

# Chapter 10

## Caseload Management

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Local agencies should actively implement strategies to maintain or increase caseload. It is the responsibility of all WIC staff, regardless of their role in the clinic, to engage in outreach activities that can extend the reach and effectiveness of the WIC Program. The purpose of this chapter is to provide policy and guidance on managing caseload, understanding barriers to participation, conducting outreach activities, creating referral agreements; developing an outreach plan and documenting outreach efforts.

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**Required Local Agency Written Policies And Procedures**

- Local agencies must have a written Local Agency Retention and Outreach Plan to build caseload and improve delivery of service, including the agency's plans to target services to the highest priority groups. (Section 5, page 15 and Attachments 5 and 6)

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## Caseload Management

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Caseload management involves using the tools and resources available to make decisions that maintain and grow caseload. Caseload management evaluates program operations that are aimed at retaining those participants already enrolled in the program, encouraging active participation, and reaching new families and participants.

Caseload reflects the average participation over time. Caseload allocation to local agencies is made by CNSS annually by examining participation rates. Local agencies are required to maintain active participation in the WIC Program, which is at least 97% of the base caseload.

### ■ Participation

Active participation means the sum of:

- (1) The number of persons who received supplemental foods or food instruments during the reporting period;
- (2) The number of infants who did not receive supplemental foods or food instruments but whose breastfeeding mother received supplemental foods or food instruments during the report period; and
- (3) The number of breastfeeding women who did not receive supplemental foods or food instruments but whose infant received supplemental foods or food instruments during the report period.

Participation is tracked and monitored monthly. Funding may be reduced if the average monthly participation falls below 97% of the base caseload. Likewise, additional funding may be provided to the local agency if the average monthly participation rises above 100% of the base caseload assignment, at which time the base caseload assignment will also increase through the issuance of an Agreement Addendum Revision.

### ■ Caseload Management Strategies

All staff in the local agency should be involved in caseload management. Strategies used to manage caseload include:

- ▶ Monitor trends in participation: Not only is it important to track for the current year, but local agencies should track their participation from year to year.
- ▶ Monitor changes in participant characteristics: Changes in participant category and race and ethnicity should be identified to guide recruitment and retention efforts.
- ▶ Evaluate the local agency's appointment schedule: Evaluating local agency clinic appointment characteristics may provide information useful in making decisions that will impact participation.
- ▶ Monitor No-show Rates: No-show rate is the percentage of applicants and participants that failed to attend their WIC appointment scheduled in Crossroads. No-show rates do not

include walk-ins. Staff should utilize the no-show rates displayed on the master calendar and/or the *Participant Appointment Show Rate Report* in Crossroads to monitor no-show rates monthly. Local agency staff must evaluate current practices and implement strategies to reduce no-show rates. These strategies may include, but are not limited to:

- Appointment reminders via telephone, email or text to participants prior to their scheduled appointments.
  - Call, email, text participants to reschedule missed appointments after their missed appointment.
  - Routinely send optional notices in the mail in addition to notifications required by WIC program policy (refer to Chapter 6D).
  - Survey participants to assess reasons for missed appointments.
  - Implement a more flexible appointment process like open-access or same-day scheduling.
  - Schedule extra appointments to account for no-shows.
- ▶ Utilize Crossroads Reports: Use Crossroads reports to assess caseload trends and develop strategies to increase participation. The following reports may be helpful in managing caseload:
- Total Participation by Category and Priority
  - Participation by Category, Priority, and Age for Children
  - Participation Report by Race-Ethnicity
  - Summary of Actions Due Listing
  - Participants Who Fail to Pick Up Benefits
  - Issuance Due Report
  - Participant Appointment Show Rate Report
  - Initial Certification Appointments Made Outside of Processing Standards
  - Daily Appointments to be Rescheduled
- ▶ Utilize Additional Community Data: Use community demographic data to target outreach efforts to potentially eligible groups in the local community and to determine how well the agency is serving the WIC-eligible population in the community. The following data may be helpful in managing caseload:
- WIC Agreement Addenda Data by Process Outcome Objectives
  - Population at Risk Reports
  - Community Health Assessment Data
  - Reports available through reputable sources like: The State Center for Health Statistics, US Census, USDA's Economic Research Service
- ▶ Assess Clinic Environment and Flow: Use clinic observation tools to assess the local clinic environment to ensure that all applicants and participants have a more positive and welcoming experience. Identify ways to create a clinic environment that is participant-centered. Evaluate wait times and clinic flow efficiency and look for areas that need improvement or change.

- ▶ Evaluate Participant Access to and Satisfaction of WIC Services: Utilize customer surveys to collect information identifying barriers or potential barriers to participation. Local agencies should make every effort to reduce barriers when possible.
- ▶ Strategically Plan Retention and Outreach Activities: Local agencies must develop an outreach plan that involves all staff with the intention of building and sustaining caseload and improving service delivery.

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## Participant Retention

### ■ Eliminating Barriers To Participation

WIC Programs should actively assess and work to eliminate any potential barriers to program participation. Local agencies should review their procedures, survey current participants, identify any potential barriers to participation, and work toward solutions to eliminate or reduce these barriers. Local agencies should take steps to ensure participants do not have excessive wait times and provide appointment times for participants who work or are in school. The table below outlines some common barriers to participation and offers approaches to resolving them.

<b>Potential Barriers</b>	<b>Possible Solutions to Reducing Barriers</b>
<b>Inconvenient appointment times and/or limited hours of operation</b>	<ul style="list-style-type: none"> <li>▪ Offer lunch time, evening, and/or weekend clinic hours.</li> <li>▪ Offer remote services over the telephone or with videoconferencing as possible and appropriate.</li> <li>▪ Recommend that participants assign a Parent/Guardian 2 and/or Caretaker to complete WIC services.</li> <li>▪ Recommend that participants assign proxies to attend Nutrition Education and Food Benefit Issuance appointments.</li> <li>▪ Offer online nutrition education and remote issuance options for low risk nutrition education.</li> </ul>
<b>Difficulty keeping appointments</b>	<ul style="list-style-type: none"> <li>▪ Accommodate walk-in applicants and participants, when possible.</li> <li>▪ Coordinate appointments with other family members.</li> <li>▪ Coordinate appointments with other clinics, when possible.</li> <li>▪ Ensure participants do not have excessively long appointments.</li> <li>▪ Offer remote services over the telephone or with videoconferencing as possible and appropriate.</li> <li>▪ Consider “Open Access” appointment scheduling.</li> <li>▪ Routinely provide appointment reminders.</li> <li>▪ Survey participants to determine why they do not keep appointments to better understand barriers.</li> </ul>
<b>Transportation difficulties</b>	<ul style="list-style-type: none"> <li>▪ Establish satellite sites.</li> <li>▪ Recommend that participants assign Parent/Guardian 2 and/or Caretaker to complete WIC services.</li> <li>▪ Recommend that participants assign proxies to attend Nutrition Education and Food Benefit Issuance appointments.</li> <li>▪ Offer remote services over the telephone or with videoconferencing as possible and appropriate.</li> </ul>

