

WIC Case Study: Iowa

Key Takeaways

The Iowa WIC Program planned and implemented a statewide campaign to improve WIC access by encouraging and supporting local WIC agencies in conducting certification appointments outside of WIC sites.

- A statewide campaign effectively engaged local agencies in exploring ideas for providing WIC services outside of traditional WIC sites. Nine of the 20 local agencies implemented or are preparing to implement WIC appointments at alternate locations; eight others are considering doing so.
- Webinar presentations and peer sharing calls with local agencies, hosted by the state agency and Webster County WIC, were successful in sharing ideas, experiences, guidance, and resources and building interest in serving potential WIC participants in alternate locations.
- Individual calls with local agencies that were hesitant to try new approaches helped address concerns and encouraged them to join peer sharing calls or consider trying something new in the future. Agencies' concerns included staffing, cooperation from community partners/providers, availability of space, and equipment needs.
- Collaboration between WIC agencies and community organizations and health care providers strengthened existing relationships and contributed to success in serving participants at alternate locations. Four local agencies completed 457 appointments at alternate locations over six months, including 361 certifications. Of those certified, 137 were new or former participants.
- Updated certification policies, guidance, and other resources developed for the project will be useful for statewide efforts to improve program access.

WIC Agency Profile

The Iowa WIC Program, administered by the Iowa Department of Public Health, serves 57,000 participants through 20 local agencies, including 14 non-profit organizations and six local government agencies. The local agencies operate in 150 WIC sites, providing services in all 99 counties. The local agency partner, Webster County Public Health, provides services to 1,850 participants in five counties.

During 2018, Webster County Public Health worked with the Iowa WIC Program to conduct WIC certifications in conjunction with the agency's Maternal and Child Health Home Visiting Program. Because Webster County Public Health provides integrated services, home visiting staff are trained as Competent Professional Authorities to conduct nutrition assessment and certification during the home visit. Participants provide income, address, and identification eligibility documents to WIC staff by text message, email, or fax.

Project Description

Strategy 1- Implement a Statewide Campaign to Encourage and Support Local WIC Agencies in Completing Certifications in Locations Outside of WIC Sites

- Challenge** Many of Iowa's counties are rural and many WIC families must travel a significant distance to WIC sites. Additionally, local WIC agencies lack the staff resources to operate full-time WIC clinics or offer certification appointments every weekday in all counties. To make WIC more accessible, Webster County Public Health worked with the Iowa WIC program to include WIC certification in its home visiting program. Based on the success of this model, the state agency wanted to share this example of serving participants at alternate locations, along with policies and processes adapted for it, with local agencies throughout the state.
- Goal** Assess local agency interest in, and concerns about, certification appointments at alternate locations and develop a presentation and toolkit to provide anticipatory guidance.
- Strategy** Iowa WIC shared the example of Webster County WIC's integration of WIC certification with home visits and then surveyed local agencies to assess interest in conducting certifications at alternate locations and gather questions, concerns, and opportunities for doing this. Iowa WIC used survey responses to develop a webinar and toolkit to help local agencies consider potential locations for certifications and pursue options in their communities.
- Outcome** Of the 18 local agencies responding to the survey, seven said they were ready to explore alternate locations, eight were not sure, and three said they were not ready. After a webinar presentation on this topic (presented twice and with a recording available), nine agencies said they were ready to proceed and ten said they were not. The survey asked agencies to submit questions, concerns, anticipated barriers, and opportunities related to conducting certifications at alternate locations. Survey responses helped state agency staff understand the issues and prepare to address them, as well as to learn local agencies' ideas about potential locations. This information shaped the campaign and the implementation guidance provided to local agencies.

