

WIC Case Study: Vermont

Key Takeaways

The Vermont WIC Program piloted mid-certification appointments by phone in three local agencies.

- Participants scheduled for telephone mid-certification appointments were more likely to keep the appointment compared to participants scheduled for in-person appointments at the WIC sites during the pilot period and prior year.
- Telephone appointments reduced travel by an average of 23 miles per family or an estimated 3,215 miles overall. The appointments saved an average of 37 minutes per family; 40 percent of families saved 45 minutes or more.
- WIC staff in the three pilot agencies view the telephone appointments as a positive option, especially for participants who find it hard to get to the WIC office. Staff reported that phone appointments required minimal changes to office workflow, noting that the main challenge was obtaining measurements.
- A strong partnership between the state and local agencies contributed to the success of the pilot and will be valuable for statewide implementation. Success in conducting mid-certification appointments also requires collaboration between local agencies and health care providers in obtaining measurements and blood test results from health care visits for families choosing telephone appointments.

WIC Agency Profile

The Vermont WIC Program, administered by the Vermont Department of Health, serves 12,000 participants through 12 local health department offices serving 14 counties. Nearly 80 percent of WIC participants live in areas that are mostly or completely rural, with only one county classified as mostly urban by the U.S. Census Bureau. Vermont WIC partnered with four local agencies for the project (three of which completed the pilot), with the WIC Barre Program as lead. Barre WIC serves approximately 1,000 participants in one main clinic site and three outlying sites. Before the project, Vermont WIC conducted all mid-certification appointments in person and had implemented streamlining practices, including two-way text messaging with participants, accepting electronic documents by email or retrieved and viewed on participant phones, and checking for adjunctive eligibility prior to appointments.

Project Description

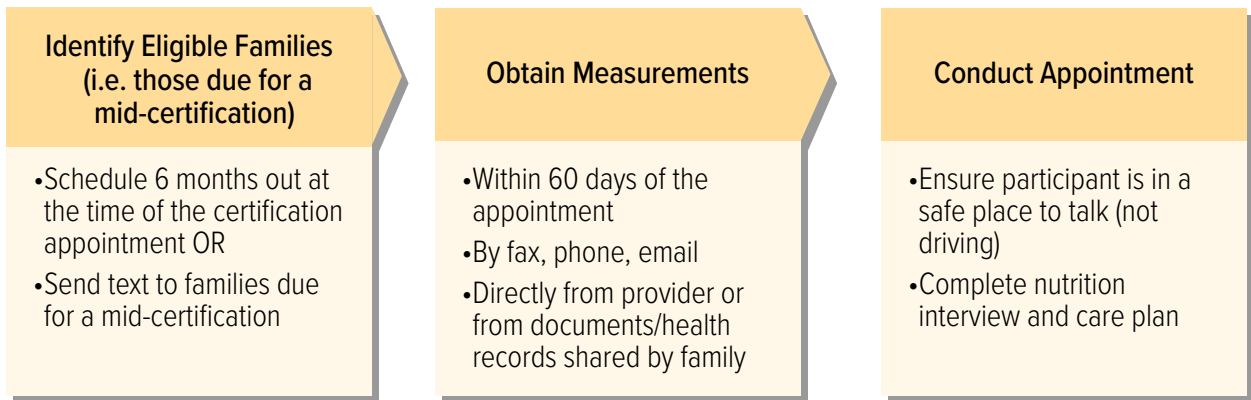
Conduct Mid-certification Appointments by Telephone

- Challenge** Vermont is a rural state and transportation can be a barrier to participation in WIC. During the winter, inclement weather makes it challenging for families to attend WIC appointments, and survey respondents report missing appointments due to conflicts with work and school schedules.

Goal Improve WIC retention by offering telephone appointments.

Strategy Vermont WIC state and local agencies partnered in planning, implementing, and assessing results of a pilot offering mid-certification appointments by telephone. Input from local agencies shaped the pilot and informed proactive steps to address challenges. Three local agencies offered telephone appointments as an option to all participants for the mid-certification appointment, which includes an assessment of weight, height, and (when applicable) anemia screening tests, as well as follow-up consultation on nutrition concerns and goals. Local agencies incorporated telephone appointments into their schedules and coordinated with health care providers to obtain measurements and anemia screening data for participants, submitted by fax or phone by provider offices. Multiple communication approaches were used to make participants aware of the telephone appointment option, with text messaging found to be most successful.

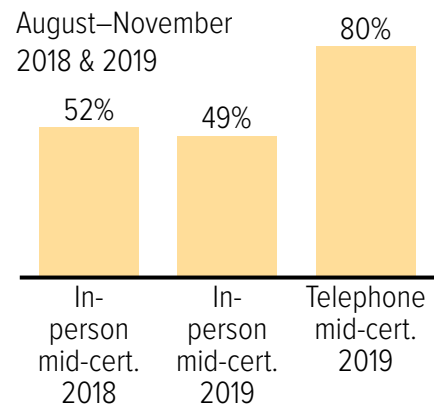
Steps to Conduct Telephone WIC Appointments



Outcome A comparison of “kept” and “no show” mid-certification appointments showed a higher rate of completed telephone appointments than in-person ones. During the four-month pilot period in the three local agencies, 80 percent of the scheduled telephone appointments were kept, compared to 49 percent of the in-person appointments — and compared to 52 percent of in-person appointments at the pilot agencies during the same four-month period of the prior year.