	<ul style="list-style-type: none"> <li>▪ Schedule appointments to facilitate transportation arrangements for individual.</li> <li>▪ Work with participants’ schedule to accommodate their needs.</li> <li>▪ Offer online nutrition education and remote issuance options for participants.</li> </ul>
<b>Language barriers</b>	<ul style="list-style-type: none"> <li>▪ Recruit bilingual staff (add preference for bilingual qualification to all job postings).</li> <li>▪ Include commonly spoken languages on clinic signage.</li> <li>▪ Offer staff training in cultural competence.</li> <li>▪ Support staff efforts to learn/improve non-native language skills.</li> <li>▪ Utilize language lines when interpreters are not available.</li> </ul>
<b>Limited coordination of WIC Program with other agencies</b>	<ul style="list-style-type: none"> <li>▪ Schedule WIC clinic visits to coincide with prenatal, postpartum family planning, or well child clinic visits, when possible.</li> <li>▪ Use medical information from other sources when available, but do not require it.</li> <li>▪ Coordinate nutrition education contacts.</li> <li>▪ Build a WIC Outreach Network (refer to Section 3) to better understand where coordination can be strengthened and ensure staff from other agencies encourage continued WIC participation.</li> </ul>
<b>Negative WIC experience</b>	<ul style="list-style-type: none"> <li>▪ Ensure all staff are practicing good customer service.</li> <li>▪ Provide staff training in customer service.</li> <li>▪ Utilize “Customer Satisfaction” surveys to determine areas that need improvement.</li> <li>▪ Offer extended hours of service.</li> <li>▪ Review local agency policies to ensure policies place no undue barrier on the participant.</li> <li>▪ Establish a child-friendly waiting room and clinic area.</li> <li>▪ Crosstrain staff to improve clinic flow.</li> <li>▪ Clearly explain WIC program policies to participants as needed.</li> <li>▪ Educate participants about the WIC program benefits including what to expect during their certification appointments.</li> </ul>

■ **Expanding Certifications Outside Of The Local Agency**

To increase access to WIC services, local agencies may consider expanding services to different parts of their county or to partnering agencies that serve WIC-eligible families. Conducting WIC services in partner agencies that serve WIC-eligible families like Head Start, hospitals, and Department of Social Services (DSS) expands the local agency’s reach.



Prior to establishing procedures for certifying individuals outside of the local agency, staff must decide if it is an efficient and effective utilization of agency resources. When making this decision, staff should consider the following:

- ▶ Staffing: Does the local agency have enough staff to expand services?
- ▶ Equipment: Does the agency have the additional equipment needed?
- ▶ Cost: Is there additional cost associated with opening another site? And if so, is it in the agency's budget?
- ▶ Return: How many additional participants will you be able to serve? Is the site located in an agency that serves the WIC-eligible population?

Local agency staff should meet with staff in the identified partnering agency to discuss the proposal and its implementation.

Discussion topics must include:

- ▶ WIC Program integrity requirements
- ▶ Collection of medical and nutritional information
- ▶ Provision of program benefits (i.e., food benefit issuance, nutrition education and breastfeeding support)
- ▶ Space requirements
- ▶ Internet needs
- ▶ Confidentiality issues
- ▶ Liability issues
- ▶ Client access
- ▶ Roles and responsibilities of the staff of both agencies

WIC staff will need to complete an agreement or Memorandum of Understanding (MOU) between the agencies involved that describes how WIC services will be provided. The MOU must be approved in writing by the local agency's Regional Nutrition Consultant before any WIC Program services may be provided. Changes to any existing MOU must be reviewed and approved in writing by the local agency's Regional Nutrition Consultant. See Attachment 1 for a MOU template.

Additionally, before a local agency opens a new site, a New Site Request Form for each new site where WIC services will be performed must be submitted to the CNSS Customer Service Desk (CSD).

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## Outreach

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Local agencies are responsible for conducting outreach activities within the respective community to promote and advertise the WIC Program. Such outreach activities ensure that potentially eligible individuals are aware of the WIC Program. Outreach involves a multi-layered approach and should be approached with considered intention. Please refer to Chapter 4, Section 1 for policies and requirements related to providing services to individuals with Limited English Proficiency (LEP) and persons with disabilities.

### ■ Purpose Of Outreach

The purpose of outreach is to:

- ▶ Increase program caseload,
- ▶ Increase public awareness of the benefits of the WIC Program,
- ▶ Reduce common misconceptions about eligibility,
- ▶ Inform potentially eligible persons and encourage participation in WIC,
- ▶ Educate health and social agencies about WIC eligibility criteria for participation and solicit referrals, and
- ▶ Encourage coordination between WIC and other health care providers and agencies to reduce barriers to participation.

### ■ Methods Of Outreach

- ▶ Publicize the availability of the WIC Program. This may include media-related activities like news releases, newspaper feature stories, public service announcements, and digital advertisements.
- ▶ Build a WIC Outreach Network. Connecting with community agencies, organizations, and businesses that serve the same population in the local community can lead to referral partnerships, increased visibility of the WIC Program and opportunities to educate the community about WIC benefits and eligibility. Agencies that may make up a WIC Outreach Network may include but are not limited to (See Attachment 2):
  - Employers of potentially eligible participants
  - Health and medical organizations
  - Hospitals, clinics, and physicians' offices
  - Community assistance and unemployment agencies
  - Social service agencies
  - Religious organizations/advocacy groups
  - Early education/childcare programs
  - Educational institutions

- Agencies serving homeless individuals
  - ▶ Once the outreach network is established, local agencies should provide continual updates regarding the WIC Program to the agencies/organizations. This can be accomplished by routinely visiting the agency, through telephone contacts, sending personal update letters, and/or arranging to provide short presentations on the WIC Program at a staff meeting. Each agency/organization should be contacted at least once a year, and more often if a major change in the WIC Program occurs. Local agencies should maintain documentation of their WIC Outreach Network that includes the name of the organization, contact person and information, and description of connection made.
  - ▶ Maintain a social media presence. Local agencies are encouraged to use social media to engage with WIC participants and eligible families. Local agencies should consult their local public affairs officer or designee for guidance on using social media to promote WIC. See Attachment 3.
  - ▶ Community involvement. Participating in community events like health fairs, festivals, and coalitions increases the visibility of the WIC Program and provides the opportunity to educate the local community about WIC benefits and eligibility.
- **Targeted Outreach**  
WIC services should be targeted to those who would benefit the most from the program. Targeting services to the highest priority groups is particularly helpful in ensuring that those who will benefit most from the program receive WIC services if an agency initiates a wait list.
- High priority populations include:
- ▶ Pregnant women, with emphasis on reaching and enrolling eligible women in the early months of pregnancy
  - ▶ Breastfeeding women
  - ▶ Infants and children in Foster Care, CPS or Child Welfare
  - ▶ Migrant families
  - ▶ Homeless families
- **Plan For Outreach**  
Local agencies must approach outreach with intention, which would include developing a plan that will guide their outreach efforts. Local agencies serving >97% of their base caseload are not exempt from developing an outreach plan and conducting outreach activities. Refer to WPM Chapter 10, Section 5 for details regarding the required Local Agency Retention and Outreach Plan.

