Streamlining and Modernizing WIC Enrollment
With Current Rules and Funding, WIC Agencies Can Simplify Certification Practices to Reach More Eligible Families

By Zoë Neuberger

WIC — the Special Supplemental Nutrition Program for Women, Infants, and Children — serves low-income pregnant and postpartum women, infants, and children up to age 5 who are at nutritional risk and plays a crucial role in improving their lifetime health. WIC effectively and efficiently provides nutritious foods, nutrition education, breastfeeding support, and referrals to health care and social services to millions of families. Yet there is room to modernize and simplify enrollment to reach more eligible low-income families.

Despite the well-documented short- and long-term benefits of participating in WIC, both caseloads and the share of eligible families that enroll have declined in recent years. From WIC’s establishment in 1974 until 1997, the program did not receive enough annual funding to serve all eligible applicants, so staff had to prioritize applicants and manage waiting lists. Beginning in 1997, Congress and the Administration committed to fully serving all eligible applicants and WIC focused on expanding to reach eligible low-income families. Caseloads continued growing into the early 2000s and the Great Recession brought further increases; caseloads peaked in August 2009. The period of caseload declines since then is thus the first in WIC’s history and poses a new challenge for the program. Moreover, WIC participation among eligible families has fallen since 2011. State and local WIC agencies have begun exploring how to make WIC easier to continue participating in

1 The Center on Budget and Policy Priorities greatly appreciates the time that state and local WIC staff have spent speaking with us about WIC eligibility determination and enrollment processes. This report and the underlying research were developed with support from the Altarum Institute.


as mothers return to work (babies tend to drop off the program as they become toddlers and preschoolers) and more accessible to eligible families generally.

One of WIC’s hallmarks is that it provides not only food assistance but also nutrition education and services; this interaction between staff and families fosters strong relationships and a customer-service orientation among WIC staff but means that participating in WIC takes more time, which can be extremely scarce for low-income mothers with young children. It is quite common for WIC participants to have four or more appointments each year, which can last anywhere from 45 minutes to a few hours depending on wait times and the complexity of the family’s circumstances. Moreover, shopping for WIC foods, which provide an average of about $62 monthly for each participant, can be difficult and embarrassing if the transaction is time-consuming and draws attention. These factors lead some eligible families to decline to enroll or drop out.

WIC programs around the country are exploring ways to reduce the time families spend on paperwork, provide services in more flexible ways, and improve participants’ experience with buying WIC-approved groceries. This report focuses on efforts to streamline and modernize the enrollment process.

Some certification streamlining practices, such as appointment reminders or reviews of electronic documents during appointments, are widespread but not universal. More innovative practices, such as online appointment scheduling or electronic submission of documents before or after appointments, are much less common and WIC agencies are learning how to implement them effectively. In some instances, technology is central to streamlining efforts; for example, mobile phone apps and web portals now allow participants to find a WIC clinic or WICAuthorized store, update their contact information, or check whether a particular food is approved.4 But business processes are just as important as technology to streamlining. For example, to make full use of the availability of electronic documents, staff must routinely ask participants about them, and applicants must be told before appointments that they can share information available online or a photo of a document.

During 2015 and 2016, in cooperation with the National WIC Association, the Center on Budget and Policy Priorities gathered information on WIC practices and procedures that simplify applying for and maintaining WIC eligibility.5 Since 2017, we have provided technical assistance to state and local WIC agencies seeking to implement these practices.6 Over the course of a year, these agencies designed, implemented, and assessed a certification streamlining action plan.


6 We contracted with the Altarum Institute to help provide this assistance to state and local WIC agencies. The Altarum Institute, a nonprofit research and consulting organization, creates and implements solutions to advance health among vulnerable and publicly insured populations. See https://altarum.org/.
This report explains why streamlining the certification process is important and describes opportunities for state and local policies to better support streamlining. Streamlining could free up staff time to devote to providing WIC’s core services and make it easier for eligible families to enroll in WIC and continue receiving benefits as their babies become toddlers. The report is built around eight case studies of streamlining measures that agencies adopted, including their outcomes and the lessons they learned; those case studies offer concrete examples of steps that other state and local agencies can take.

### Reaching More WIC-Eligible Families

Extensive research over four decades has found that participating in WIC improves low-income families’ nutrition and health:

- Women who participate in WIC while pregnant give birth to healthier babies who are more likely to survive infancy.
- WIC supports more nutritious diets and better infant feeding practices. WIC participants buy and eat more fruits, vegetables, whole grains, and low-fat dairy products, following the 2009 introduction of WIC food packages that are more closely aligned to current dietary guidance.
- Low-income children participating in WIC are just as likely to be immunized as more affluent children and are more likely to receive preventive medical care than other low-income children.
- Children whose mothers participated in WIC while pregnant scored higher on assessments of mental development at age 2 than similar children whose mothers did not participate, and they later performed better on reading assessments while in school.

WIC reaches roughly half of all babies born in the United States, yet a substantial portion of eligible individuals do not participate and thus miss out on its short- and long-term benefits. This reflects two related issues: first, participation tends to be highest among infants and then declines as babies become toddlers and preschoolers; second, participation among eligible individuals overall has fallen in recent years. By reaching more eligible families and making it easier for them to remain in the program longer, WIC could increase its impact on low-income families’ nutrition and health.

**Participation by Children Ages 1 to 4**

WIC reaches 86 percent of eligible infants, but participation tapers off for eligible toddlers, even though adequate nutrition is critical during the early years of brain development. While WIC participation rates vary widely by state, children aged 1 to 5 tend to have the lowest participation rates across the country. (See Figure 1.) Retaining families that participate in WIC when their babies are born is thus critical to increasing the coverage rate for children.

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8 For state-by-state data on coverage rates by category and age, see Table 4.6 in Carole Trippe et al., “National- and State-Level Estimates of WIC Eligibility and WIC Program Reach in 2016, Final Report: Volume I,” U.S. Department of...
Recent research has highlighted certain indicators that families are more likely to leave WIC. For example, mothers who do not breastfeed and mothers who do not redeem their WIC food benefits are less likely to recertify their children. WIC programs are experimenting with approaches to reaching out to such families to ensure WIC meets their needs and facilitate recertification.

