



**OUTREACH AND RETENTION**  
**SURVEY REPORT**  
OCTOBER 2018

PREPARED BY



National WIC Association



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The National WIC Association (NWA) provides its members with tools and leadership to expand and sustain effective nutrition services for mothers and young children.



## BACKGROUND AND PURPOSE

The WIC program is facing caseload declines across the country. WIC participation has fallen from a high of 9.2 million participants in 2010 to a current participation level of around 7 million participants.<sup>1</sup> We know that many factors contribute to caseload declines, including an improving economy and declining birthrates, which are outside WIC's control. However, we also know that some factors leading to declining caseloads are within WIC's control. These include, but are not limited to:

- » Lack of awareness or understanding of WIC
- » Negative perceptions of WIC
- » Lack of referrals to WIC
- » Barriers to applying for WIC
- » Transportation issues
- » Difficulties with the WIC shopping experience and clinic experience <sup>2</sup>

**WIC PARTICIPATION HAS FALLEN FROM A HIGH OF 9.2 MILLION PARTICIPANTS IN 2010 TO A CURRENT PARTICIPATION LEVEL OF AROUND 7 MILLION PARTICIPANTS.**

WIC agencies, along with USDA and other WIC stakeholders, are doing their best to address these factors, using a variety of strategies.

The primary way that local WIC agencies strive to recruit participants is through outreach directly to community members as well as through community partners. In addition, state and local WIC agencies engage in a variety of activities to improve the participant experience in an effort to retain WIC participants through the timeframe in which they are eligible. Specific outreach and retention activities vary widely from state to

state and even from local agency to local agency, and many agencies may not know what types of outreach and retention activities their fellow WIC agencies are engaging in. In order for WIC agencies to optimize outreach and retention efforts, it is important that they know what activities are possible, which activities appear promising, how different agencies engage in outreach and retention, and other important considerations.

In early 2017, the National WIC Association (NWA) set out to assess current outreach and retention activities across the country by conducting a survey of our state and local agency members. The purpose of the survey was to examine current practices for outreach and retention in order to:

1. Disseminate these findings
2. Create member trainings tailored to the findings

NWA worked with the association's Reach Them, Teach Them, Keep Them (RTTTKT) task force to design the NWA Outreach and Retention Survey. Task force members, which include state and local WIC agency staff, designed survey questions based on their knowledge of current outreach and retention practices and what additional information they decided would be most useful in expanding their knowledge of these practices. The survey contained 31 questions split into six sections:

1. Local agency outreach and retention activities
2. State agency outreach and retention activities
3. Texting practices
4. Social media usage
5. Training needs
6. Member demographics

<sup>1</sup> <https://www.fns.usda.gov/pd/wic-program>

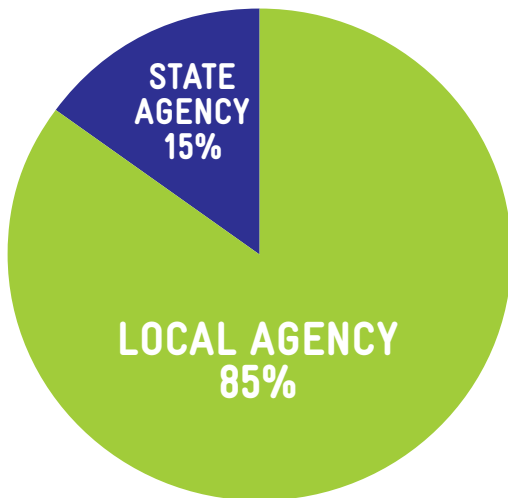
<sup>2</sup> National WIC Association (2013) WIC Client Journey Map. Available online: [https://s3.amazonaws.com/aws.upl/nwica.org/wic\\_journey\\_map.pdf](https://s3.amazonaws.com/aws.upl/nwica.org/wic_journey_map.pdf)



The survey also contained logic, so that answers on certain questions directed respondents to fill out particular sections.

