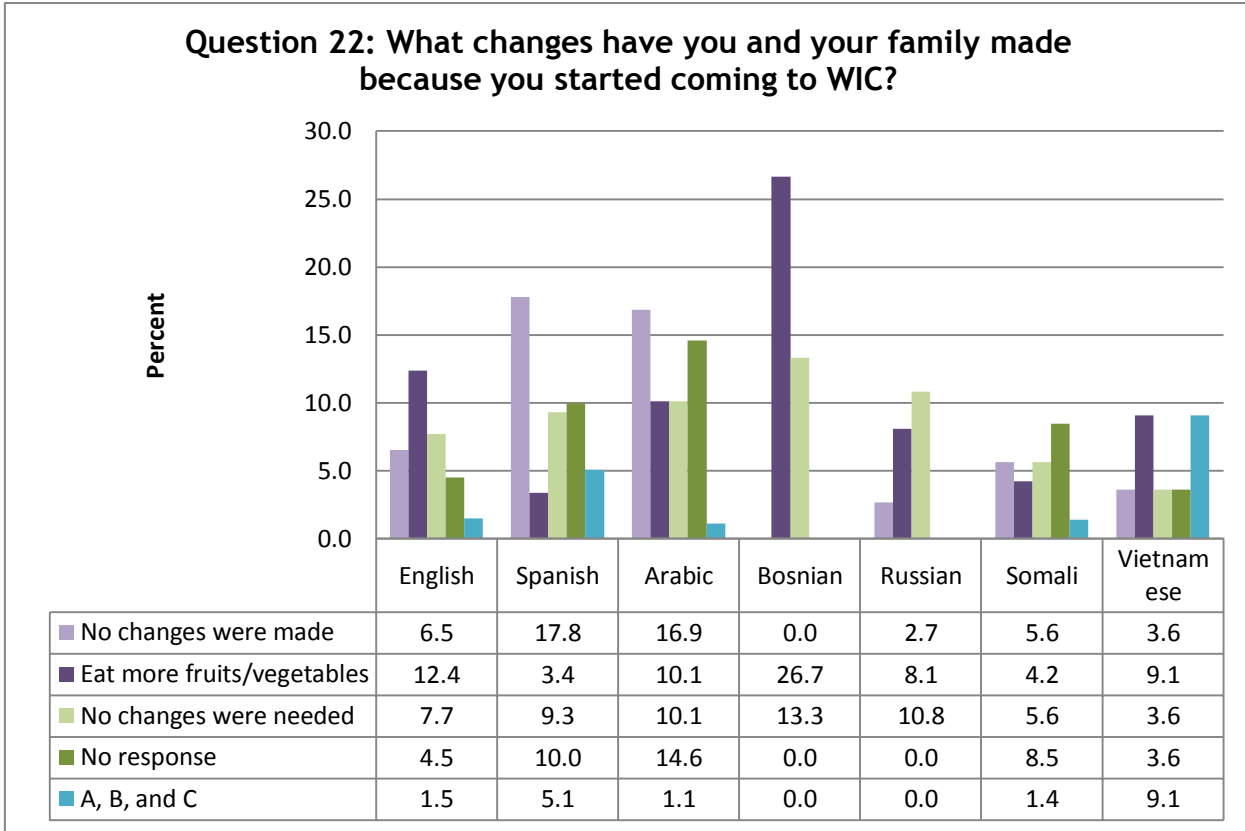
**Question 21:** Which *three* of the following WIC requirements are hardest for you?



Interestingly, most respondents found none of the WIC requirements to be hard. Somali and Vietnamese surveys were least likely to reflect that opinion, with only 25.4% and 32.7%, respectively. Non-response was the next most common choice, suggesting that the question was simply not found to be applicable and therefore making it a likely equivalent to “None of the requirements are hard,” although that cannot be said with certainty. The following responses, “Attending nutrition education sessions,” “Keeping appointments,” and “Bringing in my children” were not commonly chosen, except among Bosnian respondents, 20% of whom found it difficult to bring their children.

