Fiscal Year 2018 Missouri WIC
Customer Satisfaction Survey:
Summary Report

Bureau of WIC and Nutrition Services
Section for Healthy Families and Youth
Division of Community and Public Health
Department of Health and Senior Services
Preface

This document summarizes the key findings from the Fiscal Year 2018 (FY 2018) WIC Customer Satisfaction Survey.

Missouri Department of Health and Senior Services

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   Washington, D.C. 20250-9410;
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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 WIC local 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 Assistant Bureau Chief, Lisa Ivy, 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.

This report was prepared by Daniel J. Quay, M.A., of the DHSS Office of Epidemiology, in consultation with DHSS, Bureau of WIC and Nutrition Services, Angela Oesterly, Bureau Chief.

If you would like a copy of the report or have questions about the results, please contact the Bureau of WIC and Nutrition Services, using one of the following contact methods listed below:

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Section for Healthy Families and Youth
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Fax: 573-526-1470

E-mail: WICInfo@health.mo.gov
# Table of Contents

Acknowledgments .................................................................................................................. 3

Executive Summary .................................................................................................................. 6

Introduction
  Purpose .................................................................................................................................. 7
  Limitations ............................................................................................................................ 7

Methods
  Sample Size .......................................................................................................................... 7
  Survey Instrument .................................................................................................................. 7
  Data Collection .................................................................................................................... 8
  Data Entry and Analysis ....................................................................................................... 8
  Participation ........................................................................................................................ 8

Results and Discussion .......................................................................................................... 8
  Question 1: Pregnancy / Parental status .......................................................................... 9
  Question 2: Age and sex .................................................................................................... 10
  Question 3: Is English your first language? .................................................................... 11
    First languages other than English .............................................................................. 12
  Question 4: How often do you need an interpreter when you come to the WIC office? .... 13
  Question 5: When you need an interpreter, how often is one available at the WIC clinic? ... 13
  Question 6: If WIC could give you information about nutrition in any of the following ways, which would you choose? .......................................................................................... 14
  Question 7: Does your clinic have enough privacy for you to feel comfortable answering personal questions? ................................................................................................................ 15
  Question 8: How long do you usually have to wait in the WIC clinic waiting room? ....... 16
  Question 9: When you have questions, do you feel comfortable asking the WIC staff? ...... 17
  Question 10: If you or your proxy has ever missed an appointment, why did you miss it? .... 18
  Question 11: How difficult is it for you to get to the WIC clinic? ...................................... 19
  Question 12: How do you usually get to the WIC clinic? ................................................ 19
  Question 13: I feel like the staff at the WIC clinic are supportive and positive. ............... 21
  Question 14: I feel like the staff at the WIC clinic are judgmental or think negatively of me. ........................................................................................................................................ 22
  Question 15: The staff at the WIC store or pharmacy are helpful. .................................... 23
  Question 16: The store where I shop has the WIC foods and formula listed on my check. ... 24
  Question 17: What portion of food do you redeem from your WIC check(s) each month? .... 25
  Question 18: If you don’t purchase all your WIC food items, why not? ......................... 26
Question 19: How often are you concerned that you won’t be able to buy enough food to feed your family? .................................................................27
Question 20: Scheduling WIC appointments is easy for me. .................................................28
Question 21: Which three of the following WIC requirements are the hardest for you? .......29
Question 22: What changes have you and your family made because you started coming to WIC? ..................................................................................30
Question 23: Which WIC services assisted you with breastfeeding? .................................31
Question 24: Which three things do you like most about the WIC program? ..................32
Question 25: How would you rate the services you receive from the WIC program? ........33

Conclusions and Recommendations...........................................................................34
References Cited.........................................................................................................35
Appendices
Appendix A. Missouri WIC FY 2018 Customer Satisfaction Survey in English ..........37
Appendix B. List of Participating WIC Local Agencies ................................................41
Executive Summary

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides supplemental food, health care referrals, nutrition education, and breastfeeding promotion and support to eligible pregnant, breastfeeding or postpartum women, infants, and children up to age five.

This survey was developed to assess the satisfaction of WIC customers and clients with various aspects of the WIC program, including the selection of foods covered under WIC, ability to utilize WIC benefits, and experiences with WIC staff. The findings from this survey will be used to enhance WIC service provision.
Introduction

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 (DHSS). The Missouri WIC program provides supplemental food, health care referrals, nutrition education, and breastfeeding promotion and support to eligible pregnant, breastfeeding or postpartum women, infants, and children up to age five. These services are offered through WIC local agencies and are free to pregnant and postpartum women, infants, and children up to five years of age who are at nutritional risk, and qualify for the program based on income eligibility. The average monthly caseload for Missouri WIC in 2018 was 114,323 including 29,253 women, 32,000 infants, and 53,070 children.\(^1\)

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, FY 2014, and continues in FY 2018. 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.”\(^2\)

Purpose

The purpose of the survey is to determine the current status of customer satisfaction with regard to the Missouri WIC program and services.