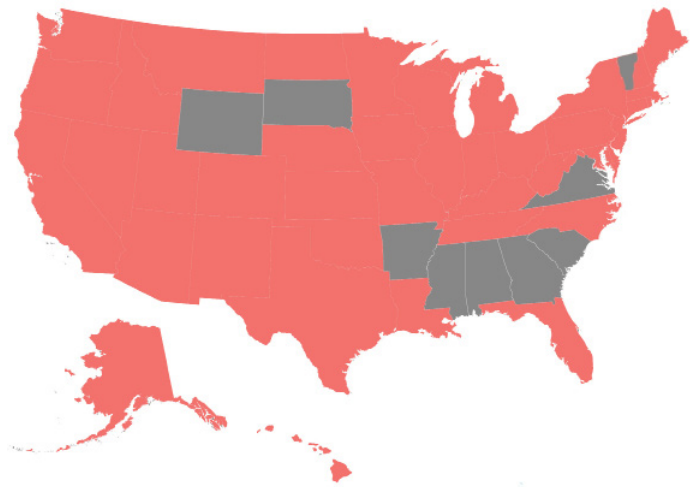
NWA emailed the survey to all current association members in April 2017, which represents about 5,000 people across the country. Members were asked to provide only one response for their state or local agency.

389 WIC staff filled out the online survey. 60 respondents (15.42%) were from a state WIC agency, while 329 respondents (84.58%) were from a local WIC agency (see Figure 1). The respondents represented 43 states (see Figure 2). Not all respondents answered all of the questions in their designated sections.



**Figure 1. Respondent Agency Type**  
States Represented in Survey Responses

Responses were compiled and analyzed by NWA staff and several members of the RTTKT task force. Responses were assessed for indicators such as the percentage of agencies reporting certain activities, processes, and partners and the percentage of agencies reporting the effectiveness of certain activities. The survey responses do not represent an impact evaluation of which activities are effective at improving caseload. Rather, they are self-reported summaries of activities currently being used as well as self-reported perceptions of which activities have led to increased recruitment and retention of participants in a particular state



**Figure 2. States Represented in Survey Responses (red)**  
Please note: Washington, D.C., and Guam are not pictured but also participated.

or local agency. This report is meant to serve as an overview of outreach activities and culminates in a short list of strategies that summarize survey responses.

The Outreach and Retention Survey Report is just one facet of NWA’s extensive efforts to combat caseload declines in WIC. NWA is currently conducting a literature review about recruitment and retention, focusing on which recruitment and retention activities have undergone impact evaluations and what these evaluations indicate about the effectiveness of various interventions. This literature review will culminate in a report that will be shared with NWA members. NWA is also engaged in the following recruitment and retention activities:

- » Managing the National Recruitment and Retention Campaign, a digital and print advertising and branding campaign
- » Co-leading the WIC Access Group, a diverse coalition of organizations all working to improve access to WIC
- » Advocating for the protection of immigrants’ access to WIC
- » Sharing the latest evidence-based findings on recruitment and retention at our conferences, through webinars, and through web-based materials

# RESULTS

Survey responses confirmed that caseloads are declining at the local and state level. Nearly 70% of local agencies and 86% of state agencies reported that their participation has decreased in the past year. In an effort to reverse this trend, agencies reported using the outreach and retention activities described below.

## ACTIVITIES CURRENTLY BEING EMPLOYED BY LOCAL AND STATE AGENCIES

### OUTREACH/RECRUITMENT ACTIVITIES

Some outreach activities are very popular among local agencies, while others are less popular, according to survey responses. The activities are listed below, categorized by most frequently used, used less consistently, and least used by local agencies.

MOST FREQUENTLY USED BY LOCAL AGENCIES	
» Social media (unpaid)	» Displays at community events
» Phone calls or text messages to previous participants and participants who have not picked up checks	» Displays at community partners such as food banks and hospitals
	» Building ongoing relationships with community partners

USED LESS CONSISTENTLY BY LOCAL AGENCIES	
» WIC appointments/ certifications at community partners	» Events at WIC clinics that are open to the public
» Mailers sent to previous participants and other potentially WIC-eligible households	» Promotions on agency websites
» Unpaid media outreach	» Hiring a dedicated outreach coordinator

LEAST USED BY LOCAL AGENCIES	
» WIC appointments and/or displays at grocery stores	» Online WIC applications
» Paid media outreach	» Knocking on doors
» Paid social media	» Promotional text messages
	» Blog posts

### SOCIAL MEDIA (UNPAID)

The majority of local and state WIC agencies use social media to promote WIC. The most common platform is Facebook; less common platforms include Twitter, Instagram, Pinterest, and YouTube. Social media postings focus on topics such as information about WIC (e.g., who is eligible), participant testimonials and stories, healthy WIC recipes, clinic activities, events, and classes, clinic schedules and locations, and farmers market updates. Nearly 68% of respondents said that they would be willing to share posts and images that they use at their agency with others in the WIC community.

