WIC Retention in Lake Cumberland

Kentucky Public Health Leadership Institute Scholars:

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Mentor(s):

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EXECUTIVE SUMMARY:

In the Lake Cumberland district, WIC participation has been on a gradual decline over the past two years. Our WIC Warriors team set out to find a reason or reasons behind this problem and create a solution so that our communities can receive the best possible nutrition and education about living a healthy lifestyle. Through surveys conducted with WIC participants, past participants, and current staff members, we were able to find some common issues and present a proposal for the Executive Staff of Lake Cumberland District Health Department to work toward finding a way to increase our participation and retain current participants.

INTRODUCTION/BACKGROUND:

Over the past two years, LCDHD has experienced a decrease in the amount of WIC participation in the ten county district. In September 2013, WIC participation was 8,185. In September 2014, numbers decreased to 7,748 participants. By June 2015, participation had continued its gradual decline to 7,156. WIC is a crucial part of our clinic function and holds high importance in many areas. First and foremost are the clients we serve in the community. Since its beginning in 1974, the WIC Program has earned the reputation of being one of the most successful Federally-funded nutrition programs in the United States. Collective findings of studies, reviews and reports demonstrate that the WIC Program is cost effective in protecting or improving the health/nutritional status of low-income women, infants and children. Just a few of the benefits for our communities include improved: preconception nutrition status, infant feeding practices, birth outcomes, and immunization status and regular sources of medical care[1].

WIC also gives health department staff the opportunity to promote other services that are provided by the agency. When patients are in the clinic for WIC services, it opens the door for them to receive referrals to the HANDS program, Breastfeeding Peer Counselor program, well child exams, immunizations, Medical Nutrition Therapy, and more, which both the patient and the health department can benefit from. Financially, the participation of our WIC program is crucial. The WIC program operates closer to a break-even financial model than any other clinic program. By maintaining or expanding our WIC program, we can better hope to preserve a continuum of clinic operations. By preserving a continuum of clinic operations, the agency itself may avoid an eminent and drastic downsizing until alternative funding can be obtained for community-based health services.

We want patients to receive WIC benefits for as long as possible, which will improve health outcomes for individuals and the community. An increase in our WIC participation will also allow clinic staff to promote other LCDHD services. In turn, our organization will obtain necessary funding to continue the services and retain staff. This

project was high priority for LCDHD due to the possible health consequences of individuals, communities, as well as the financial health of the agency if numbers continue to decline.

Problem Statement:

Why, despite our best efforts, does WIC participation continue to decline and why do participants drop out of the program while they still qualify?

Behavior Over Time Graph:

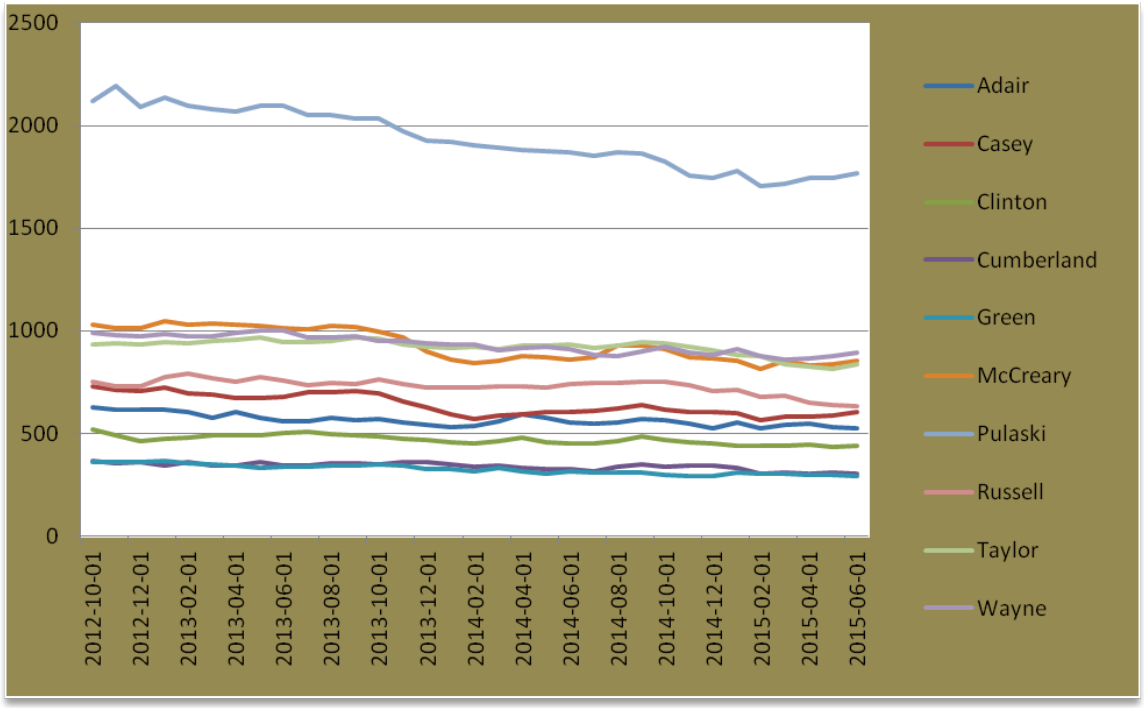

Figure 1: This graph shows the gradual decline of WIC participants in each county from October of 2012 to June 2015

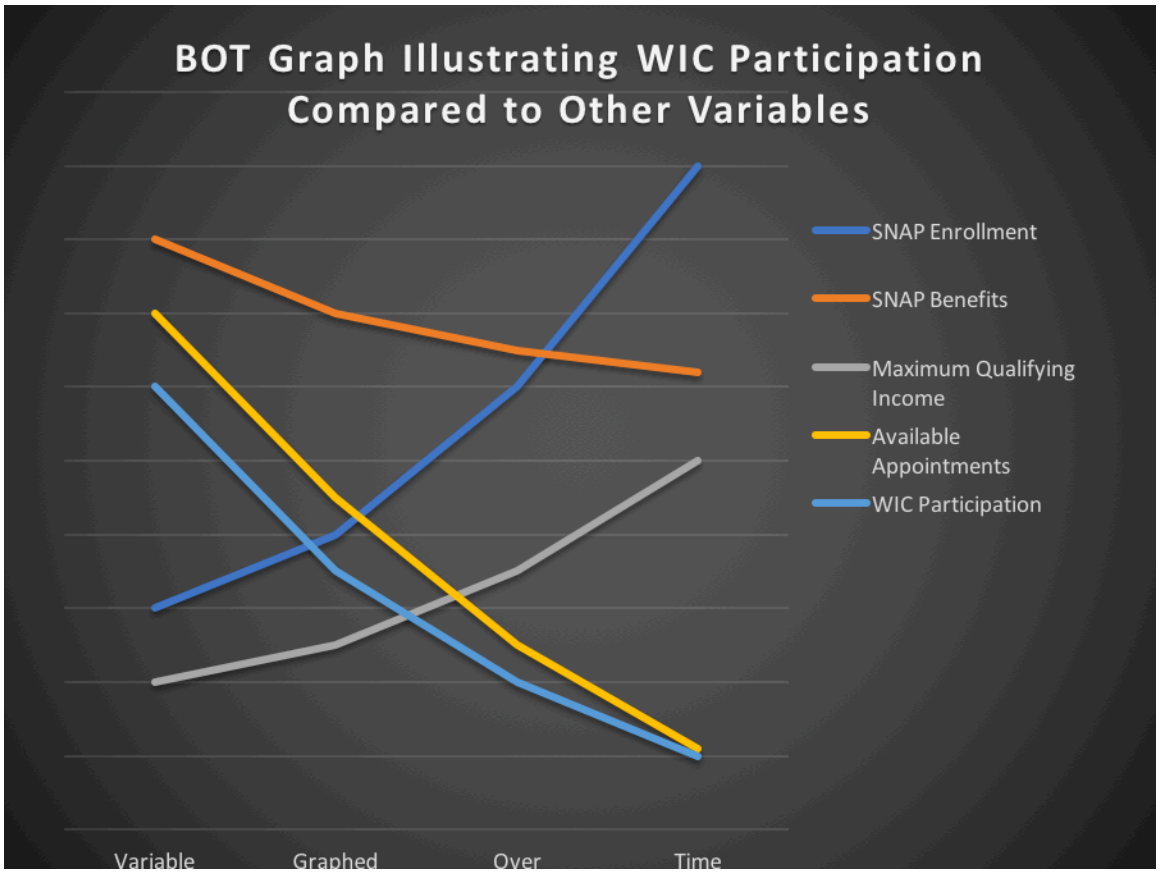

Figure 2: This graph shows the decline in WIC participation compared to other variables we suspected might play a role in the decline of WIC participation

