Health Leads

COMMUNITY HEALTH WORKERS, LOCALIZED DATA AND THE PATH TO HEALTHIER FAMILIES

Empowering front-line experts, harnessing ground-level data removes barriers to WIC access in New York City

> **"I appreciate the follow-up from my Community Health Worker... ...It's actually what motivated me to keep trying to obtain WIC."**

Though ultimately resolved successfully, the initial string of frustrated text messages sent to a Community Health Worker (CHW) in New York City was not uncommon. As a specialist who helps families access benefits through the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program, she had handled similar situations before.

In this particular case the client, "Emily," explained that she tried two different local WIC sites and had a bad experience at both. At her first visit to a WIC office, a receptionist mistakenly told Emily that she wasn't eligible for benefits after a miscarriage (women who miscarry are, in fact, eligible for WIC up to six months postpartum). A clerk later stated Emily could apply, but would first need to complete additional forms and deliver blood work. Emily obtained the records, but was told by a second WIC office that an ER discharge summary was insufficient even though it included all relevant information. Emily was eventually able to obtain acceptable paperwork from her obstetrician at her follow-up appointment. But by that point, a month had already passed, and Emily still had not been able to access these vital nutrition benefits.

When a CHW next reached out, Emily said she had "given up on WIC." On top of a circuitous, frustrating experience, the simple act of applying over and over again for support served as a reminder of the miscarriage and all the trauma it entailed. Her CHW understood the situation all too well, and connected directly with the leadership at the local WIC office to discuss the issue. The WIC team was incredibly responsive and worked with staff to confirm details of the policy — which verified that Emily had the right documentation to apply. Emily was finally able to enroll in WIC, and credits the follow-up and support provided through this close CHW-WIC collaboration as the reason she ultimately was able to access critical benefits.

COMMON CHALLENGE, UNCOMMON SOLUTIONS

Unfortunately, Emily's story is not unique. Across the country, eligible women and their children experience barriers to accessing WIC benefits every day. Like most public benefit programs, receipt of federal funding for WIC is heavily dependent on compliance with multiple regulations and reporting obligations that can change over time. These requirements often make it difficult for eligible individuals to access services — and put WIC program staff in the difficult position of balancing compliance with supporting individuals in need. In New York State, for example, these systemic challenges can manifest as barriers in several ways:

- *Slow adoption of updated state-level WIC policies:* While WIC office staff are provided with documents and training that outline updates to WIC regulations and requirements, it can take some time for staff to adapt to the new practices. This can result in decreased enrollment rates due to erroneous information and unnecessary steps.
- *Access to bi-lingual staff and translation services:* Language barriers often create serious difficulties for eligible Limited English Proficient women seeking to access and use benefits.
- *In-person appointment requirements:* Limited office hours and required in-person appointments can lead to access issues — especially for working parents and those with young children.
- *Misconceptions of immigration status and eligibility:* WIC is one of the few programs that doesn't ask for participants' immigration status, yet misinformation and rumors often lead women to forego benefits for fear of how it might affect their status.

Underserved women and WIC staff across the United States have been familiar with these barriers for years, but the challenges are not well understood or adequately addressed by healthcare providers and policymakers. That's why the Robin Hood Foundation, NYC Health + Hospitals (NYC H+H) and Health Leads joined in 2017 with five New York City-based WIC sites to better understand existing barriers and gaps in WIC access and enrollment. These partners came together with a deep interest in taking action to overcome challenges women and children face in accessing services that improve health and well-being.

The resulting two-year pilot intervention employed CHWs to accomplish two goals: support eligible women in accessing WIC benefits; and gather detailed data on common barriers to inform potential changes to site-, system- and policy-level processes and procedures. This case study showcases the pilot results to-date — and explains how data collected by those closest to the work (in this case CHWs) can effectively inform implementation of state policy changes at the clinic level. Combined, these improvements can eliminate barriers to program enrollment and increase overall access to essential resources.

