

Your WIC Experience

Thank you for sharing about your WIC experience. Your responses will help us improve WIC services.

If you have any questions about this survey, please call Sue Mountin at 1-800-841-1410, extension 3732.

Information collected via this survey may be subject to release in accordance with RCW 42.56 (Public Records Act). Participation in the survey is voluntary and anonymous. Participation won't affect any WIC services or benefits.

All of these questions are about your experience at WIC.

1. Why do you choose to be part of WIC? Please mark all that apply.

- Connection to other parents
- Time with WIC staff
- Nutrition tips
- Good parents are in WIC
- My friends go to WIC
- I like WIC
- WIC foods
- Breastfeeding support
- I choose to be part of WIC because: _____

2. What could be better about WIC? Please mark all that apply.

- Shopping with WIC checks
- Applying for WIC
- Flexible hours
- Customer service
- Information my family can use
- Welcoming, friendly staff
- WIC is fine the way it is
- WIC would be better if: _____



3. What would make WIC easier to find? Please mark all that apply.

- Signs outside the clinic
 - Signs inside the building
 - Easy-to-use website
 - Better lighting outside
 - WIC is easy to find
 - WIC would be easier to find if: _____
-

4. What could be better about WIC's location? Please mark all that apply.

- Closer to where I live, work or shop
 - Closer to bus stop
 - Better parking
 - WIC is in a convenient place
 - WIC's location would be better if: _____
-

5. What would make it easier to reach WIC? Please mark all that apply.

- Phone calls answered more quickly
 - Texting
 - Phone messages returned more quickly
 - Social media (Facebook, Twitter, etc.)
 - Appointment scheduling on-line
 - Website about WIC and whether or not I qualify
 - It's easy to reach WIC
 - It would be easier to reach WIC if: _____
-

6. What would improve your wait at WIC? Please mark all that apply.

- Larger waiting room
 - Shorter wait times
 - Activities for kids
 - Play area for kids
 - Waiting at WIC is okay
 - Waiting at WIC would be better if: _____
-



7. What would improve the look of the WIC clinic? Please mark all that apply.

- Up-to-date posters or bulletin boards
 - Less cluttered walls and desks
 - More comfortable and welcoming
 - Clean rooms, floors and walls
 - WIC looks fine the way it is.
 - WIC would look better if: _____
-

8. How do you wish WIC made you feel? Please mark all that apply.

- Cared about
 - Like a good parent
 - Encouraged
 - Unique--not just another client
 - Respected for my views and private information
 - I feel respected and valued by WIC staff
 - I wish WIC made me feel: _____
-

9. What would make getting to WIC appointments easier? Please mark all that apply.

- Evening appointments
 - Weekend appointments
 - Same day or walk-in appointments
 - Reminder calls before appointments
 - Text reminders before appointments
 - Understanding for missed appointments
 - Phone calls or texts after missing an appointment
 - It's easy to get to WIC appointments
 - It would be easier to get to WIC appointments if: _____
-

10. What would improve service at WIC? Please mark all that apply.

- Knowing what to bring to appointments
 - Knowing how long appointment will take
 - Warm greetings when arriving at the clinic
 - Faster check-in before appointments
 - Ability to give feedback (survey, comment card)
 - Nothing about WIC clinic services needs to be improved
 - Service at WIC would be better if: _____
-



11. Where have you heard about WIC? Please mark all that apply.

- Friend or family
- My doctor or my child's doctor
- DSHS
- Hospital staff
- Grocery store
- WIC staff
- Poster or pamphlet
- Ad on TV, radio, billboard or bus
- Internet search
- I heard about WIC: _____

12. What would you change about WIC?

13. Any other comments?

Please tell us a little about yourself and/or the children you care for.

14. Please check all that apply to you:

- I am pregnant
- I was pregnant in the last six months, but not now
- I am breastfeeding
- My child is younger than 1 year old
- My child is 1 or 2 years old
- My child is 3 or 4 years old



15. Are you of Hispanic, Latino or Spanish origin?

- Yes
- No

16. What is your race? Please check all that apply to you (choose at least one).

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Your answers will help us improve your WIC clinic experience.

