

WIC Case Study: California

Key Takeaways

The California WIC program tested video appointments for recertifications at the Community Medical Centers (CMC) WIC program using videoconferencing technology that participants can access using a computer, tablet, or smartphone.

- The 300-family pilot demonstrated the effectiveness of videoconferencing for conducting recertification appointments
- Food benefits were issued at a higher rate (4.5 percent/month higher on average) among participants offered video appointments than among families not offered video appointments, indicating the potential of this approach to increase participation and retention
- In a survey of families that completed at least one video appointment, 75 percent of respondents said videoconferencing was “a lot more convenient than an in-person appointment” and 82 percent said they would be “a lot more likely” to keep a video appointment than an in-person visit. However, local agency data indicate that video appointments were rescheduled or missed as often as in-person visits, and for the same reasons.
- The cost was modest: each web camera cost \$10, and the subscription fee for the Healthie videoconferencing platform was \$1,500/month during the pilot but has decreased to \$1,500/quarter.
- Conducting recertifications using videoconferencing requires staff to apply a case management approach to help participants use the technology and obtain and upload the documents needed for certification.

WIC Agency Profile

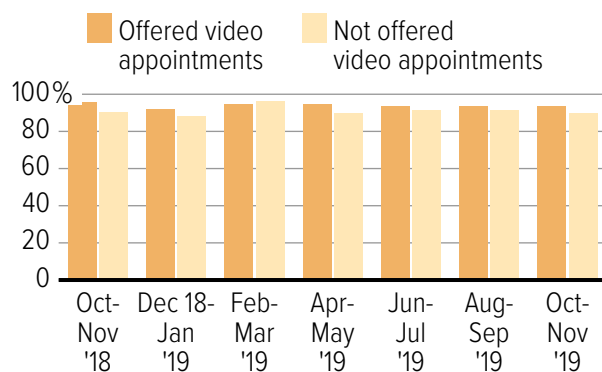
The California WIC Program, administered by the California Department of Public Health, serves 1,000,000 participants through 83 local agencies, including county health departments, community health centers, and community service organizations. The local agencies provide services at over 500 WIC sites across the state. In 2016, California awarded mini grants to nine local agencies for projects to improve WIC recruitment, retention, and re-engagement. Community Medical Centers (CMC) WIC in San Joaquin County received funding to implement video appointments for nutrition education. Community Medical Centers is a Federally Qualified Health Center. CMC WIC serves 8,000 participants in nine locations; 75 percent of participants identify as Hispanic and 40 percent speak Spanish.

Project Description

Conduct WIC Recertification Appointments Using Videoconferencing Technology

- Challenge** Through a state-funded three-year project to test innovative methods for delivering WIC services, Community Medical Centers WIC used a videoconferencing platform called Healthie to conduct nutrition education and mid-certification appointments. This gave families in the pilot a remote option for some of their appointments, but they still needed to travel to a WIC site to recertify family members who remain on the program.
- Goal** Increase retention of children in the program by making it easier for families to complete recertification appointments without visiting a WIC site.
- Strategy** CMC used its experience conducting video nutrition education and mid-certification appointments to develop policies and protocols for completing recertification appointments by videoconference for participants eligible for an exemption from the federal requirement that individuals be physically present during certification. It recruited over 300 families to take part in the pilot, with 330 participants in those families completing one or more videoconference appointments. Most participants or parents were between ages 22 and 37. About 22 percent had a high school or greater education and 59 percent reported English as their primary language.
- Outcome** Not all families certified for WIC receive their food benefits each month; however, families in the pilot were more likely to receive food benefits than those scheduled for in-person appointments. An increased benefit issuance rate averaging 4.5 percent for the pilot group (including months prior to and during the streamlining pilot) suggests that these participants were more engaged and might be more likely to continue participating in WIC.
- Seventy-five percent of pilot families responding to a survey said video appointments were “a lot more convenient than in-person appointments”; another 20 percent said they were “somewhat more convenient.” Further, 82 percent of respondents said they were more likely to complete a scheduled video appointment, and 65 percent said they would like to complete all of their WIC appointments through videoconferencing (most of the others would like to complete “some appointments” via videoconferencing). The average rating for ease of using the Healthie application was 4.4, with 5 being “very easy.”
- Nonetheless, families participating in the pilot were no more likely to keep their video appointments than families scheduled for in-person visits. One barrier to completing the appointments was uploading documents for eligibility determination and measurements or blood tests through the Healthie application. Technical issues, such as connectivity problems, also created barriers for some families.