■ **Outreach Materials Developed By The Local Agency**

Local agencies are encouraged to develop their own outreach materials that fit the needs of their community. Outreach materials developed by the local agency must contain the local agency's contact information and the nondiscrimination statement (see Chapter 5). Locally developed materials should reflect the culture, ethnicity, and languages of the community served. It is best practice to have local agency-developed materials reviewed by their RNC.

■ **Outreach Materials Available From The Community Nutrition Services Section**

The Community Nutrition Services Section (CNSS) provides local agencies with a variety of outreach materials in English and Spanish. These materials are described on the CNSS website, <https://www.ncdhhs.gov/divisions/child-and-family-well-being/community-nutrition-services-section/wic/staff/outreach>. The outreach materials may be ordered using the CNSS requisition form. Most of the materials are customizable. Local agencies can customize these materials by including local agency contact information (phone number, address and local agency website). For one-sided printed materials, agencies can customize the blank side with information about clinic hours, promote walk-in or late clinics, and documentation needed to apply.

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## Annual Media Release

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It is a program requirement that on an annual basis, each Local WIC Agency send a media release or general advertisement to relevant print, online and/or broadcast media.

### ■ Requirements of the Annual Media Release

The following information must be included in the annual media release:

- WIC eligibility criteria (See Chapter 6A, Section 1)
- Program benefits, including:
  - Nutrition education and counseling
  - Breastfeeding promotion and support
  - Referrals to other health and community resources
  - Healthy foods
- Physical address of the local agency
- The USDA nondiscrimination statement: See Chapter 4 for the complete statement and for proper use of the shortened statement when space prohibits use of the full statement.

### ■ Annual Media Release Examples

The following are examples of print, online, and broadcast media sources that may support local agency WIC Program outreach efforts.

- Print Media
  - newspapers, including weekly community papers
  - periodicals, including magazines published in the local area
  - community newsletters
  - trade association journals
- Online News Media
  - Online news sites
  - Online community newsletters
  - Online community pages
- Broadcast Media
  - radio stations, including community college and university radio stations
  - television stations, including network affiliated stations, Spanish stations, cable-access stations, and community-access stations

### ■ Sample Press Release and WIC Advertisement

Refer to Attachment 4, Appendix A and B for a sample press release and an example of a WIC advertisement. Digital copies of the WIC advertisements in English and Spanish can be found on the Community Nutrition Services Section website: [www.ncdhhs.gov/ncwic](http://www.ncdhhs.gov/ncwic). Local

agencies can design their own WIC advertisements, but it must include all of the required elements.

■ **Non-English Media Releases**

If the local area has a substantial number of residents who speak a language other than English, translate the annual media release into the appropriate language(s).

■ **Documentation Of The Annual Media Release**

The local agency must maintain documentation of the annual media release which includes:

- A copy of the submitted and printed media release;
- A copy of a broadcast schedule for radio or television, or a printout/screen shot of an online advertisement/article.

■ **Working With The Media**

Refer to Attachment 4: Guidelines for Building Media Relations.



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## Local Agency Retention and Outreach Plan

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Local agencies must develop an annual retention and outreach plan that involves all WIC staff to build and sustain caseload and improve delivery of service.

### ■ Local Agency Retention And Outreach Plan Components

Outreach is an active process, the Local Agency Retention and Outreach Plan should be continuously updated throughout the year, and available upon request. Refer to the template in Attachment 5.

- ▶ The purpose of the plan is to:
  - Inform high priority populations about the availability of program benefits.
  - Improve access to services and/or reducing barriers to participation.
  - Engage the community and increase program awareness.
  - Establish and/or maintain an outreach and/or referral network.
  - Improve customer service.
  - Advertise local agency WIC Program services including the Breastfeeding Peer Counseling Program.
  - Encourage continued program participation.
  
- ▶ Each local agency's Retention and Outreach Plan must include:
  - Goal(s): Identify agency specific priorities.
  - Identify the target audience: WIC category.
    - For highest priority groups, identify the specific local agency plans for retention and outreach.
    - For women and breastfeeding women as the target audience, identify the specific local agency plans for breastfeeding promotion and support.
  - Staff responsible: Name and position.
  - Method of outreach: Describe the strategies to be used, community partners to be engaged, and outreach tools/resources needed.
  - Place: Describe where the activity will take place.
  - Timeframe: Provide a timeframe for implementation and follow up.
  - Evaluation: Explain methods of evaluation.

### ■ Maintaining Documentation Of Retention And Outreach Activities

Local agencies must maintain documentation of all retention and outreach efforts including the who, what, when, and where for all activities and evaluation of the effort. Refer to Attachment 6: Outreach Log. Documentation should reflect the local agency's Retention and Outreach Plan. Documentation may include but is not limited to the following information:

#### ▶ Print and Broadcast Media Releases (*Required*).

Retain a copy of all media releases (such as press releases, newspaper ads, radio and television public service announcements), including the following information:

- list of media organizations that received the release;
- a copy of the submitted media release;

- a copy of the printed or online media release with publication date(s); and
  - a copy of the broadcast schedule for radio or television.
- ▶ **Establish and Maintain Collaborative Community Partnerships for Breastfeeding Promotion and Support** (*Required*).
- Establish and maintain collaborative partnerships for breastfeeding promotion and support within the community, particularly those that target or serve the WIC population. Partners could include local hospitals/birthing facilities, local breastfeeding coalitions, health care providers/systems, businesses, workplaces, faith-based organizations, schools and child care facilities. Maintain list of community partnerships and description of resources provided in the WIC Program Outreach Activity Log.
- For a local agency that offers the Breastfeeding Peer Counseling Program (BFPC program), ensure relevant partners have knowledge and information on the BFPC program.
- ▶ **Program Marketing Efforts (Print, Broadcast, Social Media and Public Advertising Campaigns).**
- These may include locally developed outreach materials and materials developed for public advertising campaigns: Retain copies of any materials the local agency has produced for outreach and public advertising (bus wraps, billboards, shopping carts, etc.). Describe the target audience and how these materials are used.
- ▶ **Local Agency WIC Program Website.**
- Document changes made to the local agency’s website to ensure it communicates current information and is participant friendly. Local agency WIC Program websites must include the full nondiscrimination statement or a link to it.
- ▶ **Social Media.**
- Retain a copy of the local agency’s plan to use social media including; who is responsible for maintaining the local WIC agency’s social media marketing efforts and how your agency’s social media presence is promoted and utilized.
- ▶ **Caseload Management Strategies.**
- Describe procedures that are in place to track participation, facilitate continued program participation, and follow up with participants who miss appointments. Examples of these activities may include:
- appointment reminder calls;
  - birthday card mailings;
  - sending missed appointment letters to all missed appointments;
  - evaluating appointment show rates; and
  - managing the master calendar.
- ▶ **Efforts to Build a WIC Outreach Network.**
- Maintain a list of agencies and organizations contacted for outreach. Describe agency staff’s participation on community coalitions, advisory boards or in information sessions with potential partners.

▶ **Community Outreach Activities that Increase Program Awareness.**

Maintain a list of community events attended and describe how the WIC Program was represented and how efforts directed potential participants to apply for WIC.

