
**Report to
The Vermont Legislature**

**Increasing Vermont WIC Program Enrollment
2019 Report to the Legislature**

In Accordance with Act 11 (2018) Section E.312.2, Women, Infants and Children (WIC)
Stakeholder Summit and Report

Submitted to: House Committee on Human Services
Senate Committee on Health and Welfare

Submitted by: Commissioner Mark Levine, MD

Prepared by: Vermont WIC Program

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108 Cherry Street, PO Box 70
Burlington, VT 05402
802.863.7280
healthvermont.gov

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Increasing Vermont WIC Program Enrollment 2019 Report to the Legislature

WIC Program Overview

Vermont WIC Mission Statement

To assure healthy pregnancies, healthy birth outcomes, and healthy growth and development for women, infants and children up to age 5 who are at nutrition risk, by providing nutritious foods to supplement diets, information and education on healthy eating, and referrals to health care and critical social services.

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a federal public health nutrition program administered in Vermont by the Department of Health. The program serves income-eligible pregnant, postpartum, and breastfeeding women, infants and children up to age 5. Participation in Medicaid, 3SquaresVT or Reach-up Financial Assistance allows for adjunctive eligibility in WIC.

WIC caseloads have been on a steady decline in Vermont and across the country. There are many factors contributing to this including declining birthrates, lower unemployment rates, and a healthy economy. Other factors such as a lack of awareness or understanding of the WIC program, perceived stigma associated with participation, lack of referrals, barriers to applying, transportation limitations, and difficulties with the shopping experience¹ have also contributed to a decline in enrollment.

Vermont WIC is addressing these issues via:

- Ongoing strategic outreach and communication planning,
- Expanding access to clinic services in rural communities,
- Offering flexible and same-day appointment scheduling,
- Establishing partnerships with health care providers to conduct appointments in the medical home,
- Offering certification and nutrition education at select Head Start and child care locations, and
- Updating WIC shopping resources.

Recent strategic changes made to improve WIC enrollment and retention have been implemented and include:

- Eliminating “proof of pregnancy” documentation to expedite the enrollment of pregnant women. (2017)
- Assessing Medicaid participation to determine adjunct income eligibility prior to in-person certification appointments. (2016)

- Revising WIC’s food guide and developing a participant-informed video series that aims to improve nationally known shopping trouble spots. (2018)
- Translating the WIC food guide and videos into multiple languages to accommodate New American families who participate in WIC. (2018)
- Adding access to new materials via a WIC Shopping app for mobile devices. (2018)
- Expanding texting service to offer a two-way option to support families preferred communication method, (2018/2019).
- Offering web-based nutrition education choices in addition to in-person and community classes (2012).

2018 Stakeholder Summit

On October 24, 2018, Vermont WIC hosted a Summit at the Waterbury State Office Complex with approximately 30 community partners, including home health agencies, community action organizations, food security programs, and the Department for Children and Families. A full list of invitees and attendees is attached in Appendix A.

After a presentation of Vermont WIC’s mission and participation trends, partners shared their current efforts to refer and enroll WIC-eligible families. Small groups then explored new ideas and innovative strategies for participant retention, prompted by their experience working with WIC families in other settings and best practices being implemented by other State WIC Programs. Vermont WIC shared a “Journey Map” with attendees to illustrate the “touchpoints” where they are likely to have the most leverage to support continued program participation. Partners further identified ways they could support a child’s journey towards “graduating” fully from WIC. The event also provided an opportunity to strengthen collective knowledge regarding enrollment and retention strategies, and identified ways to grow and enhance partnerships.

The enrollment and retention strategies identified during the event are included in the section called “Innovations Summary.” Some are suitable for immediate implementation while others, due to cost or technology limitations, will be reviewed for feasibility of implementation and considered when funding opportunities and/or regulatory changes allow. The Summit agenda and Journey Map are attached as Appendix B and C, respectively.

Input on Methods for Increasing WIC enrollment

Active Participant Survey

The Vermont WIC Program administered an online survey of current active participants between August 2018 and January 2019. A link to the survey was sent via text and email, and was promoted at local WIC clinics. The survey was a mechanism to receive feedback on WIC Nutrition Services, including customer satisfaction, appointment scheduling, breastfeeding support, WIC shopping, and nutrition education. The survey had 822 respondents, with a 79% completion rate. This represents approximately 8% of active Vermont WIC households, which is a higher than anticipated response. WIC attributes this high response rate to sending the survey link via text which had not been possible with prior participant surveys.