STRONG COMMITMENT TO LEARNING & IMPROVEMENT

Pilot partners were driven by a shared motivation to more effectively address barriers in real time — and to take proactive steps to prevent similar issues from arising in the future. Leadership at the state and local WIC offices had an openness and dedication to discussing and learning from on-the-ground feedback, which was critical for the success of the pilot. At the site level, the CHWs and WIC staff meet weekly to reinforce policies and discuss client issues and opportunities for improvement. More immediate, local issues are resolved quickly via phone and email communication between CHWs, WIC staff and leadership. The New York State Department of Health (DOH) and pilot team also meet quarterly to review enrollment trends and client feedback, and actively pursue opportunities for learning and operational improvements.

To facilitate this process, state WIC officials and the pilot team have co-created a learning agenda to understand why individuals who are certified for WIC drop off — and why some previous participants who again become eligible aren't interested in returning to the program. This action-oriented approach to feedback and commitment to learning has been critical to the creation of sustainable solutions that enhance the client experience, improve overall access to resources and more effectively address barriers as they arise.

CORE ELEMENTS OF THE CHW-LED CHANGE INITIATIVE

As understanding of the value of CHW programs has grown, health systems have increasingly explored pilot initiatives that bring care coordination services closer to patient populations. Like any pilot, there are many questions as to how to ensure these initiatives are effective and sustainable in the long run.

The CHW-led New York WIC initiative began with the following core elements:

PROACTIVE OUTREACH

Three CHWs are stationed at and rotate among five of NYC H+H's respective Pediatric and Obstetrics & Gynecology (OBGYN) practices. On site, CHWs access appointment logs and reach out directly, either in person or over the phone, to women with upcoming appointments who may be eligible for WIC. Patients are asked whether they currently receive WIC benefits and, if not enrolled, information is collected on any barriers to enrollment that might help jumpstart the process during the clinic visit.

PROXIMITY

Local WIC sites are located in close proximity to CHW-engaged practices — either within or across the street from each hospital. CHW teams are physically stationed within view of the waiting area at each practice, so that interested patients can receive information and enrollment support while waiting to be seen by the clinician.

HANDS-ON SUPPORT

At the first visit, CHWs review the WIC enrollment process and walk through required paperwork with patients. CHWs answer any questions that arise along the way and, when needed, directly accompany patients to the WIC office. Following the visit, CHWs call patients to learn the outcome of initial WIC visits and troubleshoot any issues. Patients continue to receive CHW support until enrollment is successfully completed — a process that patients have reported to take anywhere from a few days to a few months, depending on appointment availability. When additional needs are identified, the CHW team provides referrals to other community resources. In the case of Medicaid enrollment, which can help to speed up the WIC process, CHWs provide a warm hand-off to the hospital's financial assistance office.

MEANINGFUL CASELOADS, NO QUOTAS

Given the scope of their role, CHWs carry an average caseload of 30-60 clients at any one time. But unlike many other CHWs in New York, this team is not assigned a participant quota. Without hard quotas, the program's CHWs have the time and capacity both to understand and document trends in WIC access and enrollment — as well as to collect participant stories that provide insight into the barriers driving these trends.

FUNDING

Funding from the Robin Hood Foundation provided initial support for Health Leads to hire and manage the CHW team.

PILOT GOALS

This pilot began with a simple premise: as the workforce closest to the clients themselves, CHWs were uniquely positioned to identify and help to address barriers to WIC enrollment. By extension, data collected by CHWs would be an effective channel to inform necessary changes to local hospital and WIC office practices, as well as broader reforms to how city- and state-level policies WIC policies are implemented.

To test this hypothesis, five key goals were established for the pilot:

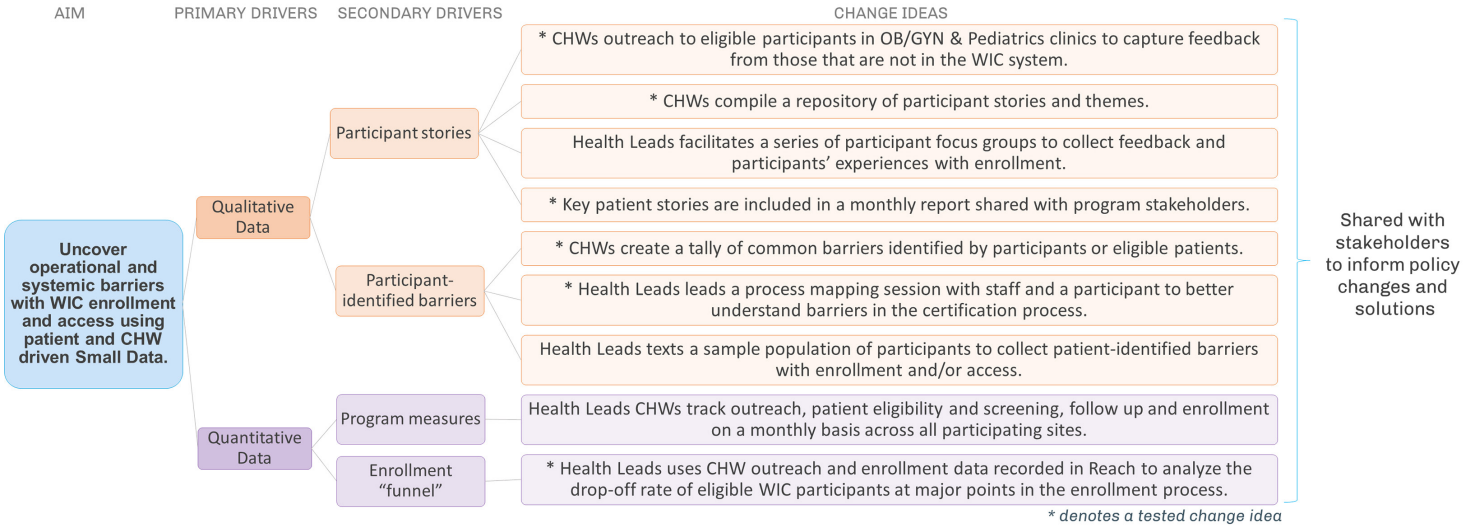
1. Facilitate WIC referrals in NYC H+H Women's Health and Pediatric clinics
2. Identify and address local operational barriers
3. Uncover inconsistencies between New York State WIC policy and implementation at local WIC sites
4. Gather information on participant enrollment and retention, with a focus on understanding:
    a. Why don't qualified individuals ultimately enroll in the program?
    b. Why are previous participants not interested in returning to the program when eligibile again?
5. Prepare for New York's full roll-out of eWIC*, and provide feedback from participants

**By the end of 2019, New York State WIC participants will purchase WIC foods using an Electronic Benefits Transfer card called eWIC. The program is intended to make shopping for WIC foods easier for families.*

DATA STRATEGY

The pilot tested its hypothesis that collecting small data[1] — a practice owned and directed by those contributing the data — would be an effective way to surface potential changes and inform the work. The initiative was designed to create feedback channels through which CHWs work directly with patients to collect and document relevant data and stories.

PROJECT DESIGN



QUANTITATIVE DATA COLLECTION: ENROLLMENT PROCESSES

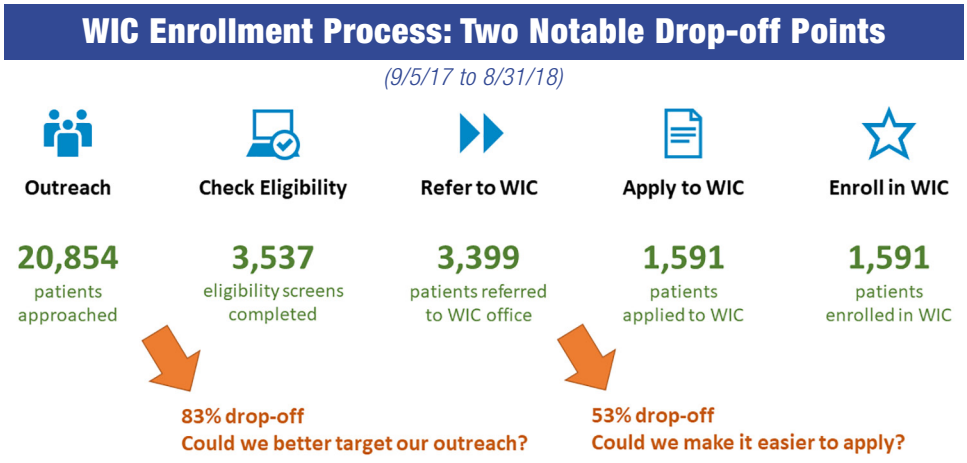
A core principle of the initiative is that data is owned and directed by those who collected and contributed to it. Community Health Workers are therefore directly engaged in testing the initiative's overall hypothesis by helping to collected and analyze data. CHWs currently track and report monthly on outreach, patient eligibility and WIC screening, follow-up and enrollment across the five participating sites. The CHWs, with support from Health Leads, analyze these data points to create an "enrollment funnel" that describes the drop-off rate of eligible WIC participants at major points in the enrollment process.