Causal Loop Diagram:

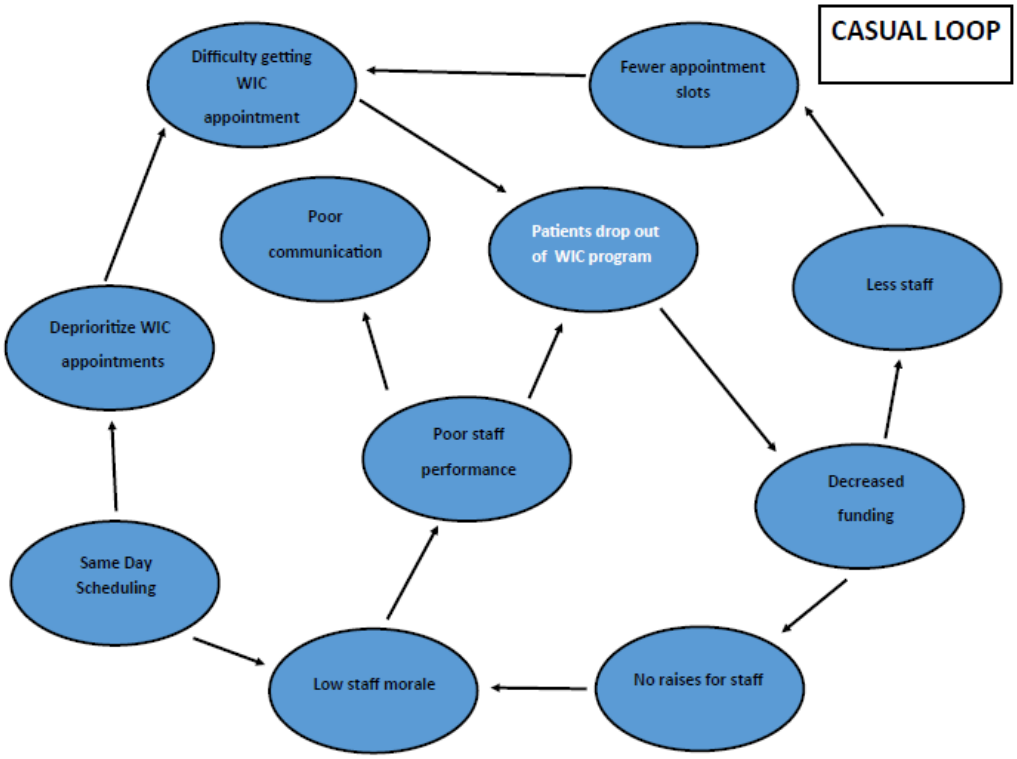

Figure 3: This Causal Loop Diagram shows the cause-affect relationship between many of different factors leading to decreased WIC participation

PROJECT OBJECTIVES/DESCRIPTION/DELIVERABLES:

The goal of the WIC Warriors team is to see a 10% increase in overall LCDHD WIC participation by November of 2015. We will consider any increase in participation to be a success. Participation rate will be tracked by monthly reports received by the LCDHD WIC Coordinator. The project will be considered complete once the project guidelines are designed, implemented, and the outcome of intervention is measured for at least one cycle. At that point, there will be an additional survey done to measure improvement.

METHODOLOGY:

The team began by conducting phone surveys of WIC participants who were no longer receiving WIC benefits, but were still considered eligible. This information was given to the team by the WIC Coordinator. Since LCDHD is a ten-county district,

members divided the counties among themselves and called patients. The biggest limitation was the fact that many phone numbers had been changed, disconnected, or no longer in services. Out of 155 calls, 75 were wrong numbers, but 80 clients were still able to be reached.

Once phone surveys were completed and data was compiled, the team collected surveys from patients in the clinics who still participated in the WIC program, asking questions about their general satisfaction in the program, biggest barriers to receiving WIC services, satisfaction with the clinic and staff, etc. The team also had staff members in all counties complete a survey about the efficiency of WIC being done in the clinics from a staff perspective.

One final piece of research the team completed was visits to two health departments who were performing higher than most other clinics in regards to WIC participation across the state. A team of 2 KPHLI members, along the 2 nursing and clinic staff supervisors visited Laurel County Health Department and Whitley County Health Department to observe clinic flow and discuss WIC retention strategies with employees in these counties. A list of observations from each county was compiled and shared with the KPHLI team and LCDHD administrative staff.

