



OUT OF CLINIC CERTIFICATIONS

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PROBLEM STATEMENT: WIC PARTICIPATION LEVELS ARE FALLING AND WE ARE ALSO SEEING A GAP BETWEEN ENROLLMENT AND PARTICIPATION

- ❖ One Possible Contributing Factor
 - ❖ Getting to a WIC Clinic for an appointment isn't always:
 - ❖ Easy
 - ❖ Close
 - ❖ Quick
 - ❖ Convenient
 - ❖ or even an option in their mind

There are many reasons the above are true but here is what we are doing.

- ❖ 20 local agencies for 99 counties
- ❖ Rural counties in Iowa often only hold clinic there one time per month but:
 - ❖ Babies continue to be born throughout the month
 - ❖ Life happens causing people to miss appointments or
 - ❖ Life happens causing people to need to reschedule them.

How can we:

- ❖ Reduce transportation barriers
- ❖ Reduce time barriers
- ❖ Provide more timely breastfeeding education and support after baby is born
- ❖ Provide more timely WIC certifications and program benefits

PILOT PROJECT WITH WEBSTER COUNTY HEALTH DEPARTMENT

- ❖ Nurses work part time for the WIC Program and part time for the Maternal, Child, and Adolescent Health Program.
- ❖ Going to see them for MCAH programs after delivery, why not see them for WIC too?
- ❖ This idea would provide eligible participants with an out of clinic certification allowing for more timely breastfeeding education & support, nutrition education and food benefits.

THE PROCESS

- ❖ Intake interviews (Proof of Identity, address, and Income) are done via a phone call with a WIC support staff person in order to assure the separation of duties.
- ❖ Proofs of the documents are provided electronically to the person on the phone back at the office via text message, fax or email. If the participant themselves doesn't have the means to send it, the staff person that is visiting the participants can take pictures of the documents and send it for them.
- ❖ When intake is done the CPA completes all other aspects of the certification just as they would in clinic.
- ❖ Appointment reminders and food lists are mailed to the participant upon the staff person returning to the office.
- ❖ Staff documents their time spent doing each program's work during each visit.

WHAT'S NEEDED?

- ❖ A documented process and approval from your Regional Office
- ❖ Local agency staff willing to make changes, work through the questions
- ❖ Laptop with MIS application installed and signature pad
- ❖ eWIC cards and new participant education materials
- ❖ Height board, length board, scale(s)
- ❖ Pronto and/or Hemocue and supplies
- ❖ Nutrition Education and Breastfeeding promotion materials
- ❖ Hard copies of forms that are usually printed as needed in the office;
 - ❖ i.e. Request/Release of Information, Rights and Responsibilities, Proxy Cards, Special formula Medical Documentation Forms, Breast Pump Rental Agreements, Blank Affidavit statements, Notice of Ineligibilities, Termination Notices, and Approved Food flyers.

SUSTAINABILITY

- ❖ Participating in phase two of the Streamlining WIC Certifications Practices Project with the Center on Budget and Policy Priorities with the support of Altarum Institute.
- ❖ Goal is to increase the number of local agencies offering WIC certifications outside of the traditional WIC clinic setting following the process set up during the pilot project done last year with Webster County.
- ❖ We will do this through a promotional campaign to promote the process to our other 19 agencies not currently offering certifications outside the normal WIC clinic walls.

STREAMLINING WIC CERTIFICATIONS PRACTICES PROJECT

- ❖ This will include hosting a promotional webinar where we will talk about the process, answer questions and share guidance documents including a list of the equipment/resources that would be needed, policies to reference, locations to think about, and lessons learned from the pilot project.
- ❖ We will then break our agencies into two groups, those who are interested in pursuing the idea right away and those who still have concerns or see barriers in achieving it.
- ❖ Interested agencies will be scheduled for monthly peer sharing calls to discuss their ideas on next steps and solicit and provide feedback among each other, as well as receive guidance from the State office and the experienced Webster County Public Health.
- ❖ Agencies still expressing concerns will be scheduled for 1:1 calls to discuss and strategize potential ways to overcome their perceived concerns and barriers.