▶ **Efforts to Improve Customer Service and Increase Program Accessibility.**

Describe any procedures in place to improve the participants' experience and accessibility to the program. Examples may include:

- new sites opened or being considered;
- assistance with transportation;
- extended hours of service; and
- staff training regarding customer service.

▶ **Established Referral Agreements.**

Maintain a description of all referral agreements. Include the following information in the file for each referral agreements:

- name of group and their contact information;
- brief description of agreement, including copies of any Memorandum of Understandings (MOUs); and
- description of provisions to protect participant confidentiality.

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## Sample Memorandum of Understanding Template

### Memorandum of Understanding

Between

(Partner)

and

(Partner)

This Memorandum of Understanding (MOU) sets the terms and understanding between the (partner) and the (partner) to (insert activity).

#### **Background**

(Why partnership is important)

#### **Purpose**

This MOU will (purpose/goals of partnership)

The above goals will be accomplished by undertaking the following activities:

(List and describe the activities that are planned for the partnership and who will do what).

#### **Reporting**

(Record who will evaluate effectiveness and adherence to the agreement and when evaluation will happen)

#### **Funding**

(Specify that this MOU is not a commitment of funds)

#### **Duration**

This MOU is at-will and may be modified by mutual consent of authorized officials from (list partners). This MOU shall become effective upon signature by the authorized officials from the (list partners) and will remain in effect until modified or terminated by any one of the partners by mutual consent. In the absence of mutual agreement by the authorized officials from (list partners) this MOU shall end on (end date of partnership).

**Civil Rights Assurances**

All activities under this contract will be conducted in accordance with Title VI of the Civil Rights Act of 1964 (42 U.S.C.2000d et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C.794), Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.); Title II and Title III of the Americans with Disabilities Act (ADA) of 1990 as amended by the ADA Amendment Act of 2008 (42 U.S.C. 12131-12189) as implemented by Department of Justice regulations at (28 CFR Parts 35 and 36); Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency." (August 11, 2000), all provisions required by the implementing regulations of the U.S. Department of Agriculture (7 CFR Part 15 et seq); and FNS directives and guidelines to the effect that no person shall, on the ground of race, color, national origin, age, sex (including gender identity and sexual orientation), or disability, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity for which Federal financial assistance is received for the administration of the WIC Program; and hereby gives assurances that it will immediately take measures necessary to effectuate this agreement. By providing this assurance, the contractor agrees to compile data, maintain records and submit records and reports as requested by the Community Nutrition Services Section to permit effective enforcement of the nondiscrimination laws, and to permit the Community Nutrition Services Section personnel during normal working hours to review and copy such records, books and accounts, access such facilities, and interview such personnel as needed to ascertain compliance with the non-discrimination laws. If there are any violations of this assurance, the Community Nutrition Services Section shall have the right to seek judicial enforcement of this assurance. This assurance is given in consideration of and for the purpose of obtaining any and all Federal financial assistance, grants, and loans of Federal funds, reimbursable expenditures, grant, or donation of Federal property and interest in property, the detail of Federal personnel, the sale and lease of, and the permission to use Federal property or interest in such property or the furnishing of services without consideration, or at a consideration that is reduced for the purpose of assisting the recipient, or any improvements made with Federal financial assistance extended to the Program applicant by USDA. This includes any Federal agreement, arrangement, or other contract that has as one of its purposes the provision of cash assistance for the purchase of food, and cash assistance for the purchase or rental of food service equipment or any other financial assistance extended in reliance on the representations and agreement made in this assurance. The contract may be renewed annually upon the mutual agreement of both parties. Any renewal shall be negotiated 30 days prior to the beginning of the contract period.

**Contact Information**

Partner name

Partner representative

Position

Address

Telephone

Fax

E-mail

Partner name  
Partner representative  
Position  
Address  
Telephone  
Fax  
E-mail

\_\_\_\_\_ Date:  
(Partner signature)  
(Partner name, organization, position)

\_\_\_\_\_ Date:  
(Partner signature)  
(Partner name, organization, position)

## **Outreach Activity Guide for Local Agencies**

The purpose of this guide is to provide local agencies with a variety of options for outreach activities. It is by no means a list of activities that local agencies *must* complete, but merely a broad list of ideas for outreach. Some activities may not be applicable to all individual local agencies. However, many of the ideas listed here may serve as a springboard for developing a local agency-specific outreach plan. As necessary, ensure information and materials are in languages the persons with LEP can understand and alternative formats that persons with disabilities can understand.

This checklist covers:

- Person-to-person outreach.
- Targeting specific groups, such as Head Start or Migrant organizations.
- Creating referral systems.
- Utilizing media.
- Increasing program accessibility.
- Potential partner organizations

### **Encourage person-to-person outreach.**

- Ask participants to bring friends and family members who may qualify for WIC benefits. Provide written materials for them to give to a friend or relative.
- Host special contests like "Bring A Friend to WIC." The participant who refers the most eligible people to WIC in a specified time wins prizes that have been donated by local businesses.
- Hire WIC participants or volunteers to be outreach workers to recruit women from local communities.
- Remind participants of appointments ahead of time. Make special efforts to get women who missed appointments back, including making phone calls or mailing letters.

### **Target specific groups and families.**

- Create targeted messages to include in the agency's annual media release. Target children to keep them on the program after one year of age.
- Create targeted messages for pregnant women to get them on the program as soon as possible.
- Seek out places where these target audiences may have a presence, such as churches, social services offices, doctor's offices, daycares, schools, and community organizations. Provide outreach material and training to staff for referral opportunities.

### **Create intra-agency referral systems.**

- Ask local Medicaid staff if the local WIC agency may set up a table in their office once a



week to make appointments while their clients wait. Provide literature for potential participants, as well as Medicaid staff. Then reciprocate; invite Medicaid staff to take applications at WIC offices.

- Care Management for At-Risk Children (CMARC), and Care Management for High-Risk Pregnant Women (CMHRP) workers routinely work with clients who may be WIC-eligible. Provide them with information and materials on WIC and discuss their role in getting potential eligible participants into WIC.
- Hold a brown bag or potluck lunch honoring staff in another department. Give a short presentation about WIC and thank them for working so closely with the local WIC agency.
- Provide an in-service or lunch and learn presentation on WIC to immunization staff, public health nurses, school lunch staff and/or school nurses, and community and migrant health workers.

### **Ask the medical community to refer.**

- Meet with doctors who are Medicaid providers or manage large practices, such as obstetricians, pediatricians, and family practice physicians.
  - Explain the eligibility criteria, the benefits of the WIC Program, and how they can refer people to WIC.
  - Provide them with outreach materials and your agency's contact information.
- Share WIC information with childbirth educators, midwives, and maternity and childbirth centers.
- Ask local pharmacists to include WIC information with prenatal and Medicaid prescriptions.
- Talk about WIC with local hospital staff such as social workers, OB and emergency-room nurses and physicians, and administrators. Tell them about WIC and ask them to refer potential clients. Leave outreach materials with your address and telephone number. Some agencies perform in-hospital certifications to new mothers upon delivery.
- Talk with pediatricians, OB/GYN, and family practice physician's offices about the WIC Program. Provide WIC brochures, bookmarks, and WIC Program fact sheets so they can educate their clients about the WIC Program. Provide outreach posters to clinics. Use the sample outreach letter to physicians in your outreach efforts. Visit <http://www.ncdhhs.gov/ncwic> to utilize outreach resources.

