WIC Case Study: Colorado

WIC Agency Profile

Colorado WIC serves about 81,000 participants per month. The 36 local agencies that contract with the state agency to provide WIC services include health departments, community health centers, and a regional council of government. Certifications are completed by WIC educators or competent professional authorities who determine eligibility, conduct nutrition assessments, and provide services.

Project Description

Encourage Use of Electronic Documents to Complete Certifications

Challenge

Colorado WIC had already begun allowing electronic documentation of WIC eligibility, including using the Colorado immunization registry, but the agency anticipated that some local staff were not aware of (or had not fully implemented) the policy because it took effect at the same time as other initiatives and that many participants were not being offered these options to reduce the time and effort required for certification.

Goal

Expand use of electronic documents and the Colorado immunization registry

Strategy

The state agency assessed whether local staff were implementing policies allowing for electronic documentation of eligibility and identified a local agency “champion” that was implementing the policy successfully.

The agency then prepared and conducted a webinar (offered twice), including a presentation from the local agency champion. All local staff were required to attend one of the two sessions.

The agency sent out a reminder and invitation to local agencies to use the immunization registry to document proof of identity.

Finally, the agency monitored local agency implementation of the policies.

Key Takeaways

The Colorado WIC program sought to expand use of electronic documents and the Colorado immunization registry to complete certifications by:

- Encouraging local agencies to use the immunization registry to document identity and
- Training staff on using electronic documents for certification.

As a result of these changes:

- Nine local agencies gained access to the system to view records of infants and children.
- The percentage of temporary certifications made permanent with electronic documents increased from 43 percent prior to staff training to 65 percent three months after the training. This improvement indicates that staff were informing more participants that they can show or transmit documents electronically.
Lessons Learned

The short, 30-minute staff training via webinar worked well to provide key information about the policy and answer questions. Many questions focused on what types of documentation are allowed, highlighting a need to ensure staff know how to access resources for clarification on policies. Including a local agency “champion” in the webinar, who provided practical suggestions for implementing the policies, promoted buy-in among local staff.

Local staff appeared to appreciate the reminder and clarification of electronic document policies. They realized that using electronic documents improves customer service and increases the likelihood that participants will provide the required documentation, remain eligible, and receive their benefits.

The percentage of participants using electronic documents for temporary certifications did not rise during the first two months following the staff training but did rise in later months. This might indicate that staff need time to integrate new policies or practices into their daily work with participants.

Next Steps

Colorado WIC will add information about using the Colorado immunization registry to its training for new employees.

Colorado WIC’s monitoring of local agencies includes observing certification procedures and providing feedback about ways to improve eligibility determinations. Depending on staff resources, the agency may also track temporary certifications that are completed remotely to ensure that local staff inform participants that they can submit eligibility documents without traveling to the WIC site.

Outcome

Thirty percent of local staff did not know if they had access to the Colorado immunization registry or if they could allow a participant to use electronic documents to fulfill requirements for a temporary certification.

Nine local agencies that had not been using the immunization registry for proof of identification obtained access to the system to view records of infants and children.

The percentage of temporary certifications made permanent with electronic documents increased from 43 percent prior to staff training to 65 percent three months after the training. This improvement indicates that staff were informing more participants that they can show or transmit documents electronically.

“I have received proof of address from a mom via email when she was reaching the end of her provisional certification and the clinic was going to be closed for a staff meeting on the day she could bring it back. [Using electronic proofs] allowed me to provide better customer service and make sure she received benefits.”

Local agency staff member
Project Timeline

- **September 2017 – March 2018:** Conducted baseline analysis
- **November 2017:** Surveyed staff
- **April 2018:** Trained staff
- **May 2018:** Promoted immunization registry as ID documentation
- **June - July 2018:** Analyzed project outcome data

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**Project Team**
Brigitte Boyd – RDN
Vanessa Hodack – RDN

**Contact**
Brigitte Boyd – Nutrition Consultant
Colorado WIC Program
Brigitte.Boyd@state.co.us