Overview

• Background: Why We Conducted this Survey
• Survey Methods
• Survey Results
• Considerations
• Strategies to Consider
• Q&A
Background: WIC Caseloads and Coverage Rates are Declining

USDA FY 2019 estimates: 6.9 million

2015 overall coverage rate: 52.7%

Source: USDA Food and Nutrition Service
WIC Coverage: Unmet Need

Figure ES.5. WIC Coverage Rates for Children by Age and Postpartum Women by Breastfeeding Status: CY 2015

Sources: IPUMS-USA, n.d.; NBER, n.d.; Thorn et al., 2015; U.S. Census Bureau, n.d.; unpublished internal WIC administrative data
WIC Coverage: Unmet Need

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
Coverage Rates for All Participants by State, Calendar Year 2015

Why are Caseloads and Coverage Declining?

• Macro issues: Changes in birthrate, the economy, other benefit programs, federal immigration policies

• Micro issues:
  – Perception: Lack of awareness/understanding; pride; not knowing who qualifies; thinking someone needs it more
  – Experience: Pain points such as the shopping and clinic experiences; feeling the value of the food package is too low
  – Practical barriers: Getting to the clinic at least once every three months can be difficult

Largely outside of WIC’s control

Can be addressed in part through program innovations
How are State and Local Agencies Responding to Declines?

• Recruiting new participants
  – Outreach directly to community members
  – Outreach through community partners

• Retaining current participants
  – Improving the WIC experience

• Specific outreach and retention activities vary between states and local agencies within states
  – Lack of awareness of what other agencies are doing
  – Impetus for Outreach and Retention Survey Report
2017 Outreach and Retention Survey

• The purpose of the survey was to examine current practices for outreach and retention in order to:
  1. Disseminate these findings
  2. Create member trainings tailored to the findings

• NWA worked with our Reach Them, Teach Them, Keep Them (RTTTTK) task force to design the survey

• 389 WIC staff filled out the online survey
  – 60 respondents (15.42%) were from a state WIC agency
  – 329 respondents (84.58%) were from a local WIC agency
  – Respondents represented 43 states
Please Note:

• The survey responses did not represent an impact evaluation of which activities are effective at improving caseload.

• Rather, they are self-reported summaries of activities currently being used as well as self-reported perceptions of which activities have led to increased recruitment and retention of participants in a particular state or local agency.
Results
### Outreach/Recruitment Activities

**Most Frequently Used by Local Agencies**
- Social media (unpaid)
- Displays at community events
- Displays at community partners such as food banks and hospitals
- Building ongoing relationships with community partners

**Used Less Consistently by Local Agencies**
- WIC appointments/ certifications at community partners
- Mailers sent to previous participants and other potentially WIC-eligible households
- Events at WIC clinics that are open to the public
- Promotions on agency websites
- Hiring a dedicated outreach coordinator

**Least Used by Local Agencies**
- WIC appointments and/or displays at grocery stores
- Paid media outreach
- Online WIC applications
- Knocking on doors
- Promotional text messages
- Paid social media
- Blog posts

Facebook is most popular
# Community Events

## Types/Locations
- Health fairs
- Carnivals/state fairs/festivals
- Family activity nights
- Breastfeeding events
- Nutrition events
- Baby showers at local medical clinics
- Pregnancy center classes at local medical clinics
- Head Start orientations
- Early school registration
- Military outreach day
- Children’s museum events
- Summer reading events

## Activities
- **Most frequent:**
  - Providing brochures and answering questions
- **Less common:**
  - Sharing recipes
  - Scheduling appointments
  - Leading interactive nutrition games and activities
  - Leading WIC presentations
  - Handing out incentives
  - Coordinating food/cooking demonstrations
- **Least common:**
  - Certifying participants
  - Sharing a table with partner organizations with the same audience as potential WIC participants
## Community Events (Cont’d)

