

Using QI to Inform Essential Needs Policy Change

Elevating patient and WIC participant voices to identify barriers and solutions with WIC enrollment and access.

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BACKGROUND

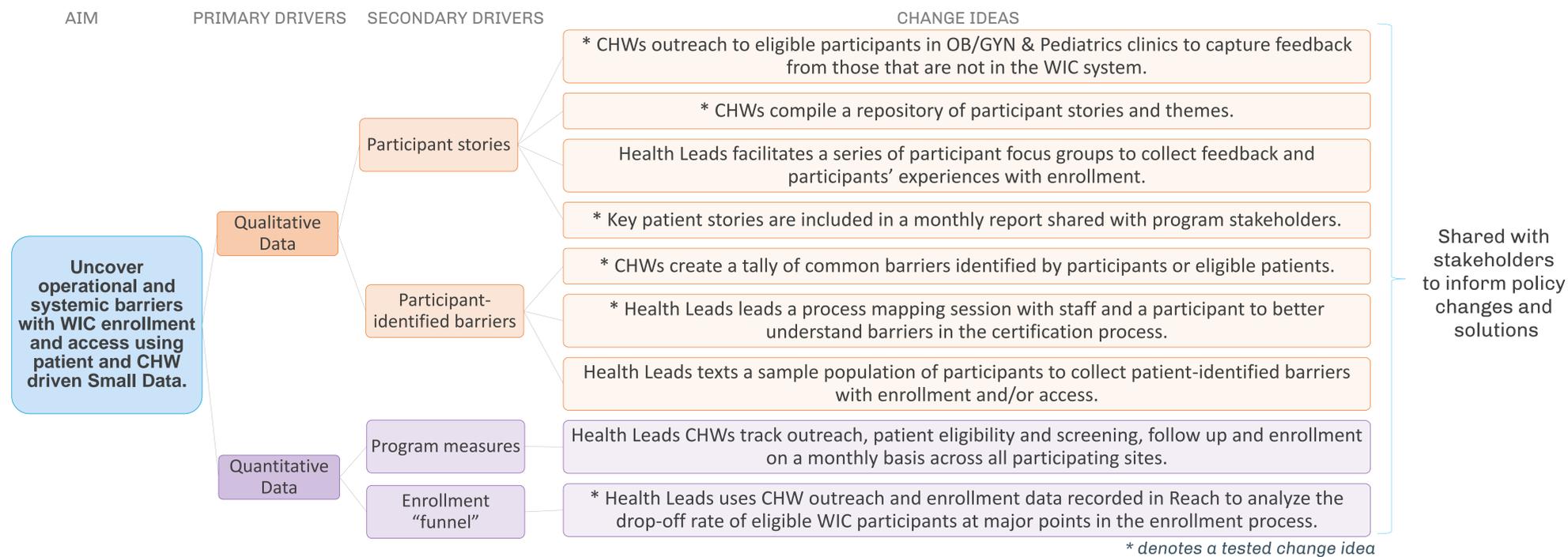
In 2017, The Robin Hood Foundation, NYC Health + Hospitals (H+H), Health Leads (HL) and 5 Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) sites in New York City formed a 2-year pilot to better understand existing barriers and gaps with WIC enrollment and access in New York. 3 HL Community Health Workers (CHWs) at the core of this pilot have been providing WIC program and benefit education, facilitating WIC enrollments, and leading the collection and documentation of patient experiences with WIC.

We hypothesize that Small Data can effectively inform WIC policy changes and improvements at the clinic and state levels. Small Data is described as “a practice owned and directed by those who are contributing the data”¹, in this case: eligible patients, WIC participants and WIC CHWs. The pilot CHWs are testing this hypothesis by working with patients to collect and document relevant data and stories through numerous channels. These Small Data, and related findings, are shared with participating WIC clinic leadership and the state on an on-going basis to support policy changes for improved WIC access, enrollment, and retention.