While the majority of respondents reported using social media, nearly one quarter of respondents (24%) do not use social media for recruitment and retention purposes (some reasons for not using social media are explored in the Considerations section of this report). Furthermore, while 38% of respondents said they have local agency or clinic-specific social media accounts, 25% of respondents said their social media engagement is through their parent agency or state agency. Finally, only 21% of respondents use social media (i.e., Facebook) to host participant support groups.



## COMMUNITY EVENTS

The vast majority of local agency respondents reported participating in community events such as health fairs for WIC outreach purposes. Local agencies reported many different types of events, locations, and activities. Staffing for events also

varied among local agencies. Most local agencies that participate in community events also reported that they track participants to measure success in a number of different ways. These results are summarized below.

### TYPES/LOCATIONS

- » Health fairs
- » Carnivals/state fairs/festivals
- » Family activity nights
- » Breastfeeding events
- » Nutrition events
- » Baby showers at local medical clinics
- » Pregnancy center classes at local medical clinics
- » Head Start orientations
- » Early school registration
- » Military outreach day
- » Children’s museum events
- » Summer reading events

### ACTIVITIES

- » Most frequent:
  - Providing brochures and answering questions
- » Less common:
  - Sharing recipes
  - Scheduling appointments
  - Leading interactive nutrition games and activities
  - Leading WIC presentations
  - Handing out incentives
  - Coordinating food/cooking demonstrations
- » Least common:
  - Certifying participants
  - Sharing a table with partner organizations with the same audience as potential WIC participants

### STAFFING OF EVENTS

- » Most frequent:
  - WIC nutritionists
- » Less common:
  - Outreach coordinators
  - Clerks/ customer service representatives
  - Peer counselors
  - Lactation consultants
  - WIC directors
  - Competent professional authorities (CPAs)
  - Health department staff
  - Nurses
  - Students/interns

### METHODS FOR MEASURING SUCCESS

- » Most common:
  - Following up with potential participants to make appointments
- » Less common:
  - Including the question “How did you hear about WIC?” in the certification process
  - Giving out incentives at events that can only be cashed in if someone comes to the WIC clinic

Based on the findings from this survey, very few WIC agencies use WIC clinics for events that are open to the public. Just over 15% of local agency respondents reported that they host public events at their WIC clinics as a way to reach new families. Of the respondents who do host public events at WIC clinics, the following event themes emerged:

- » Open houses
- » Movie screenings
- » Breastfeeding events such as picnics
- » Baby showers
- » Gardening events
- » Special events to coincide with national observances (e.g., National Nutrition Month, Mother’s Day, World Breastfeeding Week, national sporting events, etc.)

Events at WIC clinics featured the following activities:

- » Medicaid-enrollment assistance
- » Dental screenings
- » Physical activities like dancing
- » Guest speakers
- » Clothing or toy swaps
- » Games
- » Raffles

One agency reported finding a sponsor for clinic events such as a local health insurance provider.

## COLLABORATING WITH COMMUNITY PARTNERS

The vast majority of local and state agency respondents reported collaborating with community partners to promote WIC. A number of different activities were reported in this category, the most popular being placing WIC displays, fliers, and/or brochures at community sites. Survey respondents were asked to report on which partner sites they have posted outreach materials that they felt were effective in bringing in new participants. In addition to featuring WIC displays, many partners were leveraged for other WIC participant recruitment activities. These results are summarized starting below.

### CASE STUDY

**CONNECTICUT WIC COLLABORATES WITH THE CONNECTICUT BUSINESS AND INDUSTRY ASSOCIATION TO POST EMPLOYER/EMPLOYEE-FOCUSED MATERIALS TO ITS WEBSITE AND MAIL WIC FLIERS TO CONNECTICUT BUSINESSES THAT EMPLOY WIC-ELIGIBLE PEOPLE.**

## ACTIVITIES

- » WIC displays/fliers/ brochures at community partner sites
- » Working with grocery stores to place WIC promotions on baby aisles and near pregnancy tests
- » Convening outreach group or coalition, including all local WIC clinics in the area
- » Establish MOUs with partner organizations and agencies
- » Data-sharing agreements with agencies such as SNAP or Medicaid
- » Providing presentations/ trainings to partners about WIC (including healthcare and social service providers)
- » Trainings for grocery store employees
- » WIC appointments/ certifications at community partners, including hospital certifications
- » Mailing out WIC information to free or reduced-price lunch recipients, to families that receive SNAP or Head Start, and/or to Medicaid patients who are WIC-eligible

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## PARTNER SITES FOR WIC DISPLAYS

