LIJ WSPI Final Report 2023

Project Title: WIC RISE (Referrals Increased Streamlined Enrollment)

WIC Agency Name: Long Island Jewish Medical Center WIC Program

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EXECUTIVE SUMMARY

Introduction and Background

The purpose of our project is to optimize birth outcomes and improve the health of pregnant women and their infants by enrolling income-eligible prenatal applicants in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program in the first trimester of their pregnancy. Participation in the WIC program will provide nutritious foods, breastfeeding promotion and support, education and referrals to community resources to support good health in prenatal and post-partum women, and infants and children up to age 5. Northwell Health Long Island Jewish (LIJ) WIC provides accessible and affordable care to the individuals, families and communities we serve.

This project will:

- Streamline the referral of Northwell Health low-income prenatal and post- partum applicants to our LIJ WIC program.

- Simplify the WIC certification process. Strategies for increasing referrals for prenatal applicants in the first trimester of their pregnancy to WIC and streamlining the referral process will be developed and interventions implemented with support from WIC staff, Northwell Health OB/GYN and Cohen Children's Medical Center (CCMC) General Pediatric health care providers. These new interventions will provide better customer service and referrals to families in all WIC certification categories.

Population(s) Targeted

The population(s) targeted in our project implementation are low-income applicants, including CCMC General Pediatrics, LIJ Ambulatory Care Unit (ACU) and North Shore (NS) ACU which have mostly high-risk WIC eligible prenatal applicants. LIJ and North Shore Katz Women's Hospitals birth approximately 13,800 babies yearly. CCMC is a pediatric acute care children's hospital. The hospital provides comprehensive pediatric specialties to infants and children. LIJ WIC was incepted in 2003 and is part of CCMC. They care for some of the sickest infants and children in the New York Tri-State area. Many of the patients at LIJ, NS Katz Women's Hospital and CCMC that are eligible for WIC are not familiar with or have never even heard of the WIC Program. They qualify for WIC because the baby or child is a participant in catastrophic Medicaid due to prematurity or illness.

The Northwell MOMs (Maternal Outcomes and Morbidity) collaborative is a new model of care designed to find and support at-risk mothers and babies to improve healthcare outcomes and minimize healthcare inequity and disparities. It is a multidisciplinary initiative to promote improved pregnancy outcomes through the support of patients during pregnancy and the postpartum period. The moms identified as high-risk receive a telephonic visit one day after discharge. When necessary, an in-home visit is completed by the high-risk care MOMs program nurse practitioner during the first week after they return home. Telephonic follow-up visits occur weekly until the end of the first month. If the patient is having any medical or mental health

issues, they can reach out to any of the nurses or the Northwell call center off hours.

Rationale

The project rationale is to improve the implementation of the referral process to LIJ WIC and streamline the WIC certification process. The increased enrollment of WIC-eligible applicants will help safeguard the health of low-income women, infants and children up to age 5 who are at nutrition risk. The Special Supplemental Nutrition Program for the WIC program provides federal grants to states for supplemental foods, health care referrals and nutrition education for low-income pregnant, breastfeeding and non-breastfeeding postpartum women, and to infants and children up to age 5 who are found to be at nutritional risk. "Those eligible for WIC – and frequently their communities and the nation – are facing levels of poverty, food insecurity, inadequate dietary intake, obesity, and ill health that are far too high.[1]" WIC is effective in improving the health of pregnant women, new mothers and their infants. Early prenatal and continued participation in the WIC program exposes the applicant to the maximum Program benefits. A 1990 study showed that women who participated in the Program during their pregnancies had lower Medicaid costs for themselves and their babies than women who did not participate. WIC participation was also linked with longer gestation periods, higher birthweights and lower infant mortality.

Challenges/Barriers

Our project addressed several challenges/barriers to WIC participation and certification. "The two leading reasons for not enrolling in WIC during pregnancy were: not thinking they would qualify (40%) and not thinking they needed WIC (35%). "Reasons less commonly reported were not knowing about WIC (16%) and difficulty getting to WIC (14%).[2]" Additional barriers to WIC participation include misconception about the Program, confusion about eligibility criteria and lack of knowledge of WIC service and perceived lack of need. Ambivalence about immigration status and receiving government aid may also deter those eligible to apply. Linguistic and cultural factors, such as the applicants do not speak English and are afraid to call for an appointment due to the language barrier, contribute to decreased WIC participation. Additional challenges participants experience applying to WIC is a tedious process due to long wait times in the WIC office and lengthy paperwork to complete for certification.

Project Overview

The certification enhancement opportunities our project employed was for LIJ WIC to streamline the enrollment process using a referral system called tasking in the electronic medical record (EMR). The anticipated impact was to increase enrollment of prenatal applicants in the first trimester of pregnancy to achieve optimal birth outcomes. LIJ WIC partnered with Northwell Health Information Technology Innovation Center (NHITIC) to become a provider to be tasked with the EMR. "A large body of literature documents positive effects of WIC on birth outcomes and connects health at birth and future outcomes.[3]" Prenatal WIC participation has been associated with increased gestational age and birth weight. Early prenatal and continued participation in the WIC program exposes the mother to the maximum Program benefits. The WIC participant receives nutritional counseling and supplemental foods to assure adequate

1. Henchy, G., (2019) Making WIC Work Better: Strategies to Reach More Women and Children and Strength Benefits Use: Food Research & Action Center.
2. California Department of Public Health, Center for Family Health (2016). Making Connections: Understanding Women's Reasons for Not Enrolling in WIC during Pregnancy, California 2010-2012.
3. Does Prenatal WIC Participation Improve Child Outcomes?Anna Corniy,Janet Currie, Lyudmyla Sonchak; American Journal of Health Economics Volume 6, Number 2 Spring 2020

nutrition during pregnancy. The support of breastfeeding peer counselors and certified lactation consultants beginning in the prenatal period is a critical time when infant feeding decisions are being made.

Another enhancement was to make the referral process to LIJ WIC more efficient and customer service oriented. LIJ WIC established new partnerships with several clinical groups to streamline the enrollment process in LIJ WIC. We collaborated with the Northwell healthcare providers in the LIJ and NS ACUs, and CCMC General Pediatrics. CCMC General Pediatrics does approximately 10,000 visits annually. A good percentage of the infants and children that visit have complex care. Most of the infants and children are WIC-eligible. The Prenatal Care Assistance Program (PCAP) is an adjunct program to WIC, and the applicant is automatically eligible for WIC services. The healthcare provider explains the WIC program benefits and the enrollment process to the prenatal applicant and addresses barriers to WIC participation including misconceptions about the Program, confusion about eligibility criteria, lack of knowledge of WIC service and perceived lack of need. Prenatal applicants do not always take the next step to call the WIC Program to make an appointment due to busy lifestyles and lack of time, which can delay enrollment in WIC. Early prenatal and continued participation in the WIC program ensures maximum Program benefits for the mother.

To help enroll applicants in their first trimester of pregnancy, the healthcare provider receives permission from the applicant to refer them to the LIJ WIC program. The healthcare provider instructs the applicant that LIJ WIC will contact them to schedule a WIC prescreening appointment in their preferred language using Pacific Interpreters to address the language barrier. The healthcare provider then tasked the applicant in the EMR to LIJ WIC mailbox to complete the referral process. The WIC RISE staff retrieved the tasked prenatal applicant's name, phone number, preferred language, email and referred healthcare provider from the EMR. The applicant receives a phone call from WIC RISE/LIJ WIC staff for a certification prescreening call. All tasked referrals received were tracked on an excel spreadsheet by the WIC RISE staff and noted the date of certification appointment if eligible, weeks pregnant, WIC ID, date of birth, estimated date of delivery, language spoken, phone number, email, date of certification appointment and referring provider, as well as reason for non-enrollment documented on the excel spreadsheet. When WIC RISE staff were not able to reach the applicant, the healthcare provider was contacted to be made aware of the inability to contact the applicant. The healthcare provider was then able to follow up with the applicant at their next medical visit.

After the prescreening call, the applicants eligible for a certification appointment received community resource referrals using the software platform NowPow. This platform empowers applicants to get help in overcoming their social determinants of health. NowPow allows Medicaid applicants to be matched with community organizations that are able to address their non-medical needs. This tool helps mitigate social barriers to better health, offering referrals in over 100 languages. People need more than medical care alone to be healthy. NowPow considers the applicants' geographic location, languages spoken and other factors. Applicants were offered referrals to Programs such as Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Medicaid, farmers market, food pantries and other

resources. Integrating NowPow into the care we provide, we connected people to the tools and resources they need to create truly healthy lives. Community resource contact information was sent electronically via email, saving WIC staff time and providing thorough information about the resource in their preferred language to the WIC applicant. The use of NowPow allows LIJ WIC to take a step toward treating the whole person. An excel spreadsheet for NowPow referrals was used to document name, date, WIC ID#, email, phone number and community resources provided.

Timeline

The overall timeline for our project was April 2021 to April 2023. (Reference table 1 below.)

Key Findings

Our project interventions impacted the certification process by making the certification appointment more efficient and streamlining the process. The name, phone number, date of birth, email, referring healthcare provider and preferred language was received from the Electronic Medical Record (EMR) before the appointment and only needed to be verified during the certification appointment saving time for both the applicant and WIC staff. Providing community resource referrals through NowPow via email facilitated a smoother certification process. The enhanced outreach of having WIC staff reach out to tasked applicants after permission was obtained to contact them in their preferred language for prescreening improved customer service. We provided personalized community resource referrals to certified applicants in their preferred language, also improving customer service.

The interventions applied had the anticipated impacts. The certification process was streamlined, and referrals increased. There was a more efficient certification process having the information from the EMR prior to the appointment thus improving customer service. The intervention also contributed to continued participation as the WIC participant felt cared for by not having the appointment so long. Customer service surveys documented their customer satisfaction with appointment time as well as satisfaction with personalized community resource referrals.

Project Conclusions and Lessons Learned

The impact of the intervention applied to our local content was the applicant identification data from the EMR, which was used to provide an efficient certification process for the applicants including the high-risk applicants. Having the identification data available before the certification appointment was initiated helped streamline the process. In some cases, we were also able to enroll prenatal applicants earlier in the pregnancy. We reached out to them as they were tasked to WIC at the first visit they received medical care. The healthcare providers tasked the prenatal applicant with the EMR at their first medical visit after permission was obtained. Customer service was improved, and this encouraged continued participation as the WIC participant felt she received attention in a timelier manner. WIC customer service surveys documented positive feedback from participants post-certification appointment. The certification process was also streamlined with the use of NowPow to provide personalized community

resources electronically in their preferred language. Applicants were contacted in their preferred language for the prescreening and certification appointment using Pacific Interpreters, thus improving customer service and streamlining the enrollment process. LIJ WIC staff was able to use the language line for the first phone call to contact the applicant rather than having to make a call to find out they were non-English speaking and needed to call back with an interpreter.

The key takeaways from our project were that success in implementing a new project requires leadership, key stakeholders, and staff support. WIC RISE staff shared the value of our project and provided kick-off and training sessions (see Appendix A and B) to obtain and maintain their buy-in. They were willing to make the change to improve WIC participant care and customer satisfaction. The WIC RISE staff obtained feedback from all team members at all levels within the hierarchy as everyone contributed to the success of the project. For example, a NowPow LIJ WIC staff training evaluation (see Appendix C) was implemented to obtain their feedback on the use of a new platform. The personalized, friendly interactions provided by LIJ WIC and LIJ WIC RISE staff contributed to the success of the Program and kept participants engaged in the Program. The participants were very appreciative of the staff's helpfulness which improved the customer experience. In addition, WIC participants were very satisfied with streamlining the certification process and the shorter time needed for the certification process. With the streamlined process, there was more time available during the appointment to focus on their nutritional and breastfeeding needs and concerns instead of their identification information. WIC participants were very satisfied with the number of NowPow community resource referrals received via email, and it was easy for them to follow through connecting with the Program. They received detailed information about the community organization and contact information in an email. Community resources were offered to 884 tasked applicants, of which 505 accepted additional resources. Initially, all tasked applicants were offered NowPow resources, however, due to staff limitations, the team had to offer resources to only those who were given a certification appointment.

