

# Increasing WIC Participation



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# Why are we concerned about WIC Participation?

- WIC Participation has demonstrated benefits to Women & Children
- Our integrated service delivery approach utilizes WIC as a foundation for our services – if WIC participation decreases:
  - Immunization Rates ↓
  - Maternal Infant Health Program Participation ↓
  - Medicaid Enrollments ↓
  - Fluoride Varnish Rates ↓
  - All important contributors to keeping our communities healthy

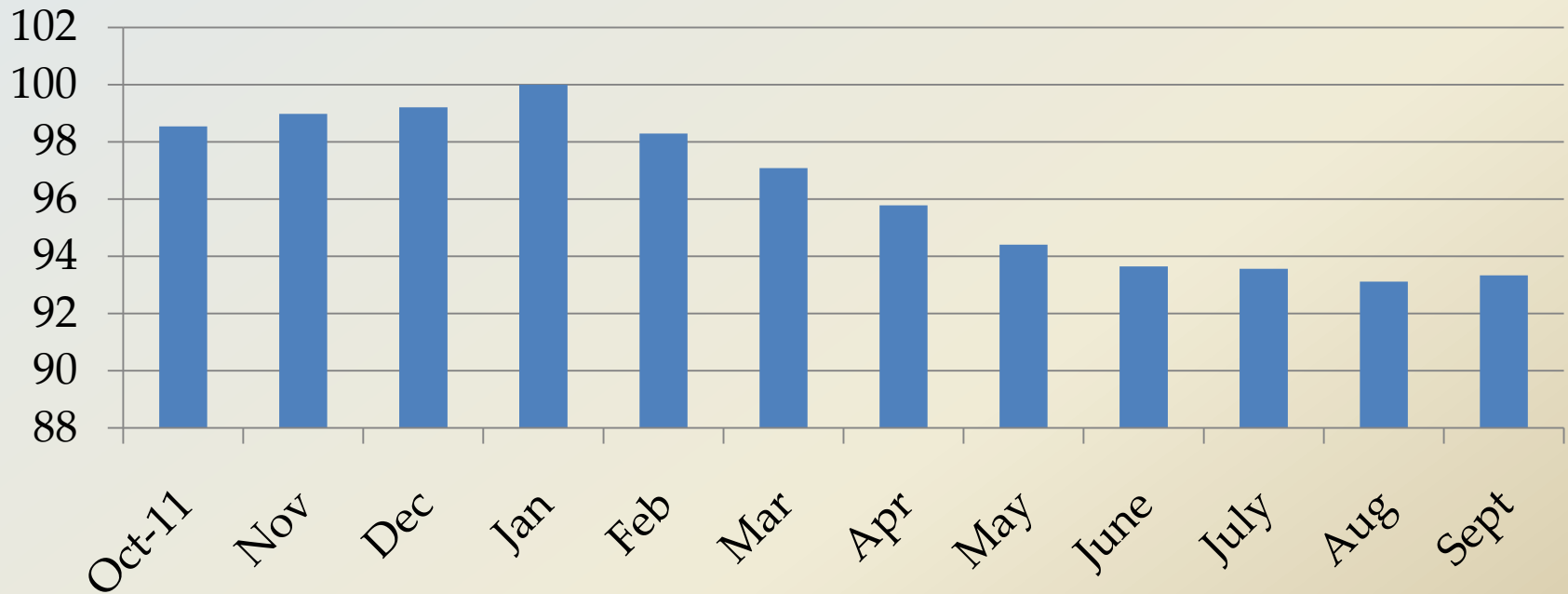
# Why are we concerned about WIC Participation?

- WIC brings \$1,929,772 of **FREE FOOD** into our area each year!
- MDCH funding requires a 97% Closeout Participation!