The collection of key data at each point in the WIC enrollment process is critical to understanding WIC access and enrollment trends at the population level. Program administrators at the state level are able to track the number of applications and beneficiaries enrolled in the program, but information that describes clients' journeys to apply and enroll for benefits has historically not been collected. Providing state administrators access to this information can provide a strong foundation for future policy changes.

Through this initiative, Community Health Workers identified two significant drop-off points:

- An 86% drop between outreach and screening for WIC eligibility; and
- A 46% drop after referrals are made for those who are interested and eligible

This determination allowed CHWs to focus their qualitative data collection and documentation efforts on the most significant, client-identified enrollment barriers.



[1] Blair, D. D'Ignazio, C. & Warren J. (2014). Less is More: The Role of Small Data for Governance in the 21st Century. Digital Governance.

QUALITATIVE DATA COLLECTION: PARTICIPANT STORIES

Community Health Workers recorded clients' real-time stories and feedback on the barriers they experienced when attempting to enroll in WIC. Insights are tracked in a spreadsheet that includes both a description of the encountered barrier and steps CHWs took to help the participant overcome it. Barriers are coded by type to support pattern recognition in aggregate, with trends and participant stories included in monthly reports to pilot stakeholders.

In the first year of the pilot, this process surfaced four key categories of patient-reported barriers to WIC enrollment:*

1. Uncertainty around WIC eligibility, benefits and application processes
2. Amount of time required to apply
3. Fears related to the impact of enrollment on immigration status
4. Challenges with WIC and/or medical referral completion

**Includes individuals who cite these barriers as a reason they have not applied.*

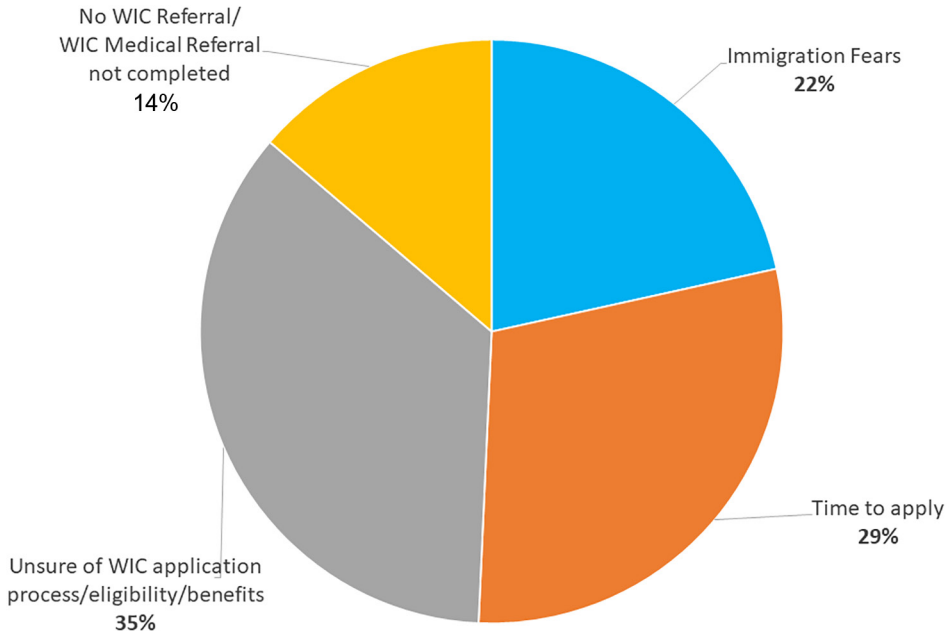
Dual mechanisms to surface barriers to access:

In addition to real-time collection of participant stories and themes, Health Leads facilitated – and continues to convene – participant focus groups to gain a deeper understanding of their experience with enrollment.