Another takeaway is WIC participants that enrolled early in their pregnancy were able to receive more nutritious food and counseling as well as breastfeeding education and support to promote optimal birth outcomes and health. It was noted in the task if the person did not speak English. Non-English speaking tasked applicants were scheduled for prescreening appointments using Pacific Interpreters translation services. The project interventions contributed to the overall number of participants in the Program increasing. The pre-implementation average caseload in 2020 was 21,369 and the caseload has increased to 26, 415 in 2021 and 29,799 in 2022.

Our agency faced hurdles when implementing our project interventions. The Program was designed for in-person WIC participant visits, however, due to the COVID-19 pandemic, in-person visits had to transition to virtual visits. Moreover, in-person staff training had to transition to virtual trainings, and staff needed to be trained on the use of the technology for virtual work first. The COVID-19 pandemic prevented WIC staff from in-person clinic visits to promote the WIC RISE program in-person at practice sites. Staffing challenges for LIJ healthcare providers and LIJ WIC staff during the pandemic also limited staff availability for

training and follow-up meetings. During the pandemic, women had limited prenatal care visits due to quarantine precautions and feared COVID-19 exposure. The applicants delayed medical care due to the COVID-19 pandemic, thus making it challenging to enroll applicants in the first trimester of their pregnancy. Another hurdle we faced was the use of the texting service. The company provided very poor customer service, and we had to discontinue use of the platform. The WIC RISE team decided to use email only to send REDCap surveys.

Our agency learned lessons while implementing our project. Due to the COVID-19 pandemic, we learned the importance of being able to change and be flexible while accelerating to work virtually. We learned how vital it is to have staff engaged to implement new interventions to ensure better outcomes. The team developed strategies to implement change and actively engaged both the WIC staff and healthcare providers involved in the project to build relationships. Early WIC RISE team communication, and continued communication throughout, contributed to staff engagement. Due to limited staff time, we communicated through many informal meetings and email communication.

In addition, we learned the certification process can be streamlined by having the healthcare provider task the applicant in the EMR to WIC. Based on the customer service survey in REDCap (see Appendix D), patients were very satisfied with the certification process, helpfulness and friendliness of the staff and community resource referrals received through NowPow via email. We learned customer satisfaction contributes to participation in WIC as the overall caseload had increased. When outreached to the non-English speaking applicants for appointments, the Pacific Interpreter language line was used to facilitate the prescreening and certification. The language of preference was noted in the prenatal applicants' EMR, and the outreach was done for the prescreen and certification appointments in the language of preference which streamlined the certification process.

These lessons can be applied to future WIC innovation projects by engaging all staff when implementing change and thorough communication. Future projects can include feedback from all staff/participants to contribute to the success of the project. Future projects will include educating staff and providing trainings on how the process will work, and about how they will benefit from it to encourage them to support the change. The WIC certification process can be streamlined by tasking in the EMR to the WIC agency, allowing the WIC-eligible applicant’s identification information to be obtained prior to the prescreening call. Tasking the EMR by the healthcare provider at the time of the first medical visit, after permission is obtained for WIC to contact the applicant, helps enroll the participant in their first trimester of pregnancy in the WIC program with improved health outcomes for mother and child. Applicants enrolling in WIC in their first trimester receive healthy food, breastfeeding and nutrition education as well as referrals to other helpful services.

The use of a personalized community referral platform such as NowPow, drives impact and equity and bridges gaps in community care to address social determinants of health. The use of customer satisfaction surveys can be used to improve quality of services in other WIC programs.

SECTION 1: INTRODUCTION

1.1 Background

Food insecurity, inadequate dietary intake, poverty, obesity and poor health are affecting our communities at high rates. Each year, thousands of vulnerable women who are eligible do not enroll in WIC during their pregnancy. The two main reasons for not enrolling in WIC during pregnancy were thinking they would not qualify and thinking they did not need WIC.

Northwell Health System is New York State's largest healthcare provider and is home to 21 hospitals and more than 890 outpatient facilities. Northwell Health System's population is diverse consisting of White, African American, Asian and other races as well as Hispanic ethnicity with greater than 50% of the Queens population who identify as having Spanish ethnicity or Asian race. We are challenged to address disparities by being able to communicate with our patients in the language they speak.

CCMC is a pediatric acute care children's hospital. The hospital provides comprehensive pediatric specialties to infants and children. LIJ WIC was incepted in 2003 and is part of CCMC, General Pediatrics Department which has had 12,707 visits in 2022 and 4,921 visits up to March 2023. We care for some of the sickest infants and children in the New York Tri-State area. Barriers to WIC participation at CCMC General Pediatrics include misconceptions about the Program, confusion about eligibility criteria, lack of knowledge of WIC services and perceived lack of need. LIJ WIC works closely with the other departments on the Northwell Health System campus and is part of the Northwell Patient-Centered Medical Home.

LIJ and North Shore (NS) Katz Women's Hospitals birth approximately 13,800 babies yearly. LIJ and NS Ambulatory Care Unit (ACU) care for many high-risk WIC-eligible prenatal applicants yearly. These applicants are referred to LIJ WIC for eligibility certification. The nurse in the ACU educates the prenatal applicant on her first visit during her first trimester concerning WIC. The applicant is instructed to make an appointment by phone with LIJ WIC for an appointment which rarely occurs. They fear the phone will be answered by someone that does not speak their preferred language. In addition, they rarely enroll in their first trimester because they have heard from friends that the WIC certification process and wait times are lengthy. Most applicants receive WIC certification in their third trimester of pregnancy in anticipation of the baby's birth and, unfortunately, the perceived need for infant formula.

Many of the patients at LIJ and NS Katz Women's Hospital and CCMC that are eligible for WIC are not familiar with and have never even heard of the WIC Program. They qualify for WIC because the baby or child is a participant in catastrophic Medicaid due to prematurity or illness. They are referred to us by social workers, case managers and nurses with a lapse in the time from when they are referred and when a WIC certification occurs as an applicant is busy adjusting to her new addition to the family.

The certification process can be lengthy and cumbersome, especially when language translation is needed. A participant certification can take anywhere from 1-2 hours to complete. There are multiple questions in the certification, and it is difficult for the qualified nutritionist (QN) to identify the participant-centered needs of the client. Reciprocal referrals to other programs such as SNAP, TANF, Medicaid, farmer's market, food pantries and other resources that are also a part of certification, are time-consuming for the QN. The new technology and processes proposed in the WIC Special Project Innovation grant have overcome the barriers to WIC participation and certification.

Our project employed Enhancement Opportunity 1, 3 and 4:

Enhancement Opportunity 1: We intended to use the Twilio texting service to adopt technologies that enable the WIC participants complete allowable initial certification information online. The service was not customer friendly and it was difficult to obtain tech support.

Enhancement Opportunity 2: The digital technology implemented does not allow for appointment reminders and notifications of incomplete certification.

Enhancement Opportunity 3: LIJ WIC implemented an innovative strategy to improve the WIC certification process. We used tasking the pre-certified applicant, who is part of a prenatal care assistance program (PACP), to the EMR. The WIC applicant is automatically eligible because she is receiving prenatal care from PCAP. The referrals were tasted to LIJ WIC in the EMR to increase enrollment of the prenatal applicant in the first trimester of pregnancy to achieve optimal birth outcomes. Prenatal WIC participation has been associated with increased gestational age and birth weight.

Enhancement Opportunity 4: To save time and provide an excellent customer service experience, the LIJ WIC RISE staff utilizes NowPow to be able to give families community referrals easily. NowPow is a personalized community referral platform for every need and every person. They build community referral networks that provide care for all people, drive measurable impact and deliver data to bridge gaps in community care. As the only referral platform grounded in science, NowPow's referrals are evidence-based, person-centered and highly trusted to help meet both health and social needs.

1.2 Goals and Objectives

The goals our project intended to accomplish include:

GOAL 1: LIJ WIC will streamline the referral of our Northwell patients to our WIC program.

We streamlined the referral process through tasking in the EMR of our Northwell patients to the LIJ WIC program. We had prenatal applicants from LIJ and NS ACUs enroll during their first trimester of their pregnancy for maximum Program benefits and optimal birth outcomes. We also received tasks to enroll eligible premature babies and sick children allowing them to receive WIC benefits. The goal supported improving the WIC certification process and customer service experience in our local context by tasking the applicants in the EMR to WIC. The task provided

the preferred language, and the participant was contacted by WIC staff using Pacific Interpreters, thus improving customer service. Customer service is also improved by decreasing the time to get certified as identification data was sent to LIJ WIC in the task, thus the staff must only confirm the information. After permission was obtained to contact the applicant by the healthcare provider, WIC RISE staff was able to reach out to the applicant eliminating gaps in time to be connected to WIC. LIJ WIC has established relationships with Northwell adjunct income-eligible Programs , and applicants can be certified as they are automatically income eligible for WIC, thus streamlining the referral process.

GOAL 2: LIJ WIC will use REDCap and NowPow to simplify the certification process.

We simplified the certification process with a two-pronged approach; offer better customer service and shorten certification times. We increased awareness of adjunct community Programs and provided personalized community-based referrals to WIC participants using NowPow. Customer service was improved by providing additional community resources in their preferred language and in the communities where the WIC participant lives. We decreased the appointment time by streamlining referrals in the WIC certification process using NowPow by reducing time to provide community resources by electronically sending links to community resources to WIC participants. WIC families will benefit from the community resources addressing multiple social determinants of health and WIC staff will benefit by decreased appointment time.

By using REDCap technology, we piloted the use of electronically sending REDCap surveys to WIC-eligible participants to complete targeted counseling survey based (see Appendix E) on their WIC category prior to their appointment. The Breastfeeding Attrition Predictor Tool (BAPT) was also sent using a REDCap survey to prenatal and breastfeeding participants prior to their appointment. The surveys allowed WIC staff to learn about participants concerns around breastfeeding, nutrition, health education and referrals to other Programs and services requested before the certification appointment. WIC staff benefited by saving time having knowledge about the concerns the participant has prior to the appointment, and the WIC participant will benefit by receiving targeted counseling.