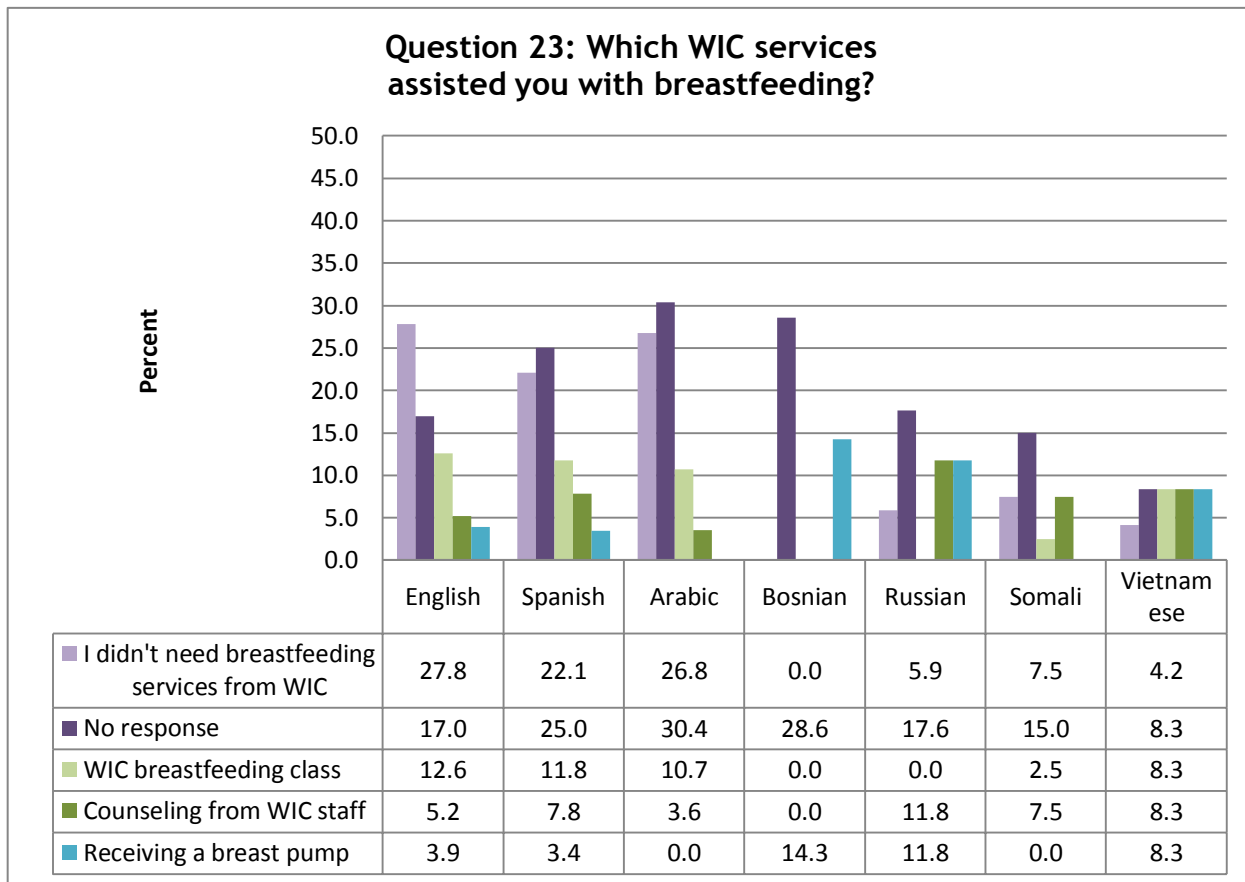


**Question 22:** What changes have you and your family made because you started coming to WIC? (check all that apply)



Responses to Question 22 varied widely, with no one response, or combination of responses, standing out. However, it is notable that variations on “no changes” and non-response were most common, taken together. Among those who made changes, most indicated they ate more fruits and vegetables after coming to WIC. It might be helpful to include what A,B and C are in this narrative.