Thank you for taking our survey.

Washington State WIC Nutrition Program does not discriminate.

This institution is an equal opportunity provider.

For persons with disabilities, this document is available on request in other formats.

To submit a request, please call 1-800-841-1410 (TDD/TYY 711).



Su experiencia en WIC

Muchas gracias por compartir su experiencia en WIC. Sus respuestas nos ayudarán a mejorar los servicios de WIC.

Si tiene alguna pregunta sobre esta encuesta, no dude en comunicarse con Sue Mountin al 1-800-841-1410, extensión 3732.

La información recopilada por medio de esta encuesta puede estar sujeta a divulgación de acuerdo con la Ley de documentos públicos RCW 42.56. La participación en la encuesta es voluntaria y anónima. La participación no afectará ningún servicio o beneficio de WIC.

Todas las preguntas a continuación tienen que ver con su experiencia en WIC.

1. ¿Por qué elige ser parte de WIC? Marque todas las que correspondan.

- Conexión con otros padres
- Tiempo con el personal de WIC
- Consejos de nutrición
- Los buenos padres están en WIC
- Mis amigos van a WIC
- Me gusta WIC
- Alimentos de WIC
- Apoyo a la lactancia materna
- Elijo ser parte de WIC porque: _____

2. ¿Qué se podría mejorar en WIC? Marque todas las que correspondan.

- Comprar con los cheques de WIC
- Calificar para WIC
- Horario flexible
- Atención al cliente
- Información que pueda usar mi familia
- Personal amable y acogedor
- WIC está bien tal como es
- WIC sería mejor si: _____



3. ¿Qué permitiría que WIC sea más fácil de encontrar? Marque todas las que correspondan.

- Carteles afuera de la clínica
 - Carteles dentro del edificio
 - Sitio web fácil de usar
 - Mejor iluminación afuera
 - Es fácil de encontrar WIC
 - Sería más fácil de encontrar WIC si: _____
-

4. ¿Qué podría ser mejor en cuanto a la ubicación de WIC? Marque todas las que correspondan.

- Más cerca de donde vivo, trabajo o hago las compras
 - Más cerca de una parada de autobús
 - Mejor estacionamiento
 - WIC es un lugar conveniente
 - La ubicación de WIC sería mejor si: _____
-

5. ¿Qué le facilitaría el acceso a WIC? Marque todas las que correspondan.

- Llamadas telefónicas que se respondan más rápidamente
 - Mensajes de texto
 - Mensajes telefónicos que se contesten más rápidamente
 - Redes sociales (Facebook, Twitter, etc.)
 - Programar citas por Internet
 - Sitio web sobre WIC y si reúno o no los requisitos para participar
 - Es fácil acceder a WIC
 - Sería más fácil acceder a WIC si: _____
-

6. ¿Qué mejoraría su espera en WIC? Marque todas las que correspondan.

- Salas de espera más amplias
 - Tiempos de espera más breves
 - Actividades para niños
 - Área de juegos para niños
 - La espera en WIC está bien
 - La espera en WIC podría mejorar si: _____
-



7. ¿Qué mejoraría la apariencia de la clínica de WIC? Marque todas las que correspondan.

- Pósteres o tableros de anuncios actualizados
- Paredes y escritorios menos abarrotados
- Más cómoda y acogedora
- Habitaciones, pisos y paredes limpios
- La apariencia de WIC está bien así.
- WIC se vería mejor si: _____

8. ¿Cómo espera que WIC lo haga sentir? Marque todas las que correspondan.

- Cuidado
- Como un buen padre
- Animado
- Único—no como un cliente más
- Respetado por mis opiniones e información privada
- Me siento respetado y valorado por el personal de WIC
- Espero que WIC me haga sentir: _____

9. ¿Qué permitiría obtener las citas de WIC de manera más sencilla? Marque todas las que correspondan.