SECTION 2: PROJECT IMPLEMENTATION

2.1 Project Timeline

The key activities completion period plans, changes due to unforeseen circumstances and staff responsible for implementation of the activity are:

Table 1. Project Timeline

KEY ACTIVITY	PLANNED COMPLETION	ACTUAL COMPLETION	KEY STAFF RESONSIBLE
Goal 1: LIJ WIC will streamline the referral of our Northwell patients to LIJ WIC program			

KEY ACTIVITY	PLANNED COMPLETION	ACTUAL COMPLETION	KEY STAFF RESONSIBLE
Project initiation including leadership buy-in, hiring staff, EMR online referral initiation process, baseline data collected, and kick-off session presentations to WSPI and GSCN.	4/1/2021	3/31/2021	WIC Program Manager
HIPPA compliant tracking system spreadsheet developed to capture patient contact information, weeks pregnant at certification, referring provider, date enrolled in WIC and NowPow referrals provided.	4/1/2021	3/31/2021	WIC Program Manager
Northwell Health Care provider training sessions held on tasking in the EMR with ongoing feedback with meetings and emails.	6/1/2021	2/15/23 due to COVID-19 pandemic and staff changes	WIC RISE staff
Tasking in the EMR by health care providers with documentation on tracking system spreadsheet initiated.	6/1/2021	6/1/2021	WIC RISE staff and Northwell health care providers
Project expansion with training sessions on tasking in the EMR to additional Northwell Departments.	6/30/2021	9/30/21 due to COVID-19 pandemic	WIC RISE staff
Update tracking system spreadsheet for all tasked clients in the EMR to LIJ WIC	6/30/2021	2/15/23 due to COVID-19 pandemic	WIC RISE staff
Goal 2: LIJ WIC will use REDCap and NowPow to simplify the certification process			
REDCap surveys created for each WIC category for targeted counseling, customer service evaluation, and BAPT in English and Spanish	9/1/2021	10/1/2021 due to COVID-19 pandemic and staffing changes	WIC RISE staff
NowPow WIC Rise staff training on use of NowPow and referrals relevant to LIJ WIC families added to NowPow platform.	6/1/2021	7/1/2021 due to COVID-19 pandemic and staffing changes	WIC RISE staff and Northwell NowPow team
NowPow referrals to LIJ WIC participants	6/1/2021	2/15/23 due to COVID-19 pandemic	WIC RISE staff

KEY ACTIVITY	PLANNED COMPLETION	ACTUAL COMPLETION	KEY STAFF RESONSIBLE
LIJ WIC staff training provided to establish buy-in with tasking in the EMR and use of. Staff training evaluation survey provided to LIJ WIC staff after training.	11/1/2021	4/30/23 due to COVID-19 pandemic and staffing changes	WIC RISE staff
REDCap Customer Satisfaction Surveys sent	6/30/2021	2/15/23 due to COVID-19 pandemic	WIC RISE staff
REDCap WIC category targeted counseling surveys sent	6/30/2022	4/30/23 due to COVID-19 pandemic and staffing changes	LIJ WIC and WIC RISE staff
LIJ WIC project design and methods evaluated	6/30/2022	6/30/23 due to COVID-19 pandemic	GSCN, LIJ WIC and WIC RISE staff
LIJ WIC Final Presentation at FNS headquarters	4/18/2023	4/18/2023	LIJ WIC RISE staff

Key Actions Taken to Implement Project

The overarching phases of implementation and evaluation throughout the course of the project, staff completing these phases, actions performed to implement the certification opportunity and partnerships necessary to complete the project included implementing processes and evaluation methods to meet project goals. This included the streamlining of the certification process, providing personalized community resource referrals and use of language lines to communicate with WIC applicants in their preferred language. The WIC RISE project was kept on track by monitoring progress with quarterly meetings with GCSN and WSPI, completing quarterly reports and having WIC RISE team meetings. The WIC RISE team introduced the Program to LIJ WIC staff and then introduced the Program to key stakeholders involved in hospital departments with the use of virtual kick-off training presentations. The training sessions included education on the tasking in the EMR process, use of REDCap surveys to obtain participants' needs prior to certification and NowPow to provide community referrals. The WIC RISE team attended OB/GYN and CCMC General Pediatric staff meetings to establish and maintain staff buy-in. Pre-program data was collected by the WIC RISE team to be used in the evaluation process at the end of the project.

REDCap surveys were developed in English and Spanish. The targeted-counseling surveys used open-ended questions to learn about WIC applicants' concerns in all WIC categories prior to their certification appointment and streamline the certification process. The targeted-counseling survey was being piloted and planned to send prior to the certification appointment. Due to the COVID-19 pandemic and staffing challenges, piloting of this process was initiated late in the project. The customer satisfaction surveys were also developed to obtain feedback from the WIC

applicants about the new processes being implemented. REDCap customer service surveys were distributed by WIC RISE staff after the certification appointment to assess customer satisfaction. The WIC RISE staff wanted to ensure we were meeting the WIC applicant's needs as well as identify any sources of dissatisfaction. These surveys also allowed us to maintain a relationship with the WIC applicants by showing we cared about their satisfaction. LIJ WIC strives to continue to provide an excellent customer experience. The WIC RISE staff contacted the Northwell NowPow team to request access and training on the use of NowPow. Baby Café free breastfeeding support resources were added to the NowPow platform by the NowPow staff. The Baby Cafes helped LIJ WIC provide free virtual breastfeeding support and education, encouraged an increase in breastfeeding initiation, duration and exclusivity. WIC RISE staff provided on-site training sessions to LIJ WIC staff to provide education about NowPow and facilitate use. NowPow referrals were used to streamline the certification process after pre-screening was complete.

Surveys were distributed to LIJ WIC staff after completion of the session to assess the use of NowPow community referrals to help streamline the certification process and provide excellent customer service. WIC RISE staff was available to provide assistance to LIJ WIC staff as needed.

After the kick-off sessions with healthcare providers, tasking in the EMR initiated with healthcare providers tasking to LIJ WIC. Outreach was started to the tasked applicants in the EMR for prescreening certification appointments and noted on the excel sheet by WIC RISE staff. All LIJ WIC and WIC RISE staff had been provided with access to use Pacific Interpreters language lines to communicate with the WIC applicants in their preferred language, thus improving customer service.

Staff meetings and emails were used to reinforce the trainings with both LIJ WIC staff and key stakeholders by WIC and WIC RISE staff. The WIC RISE staff shared successes and challenges at WIC staff meetings, CCMC General Pediatric staff meetings, OB/GYN steering committee meetings and OB/GYN clinical meetings to maintain engagement. The WIC RISE team always showed gratitude to healthcare provider partners and LIJ WIC staff for their participation in implementing and evaluating these new processes to foster continued success.

Through virtual and in-person staff meetings and email communication, feedback was obtained from key stakeholders to address and overcome challenges. The use of Plan Do Study Act (PDSA) cycles were also used to identify successes and challenges using and documenting NowPow referrals to certified WIC participants. LIJ WIC staff identified having participants wanting NowPow referrals to be noted in QN3 column in NYWIC. The WIC RISE and WIC staff sent the NowPow referrals and documented in NYWIC. WIC RISE staff implemented another PDSA cycle to identify the best process for healthcare providers to document permission obtained from the WIC applicant at their medical visit to be tasked in the EMR to LIJ WIC and be contacted by LIJ WIC. The healthcare providers decided to have "permission obtained" documented in the EMR task.

The partnerships necessary to complete our project were LIJ finance departments to assist with

project budget and expenses, and the LIJ informational technology team to assist with setting up tasking of WIC applicants to the LIJ WIC mailbox in the EMR. Additional valued partners necessary to complete the project were the Northwell REDCap team who aided with survey setup and distribution, the LIJ and NS Katz Women Hospital ACUs, CCMC General Pediatrics health care providers and the Northwell NowPow team helped provide access to the platform for team members and initial education on use of NowPow.

The team experienced success throughout the project implementation period by obtaining staff buy-in to implement the project and providing reinforced training to ensure new strategies were being implemented. We met with key stakeholders to provide positive feedback and keep them engaged. We valued key stakeholders' suggestions and shared successes and challenges. The WIC RISE staff always showed appreciation to the partners for their valuable contributions to the project. For example, we found the most engaged healthcare providers tasked the most referrals in the EMR. Another example is once some of the WIC staff realized the impact of NowPow on participants and improved customer service, they saw the value of the platform to provide community referrals with improved customer service.

The WIC RISE staff experienced staffing challenges throughout the project implementation period due to the COVID-19 pandemic. The LIJ WIC and WIC RISE staff worked to implement impactful strategies to streamline the certification process and provide excellent customer service by acknowledging the efforts of staff for doing a good job in challenging circumstances. WIC and WIC RISE staff were flexible in their work schedules to accommodate changes needed to implement the Program.

2.3 Project Budget and Expenses

The final total cost to implement the project is $238,392.14. This includes $145,843.12 for staff salaries, $45,211.37 for fringe benefits, $550 for contractual services, $1,795.85 for travel, and $3,617.98 for operating expenses. The total direct costs for implementation were $197,018.32 and the total indirect costs (at 21%) were $41,373.82.

There were no unanticipated expenses above what we anticipated. However, substantial staffing issues led to us underspending based on our anticipated budget. Our team was able to adapt and achieve the stated project goals and project implementation despite these staffing shortages.

2.4 Project Transferability

The key actions that were taken to document our agency's progress toward implementation were establishing and maintaining staff buy-in. This was accomplished by providing educational training sessions, follow-up sessions and attending and presenting at clinical staff and steering committee meetings. The project successes were shared to promote continued staff engagement. The challenges were also shared with all staff to obtain their feedback to adjust the processes.

We would suggest other developed documents from WIC to track the Program and evaluation

data. The WIC RISE staff documented the tracking of referred moms using an excel sheet to detail name, phone #, email address, weeks pregnant, WIC ID, EDD, non-enrollment reason, date of enrollment, preferred language, REDCap survey distribution and referring provider follow-up if unable to contact referred mom. The date of enrollment in the WIC program was also documented on the excel sheet after the certification was complete. Customer satisfaction surveys can be sent to the certified applicant to obtain feedback about their experience with the certification process to improve customer service.

We assigned a WIC RISE staff member to reach out to Northwell ambulatory OB/GYN ambulatory care units. A WIC employee can be assigned to work with the referring department managers and nurses to refer the WIC applicants early in their pregnancies by tasking in the EMR. Other WIC agencies can work with their IT departments to setup a tasking system in the EMR to streamline the certification process. The WIC RISE team met with referring department to share successes and challenges encouraging them to educate the applicant about WIC benefits including enrollment early in their pregnancy. WIC RISE staff attended monthly OB/GYN clinical meetings and OB/GYN steering committee meetings where grant updates were shared and brainstormed ways to increase referrals of prenatal moms in their first trimester. WIC Ready, Set, Grow brochures were made available in multiple languages to all key stakeholders to inform applicants about the WIC program and services available for eligible moms. WIC agencies can reach out to ambulatory care units that give care to Medicaid-eligible pregnant women, meet with referring departments and attend OB/GYN clinical meetings to share WIC benefits and informational brochures to increase awareness about the WIC program with families.

In addition, other WIC agencies can use a community-based, online resource referral platform such NowPow to electronically send personalized community referrals to applicants. REDCap surveys can be included in the certification process to provide targeted counseling and promote breastfeeding with the use of the BAPT tool. Customer satisfaction surveys can be sent to WIC participants to obtain their feedback and improve the customer service experience.

The key factors to our agency staying on track with our proposed timeline were completing the required quarterly reports, attending the GSCN and WSPI meetings and having WIC RISE staff meetings where our progress was reviewed. The WIC RISE staff set goals with deadlines and created tasks to help meet the goal. The staff evaluated the time needed and identified resources available to complete the task. The use of clear deadlines significantly contributed to staying on track. Presentations with other WSPI contractors and LIJ/CCMC partners taking part in the Program to share updates, challenges and successes also contributed to our team staying on track with the timeline.

Our agency faced the challenge of staffing and change in staff members due to the COVID-19 pandemic. We replaced staff vacancies when able and continued to build a strong team. Staff dedication and passion has made the project successful.

Another barrier our team experienced was the use of the Twilio platform, which provides programmable communication tools for sending text messages. We planned to use Twilio to text

surveys to WIC applicants. We experienced multiple technical issues and had challenges obtaining tech support. The WIC RISE staff solved this by sending surveys out to WIC applicants using email.