### **Build community partnerships that include referral systems.**

- Place a booth at a local store or shopping mall to explain WIC, who it serves, and how to make appointments. Ask permission from the store manager.
- Send information home with students who participate in the school lunch or summer feeding program.
- Create an in-school program for teen moms or develop a way to bring these young women to WIC regularly without missing school.
- Establish a relationship with local university and community college's student health services.
- Ask churches and other faith-based groups to spread the word about WIC. Make sure all churches in your area have WIC flyers or brochures for potential clients.

- Work with Head Start, childcare centers, Smart Start coalitions and other agencies that serve potential WIC applicants.
- Establish a WIC Growth Task Force for the community. Task Force members should include key leaders from the community who serve potential WIC clients, the medical community, and women who are WIC-eligible. Address infrastructure issues and better integration of community resources related to WIC growth.
- Join community coalitions or advisory boards in your community. Make known that you work for the WIC Program. Share information about WIC to let other board members know about the services the Program offers.
- Present WIC information to many different organizations, businesses, and clubs. Offer training to appropriate personnel to inform about WIC which includes a description of the WIC Program, eligibility criteria, the location of local agency and outlying sites (including addresses and telephone numbers), USDA Nondiscrimination Statement, and a contact person.
- Send thank-you notes to all who refer potential clients to WIC. Let them know they are performing an important community service.
- Talk to your public affairs officer about utilizing social media. Establish a Facebook page or Twitter account for your agency. Reach out to different social service organizations on these social media sites. Their participants may be potential participants for your program. Try to update or post to the social media site one time per week.

### **Produce print and broadcast media pieces.**

- Put posters, flyers, or brochures where participants will be. Consider grocery stores, laundromats, childcare centers, resale and thrift shops, maternity shops, church fellowship halls, university student centers and employment offices. Please refer to Chapter 4 in the WIC Program Manual for information about the required non-discrimination statement.
- Use bus cards that travel targeted routes or billboards. They have worked well in many locations.
- Ask local newspapers, television, local cable access stations, and radio stations to play public service announcements and cover stories about your clinics. Get the WIC story in the news. If you expand your hours, open a Saturday clinic, or hire new staff, let people know. Emphasize that WIC is a nutrition program for working families! Make your clinics accessible to working families. Please refer to WIC Program Manual Chapter 10, Attachment 2 for more information about working with the media.

### **Make WIC user friendly and accessible.**

- Provide waiting room toys or activities for children. Ensure a routine for cleaning the toys and the area where toys are kept.
- Minimize waiting time to get an appointment and during clinic visits.
- Encourage staff to attend customer service training at local community colleges
- Ask clients, “What time works best for you?” when scheduling return appointments
- Provide extended hours during lunch, the evening, early morning, or on the weekend.
- Increase the number of sites that offer WIC services.

- Recommend that participants use proxies to pick up food benefits.
- Refer participants to transportation resources.

### **Organizations for Outreach and Referral**

- Community Care of North Carolina/Carolina ACCESS (Medicaid managed care network)
- Child Development Agencies
- Children’s Developmental Services Agency (CDSA)
- Community Action Agencies
- Cooperative Extension: Expanded Food and Nutrition Education Program (EFNEP).
- Healthcare Services:
  - Care Management for At-Risk Children (CMARC) Family Planning
  - Immunization Services
  - Care Management for High-Risk Pregnant Women (CMHRP) Prenatal Care
  - Well Child Care
  - Pediatric Dental Offices
  - Physicians
  - Rural Health Centers
- Department of Social Services
  - Eligibility Intake Workers
  - Work First Counselors
  - Child Support Enforcement
  - Food and Nutrition Services
  - Medicaid Program NC Health Choice
- Domestic Violence Shelters
- Employment Security Commission
- Faith Based Organizations
- Farmers Markets
- Food Bank
- Food Pantries / Meal Programs
- Head Start
- Child Care Centers
- Health Maintenance Organizations (HMO’s)
- Homeless Shelters
- Hospital Birth Center Staff
- Hospital Outpatient Clinics
- Housing Authorities
- Hunger Network / Food Security Organizations
- Indian Tribal Organizations
- Legal Services
- Low-Income Citizen Organizations
- Mental Health Centers
- Migrant and Seasonal Farmworker’s Association

- Organizations that support breastfeeding women
- Substance Abuse Treatment and Counseling Centers
- Smart Start Partnerships
- Urban Indian Organizations
- University or community college student health center

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## Social Media

Social media collectively are websites and applications that enable users to create and share content or to participate in social networking. Social media can be a low-cost and effective communication tool for WIC Programs.

Social media integrates technology, social interaction, and content creation, to collaboratively connect online information. Through social media, people or groups can create, organize, edit, comment on, combine, and share content.

Social networking sites are online communities where people can interact with friends, family, coworkers, acquaintances, and others with similar interests. Most social networking sites provide multiple ways for their users to interact such as chat, email, video, voice chat, file sharing, blogging, and discussion groups.

Some popular social networking sites include:

- Facebook  
Facebook is a community in which individuals ‘friend’ others and share information about themselves, their activities, and their interests. Facebook users can upload photos, videos, send direct messages to other Facebook users, comment on what others have said, play games, support causes, and more. Security can be set so that anyone can see postings, or just friends, or friends of friends. Organizations or groups have "fans" rather than "friends.”
  - Utilizing social media is an inexpensive way to reach potential and existing participants.
  - Post messages, upload pictures and videos for free.
  - Facebook can help create a community. WIC participants on Facebook may feel they are part of the WIC community, and it may be further incentive to stay with the program.
  - Examples for local agencies may include posting recipes, nutrition and/or breastfeeding information, clinic closures, sharing interesting information from other WIC/social service organizations and sharing community events.
- Twitter  
Twitter is a micro-blog. Postings are called "tweets". Each one is limited to a set number of characters. Typically, postings include links to more information. The benefit of Twitter is that the user can quickly scan announcements to find those that are of interest. The user can click the link for more information.
  - Examples for local agencies may include posting healthy recipes, clinic information, breastfeeding information, community information, and information about WIC partnership organizations.

- YouTube  
YouTube is a video sharing website and can also be a way to provide outreach to the community. Establish a channel to upload videos for the public to view. Specific government pages can be created as well. Send the following information to [government@youtube.com](mailto:government@youtube.com):
  - The name of the government, government department, agency.
  - The .gov website URL.
  - The account name registered on YouTube (i.e., the YouTube username).
  - The email address used to manage the account.
  - The type of content to be posted.

Adopting social media into the local agency's WIC Program's Outreach plan is not for everyone. Staff and work time must be devoted to creating and posting content, monitoring site activity, and responding to site users. Consult with the local public affairs officer or designee for guidance on the use of social media.