Local Agency Survey: Key Concerns About Offering Certification at Alternate Locations

- Staffing needed for caseload at current sites plus new locations
- Cost of purchasing and maintaining additional equipment or paying for use of space
- Internet connectivity and Wi-Fi security in locations outside of WIC office
- Doctor's offices, libraries, food pantries, etc. don't have room for a WIC clinic
- Developing timely, easy processes for obtaining required documents from participants
- Establishing relationships and/or gaining cooperation from other locations

Strategy 2- Host Peer Sharing Calls For Local Agencies Interested in Identifying Alternate Locations For WIC certifications

Challenge Distances between local agencies and lack of time for networking make it difficult to share ideas for making WIC more accessible. The state agency facilitated group calls to support peer-to-peer learning among agencies and identify new approaches to certifying participants.

Goal Facilitate the generation and sharing of ideas among local agencies, identify challenges, and address questions related to conducting WIC certifications at alternate locations.

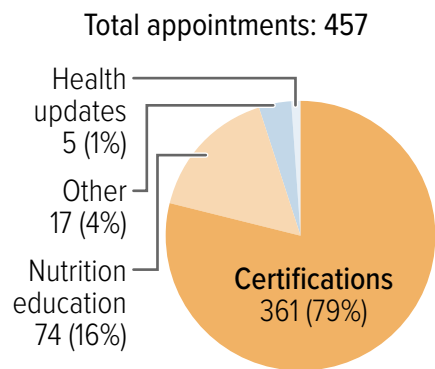
Strategy The state agency and Webster County WIC facilitated six monthly peer sharing calls with local agencies ready to proceed, providing a forum to discuss ideas and steps needed to pursue them. The calls enabled local agencies to share their experiences and state agency staff to respond to questions and identify issues for follow-up.

Outcome The state agency hosted one peer sharing call per month between July and December 2019. Fifteen of the 20 local agencies participated in at least one call, six of which had responded they were not ready to consider alternate locations. State and local agency staff said the calls proved valuable, especially the opportunity for local agencies to share ideas and discuss considerations for implementing them with their peers. Peer sharing calls helped local agencies identify various locations for conducting certifications, including Federally Qualified Health Centers, hospitals, women's/homeless shelters, day care settings, health care offices, Head Start classrooms, Toys for Tots distribution centers, and home visits.

By the end of the project, four local agencies reported they had completed 457 WIC appointments at alternate locations outside of their WIC site, including 361 certifications, as well as nearly 100 nutrition education, health, or other types of WIC appointments. Webster County's home visiting program accounted for more than one-third (38.5 percent) of these, with three other agencies conducting the rest. Of the families served during these appointments, 94 were new to WIC, 43 were previous participants returning to the program, and 121 were already enrolled.

Five other local agencies are planning to conduct WIC appointments at alternate locations during 2020 and eight more are interested in doing so in 2021.

WIC Appointments Conducted at Alternate Locations



Strategy 3- Conduct Individual Calls With Local Agencies That Indicated They Were Not Ready to Conduct Certifications Outside of WIC Clinics to Discuss Their Concerns and Barriers

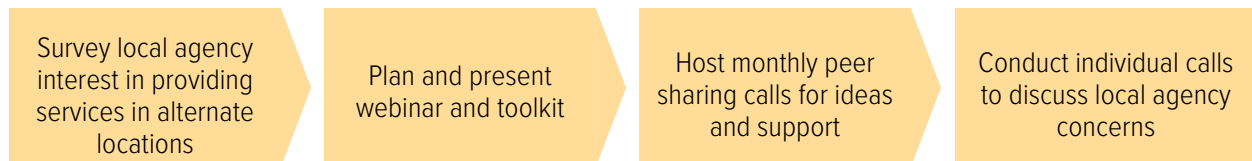
Challenge Staff of local agencies that indicated they were not ready to conduct certifications at alternate locations might have been unclear about the project's goals, available options, or their agency's capacity. For example, a common misconception was that the project's goal was to expand WIC home visiting programs, which would not have been feasible for most agencies.

Goal Clarify the project and discuss their concerns or challenges with conducting certifications at alternate locations.

