George, Amy R (HSS)
RE: WIC Update January 17, 2014

From: Wayne, Kathleen A (HSS)
Sent: Tuesday, January 21, 2014 12:23 PM
To: HSS DPA WIC Coordinators; Jones, Donna P (HSS); Welch, Scooter (HSS Sponsored); 'Kathy O'Gara'
Cc: HSS DPA WIC Juneau; HSS DPA WIC Anchorage; Olejasz, Aimee M (HSS); 'Danielle Rybicki'; Ng, Su Chuen (HSS)
Subject: WIC Update January 17

Hi All,

Sorry, I forgot to send this out last week. Hope everyone is doing well.

Take care,
Kathleen

The following was sent out early this week:

A new web site called "SPIRIT Utilities" has been created by Walker Computing: https://wicspiritprod1.dhss.alaska.gov/WICSPIRITPROD1/SpiritUtilities/. Not only does it house your Batch Issuance functions, but reports are posted there too!

Log in by using your SPIRIT system username and password. "Reports" and "Batch Issuance" each have a tab at the top of the page. Clicking on "Batch Issuance" will open the page you are familiar with for those functions. Clicking on "Reports" will open a list of reports. Only one is currently listed. You choose your agency from the "Enter Report Parameters" screen and you can view the results or download them to an excel sheet.

The first report posted is the Participants on Similac Sensitive. This is a dynamic report, which means that each time you run it you will be getting an updated report.
Very shortly we will be posting the Medicaid Outreach Report, also. Local agencies no longer need to access the Medicaid Outreach list through a Direct Secure Messaging (DSM).
This is the site to which we plan to post all agency reports.

Please begin using the new web site for Batch Issuance as well as the Similac Sensitive Report. Let the WIC SPIRIT Help Desk know if you have any questions or problems using the site.

SPIRIT Information:

Several agencies have requested the letters generated by SPIRIT to be reformatted, specifically changing how the letters are addressed to the client and not the authorized representative. Unfortunately, the state does not have the authority to make this modification in SPIRIT. We have requested this change to the SPIRIT State Users Group and we are hopeful this will be captured in a future SPIRIT release.

SPIRIT Tips and Reminders:

Remember that Date Breastfeeding Verified has to be updated to "Today" before checks can be printed.

SPIRIT Help Desk Info:

As always send all questions, issues and errors to the WIC SPIRIT Helpdesk at wicpsirithelpdesk@alaska.gov or phone them at 907-334-4900.

Important to know:

1. Incresing WIC Caseload—Study showed the root causes of participation barriers – the main categories of root causes were change in demographics, access to appointments, logistics, stigma, fear of government, food security, lack of WIC knowledge, poor experience, and staff.

   The team members used ranking/voting to identify the solution. The items were then ranked using a nominal voting procedure. The results were as

follows (in order of highest priority):

1. WIC hours vary and are not always from 8 a.m. to 5 p.m.
2. Taking new appointments (calls and walk-ins).
3. (tie) Bad reputation of WIC.
3. (tie) Change awareness that WIC is easy to obtain (versus food stamps).
4. (tie) Staff not “selling” WIC to clients.
4. (tie) Staff have unwilling attitudes.
5. Lack of WIC knowledge and services.
6. Change the attitude of clients who do not think they need WIC.

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JANUARY 2014

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a Friend

State Agency Research for Increasing Participation and Retaining Caseload

We know that WIC participation significantly improves participants’ diets, reduces anemia, helps prev and improves children’s cognitive development. However, despite the growing need for food assistar on by the recession, WIC participation has declined in recent years. Declining numbers of WIC client increase the number of negative health outcomes among low-income mothers and their families.

In this WARM*Regards* issue, we will look at some studies conducted by WIC agencies regarding bar

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ssionals dedicated to the use of automated reminder messaging.

w other professionals are using technology to increase participation and
ove the delivery of services. We report on new developments in
applications and federal, state and local issues. We report on real-world
garding appointment reminders, EBT benefits and other applications. We
actices and tips-of-the-trade, and report actual outcomes. A new issue will
be sent not more frequently than once-per-month.