The key pieces of advice we would have for other agencies when working with technology vendors was to advise them to have the vendors educate key stakeholders on how to use their programs and to utilize the availability of technology support. Twilio two-way SMS messages were intended to allow us to carry on a conversation by both sending and receiving text WIC RISE surveys. We would advise it is important to form relationships with the management vendors used. The agency should investigate the availability of customer support service to be able to follow up if you experience any problems with the technology.

The advice we would give to another agency seeking to evaluate the impacts of similar interventions is to use SMART (Specific, Measurable, Achievable, Relevant and Time Bound) goals defining parameters as they pertain to the project goal. This will help to ensure their objectives are attainable within a certain time frame. We would share the importance of keeping accurate documentation of pre and post-intervention data to inform future decisions. This will allow them to compare observed outcomes with the use of new technology with available pre-data if the intervention had not been implemented.

SECTION 3 EVALUATION DESIGN AND METHODS

3.1. Evaluation Design and Setting

The WIC RISE project worked to enhance the certification experience of WIC participants served by the Long Island Jewish (LIJ) WIC program, by partnering with healthcare providers within the Northwell Health System to refer potential participants to LIJ WIC by "tasking" them in the electronic health record. After providing consent to be referred, the participant's information (including name, contact information, preferred language and referring provider) is sent directly to the LIJ WIC mailbox, where WIC RISE staff actively reach out to the participant and engaged them in the pre-certification process. Additional certification enhancements, such as an electronic community resource referral service called NowPow, were also implemented to create a better experience for the WIC participant.

To assess WIC RISE, the project team implemented a cross-sectional evaluation that included both quantitative and qualitative data collection and analysis. The evaluation, co-designed by the WIC RISE project team and the Gretchen Swanson Center for Nutrition (GSCN), was guided by the Reach, Effectiveness, Adoption, Implementation and Maintenance (RE-AIM) framework. RE-AIM is a program planning and evaluation framework that can be used to examine both factors related to the outcomes of a project (reach and effectiveness) as well as the process of conducting the project (adoption, implementation, maintenance). More specifically, each of the elements of the RE-AIM framework can be defined as follows:

- Reach: breadth and representativeness of the innovation's exposure to a target population.
- Effectiveness: the degree to which the innovation achieved it's intended effect(s).

- Adoption: the number of targeted sites/settings/staff that utilized the innovation, and barriers/facilitators.
- Implementation: Consistency, cost, and fidelity of the delivery of the innovation.
- Maintenance: Sustainability (or perceived sustainability) or innovation effects over time.

The final measures, presented here, were developed iteratively by the WIC RISE team and GSCN. Throughout the project, the RE-AIM evaluation measures were documented in a spreadsheet and reviewed/updated at regular intervals during meetings between WIC RISE and GSCN that were focused on evaluation. All components of RE-AIM had one or more corresponding metrics. Due to the relatively short timeline of the project, the ability to assess project maintenance was limited. However, the perceived feasibility of maintenance was assessed qualitatively.

RE-AIM Component	Metric	Data Source
Reach	# of moms certified in the first trimester divided by the # of eligible pregnant moms tasked/referred in the EMR	WIC Administrative Records
Reach	# of moms certified in the first trimester divided by the # of pregnant moms (regardless of trimester)	WIC Administrative Records
Reach	Demographics of moms enrolled in first trimester compared to # of pregnant moms (regardless of trimester)	WIC Administrative Records
Effectiveness	# of moms certified in the first trimester during the study period compared to # of first trimester moms certified in previous year.	WIC Administrative Records
Effectiveness	Client satisfaction	WIC Participant Survey
Effectiveness	LIJ WIC caseload counts	WIC Administrative Records
Effectiveness	Reasons for enrolling late in pregnancy at based on 3-month sample of prenatal moms enrolled in LIJ WIC	WIC Participant Survey
Adoption	# of presentations conducted at stakeholder meetings	WIC Administrative Records
Adoption	Barriers and facilitators to adoption	Staff Interviews
Implementation	# of tasks in the EMR (Started 3-31-21)	WIC Administrative Records
Implementation	# of referrals in NowPow (Started 4-12-21)	WIC Administrative Records
Implementation	# of appointments scheduled using Pacific Interpreter Line	WIC Administrative Records
Implementation	Staff satisfaction	Staff Surveys and Interviews

RE-AIM Component	Metric	Data Source
Implementation	Number of staff trained in tasking, NowPow, and RedCap	Staff Training Tracker
Maintenance	WIC rise staff perceived long-term feasibility	Staff interviews
Reach	# of moms certified in the first trimester divided by the # of eligible pregnant moms tasked/referred in the EMR	WIC Administrative Records

3.2. Data Sources and Measurement Tools

The active data collection period for the project lasted from April 2021 to February 2023. Select WIC Administrative Data elements were able to be collected retrospectively, thus some of the presented data extends beyond the active data collection period. Data sources included surveys and interviews with WIC participants and WIC RISE staff, WIC Administrative Records and a Staff Training Tracker. Table 2, above, displays the RE-AIM metrics and data sources that were assessed for this evaluation.

3.2.1 WIC Participant Survey and Interviews

The WIC participant survey consisted primarily of 7 multiple-choice questions. Five questions involved a 5-point Likert scale that measured satisfaction with interactions with staff, certification appointment timing and resource referrals. An additional two questions included a 5-point Likert scale that measured participant agreement with statements about knowledge about the WIC program and time savings during WIC appointments.

WIC participant interviews included open-ended questions about the participant's experience with the WIC program overall, and perceptions of the enhancements involved in the WIC RISE project. Interviews were conducted using Zoom's video conferencing or call-in features.

3.2.2 WIC Staff Surveys and Interviews

Two Staff Surveys were administered for this project. One brief 3-question survey was administered to staff immediately after training on the NowPow resource referral software to assess satisfaction with the training. The second survey was administered at the end project and used up to 15 questions to assess staff satisfaction and perceived increases in efficiency of the enhancements related to WIC participant tasking/referral in the EMR and resource referral (NowPow) processes.

The WIC RISE staff interviews were tailored to position types and assessed staff perceptions of how the RE-AIM framework applied to the enhancements included in the WIC RISE project.

3.2.3 WIC Administrative Records

Data collection from WIC Administrative Records included requests from the LIJ and New York State WIC MIS. In addition, tracking spreadsheets, created in excel by the WIC RISE team to collect project-specific information on participant referrals in the EMR and NowPow community resource referrals, were also used.

3.2.4 Staff Training Tracker

Trainings were recorded in a tracking spreadsheet that captured information such as the name, date, number of attendees, and a short description for each training. Staff training for this project included general training about the WIC RISE project and how to refer/task WIC participants, training on NowPow referrals, and on using RedCap.

3.2.5 Plan-Do-Study-Act (PDSA) Tool

The PDSA tool was used to design and test change conducted to improve the processes to carry out quality improvement. The PDSA overall organization/project aim was to increase referrals to WIC and streamline the WIC certification process. The objective of the test A was to improve Customer Service and the WIC Referral Process. The PDSA Cycle A test was used to train the Northshore, LIJ ACU CCMC General Pediatrics and MOMs staff tasking referrals to LIJ WIC in the EMR to obtain the applicants permission to be contacted by LIJ WIC. Northshore and LIJ ACU staff, CCMC General Pediatrics and MOMs program staff explained the WIC program and obtained permission from WIC applicant to be contacted by the LIJ WIC program. The system driver this impacts is customer satisfaction and streamlining the certification process. We predicted 100% of all the moms contacted would have given permission to be contacted by LIJ WIC staff. The plan for collection of data using the excel data collection spreadsheet with patients tasked in the EMR was including a column for WIC applicant gave permission to be contacted by LIJ WIC staff – YES OR NO. When LIJ WIC RISE staff contacted the WIC applicant, confirmation of permission to contact them was obtained. After a few PDSA cycles, the collection plan for permission to contact documentation was revised. The referring Northshore, LIJ ACU and MOMs staff suggested documenting in the task they obtained permission from the applicant for WIC RISE staff to reach out to them. The cycle was then carried out as planned and results matched our predictions. WIC applicants would not be contacted without obtaining documented permission and was adopted.

PDSA Cycle B test is associated with improvement in WIC customer service with documentation of NowPow community resource referrals. This test evaluated WIC RISE staff training provided to the LIJ WIC Staff. The training educated the staff on how to send and document in NYWIC NowPow community resource referrals of the tasked participants. Random checks comparing the tasked moms on the excel spreadsheet were used as a sample of WIC certified participants. The system (driver) impacted was the WIC Customer service satisfaction with the community resource referrals. We predicted 100% of all the moms enrolled in WIC will be offered NowPow referrals with documentation in NYWIC. We were not able to meet our predicted goal. There were LIJ WIC staff time constraints along with many required WIC trainings on new platforms for LIJ WIC staff to complete. There were also policy changes to go along with change in platforms. LIJ WIC plans to continue to reinforce as time permits.

3.3 Participants and Recruitment

For this evaluation, recruitment efforts focused on WIC participants and staff from WIC RISE, LIJ WIC and Northwell, the healthcare partner. Additional data collected from administrative

records or trackers did not involve direct participant recruitment and is not included in this section.

3.3.1 WIC Participants

The WIC participant survey was collected using online survey software and the link to the survey was sent to participants via email after their certification appointment. This is a common data collection method used by WIC agencies, including LIJ WIC. The WIC participant interviews lasted about 30-minutes and were conducted by GSCN staff. Interview participants were recruited through flyers that were emailed and/or mailed to them. Participant recruitment efforts for surveys and interviews were conducted in both English and Spanish, allowing for wider participant recruitment. WIC participants did not receive an incentive for completing the surveys. WIC participants did receive a $25 gift card for completing an interview.

3.3.2 Staff

Two Staff Surveys were administered for this project. One brief survey was administered to staff trained on NowPow via paper survey by the WIC RISE team after the training sessions. The other Staff Survey was administered at the end of the project period by the GSCN team. This end of project Staff survey was sent via email and collected through online survey software. In addition, 30–60-minute interviews were conducted with WIC RISE staff upon the completion of the project. Suggested names/contact information of interview participants were provided by the WIC RISE team to GSCN and GSCN emailed staff to ask them to participate in the interviews. No incentives were provided for staff surveys or interviews.

3.4 Evaluation Variables

3.4.1 Adoption

The adoption metric assessed the number of presentations/trainings that the WIC RISE staff provided at meetings for key partners. Barriers and facilitators to adoption were also assessed based on responses to adoption-related questions in the WIC RISE staff interviews.

3.4.2 Implementation

WIC staff satisfaction with the new features, reported ease of use, and reported increase in efficiency during the WIC referral and community resource referral process served as the primary implementation metrics. This was assessed using the WIC Staff surveys. In addition, the number of participants measured referred to WIC through tasking in the EMR. The number of participants whose appointments were scheduled through the interpreter line, and the number of participants who received community resource referrals through NowPow and number staff who were trained on major components of the project (including providing referrals in the EMR and in NowPow) were also measured using tracking spreadsheets.

3.4.3 Reach

The WIC RISE enhancement project focused on engaging families with WIC early, ideally in the first trimester of pregnancy, thus reach measures were focused on looking at the number of people certified in the first trimester versus the total population referred through “tasking” in the

EMR during the WIC RISE project period, and the total LIJ WIC population. When data was available, these measures were further explored by demographic sub-groups, categorized by race, ethnicity, age, and primary language. Reach metrics were assessed using the WIC Administrative Data.