<table>
<thead>
<tr>
<th>STAFFING OF EVENTS</th>
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<tbody>
<tr>
<td><strong>Most frequent:</strong></td>
</tr>
<tr>
<td>• WIC nutritionists</td>
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<tr>
<td><strong>Less common:</strong></td>
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<tr>
<td>• Outreach coordinators</td>
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<tr>
<td>• Clerks/ customer service representatives</td>
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<tr>
<td>• Peer counselors</td>
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<tr>
<td>• Lactation consultants</td>
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<tr>
<td>• WIC directors</td>
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<tr>
<td>• Competent professional authorities (CPAs)</td>
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<tr>
<td>• Health department staff</td>
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<tr>
<td>• Nurses</td>
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<td>• Students/interns</td>
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<table>
<thead>
<tr>
<th>METHODS FOR MEASURING SUCCESS</th>
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</thead>
<tbody>
<tr>
<td><strong>Most common:</strong></td>
</tr>
<tr>
<td>• Following up with potential participants to make appointments</td>
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<td><strong>Less common:</strong></td>
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<tr>
<td>• Including the question “How did you hear about WIC?” in the certification process</td>
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<tr>
<td>• Giving out incentives at events that can only be cashed in if someone comes to the WIC clinic</td>
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</tbody>
</table>
Events at WIC Clinics

• Just over 15% of local agency respondents reported that they host public events at their WIC clinics as a way to reach new families.

  – Event themes
    • Open houses
    • Movie screenings
    • Breastfeeding events such as picnics
    • Baby showers
    • Gardening events
    • Special events to coincide with national observances (e.g., National Nutrition Month, Mother’s Day, World Breastfeeding Week, national sporting events, etc.)

  • Events at WIC clinics featured the following activities:
    • Medicaid-enrollment assistance
    • Dental screenings
    • Physical activities like dancing
    • Guest speakers
    • Clothing or toy swaps
    • Games
    • Raffles
Collaborating with Community Partners

**ACTIVITIES**

- WIC displays/fliers/ brochures at community partner sites
- Working with grocery stores to place WIC promotions on baby aisles and near pregnancy tests
- Convening outreach group or coalition, including all local WIC clinics in the area
- Establish MOUs with partner organizations and agencies
- Data-sharing agreements with agencies such as SNAP or Medicaid
- Providing presentations/trainings to partners about WIC (including healthcare and social service providers)
- Trainings for grocery store employees
- WIC appointments/certifications at community partners, including hospital certifications
- Mailing out WIC information to free or reduced-price lunch recipients, to families that receive SNAP or Head Start, and/or to Medicaid patients who are WIC-eligible

**PARTNER SITES FOR WIC DISPLAYS**

**Most common places**
- Head Start offices
- Daycare centers
- Doctors’ offices including pediatricians and OB/GYNs
- Food pantries

**Less common places**
- Community spaces, including libraries, churches, laundromats, bulletin boards, gyms/recreation centers, apartment complexes (especially low-income or Section 8 Housing), and changing rooms
- Retailers, including grocery stores, Goodwill, beauty shops and barber shops, dollar stores, pharmacies, restaurants, coffee shops, gas stations, and movie theaters

**Government sites including schools, post offices, health departments, tribal headquarters, military bases, and public assistance offices**

**Social service agencies and nonprofit organizations, including welfare offices, foster care settings, homeless shelters, women’s shelters, early childhood education centers, unemployment offices, parenting groups, pregnancy resource centers, rehabilitation/substance-abuse treatment services, United Way**

**Dental clinics**

**Media, including newspapers, public television, radio, and billboards**
Collaborating with Community Partners

**ADDITIONAL COMMUNITY PARTNERS**

- Healthcare entities including hospitals, FQHCs, Medicaid Coordinated Care Organizations and other Medicaid Health Plans, behavioral health centers, refugee clinics, community health workers
- Farmers’ markets
- Social service organizations including 211 (Essential Community Services); maternity-support services; home-visiting programs; tobacco-cessation groups/quit lines; employment services; community action agencies; youth centers; and summer free-meal providers
- Migrant camps
- Existing coalitions and community organizations focusing on, for example, early childhood education or child health and welfare
- Local government entities including elected officials; chambers of commerce; environment health departments; domestic violence agencies; county health officials; and cooperative extension
- Nonprofit organizations, including March of Dimes and YMCA
- Community leaders, local celebrities, and athletes who can be spokespersons for WIC