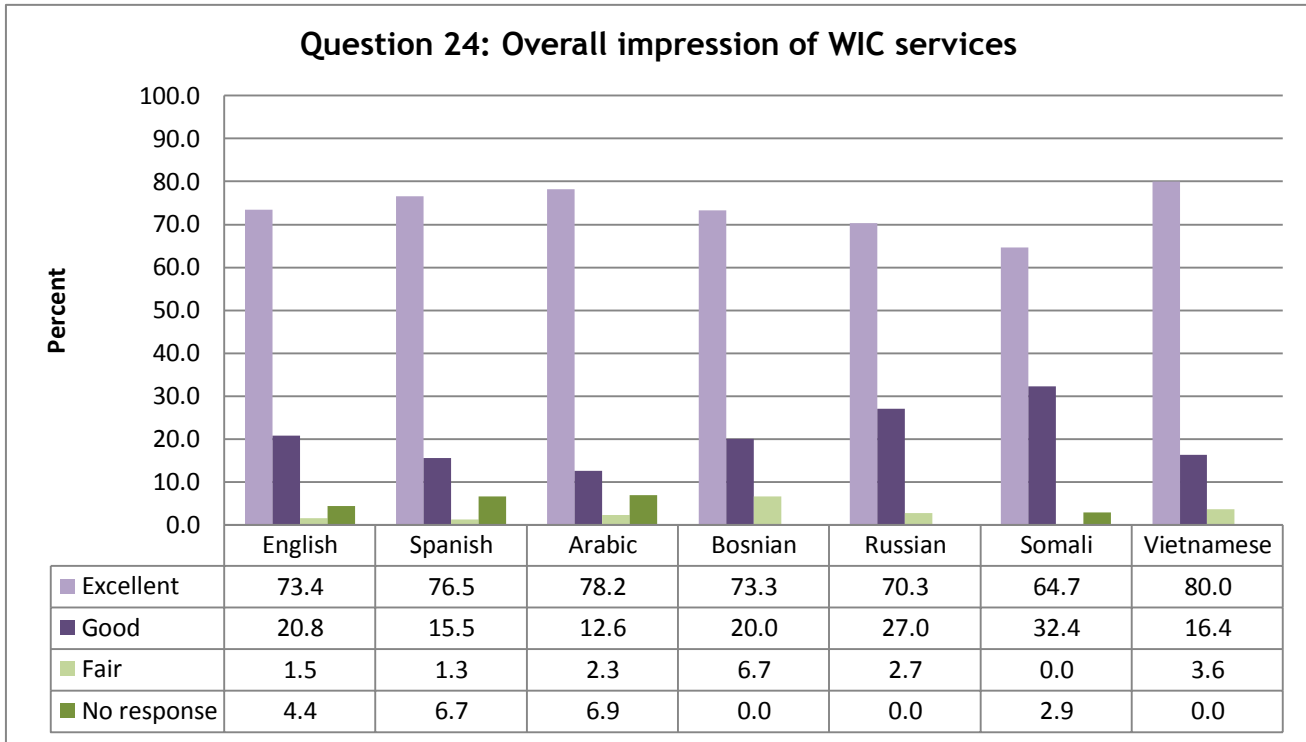
**Question 23: Which WIC services assisted you with breastfeeding? (check all that apply)\***



\* Parents who indicated they were postpartum, not breastfeeding or parents/guardians of children age 1 or older were not included

Among those who benefitted from WIC breastfeeding services, most selected the WIC breastfeeding class as most helpful (approximately 10% of each group). Substantial numbers of clients either indicated they did not need breastfeeding services from WIC or chose not to respond at all. It is obvious to interpret this result as reflecting clients who did not have children of breastfeeding age, but if clients who responded to Question 1 as “Postpartum, not breastfeeding” and “Parent or guardian of a child, age 1 or older” are filtered from the sample (Figure 23), the percentages remain fairly stable. I think the reason might be that the children are fully formula fed.

