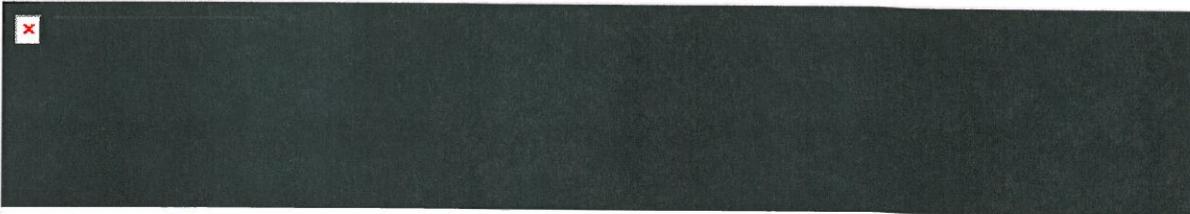


Brakes, Sherry L (HSS)

From: Kent, Dana L (HSS)
Sent: Friday, July 24, 2015 2:59 PM
To: Kent, Dana L (HSS)
Subject: Retaining WIC Clients After the Child Turns One

From: Kent, Dana L (HSS)
Sent: Thursday, July 23, 2015 4:45 PM
To: Carrillo, Rebecca N (HSS)
Subject: For Friday Update

Nice to know (but very important!):



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Welcome to *WARMRegards*,
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public health and related
professionals dedicated to the

JULY 2015

Retaining WIC Clients After the Child Turns One

One of the biggest challenges facing WIC is how to keep their clients after the child turns one. This year's National WIC Association Conference in Los Angeles' theme was **Reach Them, Teach Them, Keep Them.**

Tuesday's most-attended session at the conference was the USDA-sponsored "Strategies for Increasing WIC Retention." With data supporting a 60% decline rate from infants to 4-year-olds, this indeed is a significant topic and worthy of discussion in hopes of bringing fresh and bold ideas to the table.

use of automated reminder messaging.

We report how other professionals are using technology to increase participation and improve the delivery of services. We report on new developments in technology, applications and federal, state and local issues. We report on real-world experiences regarding appointment reminders, EBT benefits and other applications. We highlight best practices 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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To have any hope of finding a solution, we need to know why they drop out. Some advocates worry that needy mothers aren't bothering to enroll in WIC or are dropping out because food stamps are easier to get and easier to use. Food stamps are now provided on an unobtrusive debit-like card, whereas states have until 2020 to provide WIC benefits that manner. In many states, WIC benefits are still given as vouchers.

WIC applicants also have different hurdles to clear before they can get their benefits. For example, they must be seen by a health professional such as a physician, nurse, or nutritionist who determines whether the individual is at nutrition risk. Sometimes the applicant must go to a WIC clinic for a free examination; in other cases, the information is obtained from the family's own doctor.

The average American on food stamps today gets \$134/person a month. The average monthly WIC amount is \$47. Benefits for infants under WIC are better: typically \$100 for the infant and \$50 for the mother.

However, USDA data suggests a different reason for the high drop-out rates after a child turns one. An [Investigation of Delayed Entry and Early Exit / ERR-109 Economic Research Service/USDA](#) reports the following types of households were more likely than others to exit WIC after their child turns one:

- Households with higher income.
- Households in which mothers are more educated and were employed after the child's birth.
- Mothers who did not breastfeed and those who breastfed for less than 6 months.

Interestingly some of these groups overlap with delayed

enrollment into WIC until after their child is born. The same USDA study shows that the following types of households were more likely than others to delay participating in WIC until after their child was born:

- Households with higher income and those with private insurance.
- Households in which the mother has a college degree and was employed the year before giving birth.
- Households in the Northeast and those in urban areas with a population of at least 50,000.

By contrast, Medicaid recipients were much less likely to delay WIC enrollment until after having a child and less likely to exit after their child turned one.

27.8% of moms report that they no longer needed the benefits once their child turned one. Approximately 33% believed they were no longer eligible to receive WIC benefits after their child turned one, even though roughly 90% of postnatal-infant participants retained eligibility after the child turned one. Not breastfeeding and a shorter duration of breastfeeding by the mother were associated with a greater chance that the household would leave WIC because the household no longer needed the benefits. The other two explanations for WIC exits indicated that the household was challenged by the effort required to participate in WIC. Living in the South or the Northeast was associated with a higher likelihood of exiting WIC, due to transportation issues/time to access the clinic. 26.2% report the benefits are not worth the time.