**FIGURE 1**

Eligible Toddlers Less Likely Than Eligible Infants to Participate in WIC

<table>
<thead>
<tr>
<th>Age</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants</td>
<td>86%</td>
</tr>
<tr>
<td>Children age 1</td>
<td>59%</td>
</tr>
<tr>
<td>Children age 2</td>
<td>47%</td>
</tr>
<tr>
<td>Children age 3</td>
<td>42%</td>
</tr>
<tr>
<td>Children age 4</td>
<td>27%</td>
</tr>
</tbody>
</table>


**Participation by Eligible Families Overall**

WIC caseloads have fallen across the country in recent years, from a peak of 9.2 million in fiscal year 2010 to 6.4 million in the first half of fiscal year 2019. To some degree, this decline is not surprising; it’s appropriate for caseloads to fall as the economy recovers. Also, the number of births has declined in every year since 2007 (except for a modest increase in 2014), with declines...
concentrated in women under age 30— who are likelier to have low incomes — so fewer pregnant women and young children are potentially income-eligible for WIC. More troubling, however, is that the share of eligible individuals participating in WIC, known as the “coverage rate,” has also fallen.

The coverage rate rose between 2005, when the U.S. Department of Agriculture (USDA) began regularly developing such estimates, and 2011, peaking at 64 percent. But it fell between 2011 and 2015, to 53 percent, then rose modestly for women and infants in 2016 but not for children. (See Figure 2.) Nonetheless, the rate fell for women, infants, and children between 2011 and 2016, with children consistently having the lowest rate.

FIGURE 2

**WIC Coverage Rates Have Trended Downward Since 2011**
Share of eligible households participating

![Graph showing WIC coverage rates from 2005 to 2016](https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_08-508.pdf)


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In addition to nutritious foods, WIC provides nutrition education, breastfeeding support, and referrals to health care and social services. Providing these services distinguishes WIC from other food assistance programs and is an important focus of WIC staff. Yet it also means that participating in WIC takes more time for low-income families than other means-tested programs. Many families have four or more appointments each year, each of which might require taking time off from work or taking a child out of care. Surveys find three main reasons why some eligible families do not participate in WIC:  

- **Misinformation.** Some families incorrectly believe they are not eligible for WIC. Some common misconceptions are that WIC is not available to families with a working adult or to children once they turn 1 and that it is only available to Medicaid recipients.  

- **Clinic experience.** The perceived value of breastfeeding support, nutrition education, and referrals affects low-income women’s decisions about whether to participate in WIC. The time and effort involved in getting and staying enrolled in WIC also matter. One survey revealed that shorter appointments, the ability to provide documents electronically, and greater flexibility around scheduling and rescheduling appointments (including online scheduling) are important improvements for participating families.

- **Shopping experience.** The appeal of the specific foods WIC provides and the ease of shopping for WIC foods are important factors in families’ decisions about participating in WIC. Enabling participants to find WIC-authorized stores and WIC-authorized foods more easily and make purchases without stigma or hassle would improve their shopping experience.

**Streamlining Enrollment Could Help**

While WIC agencies can play a constructive role in addressing all three of the factors listed above, families’ experience in the clinic is most squarely within their control. By allowing families to take care of administrative tasks remotely and receive services remotely when feasible, WIC agencies can reduce the barriers associated with clinic appointments.

Many WIC programs are interested in serving families where they are rather than requiring them to come to WIC clinics, for example by allowing them to complete nutrition education online, locating WIC staff in other settings, conducting WIC appointments during home visits, or using video technology for WIC appointments.

Yet even for appointments in WIC clinics, preparing families for appointments and simplifying certification practices could make it easier for eligible families to enroll in WIC and continue receiving benefits. For example, online appointment scheduling and electronic document submission offer convenience and reduce the length of appointments.

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Modernizing and simplifying certification practices does not necessarily reduce interaction between participants and staff. Instead, it can make that interaction more focused, meaningful, and service-oriented. Sometimes streamlining shifts responsibilities from participants to staff, but clinics can still reserve the face-to-face time with participants — and participants’ energy — for WIC services such as breastfeeding support, nutrition counseling, and referrals. And in some cases, modernizing and simplifying certification practices reduces work for staff as well as participants, freeing up time to provide enhanced services.

**Streamlining Practices Are Widespread But There Is Room for Improvement**

During 2015 and 2016, the Center on Budget and Policy Priorities, in cooperation with the National WIC Association, gathered information on WIC practices and procedures to examine how WIC clinics could simplify the processes of applying for and maintaining WIC eligibility. We conducted phone interviews with national WIC experts and state and/or local WIC staff in ten states and site visits to two WIC clinics in each of five states. We also held a workshop with WIC staff from across the country to solicit feedback on our initial findings, and we reviewed selected certification-related policies in state manuals. We found that certification streamlining practices are widespread but far from universal.

Our report summarizing our findings identified five areas that offer opportunities for streamlining or simplification: 1) WIC clinic processes; 2) communication with applicants and participants; 3) policy flexibility; 4) data and reports; and 5) collaboration and outreach. The report, designed to serve as a guide for state and local WIC staff wishing to assess their policies and practices regarding eligibility determinations and enrollment to identify streamlining opportunities, describes specific practices in each area and provides examples from state or local clinics that have implemented them. The practices described are allowable under current federal rules and have been tried by local WIC agencies. The report also summarizes these opportunities in a checklist and includes a summary of the prevalence of selected certification policies by state.

The streamlining practices we observed fall into two broad categories:

- **Practices that are quite widespread but have not been universally adopted.** Examples include providing automatic calls or texts to remind families about upcoming appointments and accepting documents that can be viewed on a smartphone or computer rather than requiring families to bring paper copies to appointments. If all local WIC agencies adopted these tested practices, certification would be simplified for many participants.

