Missouri WIC Participant-Centered Services Assessment

2014

MISSOURI WIC PCS

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Project Background

The Missouri Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) contracted with Altarum Institute to conduct an assessment of their program based on a participant-centered model for providing WIC services. Participant-Centered Services is a systems-based approach to providing WIC services that places the participant experience and outcomes at the core of WIC service delivery.

Participant-centered, quality customer service is a priority for the Missouri WIC Program. Administrators and staff of the Missouri WIC program are interested in obtaining insight into the policies, practices, and features that support participant-centered services and those that may present challenges to delivering quality services. Administrators recognize that when services meet or exceed participant expectations, participants are more likely to continue participation in the program and be more receptive to adopting healthy behaviors.

Altarum Institute, a nonprofit health research and consulting organization, has supported public health functions at the federal, state, and local levels for more than 30 years. Altarum Institute's Center for Food Assistance and Nutrition (CFAN) has conducted assessments and training in over 30 WIC State Agencies in multiple USDA FNS Regions and works with states to identify specific challenges, issues, and priorities that impact WIC service delivery and operations. CFAN staff members have experience working with WIC programs throughout the country to strengthen their WIC service delivery and improve customer service.

This report provides an overview of the assessment activities and Altarum's observations and impressions related to participant-centered WIC services in Missouri. The report concludes with potential suggestions for Missouri WIC to consider for advancing the goal of providing quality participant-centered services. Outlined below are the topics addressed in each chapter of this report:

- **Altarum's Approach**: This section outlines the approach used for data collection.
- **Key Findings**: This section provides a high-level overview of the major findings from the assessment.
- **What We Learned from State and Local Assessments:** This section discusses the major findings in more detail, provides additional impressions from the assessment, and includes supporting data.

- **More from Participant Interviews**: This section includes additional findings from participant interviews not addressed in the previous section.
- **More from the Online Staff Survey**: This section includes additional findings from the online staff survey.
- **Opportunities and Next Steps**: This section offers ideas and suggestions for possible next steps based on assessment findings.

Altarum's Approach

For the Missouri WIC assessment process, Altarum assessed both state and local WIC services. Project activities are summarized below.

State Agency Visit

In the interest of understanding program operations, a state level assessment was conducted. Over the course of two days, Altarum team members met with WIC State Agency staff to outline project objectives, review Altarum's approach to evaluating participant-centered services and conduct interviews with staff members in a variety of program functional areas. Topics covered during interviews included the following:

- Organization and staffing of the State WIC Office
- Participant demographics and participation trends
- Local agency/site overview, e.g., organization, caseload, staffing, funding
- Communication between state and local agencies
- Training of state and local agency staff
- Nutrition and breastfeeding promotion and services
- Vendor management, food delivery, and food packages
- The process for local agency monitoring
- Management information system capabilities and use in service delivery

During these interviews, State Agency staff members shared their thoughts on the strengths and opportunities for enhancing participant services in Missouri WIC and obstacles they and the local agencies face in providing quality participant services. The discussion guide for State Agency interviews is included in Appendix A.

Local Agency Visits

Altarum staff members visited sites in four local WIC agencies. The focus of the visits was to assess the strengths and challenges related to providing quality, participant-centered services. The local assessments were conducted as one-day or two-day visits based on caseload size and included observations of service delivery and interviews with WIC staff and participants. The four sites were:

- Pettis County Health Center, Sedalia, MO

- Grace Hill Health Centers, St. Louis, MO (3 sites visited)
- Samuel U. Rodgers Health Center, Kansas City, MO
- Wright County Health Department, Mountain Grove, MO

Altarum observed WIC operations in each site including intake, nutrition assessment, nutrition education, and food benefit issuance. Altarum staff also conducted a one-hour interview with the WIC local agency director/coordinator and informal interviews with other staff members to identify their impressions and opinions about WIC and their role in providing participant-centered services. See Appendix B for an overview of the site visit process and Appendix C for a copy of the Local Site Observation form and Coordinator Questionnaire. As part of the local site visits, Altarum staff members interviewed 30 WIC participants to ascertain their impressions of WIC and the services they receive. See Appendix D for a copy of the participant interview questions.

Local Agency Staff Survey

Altarum developed and administered a web-based survey for local agency staff to gather their opinions and impressions of local program operations, their role in providing WIC services and their perception of participants' satisfaction with WIC services. Fifty-one local staff took part in the online survey which also gathered opinions related to WIC customer service and job satisfaction. See Appendix E for a copy of the online staff survey questions.

Key Findings

Below is a summary of the key findings from the assessment process. The next section, *What We Learned from State and Local Assessments*, outlines these findings in more detail. Suggestions and opportunities to address these findings are included in the final section of the report.

Local Agency Support and Communication

Key Factors that Support Quality Participant-Centered Services

- The supportive style of the State Agency provides a culture of inclusiveness that facilitates effective communication and teamwork at the state and local level.
- The Missouri WIC Association meetings, district meetings, and other workgroups allow local agency staff the opportunity to provide input into statewide policies and processes, thereby contributing to enhancing WIC services for participants.
- The State Agency places great importance on training and there are numerous state-sponsored training sessions, both face-to-face and through webinars and training modules. A state-sponsored dietetic internship program is available to support local nutrition staff in furthering their career goals and support local agencies by providing qualified applicants for Registered Dietitian positions.

Challenges to Providing Quality Participant-Centered Services

- Some local staff members appear to have difficulty integrating participant-centered communication skills learned in training into their daily routine. There is currently no formal system for ongoing mentoring to help staff integrate new skills.

Service Delivery

Key Factors that Support Quality Participant-Centered Services

- WIC offices are clean, inviting and family friendly.
- Local agency staff members are friendly and respectful and WIC participants spoke positively about how they are treated when they come to WIC.

- WIC offices are co-located with other public health and healthcare services available for WIC participants.

Challenges to Providing Quality Participant-Centered Services

- Some participants reported difficulty making and keeping WIC appointments during normal business hours and shared that late afternoon and evening hours would positively impact their participation in the program.
- More than a third of participants interviewed reported that wait time was “sometimes” or “always” a problem at their WIC site.
- Some participants reported that the number of times spent waiting in between steps in the WIC process negatively impacted the experience for them.

Nutrition Education and Breastfeeding

Key Factors that Support Quality Participant-Centered Services

- Local staff members are knowledgeable about nutrition and able to share useful and practical information and tips with participants. Participants value the information they receive.
- Goal-setting conversations are a regular part of WIC nutrition education sessions.
- Nutrition and breastfeeding education materials are integrated into the WIC visits effectively.
- A strong, comprehensive system to support and encourage breastfeeding exists, including staff training, peer counseling and lactation consultation.
- Participants are offered more frequent education contacts during times of rapidly changing nutritional needs (i.e. prenatal and early postpartum periods).

Challenges to Providing Quality Participant-Centered Services

- Few affirmations of positive nutrition-related behaviors are offered to participants.
- During visits with WIC certifiers, some participants revealed nutrition risks that were not communicated to the nutritionist. In one service delivery model observed, some participants with nutrition risk wait one or two months after certification for nutrition education, often during periods marked by rapidly changing nutritional needs (e.g. early pregnancy).
- Staff members that discussed goal-setting in a negative or punitive way were less effective in engaging participants in setting a behavioral goal.

- Participant concerns and talk about desire for change were often overlooked in favor of a staff-directed nutrition goal. Participants were rarely asked about their ideas and strategies to achieve nutrition-related goals.
- Some staff members have difficulty explaining nutrition eligibility to participants in a participant-centered way.

The Use of Technology

Key Factors that Support Quality Participant-Centered Services

- A variety of technological resources are available to staff and participants, such as online education, training webinars and reporting functions.
- A robust website contains resources for WIC participants, local staff, vendors and community partners.
- Local programs utilize automated dialer systems for reminder calls and missed appointments.
- The State Agency is expanding the use of social media to reach WIC participants.

What We Learned
From State and Local Assessments

Local Agency Support and Communication

Integration of participant-centered services into all aspects of WIC service delivery requires support and commitment from all levels of management. The fundamental spirit of participant-centered services includes working collaboratively and ensuring that all partners have the chance to provide input and contribute to the process of enhancing WIC services for participants. The collaboration ensures local guidance and state level policy and procedures are in alignment. This shift to an open and participatory communication style is mirrored throughout WIC service delivery and encompasses interactions among staff at all levels.

State Support

Local agency staff members spoke positively about the support they received from the State Agency. State Agency staff described a collaborative system within their own office and a strong, stable relationship with their local agencies. Local WIC coordinators spoke about positive, supportive relationships with their regional teams, which include a nutrition and program operations representative. This regional structure encourages relationships built on personalized guidance. Local WIC staff also shared stories illustrating positive assistance from other members of the central office, including the helpdesk.

I have a good relationship with my TA staff. They are really nice. They don't just say 'look up the policy'. They will help me figure stuff out. – WIC Staff

It is all about the leadership you have at the state level…You have to find that balance between the state and how the locals are. If you have someone who is willing to listen, which she is, then you can find that balance. – WIC Staff

I get good technical support from them. Any time I have a question, or need some assistance with the online billing they have been very helpful. My district people are great. They are always there and ready to help me any time I need it. – WIC Staff

Some local staff members mentioned that regional State Agency staff members do not visit as often as they had in the past, although no coordinator indicated a lack of support from their regional team.

We used to communicate and have more interaction one-on-one in the past. There were more state visits and things like that. That has changed. From what I gather, the change is because, like everything else, it is about dollars. They don't get out as much and then they are spread more thin than they used to be, more areas to cover, more sites to cover. – WIC Staff

They come when we get monitored. Every two years. They visit maybe about once a year and we see them probably a couple of times a year at other events. – WIC Staff

So if you are out there and see how it is on the front line, the things they have to go through with our clients and all these other factors with our agency itself…You want to get the whole picture. Then you can say, maybe we should do it this way. – WIC Staff

State Agency staff described variation in local program operations and service delivery models at the local level. The State establishes policies and guidelines and local agencies have the flexibility to design a service model that works most effectively for their agency, staff, and participants. Each of the four agencies visited during the local assessments had different models of service delivery, including an agency that has a site in a hospital for certifying new mothers and infants and another agency that provides group certification for prenatal women.

Monday mornings we see newborn infants exclusively as walk-ins. We tell them to be here between 9 and 11:30 and then we are open until 1pm. Every Monday. And that has really helped meet the 10 day requirement for new infants. – WIC Staff

At each of our locations, we have prenatal days and that is done through the health center. After they take a test for the pregnancy, they make an appointment to go through the prenatal class. As part of that class we do WIC, then they have social services, we get them registered for an ultrasound, dental and the whole bit. There is a timeslot during that day where they bring them over to WIC and that is when the breastfeeding peer counselor and nutritionist or certifier get to talk with them.
– WIC Staff

Communication Channels

Local agency staff spoke positively about the communication between the state and local WIC agencies. On the online survey, 85% of staff either "agreed" or "strongly agreed" with the statement "There is clear communication between the State WIC office and the Local WIC agency." Local staff mentioned several methods of communication and information sharing including phone calls, emails, WIC Updates, coordinator calls, advisory committees, workgroups, and district meetings.