### **Social Media Best Practices**

1. Consult with the local public affairs officer or designee to obtain information and guidance on the county's social media policy.
2. Become familiar with multiple sites before deciding upon which one the local agency would like to use. There are hundreds of social networking sites available, each with distinct targets, purposes, and functions. Visit the sites to gain an understanding of the participants, the culture, and the functionality.
3. Consider the overall communications strategy and objectives. Before launching a page, make sure social networking activities mesh with the communication strategy and objectives.
4. Be thoughtful about resources. Ensure that adequate resources (time and staff) are available to support ongoing maintenance of the page to keep content fresh and fans engaged.
5. Provide engaging posts and communication material on the site. Incorporate videos, quizzes, games, images, and other materials to actively and repeatedly engage users.
6. Create a comment policy. Develop a policy that covers the response to inappropriate or derogatory comments.
7. Collect and store comments. Develop a system to archive comments.
8. Develop a promotion plan. Establish a promotion plan before launching the page; encourage fans to share and cross promote using other social media channels and web pages.

9. Develop an evaluation plan. Have an evaluation and metrics plan in place prior to launch to determine if efforts are successful. For example, it will be helpful to:
  - Determine how participation will be measured. Evaluation can include simple measures of user engagement (e.g., How many followers/fans/friends does the account have? How many users commented on recent posts?)
  - Take advantage of the analytic packages available on the social networking sites. These can be utilized to determine the number of people (“fans”) participating in the activity and observe how users engage with the site. For example, Facebook Insights are available to users (administrator) who maintain a page for an organization. Facebook Insights allows the administrator to see demographic information and fan interactions with the page over time.

**Be sure to check with the local agency’s public affairs officer before utilizing any type of social media.**



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**WIC OUTREACH:  
GUIDELINES FOR BUILDING  
MEDIA RELATIONS**

## WIC Outreach: Guidelines for Building Media Relations

One way to gain public awareness and support for the WIC Program is through local media – newspapers, radio and television. Working with the media can also help reach potential participants who may not be aware of the important services provided by WIC. Having good relationships with the media can markedly improve the effectiveness of using them for outreach purposes.

Local WIC agencies can facilitate establishing and maintaining positive relations with media personnel by remembering certain guidelines. This publication has been designed to outline several of these guidelines to assist agencies with media interactions. Although the topics in this publication were not written in the format of sequential steps, it might be helpful to consider them roughly in the order as they appear. **Also, it is important to take into account any media rules and regulations specific to the local WIC agency. This includes any social media and internet usage. Be sure to check with the local public affairs officer before utilizing any type of social media.**

As an overview, the guidelines briefly describe the following eight topics.

- Preparing a list of key media personnel
- Characteristics of a newsworthy story
- How and why to prepare a media kit
- How to build media relationships
- How to prepare a fact sheet
- How to write a news release
- Guidance for holding a news conference
- Tips for hosting media visits or interviews

Establish social media tools to help promote the local program. Social media sites include:

- Facebook
- Twitter
- YouTube

Refer to Attachment 3 for more information on incorporating social media into local agency outreach efforts.

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## 1. Preparing a Media List

Compile a list of the following local media. Organize each list by market served. Some publications or stations are appropriate for some types of news, but not all.

- Print Media – newspapers, magazines, “shoppers” and other giveaways, and entertainment magazines
- Broadcast Media – radio and television stations

News staff decides what is newsworthy based on what they believe interests or affects their audiences. In the list, include the names, titles, addresses, and telephone numbers of the following key players. Update the media list every four to six months.

- Editors (from city desk, city/county government, health, lifestyle) decide what goes into newspapers and edit the news.
- Reporters on relevant beats for the city/county government, health, lifestyle (at small papers, these might be the same person) write the stories.
- TV and radio producers decide who goes on shows/programs.
- News directors decide what goes on the air.
- Assignment editors decide what goes in the story. They are supervised by news directors.
- Public service directors review and decide which community groups, programs, or projects to promote. Serve as the publication’s (or station’s) liaison to the community.
- Post news stories to the local WIC Program’s Facebook page or YouTube account.

## 2. What News is Newsworthy?

Before contacting the press to cover a story, there must be something newsworthy to say. Remember that the main objective for media coverage related to outreach is to raise public awareness of WIC and to increase WIC enrollment.

What is newsworthy?

- News that no one has ever said or heard before.
- Timely—yesterday’s news is old news.
- Involves a public figure, celebrity, or well-known organization.
- Affects a large number of people.
- Has a human-interest angle. (Success stories with women and children always score high). Include pictures (with consent) and personal stories.
- Visual (for television and news photography).
- Centers on an event or happening.
- Is “good news” such as lower, statewide anemia rates that can be directly tied to WIC.
- Is a variation of a theme already receiving media attention.
- Accessible to the media—give location, time, and other important information.
- Interesting on what would otherwise be a slow news day.
- Unusual or ironic.

### 3. Preparing a Media Kit

Media kits are the primary tools used to attract the media. They provide media personnel with newsworthy and background information in a clear and concise fashion. Their specific purposes are:

- To start a conversation with reporters, editors, or radio/TV staff when making initial contact or requesting time on a talk show, airing of a PSA, or story coverage.
- To distribute at a media event, such as a press conference or charity drive.

Media kits usually consist of a 9” by 12” two-pocket folder and contain any or all of the following:

- News/press release (see page10 – Writing a News Release).
- Biographical sketch of the WIC director and/or other key personnel.
- Fact sheet (see page 9 – Preparing a Fact Sheet).
- Photographs.
- Graphs and charts.
- Collateral and miscellaneous items.
- Contact information.

The outreach folder titled, “Outreach Partner Folder” (CNSS #0068) may provide a starting point for the media kit. Add the pertinent elements from the list above that support your story. Remove any inserts from the folder that may distract from the focus of your story.

## 4. Meeting the Local Media

It is a good idea to get to know the local reporters and editors. Learn what they consider newsworthy, who to call when there's a story idea, timing of deadlines, and other useful information. In return, reporters/editors learn about the local WIC agency and that it is a source of good story ideas and information about the WIC Program.

The local WIC agency should establish itself as friendly to the media, while remembering, that a reporter's job is to seek news. Answer their questions accurately and quickly and offer WIC services and expertise as a "background source" to provide information about public health programs, including WIC. Also, offer to direct questions about other public health issues to the appropriate health department personnel. The key to developing good media relationships is *availability* and *credibility*.

Consider the following tips when developing relationships with reporters.

- A reporter is never completely off duty. If something newsworthy is said, it could show up in the news.
- Offer to review any technical material for accuracy prior to publication or airing.
- Don't try to buy reporter's attention with gifts or flattery. Good reporters can't be bought.
- Don't tell reporters how to do their jobs or ask to see a story before it is printed.
- Don't expect reporters to think something is newsworthy just because the local WIC agency does.
- Don't play favorites among reporters by giving one reporter a story before the others. This may alienate too many people and get less coverage overall.

When making **initial contact** with media personnel, consider the following:

- Make an appointment for introductions with the appropriate reporter, editor, or the public service director, although this may be more difficult in a larger town. Mid to late morning is the best time to visit reporters and editors. They are *very* busy in the afternoons.
- Tell the reporter or editor about the WIC program and provide a media kit. Hand-deliver the media kit to the editor/s of the sections in which the information would best be publicized.
- Depending on time available, offer one or two story ideas for consideration.
- Leave business card with the local agency's name, phone number, and email address.