- **Policies that are more innovative and less common.** Examples include allowing families to schedule appointments online and to submit documents electronically before or after appointments. As more state and local agencies adopt these practices, participants will experience WIC as a more modern and efficient program.

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16 See Neuberger, “Modernizing and Streamlining WIC Eligibility Determination and Enrollment Processes,” *op. cit.*
Implementing Streamlining Practices

To promote the streamlining practices described in our report and document examples of implementation strategies, the Center on Budget and Policy Priorities hired the Altarum Institute to help launch the Streamlining WIC Certification Practices project in mid-2017. Five state and three local WIC agencies volunteered to participate for one year. (See Figure 3.)

Over the course of the year, we provided technical assistance and opportunities for peer support through calls, meetings, and site visits. Each participating agency developed a certification streamlining action plan, implemented it over a nine-month period, then assessed the results, typically by comparing baseline and post-implementation information drawn from staff surveys or program data. The agencies received no additional funding to develop, implement, or assess their streamlining measures.

Because most of the participating agencies were local and the timeframe was limited, their projects generally focused on measures that could be implemented quickly, without changing state policy or management information systems. Most of the projects implemented practices that are already widespread; for example, several projects included increasing smartphone use to view documents electronically. Other projects included more unusual practices, such as allowing online appointment scheduling, allowing applicants to provide documents electronically before or after appointments, and checking adjunctive eligibility prior to the certification appointment.
This report includes detailed case studies of eight certification streamlining projects. All of the participating agencies implemented their projects, making adjustments as needed, within the project’s year-long period. Also, all were able to measure the results. For example, when Maricopa County, Arizona, started its project, 26 percent of certifications were temporary because clients had not provided all required documents. By training staff to view and receive documents electronically, the agency lowered that figure to 2 percent. Similarly, Greater Baden Medical Services in Maryland reduced the duration of certification appointments by using a mobile app to collect information and documents before appointments.

A survey of WIC participants across these agencies found that participants rated most aspects of their WIC experience very positively, including the ability to make appointments and provide eligibility documents electronically. One-third (34 percent) indicated that their most recent certification appointment was shorter than in the past; however, fewer were aware that they could provide electronic documents (29 percent) or that other options were available if they lacked necessary documents during the certification appointment.

Early in 2019, we launched the second phase of the Streamlining WIC Certification Practices project, which will support four state WIC agencies that wish to develop a more innovative practice. Each agency has selected a local agency partner to help develop and test the practice, with the goal of eventually implementing it statewide. California and Minnesota are exploring conducting certain appointments by video; Iowa is expanding a program developed in one local agency to conduct certifications outside of WIC clinics, including during home visits; and Vermont is exploring conducting certain certification appointments by phone.

Policy Changes to Support Streamlining

Within current federal rules, states have flexibility to adopt certain policies that make it easier for families to apply for or continue receiving WIC benefits. State WIC agencies can allow or require local agencies to, for example:

- Certify breastfeeding women and children for up to a year rather than six months.
- Temporarily certify an applicant who doesn’t have all her documents at her certification appointment.
- Accept a document that can be viewed in a photograph or on the internet rather than requiring a printed paper document.

17 See the Appendix.

18 Under federal rules, states may allow clinics to provide WIC food benefits immediately to an applicant who reports meeting eligibility criteria but has not yet provided full documentation. The applicant must provide appropriate documentation within 30 days to continue receiving benefits. See “Income Eligibility Guidance,” WIC Policy Memorandum #2013-3, U.S. Department of Agriculture, Food and Nutrition Service, April 26, 2013, https://fns-prod.azureedge.net/sites/default/files/2013-3-IncomeEligibilityGuidance.pdf.

19 See 7 C.F.R. § 246.7 and “Income Eligibility Guidance,” op. cit. For a summary of certification policies and practices as of late 2016, based on a review of states’ WIC policy manuals, see Appendix B: State Certification Policies, in “Modernizing and Streamlining WIC Eligibility Determination and Enrollment Processes,” op. cit.
• Exempt infants and children from attending appointments under certain circumstances.

• Offer evening or weekend hours.

• Use an online or automated telephone system to check whether an applicant receives SNAP, Medicaid, or Temporary Assistance for Needy Families cash assistance (TANF) and is thus adjunctively income-eligible for WIC.

Some federal policies, however, create confusion or barriers to access and simplification. USDA or Congress could clarify or change these policies to facilitate enrollment of eligible families. For example, aligning the certification periods of multiple WIC participants in a household can prove difficult or impossible, as participants may have certification periods of different durations or may have begun receiving benefits at different times. Allowing WIC staff to align certification periods and appointments would reduce the number of WIC appointments families must attend.

Conclusion

Streamlining the process of enrolling and remaining in WIC makes it easier for eligible low-income families to participate and benefit from the positive nutrition, health, and developmental outcomes associated with WIC participation. While we do not yet know the extent to which streamlining can change the decline in participation by eligible families, participants respond very positively to WIC agencies’ simplification and modernization initiatives. The case studies in this report offer examples of steps that agencies can take within a year and without additional funding to streamline their certification policies and practices.
Appendix

The following case studies describe certification streamlining projects undertaken by eight state or local WIC programs:

- Maricopa County, Arizona
- San Diego State University Research Foundation, California
- Colorado WIC
- Central District Health Department, Idaho
- Greater Baden Medical Services, Maryland
- Michigan WIC
- Oklahoma WIC
- Variety Care, Oklahoma
WIC Case Study: Maricopa County, Arizona

WIC Agency Profile

Maricopa WIC is a county program serving 50,000 participants per month in 17 clinics in the mostly urban, Phoenix metropolitan area. Two types of staff are involved in the certification process: paraprofessional intake specialists complete demographic and income eligibility assessments, while professional nutrition staff complete nutrition assessments and provide nutrition services.