- » Most common places
  - Head Start offices
  - Daycare centers
  - Doctors' offices including pediatricians and OB/GYNs
  - Food pantries
- » Less common places
  - Community spaces, including libraries, churches, laundromats, bulletin boards, gyms/recreation centers, apartment complexes (especially low-income or Section 8 Housing), and changing rooms
  - Retailers, including grocery stores, Goodwill, beauty shops and barber shops, dollar stores, pharmacies, restaurants, coffee shops, gas stations, and movie theaters
- Government sites including schools, post offices, health departments, tribal headquarters, military bases, and public assistance offices
- Social service agencies and nonprofit organizations, including welfare offices, foster care settings, homeless shelters, women's shelters, early childhood education centers, unemployment offices, parenting groups, pregnancy resource centers, rehabilitation/ substance-abuse treatment services, United Way
- Dental clinics
- Media, including newspapers, public television, radio, and billboards

## ADDITIONAL COMMUNITY PARTNERS

- » Healthcare entities including hospitals, FQHCs, Medicaid Coordinated Care Organizations and other Medicaid Health Plans, behavioral health centers, refugee clinics, community health workers
- » Farmers' markets
- » Social service organizations including 211 (Essential Community Services); maternity-support services; home-visiting programs; tobacco-cessation groups/ quit lines; employment services; community action agencies; youth centers; and summer free-meal providers
- » Migrant camps
- » Existing coalitions and community organizations focusing on, for example, early childhood education or child health and welfare
- » Local government entities including elected officials; chambers of commerce; environment health departments; domestic violence agencies; county health officials; and cooperative extension
- » Nonprofit organizations, including March of Dimes and YMCA
- » Community leaders, local celebrities, and athletes who can be spokespersons for WIC





## WORKING WITH HEALTHCARE PROVIDERS

One theme that arose from the survey responses was the importance of working with local healthcare providers, hospitals, and Medicaid organizations for recruitment and retention purposes. In addition to installing WIC displays or featuring WIC brochures at doctors' offices, some additional healthcare partnership activities included:

- » Training local healthcare providers on WIC (what is WIC, who is eligible, how to screen for WIC eligibility, etc.). One agency suggested "a lunch and learn" for physicians that offers continuing education credits.
- » Encouraging local healthcare providers to integrate WIC screening and referrals into their medical appointments with potentially eligible mothers and children
- » Developing partnerships with local maternity wards to perform bedside WIC certifications
- » Working with the local, state, or regional Medicaid provider to compare Medicaid enrollee reports with WIC participant reports in order to perform targeted outreach
- » Coordinating with Medicaid providers to automatically qualify people for WIC in their data system and immediately refer them to WIC

## PAID ADVERTISING

Paid advertising is a common activity for state agencies, while local agencies engage in this activity less often. Paid advertising activities include:

- » Participating in NWA's National Recruitment and Retention Campaign (nearly half of survey respondents reported participating)
- » Developing radio PSAs in multiple languages
- » Placing advertisements in grocery store mailers and fliers
- » Advertising on public transportation
- » Using paid social media advertisements

State agencies reported focusing more advertising funds on paid social media advertisements than traditional media advertisements.

Only about half of state agencies reported engaging with the media to receive free airtime on TV or radio to promote WIC. In addition, over 25% of state agencies reported that they never advertise WIC using paid media, and an additional 25% reported using paid advertisements less than once a year.

## RETENTION ACTIVITIES

Local and state agencies also reported on their strategies to retain participants, especially children past age one. Retention strategies fell into four main categories:

1. Making appointments easier and reducing transportation barriers
2. Improving clinics and staffing
3. Improving education and support opportunities
4. Providing incentives.

These strategies are summarized on the following pages.

## CASE STUDY

**ONE LOCAL AGENCY IN MISSOURI REPORTED HOSTING A "BABY CAFE." BABY CAFES ARE COMMUNITY-BASED, DROP-IN BREASTFEEDING SUPPORT SITES OFFERING ONGOING, HIGH-QUALITY LACTATION CARE FREE-OF-CHARGE TO BREASTFEEDING MOTHERS.**



## MAKING APPOINTMENTS EASIER AND REDUCING TRANSPORTATION BARRIERS

- » Text, call, e-mail, or mail appointment reminders and upcoming certification reminders (texts, calls, and emails can be sent using automated system)
- » Missed appointment texts; two-way texting to reschedule missed appointments
- » Offer walk-in hours each week for participants who have missed an appointment
- » Online client portals
- » Online application and/or pre-screening tool
- » Text participants about upcoming clinic closures
- » Work with partners to provide transportation to and from WIC clinics
- » Mobile WIC clinics
- » Mobile market of WIC-approved foods