The coordinators do phone conferences, I think it is quarterly. I like that because you get to get together with everyone and hear about what is going on. I think they do a real good job there. It is for a couple of hours and they talk about whatever new stuff is going on. And if anyone has any questions, they can ask them, so that has been helpful. – WIC Coordinator

During local assessments, staff members were asked if they read the WIC Updates, which are available every Tuesday and include the latest WIC news, policy updates, available resources, training information and job postings. The majority of local staff reported reading the WIC Updates and found them informative and helpful. Some staff reported that it was helpful that past WIC Updates are archived and searchable to help with quick answers to questions. Everyone at the local agency has access to the WIC Updates, ensuring that information is distributed widely and reaches each local WIC staff member.

I try to read the Tuesday morning updates because they do have good information. – WIC Staff

We have the WIC updates each week and that is really nice. It saves me lots of time because I will be like "I know I have seen that somewhere" and then I will go back and find it in the WIC update. – WIC Staff

They do a weekly update in the MOWINS system and every employee can go into the site and read the update. We can post open job opportunities there. I think that is one of the most effective forms of communication they have with the locals. My staff reads it. We talk about it at the staff meeting. – WIC Coordinator

In some districts, local agencies have initiated meetings where local WIC management staff come together to share information and discuss local agency issues. State Agency staff members regularly attend these meetings. Agencies that did participate in district meetings reported that they were helpful and effective in promoting communication and recommended the practice for other districts.

One thing that is cool about our district is that we have a tri-monthly meeting where we all get together. One person might share "Well we were just monitored and we got a finding for this" and two years ago it was different, so I think if other regions had those committee meetings like we do, things might be translated better. – WIC Staff

There is a quarterly WIC meeting that meets at different locations for this region. I think other regions might have similar type things. We get together and discuss whatever is on somebody's mind. We were going to different clinics, which was kind of cool to see different sites. – WIC Staff

Different agencies can come up with ideas, but if they are the only ones doing it, it is only helping them. But it could be a great idea that everyone could benefit from. And how do you know about it unless you come together to talk about it. And that is how it spreads and you can be more effective at what you are doing. Make the program work better across the state for everyone. – WIC Staff

Local and State Agency staff described several opportunities for collaboration from formal advisory groups to topic driven workgroups. State Agency staff members spoke positively of the relationship with the Missouri State WIC Association. Local staff also spoke positively about Association as a forum for interaction among state and local agency staff.

I would say right now the WIC Association has a strong relationship with the state and I attribute that to the leadership that we have there now with [The WIC Director] – WIC Staff

I enjoy going to the WIC Conference. You get to meet other people in Missouri, other agencies and see how they operate. I learn a lot from the sessions that they have. – WIC Staff

There were few negative comments around communication from the state office. The only consistent theme or suggestion from local staff was around timeliness of communication. Other suggestions around communication included: 1) clearly communicating when a change is made to a policy; 2) choosing a wide range of agencies to provide input and not being "selective in terms of counties that they ask to do things"; and 3) putting the feedback that local agencies provide into practice.

Sometimes in training they say "more information will be coming about this soon" and that "soon" takes a long time, so maybe not more communication but more timely communication. – WIC Staff

And they still haven't come out with the PowerPoints from that and that was the first of September. That is partly why we are struggling now because we don't know what is going on with the "dot org" kind of thing. – WIC Staff

During local visits, the Altarum assessment team also asked about local channels of communication. In general, there appeared to be strong teamwork in all assessment sites. On the online survey, 76% of staff members, either "agreed" or "strongly agreed" with the statement, "There is clear communication among LWP staff in this WIC office."

The communication here is awesome. We all get along. It is very positive. I always look forward to coming to work. It helps us spread that positive attitude to our participants because we are always in a good mood. – WIC Staff

One observation from a comparison of local agencies was that the more opportunities staff members had for meeting and sharing within the office, the more positively they spoke about communication in their office. Meeting frequency varied considerably among local sites. Interestingly, on the online survey, agencies that reported more frequent meetings had a higher percentage of staff that strongly agreed with the statement, “I often receive recognition or praise for doing good work.”

We do meet monthly to discuss different policies or if there is a problem with anything, so communication is pretty good. – WIC Staff

Communication in our office can use improvement. Something is told to one person and she relays it to the rest. We don’t have group meetings hardly ever anymore. We don’t have group meetings except at Christmas. – WIC Staff

In one assessment site, staff met quickly every morning for a 5 to10 minute “morning huddle” before starting the day. Staff members spoke very highly of this practice. Topics for morning huddles included daily caseload and any staffing issues, updates on new policies, and agency news.

And then they have quick meetings every morning. We all get together around 8 in [the coordinator’s] office and do an update on things. We get updated on everything. It is good for communication. Everyone is involved. – WIC Staff

We have a quick little morning huddle at 5 after 8 for just 5 or 10 minutes to just review the schedule, give any updates or discuss any issues like if someone is not here…If you have a big clinic, I think it’s helpful. – WIC Staff

Training

A strength noted by both state and local staff members was training. For local staff, as well as WIC vendors, there is a combination of online and face-to-face training options. Local staff members have many options to fulfill the training requirements for continuing education units including webinars, trainings at the local agency level, state trainings, and outside trainings. Each local agency has a training coordinator and the State Agency staff reported working towards a defined job role for this position. Local agency staff spoke positively about the training they receive to help them fulfill their roles.

They are great about continuing education. They offer things we can do with lots of webinars. Even if it is above and beyond, they will support it. Often, even if it costs money, the state will approve it. – WIC Staff

If we go to a conference, that can count for CEUs. We just had someone come in from the diary council, and that counted. So there are a lot of opportunities for continuing ed that we can do. I think they do an excellent job with it. – WIC Staff

On the online survey, when asked about the training they received in the past 12 months, the most frequently selected topics were breastfeeding, customer service skills, and participant-centered services skills. When asked, "How often are you able to use the skills you learn in training sessions when you return to your job?" 96% of staff selected "always" or "almost always". Topics mentioned for future trainings included infant formula, procedures for reporting abuse, and strategies to address overweight.

They do an excellent job on breastfeeding, but not at all on formula feeding. There was one webinar. If I get a call from a doctor, I have to look it up. If you don't have babies of your own, you may not know. – WIC Staff

We are required to call the hotline and report it [abuse] when needed, but they don't offer guidance on when to call and how to report it. I know things have been changing. – WIC Staff

We need training on how to address overweight. – WIC Staff

All four coordinators interviewed described similar procedures for training new staff. Training includes on the job instruction by seasoned staff within the agency, completion of self-paced online modules developed by the state office, and 1.5 days of onsite training at the state office in Jefferson City. Coordinators spoke positively about new staff training and local staff reported that they felt well trained for their role in WIC.

The training that I received was useful when I got out into the field. I could use the skills I learned in the training. – WIC Staff

I did the modules when there was time in between training and being with the nutritionist. So I would sit in with the nutritionist, watch her and then during downtime, go back and do a couple of trainings. – WIC Staff

I think that right now there is a good balance between on the job training and how the state complements that training with their own, along with the webinars. – WIC Coordinator

Staff spoke positively about online training options and webinars. Staff members noted that they enjoyed being able to sit at their own desk and do training at their own pace. One suggestion was that staff members have a timeframe to view mandatory trainings and do not have to watch them at a particular time. Another suggestion was to add contact information for State Agency staff members who are knowledgeable about the topic on webinars or sections of webinars as a resource for those who have questions

or want additional information. One theme that emerged from local staff interviews was that although they enjoy webinar trainings, they also enjoy face-to-face training and feel it is important for adopting new skills.

The webinars are good because they are self-paced a little bit but having the classes where you can do the back and forth is good…The last face to face training I had was Grow and Glow and that was a while back. – WIC Staff

I like the one-on-one, face to face trainings. I prefer that. It is always good to have that eye-to-eye contact. That body language. I think it is more personal. I feel more comfortable than just watching a video. I just prefer it more. – WIC Staff

I like the webinars, but it doesn't replace the face-to-face. – WIC Staff

From the assessment, it was clear that the Missouri WIC program has a strong foundation in nutrition and ongoing nutrition training. State Agency staff reported that there are Registered Dietitians (RD) in approximately a third of the agencies. From the online survey, three staff members from the four sites reported having the RD credential. The State Agency also supports an internship program with the goal of helping more local agency nutrition staff earn their RD credential.

They have a strong nutrition foundation. I know that some states are more lenient on certain things, but they are sticklers when it comes to the nutrition part. – WIC Staff

A topic asked about in local staff interviews and the on-line staff survey was one-on-one mentoring to incorporate new skills. In addition to training, a process of ongoing mentoring helps staff incorporate new skills into daily practice. Mentors create an environment in which open communication, constructive feedback and positive support help staff at all levels develop skills. On the on-line survey, when asked "How often do you receive one-on-one mentoring or assistance on how you can improve your skills in working with participants?" only 24% of the staff selected "often" or "all the time." The responses "sometimes" or "rarely" was selected by 69% of staff with 7% of staff selecting never. Although there was a range in how often the coordinators reported conducting observations and providing feedback, the majority reported having little time to observe staff beyond what was required as part of the evaluation process.

Maybe I would have liked a little more one on one with the supervisor in terms of what she is looking for… The evaluations are the only times when you are one on one with her. – WIC Staff

There have been times I have sat in with them, but that was more at the beginning. I have thought I really need to. That needs to be part of what I do on a routine basis. That is probably one of my weaknesses. – WIC Coordinator

Service Delivery Environment

The service delivery environment of a WIC office greatly influences participants' opinions about their WIC experience. Their overall experience is impacted by the physical and operational environment – by the way they feel about the comfort and appeal of the space, the efficiency and time required for the processes during the appointment, and the way they are treated while in the WIC office. To facilitate positive experiences that engage participants, all aspects of the service delivery environment need to reflect and embrace the features of participant-centered services.

Customer Service

During onsite observations, local staff members communicated their respect for participants by providing a high level of customer service throughout the WIC experience. WIC staff interacted positively with all participants, regardless of age, culture, language, ability or other characteristics. When asked to rate their WIC office in terms of customer service on a scale of 1 to 10 with 1 being the worst customer service possible and 10 being the best customer service possible, most participants gave the rating of 9 or 10 with the average score of 9.3. Comments about customer service from participants were overwhelmingly positive.