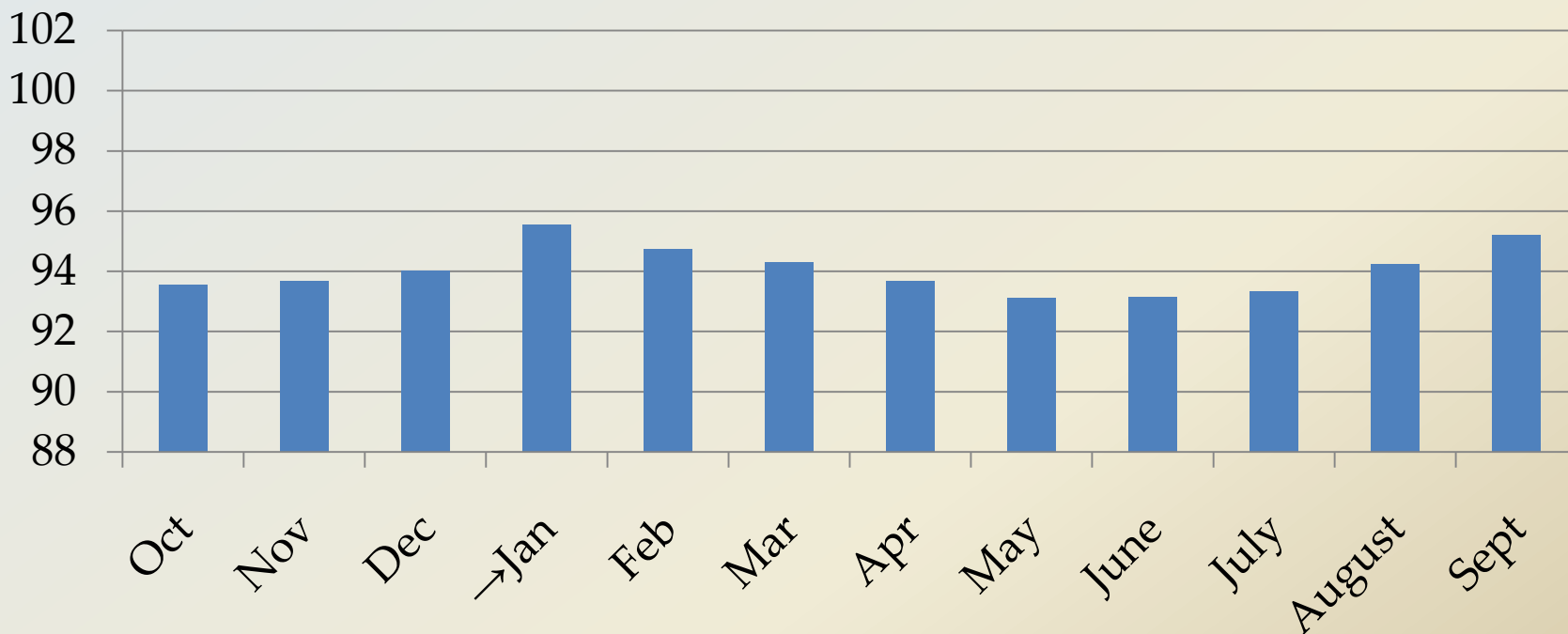
# Where we were...barely made 97% for FY12!

## WIC Participation October 2011-September 2012



# Where we continued to go...

## WIC Participation October 2012 - September 2013



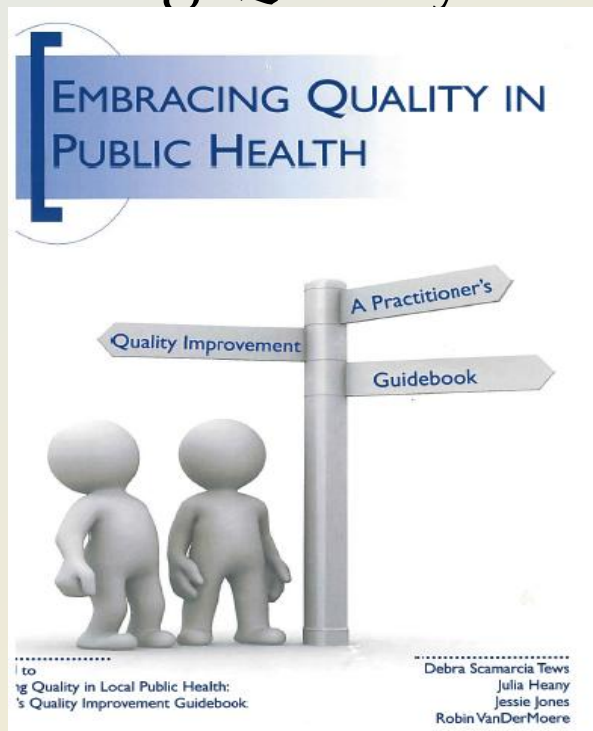
# What we decided to do...