Limitations

Data for this survey were collected from WIC participants at selected clinics between May 2018 and August 2018. Due to time constraints, a longer data collection period was not feasible.

Methods

Sample Size

Data was collected from a participant, or guardian, at the time of WIC certification and entered into an Excel spreadsheet by WIC staff. There were 3,777 participants in total.

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 FY 2012 as in FY 2010. For FY 2014, the questionnaire was updated to focus on modifiable program services and revise questions that had appeared to be difficult for clients to answer or understand. In FY 2018, the survey was again revised, shifting the focus away from the differing experiences based on language spoken to a broader understanding of customer satisfaction regarding WIC services and programs. The FY 2018 English language survey is shown in Appendix A. Copies of other language surveys may be obtained through the contact information on page 3.

Data Collection

Survey packets were mailed to each of the 17 participating WIC local agencies in May 2018. The packets included the following: cover letter, survey instructions, tally sheet that indicated the number of surveys to be collected, and hard copies of the survey in English and other languages based on the Missouri WIC Information Network System (MOWINS) language data report. The number of surveys sent to the WIC local agencies varied according to their individual sample size determined by the estimates (see Appendix B for distribution of surveys by WIC local agency).

The survey was anonymous and participation was voluntary. The self-administered questionnaire included 25 questions, including eight multiple-response questions. 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 six months prior to taking the survey, in order to have adequate depth of experience from which to answer the questions. Each WIC local agency mailed their completed surveys to the state office in an addressed pre-paid package.

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 Excel database, which was imported into SAS, v.9.4 for analysis. Frequencies were run for each response to each survey question.

Participation

The majority of WIC local agencies invited to participate in the survey did so (14/17, 82.4%). More than four out of five (80.5%) respondents received services at clinics in urban areas, leaving 19.5% of respondents attending clinics in rural counties.

Results and Discussion

Results from the analysis of the surveys are presented in this section. 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.” The threshold for this was 15% to avoid reaching conclusions based on low sample sizes.
The FY 2018 survey first asked participants to indicate their status as parent or guardian, whether they were pregnant or postpartum, currently breastfeeding, and the age of their child or children. Figure 1 shows the categories selected by the participants. Nearly 10% of parents with a child under age one also had an older child. Though not mutually exclusive, 2.7% of pregnant mothers receiving WIC also had a child under the age of one, and 3.6% of pregnant women had a child aged one or older.

Figure 1. Select Demographic Characteristics of Respondents
Question 2 asked respondents: “What is your age and sex?” Due to inconsistencies found in the answers, with some parents providing their own age and some providing the age of their children, further analysis by age is not available. This question will be updated to ensure accurate data collection in future surveys. Women comprised 90.8% of respondents, while 7.8% of respondents were men, and 1.4% of respondents did not answer the question.
Language and Translation Needs

3. Is English your first language?
   ☐ Yes (Please skip to question 6)
   ☐ No, my first language is _______________________

Figure 2. English as First Language

While 86.5% of respondents spoke English as their first language, 13.5% did not. However, approximately 5.8% of respondents who took the English survey indicated that English was not their first language. For those whose first language was not English, 64.1% listed Spanish as their first language, 8.7% listed Arabic, and 4.0% listed French.

Table 1: Other Language of Survey Taken

<table>
<thead>
<tr>
<th>Language</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arabic</td>
<td>41</td>
<td>10.8%</td>
</tr>
<tr>
<td>Bosnian</td>
<td>1</td>
<td>0.3%</td>
</tr>
<tr>
<td>Chinese</td>
<td>2</td>
<td>0.5%</td>
</tr>
<tr>
<td>French</td>
<td>20</td>
<td>5.3%</td>
</tr>
<tr>
<td>Russian</td>
<td>4</td>
<td>1.1%</td>
</tr>
<tr>
<td>Somali</td>
<td>4</td>
<td>1.1%</td>
</tr>
<tr>
<td>Spanish</td>
<td>300</td>
<td>79.2%</td>
</tr>
<tr>
<td>Swahili</td>
<td>2</td>
<td>0.5%</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>5</td>
<td>1.3%</td>
</tr>
<tr>
<td>Total non-English surveys</td>
<td>379</td>
<td>100.1%¹</td>
</tr>
</tbody>
</table>