They make me feel like they care about me here and they all recognize me. – WIC Participant

They are all nice and friendly. From the time I walk in the door, I am greeted with smiles. – WIC Participant

The best thing is that they are easy to talk to. They seemed to be concerned and really listen. – WIC Participant

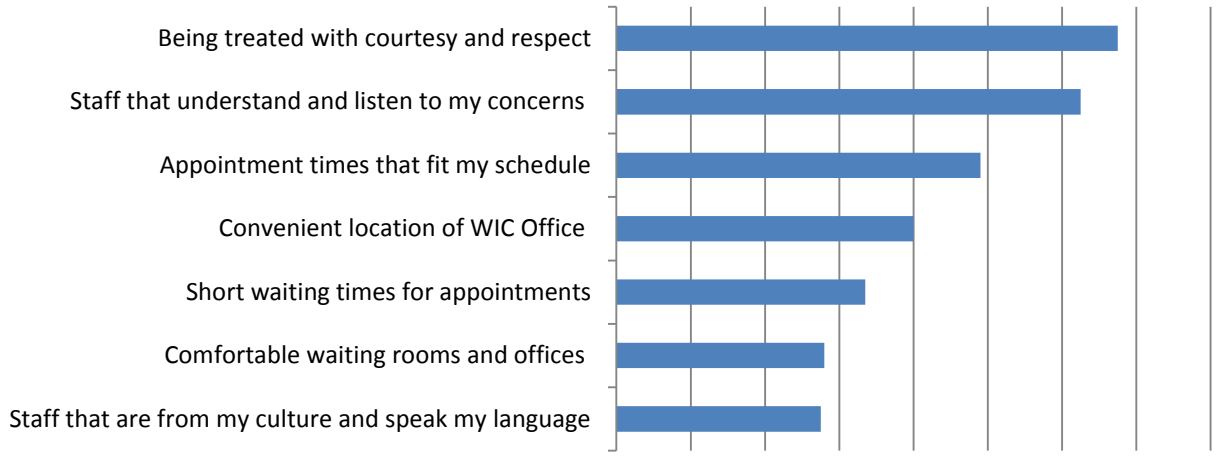
Participants were asked to rank seven features about their WIC experience from most important to least important. Of the seven options, participants felt that "being treated with courtesy and respect" was most important. [See Figure 1]

I want to be treated like I would treat them, with respect. – WIC Participant

When they respect me, they make me feel good. – WIC Participant

Respect is the most important thing for me. Say hi, complement my kids. Maybe tell me they have good manners. – WIC Participant

Figure 1. Participant Ranking of Service Delivery Features by Importance



Source: Interviews with WIC Participants

Office Environments

The WIC sites visited during the assessment were clean, inviting and child-friendly. Most waiting rooms and many offices had toys to entertain the children. Positive nutrition messages were supported with posters, pamphlets and brochures. Although some staff struggled with arranging the desk and chair to encourage conversation and minimize emphasis on the computer, several staff members were observed turning their computer to engage participants in discussions around growth charts. On the online survey, 83% of staff “agreed” or “strongly agreed” with the statement, “Our WIC office is clean, comfortable, and family friendly.”

They have toys to entertain the kids. – WIC Participant

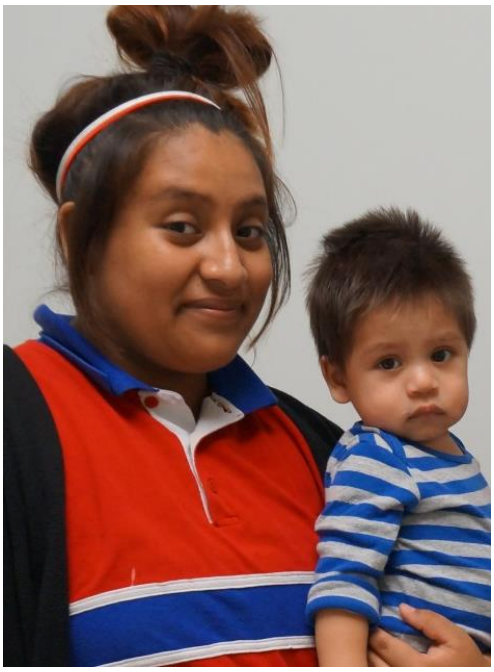
Services Available to Participants

At each local agency visited, staff described other services and programs available for participants in addition to WIC services. A few of the services available for WIC participants included dental, primary care, family planning, obstetrics, immunizations, behavioral and environmental health, and drug treatment services. Many services available for WIC participants were co-located with the WIC program and easy for participants to access. Local agency staff also described offering other services to improve the experience of the participants and support nutrition education messages.

We do cooking demos and puppet shows in lobby or the conference room. – WIC Staff

Communication / Language

At each of the four agencies, systems are in place to ensure effective communication with participants with limited English proficiency. Resources used to communicate with participants included the use of bilingual staff, interpreters and telephone interpreter services. One site offered classes in Spanish. During onsite observations, participants with limited English proficiency were communicated with effectively.

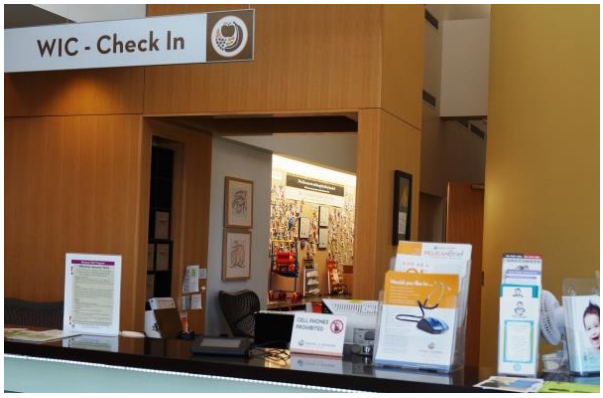


We have interpreters on site and we use the language line. I like using both. They are very effective. Our participants seem to do ok with both as well. – WIC Staff

They always speak to me in my language. If they don't speak Spanish, they find someone who can. – WIC Participant

[WIC Certifier] is bilingual and our peer counselor is bilingual and she is a great interpreter. We have a pretty good Ukrainian Russian population and so we have an interpreter that lives in the community. When we know someone is going to need interpreting, we call her. [A WIC Nutritionist] actually does sign language. And we have another woman from the school system that signs. And we do have the telephone service available if we need it. – WIC Staff

Wait Time and Service Delivery Process



Among assessment sites, there were different operational flows or service delivery steps. Along with the efficiency of the process, participants and staff were asked about the amount of time they wait for services. Wait time was mentioned as “always a problem” or “sometimes a problem” by 13 of the 30 participants interviewed. At two sites, waiting time was noted as an issue by more than 50% of participants interviewed. At one of these sites, Altarum staff also observed longer wait times throughout the WIC process. At the two remaining sites, reports of wait times varied by participant, with some participants reporting minimal wait times and others reporting longer waiting times. In both sites where participants described longer waits, coordinators reported the majority of the “bottlenecks” in clinic flow occurred at the front desk. Both coordinators reported that changes in this area would help improve the process for participants.

The wait time is sometimes a problem. Sometimes they are really packed. – WIC Participant

Wait time is always long. They say get here 10 minutes before your appointment, but then they keep you waiting 20 more minutes. – WIC Participant

I think scheduling/flow could be adjusted to improve wait times. – WIC Staff (online survey)

On the online survey, 84% of the staff either “agreed” or “strongly agreed” with the statement “The amount of time participants spend at their WIC appointment is reasonable.” Local staff reported that there are certain times that the site is busier than others and this can lead to longer wait times. Staff shared that since moving to a monthly issuance for food benefits, they have experienced extremely busy periods during the beginning and end of the month and slower periods in the middle of the month. They also reported that this change impacts the show rate with higher no-show rates during the middle of the month.

I know the first of the month and the last of the month are going to be really busy. – WIC Staff

Since we went from month to month issuance, it is slower at certain points. – WIC Staff

I think the show rate depends on the time of the month. When they are running out of checks at the end of the month is when they have the real urgency to come so those appointments during the middle of the month don't show up. – WIC Staff

Another aspect that impacts the experience of the participant is the number of wait times they have during the process. In sites where participants had more steps in the process and wait times between steps, there were more participant complaints about the process. On the online survey, staff members at sites with fewer steps were more likely to "strongly agree" with the statement, "The process or steps a participant goes through from the time she/he enters the WIC office until she/he leaves is efficient." Interestingly, staff members at the site with the fewest steps in the process were the most likely to "strongly agree" with the statement "The amount of time participants spend at their WIC appointment is reasonable."

I am still confused about what to bring. And all those different rooms. It is confusing to go to so many rooms and having to wait in between. – WIC Participant

Appointment Times and Scheduling

During site visits, when staff members were observed scheduling participants next appointments, staff consistently asked participants about days and times that would work best for their schedule. Despite this approach, in participant interviews, a common theme was difficulty keeping WIC appointments or that WIC appointment times were inconvenient for their schedule. Participants, particularly those that were working, discussed difficulty getting to their WIC appointments during times WIC was open. They shared that later afternoon and evening hours would make it easier for them to participate in WIC. State Agency staff did share that often local WIC agencies are limited in their scheduling flexibility due to agency and/or union policies.

They don't have evening appointments so I have to pull him out of school. He doesn't get out of school until 4pm and he is only allowed to miss a certain number of days. – WIC Participant

I work the night shift and sleep during the day. I need late afternoon appointments and those are not always available at the best times for me. – WIC Participant

The latest appointment here is at 4:00pm. That is not convenient for me. I am a single parent. To get an appointment, I have to leave work early or take a half a day. – WIC Participant

When asked about scheduling appointments, another common theme reported by participants was difficulty getting through to the WIC staff on the phone to schedule or reschedule WIC appointments. Some agencies reported having a centralized call center. One coordinator spoke about the difficulty in answering calls while also servicing participants in the site and shared that having a staff dedicated to answering incoming calls would be ideal.

Getting them to answer the phone is hard. They keep you on hold too much. It is hard to get to the right department. – WIC Participant

Scheduling appointments is hard. It is hard to get them on the phone. – WIC Participant

When you call, you never get to talk to anyone. Even when you leave a message, it takes a couple of days. – WIC Participant

When asked about policies and procedures that impacted the experience of the participants, some staff members mentioned a recent policy change to discontinue the one-month preliminary certifications for participants that did not have all the required paperwork. A few staff felt that preliminary certifications allowed more flexibility for participants and helped them participate in WIC.

