

Acceptability, Preference, and No-Show Rates for In-Person and Phone-Based Consultations at Nine WIC Centers in New York City Before and During COVID-19

Healthy Eating
Research

Research Brief, July 2021

Key Findings

- Waiving the in-person requirement for most appointments supports participation in the WIC program: the “no-show” rate was reduced by 45%.
- Participants reported that they receive high-quality consultations over the phone.
- Only 1-in-8 participants would prefer to return to in-person visits when the pandemic is over.

Introduction

The United States Department of Agriculture (USDA) Special Supplemental Nutrition Program for Women, Infants, and Children, more commonly known as WIC, provides financial assistance, breastfeeding support, and nutrition education to millions of pregnant and postpartum women, infants, and young children (up to age 5) across the United States. The program’s positive impacts on health and well-being are well documented, including improved birth outcomes, dietary intake, academic achievements, and access to healthcare among program participants.

Access to WIC benefits typically requires an in-person visit to a WIC center, however this became a challenge during the COVID-19 pandemic due to recommendations for social distancing to minimize and prevent the spread of the virus. Children living in households with low incomes particularly benefit from social safety net programs that help alleviate economic instability, and enrollment in WIC has consistently been found to increase in times of crisis. As a result, USDA granted New York State’s WIC request for a physical presence waiver in March 2020. This removed the in-person requirement for all visits except first time enrollment visits and enabled WIC employees to contact participants by phone to renew benefits and provide nutrition consultations virtually, thus reducing the risk of exposure in WIC offices and public transport.

In addition to reducing the risk of exposure to COVID-19, accessing services remotely eliminates logistical challenges associated with an in-person visit, such as factoring in transportation and waiting time, or managing siblings’ needs and schedules during the visits, which may reduce the likelihood of missed appointments. Multiple missed appointments will



About WIC Certification

To be eligible for WIC, an individual must meet the following requirements:ⁱ

- **Categorical:** Women (pregnant, postpartum, or breastfeeding), infants (up to 1st birthday), and children (up to 5th birthday).
- **Residential:** Must live in the state in which they apply.
- **Income:** Must have an income at or below an income level or standard set by the state agency or be determined automatically income eligible based on participation in certain programs.
- **Nutrition Risk:** Must have a medical-based or dietary-based condition as determined by a health professional, such as anemia, underweight, or poor diet.

Each individual must be certified (using above eligibility requirements) during an in-person WIC clinic visit in order to receive the food package, nutrition education and counseling, and screening and referral benefits. The certification period (length of time a participant is eligible to receive benefits) may last for six months to one year. After the certification period ends, the individual must reapply and attend another in-person WIC clinic visit to renew benefits.ⁱⁱ In response to the COVID-19 pandemic, waivers provided by USDA have allowed benefits to be renewed via phone, rather than in person.

i <https://www.fns.usda.gov/wic/wic-eligibility-requirements>

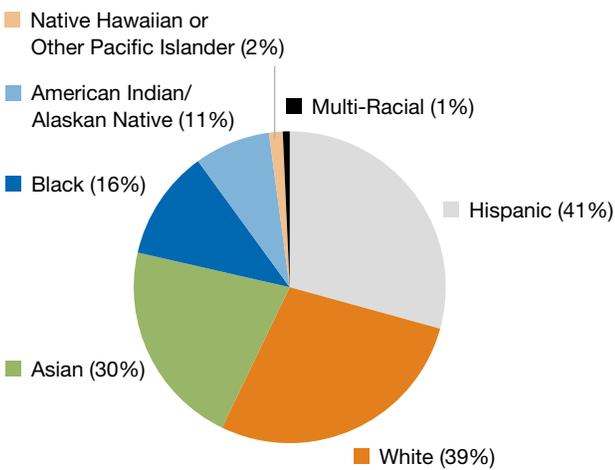
ii <https://www.fns.usda.gov/wic/who-gets-wic-and-how-apply>

eventually result in suspension, depriving the family of WIC benefits. This brief presents findings from a rapid-response study examining patient satisfaction and preferences with regard to virtual WIC visits in New York City (NYC) during the period from July 2020 to October 2020. The study aimed to weigh the pros and cons of phone visits by examining missed appointments, acceptability, and preferences.