¹ Total sums to >100.0% due to rounding.
<table>
<thead>
<tr>
<th>Language</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albanian</td>
<td>5</td>
<td>1.0%</td>
</tr>
<tr>
<td>Amharic</td>
<td>3</td>
<td>0.6%</td>
</tr>
<tr>
<td>Arabic</td>
<td>43</td>
<td>8.7%</td>
</tr>
<tr>
<td>Bangla</td>
<td>2</td>
<td>0.4%</td>
</tr>
<tr>
<td>Bantu</td>
<td>2</td>
<td>0.4%</td>
</tr>
<tr>
<td>Bosnian</td>
<td>18</td>
<td>3.6%</td>
</tr>
<tr>
<td>Burmese</td>
<td>3</td>
<td>0.6%</td>
</tr>
<tr>
<td>Cantonese</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>Chinese</td>
<td>3</td>
<td>0.6%</td>
</tr>
<tr>
<td>Dari</td>
<td>4</td>
<td>0.8%</td>
</tr>
<tr>
<td>Farsi</td>
<td>2</td>
<td>0.4%</td>
</tr>
<tr>
<td>Filipino</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>French</td>
<td>20</td>
<td>4.0%</td>
</tr>
<tr>
<td>German</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>Georgian</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>Greek</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>Haitian Creole</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>Igbo</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>Karen (Karenic)</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>Kinyarwanda</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>Korean</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>Kurdish</td>
<td>9</td>
<td>1.8%</td>
</tr>
<tr>
<td>Lingala</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>Mandé</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>Marshallese</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>Micronesian</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>Napali</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>Pingelapese</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>Pohnpeian</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>Russian</td>
<td>8</td>
<td>1.6%</td>
</tr>
<tr>
<td>Somali</td>
<td>12</td>
<td>2.4%</td>
</tr>
<tr>
<td>Spanish</td>
<td>318</td>
<td>64.1%</td>
</tr>
<tr>
<td>Swahili</td>
<td>5</td>
<td>1.0%</td>
</tr>
<tr>
<td>Tagalog</td>
<td>5</td>
<td>1.0%</td>
</tr>
<tr>
<td>Telugu</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>Thai</td>
<td>2</td>
<td>0.4%</td>
</tr>
<tr>
<td>Turkish</td>
<td>2</td>
<td>0.4%</td>
</tr>
<tr>
<td>Ukrainian</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>9</td>
<td>1.8%</td>
</tr>
<tr>
<td>Yoruba</td>
<td>1</td>
<td>0.2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>496</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
More than four out of five respondents who did not speak English as a first language reported they “Never” needed an interpreter when they came into the office. For those who reported that they “Sometimes” needed an interpreter: 4.2% reported one was “Never” available, 29.0% reported one was “Sometimes” available, and 65.3% reported one was “Always” available, while 1.5% of responses were unknown. For those who reported they “Always” needed an interpreter: 6.2% reported that one was “Never” available, 17.1% reported that one was “Sometimes” available, and 73.1% reported that one was “Always” available, while 3.6% of responses were unknown. Comparing these responses with those for first languages indicates that 17.7% of clients whose first language was not English may be better served by ensuring the availability of an interpreter.
Education Preferences

Table 3: Nutrition Education Preference

<table>
<thead>
<tr>
<th>Education Method</th>
<th>Responses</th>
<th>Response Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>ON-SITE EDUCATION TOTAL</td>
<td>3,027</td>
<td>49.1%</td>
</tr>
<tr>
<td>Talk to a nutritionist at the WIC clinic</td>
<td>2,087</td>
<td>55.3%</td>
</tr>
<tr>
<td>Attend a nutrition class at the WIC clinic</td>
<td>601</td>
<td>15.9%</td>
</tr>
<tr>
<td>Complete an internet-based WIC lesson at the WIC clinic</td>
<td>339</td>
<td>9.0%</td>
</tr>
<tr>
<td>AT-HOME EDUCATION TOTAL</td>
<td>3,137</td>
<td>50.9%</td>
</tr>
<tr>
<td>Receive a packet of information to read and take a quiz</td>
<td>1,444</td>
<td>38.2%</td>
</tr>
<tr>
<td>Complete an internet-based WIC lesson at home</td>
<td>1,089</td>
<td>28.8%</td>
</tr>
<tr>
<td>Check out nutrition books, videos, or CDs and take a quiz</td>
<td>604</td>
<td>16.0%</td>
</tr>
<tr>
<td>ALL RESPONSES TOTAL</td>
<td>6,164</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

The majority of clients indicated that they would prefer to receive information about nutrition by talking to a nutritionist at the WIC clinic (55.3%). The second most popular option was to receive a packet of information to take home followed by a short quiz (38.2%), and the third most selected method was to complete an internet-based WIC nutrition education lesson at home or using a phone (28.8%). Overall, clients slightly preferred learning at home (50.9%) rather than at the clinic (49.1%), but preferences for the method of at-home education are more varied than preferences for in-clinic education.
Clinic Experiences

7. Does your clinic have enough privacy for you to feel comfortable answering personal questions?
   - Always
   - Sometimes
   - Never

Slightly more than 90% of respondents reported that they felt their clinic “Always” has enough privacy for them to feel comfortable answering personal questions. Of those who reported there was “Never” enough privacy, 85.2% took the English survey, 11.1% took the Spanish survey, and 3.7% took the French survey.

