



GOVERNMENT OF THE DISTRICT OF COLUMBIA

SPECIAL SUPPLEMENTAL NUTRITION PROGRAM
FOR WOMEN, INFANTS AND CHILDREN
WIC

FY2021 STATE PLAN
GOALS & OBJECTIVES
AUGUST 30, 2020

A stone plaque mounted on a building facade, containing the text "GOVERNMENT OF THE DISTRICT OF COLUMBIA" in capital letters.

GOVERNMENT OF THE
DISTRICT
OF COLUMBIA

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INTRODUCTION

The District of Columbia (DC) Department of Health (DC Health) promotes health, wellness and equity, across the District and protects the safety of residents, visitors and those doing business in the nation’s capital.

About DC Health

As a state health agency, DC Health’s core responsibilities include identifying health risks; educating the public; preventing and controlling diseases, injuries and exposure to environmental hazards; promoting effective community collaborations; and optimizing equitable access to community resources. DC Health is organized into six administrations: 1) Center for Policy, Planning and Evaluation (CPPE), 2) Community Health Administration (CHA), 3) Health Emergency Preparedness and Response Administration (HEPRA), 4) Health Regulation and Licensing Administration (HRLA), 5) HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA), and 6) Office of Health Equity.

DC Health Strategic Priorities encompass:

- Promote a culture of health and wellness
- Address the social determinants of health
- Strengthen public-private partnerships
- Close the chasm between clinical medicine and public health
- Implement data driven and outcome oriented approaches to program and policy development

District of Columbia’s WIC Program

The District of Columbia’s Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) resides within DC Health’s Community Health Administration (CHA), Nutrition and Physical Fitness Bureau (NPFB). CHA promotes healthy behaviors and environments that improve health outcomes and reduce disparities in the leading causes of mortality and morbidity in the District. Using a “health in all policies” approach (HiAP), CHA prioritizes cross-sector partnerships and targets social determinants of health by implementing evidence-based, data-informed interventions.



Across four bureaus, CHA focuses on nutrition and physical fitness promotion; cancer and chronic disease prevention and control; access to quality health care services; and the health of residents across the lifespan. NPFB administers a portfolio of federal nutrition programs and locally funded healthy food access initiatives with an overall aim to facilitate policy, systems and environmental changes that make the healthy choice the easy choice in every community.

Considering services provided across WIC’s 11 functional areas, DC WIC works to address the five key areas of social determinants of health, as outlined by Healthy People 2020¹:



- Economic Stability
- Education
- Social and Community Context
- Health and Health Care
- Neighborhood and Built Environment

¹ <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

Using a network of partnerships with local agencies, community organizations, and other stakeholders, DC WIC provides services for pregnant, breastfeeding, and postpartum women; infants; and children up to the age of five. These services include:

- Nutritious supplemental foods aimed at improving food security and economic stability
- Nutrition education and counseling by licensed, registered dietitians and other trained professionals along with breastfeeding promotion and support by lactation specialists in individual and group settings to support early childhood education and development, social cohesion, and health literacy
- Health assessments and referrals to health care, social services, and other community providers to encourage access to health care and primary care
- Food retailers including grocery stores, corner stores, and farmer’s markets offering healthy food items in neighborhoods thereby improving access to healthy foods and food environments

Partnerships to Improve Program Reach

DC Department of Health (DC Health) **[Strategy to Improve Perinatal Health Outcomes](#)**

DC Health’s approach to improve perinatal health outcomes aligns with nationally-recognized best practices, and reflects the core principles identified to decrease perinatal health disparities and improve maternal and child health. DC Health’s comprehensive approach works to ensure the following priorities:



- Every teenage girl and woman in DC is in control of her reproductive health
- Every pregnant woman receives patient-centered, high quality prenatal care beginning in the 1st trimester
- Every healthcare provider has the tools and resources they need to manage complex social needs of women and infants
- Every maternal and infant care facility and provider has the tools and resources to practice evidence-based health care and to document QI/QA activities
- Every newborn receives high-quality neonatal care in hospital and outpatient settings
- Every parent has the life skills needed to nurture and provide for their family
- Every infant, mom, and dad has a safe and healthy environment to thrive and receive the support they need to promote early childhood development and learning

These seven priorities fall within four overall strategic areas to eliminate preventable infant deaths and reduce preterm and low-birth-weight births: 1) improving preconception health; 2) assuring high-quality healthcare; 3) strengthening families as they prepare and care for children; and, 4) promoting safe and healthy environments.