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enrollment and successful methods used to improve participation and retention.

Increased Participation

Maricopa County Department of Public Health (MCDPH) conducted a quality improvement (QI) proje
attempt to improve the reach of the MCDPH WIC program. (https://www.phqix.org/content/we-influen
applying-pdsa-increase-reach-wic-within-maricopa-county-department)

A core team of WIC staff (including the program manager, regional managers, clinic supervisors, and
with a facilitator, used the Plan, Do, Study, Act (PDSA) framework to identify all the root causes of the
The aim of this project is to increase the Maricopa County WIC program monthly client caseload num
67,000 per month to 72,500 per month by the end of the 2013 fiscal year.

The project produced measurable QI results. The June 2013 caseload (68,711) is at its highest level
November 2012, and the July 2013 caseload should be even higher (estimated at 69,500). Program
numbers are expected to hit 70,000 clients in August 2013 and the QI target of 72,500 by the end of
year. How did they do it?

The process of client participation in the program was mapped based on both staff and client activity.
junctures were tracked and prioritized for impact. Solutions were generated and ranked. When large
client intake data were thought to be useful in this process, project funds allowed staff in the Office of
Epidemiology to analyze these data, resulting in the team easily identifying needed solutions. Further
collected through clinic supervisor interviews and outreach calls to program clients.

Root causes of participation barriers – the main categories of root causes were change in demograph
to appointments, logistics, stigma, fear of government, food security, lack of WIC knowledge, poor ex
and staff.

The team members used ranking/voting to identify the solution. The items were then ranked using a r
voting procedure. The results were as follows (in order of highest priority):

1. WIC hours vary and are not always from 8 a.m. to 5 p.m.
2. Taking new appointments (calls and walk-ins).
3. (tie) Bad reputation of WIC.
3. (tie) Change awareness that WIC is easy to obtain (versus food stamps).
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4. (tie) Staff have unwilling attitudes.
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6. Change the attitude of clients who do not think they need WIC.

The team chose one main strategy initiative, which was to implement changes to increase the numbe
clients to the clinics. The initiative was chosen after prioritizing bringing new clients into the system ra
sustain current ones.

To increase the number of walk-in clients to the clinics, the team relied on the data analysis of client i
flow provided by the Office of Epidemiology. Specifically, the team looked at the peak hours for appo
walk-ins and at the average number of walk-ins or appointments per clinic for January 2013. A secon
analyses was conducted for four clinics for an additional month – June 2013.

Findings included higher intake volume on Tuesdays through Thursdays, and the peak hours of clien
are 8 a.m., lunch time, and afternoon. The results were data-driven decisions to:

1. Change staff working hours to the hours the clinics were open, which would include staggerin
schedules and heavier staffing during lunch time (11 a.m.–1 p.m.) and on Mondays and Frida

2. Change the walk-in versus appointment ratio schedules in the clinic.
3. Change one clinic to a walk-in only system.

One lesson learned was that leveraging a little bit of funding for epidemiological data organization an contributed greatly and that programs should contact the Office of Epidemiology for help in creating r tracking sheets before an initiative so they can provide insight into the best ways to collect data for in analysis.

Next we move to a study conducted by Wilder Research on behalf of the Minnesota Department of H study is to help the program better understand the families who were not participating in WIC, how it possible to reach out to families who have not participated, and to understand the reasons why some participate for a shorter length of time. The study began in the fall of 2012 and concluded in early 201

As originally envisioned, this study was to target families who were eligible for the WIC program, yet participated in the program. However, due to difficulty in locating a sufficient number of families who participated, the study was expanded to include families who had participated in WIC at one time. Al participants were asked their awareness of, access to, and experience with WIC to determine:

- What are unmet needs, barriers to accessing WIC, or cultural issues for the target population
- Do specific barriers to participation exist, such as clinical environment, lack of access to servi insufficient knowledge of WIC including participation requirements, food delivery system issu other issues?
- How effective are currently available outreach materials used by the WIC program in Minnes
- How might messaging be improved to address barriers and increase participation?