- Citas a la tarde
- Citas durante el fin de semana
- Citas para el mismo día o sin turno previo
- Recordatorio por teléfono antes de la cita
- Recordatorio por mensaje de texto antes de la cita
- Comprensión por las citas perdidas
- Llamada telefónica o mensaje de texto después de perder una cita
- Es fácil obtener citas en WIC
- Sería más fácil obtener una cita en WIC si: _____

10. ¿Qué mejoraría el servicio de WIC? Marque todas las que correspondan.

- Saber lo que hay que traer a la cita
- Saber cuánto durará la cita
- Saludos cordiales al llegar a la clínica
- Registro más rápido antes de la cita
- Posibilidad de proporcionar comentarios (encuesta, tarjeta de comentarios)
- No es necesario mejorar ningún aspecto de los servicios de la clínica de WIC
- El servicio en WIC sería mejor si: _____



11. ¿Dónde escuchó hablar acerca de WIC? Marque todas las que correspondan.

- Amigo o familiar
 - Mi médico o el médico de mi hijo
 - Departamento de Servicios Sociales y de Salud (DSHS)
 - Personal del hospital
 - Tienda de comestibles
 - Personal de WIC
 - Póster o panfleto
 - Comercial en la televisión, radio, cartelera en la vía pública o autobús
 - Búsqueda en Internet
 - Escuché acerca de WIC: _____
- _____

12. ¿Qué cambiaría usted de WIC?

13. ¿Algún otro comentario?

Cuéntenos un poco sobre usted y/o los niños a su cargo.

14. Marque todas las que correspondan:

- Estoy embarazada
- Estuve embarazada en los últimos seis meses, pero ahora no
- Estoy amamantando
- Mi bebé es menor de 1 año de edad
- Mi niño tiene entre 1 y 2 años de edad
- Mi niño tiene entre 3 y 4 años de edad



15. ¿Es usted de origen hispano, latino o español?

- Sí
- No

16. ¿Cuál es su raza? Marque todas las que correspondan (elija al menos una opción).

- Indígena americano o nativo de Alaska
- Asiático
- Negro o afroamericano
- Nativo de Hawái u otro isleño del Pacífico
- Blanco

Sus respuestas nos ayudarán a mejorar su experiencia en la clínica de WIC.

Muchas gracias por realizar nuestra encuesta.

El Programa de Nutrición de WIC del Estado de Washington no discrimina.

Esta institución ofrece igualdad de oportunidades.

Las personas con discapacidades pueden solicitar este documento en otros formatos.

Para presentar una solicitud, llame al 1-800-841-1410 (TDD/TYY 711).



Influential Clinic Assessment

Agency:

Clinic:



INSTRUCTIONS

The Influential Clinic Assessment is a tool to assess WIC clinic services according to the Principles of Influence. A standard assessment guides an objective review of services to find opportunities for improvement.

Print a hard copy of this document to record the results of your observations. Provide the results of your assessment to the Washington State WIC Office through the electronic survey coming to your clinic.

Utilize all clinic staff in assessing your clinic services. Staff participation may include:

- Individuals or teams complete assessment sections and report back to group
- Individuals complete entire assessment and average scores are reported
- One or 2 staff person clinics complete the entire assessment including assessing wait and service times
- All staff give input to assessment and goals
- Review assessment results with staff and discuss goals

There are 5 assessment sections:

1. Finding WIC
2. Connecting to WIC
3. Waiting for WIC
4. Look of WIC
5. WIC Services

Each assessment area consists of 4 parts:

1. **Target:** A description of the value the assessment area brings to the client experience.
2. **Activity:** The Activity is an action taken to better understand or observe the client experience.
3. **Assessment:** The Assessment includes a list of statements. Rate each statement by its frequency or likelihood.
4. **Improvement Goals:** Set goals for improving the client experience in this assessment area. Identify funding and support needed from the state office.



On a scale of 0-4, rate your clinic environment.

- 0 = rarely
- 1 = occasionally
- 2 = sometimes
- 3 = usually
- 4 = almost always

FINDING WIC

Target:

Understanding the barriers to WIC services helps us find ways to eliminate them. When WIC is difficult to locate, it affects client perceptions of our services and sometimes prevents clients from reaching us. How easy or hard is it to find your clinic?