Figure 5. Sufficient Clinic Privacy
The majority (63.2%) of clients reported experiencing wait times of less than 15 minutes, and 96.6% waited for 30 minutes or less. Clients in urban areas are more likely to report high wait times: 92.3% of those who reported wait times of an hour or more, and 93.1% of those who reported a wait time of 30-60 minutes were at urban clinics.

**Figure 6. Clinic Wait Times**
9. When you have questions, do you feel comfortable asking the WIC staff?
☐ Always
☐ Sometimes
☐ Never
☐ I haven’t needed to ask any questions

**Figure 7. Comfortable Asking Questions**

- Always: 87.1%
- Sometimes: 9.0%
- Never: 0.8%
- Haven’t needed to ask: 3.1%
More than one in three clients never missed an appointment. Overall, the most common reason given for missing an appointment was due to a change in the client’s schedule (31.7%), followed by forgetting the appointment (28.6%). Clients who never missed an appointment were from urban areas 85.2% of the time, which suggests that it may be slightly easier for clients in urban areas to keep appointments than their counterparts in rural areas. This would be an area for further investigation. The difference between rural and urban clients regarding those who reported that the WIC clinic hours did not work for them was not statistically significant. More than 70% of clients who missed an appointment for any other reason (lacked transportation, couldn’t leave work, illness) were from urban areas.
Nearly 95% of clients reported that it was “Easy” or “Very Easy” to get to their WIC clinic. The majority of clients drove themselves to the WIC clinic (78.9%), or were driven to the WIC clinic by friends or family (17.8%). More than half (53.1%) of those who were able to drive themselves reported that they found it “Very Easy” to get to their clinic, while 0.14% of those who found their clinic “Very Difficult” to reach drove themselves. Of those whose friends or family members drove them, 36.7% found their clinic “Very Easy” to get to while 0.8% found it “Very Difficult.” Half of those who walked or used a bicycle reported their clinic was “Very Easy” to get to, while 3.4% reported it was “Very Difficult.” Of the 0.3% who reported that it was “Very Difficult” to get to their clinic, 40.0% drove, 50.0% relied on friends and family, and 10.0% walked or rode a bike.

**Figure 9. Clinic Ease of Access**
Figure 10. Transportation to Clinic
Most of the clients reported “Always” feeling that WIC clinic staff were supportive and positive. However, 0.5% of clients reported they “Never” felt this way. Of those who reported wait times greater than 30 minutes, 97.7% of clients reported having a positive experience at their clinic.

Figure 11. Positive Experience at Clinic
The majority (91.0%) of clients reported that they “Never” felt the WIC clinic staff were judgmental or thought negatively of them. However, 3.4% reported “Always” feeling this way. Of those who reported having a wait time greater than 30 minutes, 22.5% reported having a negative experience at least “Sometimes.”
Clients did indicate some confusion regarding this question, as they seemed to think this referred to a WIC-brand store, rather than a store which accepts WIC checks. As such, it should be noted that use of this data is limited. However, 87.2% did report that the staff was “Always” helpful. This question will be updated if used in future surveys to ensure that data collection is more accurate.

Figure 13. Helpful Staff

15. The staff at the WIC store or pharmacy are helpful.
- Always
- Sometimes
- Never
Food Security and Use of WIC Funds

16. The store where I shop has the WIC foods and formula listed on my check.
   □ Always
   □ Sometimes
   □ Never

While 75.4% of respondents reported that the store they use “Always” has enough of the foods and formula listed, this would be considered an area for improvement using the 15% threshold. Of those who reported that the staff was “Never” helpful, 21.4% reported that their store “Never” had their food or formula and 38.1% reported that their store “Sometimes” did.

Figure 14. Store Supplies
17. What portion of food do you redeem from your WIC check(s) each month?

- ☐ I purchase all the food items listed on the WIC checks each month.
- ☐ I purchase most of the food items listed on the WIC checks each month.
- ☐ I purchase half of the food items listed on the WIC checks each month.
- ☐ I purchase less than half of the food items listed on the WIC checks each month.
- ☐ I do not purchase any of the food items listed on the WIC checks each month.