Project Description

**Strategy 1: Improve Appointment Scheduling**

**Challenge**  
Declining program caseloads have led to budget cuts and staffing reductions for Maricopa WIC. The agency sought to increase access for WIC participants without adding to staff members’ workload. Having unique phone numbers for each WIC site within the agency created confusion for participants and additional work for staff when sites moved or closed.

**Goal**  
Improve participants access to WIC while decreasing staff workload

**Strategy**  
The agency created a universal phone number and included it on all WIC informational materials, websites, and social media sites. It also added an online appointment request option to the agency’s website and linked to that form on the agency’s Facebook page.

**Key Takeaways**

Maricopa County (AZ) WIC sought to improve appointment scheduling options and lower the share of certifications that were temporary (because applicants had not provided all required documents) by:

- Establishing a single public phone number for all county WIC sites;
- Building an online appointment request option; and
- Expanding options for providing electronic records to document eligibility.

As a result of these changes:

- Over 3,500 online appointment requests were received in the first 12 months.
- The share of certifications that were temporary fell from 26 percent before implementation to 12 percent within eight months and to 2 percent within 12 months.
Approximately one-quarter of Maricopa WIC certifications were temporary due to incomplete documentation. Participants with temporary certifications must provide the required documentation to the WIC site within 30 days, which creates extra work for both participants and staff.

Reduce the number of temporary certifications by 1) allowing participants to access eligibility documents electronically at the time of certification and 2) adding options for participants to provide missing documents electronically if they did not have them at the appointment.

Maricopa WIC worked with the state agency office to review and update procedures to allow for electronic versions of certification documents viewable on phones, tablets, computers, or other devices. Staff were trained to offer these options during certification appointments when hard copies were not available and to accept documentation submitted electronically during the 30-day temporary certification period so participants would not need to bring these to the WIC site.

By accepting electronic documents, the program reduced the share of certifications that were temporary from 26 percent to 12 percent eight months after implementation and to 2 percent 12 months after implementation.

Strategy 2: Encourage Use of Electronic Documents to Complete Certification

Challenge: Approximately one-quarter of Maricopa WIC certifications were temporary due to incomplete documentation. Participants with temporary certifications must provide the required documentation to the WIC site within 30 days, which creates extra work for both participants and staff.

Goal: Reduce the number of temporary certifications by 1) allowing participants to access eligibility documents electronically at the time of certification and 2) adding options for participants to provide missing documents electronically if they did not have them at the appointment.

Strategy: Maricopa WIC worked with the state agency office to review and update procedures to allow for electronic versions of certification documents viewable on phones, tablets, computers, or other devices. Staff were trained to offer these options during certification appointments when hard copies were not available and to accept documentation submitted electronically during the 30-day temporary certification period so participants would not need to bring these to the WIC site.

Outcome: By accepting electronic documents, the program reduced the share of certifications that were temporary from 26 percent to 12 percent eight months after implementation and to 2 percent 12 months after implementation.

Percent of Total Certifications That Were Temporary Due to Lack of Documentation

<table>
<thead>
<tr>
<th>Period</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-implementation (Sept 2017)</td>
<td>26%</td>
</tr>
<tr>
<td>Post-implementation (May 2018)</td>
<td>12%</td>
</tr>
<tr>
<td>Post-implementation (Oct 2018)</td>
<td>2%</td>
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</table>
Creating an online appointment request proved easier and faster than anticipated. In contrast, implementing a universal WIC phone number proved unexpectedly challenging. The diversity of phone systems made it difficult to create an automated phone tree for all WIC sites, and connecting participants who wanted to speak to specific WIC staff also created difficulties.

Staff were initially skeptical of the changes, but acceptance grew as they experienced the time savings. Staff especially appreciated allowing participants to show documents on their phones and to request an appointment online. Participants appreciated the option to submit eligibility documents electronically. Once participants with temporary certifications submit the missing documentation, they are certified for the full period, and WIC staff load food benefits electronically through eWIC.

An unanticipated outcome was that Maricopa WIC worked closely with both the telecom and information technology departments within the county agency throughout the project and developed a stronger relationship with department staff. These new relationships will facilitate future collaboration.

Next Steps
Maricopa WIC is exploring new approaches for participants to securely upload documents, along with other options to reduce the number of times participants must travel to the WIC office for services.

“With the addition of online scheduling and use of technology to get missing documentation, client services have greatly improved and my job is more enjoyable.”

– WIC staff member

Project Timeline

December 2017:
Launched online appointment request form

March 2018:
Launched universal phone number

August-December 2018:
Analyzed project outcome data

Project Team
Carrie Zavala — MS, RD
Emily Roy — MS, RD

Contact
Carrie Zavala — WIC Director
Maricopa County Department of Public Health
Carrie.Zavala@maricopa.gov
WIC Case Study: San Diego State University Research Foundation, California

WIC Agency Profile

The SDSURF WIC Program, operated through San Diego State University’s Research Foundation, serves 28,700 participants in 11 WIC sites located primarily in urban communities in San Diego County, California. Slightly more than half of new applicants access the program through its centralized “call center,” which handles appointment requests; other applicants and most ongoing participants schedule appointments in person at a WIC site. Generally at the WIC sites, any of the trained WIC staff conduct the initial eligibility determination (demographic, income, residence, and identification) and a different WIC staff member — who must be qualified to provide nutrition counseling — conducts the nutrition risk assessment portion of the certification appointment.

Project Description

Challenge SDSURF WIC wanted to address barriers that new applicants and participants experience in completing the WIC certification process. The WIC Certification Streamlining Project built on a project to improve program retention that began in September 2016.

Goal Increase successful certification rates in enrollment and re-certification appointments by improving client support systems

Strategy In November 2017, the agency began mailing new informational materials (in English and Spanish) to those who contacted the call center in advance of their enrollment or recertification appointment. These materials outlined “what to expect” and “what to bring” for a certification appointment, including which information clients could show electronically. The mailings included a nutrition questionnaire that clients could fill out before the appointment. The agency also posted all materials on its website.

