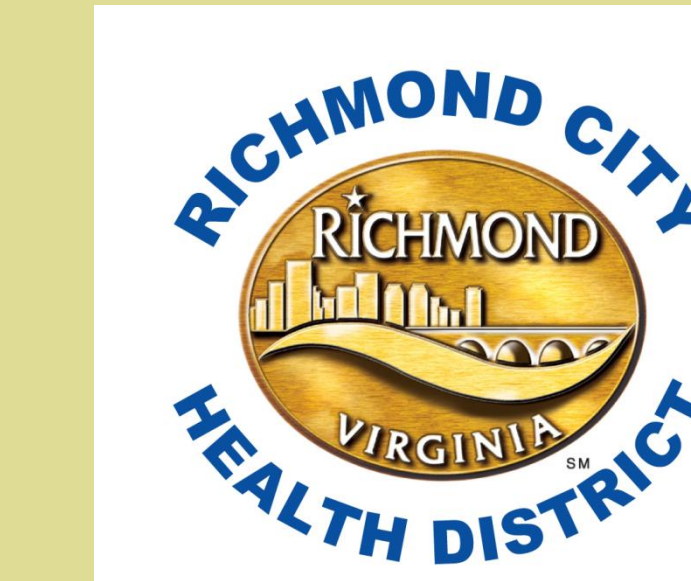


# Unifying WIC Messages and Understanding across Richmond City



Community Partnership for Healthy Mothers and Children | Richmond City Health District | Richmond, VA | Presented By: Claire Sadeghzadeh, Community Partnership Coordinator

## Introduction

In July 2015, Richmond City WIC only served 58% of eligible pregnant women and 51% of eligible children between the ages of one and five. While many factors contributed to this low participation rate, Richmond City Health District (RCHD) discovered many misconceptions about WIC in the healthcare community. WIC staff also had very infrequent contact with healthcare providers, and when they did interact with local hospitals, OBGYNs and pediatricians, they were often troubleshooting issues with the special formula request form or breast pump regulations. Furthermore, nearly 30% of 132 healthcare providers surveyed said they were not familiar with the WIC program and only 22% of 660 WIC participants surveyed said they learned about WIC through a doctor.

This project sought to improve access to opportunities for chronic disease prevention by increasing the number of eligible WIC participants referred to the Richmond City WIC program by healthcare providers receiving basic training on WIC services and benefits.

## Project Overview

To reach providers serving WIC eligible families, RCHD developed three 45-minute trainings to improve understanding of WIC eligibility requirements and services:

1. WIC 101 for Pediatricians including a special formula addendum
2. WIC 101 for OB-GYNs
3. WIC 101 for community-based organizations

RCHD piloted the training with the CPHMC Leadership Team, CPHMC Coalition, VA WIC and local pediatricians and OB-GYNs. RCHD also received guidance from ACOG and San Diego WIC who had launched a similar program in 2010.

In August 2015, RCHD conducted outreach to providers to schedule WIC 101 trainings. Most of the trainings occurred during scheduled staff lunches, grand rounds or staff meetings. To date, RCHD has trained 437 care providers.

RCHD also developed a liaison program to engage healthcare providers beyond the training through monthly check-ins.

## Activities

Conducted informational interviews with WIC staff, local healthcare providers and national-level organizations.

Developed WIC 101 trainings for key target audiences.

Developed and piloted pre- and post-training evaluations.

Developed liaison program to strengthen partnerships beyond WIC 101 training.