<table>
<thead>
<tr>
<th>Table 4: Portion of WIC Funds Redeemed</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>I purchase all the food items</td>
<td>2,452</td>
<td>65.0%</td>
</tr>
<tr>
<td>I purchase most of the food items</td>
<td>903</td>
<td>23.9%</td>
</tr>
<tr>
<td>I purchase half of the food items</td>
<td>78</td>
<td>2.1%</td>
</tr>
<tr>
<td>I purchase less than half of the food items</td>
<td>17</td>
<td>0.5%</td>
</tr>
<tr>
<td>I do not purchase any of the food items</td>
<td>20</td>
<td>0.5%</td>
</tr>
<tr>
<td>No response</td>
<td>301</td>
<td>8.0%</td>
</tr>
<tr>
<td>Total</td>
<td>3,771</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

The majority of people (88.9%) purchased all or most of the food items listed on the WIC checks each month. While this worked for the majority, with 35.0% of respondents indicating they did not purchase all of the food items listed, this would be considered an area for improvement. Of those who reported they purchased all of their food items each month, 77.6% reported the store “Always” had supplies, and 20.2% reported the store “Sometimes” had their supplies.
The majority of respondents who reported why they did not purchase all their WIC food items said it was because the benefits expired before they were able to use them (45.6%). The second most common reason given was that they did not need all of the food for which they received checks (22.7%). For those who reported they had difficulty getting to the store, 15.3% also reported it was “Difficult” to get to their WIC clinic and 1.0% reported it was “Very Difficult.” Sixty percent of those who reported trouble getting to the store drove themselves while 27.0% were reliant upon friends and family.

<table>
<thead>
<tr>
<th>Reason for Not Purchasing</th>
<th>Yes</th>
<th>Response Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>The benefits expire before I can use them</td>
<td>658</td>
<td>45.6%</td>
</tr>
<tr>
<td>We don’t need all of the food we get on WIC</td>
<td>328</td>
<td>22.7%</td>
</tr>
<tr>
<td>Getting to the store is a problem for me</td>
<td>196</td>
<td>13.6%</td>
</tr>
<tr>
<td>My checks were lost or stolen</td>
<td>191</td>
<td>13.2%</td>
</tr>
<tr>
<td>There are too many checks to use</td>
<td>70</td>
<td>4.9%</td>
</tr>
<tr>
<td>Response Total</td>
<td>1,443</td>
<td>100%</td>
</tr>
</tbody>
</table>
Fewer than half of respondents reported that they “Never” were concerned about being able to buy enough food. As such, this is an area for improvement. Particularly of note is that more than one in ten reported they were “Always” worried about having enough food. Urban clients were most likely to report they were “Sometimes” concerned about food (41.7%). Rural clients were most likely to report they were “Never” concerned about food (48.9%). Of those who purchase all the food items listed on the WIC checks each month, 43.2% reported “Never” being concerned that they won’t be able to buy enough food, while 10.3% reported “Always” being concerned about being able to buy enough food. Meanwhile, 43.6% who reported purchasing half of the food items listed also reported “Never” being concerned about having enough food, compared with 9% who reported “Always” being concerned about having enough food. One in four of those who reported they do not purchase any of the food items listed on the WIC checks also reported they were “Never” concerned that they wouldn’t be able to buy enough food. However, 15% of those who reported they do not purchase any of the food items listed on their WIC checks reported “Always” being concerned about having enough food.

Those who reported they had difficulty getting to the store reported being concerned about food at least “Sometimes” 57.6% of the time. Compared to women (8.9%), male caregivers were more likely to report “Always” being concerned about food (9.6%). Regarding English proficiency, there was greater concern about food among those who reported “Always” needing an interpreter (18.1%) than those who reported “Never” needing an interpreter (7.8%). Those who reported that their store “Never” had the food on their WIC checks were more likely to report being concerned about food (13.6%) than those who reported the store “Always” had their food (9.2%).

**Figure 15.** Concerned About Food
**WIC requirements**

20. Scheduling WIC appointments is easy for me.
- [ ] Always
- [ ] Sometimes
- [ ] Never

**Figure 16. Ease of Scheduling Appointments**

The majority of clients “Always” found it easy to schedule WIC appointments (86.2%). Of those who reported that they never missed an appointment, 83.5% reported that it was “Always” easy to schedule one and 7.2% reported that it was “Sometimes” easy. WIC participants who “Always” needed an interpreter “Always” found it easy to schedule an appointment 74.6% of the time while 5.2% found it easy “Sometimes.”
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
☐ Other: ___________________________