The agency surveyed staff in December 2017 to assess their awareness and use of a recent policy change allowing the use of electronic

Key Takeaways

San Diego State University Research Foundation (SDSURF) WIC sought to increase successful completion of certification appointments by:

• Mailing informational materials and nutrition questionnaires ahead of appointments;
• Texting consenting applicants and participants three days prior to appointments; and
• Educating clients on California’s new electronic document policy.

As a result of these changes:

• Participant perceptions of appointment length fell for families who received mailed information;
• The number of new enrollments increased; and
• 54 percent of participants who received mailed information were aware of the new electronic document policy, compared to 37 percent of participants who did not.
documents to determine program eligibility. It found that all staff were aware of and implementing the policy; however, the staff suggested that many applicants and participants were not aware of the policy and not prepared to share electronic documents. Instead of staff training, the agency increased efforts to educate applicants and ongoing participants about this option.

To expand use of text messaging, in February 2018 call center staff began asking participants contacted by phone if they would prefer to receive their appointment reminder by text rather than phone in the future.

In June 2018, the agency launched an enhanced text messaging service for enrollment and recertification appointments. All consenting applicants and participants received texts three days prior to their appointment, with the appointment date, time, location, and a map with directions to the site. For new applicants, the text also included a link to information on the agency’s website regarding “what to expect” and “what to bring.”

The mailing strategy improved appointment efficiency. Two-thirds of applicants and participants that received mailings completed the required forms before the appointment. These clients also reported shorter appointment durations. A survey found that 54 percent of those receiving mailed program information were aware of the e-document policy, compared to 37 percent of those who did not receive the mailing.

The additional texting support was popular and had a broad reach. When given the text option, clients strongly preferred it over phone communication. Texts also reached more applicants and participants than mailings because texts were sent regardless of how an appointment was made, whereas only those who contacted the call center received mailings.

The average number of enrollments among the subset of families who were new to WIC rose 39 percent between September 2017–February 2018 and March 2018–August 2018. The increase may be attributable to the additional enrollment support. There were also more successful new family enrollments in June and July of 2018, the first two months of the text service, than in June and July of 2017.

Client satisfaction with the appointments and certification process, assessed via a participant survey at the end of the project, was high (94% reported the highest level of satisfaction).
through friends and family. In addition, most recertification appointments take place at WIC sites. SDSURF WIC soon realized that both the central call center and the sites needed to incorporate information strategies into their operations. As a result of this project, the potential participants receive the “What to Expect” insert when scheduling their enrollment appointment in person at any of the WIC sites.

**Next Steps**

SDSURF WIC could enhance its use of interactive texting capabilities, particularly to respond to questions and rescheduling requests regarding recertification appointments, as a means to improve appointment attendance and recertification rates. Additionally, the agency could adapt some “Stick with WIC” messaging, which it developed as part of a broader effort to encourage WIC participants to remain engaged with the program, for text reminders as participants approach recertification.

As the California WIC program broadens its use of technology, including using electronic benefit cards to provide WIC foods, local WIC agencies will reduce their use of paper forms. For example, they will no longer ask participants to complete nutrition questionnaires (a change that will make the mailing strategy obsolete), while the texting strategy and the web-based information resources are expected to increase in importance.

**Lessons Learned**

SDSURF WIC did not anticipate the high level of staff familiarity with newer E-document policies when it began planning the project. After completing the staff survey, the agency shifted this aspect of the project from staff training to informing participants about the new policies. It took several steps to better inform participants about enrollment and re-certification, including providing simple written materials and interactive text reminders. Participants valued receiving participant-reported appointment length and program information by text. Within a year after staff began asking about text reminders, the share of participants requesting them increased from 71 percent to 91 percent. Mailing nutrition questionnaire forms also shortened participant-reported appointment length by enabling some clients to fill out forms in advance.

The project initially focused on mailing and texting information about certification appointments, but a large percentage of applicants first contact the agency at WIC sites after hearing about WIC.

### Attendance and Enrollment Increased Among Those Who Received Mailings

<table>
<thead>
<tr>
<th></th>
<th>Nov-Jan</th>
<th>Feb-Apr</th>
<th>May-Jul</th>
</tr>
</thead>
<tbody>
<tr>
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<td>66</td>
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<td></td>
<td>119</td>
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<td>140</td>
</tr>
<tr>
<td>Attended appt</td>
<td>138</td>
<td>166</td>
<td>172</td>
</tr>
</tbody>
</table>

### New Family Enrollments Increased

(39% increase in 6-month average)

<table>
<thead>
<tr>
<th></th>
<th>Monthly average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nov-Jan 2017</td>
<td>121</td>
</tr>
<tr>
<td>Dec-Mar 2017</td>
<td>143</td>
</tr>
<tr>
<td>Apr-Jun 2017</td>
<td>146</td>
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<td>Jul-Sep 2017</td>
<td>140</td>
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<td>Oct-Dec 2017</td>
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<td>Jan-Mar 2018</td>
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<td>Jan-Mar 2019</td>
<td>164</td>
</tr>
<tr>
<td>Apr-Jun 2019</td>
<td>169</td>
</tr>
</tbody>
</table>

Monthly average: 164.7
through friends and family. In addition, most recertification appointments take place at WIC sites. SDSURF WIC soon realized that both the central call center and the sites needed to incorporate information strategies into their operations. As a result of this project, the potential participants receive the “What to Expect” insert when scheduling their enrollment appointment in person at any of the WIC sites.

Next Steps

SDSURF WIC could enhance its use of interactive texting capabilities, particularly to respond to questions and rescheduling requests regarding recertification appointments, as a means to improve appointment attendance and recertification rates. Additionally, the agency could adapt some “Stick with WIC” messaging, which it developed as part of a broader effort to encourage WIC participants to remain engaged with the program, for text reminders as participants approach recertification.

As the California WIC program broadens its use of technology, including using electronic benefit cards to provide WIC foods, local WIC agencies will reduce their use of paper forms. For example, they will no longer ask participants to complete nutrition questionnaires (a change that will make the mailing strategy obsolete), while the texting strategy and the web-based information resources are expected to increase in importance.