In a pre-pilot survey, 12 local staff in the pilot agencies responded with a neutral rating (i.e., rated 3 out of a scale of 1-5) regarding how well they felt telephone WIC appointments would work. In the post-pilot survey, 15 staff from these agencies

Telephone Appointments Were Much More Likely to Be Kept Than in-Person



Note: Combined data for three local agencies

responded and 60 percent of them viewed telephone appointments as a positive option, especially for participants who find it hard to get to the WIC office. Staff reported that phone appointments required minimal changes to office workflow, noting that the main challenge was obtaining measurements. Overall, staff shared that telephone appointments are a great option and work well for some but not all families.

Telephone WIC appointments reduced travel for families by an average of 23 miles and 37 minutes, and 40 percent of families experienced time savings of 45 minutes or more. The families that completed appointments by telephone drove an estimated 3,215 fewer miles as a result.

Time and Driving Miles Saved With Phone Appointments



Lessons Learned

- 1) Identifying project co-leads at the state agency and local agency contributed to the project's success, as did establishing a work group of staff from the local agencies in the pilot. The project team held bimonthly conference calls to discuss strategies, activities, and best practices and to troubleshoot challenges.
- 2) A "soft rollout" of telephone appointments for a small number of participants during the first two months helped the project team identify issues and fine-tune strategies before full implementation.
- 3) Engaging with local health care providers was critical for obtaining measurements and blood test values for participants with phone appointments. Local agencies reported that the discussions with health care providers helped them understand the goals of the pilot and were helpful in strengthening relationships. It was important to offer health care providers multiple options to send data to WIC; most sent data by fax, but local agencies also accepted information by email or phone. Some local agency staff reported that obtaining timely data was challenging.
- 4) The response rate to a survey of pilot participants was low, possibly because it was conducted a few weeks after the appointment. Sending the survey link by email or text message immediately after the appointment might be more effective.
- 5) Texting to recruit participants in telephone appointments proved more effective than other forms of recruitment. Also, families that opted for telephone appointments were likelier to request that providers send data to WIC than had been anticipated.

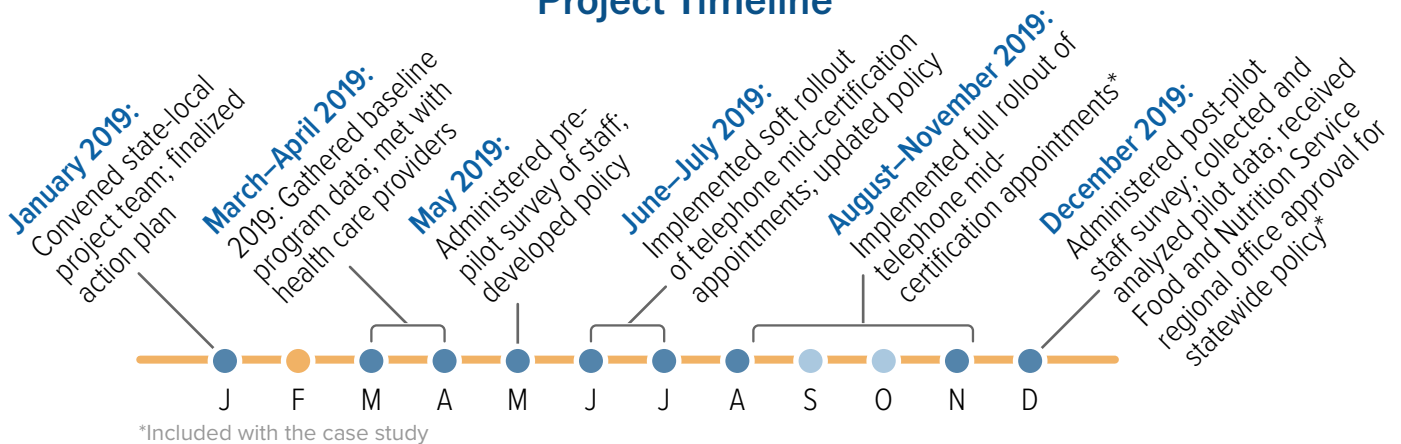
Next Steps

Vermont WIC was “ahead of the curve” and used lessons learned from the pilot to support a more accelerated statewide rollout than originally planned. In response to the COVID-19 pandemic and informed by the project experience, Vermont WIC rapidly implemented telephone appointments across the state for all types of appointments, including enrollments and recertifications as well as mid-certification. The program obtained federal approval for an updated mid-certification policy and waivers to conduct certification remotely, and state and local agency staff involved in the pilot facilitated training, mentorship, and resources for other local agencies. Movement of medical providers to telemedicine during the pandemic heightened the need for coordination and partnership with the provider community. The program will continue to offer telephone mid-certification appointments statewide.

“Reducing barriers to participating in WIC and being smart about how we use our resources creates a win for families, staff, and the environment.”

– Vermont WIC Director

Project Timeline



June 2021 Update

During the pandemic, Vermont WIC has offered all certification and mid-certification appointments by phone. WIC staff contact health care providers for measurements to complete nutrition assessments. On a survey about their experience with WIC services during the pandemic, participants reported an extremely high satisfaction rate with WIC appointments by phone, with over 80% responding that they would like to continue phone appointments into the future. A report on the May 2020 survey is available at https://www.healthvermont.gov/sites/default/files/documents/pdf/COVID-19_Participant_Survey_Brief-phoneappts-FINAL.pdf.

Project Team

Amy Malinowski (lead)
Vermont Department of Health WIC
amy.malinowski@vermont.gov

Courtney Pletzer (lead)
Barre WIC Program
Courtney.pletzer@vermont.gov

Staff from: Middlebury WIC Program, Morrisville WIC Program, Newport WIC Program