## IMPROVING CLINICS AND STAFFING

- » Conduct surveys of WIC participants to identify barriers to accessing WIC services.
- » Expanded hours (i.e., weekend and night clinics)
- » Satellite clinics
- » Activities in waiting room (e.g., reading to children, other forms of entertainment for children and adults)
- » Kiosk/computer in waiting room with free internet access and nutrition education
- » Ensure staff are culturally diverse and bilingual to the greatest extent possible
- » Ensure staff are provided with high-quality customer service training and continually monitor quality of customer service
- » Ensure that clinic processes are all designed using a participant-centered approach
- » Ensure that clinic processes are all designed using a participant-centered approach
- » Ensure that WIC salaries are competitive
- » Utilize Americorps volunteers for outreach and retention activities

## IMPROVING EDUCATION AND SUPPORT OPPORTUNITIES

- » Give participants the option of completing nutrition education online or on a smart phone app to reduce the number of times they are required to come into the clinic each year
- » One-way texting to provide:
  - Breastfeeding and nutrition education
  - Reminders for redeeming WIC and FMNP benefits
  - Referrals
  - Clinic activities/events (including parenting and breastfeeding classes)
  - Healthy WIC recipes
  - Clinic schedules and locations
  - Farmers market updates
- » Two-way texting for:
  - Breastfeeding peer counseling
  - WIC moms to announce the birth of their baby
  - WIC moms to ask questions
  - Conducting surveys of WIC moms
- » Reiterate all of WIC's services and policies at each visit (not just the first visit)
- » Ensure that participants know why it's important to stay on the program
- » Dads' and grandparents' programming
- » Provide nutrition education to the whole family
- » Perform home visits
- » Social media engagement with WIC participants (e.g., Facebook groups)
- » Reassure participants that WIC keeps participant information confidential (to assuage fears related to immigration)

*Continued on next page.*



## PROVIDING INCENTIVES

- » Most common incentives:
  - Cups and water bottles
  - Children’s books, including coloring books
  - Birthday cards
  - Cookbooks
  - Bibs
  - Clothes, including aprons
- » Less common incentives:
  - Extra value at farmers markets
  - Plates/bowls/cutlery/cutting boards (including USDA’s “MyPlate”)
  - Toothbrushes
  - Backpack/shopping bags/lunch bags
  - Toys to encourage physical activity
  - Crayons/pencils
  - Breastfeeding covers/supplies
- » When and where to distribute:
  - In the clinic
  - Via the mail
  - At community events
- » Source of funding:
  - WIC funds
  - Public health centers
  - Partners (e.g., Head Start or nonprofit organizations)
  - Farmers’ markets
- » Promoting incentives
  - Promoting in birthday cards or appointment reminders

### TEXTING

While most agencies reported having systems in place to text participants, nearly 40% of survey respondents reported not having the ability to text participants. In addition, only about one-fifth of respondents have the capacity for two-way texting with participants.

### INCENTIVES

Some state and local agencies reported that they are unaware of whether or not incentives are an allowable cost at their agency. In addition, very few state agency respondents reported that they purchase incentives to share with all of their local agencies.

### CASE STUDY

**A LOCAL AGENCY IN KANSAS USES “GRADUATION” BOARDS FOR KIDS WHO TURNED 5 ON THE WIC PROGRAM. THE CHILD RECEIVES A PHOTO, GRADUATION HAT, AND TASSEL WITH THEIR GRADUATION. THE LOCAL AGENCY ALSO POSTS “GRADUATES” ON SOCIAL MEDIA ONCE THEY RECEIVE A CONSENT FORM FROM THEIR PARENT(S).**

### CASE STUDY

**A LOCAL AGENCY IN NEW YORK GIVES OUT INCENTIVES BASED ON A MONTHLY THEME. FOR EXAMPLE, THE AGENCY DISTRIBUTES TOOTHBRUSHES IN FEBRUARY FOR DENTAL HEALTH MONTH, SUNGLASSES DURING SUMMER MONTHS, AND SHOPPING BAGS IN JULY FOR FARMERS MARKET MONTH. PLEASE NOTE THAT SOME OF THESE MAY NOT BE ALLOWABLE INCENTIVE ITEMS IN YOUR STATE OR REGION.**



## ACTIVITIES REPORTED TO BE EFFECTIVE AT INCREASING PARTICIPATION

State and local agencies were asked in the survey to identify which activities have actually led to increases in participation in their region. It should be noted here that the activities described below have not been tested for effectiveness, or at least not within the context of this survey. While some agencies may report that these activities were effective at improving caseload, other agencies may find that these activities are not effective in the context of their agency. Furthermore, state and county-level policies can enable or prohibit some of the activities described, so these activities are not universally applicable.