For this report, a summary of responses to two specific survey questions: “What do you like about WIC?” and “If you could make one suggestion for the WIC Program, what would it be?” are listed. The responses provided insight into current WIC participants experience and affirmed known program strengths. Information collected will support outreach efforts and further identify opportunities for innovation and program improvement.

When asked what they liked about WIC, participants selected:

- WIC foods (90%)
- Nutrition information (68%),
- Learning about my child’s growth and development (66%),
- Farmers’ market coupons (55%), and
- Getting information about other programs and services that help my family (51%).

The survey provided an opportunity for open comments regarding the parts of the WIC program participants like. Themes identified in these responses included: encouragement and support from WIC staff and the convenience of using the WIC EBT card to access the food benefit.

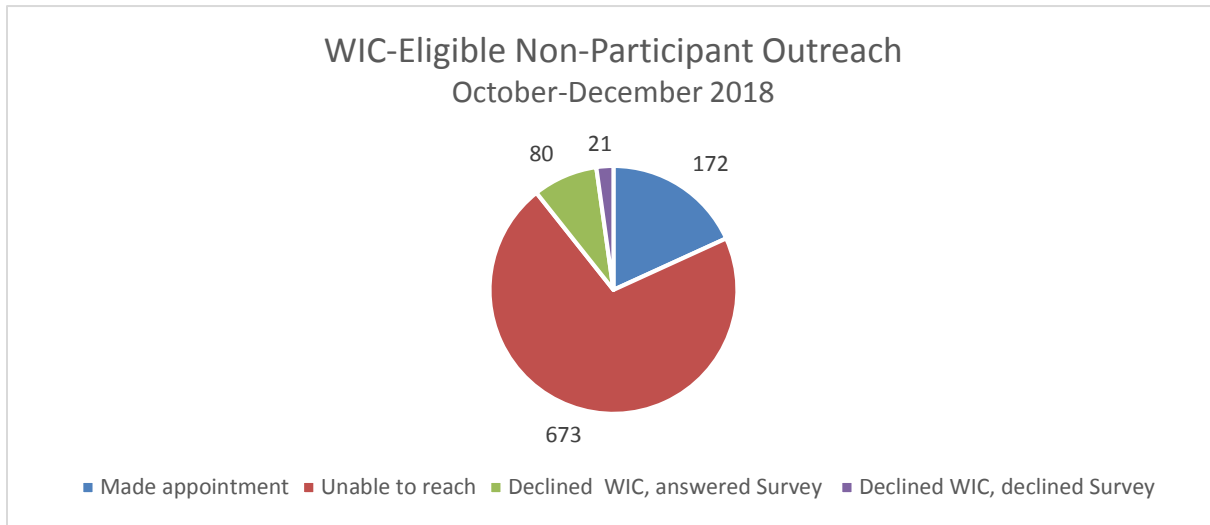
Responses to the open-ended question, “If you could make one suggestion for the WIC Program, what would it be?” offered practical, as well as innovative ideas. Some suggestions are not within Vermont WIC’s control (e.g. additional money for fruits and vegetables and expanding the program for children older than five). Other suggestions included ideas that are feasible and are summarized in the table below.

Ideas from Current Participants
<ul style="list-style-type: none">• Improve parking at clinics.• Provide greater food selection on the food package, especially for food allergies, i.e. gluten.• Employ creative scheduling and more flexibility with appointments.• Improve stocking of WIC foods in stores and better shelf labeling.• Improve WIC Shopper app to include balance and to make available offline.• Consider foster parents and grandparents in requirements.• Sponsor/Host more activities/events that bring families together to connect/socialize.• Enhance access to Farm-to-Family coupons.