Once initial contact is made with local reporters and editors, it is important to establish an **ongoing relationship**. The best way to do this is through sending out periodic press releases and holding press conferences when there is important news. Be open to visits from the media.

When there is a story would be important to cover, consider the following steps:

- Identify the media personnel who handle the issue and send them a media kit.
- Call media personnel in advance of sending the information or place a follow-up call to make sure they received it. Fax the information immediately if they have not received it.
- After they have had time to review the information, touch base with the reporter or editor to determine their interest in placing a story.
- Do not hesitate to re-send the information if they have not received it or say they have not seen it.
- Refer to the CNSS resources entitled, “Tips for Talking with Reporters” and “Media Talking Points”, both of which can be found on our website within the following document: WIC Outreach Guidelines For Building Media Relations, [www.ncdhhs.gov/newic](http://www.ncdhhs.gov/newic).

## 5. Preparing a Fact Sheet

Fact sheets should be included in media kits. They contain information about the WIC Program in general and about the project or clinic. The details on a fact sheet may depend on the focus of the press release or public service announcement (PSA). See the WIC outreach folder, “Outreach Partner Folder” (CNSS #0068), for information on the program. All fact sheets should contain the following:

- Name, location, hours, and services provided at the local WIC clinic, including any recent changes, agency’s website and social media sites if any.
- Key dates for special events, such as walk-in blitz clinics.
- A brief summary of the WIC Program as well as its mission and successes. (Include Medicaid savings associated with the WIC Program.)
- Information about WIC services (i.e. nutrition education, WIC foods, referral to other health and community resources, and breastfeeding support), the importance of these services for good health, and the means by which participants obtain them.
- Statistics (e.g., number of participants served last month and any recent changes, amount of food dollars spent in the community last year, number of people potentially eligible for the WIC Program, etc.).
- Eligibility requirements for the WIC Program.
- The USDA Nondiscrimination Statement. (See the WIC Program Manual, Chapter 4.)
- Contact information including names, addresses, phone numbers as appropriate, and program’s/health department’s website.

## 6. Writing a News Release

News releases must be.....

- Timely – News is now. Something that happened yesterday, last week, or last month is old news. If a story isn't timely, hold off. Do not develop a reputation for wasting reporters' time.
- Urgent – Use interesting information and attention-grabbing facts to put the story in perspective.
- Brief and focused – Length should be 1 ½ to 2 ½ pages maximum. Hook the assignment editor or reporter quickly, or they may lose interest and be less likely to cover the story. Isolate the message to be shared and make it clear.
- Important to people – Tell the practical importance of the announcement. What impact will the news have on people's lives? Include a description of the WIC Program, eligibility criteria, location of the local agency (including addresses and telephone numbers), USDA Nondiscrimination Statement, and a contact person to handle future questions.
- Authoritative – Quote appropriate experts.
- Easy to understand – Use lay terms. Scrap bureaucratic, scientific, and medical terminology when possible. If such terms must be used, define it simply and concisely. Do not assume that non-health professionals understand terms that are commonplace in the healthcare world.
- Complete – Begin by answering the six basic questions of journalism – Who? What? Where? When? How? and Why? End with contact information.
- Formatted properly – Put the subject of the press release and the contact person's name and telephone number at the top of the first page. If the press release takes more than one page, write "more" on the bottom of each sheet but the last one. For subsequent pages, repeat the contact person's last name, the topic and page number in the upper left corner. Avoid splitting sentences or paragraphs between pages, even if it means leaving excessive empty space. Type #### centered at the end on the last page. Remember to double-space the text (See Appendix A for a sample press release).
- Photo friendly – Suggest photographic possibilities. Remember to obtain consent form/s when arranging a photo session. The media representative (newspaper, magazine, or TV station) will obtain his or her own consent forms for photos he or she takes.

**NOTE: Remember to include the current nondiscrimination statement at the end of all press releases.**

## 7. Holding a News Conference

News conferences follow a certain style. Remember to.....

- Open with a short statement, lasting no more than 30 to 60 seconds. State the reason for the news conference and give the basic story. The speaker should introduce oneself and explain why s/he is there.
- Introduce key speakers. Never have more than three speakers at a press conference.
- Don't be surprised by questions. Reporters are there to ask questions. It's their job. Be sure to allow plenty of time for questions and answers. Always answer honestly and directly. If the reply requires some thought, stop and take the time to think it through. Do not brush aside a reporter's question.
- Listen closely and respond to each question. If the answer is not known, do not speculate. Write down the question and the reporter's phone number and respond as soon as possible on that and other related information.
- Share media kits. Include vital facts or statistics, staff biographies, the text of the opening remarks.

Carefully select the location and time of the press conference. Consider:

- Location: Are the building and room easy to find?
- Timing: Is the time convenient for reporters? Mid to late morning is usually best to give reporters enough time to write their stories by deadline. Try to avoid a schedule conflict with other events.
- Parking: Is there enough?
- Space: Is the room large enough for all the reporters and their equipment?
- Electricity: Is there sufficient power for reporters' tape recorders, lighting, and sound equipment?

## 8. Hosting a Media Visit/Providing Interviews

When a news reporter asks to visit the WIC clinic and/or to interview the WIC Director,...

- Be prepared! Provide supplemental information such as media kits, fact sheets and research reports. Reporters may need the information to more fully understand the program. Prior to any interview, make a list of all possible questions (including negative) the reporter may ask and develop answers carefully. This will result in conveying the information correctly and concisely, helping to avoid damaging misstatements and making for a more effective spokesperson.
- Be accessible and accommodating. Have professional experts and program recipients available for interviews and photos. Meet reporters at the door and show them where to go. Offer information as requested.
- Know media deadlines. News crews have rigid daily deadlines. If they need something, they generally need it quickly. Mid to late morning is usually convenient for a media visit or interview.
- Be concise. When interviewed, speak in brief, focused sentences. Use layman's terms. Stick to the subject - it's not necessary to say everything known, particularly if it involves proprietary or confidential information.
- Admit to bad news, if necessary but emphasize any positive aspects. Point out what has been done to rectify the negative. Use it as an opportunity.
- Never speak "off the record." Don't say anything that shouldn't be broadcast or printed.
- Don't say "no comment." It is perceived as an indication of guilt and/or dishonesty. Tell reporters that the information will be looked into and will get back to them. Ask for their deadline.
- Don't take reporters' insulting questions personally. It could be a tactic to get the speaker to react angrily. Stay calm and continue to make points rationally.
- Don't argue with reporters or lose one's temper. They're only doing their jobs.
- Make sure the exact question being asked is understood. Reporters don't always ask the right questions. Ask them to repeat the question if it's unclear.
- Be honest; it is much better than lying to a reporter. If the answer to a question isn't known, say so. Defer to another source or offer to find out and call with an answer as quickly as possible. Don't let reporters press for an answer.

- Above all, RELAX. Advise staff in advance when the media is coming. Ask them to act naturally and to cooperate.

### **Television Interviews**

If the local health department receives coverage by a television station and they request an interview, remember to...