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>Response Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>None of the requirements are hard for me</td>
<td>2,304</td>
<td>51.3%</td>
</tr>
<tr>
<td>Keeping appointments</td>
<td>517</td>
<td>11.5%</td>
</tr>
<tr>
<td>Bringing in my children</td>
<td>507</td>
<td>11.3%</td>
</tr>
<tr>
<td>Attending nutrition education sessions</td>
<td>504</td>
<td>11.2%</td>
</tr>
<tr>
<td>Bringing in proof of income, identity, and residency</td>
<td>283</td>
<td>6.3%</td>
</tr>
<tr>
<td>Getting height, weight, and blood samples</td>
<td>216</td>
<td>4.8%</td>
</tr>
<tr>
<td>Completing forms</td>
<td>158</td>
<td>3.5%</td>
</tr>
<tr>
<td><strong>Response Total</strong></td>
<td>4,489</td>
<td>100%</td>
</tr>
</tbody>
</table>

While 51.3% of the total responses indicated none of the WIC requirements were hard, 61% of the respondents checked the box for “none of the requirements are hard for me.” Three options were chosen by 8.5% of respondents, 90.6% of respondents chose fewer than three options, and 0.9% chose more than three options. As more than 15% reported difficulty with the requirements, this could be an area in which services, requirements, or client experiences could be improved.
The largest single change made was an increase in eating fruits and vegetables (60%), followed by eating more iron-rich foods (25.2%) and eating fewer high fat foods (20.5%). Sixty-eight percent of respondents made a change to their diets. Meanwhile, 18.5% of respondents reported making a change to their physical activity and 29.7% of respondents made a health change in another area. Rural respondents (75.6%) were more likely to make a change to their diet than urban respondents (66.2%). They were also more likely to make a change to their physical activity (22.4% compared to 17.5%) and other health activities (37.5% compared to 27.8%) than their urban counterparts.

Urban clients made up the majority of people who reported not making any changes (86.4%). Of those who reported they were “Always” concerned about buying food, 20.4% reported making no change. Of those who reported “Always” feeling comfortable asking questions at WIC, 12.3% reported not making a change. More than one in four of those who reported “Never” having a positive experience also reported making no change; while 10.3% of those who reported “Always” having a negative experience reported making no change. Fourteen percent of those who reported purchasing all of the food items on their WIC checks each month also reported no changes were made. Meanwhile, 16.5% of those who reported that none of the WIC requirements were hard for them reported that they made no changes.

<table>
<thead>
<tr>
<th>Table 7: Household Changes</th>
<th>Yes</th>
<th>Response Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eat more fruits and vegetables</td>
<td>2,264</td>
<td>25.2%</td>
</tr>
<tr>
<td>Drink less sodas and sweetened drinks</td>
<td>1,130</td>
<td>12.6%</td>
</tr>
<tr>
<td>Eat more iron-rich foods</td>
<td>951</td>
<td>10.6%</td>
</tr>
<tr>
<td>Eat fewer high fat foods</td>
<td>773</td>
<td>8.6%</td>
</tr>
<tr>
<td>Spend more time eating as a family at the table</td>
<td>657</td>
<td>7.3%</td>
</tr>
<tr>
<td>Do more physical activities</td>
<td>602</td>
<td>6.7%</td>
</tr>
<tr>
<td>No changes were made</td>
<td>498</td>
<td>5.5%</td>
</tr>
<tr>
<td>Breastfed my baby longer</td>
<td>449</td>
<td>5.0%</td>
</tr>
<tr>
<td>No changes were needed</td>
<td>431</td>
<td>4.8%</td>
</tr>
<tr>
<td>Eat less super-sized portions</td>
<td>422</td>
<td>4.7%</td>
</tr>
<tr>
<td>Watch less TV and play fewer video games</td>
<td>338</td>
<td>3.8%</td>
</tr>
<tr>
<td>Decreased or quit smoking</td>
<td>309</td>
<td>3.4%</td>
</tr>
<tr>
<td>Got my children’s shots</td>
<td>172</td>
<td>1.9%</td>
</tr>
<tr>
<td>Response Total</td>
<td>8,996</td>
<td>100%</td>
</tr>
</tbody>
</table>
WIC Clinic Services

23. Which WIC services assisted you with breastfeeding? (Check all that apply)
   - [ ] WIC breastfeeding class
   - [ ] WIC breastfeeding support group
   - [ ] Direct breastfeeding support from WIC
   - [ ] 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 _______________________