### OUTREACH/RECRUITMENT ACTIVITIES REPORTED TO BE EFFECTIVE

Survey respondents reported on which partner collaborations they found to be effective in increasing participant recruitment. The partners that both state and local agencies reported to be the most effective were Head Start, doctors' offices (pediatricians and OB-GYNs), and 211 (Essential Community Services).

Local agencies listed many other partners that they have worked with that ultimately led to increased participation. These partners include:

- » Hospitals
- » FQHCs
- » Medicaid Coordinated Care Organizations
- » Behavioral health centers
- » Refugee clinics
- » Food pantries
- » Farmers markets
- » Beauty shops and barber shops
- » Schools
- » Parenting groups
- » Pregnancy-resource centers
- » Rehabilitation/substance-abuse treatment services
- » Maternity-support services
- » Home-visiting programs
- » Existing coalitions

- » Community organizations focusing on topics like child health and welfare or early childhood education
- » Local elected officials
- » Environment health departments
- » Domestic violence agencies
- » March of Dimes
- » YMCA

State agencies reported additional partners that they have collaborated with to increase participation. These include:

- » Daycare centers
- » Churches
- » Apartment complexes (especially low-income or Section 8 housing)
- » Grocery stores
- » Gas stations
- » Movie theaters
- » Health departments
- » Public-assistance offices
- » Newspapers
- » Radio stations
- » Billboard owners

**THE PARTNERS THAT BOTH STATE AND LOCAL AGENCIES REPORTED TO BE THE MOST EFFECTIVE WERE HEAD START, DOCTORS' OFFICES (PEDIATRICIANS AND OB-GYNS), AND 211 (ESSENTIAL COMMUNITY SERVICES).**

In addition to working with community partners, social media usage and participation in community events were also reported to be effective in recruiting new participants. More specifically, the majority of state agencies reported that Facebook is an effective platform for outreach, while some state agencies reported that health fairs and carnivals are effective events for recruiting participants.

## RETENTION ACTIVITIES REPORTED TO BE EFFECTIVE

The two retention activities that agencies reported were most effective were texting participants and providing incentives. More specifically, the majority (54%) of state and local agencies said they saw an increase in retention as a result of texting participants, while a handful of state agencies reported on the effectiveness of incentives. One agency stated that incentive items may be more effective at recruitment and retention than fliers and displays, as incentives can be used and remembered, whereas fliers and brochures may be thrown away and forgotten.

Another agency reported that the most effective incentive programs are “refer-a-friend” incentives. In addition, a number of respondents use promotional campaigns to keep children on the program through their fifth birthday (e.g., “Up to 5 Campaign” and “WIC Beyond One”). Interestingly, while several agencies reported using birthday cards as an incentive to keep children on the program through their fifth birthdays, one state agency reported that in their experience this is not an effective retention strategy.

## GUIDANCE AND TOOLS NEEDED FOR IMPROVING OUTREACH EFFORTS

Survey respondents were asked what information and tools would be useful for improving outreach and retention efforts. When asked to rank a list of seven webinar topics in order of potential usefulness, respondents arrived at the following ranking:

1. Retention strategies for 1-year-olds and beyond
2. Marketing the value of WIC—create a pitch about WIC to sell the program to your partners
3. Free media outreach—what and how to pitch to get local media interested
4. Social media best practices—Facebook, Instagram, and more

5. Survey results—state and local agency outreach practices
6. How to utilize and modify templates for outreach-related materials and resources
7. Chatbots—what are they and how to get one

This indicates that child retention and WIC marketing are topics of great interest for local and state WIC agencies. In addition to these seven topics, respondents would like to learn about the following topics:

- » How to successfully work with community partners to provide WIC materials
- » Why clients don’t continue beyond one year
- » How to utilize VISTA (AmeriCorps) volunteers for outreach and networking
- » Evidence-based ways to provide outreach
- » How to successfully reach the refugee population as well as migrants, farmworkers, and Latinos
- » Which retention strategies are most cost-effective (including incentives)
- » Which technological enhancements make the program more efficient