- We were learning about Quality Improvement (QI) in Public Health
- We were strong in QA but hadn't really gotten into QI
- All of our previous "ideas" hadn't worked
- Might as well give this a try...although we weren't (still aren't) experts we needed an Objective Plan



# Where to start?

Reviewed “Embracing Quality in Public Health”



# Where to start?

Chose “Plan-Do-Study-Act” also known as “Plan-Do-Check-Act” model as it helps to verify and prioritize problems or root causes





# Where to start?

- Formed a WIC QI Workgroup  
January, 2013
- Asked for volunteers from each county



# WIC Workgroup QI Team Participant Recommendations

- 5-6 Members: We had 7
- Internal & External Stakeholders, Multi-disciplinary & Front-line Staff:
  - Internal Stakeholders: All 4 counties represented: 2 RNs, 2 Public Health Technicians, 2 WIC Coordinators & myself (team leader)
  - External Stakeholders: WIC Participants— Current & Future
    - Conducted a survey to get input

# Team Meetings & Documentation Challenges

- Four Counties with no time for travel
  - Held 1<sup>st</sup> meeting as a group and then held conference calls at 8:15 am bi-monthly & decreased to monthly
  - Calls lasted 45 minutes-1 hour
- Tasks were documented & emailed to Workgroup members for follow-up





# QI Team Charter Components

- AIM Statement
- Customer Needs Addressed
- Success Measures
- Improvement Theories (If....Then....)

# AIM Statement: What are we trying to accomplish?

- 1<sup>st</sup> AIM Statement: Increase WIC Caseload & Benefits Issued
- 2<sup>nd</sup> AIM Statement: By December 2013, the WIC Closeout Report will demonstrate program benefit issuance at 97% or greater.
- BIG benefit in working with MIWIC is report availability!!!

# External Customer Needs Identified: WIC Client Survey

Questions	Responses
Best way to remind of Appointments?	Texting 51.6% Phone Call 46.9%
Best time of day for Appointments?	12:00-1:00 45.6% 8:30-12 44.9%
Reason for missed Appointments?	Forgot 67.8% Work 47.8%
Best way to receive healthy foods info?	Nurse 56.7% WIChealth.org 29.9%
How can HDNW make it easier for you to get your benefits?	Closer office to Mackinaw City Schedule Appointments before benefits run out

# Internal Customers Needs Identified: Policies & Practices

Action	Response
Survey Public Health Technicians & Call Center Operators to see if local WIC Policies re: clients missing Certification/Recertification Appointments are followed 2/13	<b>Call Center Operators following local WIC Policies 100%</b> Public Health Technicians following local WIC Policies 80%*
Survey Public Health Technicians & Call Center Operators to see if local WIC Policies re: clients missing "Other" Appointments are followed 2/13	<b>Call Center Operators following local WIC Policies 100%</b> Public Health Technicians following local WIC Policies 64%*

*\*Note MDCH WIC Policies were followed but HDNW wanted to be more aggressive in getting clients in for appointments & benefits issued.*



# Success Measures “PLAN” Identified by WIC QI Workgroup

- Consistent implementation of MDCH & HDNW WIC Policies throughout the district.
- Consistent improvement in monthly WIC Closeout report.
- Decreasing numbers of WIC participants on weekly Benefits Not Issued Report

# Improvement Theories...

- **If** we consistently implement MDCH WIC & HDNW WIC policies throughout the agency **Then** clients in all counties will receive benefits in a timely manner.
- **If** we provide “easy access” to clients **Then** more clients will have benefits issued on a monthly basis.



# Utilized WIC Data Reports to “Check”

- WIC Benefits Not Issued Report—will discuss later
- WIC Caseload Management Report
  - **% Closeout Participation to Base Caseload Minimum Percentage = 97%**
  - **Number of Enrollees** is an important number—we’d done the work to enroll them but they hadn’t gotten benefits  
→target group
  - **Closeout Participation: ONLY** participants who received WIC benefits that month
  - **Target:** 8.5% of WIC Enrollees ~276/mo who were not receiving benefits each month



# WIC Caseload Management Report

2013 - 2014 Caseload Management Report					CASELOAD	
LA #: 05					Current Yr	3,150
Name: Health Department of Northwest Michigan					Previous Yr	3,150
<b>Dec-13</b>	<b>Jan-14</b>	<b>Feb-14</b>	<b>Mar-14</b>	<b>Apr-14</b>	<b>Curr Year P/E Ratio (last 12 months)</b>	
94.4%	95.8%	93.4%	91.1%	62.3%	95.1%	