## Outcomes

182 staff trained across 14 community-based organizations



216 pediatric care providers across 20 offices/hospitals



119 OBGYN care providers across 10 offices/hospitals

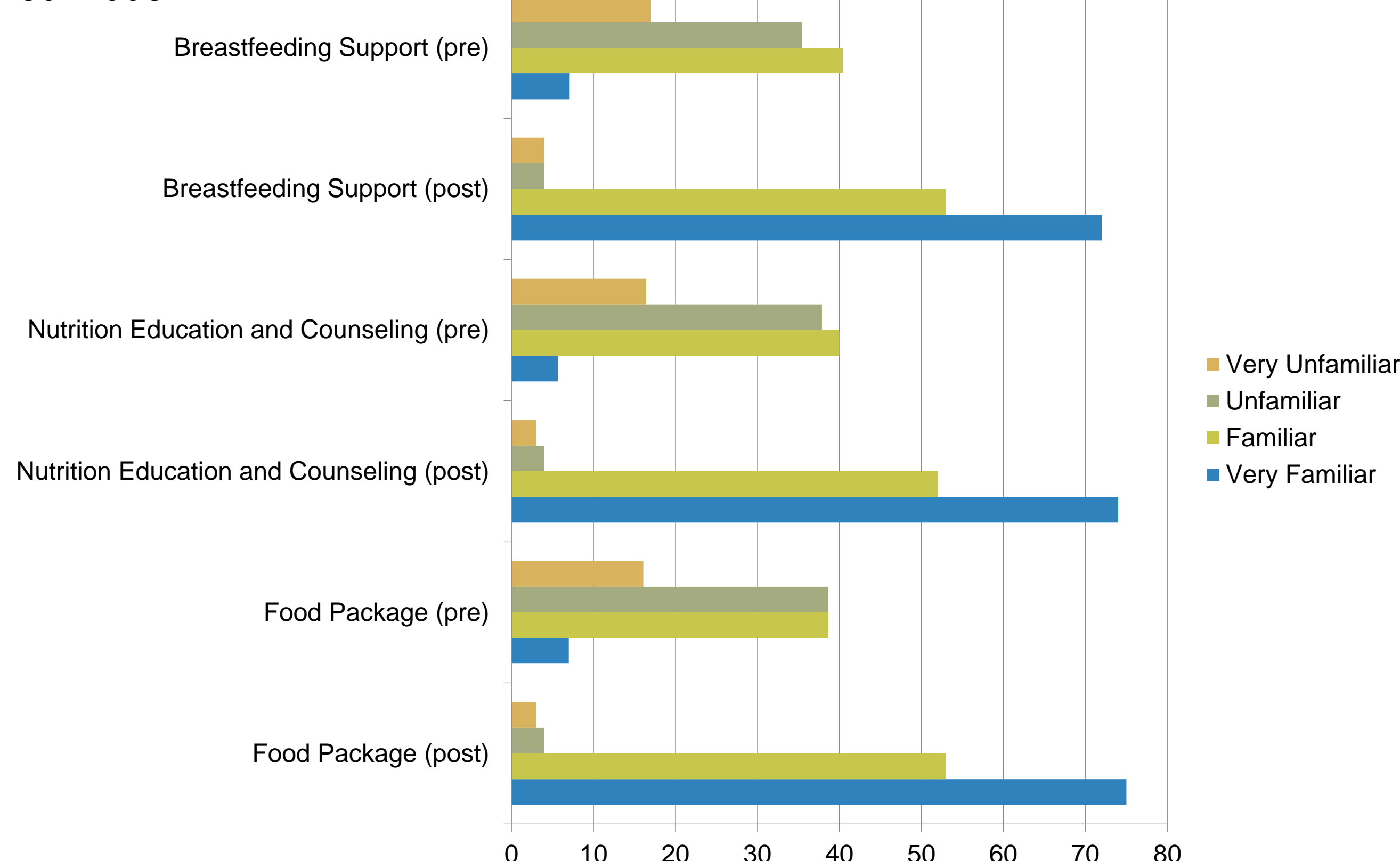
### Physician Feedback

*"Great presentation- straightforward and easy to understand."*

*"I learned personal-use breast pumps are issued after four weeks [of successful breastfeeding] and that a client needs a 395 form in order to receive special formula."*

*"I learned WIC serves moms for one year after delivery if exclusively or mostly breastfeeding."*

How familiar are you with the following Richmond City WIC services?



## Lessons Learned

1. Healthcare providers are busy. Contact hospital systems and practices early in your project period to ensure they reserve a grand round or staff meeting date to speak with their staff.
2. Originally RCHD planned to send the post-training survey to participants via SurveyMonkey; however, we collected more feedback and responses by distributing a hard copy of the survey tool immediately after the training. We used SurveyMonkey to organize and evaluate our data.
3. Healthcare providers often learned of WIC policies and procedures surrounding the food package and breast pump distribution from clients which led to many miscommunications. To ensure everyone operates from the same understanding, RCHD prepared a package of information on key procedures like personal-use and hospital-grade pump distribution and the typical food package for each participant for future reference and to share with their colleagues who were unable to attend.

## Next Steps

1. The liaison program will maintain partnerships with healthcare providers and community-based organizations beyond the grant period. Each month, WIC staff will either email or visit their main point of contact at their assigned providers' offices with information on WIC services, teaching or referral tools and community resources. They will also be available to answer questions.



Sample liaison package

2. Richmond City WIC is applying for a USDA regional infrastructure grant to continue strengthening healthcare provider partnerships in Richmond City and provide technical assistance to other health districts who want to develop a liaison program.
3. CPHMC developed three referral tools to help healthcare providers and community-based organizations make more and better referrals.

- Poster with tear pad with WIC clinic information.
- RX pad for physicians and care providers to easily refer clients to WIC and WIC services like nutrition education and breastfeeding support.
- Children's book stickers to include in children's books for their waiting rooms.



## Best Practices

1. **Leverage the expertise of your coalition, leadership team and WIC staff to ensure your time with providers is relevant and impactful. Tailor your presentation to your audience.** For example, discuss common miscommunications between WIC and pediatrician offices and how to avoid them.
2. **Keep written messages to healthcare providers brief and to-the-point.** Tie WIC back to chronic disease prevention for their population. Provide clear examples of how WIC supports and reinforces physicians' messages.
3. **Offer suggestions for reinforcing WIC services and messages during their visits with clients.** For example, breastfeeding encouragement and tips.
4. **Provide easily embedded tools to doctors' office that reinforce WIC messages and values like children's books, pens, pads, brochures, etc.**