In DC Health’s [2018 Perinatal Health and Infant Mortality Report](#), DC WIC is highlighted as a key perinatal health program:

“DC Health recognizes that engaging and empowering families is essential to improving the health and vitality of infants. Efforts to ensure parents and caregivers have access to information and resources to aid in their infant’s care and development is a key component of our strategy to improve outcomes for District babies. DC Health administers several perinatal support programs through federal and local funds. The largest of these programs is the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Program, which serves low-income pregnant and postpartum women, infants and children.”

Office of the State Superintendent of Education

State Early Childhood Development Coordinating Council

The State Early Childhood Development Coordinating Council (SECDCC) aims to improve collaboration and coordination among entities carrying out federally funded and District-funded pre-K and other early childhood programs. DC WIC participates in bi-monthly SEDCC meetings and provides insight, technical assistance, and feedback related to ongoing projects and initiatives. In FY2020, SECDCC devoted significant time and effort to the Preschool Development Grant, “Birth to Five” (PDG B-5).

Preschool Development Grant, Birth to Five (PDG B-5)

In 2018, DC won a \$10.6 million Preschool Development Grant, “Birth to Five” (PDG B-5), from the Office of Child Care, Administration for Children and Families, US Department of Health and Human Services. This funding, administered by OSSE on behalf of the District, was used to improve the quality of early learning environments, particularly for vulnerable children and families, by strengthening and aligning the use of evidence-based practices.

In 2019, OSSE conducted a comprehensive needs assessment to better understand family awareness, access and utilization of early care and education benefits, programs and services. OSSE analyzed existing administrative data for pre-K, child care, Head Start, Temporary Assistance for Needy Families (TANF), Medicaid, and WIC to understand the level of program participation, demographics, utilization, etc. Listening sessions with families were held to gather information on their lived experience in accessing programs and services. DC WIC provided administrative data to support the PDG B-5 needs assessment, and participated in professional focus groups along with other early childhood professionals to share perspectives on the needs and challenges of families with young children.

The [2019 Preschool Development Grant, Birth Through Five Needs Assessment](#) indicated that DC WIC is a “well-used and liked benefit.” The Assessment included several recommendations to increase interagency and community collaborations relevant to DC WIC:

- *Consolidating Medicaid, TANF, and WIC could dramatically reduce the paperwork families are required to provide for enrollment and renewal of services. Additionally, these can be connected to ECE databases to simplify the process of enrolling in subsidized child care.*
- *WIC enrollment could be used as a planning tool for estimating the number of children likely to benefit from subsidized child care in the future, with a predictable timeframe.*
- *Creating a single, universal data governance model could ensure databases have interoperability and the links across disciplines (e.g., healthcare challenges and educational challenges) can be identified.*

The PDG B-5 core team and SEDCC then created a District-wide strategic plan based on the results of the needs assessment. The completed Strategic Plan included several goals relevant to DC WIC:

- Improve the quality of, and access to, health, nutrition and behavioral health services by identifying gaps, enhancing coordination, and highlighting opportunities to scale best practices.
- Build an Early Childhood Integrated Data System (ECIDS) that tracks and measures progress, supports greater collaboration among agencies and community partners, and informs planning, policy development, and funding of early childhood supports and services.