**Question 24:** How would you rate the services you receive from the WIC program?



Overall satisfaction with the Missouri WIC program is good, with only the Somali survey showing less than 70% “Excellent” response. Approximately 90% overall rated the program “Excellent” or “Good.” Although “Poor” was a check-box choice, there were no “Poor” responses returned.

## Conclusions and Recommendations

Overall, this survey indicates that participants in FY 2014 were very satisfied with the WIC program, as they have been in past years. In fact, both groups generally continued the tendency to be more satisfied than in previous years, indicating that progress has been made. However, improvements are recommended if more than 20% of participants from one or both groups chose the less positive responses, such as “Somewhat difficult” or “Difficult,” as indicated in the “comment” column in Table 1 in the executive summary.

One or more language groups of NELS participants chose less positive responses for the following areas: the application process, health assessment process, nutrition assessment process, nutrition education, access to the Internet, WIC staff use words that are understood, cashiers at the WIC store or pharmacy are helpful, and store has desired WIC foods. The areas specifically identified as needing additional attention and effort include: WIC vendors, communication between WIC staff and NELS participants, and nutrition education.

There are large disparities in Internet access: approximately one-third (32.8%) of NELS respondents replied that they do not have access to an Internet-connected computer – more than twice as many as those who said they do not know how to use a computer. Only 8.4% indicated they had access at a public library. Lack of access to computers at public libraries may be due simply to lack of knowledge that such services exist.

- **WIC Vendors:** this specific program component should be examined more closely. Although more than half of participants from most groups responded favorably to questions about WIC vendors, approximately one-fourth of respondents found the cashiers helpful only “Sometimes” or “Never,” and as many as one-third indicated the stores only “Sometimes” had foods they want.
- **Communication:** The major area for improvement should remain focused primarily on communication. Results indicate that there are still differences in how NELS and ELS participants perceive their service. Approximately 60% of the NELS participants whose first language was not English said that they “Sometimes” or “Always” need an interpreter, virtually unchanged from 2012. However, the need is not uniform. Among Bosnian and Russian language surveys, 10% or fewer of respondents felt they needed an interpreter, with over 80% indicating they “Never” needed interpreters. Data also show that some language groups have more difficulty communicating with WIC staff than others. Bosnian language respondents, for example, were less comfortable than other groups in asking questions of WIC staff, in contrast to their need for interpreters. Efforts should be made to consider the needs of individual groups, when possible. For example, although substantial numbers of Vietnamese, Somali and Bosnian respondents found clinic privacy for answering personal questions less than ideal. However, their reasons may differ widely, possibly including the layout and scheduling in individual clinics or simply general discomfort with answering such questions in *any* setting.

Refresher cultural competency training should be provided for local WIC providers in the metropolitan areas and other areas with pockets of non-native English speaking WIC participants. Additionally, given the large Spanish-speaking population served by WIC, it may also be beneficial to provide brief Spanish language training including terms specific to WIC.

Throughout the FY 2014 survey, three language groups consistently chose less positive answers than the other language groups: Bosnian, Somali, and Vietnamese. There has been improvement: greater

proportions of respondents in these groups gave favorable responses than in previous survey years, but there remains some way to go. Although sample sizes for these groups are relatively small, the consistency of less-than-favorable responses suggests that language and/or cultural barriers may be keeping the groups from receiving full benefits of participation in the WIC program. Any barriers within the influence of WIC should be further investigated and addressed. It may be helpful to consult experts in cultural competency, to identify specific issues and provide training for WIC staff.

- Nutrition Education: Local WIC providers should consider scheduling individual counseling sessions for NELS participants who prefer this method of gaining nutrition information, especially for the Somali, Bosnian, Arabic, and Vietnamese populations.