Combined, these feedback mechanisms support identification of site-level and broader policy changes that may address the causes of identified barriers.

Patient-Reported Barriers to WIC Access

(10/16/17 to 8/31/18)



PROCESS MAPPING & OPERATIONAL CHANGE

Qualitative and quantitative data collected by Community Health Workers has identified several opportunities for improvement at the site level — and CHWs are involved in the design and implementation of these changes. CHW teams meet regularly with WIC site directors to share challenges raised by participants and report on both trend and outcome data. CHWs also help to troubleshoot operational barriers, such as how to allow participants to schedule visits over the phone as opposed to in-person.

A noteworthy example of operational improvement can be found at Lincoln Hospital, part of the NYC H+H system. The WIC site at Lincoln sought to adapt its WIC certification process to reduce overall wait times and incorporate enrollment-related paperwork into the wait. CHW teams and Health Leads staff led a process-mapping activity to better understand clients' experience with the WIC certification process, from arrival to checkout.

The process map* identified several opportunities to improve site flow and operations, including:

- Assure that all clients receive accurate and consistent information
- Incorporate warm hand-offs between stages of the enrollment process
- Reduce other appointment scheduling mix-ups at the time of certification
- Ensure clients are prepared for WIC appointments with the proper paperwork and documentation

**See the Appendix for the full WIC certification process map.*

The process mapping activity also highlighted the many steps involved for participants and staff themselves. **The CHWs and participants described the impact of this process on the overall experience, including:**

- Participants were overwhelmed by the amount of information they were provided and found the long wait periods between hand-offs to be incredibly inconvenient.
- These experiences were, in fact, barriers to enrollment as participants left confused about what documentation was required for enrollment or how to access benefits, and in some cases, patients were unable to wait the long hours and left the site before completing enrollment.
- The CHWs suggested that the wait times could be used more productively to provide participants access to nutritionists and breastfeeding counselors – both of which met identified needs among participants.

Participant insights from the CHWs helped the WIC and NYC H+H staff make the connection between the processes in place, the experiences of the patient, and low rates in WIC enrollment among eligible participants seeking benefits. This comprehensive understanding led to the site considering what changes can be adopted to improve the experience of participants and staff to ultimately improve enrollment rates among those eligible for services.

INVALUABLE CLIENT/PARTICIPANT ENGAGEMENT

The perspectives of both staff and participants are critical to assessing all aspects of the enrollment experience. This pilot initiative has included input from current WIC clients at each step — which has already led to deeper insight into enrollment challenges and potential solutions. The pilot team hopes to involve a greater number of participants in future program development and review to incorporate a wider breadth of invaluable first-hand experience.

POLICY-LEVEL CHANGE

While operational improvements could certainly be made at the site level, there may also be opportunities to streamline enrollment processes at the policy level. As part of the process mapping activity, the group also brainstormed potential system-level solutions. These ideas were then raised to stakeholders at Robin Hood, NYC H+H, and the WIC sites, who then shared these ideas with the New York State Department of Health.

State Department of Health officials had a particular interest in the patient-level data collected by the pilot. Understanding challenges that can come with higher-volume WIC sites and caseload-driven staffing allotments is critical to addressing emerging barriers. The enrollment data and participant stories collected by the CHWs helped to inform productive discussions about potential policy and policy-implementation changes to streamline processes and improve enrollment.