- Prepare by selecting “must air” points and stressing them in the interview. Write them out and be sure to watch the time so they all get said. Script the interviewer. Although they may not use all of it, it may help get some of the questions asked.
- First impressions are critical – establish kindness and rapport. Smile and thank the interviewer; call the interviewer by name.
- Maintain eye contact with the interviewer – the “crossover” moment between question and answer is critical to credibility on tough questions. To lose contact could indicate evasion, dishonesty, or anxiety.
- Speak up clearly and distinctly. Maintain an even pace to word delivery. Words should not slur together, nor go too fast or too slowly.
- Emphasize important words – Go up the scale to a higher note. This is a good way to underscore major points. Then, take a slight pause to reinforce the importance of what has been said.
- Do not swivel or lean to one side in the chair. Sit fairly erect with a slightly forward tilt. This will help with energy levels and attentiveness.
- Keep answers short, simple, and free of unfamiliar jargon. Get to the conclusion first, and then explain. (e.g., Good nutrition results in having healthier babies with fewer developmental problems. WIC contributes to good nutrition by providing...)
- Work the organization name into answers, but make the interjections logical and unobtrusive (e.g., “We at the Monroe County Health Department believe...”).
- Offer to bring appropriate visual materials that illustrate important points of discussion. Film or videotape clips are especially desirable
- Refer to “Tips for Talking with Reporters” and “Media Talking Points”. These items are available on the Community Nutrition Services Section website at [www.ncdhhs.gov/ncwic](http://www.ncdhhs.gov/ncwic).

**Radio and Telephone Interviews**

Frequently radio interviews are conducted by telephone. When providing radio interviews, remember to.....

- Ask whether the interview is to be aired live, live-taped, or taped. Turn off any “noise” makers in the office. Cut other telephone calls. Close office door.
- To sound alert, sit up straight in the chair or stand up.
- Don’t shout or whisper. Speak in normal tones over the telephone mouthpiece.
- Tilt mouthpiece slightly away from mouth to avoid “popping” or “hissing.”
- Make sure there is a clear telephone line.
- Watch pauses. “Uh” sounds worse on radio than anywhere else. Silence is better.
- Avoid using numbers unless absolutely necessary. If numbers are needed, use rounded numbers.

## Appendix A: Sample Press Release

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Use agency letterhead

RELEASE: IMMEDIATE (*or date, month, year, and time*)      DATE: (*date distributed*)

Contact: (*Name and telephone number of contact person for more information*)

### **WIC PROGRAM PROVIDES ASSISTANCE FOR ELIGIBLE WOMEN, INFANTS, AND CHILDREN**

(*CITY*) – WIC or the Special Supplemental Nutrition Program for Women, Infants and Children provides supplemental nutritious foods, nutrition education, breastfeeding support, and referrals to health care and community resources to participants. The WIC Program is available at (*insert name and location of local WIC agency*). You may apply for the WIC Program on (*insert days of the week*) from (*insert times of day*).

To be eligible a person must:

- Be a pregnant woman; a breastfeeding woman who has had a baby in the last 12 months; a woman who has had a baby in the last six months; an infant; or a child up to the fifth birthday;
- Reside in North Carolina;
- Meet income eligibility requirements: The gross annual household income cannot exceed 185% of the Federal poverty income guidelines; All Medicaid, Food and Nutrition Services (food stamps) and Work First recipients meet the WIC income eligibility criteria; and
- Have an identified nutritional risk as determined by a health professional.

-MORE-



Page 2

**WIC Program Provides Assistance**

Contact: *(Name and telephone number of contact person for more information)*

For more information about WIC or to make an appointment please visit *(insert local agency name and location)* or call *(insert local agency phone number)*. Or, visit

[www.ncdhhs.gov/ncwic](http://www.ncdhhs.gov/ncwic).


This institution is an equal opportunity provider.

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## Appendix B: Sample of WIC Advertisements

Digital copies of the WIC advertisements in English and Spanish can be found on the Community Nutrition Services Section website at [www.ncdhhs.gov/newic](http://www.ncdhhs.gov/newic).




**WHAT IS WIC?**  
The Women, Infants and Children (WIC) Program is a nutrition program that helps families stay healthy!



**WHAT DOES WIC PROVIDE?**  
WIC provides access to:


- Healthy foods
- Breastfeeding support
- Nutrition education
- Resources for families




**WHO IS WIC FOR?**  
You can participate in WIC if you:

- Are pregnant, a new mom, breastfeeding or have an infant or child under age 5.
- Live in North Carolina.
- Receive Medicaid, Food Stamps, Work First or have a family income less than WIC income guidelines.
- Have a nutritional need determined by the WIC Nutritionist.


**FOR MORE INFORMATION, CONTACT:**



This institution is an equal opportunity provider.




**¿QUÉ ES WIC?**  
El Programa para Mujeres, Bebés y Niños (WIC) es un programa de nutrición que ayuda a las familias a mantenerse saludables.



**¿QUÉ SERVICIOS OFRECE WIC?**  
WIC le ofrece acceso a:


- Alimentos saludables
- Apoyo a la lactancia
- Educación sobre nutrición
- Recursos para las familias



**¿PARA QUIÉN ES WIC?**  
Usted puede participar en WIC si:

- Está embarazada, es madre reciente, amamanta a su bebé o tiene un bebé o un niño menor de 5 años.
- Vive en Carolina del Norte.
- Recibe Medicaid, Cupones de Alimentos, asistencia de Work First o bien, si los ingresos de su hogar son menores a las guías de ingreso de WIC.
- Tiene una necesidad de nutrición determinada por un nutriólogo de WIC.

**PARA MAYORES INFORMES, COMUNÍQUESE A:**



Esta institución es un proveedor que ofrece igualdad de oportunidades.

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Agency Name  
Local Agency Retention and Outreach Plan

**Assessment of Caseload:**

**Trends in Overall Participation**

Participation 24 months ago	
Participation 12 months ago	
Participation 6 months ago	
Current Participation	
% of Base Caseload Currently Serving	
% of Population At Risk Currently Serving	

**Trends in Participation by Category**

	Pregnant Women	Fully Breastfeeding Women	Partially Breastfeeding Women	Postpartum Women
24 months ago				
12 months ago				
6 months ago				
Current				

	Fully Breastfeeding Infants	Partially Breastfeeding Infants	Fully Formula Feeding Infants	Children
24 months ago				
12 months ago				
6 months ago				
Current				

Note any factors that may have contributed to the trends seen in participation:

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**Strategic Retention and Outreach Plan**

Goal: Target WIC Services to Highest priority groups.

Target Audience	Staff Responsible	Method(s)	Where	Timeline	Evaluation

Goal: \_\_\_\_\_

Target Audience	Staff Responsible	Method(s)	Where	Timeline	Evaluation

Goal: \_\_\_\_\_

Target Audience	Staff Responsible	Method(s)	Where	Timeline	Evaluation

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**Agency Name**  
**WIC Program Outreach Activity Log**

Date	Staff Responsible	Type of Contact	Organization Contact Information	Result(s)

Date	Staff Responsible	Type of Contact	Organization Contact Information	Result(s)