The top three ways of hearing about WIC included word of mouth, having grown up with WIC, or thro community services, including hospitals, clinics, county programs, or other government programs.

Most key informants observed substantial confusion among the WIC-eligible population, especially re
issues of employment and whether participation in other government programs made you eligible or i
Misperceptions are reported as especially prevalent among immigrant groups.

Some recommendations to increase program awareness are:

- Clarify enrollment criteria and enrollment status – explore ways WIC can improve communica
criteria and enrollment status. Consider sending e-mail, text messages, or letters with the inte
letting people know their enrollment will be ending or they are no longer enrolled. (For informa
locating a vendor experienced with WIC communications, please visit http://usnlive.com/
- Consider additional ways to let participants know about the state-to-state WIC transition.
- Continue efforts to clarify and reframe the scope of WIC to eligible participants. Build awaren
particularly with non-English speaking participants, about how the WIC program provides rich
for breastfeeding and nutrition education.

About one-third reported staying in the program is somewhat more challenging. The most challenging
included appointment scheduling and processing information delivered during the appointments them
While many said the appointment scheduling experience was not an issue, some expressed problem
clinic flexibility for appointment scheduling. Information given during the appointments themselves wa
difficult for some clients, who felt the information they received was not information they wanted or co
their primary doctor's advice.

The grocery store experience was challenging for the majority of participants, due to problems finding
items and the longer checkout process when using WIC vouchers.

- Continue encouraging local agencies to offer a variety of scheduling options to meet various
including same-day scheduling, future appointment scheduling, lunchtime appointments, and
evening/weekend appointments.

- Address appointment-length scheduling issues to ensure adequate time for the appointments flexibility for late arrivals.
- As possible, allow time for WIC certifiers to review the record before meeting to reduce redun questions during WIC appointments.
- Streamline and coordinate appointments by using the same WIC nutrition provider for subsec increase continuity of care and relationship building with participants and families.
- Continue efforts to increase the capacity of culturally and linguistically diverse WIC staff to he eligible population access clinic services more easily. Build on efforts with special programs t culturally and linguistically specific providers.
- Work with grocery stores to continue improving grocery store staff training and grocery store of WIC-approved products.

Nearly all key informants cited language issues as a primary barrier. Some Latina families may think qualify because they are not citizens (or some family members are not citizens) and/or have fear ass government services. English-speaking study participants reported a positive perception of WIC prog materials. Non-native English speakers had a harder time understanding what the program is about b outreach materials alone.

Following are the most commonly suggested outreach medias and strategies from study participants

- Health care providers
- Hospitals and clinics
- Grocery stores
- Television
- Facebook

The following are suggestions from the Wilder Study Group:

1. Create a “Why I use WIC” campaign – attribute direct quotes (with permission) from WIC part why they use the WIC program.
2. Balance emphasis on “how to do things” in ads with “how to get things.”
3. Dispel myths about WIC eligibility
4. Since many former and current participants find out about WIC through word of mouth, the W could consider using this existing model to its advantage by giving appropriate incentives to p who “refer a friend” to the program.

The Food Research and Action Center (FRAC) provided some best-practices for expanding WIC out through advocacy partnerships in their Roadmap for Ending Hunger Expand WIC Outreach through A Partnerships.

According to FRAC, outreach is a key strategy for advocates seeking to ensure full participation in W Partnerships should be an integral part of all state and local WIC agency outreach plans, and are ess reversing the decline in WIC participation.