Last Year Part/Enrl Ratio: 95%

Month	% Closeout Participation to Base Caseload	Closeout Participation	Initial Participation	Enrollment	Actual / Estimated Participation
Oct / 2012	93.56	2,947	2,830	3,159	2,947
Nov / 2012	93.68	2,951	2,846	3,163	2,951
Dec / 2012	94	2,961	2,769	3,169	2,961
Jan / 2013	95.56	3,010	2,912	3,196	3,010
Feb / 2013	94.73	2,984	2,866	3,147	2,984
Mar / 2013	94.29	2,970	2,857	3,126	2,970
Apr / 2013	93.68	2,951	2,861	3,095	2,951
May / 2013	93.11	2,933	2,839	3,096	2,933
Jun / 2013	93.14	2,934	2,816	3,115	2,934
Jul / 2013	93.33	2,940	2,848	3,107	2,940
Aug / 2013	94.22	2,968	2,873	3,107	2,968
Sep / 2013	95.21	2,999	2,908	3,124	2,999
Oct / 2013	95.81	3,018	2,913	3,149	3,018
Nov / 2013	96.22	3,031	2,906	3,155	3,031

# Number of Enrollees NOT Receiving Benefits

- 8.5% of WIC Enrollees in HDNW WIC *do not* receive their benefits each month
- HDNW “Enrollees” Average June-August 2012 = 3,219
- HDNW Caseload = 3,150
- Enrollees NOT receiving benefits Average June-August 2012 = 276/month

# DO: Consistent implementation of MIWIC & HDNW Policies

- MIWIC Coordinator & Supervisor reviewed MIWIC Policies & HDNW Policies to ensure consistency
  - Nutrition Education Policy, Rescheduling Policy (benefits issuance dates/cert dates, etc...)
- All policies were reviewed with staff to ensure continuity of understanding and practice of WIC policies regarding accessing services & benefit issuance throughout the agency

# DO: Follow Through from Customer Survey

Customer Requests...	Follow Through...
Texting Appointment Reminders	Tried for months to work with MIWIC system. Tried texting with HDNW RN phones. Positive response from clients. Implemented via HDNW electronic telereminder system 11/13.
Increasing Appointments from 12-1	5/13
Ensuring ALL Appointments had Appointment reminders via WIC or HDNW	"Other" WIC Appointment Types don't get reminders from MIWIC. Implemented Texts/Calls 12/13
Easier to get Benefits	Opened a clinic in Pellston 2 days/month 10/13.

# Staff Engagement

Staff was aware that ↓ WIC caseload could mean ↓ funding & that could impact their jobs...but they also knew that WIC food benefits made a HUGE difference in people's lives.

↑Benefit Distribution = ↑Caseload =  
WIN-WIN!





# Staff Engagement in Texting Appointment Reminders

- MIWIC Texting System was not working...
- WIC Workgroup Recommendation: Actively text clients from WIC clinics using RNs HDNW phones to remind them of appointments if there was a no-show
- Results: Increased number of “kept appointments” & decreased numbers on Benefits Not Issued Report—less work for staff later!

# Staff Engagement in Increasing Access to WIC Services

- Created “double” WIC clinics that were open all day & staff staggered lunches
- Created “Nutrition Education Malls” so that clients could have access at any time, which was a challenge for us as we only have WIC clinics 1-3 days/week in each county

# Staff Engagement in “Easier to Get” Benefits

- WIC Coordinator searched & found a community partner who provided a FREE location in northern Emmet County (AAA)
- 2 Staff Members volunteered to work the clinic & had a true desire to make it successful!



# Staff Engagement in Ensuring All Appointments Received Reminders

- Staff discovered that appointments made in the “Other” MIWIC category did not get reminders from WIC
- MDCH WIC staff said there was no correction available
- HDNW staff personally call or text all “Other” appointments