We do have a new policy and I like the old policy. Now they have to have all their information in order for us to sign them up for WIC and the old policy let us have them come in and if they didn't have everything they could bring it back within 30 days. Things happen. People can't get a hold of shot records, things like that. I feel like it is one extra thing. For them to change it and say you need everything, I think they made it hard for some people. Think about it. These people get here. Everybody doesn't have a car so they are coming on the bus. They might have two or three kids that they are dragging in here and then they don't have all their information and there is nothing you can do for them. When are they going to be able to come back? – WIC Staff

Another thing I would like to add is now if you don't bring certain documents, especially your proof of address and you don't have Medicaid or any other qualifying entities, then we have to send them without checks and that bothers me. That is a challenge for me. We used to give them at least one month. I feel bad… Sometimes they really need it. – WIC Staff

Nutrition Education

The fundamental spirit of nutrition education in the participant-centered model includes working collaboratively with the participant, eliciting and supporting motivation and strategies for adopting healthy nutrition-related behaviors. Within WIC's nutrition education component, this style of communication represents a shift away from a didactic model in which the nutrition educator is seen as an expert, providing information and direction to the participant in a traditional teacher-student relationship. Within the participant-centered framework, the nutrition educator serves as a counselor or advisor who listens to and guides the participant in discussions around positive nutrition and health-related behaviors. Communication strategies are individualized and tailored to the participant's cultural, language and educational needs.

Nutrition Discussions

Local nutrition staff members observed were knowledgeable about nutrition and were able to share useful and practical information and tips with WIC participants. The length of time participants spent with WIC staff in nutrition assessment and education sessions was reasonable and respectful of participants' time. Many participants reported valuing the nutrition information they received at WIC. They described the discussions with the nutrition staff as positive experiences.

I was talking to her about weight loss and making sure I was eating the right things to be at the right weight I should be. – WIC Participant

Whenever I had a question, they have answered it. Just helpful, friendly advice like dipping the carrots in peanut butter so he will eat them. – WIC Participant

Sometimes I worry, but they reassure me and tell me that she is on the right track. It makes me feel good. – WIC Participant

She gives me ideas for my kids to help them eat better. It was a great learning experience. – WIC Participant

Participant-Centered Communication Skills

During onsite observations, there were a wide range of counseling styles and use of participant-centered communication strategies. Several staff members were observed using open-ended questions and reflective listening to elicit and encourage participants' inner motivations around nutrition and health. Some staff members were more directive, while other staff encouraged more participant autonomy. "Talk-time balance" also varied. In participant-centered nutrition counseling, the participant is encouraged to do a significant amount of talking, sharing and exploring. During some visits, participants were encouraged to do a good deal of talking, while in others, the WIC staff person did the majority of talking and the participant said very little.

One consistency seen across observations was limited use of affirmations to encourage and build motivation for positive behaviors. Affirmations are a way to point out participants' strengths and acknowledge their efforts. Affirming positive behaviors helps to increase a participant's confidence and the likelihood that they will repeat the behavior. This positive feedback creates an atmosphere of trust and openness, allowing the nutrition staff to become more influential with participants. While some simple affirmations such as "good job" or "super" where heard during observations, more powerful affirmations link the affirmation to the positive behavior or outcome for the participant. Two examples of more complex affirmations heard during one site visit included, "You are making great habits for her" and "he is doing well because of all that good breastmilk. It doesn't get much better than that." A few examples of participant statements that were potentially missed opportunities for affirmations include:

I don't smoke or do any drugs anymore. – WIC Participant

You know how some babies get too big. I don't want that. – WIC Participant

She would drink juice all day long if I let her, but I only give her 3 cups a day. – WIC Participant

Goal-setting

A strength of nutrition counseling sessions noted in observations was the frequent inclusion of goal-setting discussions during WIC appointments. Goal-setting is an important learned skill that helps increase the likelihood that participants will make lasting changes in their nutrition and health behaviors. When asked on the online survey, “How are participant goals selected for most of your one-on-one education or counseling sessions?” the majority of nutrition staff selected the response “The participant and I usually decide the goal(s) together.” During interviews some staff discussed the goal-setting process:

If we set the goal from what we think it should be, the mom might not be interested in that goal. Sometimes I think they may not know what a goal is or don’t have any ideas around setting a goal so sometimes we will lead them toward a goal, like “today we talked about weaning from a sippy cup. How do you feel about weaning from a sippy cup? - WIC Staff

They have to have a goal. We try to encourage mom to find something they can do. - WIC Staff

The way goal-setting was addressed with participants seemed to influence how receptive participants were to setting nutrition or health related goals. Formal goal-setting may be a new concept for many participants and more explanation may be necessary. When staff spoke about goal-setting in a positive and encouraging way, participants seemed more engaged. Additionally, offering examples of goals set by other mothers and caregivers at similar stages seemed to facilitate the process.

Positive examples of goal-setting explanations included:

Part of what we do at WIC is work with families to set eating and health goals. It could be trying something new like starting to offer that cup or it could be continuing something healthy you are already doing, like offering vegetables with dinner.

WIC is a nutrition program so we ask about healthy goals you want for your family. Are there any goals you have for her eating?

Examples of goal-setting explanations that seemed to be less effective tended to look at goal-setting as something negative or something participants are forced to do. Examples included:

WIC makes everyone choose a goal.

You can’t get out of this office unless you set a goal.

Often participants would talk about things they wanted to change or things they wish were different, but when asked about a goal, participants and staff members did not make the connection back to those earlier statements. An example of helping participants bridge that gap could include a statement such as “earlier, you talked about eating more vegetables. It sounds like that is a goal for you right now in terms of your eating.” Frequently, staff members missed clues in participant statements that indicated the potential for goal-setting and instead assigned an unrelated goal. Some examples of participant statements that may have possibly indicated readiness for change included:

My doctor said my diet is horrible.

My biggest issue is me not getting out there and doing it with her. (when asked about physical activity)

One trend observed during goal-setting discussions was that participants were rarely asked for their ideas and strategies for achieving the goal. Most often, the nutrition staff would direct the participant with strategies. For example, after the two statements offered below, the nutrition staff moved immediately to telling the participants how to make the change instead of asking what might work best for the participant’s individual situation or what strategies they have already tried.

I want to lose weight.

I really want to wean him.

Often the participant knows what may work best for them. Additionally, asking for participant input into goal-setting strategies will often encourage the participants to ask for ideas, making them more receptive to the information when offered by the nutrition staff.

WIC Certifier Model

All local sites visited had staff members that were classified as “certifiers.” How they were used in the service delivery model varied. At one site, a certifier was used in a clerical role and also completed anthropometric measurements. At another site, the certifier would complete the initial certifications and reschedule the participant in one or two months for nutrition education. At two sites, the certifiers would complete eligibility screening, basic anthropometric measurements and initial nutrition and health assessment questions before passing the participant to the nutrition staff during the same visit. Both of these sites had recently changed to this model from the model in which the certifier completes the entire initial certification.

During observations, as per their job role, certifiers did not provide nutrition education as part of the certification process. When asked about their roles in nutrition education, most certifiers reported that the separation of job functions made sense to them.

There are a lot of things I don't know about so I have to rely on her, the nutritionist, to answer some of their questions. – WIC Staff

We don't educate them on anything. We just certify them. – WIC Staff

I think some certifiers feel like they are limited in what they can and cannot say or share with participants. – WIC Staff

During several visits where the certifier completed the entire initial certification, participants presented with issues that would have benefited from timely nutrition counseling. During the assessment, the majority of certifications within this agency model were done with prenatal women. The prenatal period is a time of rapidly changing nutritional needs and concerns. Additionally, this is often a time when women have a high level of motivation for behavior change. Although certifiers reported that they will often ask a nutritionist to step in if the participant has questions or issues that cannot be addressed, this was not observed during the onsite visit. Examples of women that did not receive nutrition education or counseling during their visit but were scheduled to return in one or two months included:

- A participant whose risks included: vomiting; weight loss; no prenatal vitamin intake; limited diet with no vegetables or dairy; and reported high stress levels (because she had recently had a fire in her home).
- A participant who recently found out she was pregnant, wanted to quit smoking, and had already started trying to cut down on the amount of cigarettes she smokes per day.

Other possible missed opportunities for nutrition education were observed in the model where the certifier completes the initial assessment questions and then passes the participant to the nutrition staff. Often the participant would bring up a nutrition concern or question with the certifier who would explain that the nutritionist would be able to address that issue. It was observed that some participants would not bring up the issue or question with the nutritionist during the next portion of the visit and the issue would not be addressed.

Nutrition Assessment Questionnaire

In some sites, staff members asked the participant to complete a nutrition assessment questionnaire, while in others, staff members asked the assessment questions verbally. In sites where assessment questions were asked verbally, there appeared to be more

participant engagement and less duplication of effort. Staff members were observed waiting for participants to complete the dietary assessment form so that they could begin the WIC appointment. Participants who were not proficient in English appeared to have difficulty completing the form. For these participants, staff members had to ask several clarifying questions after the form was complete.

I think some agencies still go ahead and have them fill out the form but we don't. To me, that just seems like more time. We probably do catch things we might have missed on a piece of paper. – WIC Staff

Explanation of Eligibility

During some certification visits, WIC staff explained to participants why they were nutritionally eligible for the WIC program. Based on observation, some staff appeared uncomfortable and unsure about how to discuss nutrition eligibility in a supportive, participant-centered way. Because participant-centered nutrition education focuses on an individual's capacities, strengths and developmental needs rather than focusing on problems or negative behaviors, some explanations of eligibility seemed incongruous, affecting the rapport previously established by the WIC staff person. Examples of eligibility statements heard during onsite visits that may potentially build resistance in the participant included:

- "The risk factors that qualify you for WIC are maternal smoking and dental problems."
- "I am going to make you high risk for the weight loss and keep you on the program."
- "Your risk factor is second hand smoke and inappropriate nutrition practices."

It is just hard to tell someone that you qualify because your child is overweight. The state does say to try to be sensitive about those issues but you have to let them know their risk factors. – WIC Staff

Nutrition Education Materials

As part of the assessment process, local agency staff members were asked about the educational materials and resources they use with WIC participants. On the online survey, 81% of staff either "agreed" or "strongly agreed" with the statement, "I have the educational materials and resources necessary to assist participants with improving their nutrition, breastfeeding and physical activity behaviors." Materials observed during onsite visits were colorful, engaging and used participant-centered language. The majority of materials are provided centrally by the state but local agencies are given the flexibly to design their own materials if needed. One local staff suggestion for education materials related to timeliness of Spanish materials.

I think the materials they put out are very well done. They have really stepped that up. They look nice, they are well done, and they have a lot in Spanish. Although one of my pet peeves is – it is the first of the month, new food package and they don't have the new food list in Spanish…You knew it was coming, you should have had that. It happens frequently. We have a big Spanish population. It puts us in a bind, especially with new people. – WIC Staff

During observations, the Altarum assessment team also watched how staff members used and interacted with education materials during participant visits. Nutrition education materials were integrated well into WIC appointments. Staff members interacted with the materials, increasing the likelihood that the participant will benefit from the information. The amount of materials provided was appropriate.