3.4.4 Effectiveness

WIC participant satisfaction with the enhanced referral to LIJ WIC and referral to community resources (NowPow) were the primary focus of the effectiveness metrics. WIC participant satisfaction was assessed using the WIC Participant survey. In addition, increases in LIJ WIC caseload, and the enrollment of people in the first trimester, was assessed compared to enrollment data from one year prior to determine if there were increases in enrollment early in pregnancy. This was measured by examining WIC Administrative Records.

3.4.5 Maintenance

Perception of maintenance and considerations related to sustainability was explored during staff interviews.

3.5 Analysis Approach

Data for this analysis was collected from multiple sources and thus needed to be reviewed and cleaned prior to analysis. During data cleaning, all values were checked for completeness and accuracy. The analyses were largely descriptive (e.g., counts, proportions, means, etc.). Chi-square tests were used to make to assess differences in the proportions of demographic groups and language preference groups who utilized the new website features.

SECTION 4 EVALUATION DESIGN AND METHODS

4.1. Sample Characteristics

The WIC participant sample included 97 individuals who took the WIC satisfaction survey, and 126 participants who had complete data on the WIC Administrative Data tracking spreadsheet. In addition, two participants completed interviews about WIC RISE project. In an effort to protect the privacy of WIC participants, and to reduce the burden of data collection, other sample demographics/characteristics were not collected from WIC participants, but rather gathered from WIC MIS records.

The WIC RISE staff sample included nine individuals who completed the brief post-training surveys, 12 individuals who completed the end of project staff survey and five individuals who completed interviews. Individuals completing these assessments held various positions within the WIC RISE project including the Division Chief, nurses, research administrators, breastfeeding peer counselors and secretaries.

4.2 Adoption

4.2.1 Number of Presentations Conducted at Stakeholder Meetings

During the implementation of the WIC RISE project, a total of 32 presentations were given at stakeholder meetings to keep key partners informed and engaged with the project. However, due to the timing of the COVID-19 pandemic, some of the presentations were modified to be virtual versus in-person to maintain physical distancing and reduce exposure to COVID-19. In addition, some planned presentations were canceled due to health care providers preferences to be provided updates via email versus in-person meeting.

4.2.2 Barriers and Facilitators to Adoption

Barriers and facilitators to adoption were described in the staff interviews. The biggest barrier to project adoption cited was staffing issues that occurred throughout the project. Staffing issues included turn over in project leadership early in the project period, as well as difficulty hiring for open positions. These hiring issues were likely related to the on-going COVID-19 pandemic and created gaps in capacity of what programmatic elements could adopted within the timeline of the project. Facilitators to the successful adoption of the project included that the staff involved in the project were uniquely well positioned to take on the work, by having strong network ties within both the healthcare partner and LIJ WIC. In addition, strong buy-in from leadership of all organization involved and clear communication from the project team to partner organizations were key to the project adoption.

4.3 Implementation

4.3.1 Number of Tasks/Referrals in the EMR

Figure 2 shows the number of referrals that were issued in the EMR from Northwell healthcare staff to LIJ WIC staff by month of the WIC RISE project implementation.

4.3.2 Number of referrals in NowPow

A total of 884 community resource referrals were issued from NowPow from July 2021 through the project end in February 2023 (Figure 2). Of those 884 offered community resource referrals, 505 were accepted by the participants (WIC participants have the option of declining issued community resource referrals based on their personal preferences). For the months of July, August, September and October 2021, ALL WIC appointments were being offered NowPow. Starting November 2021-February 2023, tasked moms there were screened were offered NowPow. These changes to who was offered NowPow as part of their WIC services explains the initial spike seen in NowPow usage, and the lower, steadier usage for most of the project period.

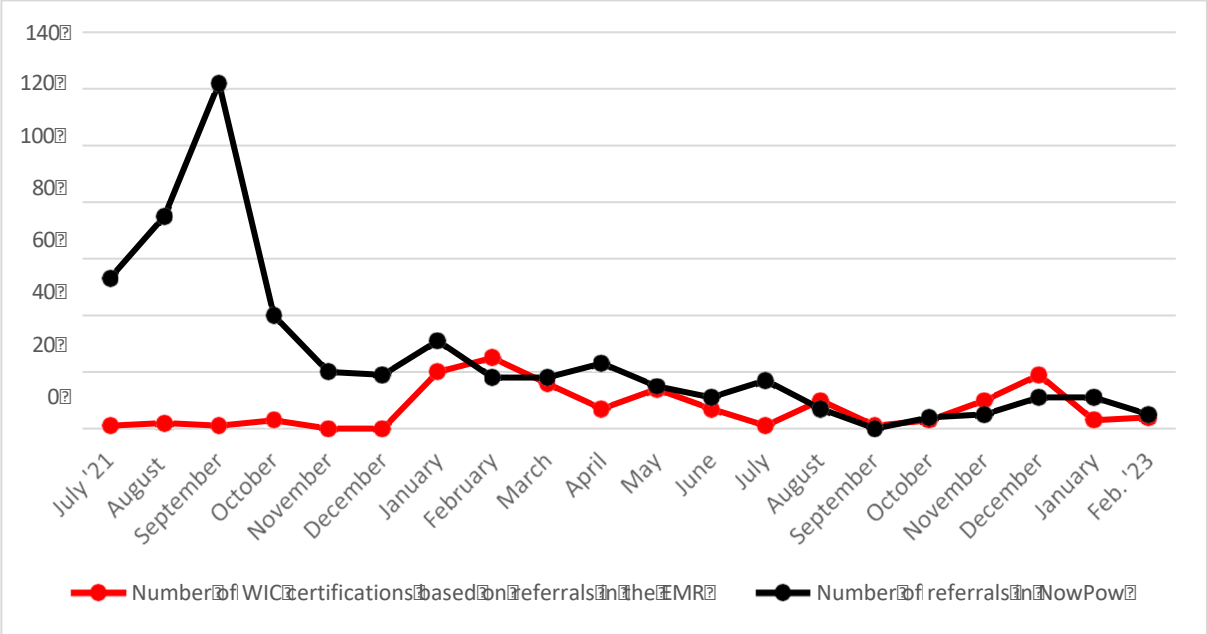


Figure 2. Number of resource referrals provided in NowPow provided to WIC customers, and number of referrals to LIJ WIC tasked in the EMR during the project implementation period

4.4 Reach

4.4.1 Number of Moms Certified in the First Trimester Divided by the Number of Eligible Pregnant Moms Tasked/Referred in the EMR

After removing WIC participants with incomplete data and those that enrolled after delivery, there were a total of 126 individuals who were tasked in the EMR and referred to WIC included in the dataset. Of those 126 people, 94 people were certified and enrolled in WIC, 52-out-of-the 94 people (55.3%) enrolled in WIC in the first trimester of pregnancy.

4.4.2 Number of Moms Certified in the First Trimester divided by the number of pregnant moms enrolled at LIJ WIC (regardless of trimester)

A cross-sectional analysis of WIC MIS data conducted at the end of the project period shows that there are currently 83 parents who enrolled in WIC during their first trimester, out of a total of 356 pregnant mothers enrolled at LIJ WIC (23.3%).

4.4.2.1 Demographics of Moms Enrolled in First Trimester Compared to the Number of Pregnant Moms Enrolled at LIJ WIC (regardless of trimester)

When segmented by race and ethnicity, about half of moms that enrolled in LIJ WIC during their first trimester were Black (25.6 percent) or Hispanic (23.5 percent), which is similar to the percentage of Black (27.6 percent) or Hispanic (24.8 percent) moms who enrolled in LIJ WIC across all trimesters. Regarding age, most moms that enrolled in LIJ WIC during their first trimester (66.7 percent) were within the age range of 25-35 (ages 25-30 were 35.3 percent and ages 31-35 included 31.4 percent). Interestingly, more LIJ moms enrolled in their first trimester within 31-35 years of age (31.4 percent) compared to LIJ moms in the 31-35 age group that

enrolled during all trimesters (21.0 percent). When broken down by preferred spoken language, most LIJ WIC moms that enrolled during their first trimester spoke English (80.4 percent), followed by 11.8 percent that spoke "other" language, and 7.8 percent that spoke Spanish. When compared to the larger LIJ all trimester enrollment, minimal differences were observed for spoken languages (84.8 percent for English; 6.7 percent spoke "other" language; Spanish speakers at 8.6 percent).

Table 3: Number of pregnant people enrolled in LIJ WIC and New York State (NYS) WIC, by trimester and race/ethnicity

Race & Ethnicity by Trimester of WIC Enrollment Long Island Jewish Medical Center WIC vs. New York State WIC September 1, 2021 - February 23, 2023								
	LIJ All Trimesters		LIJ 1st Trimester		NYS WIC All Trimesters		NYS WIC First Trimester	
Race/Ethnicity	Participants	%	Participants	%	Participants	%	Participants	%
Am Indian/Alaskan	0	0.00	0	0.00	785	0.74	196	0.65
Asian	9	8.57	7	13.73	9,670	9.11	2,901	9.63
Black	29	27.62	13	25.49	20,374	19.19	4,417	14.66
Multiracial	9	8.57	6	11.76	2,095	1.97	595	1.97
Native Islander	11	10.48	1	1.96	339	0.32	61	0.20
Other	0	0.00	0	0.00	292	0.28	74	0.25
Unknown	6	5.71	3	5.88	37	0.03	9	0.03
White	15	14.29	9	17.65	30,121	28.37	10,417	34.56
Hispanic	26	24.76	12	23.53	42,446	39.98	11,469	38.05
Total	**105**	**100**	**51**	**100**	**106,159**	**100**	**30,139**	**100**

Table 4: Number of pregnant people enrolled in LIJ WIC and New York State (NYS) WIC, by trimester and age category

	Age by Trimester of WIC Enrollment Long Island Jewish Medical Center WIC vs. New York State WIC September 1, 2021 - February 23, 2023							
	LIJ All Trimesters		LIJ 1st Trimester		NYS WIC All Trimesters		NYS WIC First Trimester	
Age (Years)	Participants	%	Participants	%	Participants	%	Participants	%
<15	7	6.67	3	5.88	86	0.08	15	0.05
15-19	3	2.86	1	1.96	5,861	5.52	1,349	4.48
20-24	13	12.38	5	9.80	25,014	23.56	6,403	21.24
25-30	45	42.86	18	35.29	35,578	33.51	10,350	34.34
31-35	22	20.95	16	31.37	24,052	22.66	7,297	24.21
36-40	10	9.52	5	9.80	11,214	10.56	3,415	11.33
>40	5	4.76	3	5.88	4,354	4.10	1,310	4.35
Total	**105**	**100**	**51**	**100**	**106,159**	**100**	**30,139**	**100**

Table 5: Number of pregnant people enrolled in LIJ WIC and New York State (NYS) WIC, by trimester and primary language spoken

	Language by Trimester of WIC Enrollment Long Island Jewish Medical Center WIC vs. New York State WIC September 1, 2021 - February 23, 2023							
	LIJ All Trimesters		LIJ 1st Trimester		NYS WIC All Trimesters		NYS WIC First Trimester	
language_cat	Participants	%	Participants	%	Participants	%	Participants	%
English	89	84.8	41	80.4	69,910	65.9	19,982	66.3
Mandarin	0	0.0	0	0.0	2,315	2.2	992	3.3
Other	7	6.7	6	11.8	8,125	7.7	2,264	7.5
Spanish	9	8.6	4	7.8	25,809	24.3	6,901	22.9
Total	**105**	**100**	**51**	**100**	**106,159**	**100**	**30,139**	**100**

4.5 Effectiveness

4.5.1 Number of Moms Certified in the First Trimester During Study Period Compared to the Previous Year

During the WIC RISE project implementation period, 3.6% of the active certifications were women in their first trimester. This percentage is decreased from the random sample from the previous year, where 6% of participants certified were within the first trimester of pregnancy. However, when looking exclusively at women who went through the tasking/referral process to enroll with LIJ WIC, 55.3% of that group enrolled in WIC while in their first trimester, showing the effectiveness of the WIC RISE project.