**CHILD RETENTION AND WIC MARKETING ARE TOPICS OF GREAT INTEREST FOR LOCAL AND STATE WIC AGENCIES.**

- » How to produce and use video clips to tell stories
- » Ways in which state agencies can collaborate on recruitment and retention (sharing best practices, etc.)
- » Ways in which local agencies can collaborate on recruitment and retention (sharing best practices, etc.)
- » How agencies can overcome restrictions in what they can and cannot do with regard to outreach due to agency policies
- » How to motivate employees to work together to improve customer service



- » Which staff qualifications agencies should look for that are pertinent to effective outreach
- » What best practices are there for how to talk to physicians
- » How to best conduct rural outreach
- » How to make grocery store tours more exciting for participants
- » How to conduct local focus groups to learn about participants' needs
- » How to effectively use social media and track engagement
- » How to obtain state and clinic staff buy-in for outreach efforts

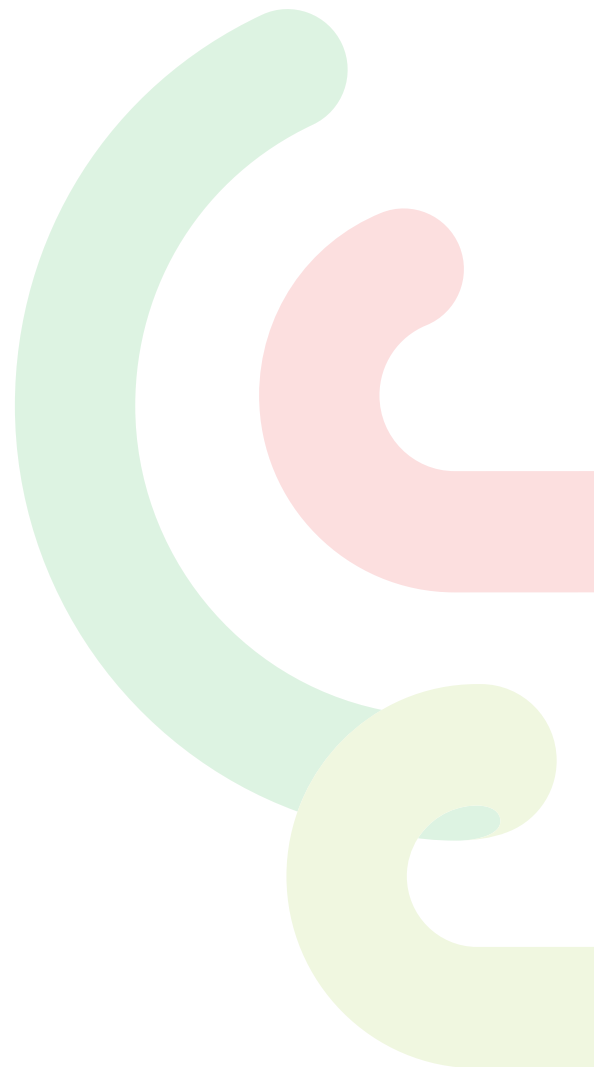
Respondents were also asked which tools (from a list of six tools) would be useful in improving their outreach efforts. Most respondents thought the following tools would be very useful:

- » A library of social media posts that other WIC agencies have developed
- » Pre-written press release
- » Media outreach toolkit
- » In-clinic special event ideas for outreach
- » In-clinic ideas for retention incentives, classes, and special events such as birthday parties

In addition, most respondents thought that a script for approaching community partners would be somewhat or very useful. Other tools that respondents identified included:

- » Sample billboards
- » Mailers for new doctors or community programs
- » Sample mass media PSA (in English, Spanish, and other languages)
- » Video to display in clinic lobby
- » Point-of-sale (POS) materials for WIC vendors

NWA plans to use these findings to develop and disseminate outreach tools and guidance that align with the needs of WIC agencies.



## CONSIDERATIONS

Outreach and retention will not look the same in every state and every locality, as context is very important to state and local decision-making. Contextual considerations can include the unique needs and attributes of the local population being served, state-level policies and procedures, as well as unique funding concerns.

One area of considerable variation between different states is the provision of incentives. A sizeable portion of local and state agency respondents reported not using incentive items in their retention campaigns. Some of the reasons these agencies do not offer incentives include:

- » Insufficient funding
- » A need for guidance from the state agency on whether incentives are allowable expenses
- » State-level policies that prohibit the use of incentives
- » The notion that incentives show favoritism and unfairly highlight certain products
- » Difficulty in measuring the effectiveness of incentives
- » In some cases, the ineffectiveness of incentives in retaining participants

In states where incentives are unallowable purchases based on state policy, survey respondents recommended that local agencies use local funds or donations from community partners.