Secondary Education

As part of their plan for nutrition education contacts during the WIC certification, three sites visited used bulletin boards, information sheets and quizzes as part of their secondary nutrition education. Sites varied on their system for providing the information to participants. At one site, the information sheet selected for the participant varied depending on the needs and issues identified at the time of certification. At two other sites, the information targeted a general nutrition topic appropriate for all WIC families. After viewing the information sheet or nutrition board, all three sites had the participant fill out a short quiz or questionnaire about the information. Staff at two of the sites reported interacting with the participant immediately after to review the information and answer any questions. At a third site, staff reported that the quiz is scored by the nutrition staff after the participant leaves and if enough questions were answered incorrectly, a note was placed in the chart to review the information at the next participant visit. This model may lead to missed opportunities for nutrition education. Additionally, participants with limited educational resources or limited English proficiency may have difficulty reading and completing the quiz and may benefit from the verbal interaction with the WIC nutrition staff.

Breastfeeding Services

Breastfeeding services and support offered by WIC have led to increased rates of breastfeeding initiation and duration in WIC participants. Pregnancy and the early prenatal period represent critical times when the valuable support and resources offered by the WIC program are most influential. Participant-centered communication skills help women explore the benefits of breastfeeding and build motivation for breastfeeding before and after initiation.

Breastfeeding Support for Missouri WIC participants

The Missouri WIC Program has a strong breastfeeding program with a long history. WIC participants and staff spoke positively about the services offered by the program. Successful components of the Missouri's breastfeeding program identified during the assessment process include:

- A strong peer counselor program that is fully integrated into the WIC service delivery model.
- Consistent positive breastfeeding messages and support from WIC staff in all roles.
- A robust breastfeeding training program for all staff, including peer counselors.
- Increased support for participants during time periods critical for breastfeeding success.
- Availability of lactation consultation support and breast pumps for participants in need.

Peer Counseling

The Missouri WIC Program has supported a peer counseling program for twenty years. Currently there are peer counselor programs established in 80 of the 110 contractual WIC agencies with approximately 135 peer counselors across the state. Missouri WIC funds its peer counseling program through the peer counseling grant with additional NSA funds. During onsite visits, peer counselors appeared fully integrated into the WIC service delivery model and part of the WIC "team." During interviews, the peer counselors spoke passionately about their role in supporting WIC mothers. WIC participants also spoke positively about the breastfeeding support they received.

They gave me the confidence to breastfeed in public places. – WIC Participant

It is mainly about listening and affirmations, which we do a lot. – WIC Peer Counselor

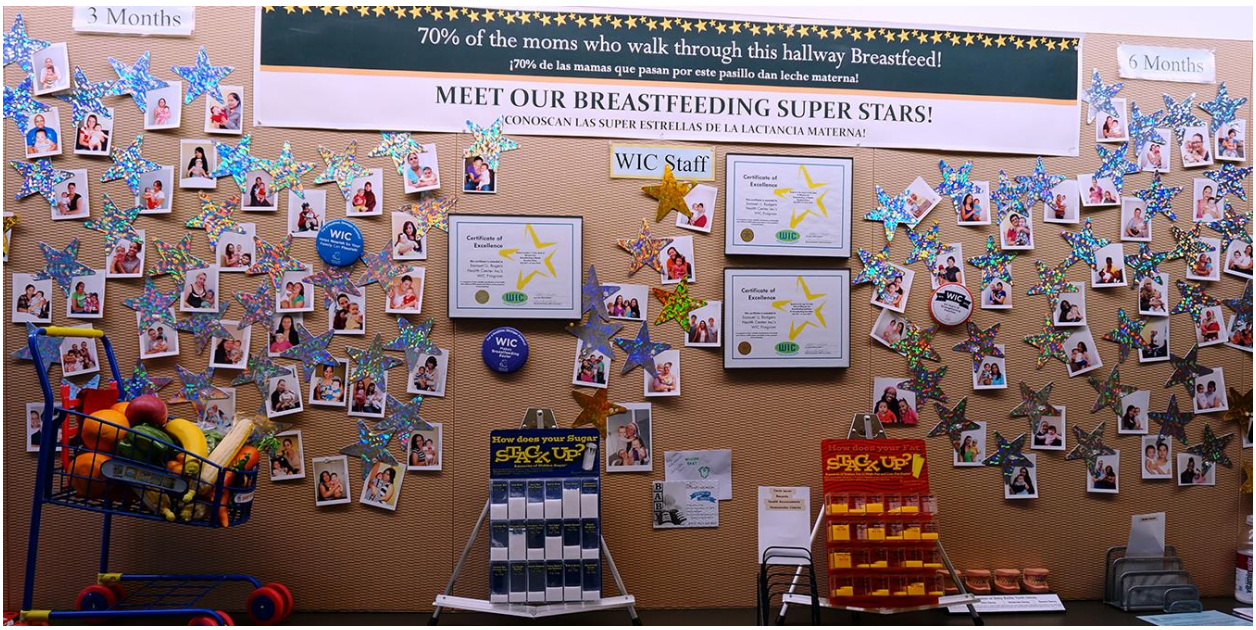
The peer counselors are really passionate about what they do, and that is what makes the program work. – WIC State Agency Staff

All Staff Support Breastfeeding

During the onsite assessment visits, staff in all roles supported breastfeeding and gave consistent positive messages around breastfeeding and the peer counseling program. Positive breastfeeding messages and education materials were prominent in the WIC offices. One program has designed a breastfeeding "wall of fame" where pictures of successful breastfeeding women, including staff, were prominently displayed.

A lot of them come with no education whatsoever in breastfeeding. Maybe their mom didn't breastfeed or their family environment wasn't there for them, but then they come here and they get that support and learn the benefits of it. – WIC Staff

I didn't know the benefits of breastfeeding until I started working here. And it doesn't stop here. It goes far beyond. I go to my friends who don't know about WIC or people from church and I tell them, "Hey, breastfeeding is the best." Because I know now and I refer them to WIC. So, it doesn't stop here. It continues. – WIC Staff

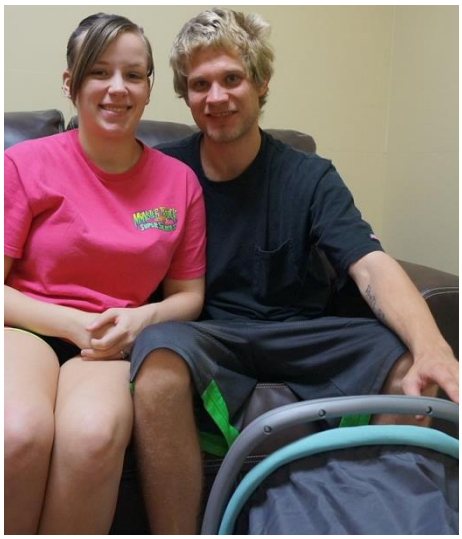


The Missouri WIC Program instituted a set of criteria for WIC agencies to become a "Breastfeeding Friendly WIC Clinic". WIC agencies in Missouri can meet a set of challenging criteria that involve training for staff, staffing credentials and services available for participants to receive the designation that is accompanied by additional funding for salaries. State Agency staff reported that there are 35 agencies that currently hold the designation.

So many of our agencies were doing above and beyond what was federally mandated with breastfeeding and we wanted to recognize those agencies.
– WIC State Agency Staff

We send all our new staff to the 18-hour breastfeeding course as soon as it comes up so everybody goes to that. Then there is the loving support breastfeeding training and everyone goes to that. And we are a breastfeeding friendly WIC clinic so the nutrition staff is required to get 5 hours of breastfeeding training per year. Sometimes we go to conferences or do online training. – WIC Staff

Training and Networking Opportunities



During interviews with state and local WIC staff members, many opportunities for training and networking were mentioned. New employees receive breastfeeding training as part of their initial training and there are opportunities for WIC staff to receive ongoing breastfeeding training. The Missouri WIC Program developed an 18-hour breastfeeding course for professional staff. State Agency staff shared that WIC breastfeeding trainings are open to community nurses as well. New peer counselors are trained directly by state staff. WIC local staff, including peer counselors spoke positively about the breastfeeding training and networking opportunities available to them.

Training is really good. They have good training for the peer counselors. – WIC Staff

I remember coming back and knowing so much. – WIC Peer Counselor

Most of the trainings are pretty effective. The recent breastfeeding ones I have been to have been very good. The breastfeeding training that I went to back in April, it was the breastfeeding lactation consultant from the state as well as a lactation consultant that is part of the Hannibal Missouri hospital. They are a breastfeeding friendly hospital. They were the two that did the training so there were lots of updated research and information. – WIC Staff

State Agency staff, peer counselors and local breastfeeding coordinators mentioned several networking opportunities. There is a breastfeeding task force for peer counselors and another for local breastfeeding coordinators across the state. Peer counselors and coordinators can share ideas, updates and best practices. There is also a yearly peer counselor conference in Jefferson City offering networking opportunities and continuing education for peer counselors. State Agency staff also shared their

collaboration with the Missouri Breastfeeding Coalition and other state agencies and groups involved in breastfeeding promotion. Local staff also reported participating in local breastfeeding coalitions.

WIC started the breastfeeding coalition a few years ago. We have hospitals, Early Head Start, La Leche League, breastfeeding moms, and people from the college. So this last year we have really been working on this baby café. Staff from WIC and the IBCLC from the hospital will work at the baby café. – WIC Staff

Contacts during critical periods

At each site visited during the assessment process, there were policies in place to assure that prenatal and postpartum women, particularly breastfeeding women, were seen more frequently than other participants. The prenatal and postpartum periods represent a time of rapid change for women which includes issues around nutrition and breastfeeding behaviors. A high level of support during these periods can impact breastfeeding success rates. Supportive follow-up visits were often completed by the peer counselor and at some sites breastfeeding classes were available as well. Peer counselors reported making more frequent calls to WIC participants during the late prenatal and early postpartum periods. Some peer counseling programs offer hotline services for women that are available 24 hours a day, 7 days a week. During interviews, no participants complained about the frequency of their contacts with WIC staff.

We try to call them weekly. Sometimes I have had the experience where I call them and they are in labor or they have just given birth and I get to talk with them right then and there. It is great. – WIC Peer Counselor

The peer counselors do the breastfeeding portion of the initial group. Then they have them come back in a month and do a smaller, just breastfeeding group, about a half hour. And then they meet with them monthly, or call them. – WIC Staff

The support they gave me with breastfeeding was huge – more than I got at home. – WIC Participant

Lactation consultation and breastfeeding resources

For WIC participants that need more support, local agencies reported that lactation consultants are available. Some agencies have peer counselors that are also lactation consultants (i.e. CLC or IBCLC credential) and some agencies have other staff members who are lactation consultants with systems in place to triage women with breastfeeding issues. State Agency staff reported that there are approximately 45 IBCLCs across the state. The State Agency staff shared that they offered the IBCLC preparation course in 2011 and had approximately 60 people take the exam.