**CASE STUDY**

**ONE LOCAL AGENCY IN MISSOURI REPORTED HOSTING A “BABY CAFE.” BABY CAFES ARE COMMUNITY-BASED, DROP-IN BREASTFEEDING SUPPORT SITES OFFERING ONGOING, HIGH-QUALITY LACTATION CARE FREE-OF-CHARGE TO BREASTFEEDING MOTHERS.**

**CONNECTICUT WIC COLLABORATES WITH THE CONNECTICUT BUSINESS AND INDUSTRY ASSOCIATION TO POST EMPLOYER/EMPLOYEE-FOCUSED MATERIALS TO ITS WEBSITE AND MAIL WIC FLYERS TO CONNECTICUT BUSINESSES THAT EMPLOY WIC-ELIGIBLE PEOPLE.**
Working with Healthcare Providers

• In addition to installing WIC displays and/or featuring WIC brochures at doctors’ offices:
  – Training HC providers on WIC (what is WIC, who is eligible, how to screen for WIC eligibility, etc.). One agency suggested “a lunch and learn” for physicians that offers continuing education credits.
  – Encouraging HC providers to integrate WIC screening and referrals into their medical appointments with potentially eligible mothers and children
  – Developing partnerships with local maternity wards to perform bedside WIC certifications
  – Working with the local, state, or regional Medicaid providers/agencies to compare Medicaid enrollee reports with WIC participant reports in order to perform targeted outreach
  – Coordinating with Medicaid providers to automatically qualify people for WIC in their data system + immediately refer them to WIC
Paid Advertising

- A common activity for state agencies; less common for local agencies. Activities include:
  - Participating in NWA’s National Recruitment and Retention Campaign (nearly half of survey respondents reported participating)
  - Developing radio PSAs in multiple languages
  - Placing advertisements in grocery store mailers and fliers
  - Advertising on public transportation
  - Using paid social media advertisements
- State agencies reported focusing more advertising funds on paid social media advertisements than traditional media advertisements
- Possible room for growth
  - Only about half of state agencies reported engaging with the media to receive free airtime on TV or radio to promote WIC
  - >25% of state agencies reported that they never advertise WIC using paid media
  - 25% reported using paid advertisements less than once a year
Retention Activities

• Four main categories:
  1. Making appointments easier and reducing transportation barriers
  2. Improving clinics and staffing
  3. Improving education and support opportunities
  4. Providing incentives
### Making Appointments Easier and Reducing Transportation Barriers

- Text, call, e-mail, or mail appointment reminders and upcoming certification reminders (texts, calls, and emails can be sent using automated system)
- Missed appointment texts; two-way texting to reschedule missed appointments
- Offer walk-in hours each week for participants who have missed an appointment
- Online client portals
- Online application and/or pre-screening tool
- Text participants about upcoming clinic closures
- Work with partners to provide transportation to and from WIC clinics
- Mobile WIC clinics
- Mobile market of WIC-approved foods

### Improving Clinics and Staffing

- Conduct surveys of WIC participants to identify barriers to accessing WIC services.
- Expanded hours (i.e., weekend and night clinics)
- Satellite clinics
- Activities in waiting room (e.g., reading to children, other forms of entertainment for children and adults)
- Kiosk/computer in waiting room with free internet access and nutrition education
- Ensure staff are provided with high-quality customer service training and continually monitor quality of customer service
- Ensure that clinic processes are all designed using a participant-centered approach
- Ensure that clinic processes are all designed using a participant-centered approach
- Ensure that WIC salaries are competitive
- Utilize Americorps volunteers for outreach and retention activities
IMPROVING EDUCATION AND SUPPORT OPPORTUNITIES

» Give participants the option of completing nutrition education online or on a smartphone app to reduce the number of times they are required to come into the clinic each year

» One-way texting to provide:
  • Breastfeeding and nutrition education
  • Reminders for redeeming WIC and FMNP benefits
  • Referrals
  • Clinic activities/events (including parenting and breastfeeding classes)
  • Healthy WIC recipes
  • Clinic schedules and locations
  • Farmers market updates

» Two-way texting for:
  • Breastfeeding peer counseling
  • WIC moms to announce the birth of their baby
  • WIC moms to ask questions
  • Conducting surveys of WIC moms

» Reiterate all of WIC’s services and policies at each visit (not just the first visit)

» Ensure that participants know why it’s important to stay on the program

» Dads’ and grandparents’ programming

» Provide nutrition education to the whole family

» Perform home visits

» Social media engagement with WIC participants (e.g., Facebook groups)

» Reassure participants that WIC keeps participant information confidential (to assuage fears related to immigration)

TEXTING
While most agencies reported having systems in place to text participants, nearly 40% of survey respondents reported not having the ability to text participants. In addition, only about one-fifth of respondents have the capacity for two-way texting with participants.