Methods

Public Health Solutions (PHS) is the largest provider of community-based WIC services in New York State, with nine centers across three boroughs—Queens, Brooklyn, and the Bronx—serving nearly 30,000 participants in New York City, with a great diversity in terms of language, race, and ethnicity (Table 1). The authors compared the percentage of participants that missed their appointment (“no-show rate”) in the three months prior to the onset of the COVID-19 pandemic, from November 1, 2019, to January 31, 2020 (when in-person visits were required), with the first three months during which in-person visit requirements were waived, from April 1 to June 30, 2020. In addition, data from a satisfaction survey (Appendix A) conducted via text message in July 2020 and from a visit preference survey (Appendix B) conducted via text message in September 2020, were analyzed as part of this project. Both surveys were sent to 25,223 participants enrolled in WIC during this time.

Table 1.
Race/Ethnicity of Participants Served (2020)



Findings

Decline in Missed Appointments

The average rate of missed appointments, or “no-show rate,” decreased dramatically when comparing the time period pre-pandemic and during the pandemic. Between November 1, 2019, and January 31, 2020, the average no-show rate was 13.3% out of a total caseload of 28,644 participants. Between April 1 and June 30, 2020, the average no-show rate was 7.3% out of a total caseload of 26,909 participants. The slight decline in participants is unlikely to be explained by the fact that people who tended to miss appointments left the program altogether, since PHS WIC centers did not observe participants requesting to be removed from the program, and the WIC program’s rules that would lead participants to lose their certifications (like too many missed appointments) were eased. Instead, it is important to remember that many families participating in PHS’s WIC programs are not documented. Even though WIC was ultimately not counted as a benefit contributing to “public charge” (which impacts the possibility to become permanent residents), changes in public charge rules in the past few years created a powerful disincentive to participate for some families. This may explain in part why there was no increase in WIC participation despite job and income losses among New Yorkers with low incomes.

Data from these two timepoints were compared with that from previous years to determine whether the decrease might, at least in part, be due to seasonal effects (e.g., a higher level of missed appointments over the November to January period due to holidays or cold weather). However, the data from previous years indicates that the no-show rate was very stable over time, at around 13.5%, with no discernable seasonal trends. These findings indicate the decline in missed appointments observed during the pandemic could plausibly be attributable to the allowance of virtual visits.

Phone Appointments Were Highly Rated

Acceptability of phone consultation was high, as suggested by a high level of satisfaction among the participants who participated in the text survey in July 2020. A total of 1,161 participants responded using one of nine languages available (4.6% response rate). Of those, 113 respondents had an in-person appointment and 1,048 had a phone appointment. The share of participants who rated the quality of services as good or excellent when they received a phone appointment was 88%, compared to 73% for those who had in-person visits. Furthermore, 50% of participants who had their last visit by phone rated the experience as “excellent” compared to 33% of those who had their last visit in-person. These findings should be interpreted carefully due to the low response rate, which makes it difficult to generalize the findings to all PHS WIC participants.

Participants Preferred Virtual Visits

Finally, nearly three-quarters of participants surveyed in September stated that they prefer or strongly prefer virtual visits conducted over the phone to in-person visits and said they would like to have the option to continue virtual visits after the pandemic is over. Other respondents were neutral (15%) or preferred visits in-person at the WIC center (12%). The survey included 1,971 participants responding, for a completion rate of 7.8%. As mentioned above, these findings should be interpreted with caution given the low response rate.

Conclusions

This study suggests that waiving the in-person visit requirements during COVID-19 appears to be linked with a considerable reduction in no-show rates without negatively impacting the participant experience or self-reported quality of services. This means that more participants were able to receive services, and WIC participants and personnel were able to simultaneously adhere to social distancing recommendations, while WIC personnel also stayed safe, at the time when the virus was widely spreading in New York City. Additionally, in a small telephone survey sample, most respondents would prefer to have the opportunity to continue receiving services over the phone, suggesting that there are logistics benefits above and beyond safety concerns.