I think they have come a long way with the breastfeeding initiatives and all the work they put into it with providing training for the peer counselors to become lactation consultants. That's something big. That is something that they have done well here in Missouri. And I think the initiation and duration rates have improved as well so that is good. – WIC Staff

Peer counselors reported that single-user personal electric pumps are given after four weeks postpartum to exclusively breastfeeding women who are separated from their infants 32 hours per week due to work or school. State Agency staff reported that 2,369 hospital grade pumps are available for loan throughout the state. WIC staff at the state and local level shared that receiving a breast pump from WIC was seen as a valuable resource. Some participants mentioned that they received a breast pump from WIC.

Breastfeeding information was the most helpful thing for me. They let me use a breast pump and that was amazing.
– WIC Participant

Breastfeeding supplies are always good. We are out of pumps right now but that is a good thing because it means they are using them. We have a waiting list.
– WIC Peer Counselor

Our nutritionists have been asking moms when they come in, "what do you know about WIC" and now, instead of hearing "this is where I get my formula", they are hearing "I know this is where I can get a pump". So the pumps have been a real motivator. – WIC State Agency Staff

Technology

A participant-centered management information system would encourage interaction between staff and participants and minimize the focus for staff on data fields and computer screens. Using technology in participant-centered service delivery also requires attention to the way that WIC participants use technology and enhancing WIC technology systems to incorporate these methods for promoting nutrition messages and supporting behavior change. New uses of technology provide opportunities for enhanced participant-centered services.

Missouri WIC Information Network System (MOWINS)

In general, staff spoke positively about the MOWINS system. State Agency staff reported working well with other states in the consortium around issues related to the MOWINS system. The most consistent complaint from state and local staff was that the system is slow. Local staff shared that the helpdesk is responsive and helpful. On the Missouri WIC website local staff members are encouraged to offer feedback about the customer service they received from the helpdesk—an opportunity for input to strengthen customer service to the local staff. There is also a monthly training webinar (MOWINS Hot Topics) available for local staff covering specific features, issues or processes within the MOWINS system.

I really like the MOWINS system. I like that it is organized like a folder. I think it is easier for a new person to learn than our old system where you had to memorize numbers and things like that. It still seems slow sometimes so that is our biggest complaint.
– WIC Staff

The helpdesk is great for things. – WIC Staff

The system seems a bit cumbersome. It is not that intuitive. It is slow. I wish it were quicker. And I wish the families were linked more. If you are changing them from monthly to bimonthly, you have to go into each record. And the same with food package; It would be nice if you could just open a family screen and just go into each kid and update it from that screen. – WIC Staff

During onsite visits, staff shared their thoughts about positive and negative aspects of the MOWINS system.

Positive features or characteristics of MOWINS mentioned by WIC staff:

- The ability to add local questions to the MOWINS system and create agency specific reports for the information collected (i.e. local use questions).
- The electronic signature pad.
- Many nutrition-related assessment questions in the system are phrased in an “open-ended” way that invite the participant to share a wider range of responses. (e.g. “Tell me about playtime?”)
- The ability of the system to integrate with automated dialer and texting programs.
- An interface to check adjunct eligibility.

Challenging features or characteristics of MOWINS mentioned by WIC staff:

- The system is slow.
- Families are linked for some things (e.g. check printing) and not others (e.g. nutrition education.)
- The appointment scheduler is difficult to use.

Missouri WIC Program Website – Available Resources

The Missouri WIC Program provides multiple resources on the website for local agencies, WIC vendors, and other community partners, facilitating the process of providing services for WIC participants. A few examples of resources available on the website include:

- Program information for participants.
- Local Agency Planning (LAP) documents which are integrated into the contract and funding system.
- The WIC Operations Manual, an online searchable document.
- Vendor updates.
- A WIC Training Portal with training information, manuals, and e-learning modules for vendors, local WIC staff, program management and community partners.
- A searchable archive of "WIC Updates."

Automated Reminder Systems

Local agency staff reported that automated reminder systems have improved their services. Both text and phone reminders are available and automated missed appointment calls are utilized as well. Two systems mentioned during interviews were One Call and Teletask. When asked about ideas for improving customer service on the online survey, several staff members mentioned the auto-dialer service as an example of improved customer service. Local staff shared that they have experienced a decrease in the rates of missed appointments.

The text or phone service reminders just implemented are working well according to the clients – WIC Staff (online survey)

We have an automated system that calls them and reminds them. It is working really well. We have a lot that say if it wasn't for that phone call, I wouldn't have come.
– WIC Staff

We use One Call for appointment reminders. It is a good system. They can opt in for texting. It is a call reminder and also calls for missed appointments. And it has helped. Our no show rate is down around 6 percent. – WIC Staff

Internet Education

The Missouri WIC program is introducing an additional way for participants to receive nutrition education through WICHealth.org, expanding participants' choice of learning options to suit their preferences. As part of the onsite visits, participants were asked if they would be interested in internet education. They were also asked about internet access at home. When asked if they would be interested in online education, 58% of participants interviewed said they would not be interested. The main reasons offered included lack of internet access or computer knowledge and the preference for talking with WIC staff.

I prefer to talk to a person. I am not internet savvy. – WIC Participant

I prefer personal interaction so I can do talking and asking questions. – WIC Participant

I probably wouldn't do it. I usually don't get on the internet. – WIC Participant

Of the participants interviewed, only 45% reported having access to the internet at home. Five participants that reported no internet access did report being interested in online education. These participants may benefit from mobile phone applications. One woman reported that she could access the internet at her father's home. WIC staff members shared that internet access, language diversity and literacy would be potential barriers for their populations. Two WIC coordinators interviewed discussed the possibility of putting computer stations or tablets in the WIC office to help participants access internet education.

For me, it wouldn't really work because I don't have a computer at home, but maybe for other people. – WIC Participant

Our participants probably won't do the internet education because, number one, a lot of them do not have more than dial up because they can't afford it and it is too slow. They are not going to use their smart phone minutes for it. – WIC Staff

I just don't know, with the language diversity, how successful that is going to be. – WIC Staff

Social Media

State Agency staff shared that the Missouri WIC program has been expanding the use of social media. Local staff interviewed during onsite visits recommended increasing the use of social media as a way to improve services to WIC participants. One theme that

emerged from interviews is that local staff members feel unprepared to implement social media campaigns on their own and would like the State Agency to either assume the role or provide more training.

They expect us to do these things like marketing and social media, but don't train us on it. – WIC Staff

If they had a Facebook page, we could just repost things on our page. A little more guidance with that type of stuff, social media and marketing, and advertising would help. – WIC Staff

I wish they were more progressive – I don't see why there is any reason why the state WIC program doesn't have a Facebook page. I think the Missouri Department of Health has one but the WIC program doesn't. Or Instagram or YouTube, those types of things to be more progressive to attract the clients that we see. Most of them are young. I think they need a social media person to do that type of thing. – WIC Staff

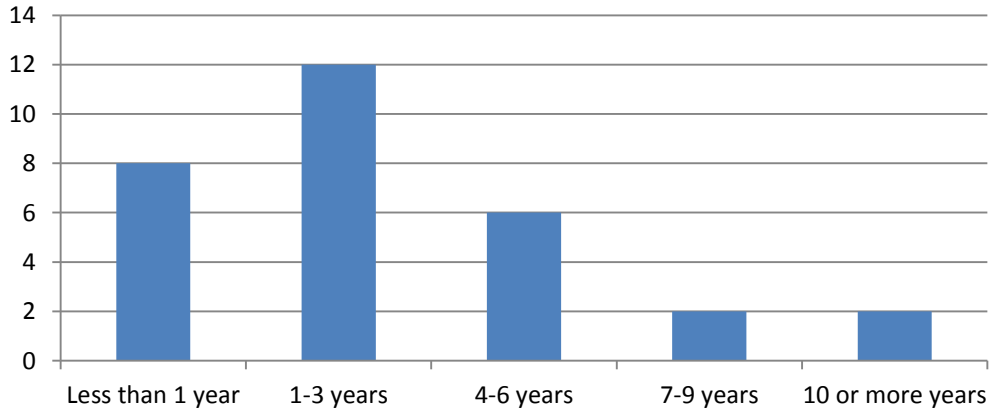
More from Participant Interviews…

Thirty WIC participant interviews were conducted during the local site visits to understand clients' experience with WIC and their impressions of WIC services. Interview questions focused on aspects of service delivery such as customer service, wait times, clinic flow, nutrition education, and the usefulness of WIC benefits. Respondents were recruited after their appointment. Pregnant women, parents and caregivers were eligible to complete the interview and participants were offered $10 in recognition of their time and input.

Respondent Characteristics:

- The majority of respondents were female.
- The most common response when asked how long participants have been coming to this WIC site was one to three years. [See Figure 2] Four participants reported coming to this WIC site for seven or more years.
- 87% of women reported that had been enrolled on WIC while they were pregnant.

Figure 2. Participant response: "How many years have you been coming to this WIC site?"

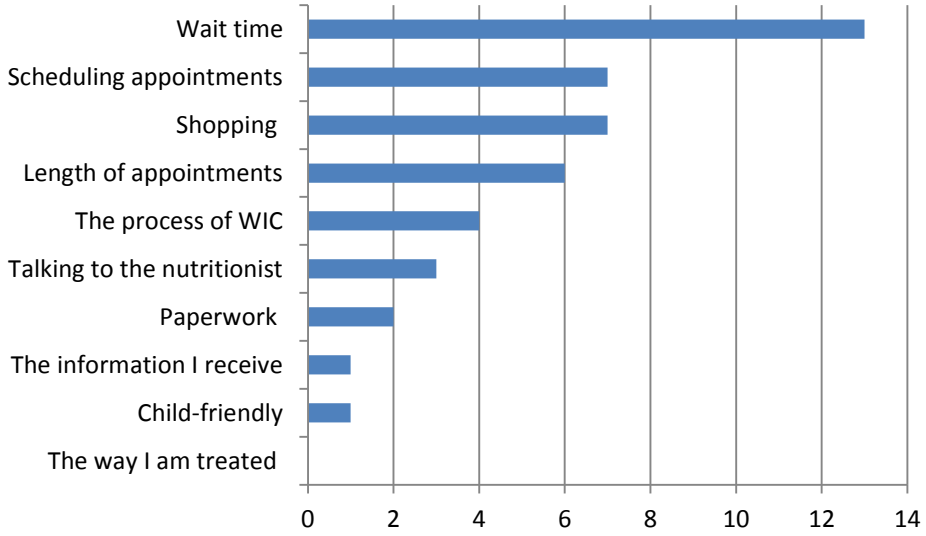


Source: Interviews with WIC Participants

Service Delivery

As a way to engage participants in discussions around positive and negative aspects of service delivery at the WIC office, participants were given 10 cards with aspects of service delivery written on them and were asked if they were a problem for this site. Participants were then asked to share more about their reasoning. See Figure 3 for a ranking of issues identified by participants as a problem.