Activity:

Invite a friend to come visit your clinic for the first time. Ask them to use your agency website, ParentHelp123, or web search etc. to find WIC.

Assessment:

Rate the likelihood or frequency of each of the following statements for your clinic.

- a. Clients easily find information for WIC (website, phone, Facebook)

0 1 2 3 4

- b. Signs outside are easy to see and understand

0 1 2 3 4

- c. Clients have no trouble finding the WIC location

0 1 2 3 4

- d. There's enough parking

0 1 2 3 4



On a scale of 0-4, rate your clinic environment.

- 0 = rarely
- 1 = occasionally
- 2 = sometimes
- 3 = usually
- 4 = almost always

CONNECTING TO WIC

Target:

Maintaining caseload is all about bringing clients back. And about sending them away happy - happy enough to tell their friends, who may become clients themselves.

Successful clinics anticipate client needs and resolve issues as quickly as possible. The essence of good service is relationship and relationships require access. One important way clients access us is on the phone.

Activity:

Make several calls to your clinic at different times during the day. What is your experience trying to connect to WIC? Is this an experience you'd like to have if you were calling for services?

Assessment:

Rate the likelihood or frequency of each of the following statements for your clinic.

- a. Callers reach a "live" person"

0 1 2 3 4

- b. Staff answer phone calls by the third ring

0 1 2 3 4

- c. Phone is answered with a smile and warm tone of voice

0 1 2 3 4

d. Voice mail is used only when the clinic is closed

0 1 2 3 4

e. Voicemail messages are short and to the point

0 1 2 3 4

f. Voicemail menu tree takes no more than 2 selections to get to WIC

0 1 2 3 4

g. Clients are able to leave a voicemail message whenever an automated message is used

0 1 2 3 4

h. Client calls are returned within 24 hours during the work week

0 1 2 3 4

i. Clients are called or texted the workday before with a reminder about their appointment

0 1 2 3 4

j. Texting is used as one way to contact clients

0 1 2 3 4

k. Clients are contacted via phone or text when they miss an appointment

0 1 2 3 4

l. It's easy for clients who don't speak English to connect to WIC

0 1 2 3 4



On a scale of 0-4, rate your clinic environment.

- 0 = rarely
- 1 = occasionally
- 2 = sometimes
- 3 = usually
- 4 = almost always

Waiting for WIC

Target:

Waiting times seriously impact client perceptions and satisfaction. Limiting the time clients wait for services has a direct positive affect on their experience.

Activity:

Observe service times for 6 clients for certification, second nutrition education (including high risk), and check pick-up from start to finish. Record the times on the Timekeeping Worksheet on the last page of this assessment tool. Document average times in the Time Summary on page 9 and assess the time spent waiting in the clinic. Next, take a seat in the waiting room and try to experience it with a fresh perspective. What do you see, hear, smell, and feel? Is this a place you would feel comfortable waiting?

Assessment:

Rate the likelihood or frequency of each of the following statements for your clinic.

- a. Signs inside make it easy for clients to know where to go and what to do

0 1 2 3 4

- b. Clients are quickly acknowledged even by staff busy with other things

0 1 2 3 4

c. Clients are greeted warmly

0 1 2 3 4

d. The waiting room is pleasant, comfortable, and inviting for parents

0 1 2 3 4

e. There are ways for children to be busy and engaged while waiting

0 1 2 3 4

f. Staff easily see clients in waiting area

0 1 2 3 4

Time Summary

Certification Appointments

Average total time in clinic:	_____	Minus	Average time with certifier:	_____	Equals _____
					Time client spent waiting

Second Nutrition Education Appointment

Average total time in clinic:	_____	Minus	Average time with certifier or nutritionist:	_____	Equals _____
					Time client spent waiting

Check Pick-Up

Average total time in clinic:	_____	Minus	Average time with staff:	_____	Equals _____
					Time client spent waiting



On a scale of 0-4, rate your clinic environment.