Encourage local WIC providers to use alternative methods to provide nutrition education in addition to individual and group nutrition sessions. It may be beneficial to the groups mentioned in the previous paragraph to be offered nutrition classes in their first language. Additionally, develop web-based nutrition education modules for English-speaking participants, and take home nutrition education modules for both English and Non-native English speaking participants.

## References Cited

1. Missouri Department of Health and Senior Services, Missouri WIC Information Network System (MOWINS), 2015. Available at <http://health.mo.gov/living/families/wic/mowins/index.php>
2. U.S. Department of Health and Human Services, Office of Minority Health, 2001. National Standards for Culturally and Linguistically Appropriate Services in Health Care: Executive Summary. Accessed July 6, 2015, from <http://minorityhealth.hhs.gov/assets/pdf/checked/executive.pdf>.

## **Appendices**

## Appendix A. Missouri WIC FY 2014 Customer Satisfaction Survey in English

To help us serve you better, please tell us how you feel about WIC. Please fill out both front and back sides of this survey. Check one box only, unless the question says "(Check all that apply)"

1. Are you: (Check all that apply)
  - Pregnant
  - Postpartum, breastfeeding
  - Postpartum, not breastfeeding
  - Parent and/or guardian of an infant less than 1 year old on WIC
  - Parent and/or guardian of a child, age 1 or older, on WIC
2. What is your age and sex?  
Age \_\_\_\_\_ Sex: \_\_\_\_\_  
F  M
3. Is English your first language?
  - Yes (Please skip to question 7)
  - No
4. How well do you *spea*k English?
  - I speak English just as well as my first language.
  - I speak English well, but not as well as my first language.
  - I speak some English.
  - I do not speak any English.
5. How well do you *read* English?
  - I read English just as well as my first language.
  - I read English better than my first language.
  - I read English, but not as well as my first language.
  - I read some English.
  - I cannot read English.
6. How often do you need an interpreter when you come to the WIC office?
  - Always
  - Sometimes
  - Never
7. How do you normally access the Internet?
  - Home
  - Work/school
  - Smart phone/ cell phone
  - Public library
  - Friend or relative
  - I don't have access to the Internet
  - I don't use the Internet
  - I don't know how to use a computer
8. If WIC could give you information about nutrition in any of the following ways, which would you choose? (Check all that apply)
  - Talk to a nutritionist at the WIC clinic
  - Attend a nutrition class at the WIC clinic
  - Check out nutrition books/videos/CDs to use and complete a short quiz at home
  - Packet of nutrition information to take home to read and complete a short quiz
  - Complete an Internet-based WIC nutrition education lesson at home or on my phone
  - Complete an Internet-based WIC nutrition education lesson at the WIC clinic
9. How long do you usually have to wait in the WIC clinic waiting room?
  - Less than 15 minutes
  - 15-30 minutes
  - 30-60 minutes
  - An hour or more
10. Does your clinic have enough privacy for you to feel comfortable answering personal questions?
  - Always
  - Sometimes
  - Never
11. When you have questions, do you feel comfortable asking the WIC staff?
  - Always
  - Sometimes
  - Never
  - I haven't needed to ask
12. The staff at this WIC office use words that I understand.
  - Always
  - Sometimes
  - Never
13. If you or your proxy have ever missed an appointment, why did you miss it? (Check all that apply)
  - Never missed
  - Change in my schedule
  - Forgot the appointment
  - Did not have transportation
  - Could not take time off work
  - WIC clinic hours don't work for me
  - Illness
  - Other: \_\_\_\_\_