PROVIDING INCENTIVES

» Most common incentives:
  • Cups and water bottles
  • Children’s books, including coloring books
  • Birthday cards
  • Cookbooks
  • Bibs
  • Clothes, including aprons

Less common incentives:
  • Extra value at farmers markets
  • Plates/bowls/cutlery/cutting boards (including USDA’s “MyPlate”)
  • Toothbrushes
  • Backpack/shopping bags/lunch bags
  • Toys to encourage physical activity
  • Crayons/pencils
  • Breastfeeding covers/supplies

» When and where to distribute:
  • In the clinic
  • Via the mail
  • At community events

» Source of funding:
  • WIC funds
  • Public health centers
  • Partners (e.g., Head Start or nonprofit organizations)
  • Farmers’ markets

» Promoting incentives
  • Promoting in birthday cards or appointment reminders

CASE STUDY
A local agency in New York gives out incentives based on a monthly theme. For example, the agency distributes toothbrushes in February for Dental Health Month, sunglasses during Summer Months, and shopping bags in July for Farmers Market Month. Please note that some of these may not be allowable incentive items in your state or region.
Recruitment Activities Reported to be Effective

• Local agencies listed many partners that they have worked with that ultimately led to increased participation. These partners include:

  • Hospitals
  • FQHCs
  • Medicaid CCOs
  • Behavioral health centers
  • Refugee clinics
  • Food pantries
  • Farmers markets
  • Beauty shops and barber shops
  • Schools
  • Parenting groups
  • Pregnancy-resource centers

  • Rehabilitation/substance-abuse treatment services
  • Maternity-support services
  • Home-visiting programs
  • Existing coalitions
  • Community organizations focusing on topics like child health and welfare or early childhood education
  • Local elected officials
  • Environment health departments
  • Domestic violence agencies
  • March of Dimes
  • YMCA
Recruitment Activities Reported to be Effective

- State agencies reported several additional partners:
  - Daycare centers
  - Churches
  - Apartment complexes (especially low-income or Section 8 housing)
  - Grocery stores
  - Gas stations
  - Movie theaters
  - Health departments
  - Public-assistance offices
  - Newspapers
  - Radio stations
  - Billboard owners

The partners that both state and local agencies reported to be the most effective were Head Start, doctors’ offices (pediatricians and OB-GYNs), and 211 (essential community services).
Retention Activities Reported to be Effective

• The two retention activities that agencies reported were most effective:
  – Texting participants
    • Majority (54%) of state and local agencies said they saw an increase in retention as a result of texting participants
  – Providing incentives
    • Handful of state agencies reported on the effectiveness of incentives
    • One agency reported that the most effective incentive programs are “refer-a-friend” incentives
    • A number of respondents use promotional campaigns to keep children on the program through their fifth birthday (e.g., “Up to 5 Campaign” and “WIC Beyond One”)

One agency:
Incentive items may be more effective at recruitment and retention than fliers and displays, as incentives can be used and remembered, whereas fliers and brochures may be thrown away and forgotten.
Guidance and Tools Needed for Improving Outreach Efforts

- When asked to rank a list of seven webinar topics in order of potential usefulness, respondents arrived at the following ranking:
  1. Retention strategies for 1-year-olds and beyond
  2. Marketing the value of WIC—create a pitch about WIC to sell the program to your partners
  3. Free media outreach—what and how to pitch to get local media interested
  4. Social media best practices—Facebook, Instagram, and more
  5. Survey results—state and local agency outreach practices
  6. How to utilize and modify templates for outreach-related materials and resources
  7. Chatbots—what are they and how to get one
Considerations

• Outreach and retention will not look the same in every state and every locality, as context is very important to state and local decision-making.