Non-Participant Survey

WIC staff receive a monthly outreach report generated by the Department of Vermont Health Access. The report includes a list of people who are currently active on Medicaid and are therefore adjunctively eligible for WIC. Staff review the list monthly and reach out to those who are not on WIC by phone, letter, and text to offer an enrollment appointment. The list may include former WIC participants whose certification lapsed as well as newly eligible participants. For the months of October, November, and December 2018, staff tracked the numbers of those who accepted an appointment, those who declined, and those they were unable to reach by phone. The outcome of this outreach is represented in Figure 3 below. Most (71%) eligible non-

participants could not be reached. Of those that could be reached, 63% scheduled an enrollment appointment.



For those who declined joining or rejoining WIC, 79% answered survey questions about why they were opting out at this time, and what the WIC program could do to help them sign up. Former participants most commonly expressed that WIC benefits were not worth the effort it takes to stay in the program and/or the benefits were no longer needed. A handful of respondents expressed that shopping for WIC foods with the WIC card was too much of a hassle and/or they forgot to make or keep a WIC appointment when it was needed. Transportation was also noted as a barrier for two respondents. Most respondents said that there was nothing that WIC could do to help them participate again. A few specifically mentioned being too busy to participate.

A handful of potentially eligible WIC participants responded that they were unsure what the WIC benefits were, but most respondents expressed that they did not need the WIC benefits. Among this group, a couple of appointments were made when WIC benefits and food choices were further explained, though many still responded there was nothing WIC could do to encourage them to enroll.

Innovations Summary

Ideas collected through the Summit and participant surveys are listed in the tables below. Many of the short-term ideas are already being implemented by Vermont WIC and program partners. They are categorized by enrollment and retention, and by proposed timing of implementation in order to augment strategic initiatives currently underway.

Enrollment Ideas

Short Term (1-2 years)

- Improve outreach by using the Medicaid recipient list.
- Increase collaboration through regular strategy sessions with Children’s Integrated Services (CIS) Family Support and Home Visiting Services.
- Increase outreach efforts to caregivers, grandparents, and foster families.
- Promote WIC food benefits/services via tabling with WIC-approved food displays, recipe samplings, and by offering to schedule appointments.

Mid Term (2-5 years)

- Look for new ways to streamline and/or integrate the application process for WIC, 3SVT, and Medicaid.
- Link WIC application with childcare financial assistance service.
- Increase WIC “prescriptions” by health care providers.

Retention Ideas

Short Term (1-2 years)

- Send text appointment reminders, nutrition tips and resources to retain participation and implement two-way texting to further encourage participation.
- Increase food choices whenever possible.
- Increase visibility of WIC-approved foods in grocery stores.
- Develop nutrition education activities that are more appealing to grandparents and New Americans.
- Strengthen partnerships with food-focused organizations like Expanded Food and Nutrition Education Program (EFNEP), that serve WIC families.
- Work with community partners to allow relevant events/activities to count for nutrition education credit.
- Organize events/activities/networking opportunities to encourage social support among participant families.
- Increase flexibility with clinic hours, walk-in hours, and same day or next day appointments.
- Expand nutrition education to include shopping for, and preparing, foods.
- Implement Shopper Helper project to assist New American families with shopping.

Mid Term (2-5 years)

- Utilize telehealth and video conferencing technology for people with transportation barriers.
- Work with property owners and towns to make clinic parking more accessible.
- Form partnerships with Hannaford-To-Go and/or Instacart to offer home delivery.
- Increase non-traditional food markets as WIC vendors.
- Assess feasibility of combining SNAP and WIC benefits onto one EBT card.
- Improve accessibility of WIC Shopper App: use offline, and access WIC monthly balance.
- Co-locate WIC clinic with medical providers offices, childcare, food banks, etc.

In addition to these short and mid-term goals for enrollment and retention strategies, Vermont WIC has also identified long-term goals that are currently prohibitive due either to high

implementation costs or because they are not currently allowed under federal WIC regulations. Ideas include changing WIC policy at the national and/or state level to: Allow benefits to roll over from month to month; Increase options in the WIC food package; allow for online ordering and delivery of WIC foods; and to increase the WIC income threshold for “kin as parents.”