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>Response Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>I did not need any breastfeeding services from WIC</td>
<td>1,411</td>
<td>33.4%</td>
</tr>
<tr>
<td>Extra food for breastfeeding moms and infants</td>
<td>683</td>
<td>16.2%</td>
</tr>
<tr>
<td>WIC breastfeeding class</td>
<td>641</td>
<td>15.2%</td>
</tr>
<tr>
<td>Direct breastfeeding support from WIC</td>
<td>572</td>
<td>13.5%</td>
</tr>
<tr>
<td>Receiving a breast pump</td>
<td>528</td>
<td>12.5%</td>
</tr>
<tr>
<td>WIC breastfeeding support group</td>
<td>207</td>
<td>4.9%</td>
</tr>
<tr>
<td>After-hours phone support</td>
<td>184</td>
<td>4.4%</td>
</tr>
<tr>
<td>Response Total</td>
<td>4,226</td>
<td>100%</td>
</tr>
</tbody>
</table>

Roughly one in three responses indicated not needing any services. Extra food (16.2%) and a breastfeeding class (15.2%) were the most indicated assistance received, followed by direct breastfeeding support (13.5%) and receiving a breast pump (12.5%). After-hours phone support was the least likely to be used (4.4%), which could be a limitation of availability.
Respondents chose three options 35.9% of the time, 56.2% of respondents chose fewer than three options, and 7.9% of respondents chose more than three options. “Information on healthy eating and lifestyle choices,” “checks for healthy foods,” and “checks for infant formula” was the most common combination of three, with 16.3% of respondents. The most commonly selected single response was “checks for healthy foods” with 25.3% of total responses.

<table>
<thead>
<tr>
<th>Table 9: Preferred Program Services</th>
<th>Yes</th>
<th>Response Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checks for healthy foods</td>
<td>2,468</td>
<td>25.3%</td>
</tr>
<tr>
<td>Information on healthy eating and lifestyle choices</td>
<td>1,997</td>
<td>20.5%</td>
</tr>
<tr>
<td>Checks for infant formula</td>
<td>1,802</td>
<td>18.5%</td>
</tr>
<tr>
<td>Breastfeeding support</td>
<td>841</td>
<td>8.6%</td>
</tr>
<tr>
<td>Developmental milestones screening</td>
<td>830</td>
<td>8.5%</td>
</tr>
<tr>
<td>Availability of breast pumps</td>
<td>547</td>
<td>5.6%</td>
</tr>
<tr>
<td>Immunization screening</td>
<td>495</td>
<td>5.1%</td>
</tr>
<tr>
<td>Referrals to health and social service programs</td>
<td>451</td>
<td>4.6%</td>
</tr>
<tr>
<td>Nutrition or breastfeeding classes</td>
<td>319</td>
<td>3.3%</td>
</tr>
<tr>
<td>Response Total</td>
<td>9,750</td>
<td>100%</td>
</tr>
</tbody>
</table>
25. How would you rate the services you receive from the WIC program?

- Excellent
- Good
- Fair
- Poor

Overall satisfaction with the Missouri WIC program is good, with 98.7% of respondents rating the services they receive as “Good” or “Excellent.” Seventy-seven percent of those who reported “Always” having a positive experience at their clinic rated the services they received as “Excellent.” Three out of four of those who reported they were “Always” concerned about having enough food rated the services they received from WIC as “Excellent.” Finally, 79.3% of those who reported making no change rated the services they received as “Excellent.”
Conclusions and Recommendations

Overall, this survey indicates that participants in FY 2018 were very satisfied with the WIC program, as they have been in past years. In fact, the tendency to be more satisfied than in previous years continued, indicating that progress has been made. However, improvements are recommended if 15% or more of the responses chose less positive responses.

- WIC Vendors: The reliable availability of WIC items should be further examined. Although the majority of respondents (75.4%) reported that they were “Always” able to find the foods and formula listed on their check where they shop, this was not the case for nearly one-fourth of the respondents.

- Representation: WIC staff do well at ensuring their clients are presented with a supportive and positive worker. Just over ninety-two percent of clients reported “Always” feeling this way. This is aided by the report that 91.0% of respondents “Never” felt that staff at the WIC clinic were judgmental or viewed them negatively. While not considered an area for improvement, it should be noted that a greater proportion reported negative experiences with regard to clinic staff being judgmental or thinking negatively than reported negative experiences when asked if the staff were supportive and positive. This may indicate the need for a change in the survey format or structure.

- Resource Quantity: With 45.6% of responses indicating that the benefits expire before they can use them, and 22.7% reporting that they do not need all of the food they get on WIC, this is an area for improvement. Of those who reported that they were “Always” concerned about having enough food, 73.8% reported purchasing all the food items listed on the WIC checks each month. For those who purchased all the food items, 43.2% reported “Never” being concerned about buying enough food and 41.8% reported “Sometimes” being concerned. As such, the distribution amount and method may benefit from adjustments.