4.5.2 LIJ WIC Caseload Counts

WIC participant caseload was assessed from LIJ WIC MIS data. LIJ WIC caseload increased each year of the project with the average caseload in 2020 being 21,369; 26,415 in 2021; and 29,799 in 2022. It is important to note that external factors such as changes in the WIC enrollment process related to COVID-19 waivers may have impacted these changes in WIC enrollment.

4.5.3 WIC Participant Satisfaction

Ninety-one WIC participants completed the online survey. There were 90 survey responses were completed in English with one completed in Spanish. Overall, participants were highly satisfied with the WIC RISE program, with more 90% reporting that they were very satisfied with the customer service/friendliness and helpfulness of the WIC RISE staff. More than 85% of participants were very satisfied with the amount of time it takes to get ready for a certification appointment and the amount of time the certification appointment takes, including any wait times. More than 75% of participants were very satisfied with the number of resource referrals they received in NowPow (Figure 1). Interviews with WIC participants that received referrals from their healthcare provider as part of WIC RISE reinforced these findings. Interviewed participants found the process of getting referred to WIC and enrolling for benefits easy, and reported that they would have likely not enrolled until later in their pregnancy if it weren’t for the WIC RISE referral. One participant reported that they would recommend to others to “definitely go to Northwell Health since they're associated with WIC. They're very helpful.”

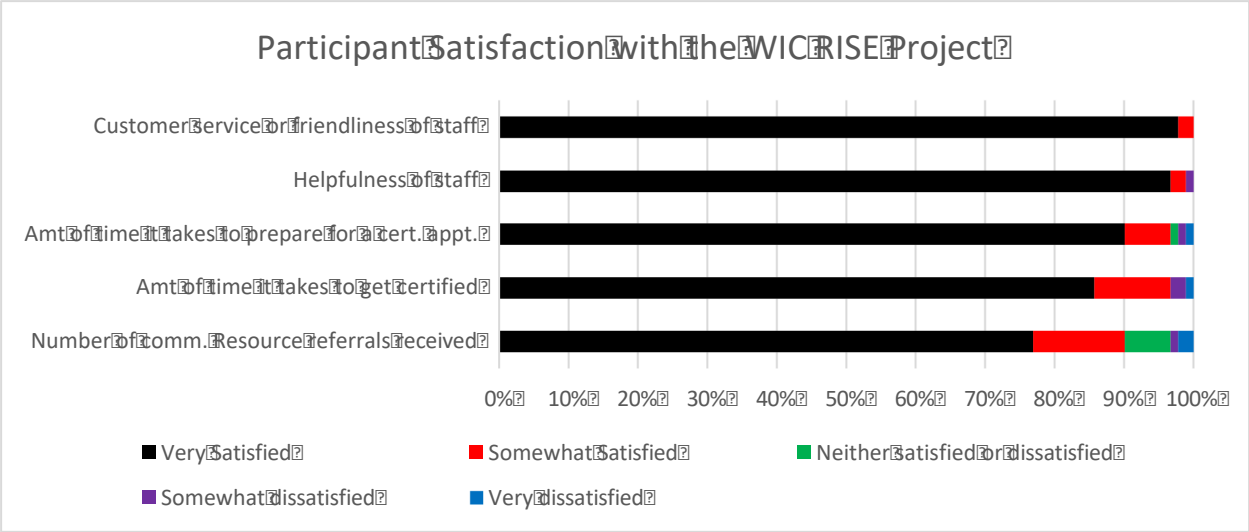


Figure 1. Participant satisfaction with the WIC RISE project enhancements

WIC participant feedback obtained during GSCN interviews:

- "I went to my prenatal appointment, around the second to third visit, they told me about WIC, or I believe I asked, I'm not sure. Then they filled out a paper with my gestational age of the baby, my due date. They gave me WIC's number and that was about it."
- "It was much simpler than me having to go and look WIC up myself."
- "They basically went over everything right there with you. I mean, even though you [just had a baby, you still are tired and stuff], but it was really easy to comprehend. So I comprehended it, it wasn't hard… they literally walked you through everything."
- [asking about whether they would have joined WIC without WIC RISE services]: "Probably not right away because there are other things on your mind and if they didn't come in the room and set it up, I probably would've done it but much later."

4.5.4 Reasons for Enrolling Late in Pregnancy Based on 3-month Sample of Prenatal Moms Enrolled in LIJ WIC.

As part of initial data collection, a small sample of WIC participants responded to questions about their reasons for enrolling in WIC late in pregnancy. Of the 16 respondents, only 2 (12.5%) reported that it was lack of interest in WIC that kept them from participating in WIC early in pregnancy. The remaining 14 participants who enrolled later reported not knowing about WIC in general (43.8%) or not understanding WIC eligibility requirements (31.3%), being confused about WIC services (6.3%), or unsure of how to contact WIC (6.3%).

4.5.3 Number of Appointments Scheduled through the Interpreter Line

The WIC RISE staff used information on preferred language that was included in the referral in the EMR to ease the initial contact with the WIC participant. For participants who preferred a language other than English, the WIC RISE staff would begin meeting with the family using

interpreter upon initial contact and/or appointment scheduling. A total of 16 appointments (14 in Spanish and 2 in Haitian Creole) were scheduled using the Pacific language interpreter line. In addition, the language line was used to make initial contact with referred moms 16 times, including 12 Spanish-speaking families, 1 Creole-speaking family, 1 Arabic-speaking family and 1 Bengali-speaking family.

4.5.4 Staff Satisfaction

4.5.4.1 Staff satisfaction with NowPow training. Overall, the majority of staff felt like the trainer who was providing the training about NowPow was knowledgeable, and that the use of NowPow for community resource referrals will enhance service for their LIJ WIC participants. However, the respondents had mixed perceptions about whether they thought the use of NowPow would enhance the certification process with 33.3% of the participants highly agreeing that it would streamline the certification process and an equal amount 33.3% disagreeing with that statement.

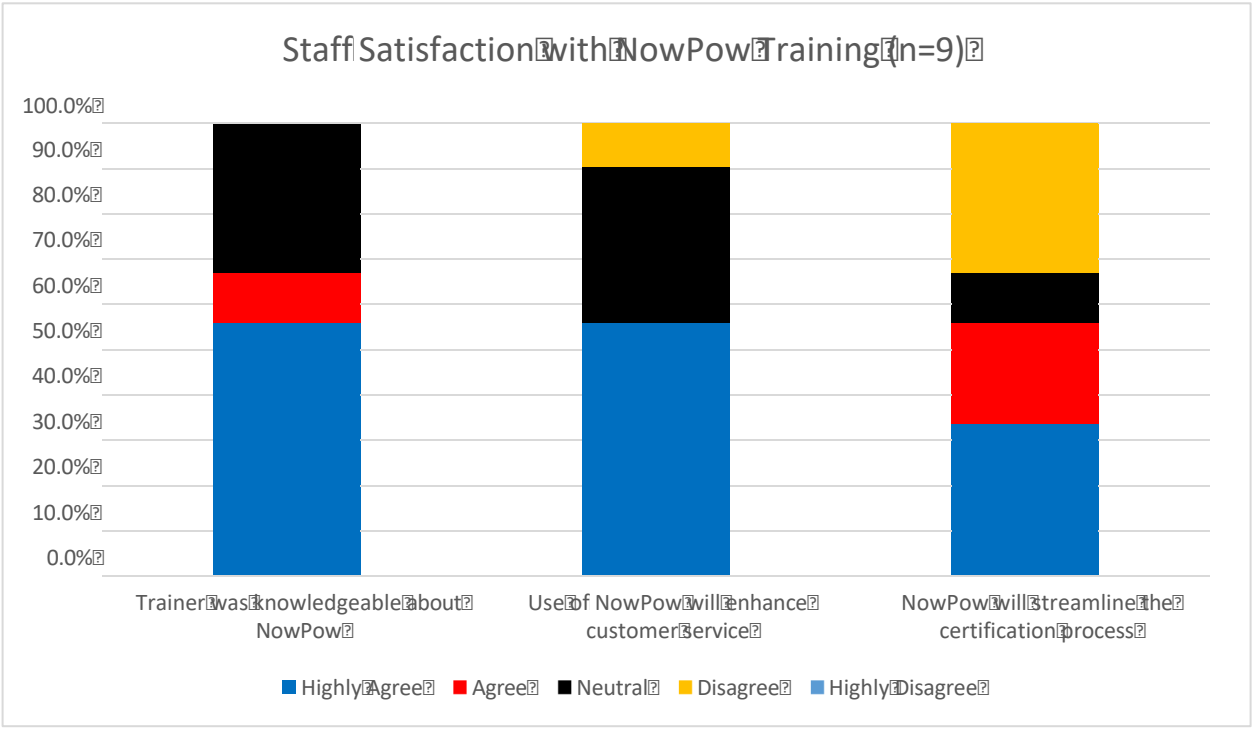


Figure 3. Staff satisfaction with the WIC RISE program

4.5.4.2 Overall Staff Satisfaction with WIC RISE

The staff survey administered at the end of the project asked about the ease of use, perceived efficiency and overall satisfaction with two main components of the WIC RISE project: the electronic referral/tasking in the EMR and the use of NowPow. For the electronic referral, 80% of the respondents strongly agreed that tasking/providing referrals in the EMR was easy and efficient. Eighty percent also reported being very satisfied with the process of tasking in the EMR. The staff perceptions of using NowPow had less agreement with just 50% of staff

agreeing that NowPow is easy to use and efficient, and 50% of staff reporting that they are satisfied with the WIC RISE program.

4.5.5 Number of Staff Trained in Tasking, NowPow and RedCap

A total of 40 different staff members were trained various components the WIC RISE project over the intervention period, with some staff receiving multiple types of training. Staff trained included nurses, social workers, and physicians, dietitians, breastfeeding peer counselors, and others. Topics covered in trainings include: an overview of the WIC RISE project in the WIC RISE kick-off meetings, training on tasking in the EMR (29 individuals trained), using NowPow community resource referrals (10 LIJ WC and WIC RISE staff trained), and using REDCap training (2 LIJ WC and WIC RISE staff trained).

4.6 Maintenance

4.6.1 WIC RISE Staff Perceived Long-term Feasibility

WIC RISE staff perceptions of maintenance of the project were obtained during interviews. Overall, staff perceived that the main project components would be maintained over time because much of the infrastructure needs of the project have already been out in place, for example the mailbox needed for receiving EMR referrals was already set-up and the NowPow software has been purchased. Staff time to conduct WIC pre-certification phone calls has been identified as a requirement for the continuation of the WIC RISE project and funding is being sought to provide salary support for the individual in this role.