Conclusions

Data gathered and summarized in this report has already reinforced and refined innovations currently underway within the Vermont WIC Program. Vermont WIC caseload began a slight upward trend starting last spring. Caseload grew slowly through November 2018 and current enrollment and participation is comparable to March 2018. In the coming months, Vermont WIC plans to implement the following action items:

1. Strengthen partnership with the Vermont Department of Health Access and the Economic Services Division of the Department for Children and Families to assure that all Medicaid beneficiaries eligible for WIC are referred to the program.
2. Implement a strategic communication plan that emphasizes emerging enrollment and retention strategies, including a specific focus on outreach to OB/GYN and family practice medical providers as well as foster parents and kin as parents.
3. Pilot the implementation of “tele-WIC” mid-certification appointments (i.e. by telephone) to reduce the frequency of in-person appointments.
4. Co-locate WIC clinic with additional provider offices, Head Start, and childcare settings.
5. Enhance the WIC shopping experience through piloting “WIC shelves” in grocery stores.
6. Connect monthly WIC shopping balance to the WIC Shopper app.
7. Continue program evaluation through participant surveys, trends in retention, participation, and food redemption data.

References:

1. National WIC Association (2018) WIC Outreach and Retention Survey Report. Available online: <https://s3.amazonaws.com/aws.upl/nwica.org/outreach-and-retention-survey-report-2018.pdf>

Appendix A

Community Partners Summit Invitees

Name	Title	Organization	Attended
Sarah Adams-Kollitz	Director	Burlington Children's Space	No
Julianna Banach	SNAP	Vermont Dept for Children & Families	No
Amy Bolger	Health & Early Childhood Systems Coordinator	Vermont Dept for Children & Families	Yes
Jessie Carpenter	Manager of Youth & Family-Based Initiatives	Vermont Foodbank	No
Christine Ryan	Administration	Department of Health Access	No
Susan Coburn	Health Systems Administrator	Vermont Department of Health	No
Rebecca Cochran	Child Nutrition Consultant	Vermont Department of Education	No
Emily Cohen	Senior & Adult Programs Manager	Vermont Foodbank	Yes
Morgan Cole	Director	Children's Integrated Services	No
Laurie Colgan	Director, Child Nutrition's Program	Vermont Department of Education	No
Faye Conte	Advocacy & Education Director	Hunger Free Vermont	No
Rachael Comeau	VCHIP Assistant Director	University of Vermont	Yes
Laurie Cote	Benefits Program Specialist	Vermont Dept for Children & Families	Yes
Sarah Danly	Vermont Farm-to-Plate Network Manager	Vermont Sustainable Jobs Fund	No
Amy Davidson	State Director	Vermont Expanded Food and Nutrition Education Program (EFNEP)	No
Paul Dragon	Deputy Secretary	Vermont Agency of Human Services	No
Patricia Duda	Food & Nutrition Programs Director	Vermont Dept for Children & Families	Yes
Elisabet Eppes	Program Innovation Manager	National WIC Association	Yes
Christine Finley	Immunization Program Director	Vermont Department of Health	No
Carlen Finn	Executive Director	Voices for Vermont's Children	No
Elizabeth Gilman	Child Development Specialist	Help Me Grow VT	No
Katie Girard	Child Development Specialist	Help Me Grow VT	No
Brenda Gooley	Policy & Operations Manager	Vermont Dept for Children & Families	No
Cynthia Greene	T.E.A.C.H. Manager	Vermont Association for the Education of Young Children	Yes
Jill Hamilton	Public Health Nutritionist	Vermont Department of Health, Rutland Office of Local Health	Yes
Hillary Hill	Medicaid Policy	Vermont Health Access	Yes
Anore Horton	Executive Director	Hunger Free Vermont	Yes
Wendy Hubbard	Public Health Nurse	Vermont Department of Health, Morrisville Office of Local Health	Yes