Figure 3. Participants that selected each feature as a problem for their WIC site



Source: Interviews with WIC Participants

Overall the participants spoke positively of service delivery features and few were noted as problems. The most commonly cited issue was wait time with 13 participants citing this as “sometimes” or “always” a problem. The next most frequently mentioned items were scheduling appointments and shopping. The two common themes around scheduling appointments were the lack of late afternoon or evening appointment times and difficulty getting through on the telephone to reschedule a missed appointment. While most participants reported that shopping was not a problem for them, for those that did mention shopping as problem, common themes included confusion over allowable brands and finding correct sizes.

Seems like every time the book says I can get it, but when I get to the register, it says I can’t. There are always changes. – WIC Participant

Sometimes it is hard to find certain items, like 16oz bread. I couldn’t find it for the life of me. I didn’t know if they didn’t have it or what. – WIC Participant

Shopping sucks. One time they will give you one thing, like a type of bread or beach nut classics, and then this month, they won't let me get it. And baby cereal – last month, I got banana oat and now this month, I can't get it. They change it and make it so hard.
– WIC Participant

Useful Features of WIC

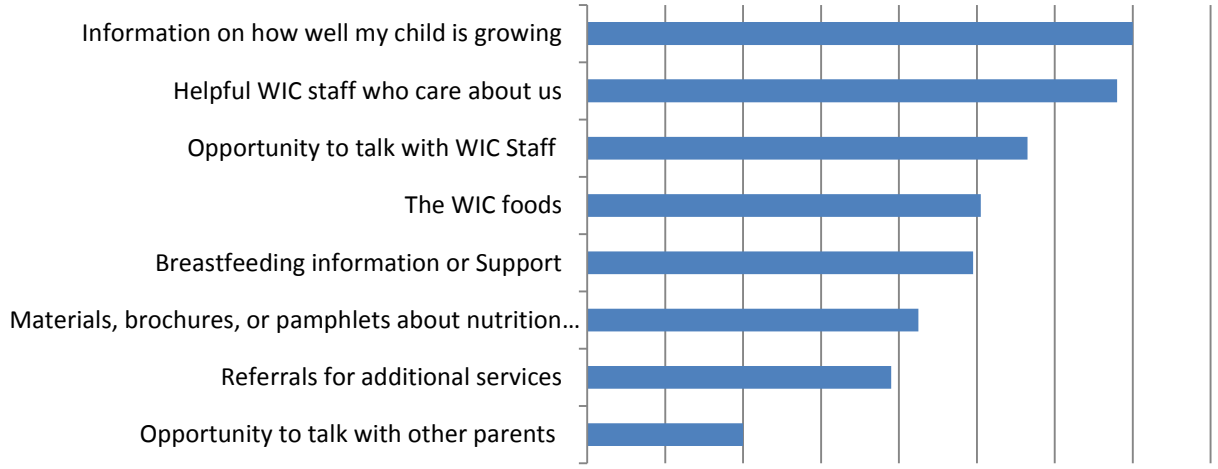
During interviews, participants were asked what they find most useful about WIC. Participants were given 8 options and asked to rank them in order of usefulness. [See Figure 4] Participants ranked three items as more useful to them than the WIC foods. The most useful item reported by participants was "Information on how well my child is growing" followed by "Helpful staff who care about us" and "The opportunity to talk with WIC staff about health topics, food/nutrition or breastfeeding." Participants clearly value the services WIC provides beyond the WIC foods. In contrast, local staff members were asked the similar question "What do you think participants value most about the WIC program?" and asked to rank the same 8 options. The WIC foods received the highest rank from local staff, indicating that WIC staff may underestimate the value of other services they provide.

My favorite part is knowing she is growing good and the way they explain things.
– WIC Participant

She lets us know how his diet changes. I ask a lot of questions and she answers them. – WIC Participant

She explains everything, her growth and about food. I get a lot from her; about sippy cups, meats, and other stuff – WIC Participant

Figure 4. Participant Responses: What do you find most useful about WIC?

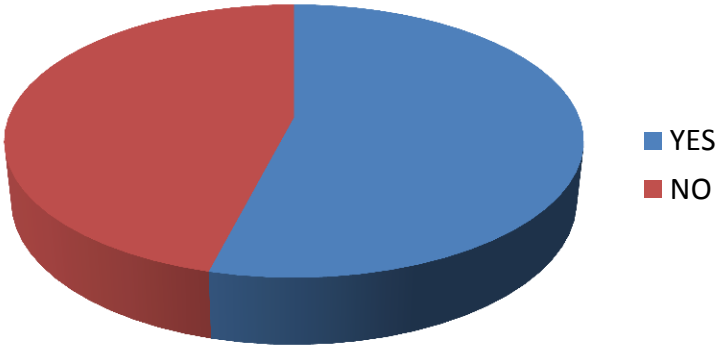


Source: Interviews with WIC Participants

Participant Behavior Change

During interviews, participants were asked the question, “Since you have been on WIC have you or your family made any nutrition or lifestyle changes?” Fifty-four percent of participants interviewed reported that they had made changes. [See Figure 5] The most frequently cited changes included eating healthier, increasing fruits and vegetables and watching portion sizes.

Figure 5. Participant Responses: Have you made any nutrition or lifestyle changes?



Source: Interviews with WIC Participants

At first we were eating white bread all the time. Then they offered the wheat bread. I didn’t think they would take to it, but they like it! – WIC Participant

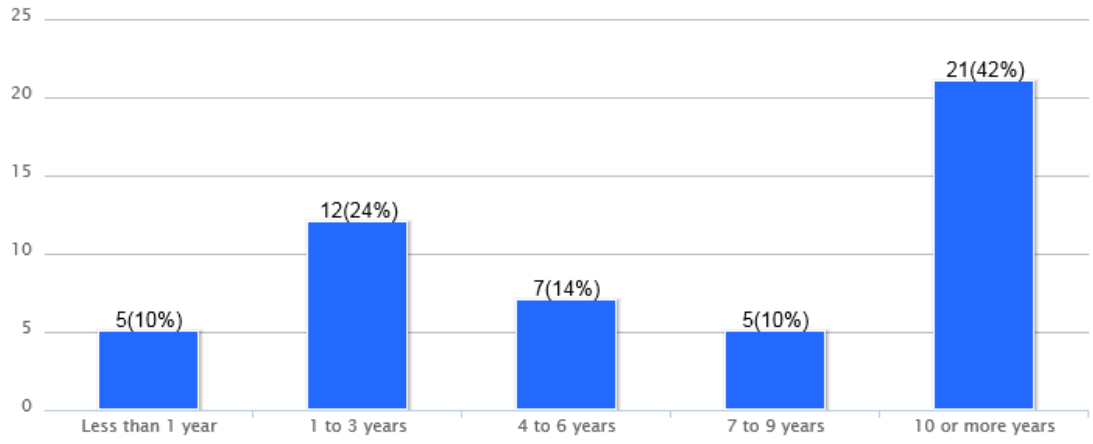
We eat a lot healthier now. We added more veggies and more dairy, less frozen pizzas and more cooking meals. – WIC Participant

Before I never cared about what I ate. Now I think about everything I serve them. It has got a lot healthier at my house. – WIC Participant

More from The Online Staff Survey

Fifty-one local agency staff took part in the web-based survey to gather their opinions and impressions of local program operations, their role in providing WIC services and their perception of participants' satisfaction with WIC services. The majority of local staff members were women and more than half had worked at WIC for seven years or more.[See Figure 6] Of the 51 staff that responded to the survey, 21 (41%) reported that they provide nutrition or breastfeeding education or counseling as one of their roles.

Figure 6. Staff Responses: How many years have you worked for WIC?



Source: Online survey with local WIC staff

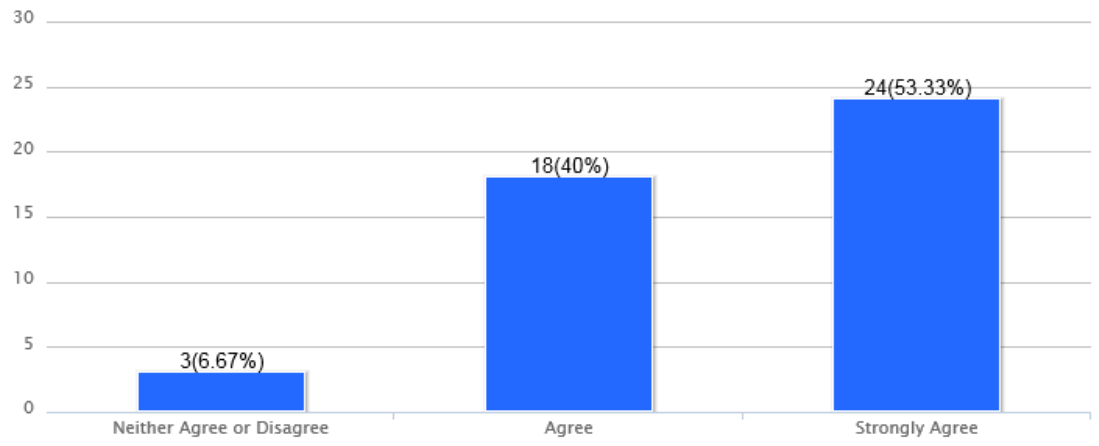
Job Satisfaction and Perceived Influence

Local agency staff reported a high level of job satisfaction with 93% selecting "agree" or "strongly agree" with the statement "For the most part, I enjoy my job." [See Figure 7] When asked about their level of agreement with the statement, "At work, my opinions seem to count" 73% of local staff selected "agree" or "strongly agree."

I like helping people and talking about nutrition is my passion. – WIC Staff

I always go above and beyond to help participants because I feel like I am doing a service to them and I also enjoy my job. – WIC Staff

Figure 7. Staff level of agreement with the statement "For the most part, I enjoy my job."