SECTION 5: PROJECT CONCLUSIONS AND LESSONS LEARNED

5.1. Conclusions and Next Steps

An opportunity exists to better refine this innovation or similar innovations is to expand tasking in the EMR by other hospital departments as outreach endeavors. Several hospital departments provide service to infants and children with serious medical problems and will benefit from early enrollment in WIC. The target population for this project is low-income, nutritionally at risk: pregnant women, encouraging pregnant moms' participation in the first trimester, (through pregnancy and up to 6 weeks after birth or after pregnancy ends), postpartum non-breastfeeding participants (up to 6 months after the birth of an infant or after pregnancy ends), infants (up to 1st birthday) and children up to their 5th birthday. The WIC RISE project expanded organically to other Northwell hospitals (South Shore and Huntington) through the high-risk MOM's program. The nurses and nurse practitioners that are employed by the MOM's program are passionate about referring their patients to WIC through tasking. Expanding the reach of tasking referrals in the EMR to many departments throughout Northwell will streamline the referral process and improving customer service for additional WIC applicants. Enrolling eligible participants in WIC, specifically encouraging enrollment in first trimester, will allow the participants to benefit from the supplemental nutritious foods, nutrition education and counseling and referrals to other health, welfare and social services.

The aspect of the project that is sustainable is maintaining the new processes is tasking referrals in EMR to LIJ WIC mailbox and use of NowPow software as Northwell has the infrastructure available at no additional cost. The aspects of WIC RISE project that include having healthcare providers task WIC applicants in the EMR to the LIJ WIC for pre-screening and certification appointments made accordingly is sustainable. This will streamline the certification process and provide excellent customer service. All certified WIC applicants will be offered community resources using NowPow at the time of the certification appointment with documentation in NYWIC of community resources being provided or declined. Providing community resources contributes to total health which requires healthy food, safe place to live and ability to get the care they need. The NowPow platform will better empower applicants to overcome their social determinants of health. WIC staff will continue to pilot use of RedCap surveys being sent to pre-screened applicants for targeted counseling in all WIC categories (prenatal, post-partum, age 1, 2, 3, 4) and BAPT tool for breastfeeding support prior to their certification/recertification appointment. WIC will sustain use of Pacific Interpreters to initiate calls in the applicants preferred language as provided in the EMR task.

The aspect of the project that is not sustainable is the use of the texting platform to send client-centered counseling surveys and the BAPT tool. There were many tech issues with use of the platform with poor customer service. In addition, there is a cost associated with use of the texting platform. We will continue to email client-centered surveys and BAPT to applicants using Northwell REDCap which does not have a cost to LIJ WIC. The surveys will allow the WIC staff to know the areas of concern of the WIC participant prior to the appointment and save time. This will streamline the certification process.

Next steps for our innovation project after this grant period ends are to have the healthcare providers continue to educate clients about WIC and to be tasked and referred to LIJ WIC in the EMR. LIJ WIC will continue to receive referrals from the EMR through the tasking process and reach out to the applicant, while also allowing applicants to contact WIC by phone on their own. All tasked applicants will give permission to the healthcare provider allowing WIC to reach out to them. The tasked referrals will include the preferred language, and LIJ WIC staff will be able to contact the applicant in their preferred language using Pacific Interpreters. WIC staff will continue to offer personalized community referrals using NowPow with documentation in NYWIC. The day-to day tasked applicants will be rolled into current WIC staff roles.

RedCap surveys will continue to be piloted to learn of participants needs prior to appointment and provide targeted counseling at certification appointments in all WIC categories (prenatal, post-partum, age 1, 2, 3, 4). The BAPT tool, used to identify mothers a high risk to wean early from breastfeeding, will also be sent prior to appointment. The BAPT tool will allow WIC staff to identify participants breastfeeding concerns prior to the visit and target counseling at the appointment.

We will adapt to receive referrals to WIC through tasking in the EMR of other hospital departments throughout Northwell that organically refer their patients by tasking as LIJ WIC did

with the high-risk MOMs program.

5.2 Lessons Learned

We identified that employee engagement and relationships with staff in other departments is critical to the success of new processes. We hosted kick-off and follow-up sessions, attended OB/GYN clinical staff meetings, CCMC General Pediatric staff meetings, OB/GYN steering committee meetings and sent emails to communicate success and challenges to keep staff engaged. We ensured there was clear communications between WIC RISE staff and partners. Our WIC RISE staff learned it is important to support our staff and partners as well as let them know their tasks and deadlines. We also learned the importance of giving them praise by letting them know we appreciated when they did something well and their commitment to support the change.

The WIC RISE and WIC staff sent personalized community referrals to participants in the communities where they live and were well received when emailed to them. All staff were friendly and helpful and provided excellent customer experiences. We used customer satisfaction surveys to obtain the feedback from WIC participants. If WIC participants are satisfied with the services being provided, they are more likely to continue their participation until the end of the family eligibility. It is known that continued participation in WIC allows participants to buy and eat more fruits, vegetables, whole grains and low-fat dairy products to provide a more nutritious diet with improved health outcomes.

We also identified that training of WIC staff and healthcare providers to learn and implement the new process and new responsibilities is essential. The training sessions provided the skills and knowledge to streamline the certification process. Healthcare providers were trained to task in the EMR and become knowledgeable that tasking is an efficient tool in the EMR to send referrals of potential WIC eligible, women, infants and children to WIC. All WIC staff were trained on the use of NowPow to send personalized community resources. WIC staff have been using NowPow to send referrals to participants during the project period and plan to sustain this activity. We were challenged to provide the training to all WIC staff at the same time due to different staff schedules. This was resolved by offering several training sessions when WIC staff were scheduled to work.

The three best practices you would give to other WIC agencies seeking to implement similar enhancements to improve the certification process are:

- Obtain all staff buy-in with open communication addressing concerns, obtaining feedback, and sharing success and challenges. Reach out and identify key stakeholders in other hospital departments who are passionate about referring to the WIC Program.

- Plan the enhancement implementation process by working with IT to set up tasking in the EMR, learn REDCap to send surveys to participants for targeted counseling and customer

service feedback and learn the use of NowPow, or other community-based platform, for personalized community referrals.

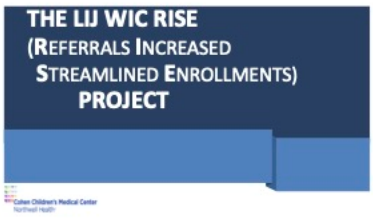
- Assign responsibility to staff individuals for the change effort. Designating WIC staff responsible for each step of the implementation strategies will contribute to project success. The new responsibilities include receiving the referrals through tasking, ensuring NowPow referrals are made and documented and distributing and retrieving RedCap surveys from WIC participants.

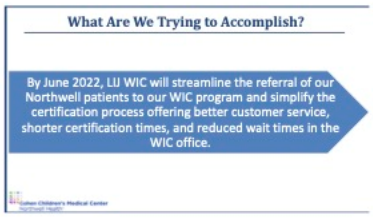
For future projects, including the date of the task received on the excel spreadsheet should be included. This information can be valuable for the evaluation process. In addition, we also wish we had better knowledge about choice and use of texting platforms. We would have asked to pilot use of the texting system prior to purchasing use. We had to discontinue use of the texting platform due to poor customer service.

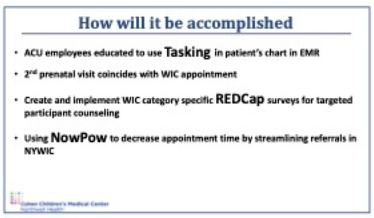
The project was planned pre-COVID-19 pandemic. We wish we knew pre-established strategies to employ during the pandemic. If we had pre-established strategies, we would have been able to adjust the process to pivoting to virtual sooner than we did. The pandemic also led us to many staffing challenges.

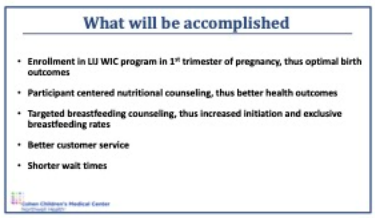
Section 6: Appendices

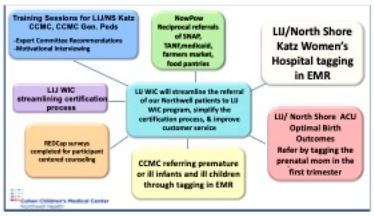
APPENDIX A: Kick Off Presentation



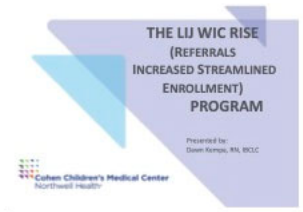








APPENDIX B: Provider Training



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APPENDIX C: WIC RISE NowPow Training Evaluation

We would love to know about your experience with:

WIC RISE NOWPOW TRAINING

Please complete the survey below. All responses will be kept anonymous.

We value your feedback! Thank you for your time.

1. The trainer was knowledgeable about NowPow
   a. Highly Agree
   b. Agree
   c. Neutral
   d. Disagree
   e. Highly Disagree

2. Use of NowPow will improve customer service
   a. Highly Agree
   b. Agree
   c. Neutral
   d. Disagree
   e. Highly Disagree

3. The use of NowPow referrals being provided in the pre-screen process will streamline the WIC certification appointment.
   a. Highly Agree
   b. Agree
   c. Neutral
   d. Disagree
   e. Highly Disagree

APPENDIX D: REDCap Survey Customer Service

CUSTOMER SERVICE - Servicio al Cliente

Para las siguientes afirmaciones, seleccione lo satisfecha que estuvo con los servicios prestados durante su cita de WIC.

For the following statements please select how satisfied you were with the services offered during your WIC appointment.

1. El servicio de atención al cliente o la amabilidad del personal del WIC.
   - Muy insatisfecho
   - Algo insatisfecho
   - Ni satisfecho ni insatisfecho
   - Algo satisfecho
   - Muy satisfecho

1. Customer service or friendliness of the WIC staff.
   - Very dissatisfied
   - Somewhat dissatisfied
   - Neither satisfied nor dissatisfied
   - Somewhat satisfied
   - Very satisfied

2. La disposición del personal.
   - Muy insatisfecho
   - Algo insatisfecho
   - Ni satisfecho ni insatisfecho
   - Algo satisfecho
   - Muy satisfecho

2. Helpfulness of staff.
   - Very dissatisfied
   - Somewhat dissatisfied
   - Neither satisfied nor dissatisfied
   - Somewhat satisfied
   - Very satisfied

3. El tiempo que lleva prepararse para su cita de certificación.
   - Muy insatisfecho
   - Algo insatisfecho
   - Ni satisfecho ni insatisfecho
   - Algo satisfecho
   - Muy satisfecho

3. The amount of time it takes to prepare for your certification appointment.
   - Very dissatisfied
   - Somewhat dissatisfied
   - Neither satisfied nor dissatisfied
   - Somewhat satisfied
   - Very satisfied

4. El tiempo que lleva obtener la certificación, incluyendo el tiempo de espera.
   - Muy insatisfecho
   - Algo insatisfecho
   - Ni satisfecho ni insatisfecho
   - Algo satisfecho
   - Muy satisfecho

4. The amount of time it takes to get certified including wait time.
   - Very dissatisfied
   - Somewhat dissatisfied
   - Neither satisfied nor dissatisfied
   - Somewhat satisfied
   - Very satisfied

5. La cantidad de remisiones a recursos comunitarios que recibo (p. ej., despensas, grupos de apoyo, SNAP, etc.).
   - Muy insatisfecho
   - Algo insatisfecho
   - Ni satisfecho ni insatisfecho
   - Algo satisfecho
   - Muy satisfecho

5. The number of community resource referrals I receive (e.g., food pantries, support groups, SNAP, etc.).
   - Very dissatisfied
   - Somewhat dissatisfied
   - Neither satisfied nor dissatisfied
   - Somewhat satisfied
   - Very satisfied

Para la siguiente sección, seleccione lo de acuerdo o en desacuerdo que está con la afirmación.
For the following, please select how much you agree or disagree with the statement.