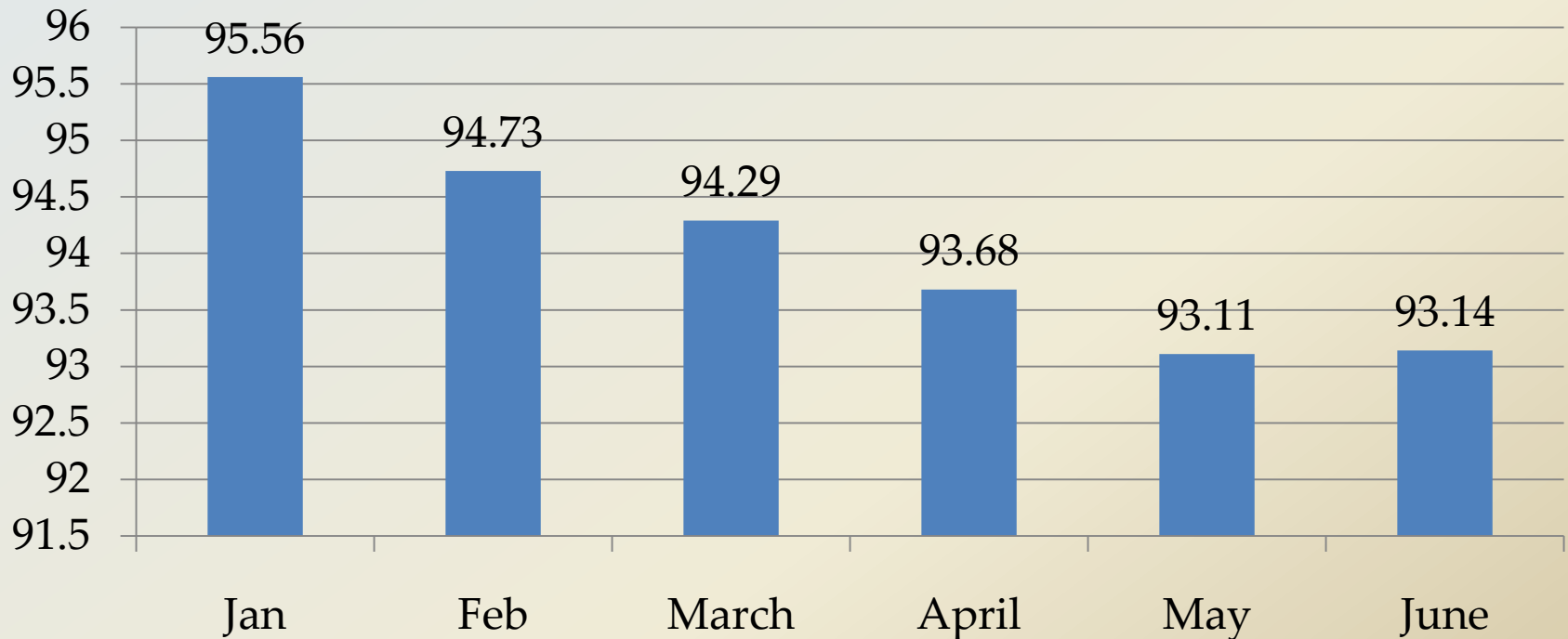


# Staff Engagement & Communication

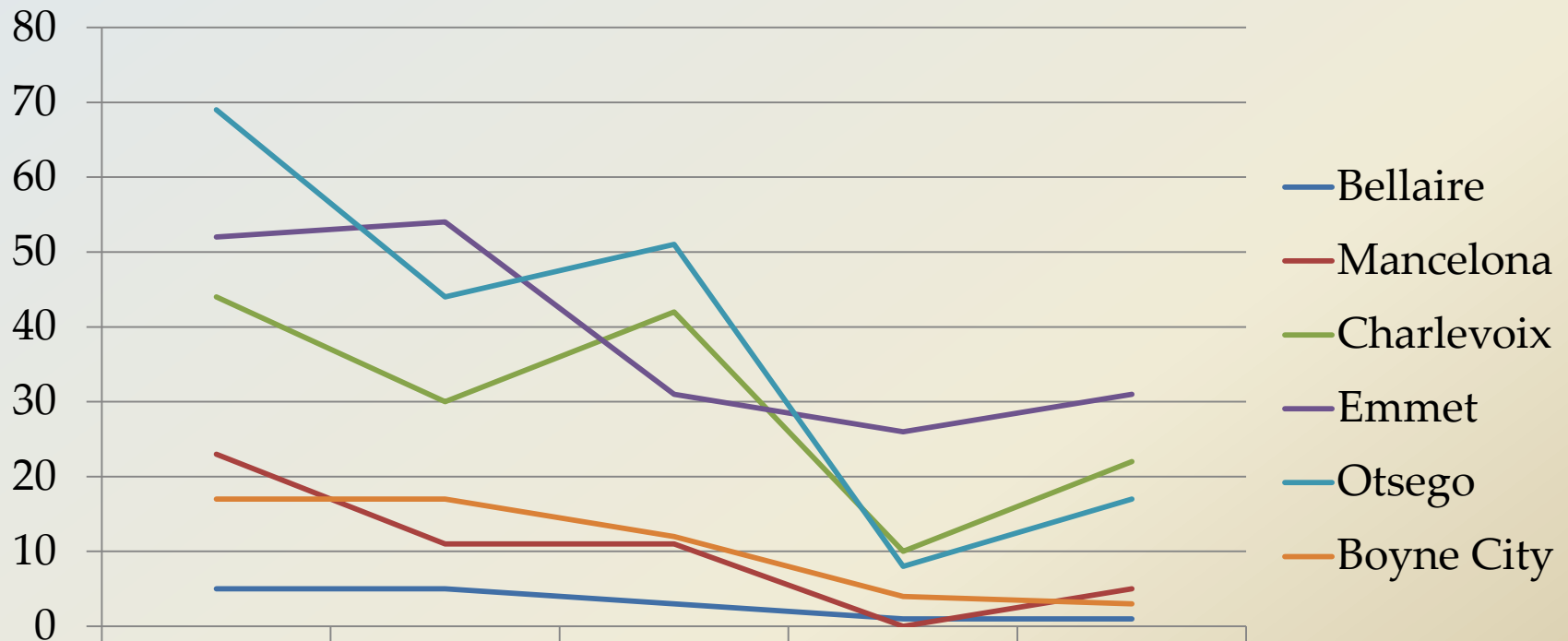
- WIC Workgroup members would report WIC caseload participation numbers monthly at each county meeting
- WIC Workgroup members would share work being done by Workgroup at each county meeting
- WIC Workgroup members would bring suggestions from their county to the WIC Workgroup meeting