Strategy Schedule and conduct individual calls with 10 local agencies that responded they were not interested or ready to conduct certifications at alternate locations. The state agency staff provided ideas and feedback to the local agencies during the individual calls to help them better understand the goal and to address barriers or concerns.

Outcome State agency nutrition consultants conducted individual calls with eight local agencies during September and October 2019. One additional agency that had responded it was not ready decided to join a group peer sharing call rather than schedule an individual call. Most of these agencies want to conduct certifications at an alternate location by 2021.

Iowa WIC Statewide Campaign



Lessons Learned

- 1) For local agencies, building relationships with community organizations and providers is essential to making WIC available at alternate locations. It is important to get buy-in from the organizations and staff at these locations so they will encourage their clients to participate in WIC.
- 2) Local agencies forged stronger relationships with health care providers and Head Start programs in their communities as a result of the project. When WIC services were integrated into health care delivery, provisional (temporary) certifications were rare, presumably because health care staff reminded patients of information needed to certify for WIC. Head Start and WIC worked together to identify children on Head Start but not on WIC, with Head Start staff talking to those parents/caretakers about WIC rather than just sending information home.
- 3) The local agency peer sharing calls were valuable in helping agencies think of new ways to make WIC more accessible and easier to use. Local agencies became more optimistic about trying new ideas and more willing to take part in future calls. Scheduling calls that all agencies can join was challenging, however.

- 4) Collecting data from local agencies on appointments completed at alternate locations proved challenging even though the state agency provided a spreadsheet to capture the data.

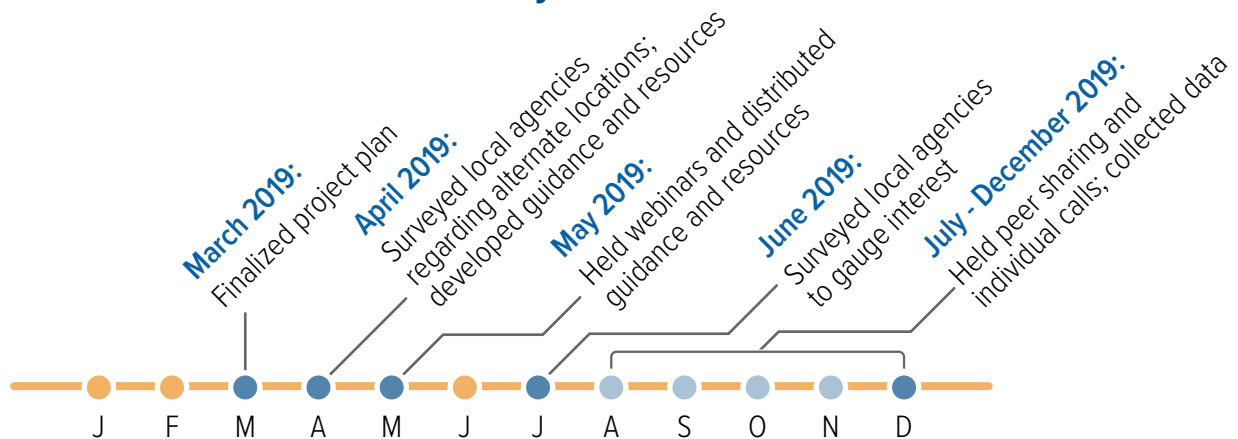
Next Steps

With the favorable response to the peer sharing calls, the frequency of meetings with local agencies will be increased from two per year to four and meetings will include time for local agencies to share ideas and experiences with streamlining WIC. The state agency will continue to encourage local agencies to identify new locations for WIC services and to review and revise policies to reduce burden for participants and WIC staff while maintaining program integrity. The policies and processes developed for this project, such as methods for participants to submit documents, helped Iowa WIC quickly implement remote services during the COVID-19 pandemic.

“Providing services in locations other than the typical WIC clinic can help build stronger relationships between local agencies and community partners and helps make WIC services more accessible to participants.”

Iowa WIC Director

Project Timeline



Project Team

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