1. Ya sabía sobre el programa WIC antes de mi cita de certificación.
   - o Estoy muy en desacuerdo
   - o No estoy de acuerdo
   - o No estoy de acuerdo ni en desacuerdo
   - o Estoy de acuerdo
   - o Estoy muy de acuerdo

1. Before my certification appointment, I knew about the WIC program.
   - o Highly disagree
   - o Disagree
   - o Neither agree nor disagree
   - o Agree
   - o Highly agree

2. Tener un control prenatal y una cita de WIC al mismo tiempo alivió la carga de las múltiples citas y lo hizo más fácil.
   - o Estoy muy en desacuerdo
   - o No estoy de acuerdo
   - o No estoy de acuerdo ni en desacuerdo
   - o Estoy de acuerdo
   - o Estoy muy de acuerdo

2. Having my prenatal checkup and WIC appointment at the same time eased the burden of multiple appointments made it easier.
   - o Highly disagree
   - o Disagree
   - o Neither agree nor disagree
   - o Agree
   - o Highly agree

Interview opt-in questions:
Are you interested in participating in an optional 30-minute interview about your WIC experience?
Note: Those who complete an interview will receive a $25 gift card as a thank you for participating.
   - o No [IF NO, SKIP TO END OF SURVEY]
   - o Yes [IF YES, GO TO NEXT QUESTION]

Please provide your information so that we can contact you about the interview.
Note: There are limited spots and not everyone who agrees will be interviewed.

What is your first name: _____
Email: [VALIDATED ENTRY BOX]
Phone: [VALIDATED ENTRY BOX]

¿Está interesado en participar en una entrevista opcional de 30 minutos sobre su experiencia con WIC?
Nota: Aquellos que completen una entrevista recibirán una tarjeta de regalo de $25 como agradecimiento por participar.
o No [SI NO, PASE AL FINAL DE LA ENCUESTA]
o Sí [SI SÍ, VAYA A LA SIGUIENTE PREGUNTA]

Por favor, proporcione sus datos para que podamos comunicarnos con usted acerca de la entrevista.
Nota: Las plazas son limitadas y no todos los que acepten participar serán entrevistados.
Cuál es tu primer nombre: _____
Correo electrónico: [CASILLA DE ENTRADA VALIDADA]
Teléfono: [CASILLA DE ENTRADA VALIDADA]

APPENDIX E: REDCap Survey Targeted Counseling

TARGETED COUNSELING – ASESORAMIENTO DIRIGIDO

ENCUESTA DE REDCap PARA LAS MADRES EMBARAZADAS

PREGNANT MOM REDCap SURVEY

1) ¿Qué preocupaciones tiene sobre su nutrición durante este embarazo?
(Drop down)
Vómitos matutinos
Comidas que debe comer y que debe evitar
Seguridad de los alimentos
Vitaminas prenatales
Otro

1)What concerns do you have about your nutrition during this pregnancy?
(Drop down)
Morning sickness
Foods to consume and foods to avoid
Food safety
Prenatal vitamins
Other

2) ¿Cómo planea alimentar a su bebé?
Leche materna o leche materna extraída
Fórmula
Leche materna y fórmula

How do you plan to feed your baby?
Breast milk and/or pumped breast milk
Formula
Breast milk and formula

3) ¿Qué ha escuchado sobre la lactancia materna y le gustaría hablar?

Beneficios para el bebé: Menos infecciones de oído, asma, muerte infantil súbita, infecciones respiratorias, diabetes, cáncer, reflujo, virus, diarrea y más
Ayuda a la madre a perder peso, disminuye las posibilidades de cáncer de ovario, de útero y de mamas, de osteoporosis; de enfermedades cardíacas; de diabetes y más
Es difícil saber si el bebé está recibiendo suficiente leche
Ayuda para establecer un vínculo
Dolor en los pezones
Consume tiempo
Es una gran experiencia
Otro

3)What have you heard about and would like to discuss concerning breastfeeding?
Benefits to baby: Less ear infections, asthma, sudden infant death, respiratory infections, diabetes, cancer, reflux, virus, diarrhea and more
Helps mom lose weight decreases chances of ovarian, uterine, breast cancer, osteoporosis, heart disease, diabetes, and more
Difficult to know if baby is getting enough milk
Helps with bonding
Painful-sore nipples
Time consuming
It is a great experience
Other

4) ¿En qué recursos comunitarios está interesada para ayudar a su familia durante este tiempo?

Programa de Asistencia de Nutrición Complementaria (SNAP)
Consultor de lactancia
Despensas de alimentos
Clase prenatal - virtual
Grupo de apoyo de lactancia materna - virtual
Otro

4 What community resources are you interested in to help your family during this time?

Supplemental Nutrition Assistance Program (SNAP)
Lactation consultant
Food pantry
Prenatal class - virtual
Breastfeeding support group – virtual
Other

5) ¿Qué tema le gustaría tratar en la próxima cita de WIC?

Recetas
Preparación de comidas

Farmers market
Experiencia en el hospital/plan de nacimiento
Problemas médicos
Otro
Comentarios:

5) What would you like to have addressed at the upcoming WIC appointment?

Recipes
Food preparation
Farmers market
Hospital experience/birth plan
Medical concerns
Other

Encuesta REDCap para madres después del parto
Post-Partum Mom REDCap Survey

1) ¿Cómo la va con la alimentación del bebé?

1) How is the infant feeding going?

2) ¿Entiende lo importante que es saber que su bebé recibe la alimentación suficiente?
Comer entre 8 y 12 veces por día
Pañales mojados entre 6 y 8 veces por día
Heces de 2 a 4 veces al día

2) Do you understand how to know your baby is receiving enough to eat?
Eating 8-12 times a day
Wet diapers 6-8 times a day
Stooling 2-4 times a day

3) ¿En qué recursos comunitarios está interesada para ayudar a su familia durante este tiempo?

Programa de Asistencia de Nutrición Complementaria (SNAP)
Consultor de lactancia
Despensas de alimentos
Grupo de apoyo de lactancia materna – virtual
Grupos de apoyo para la ansiedad y depresión posparto
Otro

3 What community resources are you interested in to help your family during this time?
Supplemental Nutrition Assistance Program (SNAP)
Food pantry
Lactation consultant
Breastfeeding support group – virtual
Post-partum anxiety and depression support groups
Other

4) ¿Qué tema le gustaría tratar en la próxima cita de WIC?
apoyo para la ansiedad y depresión posparto Alimentación de los bebés
Recetas
Preparación de comidas
Farmers market
Problemas médicos
Otro

4 What would you like to have addressed at the upcoming WIC appointment?
Post Partum anxiety and depression
Baby Feeding
Recipes
Food preparation
Farmers market
Medical concerns
Other

Encuesta de REDCap sobre los niños de un año
One-Year Old Child REDCap Survey

5) ¿Ha hecho la transición a leche entera?
Sí
No

5. Have you transitioned to whole milk?
Yes
No

6) ¿Cuánta leche entera consume el niño al día?
16 onzas
Menos de 16 onzas
Más de 16 onzas
No bebe leche

6. How much whole milk is the child taking in one day?
16 ounces
Less than 16 ounces
More than 16 ounces
Does not drink milk

7) ¿Cuáles son sus preguntas sobre los tipos de comida que su hijo come?
Quisquilloso con la comida
No come frutas ni vegetales
No come lo suficiente
Come demasiado

Otro

7. What are your questions concerning the kinds of food does your child eats?
   Picky eater
   Does not eat fruits and vegetables
   Does not eat enough
   Eats too much
   Other

8) ¿Ha escuchado hablar sobre 10-5-3-0 (10 horas de sueño, 5 porciones de fruta y vegetales, 3 horas de actividad física/tiempo de juego, 0 bebidas con azúcares, 0 tiempo de pantalla al día para los niños menores de 18 meses)?
   Si
   No

8. Have you heard about 10-5-3-0 (10 hours sleep, 5 servings fruit and vegetables, 3 hours physical activity/play time , 0 sweetened beverages, 0 screen time for child younger than 18 months per day)
   Yes
   No

9. ¿En qué recursos comunitarios está interesada para ayudar a su familia durante este tiempo?
   Programa de Asistencia de Nutrición Complementaria (SNAP)
   Despensas de alimentos
   Guarderia
   Grupo de apoyo de lactancia materna - virtual
   Otro

9. What community resources are you interested in to help your family during this time?
   Supplemental Nutrition Assistance Program (SNAP)
   Food pantry
   Breastfeeding support group – virtual
   Day care
   Other

10. ¿Qué tema le gustaría tratar en la próxima cita de WIC?

    Recetas
    Preparación de comidas
    Farmers market
    Problemas médicos
    Otro

10. What would you like to have addressed at the upcoming WIC appointment?
    Recipes
    Food preparation
    Farmers market
    Medical concerns
    Other

11. ¿Cuál es LA cosa que le interesaría modificar para mejorar su salud general?
    Actividad física
    Comida que debe comer y tamaño de las porciones
    Otro

11. What is ONE thing you would be interested in changing to improve overall health?
    Physical Activity
    Food to eat and portion size
    Other

Encuesta de REDCap sobre los niños de dos a cuatro años
Two-Four Year Old Child REDCap Survey

1) ¿Ha hecho la transición a leche baja en grasas?
   Si
   No

1) Have you transitioned to low-fat milk?
   Yes
   No

2) ¿Cuánta leche baja en grasas consume el niño al día?
   16 onzas
   Menos de 16 onzas
   Más de 16 onzas
   No bebe leche

2) How much low fat milk is the child taking in one day?
   16 ounces
   Less than 16 ounces
   More than 16 ounces
   Does not drink milk

3) ¿Cuáles son sus preguntas sobre los tipos de comida que su hijo come?
   Quisquilloso con la comida
   No come frutas ni vegetales
   No come lo suficiente
   Come demasiado
   Otro

3) What are your questions concerning the kinds of food does your child eats?
   Picky eater
   Does not eat fruits and vegetables
   Does not eat enough
   Eats too much
   Other

4) ¿Ha escuchado hablar sobre 10-5-2-100 (10 horas de sueño, 5 porciones de fruta y vegetales, 2oras de actividad física/tiempo de juego, 1 tiempo de pantalla al día 0 bebidas con azúcares,)?
   Si
   No

4) Have you heard about 10-5-2-0 (10 hours sleep, 5 servings fruit and vegetables, 2 hours physical activity/play time , 1 screen time for per day, 0 sweetened beverages)
   Yes
   No

5) ¿En qué recursos comunitarios está interesada para ayudar a su familia durante este tiempo?

   Programa de Asistencia de Nutrición Complementaria (SNAP)
   Despensas de alimentos
   Guarderia
   Grupo de apoyo de lactancia materna - virtual
   Otro

5) What community resources are you interested in to help your family during this time?
   Supplemental Nutrition Assistance Program (SNAP)
   Food pantry
   Day Care
   Other

6) ¿Cuáles son sus preguntas sobre los tipos de comida que su hijo come?
   Quisquilloso con la comida
   No come frutas ni vegetales
   No come lo suficiente
   Come demasiado
   Otro

6) What would you like to have addressed at the upcoming WIC appointment?
   Recipes
   Food preparation
   Farmers market
   Medical concerns
   Other

7) ¿Cuál es LA cosa que le interesaría modificar para mejorar su salud general?
   Actividad física
   Comida que debe comer y tamaño de las porciones
   Otro

7) What is ONE thing you or your child would be interested in changing to improve overall health?
   Physical Activity
   Food to eat and portion size
   Other