14. The WIC food list with pictures is:
- Easy to understand
  - Somewhat difficult to understand
  - Difficult to understand
15. The cashiers at the WIC store or pharmacy are helpful.
- Always
  - Sometimes
  - Never
16. The store where I shop has the WIC foods and formula listed on my check:
- Always
  - Sometimes
  - Never
17. I use all the WIC checks I am given.
- Always
  - Sometimes
  - Never
18. If you don't use all your WIC food checks, why not? (Check all that apply).
- The check expires before I can use it.
  - My checks were lost or stolen.
  - Getting to the store is a problem for me.
  - We don't need all of the food we get on WIC.
  - I just forget to use the last check.
  - There are too many checks to use.
  - Other: \_\_\_\_\_
19. Are you concerned that you won't be able to buy enough food to feed your family?
- Always
  - Sometimes
  - Never
20. Which *three* things do you like most about the WIC program?
- Information on healthy eating and lifestyle choices
  - Checks for healthy foods
  - Checks for infant formula
  - Breastfeeding support
  - Availability of breast pumps
  - Immunization screening
  - Referrals to health and social service programs
  - Other health services (testing for anemia, lead information or testing, family planning)
21. Which *three* of the following WIC requirements are the hardest for you?
- Keeping appointments
  - Completing forms
  - Getting height, weight, and blood samples
  - Attending nutrition education sessions
  - Bringing in proof of income, identity and residency
  - Bringing in my children
  - None of the requirements are hard for me
22. What changes have you and your family made because you started coming to WIC? (Check all that apply)
- Eat more fruits and vegetables
  - Eat more iron-rich foods
  - Eat fewer high fat foods
  - Eat less super-sized portions
  - Drink less sodas and sweetened drinks
  - Breastfed my baby longer
  - Decreased/quit smoking
  - Watch less TV and play less video games
  - Do more physical activities
  - Spend more time eating as a family at the table
  - Give juice to my baby in a cup, not in a bottle
  - Got my children's shots
  - No changes were needed
  - No changes were made
23. Which WIC services assisted you with breastfeeding? (Check all that apply)
- WIC Breastfeeding class
  - WIC Breastfeeding support group
  - Counseling from WIC healthcare provider staff
  - WIC Breastfeeding Peer Counselor
  - After-hours phone support
  - Extra food for breastfeeding moms and infants
  - Receiving a breast pump
  - I did not need any breastfeeding services from WIC
  - Other \_\_\_\_\_
24. How would you rate the services you receive from the WIC program?
- Excellent
  - Good
  - Fair
  - Poor

**Appendix B.** FY 2014 WIC Customer Satisfaction Survey, selected agencies by language sample size

WIC District	Agency	Survey Language Group							Total	Percent of total
		Arabic	Bosnian	English	Russian	Somali	Spanish	Vietnamese		
Northeast	Sullivan	0	0	27	0	0	26	0	53	4.0%
Central	Boone	1	0	30	0	0	5	0	36	2.7%
	Camden	0	0	30	0	0	10	0	40	3.0%
	Pettis	0	0	30	25	0	35	0	90	6.7%
	Phelps	27	0	30	0	0	0	0	57	4.3%
Eastern	Family Care	0	0	30	0	0	5	1	36	2.7%
	Grace Hill	11	0	28	0	15	34	5	93	7.0%
	St. Charles	0	0	28	0	0	31	0	59	4.4%
	St. Louis Co.	10	15	27	12	0	35	10	109	8.2%
Southeast	Dunklin	0	0	14	0	0	4	0	18	1.3%
	Howell	0	0	30	0	0	0	0	30	2.2%
Southwest	Barry	0	0	28	0	0	33	0	61	4.6%
	Joplin	0	0	29	0	0	34	0	63	4.7%
	McDonald	0	0	25	0	0	16	0	41	3.1%
	Springfield	0	0	29	0	0	14	0	43	3.2%
	Taney	0	0	29	0	0	34	0	63	4.7%
Northwest	Crescent	3	0	29	0	0	10	0	42	3.1%
	Samuel Rogers	31	0	33	0	54	36	40	194	14.5%
	St. Joseph	0	0	30	0	0	31	0	61	4.6%
	St. Luke's	0	0	30	0	0	24	0	54	4.0%
	Truman	6	0	30	0	2	55	0	93	7.0%
Total		89	15	596	37	71	472	56	1,336	
Percent of total		6.7%	1.1%	44.6%	2.8%	5.3%	35.3%	4.2%	100.0%	100.0%