Understanding that some changes may require state or federal action, the pilot team suggested the following on-the-ground solutions to WIC office:

- Client-facing electronic scheduling of appointments*
- WIC should meet people where they are – perhaps facilitated by new online scheduling*
- 'Access NYC' portal similar to what is available for SNAP*
- Using most lenient state policies to accommodate client enrollment
- Auto-enrollment for WIC-eligible Medicaid recipients
- Allow hospital staff access to WIC systems for referrals and appointments

**Pending e-WIC roll out.*

The pilot team continues to collaborate with the New York State Department of Health as solutions are explored and developed – providing insights into the participant experience and working to maintain program participation throughout the eligibility period. While this collaboration is a work in progress, it is an emerging example of how healthcare and social service organizations can promote changes in policies and implementation at the organizational, local, state and federal level.

LOCAL & STATEWIDE LEARNING

The pilot initiative has already yielded important learning that has fueled changes in WIC policy implementation, both at local WIC sites and in broader statewide considerations – including:

Local Level

Improve enrollment by reinforcing the most flexible state policies with WIC staff, including:

- New policy that no longer requires a WIC referral form to be presented for certification
- Policies that allow for temporary certification (including one month of WIC benefits) in cases where participants are missing a document
- Use of electronic proof of eligibility when possible

Streamline the appointment process by:

- Reserving appointment slots for patient referrals from hospital staff
- Establishing morning walk-in hours for same day visits
- Enabling hospital staff to schedule appointments over the phone for previous WIC participants

State Level

Recommended updates under consideration:

- Improve data sharing between Medicaid and WIC to make auto-certification possible*
- Client-facing electronic scheduling of appointments*
- Explore additional feedback channels like the National Survey of WIC Participants to facilitate improved satisfaction and retention in the program

**Possible after system change to NYWIC.*

KEY TAKEAWAYS

The pilot initiative has already yielded important learning that has fueled change both at local clinics and in broader statewide WIC policy, including:

1. Patient feedback can drive solutions — and the staff closest to clients and communities are often in the best position to collect it.

The work of Community Health Workers to collect participant feedback and share enrollment trends not only allowed the teams to confirm their assumptions about the program, but also shed light onto how barriers manifest for participants. Including first-person experience provided a level of detail and clarity that stakeholders wouldn't otherwise be able to access.

New York City Health + Hospitals' goal was, and remains, that all eligible patients receive WIC benefits. Having conversations about first-person feedback and reviewing the collected data supports this goal by helping to identify improvement opportunities for that are most likely to have the desired impact. The feedback also highlighted areas where WIC site operations could better align with NYC H+H's goals around patient-driven care and patient experience.

> **"This pilot highlights how critical it is for patients to understand the clinic processes – who they can go to for help, where they can find answers. And that's not on them. That's on us."**
>
> – Michelle Zambrano, Manager of Special Programs, Health Leads

Notably, having the CHWs themselves share participant stories, as opposed to a program director, had a major impact on hospital leadership. One NYC H+H leader wrote that it was such a powerful way to explain what is happening at the ground level – and provided perspective and depth that would have been missed by someone less connected to the work.

At the policy level, New York State WIC was receptive to the data and feedback gained through the work of CHWs. Similar to NYC H+H, the insights provided a level of detail that isn't easily accessible to those in a position to make decisions about system change. It also provided evidence and insight to support NYS WIC administrators in exploring options to improve access to WIC and increase enrollment.

2. Health organizations can create capacity for CHWs to support system-level solutions. But success requires strong communication across stakeholders.

Regular and sustained communication with all involved stakeholders has been critical to the success of the pilot so far. CHWs meet with WIC staff on a regular basis to share barriers, patient stories and feedback. This regular communication allows for cross-referencing of referrals to understand outcomes and follow up with patients who may have otherwise been lost.

> **"It can be difficult to have conversations about how patients are not being treated respectfully or given the right information. Maintaining open lines of communication can support CHWs to effectively play the mediator role and advocate for the patient."**
>
> – Elsie Martinez, WIC Community Health Worker

Taking the time to build relationships with the WIC staff was essential for making operational improvements. WIC staff had been accustomed to asking for certain information or documentation in the enrollment process – and it was sometimes challenging to get them to trust in policy changes (that certain documents are no longer required, for example). The CHWs often found themselves in a mediator role — trying to make both staff and patients' lives easier. Understanding the challenges that can come with caseload-driven staffing allotments and knowing the broader circumstances in which WIC staff operate is important. As one CHW noted: approaching a complex system with humility can help to build strong relationships.