Food Benefits Issued at a Higher Rate for Participants Offered Video Appointments



Responses from Surveyed Pilot Families

75% Video appointments are a **lot more convenient**

82% More **likely to complete video appointments**

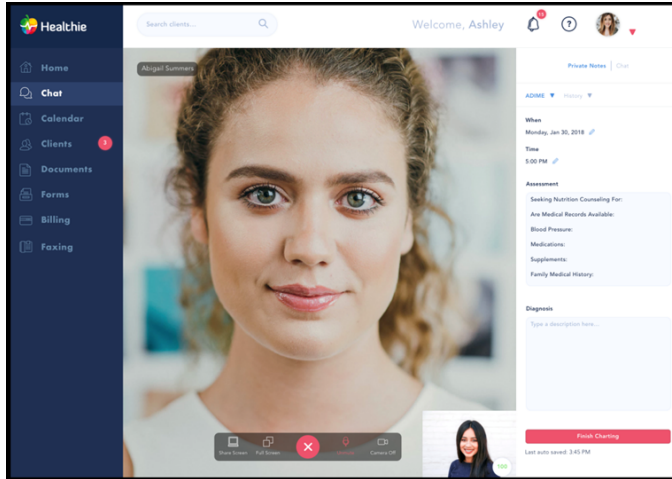
4.4 Rating for ease of using Healthie
out of 5

Lessons Learned

- 1) Videoconferencing can be used for recertification as well as other types of WIC appointments without sacrificing the quality of nutrition services; however, WIC staff time is needed to prepare families scheduled for these appointments.
- 2) Participants need help setting up the Healthie application and using it effectively for their appointments, including troubleshooting support to address connectivity issues. Staff also need to help families obtain and upload documents before appointments, including measurements and blood test results from health care visits.
- 3) While the videoconferencing team was enthusiastic about the pilot, some WIC staff were reluctant to promote it or indicated that they forgot to offer the new appointment option.
- 4) Though the Healthie application is only available in English, this was not a major deterrent for Spanish-speaking participants because it is simple to navigate and uses icons rather than text.

Next Steps

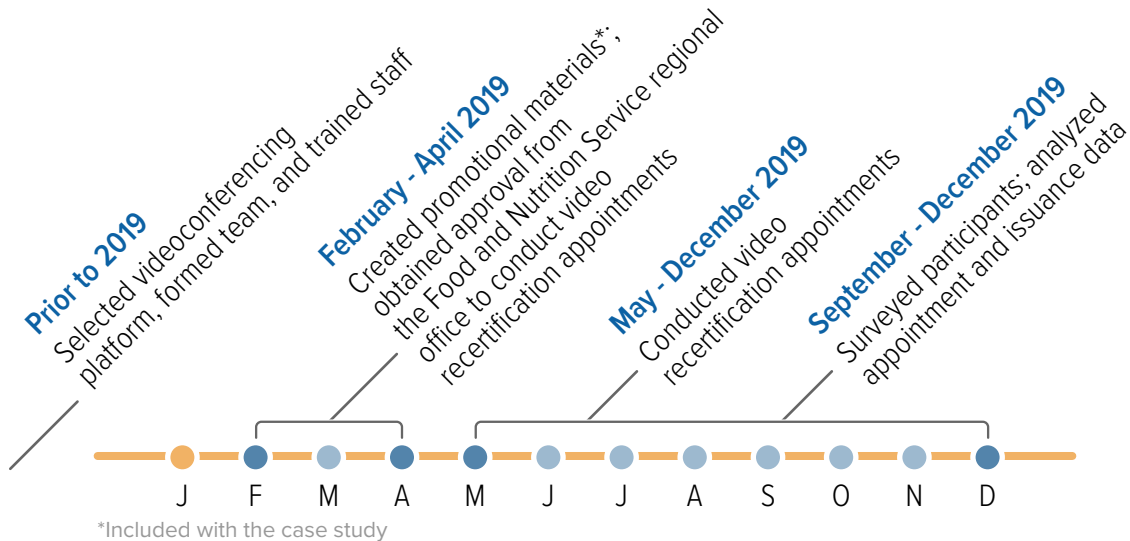
CMC is conducting video appointments two days a week for families in the pilot group (approx. 200 participants). This has proved to be very useful during the current COVID-19 pandemic. In March 2020, CMC WIC rolled out the new CA WIC Card, WIC WISE management information system, and the CA WIC App for participants. Both staff and participants are adapting to all of the new technology. The California state agency is developing policies for using videoconferencing for WIC appointments and plans to begin allowing other local agencies to offer this option to reduce barriers to participation. Protocols and processes that CMC developed for the pilot will be useful for other agencies implementing videoconferencing.



“[Videoconferencing is] more convenient because I have a full-time job. Being able to work without going to the WIC office every month makes balancing everything easier.”

– WIC participant

Project Timeline



June 2021 Update

The California WIC Program has made available a customized version of Doxy.me for local agencies statewide to use for videoconference appointments. Community Medical Centers (CMC) WIC Program continued the pilot to offer video recertification, mid-certification, and nutrition education appointments during the pandemic. CMC is using Doxy.me for group nutrition education appointments.

Project Team

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