Project Timeline

- November 2017: Began mailing strategy
- December 2017: Surveyed staff
- February 2018: Began informing participants of enhanced texting service and requesting consent to text
- June 2018: Launched texting service
- June - July 2018: Surveyed participants
- July 2018: Updated website and added link in texts
- September 2018: Analyzed project outcome data

Project Team

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“This project gave us a ‘launch pad’ to move forward with ideas. It’s motivating to see something produced so quickly, and the opportunity to work with other agencies and see other WIC sites was hugely beneficial.”

Project Team Member
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 immunization registry and
- The share of temporary certifications made permanent with electronic documents rose from 43 percent before the training to 65 percent three months after the training.
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.

“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

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.
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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Central District Health is part of a local public health district serving four counties, including Ada, the state’s largest urban county. CDH WIC serves 5,500 participants per month in six clinic locations in Ada County. Two types of staff are involved in the certification process: a customer service representative collects demographic information and documents income and residence eligibility, and a clinical assistant then conducts the nutrition assessment and completes the certification.

### Key Takeaways

The WIC program run by the Central District Health Department (CDH) in Boise, Idaho sought to shorten the time needed to complete certifications by:

- Accessing a state online portal for WIC staff to check for Medicaid eligibility, which automatically confers income eligibility for WIC; and
- Creating a process to document Medicaid eligibility prior to certification appointments.

As a result of these changes:

- The duration of certification appointments fell by about 5 minutes, on average.

### Project Description

#### Streamline Adjunctive Eligibility Documentation

**Challenge**

Many clients do not carry their Medicaid card with them to appointments and some do not know their Medicaid status. Historically, WIC staff members would call the state WIC help desk to check clients’ Medicaid status during the certification appointment because they lacked access to the Medicaid portal. This process took over five minutes per certification, with the participant waiting while the staff placed the call and waited for the response. Over 80 percent of the agency’s WIC participants are enrolled in Medicaid, so this inefficient process consumed a significant amount of time.

**Goal**

Reduce the time needed to check and document adjunctive eligibility during WIC certifications

**Strategy**

CDH WIC obtained approval from the Idaho Medicaid program for the local employees who conduct WIC eligibility to access the Medicaid portal directly to check the status of WIC applicants. They now use the portal to check Medicaid status and record the applicant’s Medicaid number when starting a WIC application via phone prior to the certification appointment, a process that takes less than one minute. This expedites the certification check-in process and saves time documenting applicants’ income eligibility during certification appointments.

**Outcome**

The program shortened certification appointments by approximately five minutes, improving the income eligibility process for participants and staff.
Lessons Learned

Getting authorization to access the Medicaid portal and training staff to use the portal were easier than anticipated. Local WIC staff were initially hesitant, but after being trained, they realized how quick and easy it was to check applicants' Medicaid status through the portal. Staff also appreciated not having to call the help desk to request this information. Clients appreciated that their appointments were shorter and their Medicaid status was verified online.

The CDH WIC Program learned that names and birthdates on WIC applications do not always match Medicaid records. Since CDH uses Medicaid information to bill for registered dietician services (such as nutrition counseling that exceeds WIC nutrition education), accurate client information is important. One unanticipated outcome of this project was that WIC staff, by identifying discrepancies and obtaining the names and birthdates from the Medicaid portal, are now helping ensure the accuracy of Medicaid invoices for registered dietician services.

Next Steps

CDH is exploring gaining access to the state's Supplemental Nutrition Assistance Program (SNAP) online portal to verify the status of WIC applicants and participants in SNAP.

“This new process is convenient and a time-saver for both the [customer service representative] and WIC client. Eliminating time on the phone increases face-to-face time with the client, which is also very valuable.”

WIC customer service representative

Project Timeline

Project Team

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WIC Case Study: Greater Baden Medical Services, Maryland

WIC Agency Profile

Greater Baden Medical Services is a Federally Qualified Health Center serving southern Maryland’s underserved community. Greater Baden WIC serves 5,300 participants in three clinic sites that are close to or co-located with Greater Baden’s medical services sites. For WIC certification, paraprofessional intake specialists collect demographic information and assess and document income and residence eligibility. Professional nutrition staff then complete a nutrition assessment and provide nutrition services.

Project Description

Use Software to Accept Electronic Documents in Advance of Certification Appointments

Challenge A survey to identify barriers to participation found that providing proofs of eligibility for certification is a deterrent.

Goal Reduce the burden of providing proof of eligibility and shorten the time spent at the WIC clinic by allowing participants to submit eligibility documents electronically before their certification appointment.

Strategy Following research on potential technology solutions, Greater Baden WIC purchased IntakeQ software. The program established policies and protocols for using IntakeQ, and trained staff to use it to contact applicants and participants before their certification appointment to give them an opportunity to send required information and documents electronically.

Outcome Time studies indicate that IntakeQ shortened certification appointments from 38.4 minutes to 31.8 minutes, on average. The time savings were especially significant for families with several participants being certified.

Key Takeaways

Greater Baden WIC in Maryland sought to simplify the eligibility documentation process and shorten the time it takes to complete certifications by:

- Using software to allow participants to submit electronic documents prior to appointments.

As a result of this change:

- The duration of certification appointments fell by about 7 minutes, on average.
Lessons Learned

Purchasing IntakeQ software and designing the intake questions for prescreening proved easier than anticipated, as did training staff and collecting participant emails to send the IntakeQ link.

Some WIC staff members were initially apprehensive about using IntakeQ because it differs greatly from the traditional approach to WIC certification. But staff members came to appreciate the new process because it cuts intake time and participants’ overall time in the clinic.

Some new applicants were reluctant to use IntakeQ, but current participants largely preferred it over bringing documentation to their recertification appointment.