- Reliable Transportation: The majority of clients did indicate that they do have reliable transportation. However, those who were unable to drive themselves often reported lower scores on other measures, such as ease of access and getting to the store. This area may warrant further investigation to determine solutions that are workable and would be beneficial to WIC clients.
References Cited

Appendices
Appendix A. Missouri WIC FY 2018 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 or guardian of an infant less than 1 year of age on WIC
   □ Parent 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 6)
   □ No, my first language is ___________________

4. How often do you need an interpreter when you come to the WIC office?
   □ Always
   □ Sometimes
   □ Never (Please skip to question 6)

5. When you need an interpreter, how often is one available at the WIC clinic?
   □ Always
   □ Sometimes
   □ Never

6. 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, or CDs to use and complete a short quiz at home
   □ Receive a 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

7. Does your clinic have enough privacy for you to feel comfortable answering personal questions?
   □ Always
   □ Sometimes
   □ Never

8. 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
9. When you have questions, do you feel comfortable asking the WIC staff?
   - Always
   - Sometimes
   - Never
   - I haven’t needed to ask any questions

10. If you or your proxy has ever missed an appointment, why did you miss it? (Check all that apply)
    - Never missed an appointment
    - Change in my schedule
    - Forgot the appointment
    - Did not have transportation to WIC clinic
    - Could not take time off work
    - WIC clinic hours don’t work for me
    - Illness
    - Other: ________________________________

11. How difficult is it for you to get to the WIC clinic?
    - Very easy
    - Easy
    - Difficult
    - Very difficult

12. How do you usually get to the WIC clinic?
    - Drive myself
    - A friend or family member drives me
    - Walk or ride bike
    - Public transit (bus, OATS, etc.)
    - Taxi or Uber
    - Other: ________________________________

13. I feel like the staff at the WIC clinic are supportive and positive.
    - Always
    - Sometimes
    - Never

14. I feel like the staff at the WIC clinic are judgmental or think negatively of me.
    - Always
    - Sometimes
    - Never

15. The staff 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. What portion of food do you redeem from your WIC check(s) each month?
- I purchase all the food items listed on the WIC checks each month.
- I purchase most of the food items listed on the WIC checks each month.
- I purchase half of the food items listed on the WIC checks each month.
- I purchase less than half of the food items listed on the WIC checks each month.
- I do not purchase any of the food items listed on the WIC checks each month.

18. If you don’t purchase all your WIC food items, why not? (Check all that apply)
- The benefits expire before I can use them.
- 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.
- There are too many checks to use.
- Other: ________________________________

19. How often are you concerned that you won’t be able to buy enough food to feed your family?
- Always
- Sometimes
- Never

20. Scheduling WIC appointments is easy for me.
- Always
- Sometimes
- Never

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
- Other: ________________________________

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 or quit smoking
- Watch less TV and play fewer video games
- Do more physical activities
- Spend more time eating as a family at the table
- 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
   - Direct breastfeeding support from WIC
   - 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. 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
   - Developmental milestones screening
   - Nutrition or breastfeeding classes
   - Referrals to health and social service programs
   - Other: ________________________

25. How would you rate the services you receive from the WIC program?
   - Excellent
   - Good
   - Fair
   - Poor
**Appendix B: List of Participating WIC Local Agencies**

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adair County</td>
<td>191</td>
<td>5.1%</td>
</tr>
<tr>
<td>Cole County</td>
<td>231</td>
<td>6.1%</td>
</tr>
<tr>
<td>Daviess County</td>
<td>63</td>
<td>1.7%</td>
</tr>
<tr>
<td>Springfield-Greene County</td>
<td>1,027</td>
<td>27.2%</td>
</tr>
<tr>
<td>McDonald County</td>
<td>163</td>
<td>4.3%</td>
</tr>
<tr>
<td>Macon County</td>
<td>112</td>
<td>3.0%</td>
</tr>
<tr>
<td>Mississippi County</td>
<td>88</td>
<td>2.3%</td>
</tr>
<tr>
<td>People’s Health</td>
<td>496</td>
<td>13.1%</td>
</tr>
<tr>
<td>Pemiscot County</td>
<td>63</td>
<td>1.7%</td>
</tr>
<tr>
<td>Phelps County</td>
<td>47</td>
<td>1.2%</td>
</tr>
<tr>
<td>Ralls County</td>
<td>11</td>
<td>0.3%</td>
</tr>
<tr>
<td>Samuel Rodgers</td>
<td>483</td>
<td>12.8%</td>
</tr>
<tr>
<td>City of Saint Joseph</td>
<td>176</td>
<td>4.7%</td>
</tr>
<tr>
<td>Saint Louis County</td>
<td>626</td>
<td>16.6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3,777</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>