On the policy side, Health Leads meets with state WIC stakeholders regularly (every six months in year one, every three months in year two) to share key themes, stories and other findings from participant- and CHW-driven data. Health Leads and NYS WIC have created a shared learning agenda for year two of the pilot.

3. Empowering CHWs to collect and report participant-level data increases CHW satisfaction and reduces burnout.

Breaking out of the usual patient quota orientation to prioritize data collection was a significant shift in mindset for the CHW team. It took time for CHWs to trust that quotas wouldn't become an expectation down the line. But once it was clear that this initiative is focused on understanding and capturing the patient experience, CHWs felt empowered and energized in their work.

> **"We could be more present and engage more fully with patients in understanding their barriers."**
>
> – Patricia Restrepo-Simkus, WIC Community Health Worker

One CHW noted that, while at a training, she observed most of the other CHWs doing system navigation and home visits but not collecting data to support more sustainable change. She reflected on how frequently CHWs see systemic barriers, but can do little about them, which can ultimately lead to burnout. By prioritizing the collection of patient input and feedback, CHWs felt they were identifying and driving toward solutions. They could move beyond a feeling of hopelessness to one of empowerment and possibility for change.

> **"It can be frustrating to encounter the systemic challenges and their impact on individuals on a day-to-day basis. This is what leads to burnout. To know I am working to make the system better is so empowering."**
>
> – Sophia Medina-Pardo, WIC Community Health Worker

NEXT STEPS

In the next phase of the WIC pilot, Community Health Workers will continue to gather patient feedback around barriers to enrollment. Specific focus groups are being convened to examine WIC retention – as well as perceptions of the program's value among those eligible but not receiving benefits. Health Leads works with local maternal health- and youth-focused organizations within the hospitals' catchment areas to identify community members to participate in the focus groups. The intention is to maximize the diversity of perspectives collected on WIC programs, as well as to develop new community networks through which WIC information can be shared.

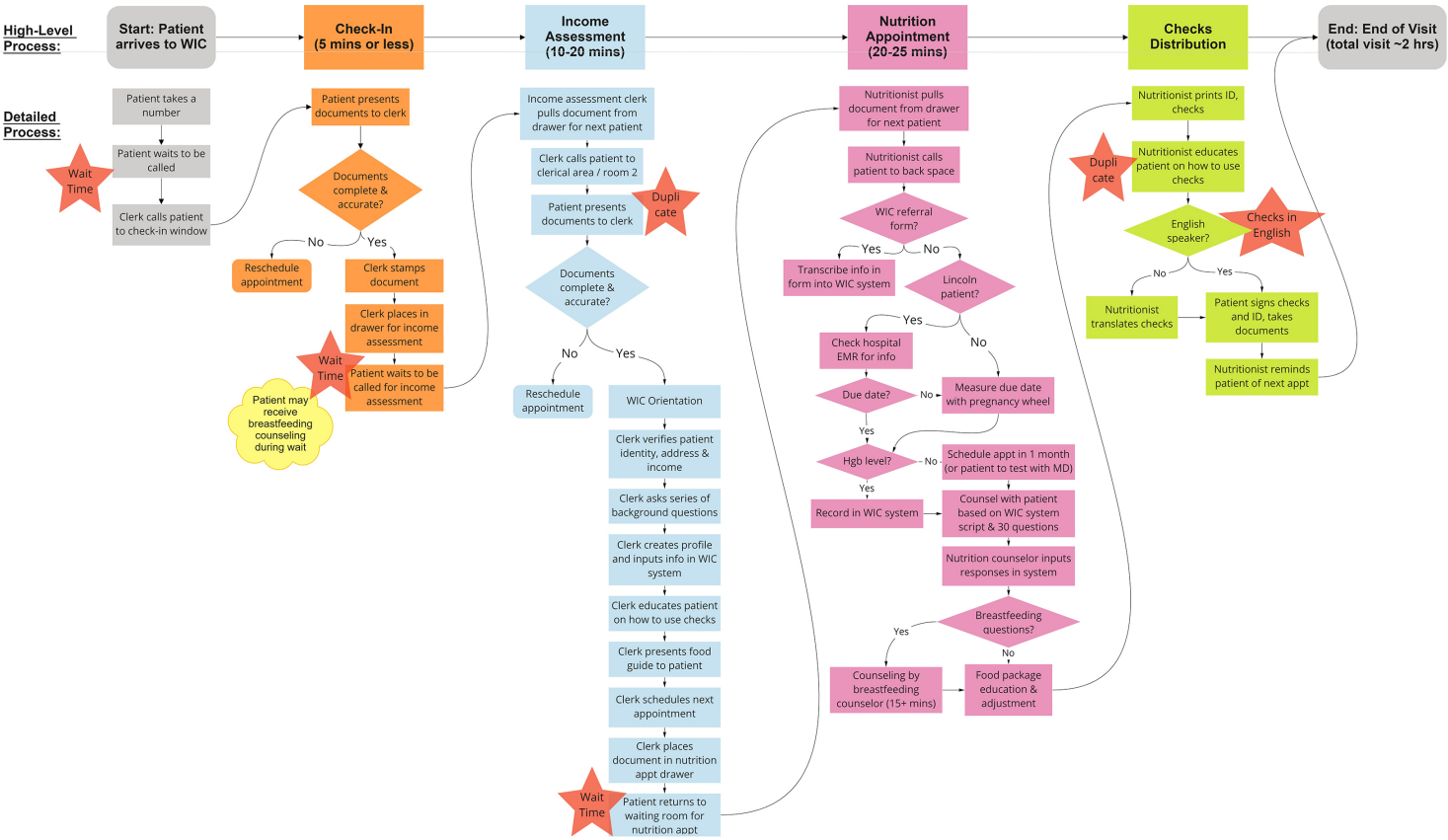
Feedback gathered through the focus groups will be regularly compiled and shared with NYC H+H, WIC staff and New York State Department of Health officials to inform WIC initiatives at the local, regional and state levels. Stakeholders also continue to discuss the future possibility of implementing auto-enrollment capabilities for WIC-eligible Medicaid recipients.