RESULTS:

When conducting phone surveys to patients no longer receiving WIC benefits, two of the most common answers were that WIC was "more trouble than it's worth" and that their family received SNAP benefits and didn't really need WIC. This basically told us that they did not value the nutrition education and other opportunities that WIC provides beyond food benefits. The patient surveys in the clinic reflected much of the same information. The top two complaints were that they had SNAP benefits and they weren't interested in nutrition education/it wasn't worth it. Additional complaints were: misunderstanding of WIC guidelines, rude staff, long wait times at clinics, and issues with the same-day-scheduling process.

When data from the staff surveys was compiled, we found a trend of low staff morale across the ten county district. Not all counties were conducting the same-day-scheduling policies the same and there were even some discrepancies in how some staff in the same counties explained the process to patients. This tied together with complaints from patients that they were unable to get appointments or were turned away when they walked in due to a decreased availability of staff. While this would appear that staff was booked to the maximum, the staff survey revealed that most employees felt we could actually be doing more WIC services on a daily basis.

The final data acquired, from visits to other health departments gave some insight on how other counties were performing well with WIC participation. Below are some positives we found:

- Patients are scheduled, but walk-ins are also taken daily. The clerical staff has a Walk-In Flow Chart that is utilized.
- All WIC visits are scheduled as 15 minute visits. At this time, LCDHD schedules certification/recertification for 30 minutes. Shortening these time slots to 15 minutes could allow for more patients to be scheduled daily.
- The Nursing Supervisor monitors WBRVs (staff productivity) daily.
- More outreach is being done to promote WIC services.
- The director does a great job doing things for staff to help keep them motivated (praise on social media, providing breakfast on certain days, employee cookouts, etc.)

CONCLUSIONS:

The conclusion of our project was in November of 2015. The WIC Warriors team presented our findings to the Executive Staff of LCDHD. In our presentation, we proposed the following:

- Update walk-in policy to be consistent with the same-day-scheduling policy
- Update scheduling policy to take walk-ins, include 15-minute time slots for all WIC visits, and make sure patients are being scheduled during lunch hours
- Pilot a "Walk-In WIC Clinic" project once per week for a month and see what kind of show rates we have.
- Designate a certain day of the week for "WIC Only" days in clinic or have a designated staff member be "WIC Only" staff to help prioritize WIC scheduling.
- Create a flow chart for scheduling and walk-in policies that is visible to all staff scheduling patients; ensure it's followed in all counties. Also have signs up in the clinic for patients to see regarding these policies so everyone is on the same page.
- Boost staff morale by possibly creating incentives for employees or counties that perform best on a monthly basis (For example: the county who performs best one month on WIC participation receives a free breakfast and recognition in the monthly staff newsletter). Also, give more social media recognition (on our website or Facebook page) for staff members who perform well.

After these proposals were presented to LCDHD Executive Staff members, our suggestions were taken into consideration. A new policy was created to maintain consistency between our walk-in and same-day-scheduling guidelines and this was presented to all staff during monthly staff meetings. A QI team was constructed consisting of two nurses, two support staff, and the WIC Coordinator. They have begun meeting on a regular basis to monitor WIC participation and discuss ways to improve the program. As of March 2016, the WIC participation numbers had not improved, but we are pleased that improvements have been made and a team is now in place within the organization to more closely monitor these measures and look for more ways to improve the process.

LEADERSHIP DEVELOPMENT OPPORTUNITIES:

Daniel McFeeters

Throughout the last year as I participated in KPHLI I have had opportunities to develop my team-building skills. In my role as a leader in the team, I developed real-life skills that I have already been able to put to use in my work, both in my job and in other areas of my life. In my Individual Development Plan, on of my goals was to be more organized. Another was to learn better time management. Though I still struggle in those areas, KPHLI has helped me to learn to recognize my own weaknesses and build on other's strengths

Pam Acey

Being in KPHLI has allowed me to look at myself to see my strengths and weaknesses. It has also allowed my peers and co-workers to share in how they feel I can improve in my position. My plan allows me to move forward and make changes when needed along the way. My goals and what I have learned from this experience will help me in the future in all I attempt to do in both my professional and personnel life. I plan to continue to improve my ability to work with and lead others.