# Check: Consistent Improvement in Monthly WIC Close Out Report

WIC Participation Close Out Report Jan - June 2013



# Check: Decreasing Numbers on Weekly WIC Benefits Not Issued Report



# Check Data...

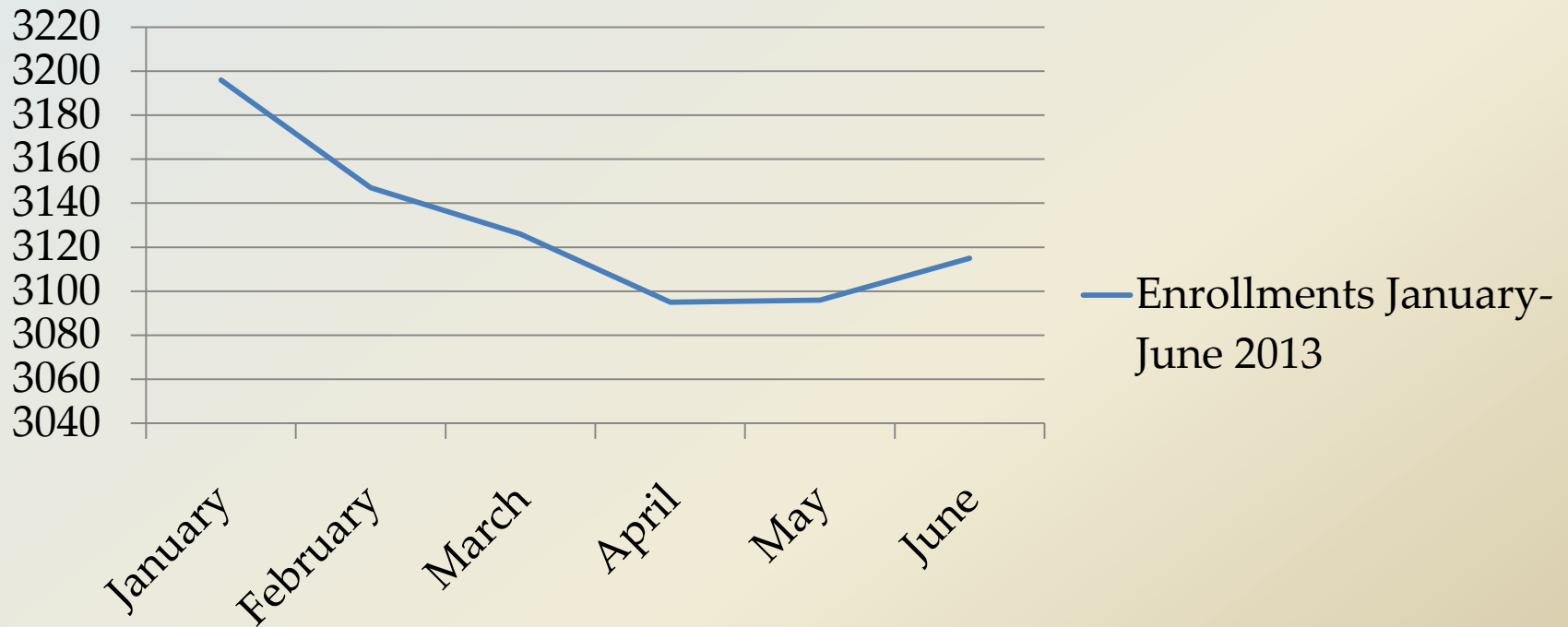


- Close Out Numbers were NOT improving
- Numbers on Weekly “Benefits Not Issued Reports” were going down....
- Families were leaving Michigan due to the economy...so even though we were getting benefits to enrollees, our number of people enrolled was decreasing