Amy Johnson	Program Director	Parent Child Center of Northwestern Counseling & Support Services	Yes
Sue Kamp	Director, Physical Activity, Nutrition & Women's Health	Vermont Department of Health	No
Suzanne Kelley	Healthy Communities Coordinator	Vermont Department of Health	Yes
Anya Koutras	Family Medicine Physician	University of Vermont Medical Center	No
Denise Lamoureux	State Refugee Coordinator	State of Vermont Agency of Human Services	Yes
Katie Leffel		Central Vermont Home Health & Hospice	No
Shari Levine	Information Director	Vermont Department of Health, Maternal & Child Health Division	Yes
Monika Madaras		Vermont Dept for Children & Families	Yes
Alysha Magnant	Maternal Child Health Coordinator	Vermont Department of Health, Burlington Office of Local Health	Yes
Michelle Maitri-Mudita	Children's Integrated Services Coordinator	Northeast Kingdom Learning Services	Yes
Chris Meehan	Chief Community Impact Officer	Vermont Foodbank	No
Magdalene Miller		Central Vermont Home Health & Hospice	No
Maroni Minter	Regional Field Manager	Let's Grow Kids	Yes
Erin Oalican		Vermont Dept for Children & Families	No
Monica Ogelby	Children with Special Health Needs Clinical Services Director	Children with Special Health Needs, Vermont Department of Health	No
Christine Pellegrino	Quality Improvement Associate, VCHIP	University of Vermont	Yes
Sarah Robinson	Deputy Director	Vermont Network	No
Carol Sarazin	Community Health Resource Specialist	Dartmouth-Hitchcock Medical Center	No
Esther Seibold		Caledonia Home Health Care	Yes
Darla Senecal	Addison & Rutland Regional Coordinator	Building Bright Futures	No
Amanda Slater	Program Specialist	VCHIP, University of Vermont	No
Lauren Smith	Universal Developmental Screening Registry Manager	Help Me Grow	No
Sara Squirrel	Executive Director	Building Bright Futures	No
Ilisa Stalberg	Deputy Director	Vermont Department of Health, Maternal & Child Health Division	Yes
Kimberly Swartz	Director, Preventive Reproductive Health	Vermont Department of Health	No
Ellen Taetzsch	Springfield Area Northern Windsor & Orange Regional Coordinator	Building Bright Futures	No
Margaret Tarmy	District Supervisor, Registered Nurse	Vermont Department of Health, Maternal & Child Health Division	Yes
Becky Thomas	OLH District Director	Vermont Department of Health, Springfield Office of Local Health	No

Tania Thomas		Caledonia Home Health Care	Yes
Ellen Tohn	Principal	Tohn Environmental Strategies	No
Sharonlee Trefly	State School Nurse Consultant	Vermont Department of Health	No
Drake Turner	Food Security Advocacy Manager	Hunger Free Vermont	No
Nathaniel Waite	Child Health Prevention Coordinator	Vermont Department of Health	No
Auburn Watersong	Policy Director	Vermont Network	No
Katie Watts	Program Director	Northeast Kingdom Community Action Agency	No
Carolyn Wesley	Deputy Director	Building Bright Futures	No
Heather Wilson	Children's Integrated Services Coordinator	Northwestern Counseling & Support Services	Yes

WIC SUMMIT 2018

	Agenda
1:00 – 1:45	<p>Welcome Breena Holmes MD, Maternal and Child Health Division Director Vermont Department of Health</p> <p>Presentation: WIC in 2018 / Participation data and trends Karen Flynn, VT WIC Director Amy Malinowski, RD, Public Health Nutrition Specialist</p>
1:45 – 2:25 Discussion Activity 1	<p>Best Practices: Referral Strengths for WIC Enrollment and Retention</p> <ol style="list-style-type: none"> 1. What do you do now to refer families to WIC? 2. What do you do now to keep families actively participating until kids turn five? <p>- Choose the one outreach and one retention strategy to share with large group – 2 per table. Think back to the data and opening presentation</p>
2:25 – 2:45	<p>Presentation: Innovating WIC – Highlights from other WIC Programs Elisabet Eppes, MPH, Program Innovation Manager National WIC Association</p>
2:45 – 3:15 Discussion Activity 2	<p>Innovative Ideas for Vermont</p> <ul style="list-style-type: none"> - Identify and share ideas to innovate and implement (can be new idea or an innovation on an existing strategy) - Discuss concrete steps and share highlights with larger group
3:15 – 3:30	Wrap Up and WIC's next steps

[Modernizing and Streamlining WIC Eligibility Determination and Enrollment Processes](https://www.cbpp.org/research/modernizing-and-streamlining-wic-eligibility-determination-and-enrollment-processes)