ABOUT HEALTH LEADS

Health Leads is a national non-profit organization working toward a vision of health, well-being and dignity for every person in every community. For over two decades, we've worked closely with hospitals and clinics to connect people to essentials like food, housing and transportation alongside medical care. Today, we're partnering with local organizations and communities to address systemic causes of inequity and disease — removing the barriers that keep people from identifying, accessing and choosing the resources everyone needs to be healthy. To learn more about our work to advance health equity across the United States, visit www.healthleadsusa.org.

FULL PROCESS MAP: NEW WIC CERTIFICATION AT NYC H+H LINCOLN

(Process map as of November 9, 2018)



VALUE FOR ALL PARTNERS INVOLVED

Each partner in the pilot initiative came to the table with clear goals.

NYC HEALTH+ HOSPITALS	NEW YORK STATE WIC Program	Health Leads	ROBIN HOOD FIGHT POVERTY LIKE A NEW YORKER
NYC H+H is the largest public hospital system in the country and in recent years has placed increasing importance on population health and social determinants of health (SDoH) programs to improve health outcomes for their patients. They also find value in having partners that will join them in advocating at the state level for data-driven solutions that support their patients.	The NYS WIC Program provides breastfeeding support, education, referrals and nutritious foods to 400,000 individuals each month. Since 2014, WIC has made several policy changes to simplify enrollment, implemented a new IT system to improve clinic flow, and rolled-out eWIC. In addition, dozens of WIC sites participated in learning communities to improve clinic flow and participant retention. Knowing that more can be done to reach and serve eligible individuals, WIC is interested in leveraging qualitative and quantitative data made available through this project.	Health Leads is a national non-profit that partners with communities and health systems to address systemic causes of inequity and disease. Through this mission-aligned project, Health Leads wants to support understanding and remove barriers that keep individuals from accessing the programs like WIC – which can be essential for improving the health of underserved women and children.	Robin Hood is a philanthropic organization with a mission to end poverty in New York City. The foundation is working to close the WIC eligibility gap – and through this project hopes to better understand why eligible participants do not access public benefits.