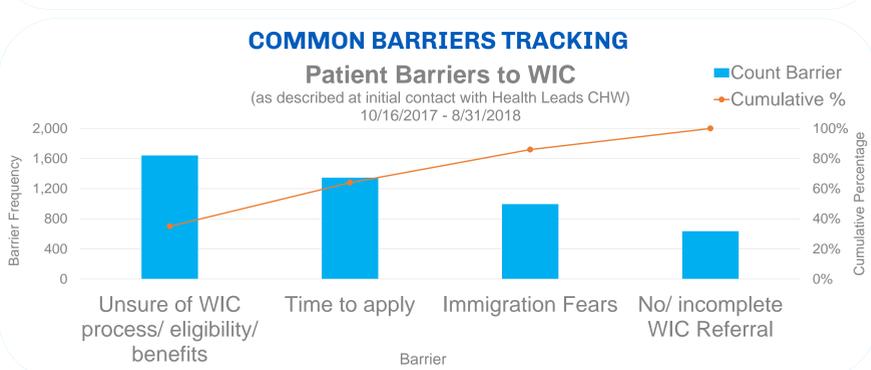
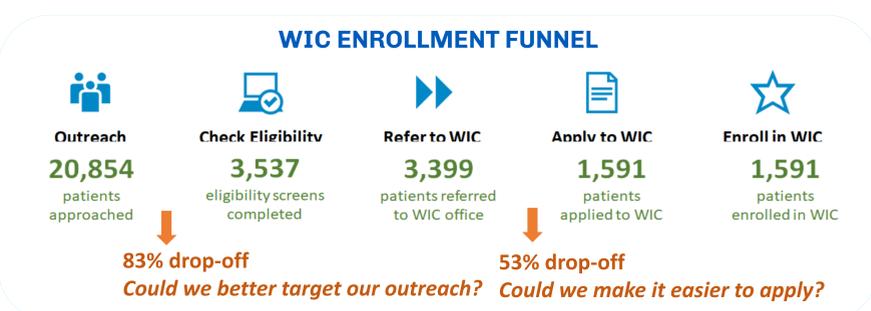
AIM STATEMENT

By August 2019, we aim to uncover operational and systemic barriers with WIC enrollment and access using patient and CHW driven Small Data. We plan to share this learning with WIC clinic and state stakeholders to inform program improvements and policy changes.

PROJECT DESIGN



TESTED DATA COLLECTION APPROACHES



PARTICIPANT STORY BANK EXAMPLES

Common Barrier Story: A new pregnant client went to the WIC office in-person 3 times to be enrolled. The client said, "it was a lot of running around that I had to do and on foot." The client was turned away at the WIC office multiple times because she did not present the WIC form or have an appointment. She was told the OB clinic pregnancy passport cannot be used as the proof of pregnancy. On her third visit, the pregnancy passport was accepted. The client said, "I presented the same exact proof of pregnancy - pregnancy passport - that I presented the first time." The client was told she still needs to bring back the completed WIC form at her next WIC appointment in December. **Learning & Impact:** WIC leadership at this site have confirmed that clients can schedule and enroll in WIC using the OB clinic's pregnancy passport in place of the WIC medical referral form.

Patient Experience Story: Undocumented pregnant client with no health insurance expressed fear with applying for Medicaid or WIC benefits because of concerns around "owing the government" and having to pay them back. The CHW provided information for consultation with immigration services. However, patient chose to terminate the pregnancy several weeks later. **Learning & Impact:** **Patients are fearful of programs and services designed to support them.** Feedback from patients can help further identify root causes to these stressors.

SHARING WITH WIC & STATE STAKEHOLDERS

Our data are shared with stakeholders at the WIC clinic and state levels through a number of channels:

- Key patient stories are included in monthly reports shared with stakeholders at all levels
- CHWs dedicate time and effort to uplifting patient stories and experiences to clinic staff and leadership while on-site
- CHWs meet with WIC leadership on a regular basis to share barriers, patient stories and feedback
- Health Leads meets with state WIC stakeholders on a regular basis (bi-annually in year 1, quarterly in year 2) to share key themes, stories and findings from the patient and CHW driven data. Health Leads and state WIC stakeholders have created a shared learning agenda for year 2 of the pilot.

LEARNING & NEXT STEPS

Small Data support important learning and idea-generation at the state level, as well as learning and improvements at the WIC clinic level. **All teams involved in this project value having WIC participant and CHW driven experiences and stories to inform WIC policy and process decisions.** Below are examples of how these data are informing potential policy changes at the state level and improvements at select WIC sites:

Learning & potential solutions at the state level:

- Data sharing between Medicaid and WIC to make auto-certification possible
- Client facing electronic scheduling of appointments**
- Off-site certifications in clinic waiting rooms**
- Increase feedback from WIC participants to improve satisfaction and retention on program

Learning & improvements at select WIC clinics:

- Using the most lenient state policies:
 - Reinforcement with WIC staff of new state policy that no longer requires WIC referral form to be presented for certification
 - Reinforcement with WIC staff of state policies that allow for temporary certification and one month of WIC benefits, when participant is missing one document
 - Use electronic proof when possible
- Streamlining the appointment process:
 - Reserve appointment slots for patients referred by CHWs
 - CHW morning walk-in hours for same-day benefits
 - Enable CHW to schedule appointments over the phone for patients previously on WIC

**possible after system change to NYWIC

¹ Blair, D., D'Ignazio, C., & Warren, J. (2014). *Less is More: The Role of Small Data for Governance in the 21st Century*. Digital Governance. https://i.publiclab.org/system/images/photos/000/008/189/original/CEGOV_Digital_Governance_2014_Chapter6.pdf.