<https://www.cbpp.org/research/modernizing-and-streamlining-wic-eligibility-determination-and-enrollment-processes>

JANUARY 6, 2017

BY [ZOË NEUBERGER](#) ¹

Ingham County, Michigan: Partner Referral Form

The Ingham County WIC clinic uses a paper application as a referral form to help partners initiate and facilitate a WIC eligibility determination. Referring agencies, including physicians and other health care providers, use the form to transmit information about potential WIC participants to the WIC clinic. The application includes basic information about household members, income, and participation in Medicaid or other programs. The form also includes a section where providers can note information like height and weight measurements or bloodwork results. Staff have found this an effective way to encourage partner organizations to refer people to WIC and provide information that allows staff to streamline the eligibility determination at the certification appointment.

New York: Online Screening and Referral Tool

A collaborative of local agencies in Central New York has developed a WIC outreach website that includes a screening and referral tool.^a The tool screens potential participants for eligibility and collects demographic information. Once an applicant provides information, the tool sends a referral via email to the local agency closest to their residence. The agency then contacts the applicant to schedule a certification appointment and answer any questions.

^a See <http://www.wicstrong.com/apply-for-wic/>.

California: Using Adjunctive Eligibility to Prove Residency

California recently issued a policy memo clarifying that Medicaid, SNAP, or Temporary Assistance for Needy Families (TANF) participation makes applicants adjunctively eligible *and documents residence*. Staff still attempt to view other residency documentation, but if it is not available they can certify an applicant based on documentation of participation in Medicaid, SNAP, or TANF.

Colorado: Using Medicaid Data to Identify Potential Participants

WIC staff are working with the state's Medicaid agency to identify Medicaid recipients who are eligible for WIC but not participating so those families can receive direct mail referring them to WIC. WIC staff are also working to include WIC as a program option in the Colorado Program Eligibility and Application Kit universal benefits application, so anyone applying for Medicaid or SNAP online can opt to receive a phone call from a local WIC clinic to schedule an appointment. Initial data indicate that only 44 percent of mothers of young children receiving Medicaid are receiving WIC, which suggests there is a significant opportunity to enroll additional eligible families.

California: Enhancing WIC-SNAP-Medicaid Connections

The state legislature recently approved funding for new staff members to focus specifically on increasing data and information sharing among these programs with the goal of increasing participation in both WIC and SNAP. For example, the new staff will develop maps based on participation data that identify underserved hot spots for targeted outreach activities.

Oregon: Information Sharing with Medicaid CCOs

Many local clinics in Oregon are working to establish collaborations with Medicaid CCOs. One clinic has developed a memorandum of understanding with a coordinated care organization; when the CCO enrolls new pregnant women into Medicaid, they obtain permission from the women and send the list of the pregnant women to the WIC clinic so the clinic can reach out to them.

Oregon: Focus on Head Start Partnerships

State and local Oregon WIC staff have worked for several years developing partnerships with Head Start programs to generate more referrals to WIC and to allow Head Start participants to incorporate some of the WIC nutrition education requirements into Head Start activities so that participants have fewer appointments at WIC clinics.

Bronx, New York: Co-location Supports Comprehensive Service Delivery

Two sites of the Morrisania WIC program in the Bronx are co-located with other services. One is co-located with a Head Start and family daycare center. Another is part of a comprehensive health center and is integrated into the health center environment. The WIC staff work closely with health staff, including obstetrics, pediatrics, and social services. A breastfeeding education room is also located on the pediatrics floor of the health center. The WIC staff have found that physically integrating services allows them to serve WIC participants more effectively.

Collaboration and Outreach (additional ideas)

- **Medicaid and SNAP**

- Are there opportunities to work with the Medicaid/SNAP agency on data sharing, local office referrals, and/or incorporating WIC into the online Medicaid/SNAP application?

- **Medicaid Coordinated Care Organizations (CCOs)**

- If CCOs are present, could they refer pregnant women and other potentially eligible families or help promote WIC in other ways?

- **Head Start**

- Could a partnership be established to provide cross-referrals, present information at Head Start meetings, or even combine nutrition education programming?

- **2-1-1**

- Can the local 2-1-1 screen for WIC and make referrals? Could referral information be sent to WIC clinics?