One challenge with using IntakeQ is that some participants do not complete the entire intake form, so staff must spend time with clients filling in the missing information. This challenge may lessen over time as participants become more familiar with using IntakeQ. A shortcoming of IntakeQ is that it is only available in English, which limits the number of participants who can use it.

“Having the intake completed over the phone really streamlined the entire process... This seems like a great program and is a very useful tool in streamlining WIC services for our participants and staff.”

WIC clinic manager
Next Steps
Greater Baden WIC plans to explore more features available through IntakeQ, such as adding screens to collect dietary and medical information that staff could review before the appointment. This may be helpful in assisting participants with referrals for additional resources. Greater Baden WIC has shared its IntakeQ policies and software information with other local agencies in Maryland.

Project Timeline

January 2018:
- Surveyed participants

February 2018:
- Researched software options and purchased IntakeQ
- Piloted IntakeQ

March 2018:
- Customized IntakeQ

March - July 2018:
- Analyzed pilot outcome data

October 2018:
- Implemented IntakeQ agency-wide

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WIC Case Study: Michigan

WIC Agency Profile

Michigan WIC serves approximately 206,000 women, infants, and children through 47 local agencies and over 200 clinics across the state.

Project Description

**Establish Online Appointment Scheduling**

**Challenge**
Michigan WIC sought to reduce barriers that impede clients’ access to WIC services.

**Goal**
Increase ease of scheduling WIC appointments and accessing WIC benefits.

**Strategy**
The program launched the Michigan WIC Connect Mobile app. New clients can schedule and existing clients can request appointments directly through the app without having to contact the clinic during business hours. The app also allows clients to access a list of their current WIC food benefits and use a UPC scanning tool to verify in the store whether a food is WIC-approved and whether they have benefits remaining for that item, before proceeding to a register.

**Outcome**
For staff members, the appointment scheduling feature was the most popular WIC Connect feature, as it allowed clients to set up appointments quickly and easily.

For clients, the UPC scan feature was the most popular WIC Connect feature and improved their shopping experience.

**Key Takeaways**
The Michigan WIC program sought to improve appointment scheduling options by:

- Allowing applicants to schedule initial certification appointments through the WIC Connect app and
- Allowing participants to request recertification appointments through the app.

As a result of these changes:

- Appointment scheduling became the most popular WIC Connect feature for staff members.

**WIC Connect Features**

- What is WIC?
- Am I eligible?
- Clinic and stores maps
- Schedule appointment
- PDF forms
- Family information
- Benefits
- Broadcast messages
- UPC scan
- Resource links
Lessons Learned

Throughout the implementation process, Michigan WIC developed a deeper understanding of security measures needed to implement participant-facing technology and the time that agencies need to review, inspect, and approve new technologies.

Leveraging familiar technology proved an effective way to communicate with participants and ultimately improve their WIC experience.

Michigan WIC also learned the importance of reviewing policies and procedures for similar applications across the state. While the WIC Connect app met all security standards and policies, it had a different login method than mobile apps from other government divisions and programs across
Michigan. The program subsequently had to change its own login method to match.

**Next Steps**

The app will continue to be updated with enhanced features to improve clients' experience. This includes adding nutrition assessment questions to speed the certification appointment and adding recipes to help clients better utilize all of their WIC food benefits.

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**Project Timeline**

- **April 2016:** Developed WIC Connect app
- **2016–2017:** Trained staff on app
  Informed participants about app
- **January 2018:** Launched app
  Collected and analyzed feedback about app

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**Project Team**

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WIC Case Study: Variety Care, Oklahoma

WIC Agency Profile
Variety Care WIC, which operates within a non profit, Federally Qualified Health Center, serves 6,000 participants per month at three main sites in urban locations. WIC applicants are typically scheduled for a certification appointment where a WIC clerk checks their identification and determines income and residence eligibility, and a certified WIC technician completes the nutrition assessment and provides education.

Project Description

Outstation WIC Staff in a Health Center

**Challenge**
Variety Care WIC coordinates with Variety Care’s health services but did not offer WIC services at all agency health clinics. Patients referred to WIC typically had to make an enrollment appointment at one of three WIC sites. Additionally, there was no existing system to use patient health records as acceptable information for WIC enrollment appointments.

**Goal**
Make WIC enrollment available without appointment at a Variety Care newborn screening and women’s health clinic. To ensure successful enrollment, Variety Care also sought to obtain all necessary information for WIC enrollment from the patient health records or medical visit summary.

**Strategy**
Variety Care WIC established a satellite, walk-in WIC clinic in the newborn screening and women’s health office. WIC staff members worked at the satellite clinic one day per week, enrolling women and infants who were receiving health care at the location.

Variety Care WIC coordinated with the health care clinic to ensure staff access to necessary WIC enrollment information, including anthropometric measurements, documentation of residence, and adjunct eligibility.

**Outcome**
Roughly 275 participants were enrolled over 11 months, half of whom had never received WIC.

Key Takeaways
Variety Care WIC in Oklahoma City sought to make it easier for patients in one of the agency’s health care locations to enroll in WIC by:

- Offering a walk-in WIC enrollment clinic one day per week that allowed patients to enroll while at the health clinic for a medical visit.

As a result of this change:

- Roughly 275 participants were enrolled over 11 months, half of whom had never received WIC.
Lessons Learned

Getting approval from Variety Care and Oklahoma’s state WIC agency to establish a satellite clinic was easy, but assigning WIC staff to work at the clinic presented challenges. No new employees were hired for this purpose and WIC clerical staffing declined during the project period. Operating a walk-in clinic for enrollment only was a different model for staff to learn. Some staff were concerned that participants enrolled at the satellite clinic were sent to the agency’s other sites for follow-up services.

Technology was not always cooperative. Laptops used to access the WIC information system at the satellite clinic were not always reliable; as a result, WIC staff could not always use electronic medical records for eligibility documentation.

Due to WIC funding and staffing constraints, the satellite clinic was discontinued at the end of 2018. Nevertheless, Variety Care WIC learned what it takes to integrate walk-in WIC services into a health care setting, including logistics of staffing this model, approaches for working with health care providers to refer patients and share information, and the pitfalls of offering only WIC certification (rather than the full range of WIC services) at a satellite clinic.