Ann Stevens

Since delegating work is a major weakness of mine, I decided to make this an area of major concern. I knew that this weakness would be the hardest for me to overcome. I decided to take gradual steps in trying to meet this goal. Within the last year, a co-worker transferred to a health department in another county. With funding deficits, LCDHD decided not to fill her vacant position. Basically this meant that I would fill in as needed in clinic in all ten counties and be the sole supervisor for all the peer counselors in the district. I never questioned that I could do the work and do it at 100 percent. I did realize that it might be more important than ever to start delegating some work. I turned to my supervisor and ask her if she could help me with maintaining files and assisting with keeping paperwork current. Of course she was more than willing to help. I found myself on several occasions, “checking” her work. At one point, I even laughed and thought its ok, she is capable of filing forms in a chart. I am actually comfortable with her even taking forms to a different county and filing them without my supervision. This is a HUGE step for me!! I finally realized that if I get in a position that I am falling behind or need help it’s OK to ask.

I feel that I have made improvement on actively seeking to interact more with people. I have made myself more vocal in larger crowds and have become more comfortable in those situations. There was an instance where comments had a very strong impact on my current thinking and actions. Some of my feedback from my mentor was very enlightening on how he felt people viewed me. In various correspondences this is some of the feedback that I received. First, “I perceive you as ambitious and capable and

probably frustrated at the lack of opportunities for upward mobility and the lack of flexibility to simply do things as an agency that makes "sense". Bureaucracies are a tricky and often frustrating situation. I have found waiting for windows of opportunity is important. As far as what makes sense, be careful not to become so focused on the tree that you don't see the forest. Being a strong willed person, when I first read these correspondences I was a little taken back. I couldn't imagine people feeling this way. Then I decided this insight was going to make me focus more on details and the final product. I don't think you can be an effective leader and not be able to accept and grow from recommendations of your peers.

Brittany Moore

Since KPHLI began, I started a new job which has allowed me to expand my horizons somewhat in the work setting and get more experiences in areas of public health I wasn't familiar with. I have been much more involved in the accreditation process for our health department and am now an officer on our Quality Improvement team, heading up some QI and Performance Management projects. I am also volunteering on some committees to plan community events in our area. These are things I never got to do and probably wouldn't have volunteered for this time last year. I have been able to see more of the "big picture" in public health, at least within our agency, which I think has been both exciting and helpful in my career. I feel like I have done a lot better sharing my thoughts and opinions in meetings and am much more open to sharing ideas that I have and accepting constructive criticism now compared to when I began KPHLI. I enjoy working with others and in groups more now that I can appreciate and embrace the differences we all have.

Brigette Bender

As we conduct our monthly meeting, I will continue to improve communication with my peers and direct reports. I will continue to build my strengths and work on my weaknesses. I will encourage any suggestions for my direct reports, peers, and boss on helping me run a more effective meeting. One tool that may help would be an anonymous survey. Running a productive meeting will benefit everyone involved and will help not only myself, but others as well. I do believe KPHLI has helped me work on my weaknesses to become a better supervisor. I do believe that a good supervisor drives their workers to do their best. I will work on being able to communicate clearly and treat everyone as fairly as possible. I will also strive to find challenges that let me employees set and achieve goals.

Kim Tucker

I have begun to work on my need to please disease. I will have to get over the idea that I can always agree with everyone or make everyone agree with me. I need to realize that I am not going to be liked by everyone all of the time if I want to be good leader. I will have to become more assertive and speak up when I disagree.

This process has not changed who I am. It has just allowed me to see the "big picture". By improving myself I can empower others and contribute to the success of the health department.

During KPHLI I completed my first corrective action plan with an employee. I was more comfortable doing this after reading Crucial Conversations. Due to reduction in staff I meet with employees to look at their responsibilities. I noticed that I was more comfortable with is now that I have a better understanding of the different ways people think. I now get more out of our monthly meetings. Maybe my self-improvements will encourage others to challenge themselves to improve.

Sabrina Prater

Immediately after I set my goals, I noticed that my attitude and vision for my life began to change. I have become more open about my feelings and I am beginning to make more decisions on my own without consulting with someone else first. I still need other opinions and to debate some issues so that I can see other points of view before I make a final decision, but that has become easier.

I have also began thinking about what I needed to say and how best to say it before I open my mouth. I try to foresee questions that might arise and how to deal with them. I don't know that any noticeable milestones have been achieved, but I have seen better satisfaction results on the evaluations for presentations and have noticed that I am asking many more questions now. It would be interesting to take the surveys again in a year or so and measure how much I am making improvement in these areas.

REFERENCES

1. Available at: http://chfs.ky.gov/dph/mch/ns/wic.htm. Accessed March 21, 2016.