- **Co-Location or Offsite Enrollment**

- Are there opportunities to outstation WIC staff or permanently co-locate with an organization that serves WIC-eligible families?

Ideas42

[Using Behavioral Science to Improve the WIC Experience](#) Lessons for the field from San Jose, California
 Authors: Dani Grodsky, Antonia Violante, Anthony Barrows; ideas42 Wendi Gosliner; Nutrition Policy Institute
 May 2017 http://www.ideas42.org/wp-content/uploads/2017/07/l42_WIC-Paper-Final.pdf

ENROLLMENT

Problem Addressed Short	Short Design Descriptions
<i>WIC eligible families near the income cutoff enroll at lower rates.</i>	Frame the Program in Terms of Health Promotion: Framing WIC as a program to promote health or nutrition (as opposed to a public benefits program) could attract people that might otherwise be deterred by stigma, or the perception that WIC is only for needier people. Send Targeted Enrollment Messaging: Sending messages to WIC-eligible families with Medi-Cal or with private health insurance may boost enrollment in the program
<i>Personal social network referrals may be more salient than institutional channel referrals.</i>	Leverage Social Networks to Promote Participation: WIC agencies can expand their outreach by using social networks of existing clientele, including through social media. They might motivate client referrals using micro-incentives and gamification.
<i>Underutilization of natural channel factors may limit enrollment</i>	Increase Referral Channels: WIC can expand outreach by using atypical institutional referral channels like insurers, schools, childcare providers, hospitals, Head Start, etc.
<i>WIC appointments introduce various obstacles and transaction costs.</i>	Increased Accessibility of WIC Sites: WIC can promote enrollment and retention by choosing more accessible locations and operating hours, and by providing childcare and transportation supports
<i>Disparate enrollment and eligibility processes create additional burden for eligible enrollees.</i>	Bundle WIC with Similar Benefits Accessed by Participants: WIC may expand its reach and enrollment if it gets bundled with other programs for eligibility and enrollment purposes.
<i>WIC eligible families near the income cutoff enroll at lower rates.</i>	Send Targeted Enrollment Messaging: Sending messages to WIC-eligible families with Medi-Cal or with private health insurance may boost enrollment in the program

APPOINTMENT ATTENDANCE

Problem Addressed Short	Short Design Descriptions
<i>Appointments can be hard to keep and difficult to reschedule.</i>	Adopt Flexible Appointments to Reduce Hassles: WIC can reduce hassles by offering walk-in appointments, online appointment booking, or simply reducing the number of necessary in-person visits. WIC can still ensure interpersonal connectedness by allowing people to select staff they meet with, and by offering two-way texting between visits.
<i>Appointments, and the documents needed for them, are easy to forget.</i>	Creating Cognitive Slack to Ease Appointment Follow-Through: By using timely reminders and plan-making prompts, WIC agencies can help clients attend more appointments, and be prepared with necessary paperwork. Advanced reminders might also leverage loss aversion and other psychological levers.
<i>WIC appointments introduce various obstacles and</i>	Increased Accessibility of WIC Sites: WIC can promote enrollment and retention by choosing more accessible locations and operating hours, and by providing childcare and transportation supports.

<i>transaction costs.</i>	
<i>WIC staff negativity toward participants can create negative impacts on families.</i>	Overcoming Staff Biases Using Training Exercises: We might improve families' interactions at WIC offices by helping WIC staff mitigate their own biases. Perspective-taking exercises are a promising approach.

SHOPPING

Problem Addressed Short	Short Design Descriptions
<i>Checking out can be painful and stigmatizing, but practice can help.</i>	Smoother Checkout Through Practice: Getting early first-hand practice in the checkout process, even at WIC offices, may improve families' experiences at the store.
<i>Shopping can be time-consuming and full of hassles.</i>	Updating Choice Architecture for WIC Foods: Creating tools to pre-plan (or even pre-select) foods before a shopping trip may save energy and time for families.
<i>EBT will remove the built-in shopping list and remove the need to redeem vouchers in their entirety.</i>	Make Pre-Checkout EBT Balance Updates Available: Giving families concrete reminders of what foods they still have available to purchase may help them purchase them all, especially after EBT roll-out. Useful approaches to this might include physical lists or tech-based approaches like apps or texting services.
<i>People may not purchase unfamiliar foods, especially if they don't know how to prepare them in a way their family will like.</i>	Expanding Food Choice Set: Exposing families to various foods and techniques to prepare them may make them more likely to purchase and eat them. This can be done through recipe contests, tasting events, etc.
<i>Many families get non-standard shopping advice and may not ask the questions they need to.</i>	Develop and Use an Enrollment Meeting Checklist: Standardizing early conversations about shopping guidance can ensure families get the advice and information they need.