• Contextual considerations can include:
  – The unique needs and attributes of the local population being served
  – State-level policies and procedures
  – Unique funding concerns

• One area of state and local variation is the use of social media:
  – One local agency reported that they do not use social media because of HIPAA concerns
  – Other respondents said they do not use social media because of a lack of training on how to use it
Considerations (Cont’d)

• Another area of considerable variation between different states is the provision of incentives
  – A sizeable portion of local and state agency respondents reported not using incentive items. Some of the reasons include:
    • State-level policies that prohibit the use of incentives
      – Respondents recommend that LAs use local funds or donations from community partners
    • Insufficient funding
    • A need for guidance from state agency on whether incentives are allowable expenses
    • The notion that incentives show favoritism and unfairly highlight certain products
    • Difficulty in measuring the effectiveness of incentives
    • In some cases, the ineffectiveness of incentives in retaining participants
      – Some agencies only provide incentives only under certain conditions
        • E.g., if an individual follows certain steps—“liking” their local agency’s Facebook page, completing a certification, attending certain outreach events, etc.
    • One state agency only allows the purchase of only educational incentives
Strategies to Consider

FOR STATE AGENCIES:

1. If it is an allowable cost, purchase incentive items and share with local agencies.
2. Permit local agencies to participate in NWA’s Recruitment and Retention Campaign even if the state is not participating.

FOR LOCAL AGENCIES:

3. If you are not already providing incentives, explore state-level policies, or speak with your state WIC agency to see if this is an allowable expense in your state.
4. Be sure that your local agency is meeting participant needs and delivering high-quality customer service by conducting periodic participant surveys. Surveys can also include questions about any barriers participants face in accessing WIC services.
5. Consider hosting public events at a local WIC clinic to improve community engagement.
6. Build and maintain strong partnerships with a wide variety of stakeholders. When working with community partners, make sure relationships are mutually beneficial.
Strategies to Consider (Cont’d)

FOR STATE AND LOCAL AGENCIES:

7. Conduct periodic trainings for healthcare providers on WIC. These trainings can focus on what WIC is (beyond just the food package), who is eligible, how to screen for WIC eligibility, etc.

8. Establish a collaborative network, including WIC, OB/GYNs, and pediatricians, to share anthropometric and biochemical information.

9. Work with your local, state, or regional Medicaid, SNAP, and/or Head Start providers to compare enrolee reports with WIC participant records in order to perform targeted outreach.

10. Work with food retailers to:
   - place WIC promotional signage at the front of the store and on key aisles
   - place WIC advertisements in store flyers and mailers
   - remove barriers in an effort to improve the WIC shopping experience

11. If you are already engaging on social media, consider bolstering your efforts. If are not engaging, consider using Facebook or another platform to showcase your agency (if it is allowable).

12. Promote WIC in traditional media, including through earned media (op-eds, press releases, free radio and/or TV PSAs) and paid media (advertisements in newspapers, radio, and/or TV).

13. Work with local TV stations to run state-sponsored advertisements ensuring that WIC is not cooperating with Immigration and Customs Enforcement (ICE).

14. In WIC promotional materials, be sure to tailor language and messages to participants’ age and social/cultural norms. WIC promotions need to resonate with millennials while also catering to a wide variety of audiences.

15. If you are promoting WIC digitally, consider using videos. Short videos are attention-catching and may be more effective than text or photos.

16. Ensure staff is culturally diverse and bilingual to the greatest extent possible.

17. Provide appointment flexibilities to the greatest extent possible. This includes allowing for walk-in appointments, providing extended clinic hours, allowing clients to schedule appointments online, and other flexibilities.

18. If your agency is not already texting participants, consider introducing this practice (if it is allowable).

19. To add to the evidence base for why WIC participation is dropping, conduct exit interviews when participants leave the program or focus groups with former WIC participants and/or eligible moms who have chosen not to participate. If your agency does not have the capacity to conduct focus groups, consider working with a local research institution or advocacy organization.

20. Collect and analyze data on who is and is not participating. This will enable you to target outreach efforts.
Questions?