Limitations

A main limitation of this study is the low participation rates in both surveys and the fact that respondents may not represent the wider WIC audience in NYC. Another limitation of this study is its inability to capture the experience of participants with limited access to phones. Even though PHS WIC centers still accommodated walk-in participants when it was safe to do so, reduced hours and an emphasis on phone appointments may be serious barriers for families experiencing homelessness or housing instability, without regular access to a phone. Finally, it is possible that a reduction in missed appointments was partially explained by the fact that as the pandemic caused job losses and increased food insecurity, WIC benefits became even more critical, thus making participants less likely to miss a meeting. It is worth noting that 12% of respondents said that they would rather meet in the WIC office than have a virtual visit. This finding indicates the importance of maintaining the ability to offer services in-person in the community and the need to assess the effectiveness of phone-based nutrition counselling when conducted for a prolonged time.

Policy Recommendations

The COVID-19 pandemic persisted well into 2021, and even though many restrictions of gathering have been lifted in New York State, the disparities in vaccination rates means that COVID-19 will continue to impact the way people access services. Initial observations regarding participation from the first few months of implementing the in-person requirement waiver can guide future WIC operations. Specifically, these study findings support the following recommendations for WIC operations. WIC providers should be able to:

- Determine visit types that can be permanently offered as phone-based visits to reduce missed appointments, particularly for visits that are more administrative and do not include nutrition counselling.
- Continue to offer in-person onsite support for participants requiring or preferring this mechanism.

Future Research Needs

The COVID-19 pandemic forced the PHS WIC team to consider the way the WIC program can be delivered once in-person visitation requirements are lifted. In addition to the program operations and policy recommendations above, future research would help further inform the delivery of this essential component of the social safety net program, in particular:

- What were the trends in participation and no-show rates among the different type of WIC participants (pregnant women, postpartum women, infant, child) and can we better understand what drove higher participation rates?
- What were barriers and facilitators to accessing WIC among new families seeking enrollment for the first time?
- What are creative strategies to engage families who have limited phone access (such as kiosks, mobile WIC clinics, and services co-located in the community) and can WIC centers work hand-in-hand with other organizations focused on improving access to means of communication by providing devices, low-cost phone plans, and internet connections?
- What are the appropriate frequency and visit types that require consideration for in-person visits, such as lactation counselling? If families are willing to continue virtual visits, can we learn more about the effectiveness of these visits, distinguish between video calls and phone calls, and intensify staff training around managing counselling over the phone?

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Appendix A

Satisfaction Survey Results

Count of “How Would You Rate the Quality of Service You Received?”

	In-Person, Group Session (Sharing Time)	In-Person, Individual Session	Over the Phone
Excellent	9	28	525
Good	16	29	413
Average	3	8	56
Fair	7	9	40
Poor	3	1	14
TOTAL	38	75	1048

Appendix B

Visit Preference Survey Results

If it were safe to do so, I would prefer to have all my WIC visits in-person.

Row Labels	Number	Percent
1. Strongly Disagree	399	20%
2. Disagree	397	20%
3. Neutral	406	21%
4. Agree	536	27%
5. Strongly Agree	224	11%
(No response)	9	0%
Grand Total	1971	100%

I prefer virtual visits to in-person visits.

Row Labels	Number	Percent
1. Strongly Disagree	127	6%
2. Disagree	98	5%
3. Neutral	274	14%
4. Agree	791	40%
5. Strongly Agree	663	34%
(No response)	18	1%
Grand Total	1971	100%

I want to have the option to continue virtual visits after the pandemic is over.

Row Labels	Number	Percent
1. Strongly Disagree	95	5%
2. Disagree	141	7%
3. Neutral	288	15%
4. Agree	781	40%
5. Strongly Agree	636	32%
(No response)	30	2%
Grand Total	1971	100%

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About Healthy Eating Research

Healthy Eating Research (HER) is a national program of the Robert Wood Johnson Foundation. Technical assistance and direction are provided by Duke University under the direction of Mary Story PhD, RD, program director, and Megan Lott, MPH, RDN, deputy director. HER supports research to identify, analyze, and evaluate environmental and policy strategies that can promote healthy eating among children and prevent childhood obesity. Special emphasis is given to research projects that benefit children and adolescents and their families, especially among lower-income and racial and ethnic minority population groups that are at highest risk for poor health and well-being and nutrition related health disparities. For more information, visit www.healthyeatingresearch.org or follow HER on Twitter at [@HERResearch](https://twitter.com/HERResearch).

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