- Utahns Against Hunger’s WIC webpage (available in both English and Spanish) highlights W explains eligibility and includes a very clear income-eligibility table, lists the documents client bring to apply, and links to the state WIC agency’s online WIC clinic locator.
- Florida Impact WIC webpage is the USDA’s online WIC Prescreening tool. This easy-to-use t in English, Spanish, and Chinese) screens for WIC income and categorical requirements, and printable summary of the results and state-specific contact information.
- Illinois Hunger Coalition’s busy, statewide toll-free Hunger Hotline provides eligibility screenin referrals for WIC, along with other food programs.
- On Hunger Free Colorado’s toll-free Hunger Free Hotline, multilingual “Food Assistance Navi provide callers with detailed information about eligibility requirements and help prepare client and access federal nutrition programs, including WIC.

- Hunger Solutions New York manages the Nutrition Outreach and Education Program (NOEP free and confidential in-person services to connect hungry New Yorkers with nutrition assista programs, including WIC.

For more best-practices in expanding WIC outreach, visit:
http://www.frac.org/pdf/roadmap_wic_advocacy_partnerships.pdf

Another helpful tool is to utilize online access and trainings (such as WIC Works http://wicworks.nal.u free up staff time for improved customer service and increased appointments. Most clients indicated to online tools.

Caseload Retention

The Michigan WIC Program Maintenance Policy states: "To improve show rates, clinics should conta applicant/clients several days ahead of the appointment date and confirm the appointment the day be appointment date (if possible). Clients who miss appointments should be contacted and invited to res appointment. MI-WIC functions are available to automatically perform these contacts. As long as the designated "do not mail," and appointments are scheduled in MI-WIC, they will receive postcards and messages informing them of their upcoming or missed appointments. Clinics are also able to call clie advance of their appointments by activating the Autodialer function."
http://www.michigan.gov/documents/mdch/3.01_Processing_Timeframes_and_Appointment_Schd_3

Michigan State WIC has used the US Netcom/One Call Now Automated WIC Messaging Service sin service is web-based so that vital staff time is not tied up maintaining clinic-based, old-school autodia

Oregon State WIC switched from a clinic-based autodialer to the same US Netcom web service in 20 the first three months of service, after the transition, show rates increased statewide by

2%. http://usnlive.com/NWA_ANSWR_Poster.pdf

Knox County WIC conducted a three year study on no-show rates, and found that show rates improv when automated phone call reminders were implemented; but once text reminders were also include rate increased an additional 2%. The data and agency comments from this study are included in the issue of this newsletter at http://usnlive.com/WARMRegards_2013-03.pdf.

Clearly, there is evidence that reminding people of their upcoming appointments and rescheduling m appointments as soon as possible are proven methods to increasing show rates.

But WIC agencies may inaccurately think they only need to deliver automated messages by one med Some think phone calls are sufficient, while others believe that WIC moms wish to receive text messa exclusively. Years of data and evidence show that the best system is to deliver both phone and text r seamlessly from the same source.

A State WIC Agency using the WIC Messaging Service, which delivers both text and phone calls, had following breakdown in October of this year:

- 34,822 total connected calls.
- 57,640 total SMS text messages sent.

60% of WIC moms prefer to receive a text reminder, but 40% still want a phone call.

This data is consistent with all agencies using a multi-media service. Phone calls alone are not effect many WIC moms have pay-as-you-go phone plans with limited minutes but unlimited texts. Calls fail, often get through. However, those who prefer phone calls say their WIC reminders get lost with all th receive. Using a service which offers both methods seamlessly is an essential element to maximum s

Statistics also show that using a hosted web service messaging service vs a site-based autodialer pr increased delivery rate. This is because a web-based messaging service is not limited by the local ph and volume limitations of clinic autodialers. If there is too much traffic, the web service sends the data location and retries the notifications.

- *Increased message delivery equals increased show rate.*

For past WARM*Regards* issues, such as “How to Use Personalized Text to Retain Caseload” and “H Text Messaging to Reduce Child Obesity,” Please go to http://www.usnlive.com/resources.html.

Want to visit with us about a topic in this or a previous issue?
Do you have a topic to suggest for a future issue?

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