Next Steps

If funding becomes available to increase WIC staffing, Variety Care WIC will consider establishing WIC services in health care offices, but will develop a plan to provide comprehensive WIC services at these locations.

“I like that you work with the clinic and interact with my doctor to find out what is best for my baby.”

WIC participant
Project Timeline

October 2017: Completed installation of WIC at satellite clinic
Determined procedures for WIC services

November 2017: Trained WIC and FQHC staff
November - December 2017: Established referral process
November 2017: Initiated WIC enrollments at satellite clinic

June 2018: Tracked enrollment numbers and previous WIC experience

November 2018: Ended satellite clinic

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WIC Case Study: Oklahoma

WIC Agency Profile
The Oklahoma WIC program, administered by the Oklahoma State Department of Health, serves 72,000 participants per month through 110 county health departments and 26 independent contractors. The caseload is distributed among two major urban areas and many smaller, rural communities.

Project Description

**Strengthen Collaboration with Head Start**

**Challenge**
In Oklahoma, children who qualify financially for Head Start also qualify for WIC, but many of these children are currently not enrolled in WIC.

WIC collects health information for participating children (such as height, weight, and blood test values) that Head Start often has difficulty obtaining.

**Goal**
Increase the number of children in Head Start who are enrolled in WIC and strengthen the referral process, collaboration, and information sharing between the two programs.

**Strategy**
Oklahoma WIC initiated meetings with Head Start programs to increase collaboration and cross-referrals between the programs. The WIC Verification of Certification document was identified as a way for WIC to send measurements and blood test values for children enrolled in WIC to Head Start. WIC and Head Start staff were trained on the new referral policies.

In addition, one of the largest Oklahoma WIC agencies, the Tulsa City-County Health Department (TCCHD), and the Tulsa Community Action Project (CAP), which administers Head Start, established a memorandum of understanding outlining a strategic partnership to cross-promote programs and share data.

**Key Takeaways**
The Oklahoma WIC program sought to strengthen its collaboration with Head Start, lower the share of certifications that are temporary, and shorten certification appointments by:

- Initiating a referral system with Head Start;
- Allowing applicants to provide electronic documents for certification; and
- Shortening the health/nutrition assessment form for applicants.

As a result of these changes:

- The share of certifications that are temporary fell from 3.3 percent to 2.8 percent and
- The new health/nutrition assessment forms take 50 percent less time for participants to complete.

Referrals to WIC from Head Start have increased. As a result of the data sharing agreement between Tulsa CAP and TCCHD, 18 children participating in Head Start were enrolled in WIC.

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WIC collects health information for participating children (such as height, weight, and blood test values) that Head Start often has difficulty obtaining.

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Oklahoma WIC initiated meetings with Head Start programs to increase collaboration and cross-referrals between the programs. The WIC Verification of Certification document was identified as a way for WIC to send measurements and blood test values for children enrolled in WIC to Head Start. WIC and Head Start staff were trained on the new referral policies.

In addition, one of the largest Oklahoma WIC agencies, the Tulsa City-County Health Department (TCCHD), and the Tulsa Community Action Project (CAP), which administers Head Start, established a memorandum of understanding outlining a strategic partnership to cross-promote programs and share data.
Most staff responded positively to the changes, particularly to the increased collaboration with Head Start. Participants appreciated the option to provide eligibility documents electronically without having to return to the clinic and reacted positively to the shorter nutrition/health assessment form. Because open enrollment for Head Start is held one time per year, it is important to maximize this short window and plan to provide outreach and referral information to caregivers of children enrolled in Head Start.

**Next Steps**

Oklahoma WIC will continue to build partnerships with local Head Start programs to increase cross-program referrals through discussions and staff training, the sharing of program materials, posters, and video streams.

Program applicants and participants often forget to bring documents proving their income or residence to appointments. Oklahoma WIC policies allow participants with incomplete documentation to be certified for 30 days. Prior to this project, they were required to return to the WIC clinic to provide the required documentation, which created extra work for both participants and staff.

The two-page nutrition/health assessment form that participants completed as part of the certification process often added time to the overall appointment, especially if multiple family members were being certified.

**Challenge**

Program applicants and participants often forget to bring documents proving their income or residence to appointments. Oklahoma WIC policies allow participants with incomplete documentation to be certified for 30 days. Prior to this project, they were required to return to the WIC clinic to provide the required documentation, which created extra work for both participants and staff.

**Goal**

Reduce the number of temporary certifications by allowing participants to access eligibility documents electronically and show them to WIC staff during the certification appointment; and

Shorten the nutrition/health assessment form

**Strategy**

Oklahoma WIC established a statewide policy to accept electronic proofs of eligibility and trained staff about the policy.

A team of registered dieticians and policy specialists revised the nutrition/health assessment form and streamlined it to fit on a single page.

**Outcome**

The percentage of temporary certifications issued due to missing documentation fell from 3.3 percent to 2.8 percent, and WIC staff report that the new nutrition/health assessment forms take 50 percent less time for participants to complete.

**Lessons Learned**

Due to the decentralized nature of Head Start, finding answers regarding the program’s policies and income guidelines was more challenging than anticipated.
Most staff responded positively to the changes, particularly to the increased collaboration with Head Start. Participants appreciated the option to provide eligibility documents electronically without having to return to the clinic and reacted positively to the shorter nutrition/health assessment form.

Because open enrollment for Head Start is held one time per year, it is important to maximize this short window and plan to provide outreach and referral information to caregivers of children enrolled in Head Start.

Next Steps

Oklahoma WIC will continue to build partnerships with local Head Start programs to increase cross-program referrals through discussions and staff training, the sharing of program materials, posters, and video streams.

“This project has reduced barriers to services.”

WIC clinic supervisor

“This WIC is an agent of change. I like it.”

WIC staff

Timeline of relevant events

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