Results suggest that WIC's provision of infant formula and participants' breastfeeding decisions played a significant role in the early exit from the program. Households in

which the mother breastfed for a longer time were less likely to exit WIC.

Based on the data collected, the primary target groups are:

- Participants with delayed enrollment until after their child is born.
- Non-breastfeeding participants.
- Participants not receiving Medicaid.

What can be done to address these groups so that they see the value in WIC beyond formula benefits?

Before the child turns one, it is important that the mom feels a sense of belonging to her WIC clinic. She needs to enjoy the value provided to her from WIC and to have formed a relationship prior to the child turning one.

Reach Them: First, ensure they make those appointments. There is very strong evidence to support that sending automated appointment reminders increases show rates, particularly if by text and personalized for her language and appointment. Look for a reminder program which can incorporate that important personalization by importing data from your software program. Also, look for one which will deliver messages seamlessly to cell phones by text and land lines by phone, ensuring you reach all active numbers. Remember, a text is opened and read within three minutes.

However, consider this: engaging WIC clients only four times throughout the year is not enough to foster a relationship with WIC. It is only one more to-do in her never-ending task list. When the financial benefit ends, it is all too easy to quit WIC. There needs to be more to help moms connect.

Before the child is one, it is important to create routine touchpoints, to actively and proactively engage moms on a regular basis. Use her favorite media methods to regularly communicate interesting and informative information.

Teach Them: This is a prime time for utilizing electronic technology to promote the benefits of breastfeeding and offer encouragement during tough times, such as back-to-work. Statistics show that moms who breastfeed longer tend to stay on WIC after their child turns one. Consider automated text nutrition education outreach programs, which use the data from your software to specially tailor messages to the child's age and the current WIC status.

Maintain a good social media presence and let her know it exists. Millennials love opportunities to speak out and share information. It will help them foster a stronger connection towards their WIC clinic. For more information, check out [Using Social Media and other Electronic Technologies to Connect with WIC Moms.](#)

Hold special, fun events and be sure she is aware of them. Baby fairs, mommy-and-me lunches on a voucher pick-up day, brown bag recipe sharing in the park, holiday parties, and other fun, low-cost events are each a way for moms to connect further with WIC and have fun, compared to just coming for the appointment to check off another task.

Be sure they know about these events. Read the amazing story from Brenda Foreman, Columbus Co Georgia WIC Director, who promoted the local Farmer's Market using her One Call Now/US Netcom WIC Communication Service.

"I have a clinic with 8,000 participants. Last week – July 10th, 2015 – we were having a Farmer's Market for this clinic. We had done quite a bit of advertising for the event – radio announcements, a newspaper article, and we put a reminder notice in each participant's WIC folder. We started promptly at 8:00am and had a long line. By 9:00, we had printed checks for 250 clients and we had served everyone. We had allotted 600 checks for this clinic. I was hesitant to send a text message to 8,000 people, but I decided to go ahead and do it. So, I went to my One Call system, typed a short message reminding clients about the Farmer's Market going on "Right Now," and said there was NO LINE, NO WAIT. The message went out around 9:30am. In about 15 minutes, the waiting room was full and people were in line outside waiting to come in. They came that quickly. My staff asked me what happened. I whispered, 'I sent a text message to all of our clients.' By 3:00, we had issued checks to 685 people."

Keep Them: Beyond routine engagement, social media, and fun events to help foster relationships before the child turns one, it also needs to be convenient for moms to access their WIC benefits. A couple of great studies from Maricopa County AZ WIC and MN WIC discuss overcoming barriers to WIC participation by offering walk-in clinics and changing clinic hours. [State Agency Research for Increasing WIC Participation and Retaining Caseload.](#)

A great study conducted by CT WIC piloted cross-collaboration with Head Start. The program showed increased WIC caseloads and identified lessons learned. A WIC staff quoted, "Regarding HS survey to families: We identified at least 20 families who were either never on WIC or had been terminated from failure to recertify/pick up checks. What a boost in caseload this will be over

time!" <https://s3.amazonaws.com/aws.upl/nwica.org/wic-hs-cross-collaboration-presentation-5-11-15-final.pdf>

In summary, while there is no magic bullet to keep them coming after the child turns one, creative methods will definitely help. Remember to focus on your at-risk groups identified above, be creative, communicate routinely, keep them engaged, and have fun.

For past *WARMRegards* issues, such as "How to Use Personalized Text to Retain Caseload" and "How to Use Text Messaging to Reduce Child Obesity," Please go to <http://www.usnlive.com/resources.html>.

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