In addition, some agencies noted that they provide incentives only under certain conditions. For example, if an individual follows certain steps—“liking” their local agency’s Facebook page, completing a certification, attending certain outreach or educational events, and/or if visiting local businesses—then they can receive an incentive item. One state agency respondent also mentioned that their state allows the purchase of only educational incentives.

Another area of state and local variation is the use of social media. One local agency reported that they do not use social media because of HIPAA concerns, and other respondents said they do not use social media because of a lack of training on how to use it.

**OUTREACH AND RETENTION  
WILL NOT LOOK THE SAME  
IN EVERY STATE AND EVERY  
LOCALITY, AS CONTEXT IS  
VERY IMPORTANT TO STATE  
AND LOCAL DECISION-  
MAKING.**



# STRATEGIES TO CONSIDER

Please see below for a list of strategies to consider in your outreach and retention efforts, based on survey findings. These are strategies that have been used by one or more agencies to improve recruitment and retention. Some of these strategies may not work in certain agencies, based on contextual factors such as state-level policies and differences in populations served.

## FOR STATE AGENCIES:

1. If it is an allowable cost, purchase incentive items and share with local agencies.
2. Permit local agencies to participate in NWA's Recruitment and Retention Campaign even if the state is not participating.

## FOR LOCAL AGENCIES:

3. If you are not already providing incentives, explore state-level policies, or speak with your state WIC agency to see if this is an allowable expense in your state.
4. Be sure that your local agency is meeting participant needs and delivering high-quality customer service by conducting periodic participant surveys. Surveys can also include questions about any barriers participants face in accessing WIC services.
5. Consider hosting public events at a local WIC clinic to improve community engagement.
6. Build and maintain strong partnerships with a wide variety of stakeholders. When working with community partners, make sure relationships are mutually beneficial.

## FOR STATE AND LOCAL AGENCIES:

7. Conduct periodic trainings for healthcare providers on WIC. These trainings can focus on what WIC is (beyond just the food package), who is eligible, how to screen for WIC eligibility, etc.
8. Establish a collaborative network, including WIC, OB/GYNs, and pediatricians, to share anthropometric and biochemical information.
9. Work with your local, state, or regional Medicaid, SNAP, and/or Head Start providers to compare enrollee reports with WIC participant records in order to perform targeted outreach.
10. Work with food retailers to:
  - place WIC promotional signage at the front of the store and on key aisles
  - place WIC advertisements in store fliers and mailers
  - remove barriers in an effort to improve the WIC shopping experience
11. If you are already engaging on social media, consider bolstering your efforts. If are not engaging, consider using Facebook or another platform to showcase your agency (if it is allowable).
12. Promote WIC in traditional media, including through earned media (op-eds, press releases, free radio and/or TV PSAs) and paid media (advertisements in newspapers, radio, and/or TV).
13. Work with local TV stations to run state-sponsored advertisements assuring that WIC is not cooperating with Immigration and Customs Enforcement (ICE).
14. In WIC promotional materials, be sure to tailor language and messages to participants' age and social/cultural norms. WIC promotions need to resonate with millennials while also catering to a wide variety of audiences.
15. If you are promoting WIC digitally, consider using videos. Short videos are attention-catching and may be more effective than text or photos.





16. Ensure staff is culturally diverse and bilingual to the greatest extent possible.
17. Provide appointment flexibilities to the greatest extent possible. This includes allowing for walk-in appointments, providing extended clinic hours, allowing clients to schedule appointments online, and other flexibilities.
18. If your agency is not already texting participants, consider introducing this practice (if it is allowable).
19. To add to the evidence base for why WIC participation is dropping, conduct exit interviews when participants leave the program or focus groups with former WIC participants and/or eligible moms who have chosen not to participate. If your agency does not have the capacity to conduct focus groups, consider working with a local research institution or advocacy organization.
20. Collect and analyze data on who is and is not participating. This will enable you to target outreach efforts.

**IF YOU ARE ALREADY ENGAGING ON SOCIAL MEDIA, CONSIDER BOLSTERING YOUR EFFORTS.**



## LIMITATIONS

The survey was designed to gather information about current practices, not to evaluate interventions or produce findings that will lead to conclusive evidence. Therefore, in presenting findings from this survey, we want to clarify that these interventions are ones that have been adopted by certain agencies but may not work for all agencies. In addition, the sample of WIC agencies that filled out the survey may not be a representative sample, and not all respondents answered all survey questions; please bear these limitations in mind as you review the report.

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