# Enrollment Numbers

## Enrollments January-June 2013



# What do the June 2013 Numbers Say???

- WIC Caseload = 3,150
- 97% of WIC Caseload Needed for Funding = 3,055
- Enrollments Decreasing Below Caseload at 3,115 (-122 from 6/12)
- Enrollments  $\neq$  Closeout Participants
- Closeout Participants to Base Caseload = 93.14%

# New Improvement Theories...

Focus had been on retaining current participants & getting benefits to more enrolled clients....needed new theory!

- **If** we improve/increase WIC In-reach **AND** Outreach **Then** WIC enrollment will increase.
- **If** we improve communication with current clients **AND** community members **Then** more people will be aware of WIC eligibility benefits.

# Could Have, Should Have...???

- Why didn't we do external outreach from the beginning?
  - WIC Enrollment Numbers had never been an issue for us—usually 3,325-3,400
  - We didn't want to focus on too many issues all at once...and we had those 276 people enrolled!
  - We wanted to get feedback from our current internal & external customers & act on their recommendations



# PLAN New Strategies

- Re-vamped WIC Outreach Materials
- Reviewed WIC Data Reports by age & noted ↓ participation, especially from Infants to C-1
- Utilized Other WIC Reports:
  - 10/20 Day Report CIAS Call Center
  - Nutrition Education Completed (On-line nutrition education from [wichealth.org](http://wichealth.org))

# wichealth.org Information

WIC ID # \_\_\_\_\_

**wichealth.org**

**Do Your Nutrition Education Online!**

**Follow these easy steps:**

1. Log onto this website: [www.wichealth.org](http://www.wichealth.org)
2. Create an account and follow instructions. If you already have an account, login. Use WIC ID #.
3. Select a lesson from one of the five categories.
4. Answer the questions and click on the helpful information.
5. When you are finished you will be asked to complete a short survey. Click on "Submit" to receive your certificate.
6. One to two weeks before your benefits run out, call:

Bellaire	231-533-1002
Mancelona	231-587-4363
Charlevoix	231-308-7800
Petoskey	231-347-7170
Gaylord	989-732-6884

Leave a message stating:

- Your name
- Phone #
- Any questions you have regarding the online topic.

Within 3-5 days your WIC benefits will be loaded on your EBT card. We will contact you with your next appt. by phone or mail.

Access previously completed lessons by clicking on the "My Profile" link!

This institution is an equal opportunity provider.

- Revised wichealth.org flyer
- Developed a business card to go inside WIC card protectors that included password for wichealth.org
- Up-dated WIC Outreach Materials

# WIC Outreach



## **We like WIC... You will too!**

WIC provides FREE food for pregnant and postpartum women, as well as infants and children. Infant formula, milk, cheese, eggs, juice, cereal, dried beans or peas, peanut butter, tuna, and carrots are given, along with nutrition education. Immunizations are also provided during WIC clinics.



# WIC Information Brochure

## Where Do I Go?

The WIC program has locations throughout Antrim, Emmet, Charlevoix, and Otsego county. Call 1-800-432-4121 to find the location that serves your area.

## Breastfeeding Help

We want your breastfeeding experience to be amazing! Breastmilk is one of the most important things you will ever give your baby. Priceless, really, and very, very cool.

We pledge to help you with breastfeeding by offering:

- Trained staff
- Breastfeeding materials
- Breastfeeding peer counselors (moms with experience)
- Breast pumps—all kinds!
- A supportive environment



## WIC Foods...

Help Pregnant Women be healthy and have...

Healthy Babies who grow into...

Healthy Infants who become...

Healthy Children in our communities!