N=45. Online survey with local WIC staff

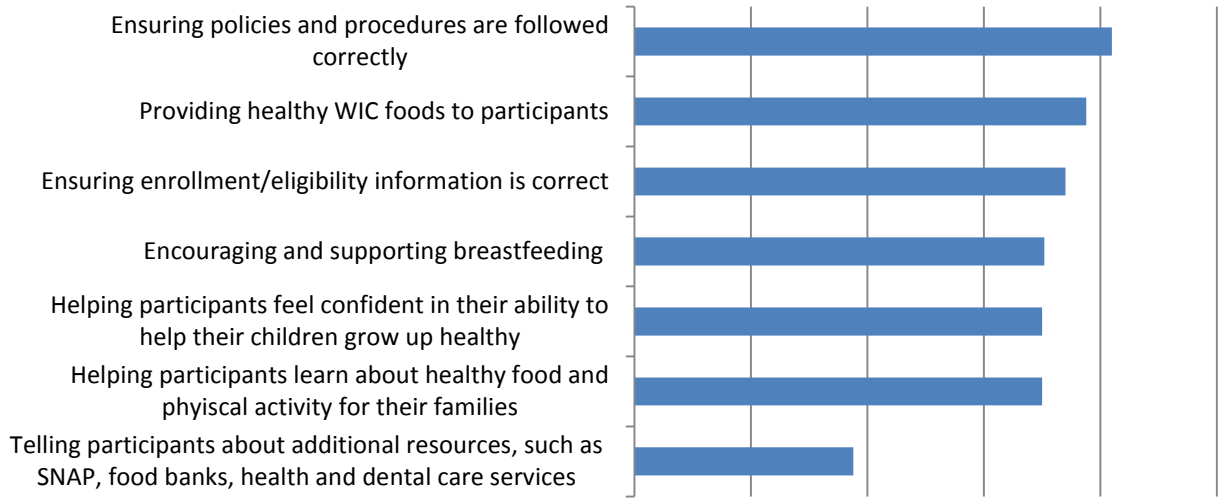
On the online survey, when, staff members were asked, "How effective do you think you are at helping WIC participants improve their eating, breastfeeding and activity behaviors?", the most popular response was "moderately effective" with 54% followed by "very effective" (33%), "slightly effective" (8%), and "extremely effective" (4%). Staff members were asked "how much influence do you think the WIC program has on participant behaviors" and were asked about eight participant behaviors. Staff reported feeling the most influential in the area of breastfeeding and least influential in the area of maintaining healthy weight.

We have some participants that don't just come in for the checks but really want to learn and are concerned about their child's eating habits. – WIC Staff

Also a lot of our participants have low iron. They come from other countries and they come here and we help them. We tell them the sources of iron and they are so grateful. I see them the following time and it is completely different. A different child. – WIC Staff

On the online survey, staff members were asked, "What is most important to you in your job at WIC" and were asked to rank seven selections. The responses are shown in Figure 8 below. The response with the highest overall rank is "ensuring policies and procedures are followed correctly". Staff members that responded to the survey perform a variety of roles and likely responded to this question from the perspective of their role in the program. For staff members that provide nutrition or breastfeeding education or counseling as part of their role, the three facets of their job they reported as most important were 1) helping participants feel confident in their ability to help their children grow up healthy, 2) helping participant learn about healthy food and physical activity for their families and, 3) encouraging and supporting breastfeeding.

Figure 8. Staff response: "What is most important to you in your job at WIC?"



N=43. Source: Online survey with local WIC staff

Customer Service

Like participants, local staff members were asked for their opinion about the level of customer service provided by their WIC office. While for the participants, the most popular response was a rating of 10, for local staff, the most popular response was a rating of 8. [See Figure 9] When local staff were asked what they think is important to WIC participants, they ranked "being treated with courtesy and respect "as most important, the same response ranked highest by participants.

We as employees have to make sure that we respect the clients and treat the clients the way that we would like to be treated if we were receiving WIC benefits. – WIC Staff (online survey)

I believe our customer service is above average. We all care about our clients and want them to have a good experience at our office. – WIC Staff (online survey)

I feel we treat all clients with equal kindness and respect. We are culturally sensitive and try to accommodate their needs the best that we can. – WIC Staff (online survey)

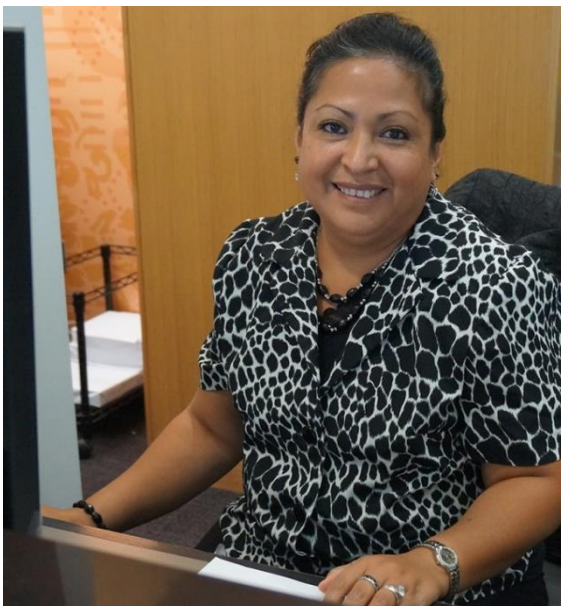
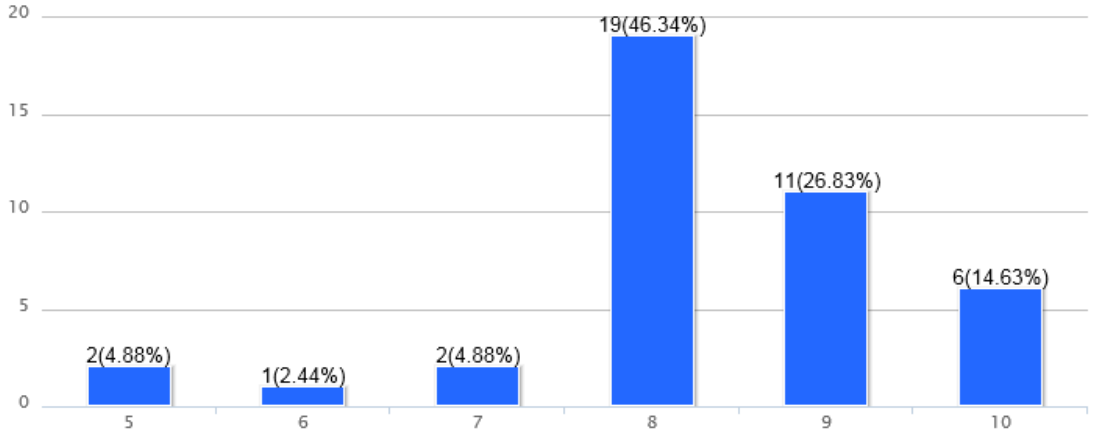


Figure 9. Staff response: "What level of customer service does your WIC office provide?"



N=41. Source: Online survey with local WIC staff

Opportunities and Next Steps

Missouri WIC has a solid foundation of state and local partnership, quality nutrition and breastfeeding services, technology innovations, and a robust training infrastructure. Building on this foundation, the following suggestions and ideas are offered for advancing participant-centered services. These may be useful in Missouri WIC's next step of developing a plan for enhancing the services provided to WIC families.

Expand Alternative Appointment Hours

WIC participants report that later afternoon and evening appointments will make it easier for them to come to their WIC appointment. While many WIC programs indicate that they are prevented from offering alternative hours due to agency policy and hours of operation, overcoming the barriers to providing appointment times that meet the needs of working families could increase participation and participant satisfaction.

Engage Local Agency Staff in Strategies to Improve Service Delivery Flow

Participants' WIC experience and their engagement in nutrition discussions are impacted by the service delivery process. More than a third of participants interviewed shared that wait time negatively impacts their WIC experience. With the shift to monthly food benefit issuance, the day of the month also impacts the time a participant waits to be seen, with longer wait times reported in the beginning and end of the month. The overall experience is also impacted by the number of steps in the service delivery process, including both the number of staff members a participant interacts with and the number of times they wait for the next step.

Engaging local staff in a process to strategize ways to reduce the overall length of WIC appointments and number of wait times during the WIC appointment may yield creative approaches to improve the participant experience. Often small shifts in scheduling or service delivery steps can lead to significant changes in the participant experience. A time study comparing participant wait times at the beginning and end of the month during reportedly busy times to those in the middle of the month may be helpful as well and lead to some shifts in monthly scheduling practices.

Provide Participant-Centered Communication Training for WIC Certifiers

Although providing nutrition education is not currently in the scope of WIC Certifiers, communication in participant-centered communication skills could lead to improved interactions with WIC participants. Potential topics for training that do not require pre-existing nutrition knowledge include:

- Affirming positive nutrition-related behaviors.
- Tips for asking participants about any food or activity related goals they may already have. The more participants discuss their health and nutrition goals, the more likely they are to follow through with those goals. If certifiers question the nutritional soundness of the participant goals, they could follow up with the nutrition staff.
- Strategies to ensure that participants needs and questions are forwarded to the nutrition staff appropriately.
- Techniques to explain nutrition eligibility in a positive, supportive way.

Establish a Mentoring System

Shifting to a participant-centered counseling style is challenging and takes time, support and practice. Ongoing mentoring is vital for helping staff incorporate new communication skills learned in training into daily practice. Selecting a small number of local site staff (as well as WIC supervisors and State Agency staff) and providing them with the training and resources necessary to successfully support and mentor their peers will support ongoing customer service and communication efforts. Areas of focus for mentors in Missouri may be encouraging participant engagement in the goal-setting process and using affirmations to establish rapport and build commitment and motivation for positive nutrition-related behaviors.

Support Ongoing Training in Goal-Setting

While assisting participants with goal setting is a positive component of the nutrition services offered by the Missouri WIC Program, local staff members may benefit from a training or webinar focused specifically on this area. Potential topics to address in the training could include: identifying change talk, effective ways to discuss the process of goal setting, and ways to engage the participant in identifying strategies and ideas to achieve their goal.

Staff may benefit from watching video clips of other staff members having effective goal setting conversations with participants. Watching others is an effective way to learn new skills. Staff with more advanced communication skills can be identified and filmed. Video clips can be used in face-to-face or webinar trainings or by local mentors as they work with staff to improve skills.

Examine Messages around the Provision Formula during the First Month for Breastfeeding Women and Infants

Policies to implement federal guidance around issuance of formula to breastfed infants in the first month after birth have been challenging for many states and local agencies. During the assessment, several local staff reported that they struggle with encouraging moms to exclusively breastfeed while acknowledging and understanding their reasons for wanting a can of formula. This may be an area for the breastfeeding task force to examine with the goal of identifying ways to effectively encourage breastfeeding success while also strengthening and supporting the professional judgment of the local WIC nutrition staff around issuance of formula.

Explore Best Practices for Secondary Education

If agencies plan to continue using bulletin boards and handouts as part of secondary education, it may be valuable to identify and share best practices to make this form of secondary education as valuable for participants as possible. Sharing best practices throughout the state will help programs duplicate successful education practices for their participants.

If the intent is to incorporate online nutrition education for secondary education, local agencies may benefit from guidance to help them discuss this option with participants. While Internet education was just getting underway at the time of the assessment visits, feedback from staff and participants indicate there may be challenges to the use of this education method. Local staff may benefit from guidance including tips for explaining the process of using Internet education in simple terms, ideas for discussing the benefits of Internet education, and strategies for assessing interest and targeting messages to those participants who are most likely to participate.

Encourage Local Staff Engagement into the Process of Service Delivery Improvement

Staff members at sites that offered more opportunities for staff to meet and share ideas reported stronger inter-office communication. Engaging local agency staff in the process of program improvement will empower staff and help them to feel that “at work, my opinions seem to count.” Strategic planning with local agency staff around possible program improvements will allow every staff member to have an active role in improving the valuable services offered to participants.