- 0 = rarely
- 1 = occasionally
- 2 = sometimes
- 3 = usually
- 4 = almost always

Look of WIC

Target:

Appearance matters. The look of your clinic affects the way clients see you – your credibility and authority. It sets the tone for the client experience. Clients prefer a home-like environment with uncluttered walls where they feel comfortable and welcome. How does your clinic measure up? Is it how you want WIC to look to clients?

Activity:

Walk around the waiting room and follow the paths clients follow through the clinic. What instructions do you see? Can clients easily see where to go? What policies are posted? What do clients see? What do the walls look like? What is the feeling the environment creates? Are you comfortable sitting in the furniture?

Assessment:

Rate the likelihood or frequency of each of the following statements for your clinic.

a. Clean and nicely painted

0 1 2 3 4

b. Nice looking furniture

0 1 2 3 4

c. More home-like rather than a sterile clinic

0 1 2 3 4

d. Space allows confidential sharing

0 1 2 3 4

e. When one-on-one, staff sit knee-to-knee with clients who are also seated

0 1 2 3 4

f. Uncluttered walls

0 1 2 3 4

g. Up-to-date materials and information

0 1 2 3 4

h. Posters and bulletin boards are current and attractive and changed frequently

0 1 2 3 4

i. Signs provide clear direction

0 1 2 3 4

j. Posted instructions and clinic policies give options instead of rules (please enjoy your conversation out of the clinic area, or enjoy your food and drink outside).

0 1 2 3 4



On a scale of 0-4, rate your clinic environment.

- 0 = rarely
- 1 = occasionally
- 2 = sometimes
- 3 = usually
- 4 = almost always

WIC Services

Target:

The attitude and approach staff have toward clients may be as important as the quality of the services clients receive. Do their actions speak warmth and acceptance or something else?

Activity:

From the waiting room, observe services at the front desk. How are clients greeted? How would you feel if you were a client? Observe certification and nutrition education services. What do you notice about the way clients are treated?

Assessment:

Rate the likelihood or frequency of each of the following statements for your clinic.

- a. Staff are skilled in providing client centered services

0 1 2 3 4

- b. Clinic policies encourage flexibility (accept walk-ins, no late policy, call no shows)

0 1 2 3 4

- c. Clinic is open during the lunch hour

0 1 2 3 4

- d. Clinic hours expand beyond the standard workday/workweek (open Saturdays and evenings)

0 1 2 3 4

e. Staff speak positively and supportively of clients when “behind the scenes”

0 1 2 3 4

f. Clients have a way to give feedback or make comments about services

0 1 2 3 4

g. Staff work as a team

0 1 2 3 4

h. It’s clear clients like our staff and we like our clients

0 1 2 3 4

i. Client satisfaction is clearly our first priority

0 1 2 3 4

Improvement Goals:

Use your Assessment results to identify goals for making WIC services better for clients.

1. Describe your agency strengths in this area.

2. Describe the ways in which your agency can improve.

3. What will your agency do to improve in this area? Set a goal to improve. Include a completion date and plan to reach your goal.

4. What resources and support does your agency need to reach your goal?

Waiting for WIC Timekeeping Worksheet

Certification:

Client	1	2	3	4	5	6
Time enter clinic	_____	_____	_____	_____	_____	_____
Time seen by certifier	_____	_____	_____	_____	_____	_____
Time leave clinic	_____	_____	_____	_____	_____	_____
Total time spent in clinic	_____	_____	_____	_____	_____	_____

Average time with certifier: _____ Average total time in clinic: _____

Second Nutrition Education:

Client	1	2	3	4	5	6
Time enter clinic	_____	_____	_____	_____	_____	_____
Time seen by staff	_____	_____	_____	_____	_____	_____
Time leave clinic	_____	_____	_____	_____	_____	_____
Total time spent in clinic	_____	_____	_____	_____	_____	_____

Average time with certifier: _____ Average total time in clinic: _____

Check Pick-Up:

Client	1	2	3	4	5	6
Time enter clinic	_____	_____	_____	_____	_____	_____
Time seen by certifier	_____	_____	_____	_____	_____	_____
Time leave clinic	_____	_____	_____	_____	_____	_____

Total time
spent in
clinic

Average time with certifier: _____

Average total time in clinic: _____