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N-405; 2/13



# WIC



**800-432-4121**  
**www.nwhealth.org**



**HEALTH DEPARTMENT**  
of Northwest Michigan





# MIHP Staff Outreach

- Documented in WIC Notes if Mom or Baby were on MIHP
- Ensured other kids in the family were enrolled in WIC
- Explained to families that WIC doesn't end when Medicaid ends at age 1 (for some families)

# Call Center Outreach

- Asked all callers requesting an appointment for Immunizations or dental if their child was on WIC & discussed monetary value of WIC
- Reviewed birth certificates & called family if they had Medicaid but weren't enrolled in WIC



# Clinic Outreach

- Reinforced to all families that WIC goes to age 5!
- Asked families to share new outreach materials with friends
- Reinforced services available through WIC:  
Immunizations, Fluoride...



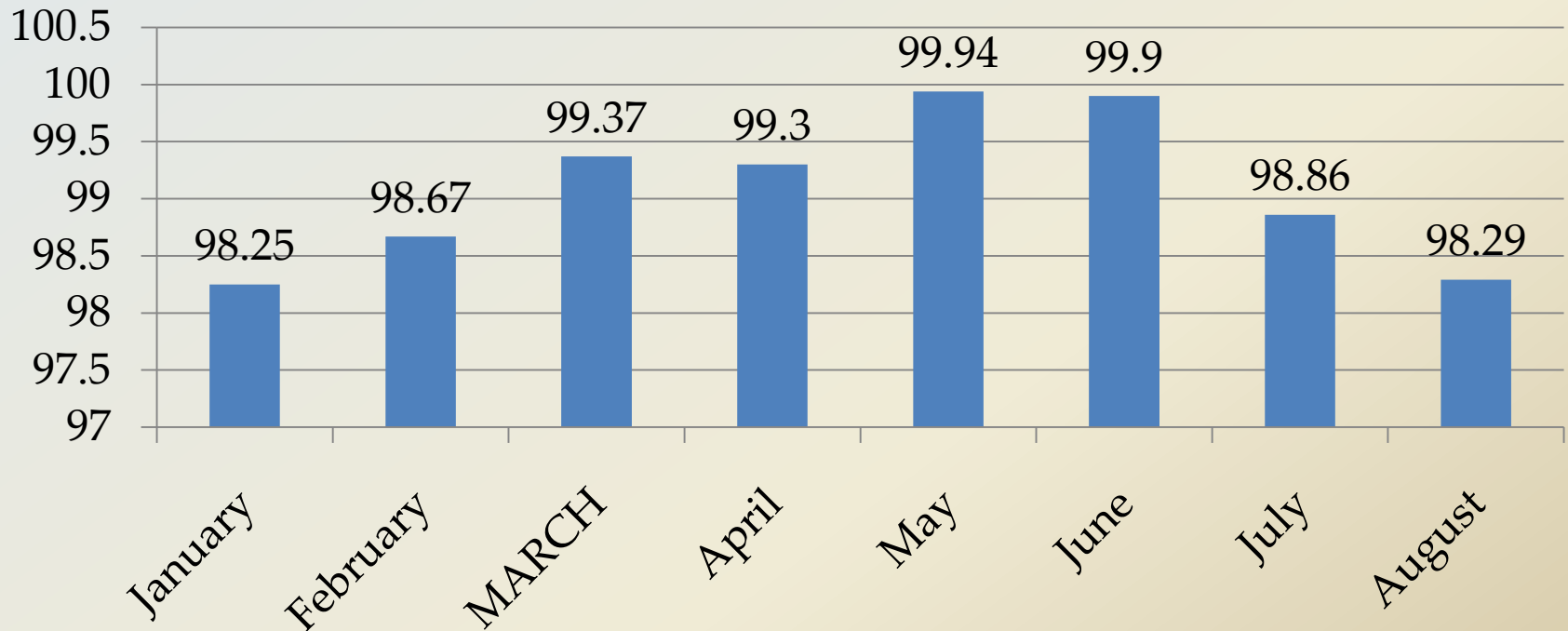


# Community Outreach

- Developed a WIC flyer for Headstart & Early Headstart to share with families
- Went to schools offering “free lunches” in the summer and shared information
- Met with hospitals/participated on breastfeeding workgroups to reinforce that WIC supports breastfeeding

# 2014 Consistent Improvement in Monthly WIC Close Out Report

## WIC Participation Close Out January - August 2014



# WIC Workgroup

- In December, 2013, we'd been meeting for one year and were seeing positive results
- Decided that QI project was completed
- Wanted to keep positive momentum
- Established WIC Outreach Workgroup that meets quarterly



WIC works for everyone  
everyday...

# Questions? Contact us!

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