WIC DROPOUT OR EXIT

Problem Addressed Short	Short Design Descriptions
<i>People may not recognize the magnitude of WIC benefits.</i>	Use Behaviorally-Informed Messaging and Reminders to Spotlight Program Benefits: We may be able to help people stay in the program by sending reminders that concretize the long-term benefits of WIC, and that leverage loss aversion. This can be enhanced with additional levers like self-affirmation, Enhanced Active Choice (EAC), and framing techniques.
<i>Present bias and hassles can deter people from recertification.</i>	Exercises to Build Commitment and Identity Around Healthy Family Behaviors: Reminding people of their values and hopes for their children's well-being may help them persist in WIC and overcome hassles in the process
<i>Hassles and time scarcity make WIC seem less necessary for working families, especially when they have to make tradeoffs with work.</i>	Provide Explicit Support for Working Participants: Send the message that many working families participate in WIC, and help working families plan their appointments around their busy schedules.

<i>Some families come in and out of eligibility due to seasonal employment but do not re-enroll.</i>	Develop Targeted Re-Enrollment Systems: Using cross agency data can help identify families who become eligible for WIC again after losing their eligibility. Behaviorally-informed messaging might increase re-enrollment for people who become eligible again.
<i>Data sharing is not as effective across agencies as it could be</i>	Develop a System of Benefits Onramps: Creating data systems to alert WIC agencies when families who left become adjunctively eligible again could boost enrollment
<i>Many people have inaccurate mental models of what makes them ineligible for WIC</i>	Implement Tools for Simplifying Eligibility Requirement Information: A behavioral re-design of the CDPH eligibility questions might improve uptake and applications by reducing ambiguity.

Other Ideas...

Shared from National WIC Association

Congresswomen DeLauro and Sanchez to Introduce "WIC" Act

On Friday, September 14, Congresswomen Rosa DeLauro (D-CT) and Linda Sanchez (D-CA) will announce the introduction of the Wise Investment in our Children (WIC) Act in the 115th Congress alongside NWA President and CEO Rev. Douglas Greenaway. The bill includes three changes to WIC to increase participation and facilitate access to the program: increasing the age of eligibility to six years for children, extending infant certification periods to two years, and expanding eligibility for postpartum moms to two years. NWA is working with both congressional offices and the Children's National Health System to host the launch at the WIC clinic at Children's National.

Helping eligible WIC families enroll and continue to participate: Where does your organization fit?

Joining WIC



What WIC is doing:

- Community Outreach Presentations
- Partnerships with organizations that serve WIC-eligible families
- Outreach to families on Medicaid/Dr. Dynasaur
- National WIC Association Outreach Campaign
- Facebook posts

Coming to Clinic



What WIC is doing:

- Friendly, welcoming clinics
- Outlying clinic sites
- Evening hours
- Texting appointment reminders

Shopping for WIC Foods



What WIC is doing:

- Shopping resources- food guide, shopping videos in multiple languages, in-store tours
- In-store grocery tours
- Local grocer liaisons
- WIC Shopper App

Preparing WIC Foods



What WIC is doing:

- Training local WIC staff on food preparation nutrition activities
- On-site WIC cooking workshops
- Partnerships with food-focused organizations that serve WIC families
- Recipes
- Wichealth.org and Health eKitchen – online food preparation resources

Completing WIC Nutrition Activities



What WIC is doing:

- On-site WIC activities
- Partnerships with organizations that serve WIC families
- Wichealth.org – online nutrition education
- Nutrition education by phone or in-person
- Texting reminders to complete a nutrition activity

Staying on WIC until 5



WIC Graduation:

- Ready for Kindergarten
- Warm hand off to Child Nutrition programs