DC Council

Women, Infants and Children Program (WIC) Expansion Act of 2018

In 2018, the DC Food Policy Council and community stakeholders worked with DC Council to pass the Women, Infants, and Children Program (WIC) Expansion Act of 2018. This legislation was intended to improve low-income DC families' access to healthy food. The DC Food Policy Council outlined anticipated benefits²:

- **Enhances local flexibility in determining the requirements for a DC store to accept WIC.** The Act eases vendor selection criteria with the goal of helping more vendors become eligible to accept WIC benefits, and encouraging the launch of new local businesses that will serve neighborhoods that do not currently have full-service grocery stores.
- **Promotes transparency and actionable next steps.** With data on how WIC funding has been used over the past five years and the specific barriers faced by current and potential WIC vendors, the Act calls for a plan to help more small stores in DC accept WIC.
- **Uses data to make sure low-income children don't fall through the cracks.** By using available government data to identify children ages 0-5 who are enrolled in Medicaid or SNAP but not WIC, the city will be able to reach out to those eligible households and connect them with WIC benefits.
- **Brings the community together to increase WIC participation and respond to the needs of DC families.** By creating a WIC Outreach Advisory Board that will include local businesses, grocers, nonprofits, healthcare providers, and early childcare providers, the Act will ensure that diverse perspectives are heard and used to expand access.

DC WIC State Agency Progress in FY2020

Enhancing Flexibility to Increase Vendor Participation: Since the Act was codified in March 2019, DC WIC has assisted several small stores in meeting DC vendor authorization requirements. In FY2019, DC WIC authorized Grubbs Pharmacy and two small international grocers – Bestway in Hyattsville and Silver Spring – to accept WIC benefits. DC WIC is currently working with Good Food Markets to complete vendor requirements, and the nonprofit organization DC Central Kitchen to onboard several corner stores that participate in their Healthy Corners Program - a pioneering venture that is sustainably expanding healthy food access in DC's food deserts.

Data Matching to Improve Enrollment Rates: DC WIC held multiple meetings with the Department of Health and Human Services (DHS) and the Department of Health Care Finance (DHCF) in FY2020 to discuss the process and necessary steps to draft and implement a data sharing agreement. This agreement will help streamline eligibility verification processes across all Programs and identify children ages 0-5 years enrolled in either Medicaid or SNAP, but not WIC, and provide guidance to caregivers regarding the WIC Program and application process. DC WIC's next steps include identifying data-matching strategies and IT infrastructure as well as coordinating and formalizing referral processes between Programs.

Working with the Community to Increase Participation: DC WIC formally joined the DC Food Policy Council in 2019 and began attending bi-monthly meetings. These meetings offer the opportunity to convene with community organizations, local retailers, and residents to receive input on strategies to increase access and participation in WIC as well as improve the experience of WIC participants. DC WIC also serves on the Food Policy Council's Food Access and Equity Working Group. DC WIC is actively working to assemble a WIC Vendor Advisory Panel to serve as a communication forum between WIC authorized retailers, professional trade organizations, food distributors, local non-profit organizations, the DC Food Policy Council, WIC Local Agencies, and the State Agency. Input from this Panel will assist DC WIC in developing effective policies and procedures for vendor management and initiatives. The input and feedback gleaned from this Panel will serve an integral role in helping DC WIC increase the number of small stores participating as vendors, and in creating a smooth transition to eWIC.

² <https://dcfoodpolicy.org/2018/06/18/wic-expansion-act-of-2018/>

DC WIC State Agency Goals for FY2021

In FY2021, DC WIC will: 1) continue to recruit and support small stores to become WIC-authorized vendors, 2) regularly convene the WIC Vendor Advisory Panel to solicit community input to improve and ensure culturally competent and inclusive WIC services both in WIC service sites and food retailers, and 3) identify additional gatherings and platforms to give District residents and other stakeholders the opportunity to share their voice and suggest strategies to increase participation in WIC.

SECTION 1: GOALS AND OBJECTIVES

DC WIC completes an annual State Plan to share goals and objectives for the coming year, which provide a framework for meeting operational requirements as well as addressing food and nutrition priorities in the District. Partnerships are essential, and DC WIC collaborates with a wide range of public and private partners committed to building a culture of health and supporting health equity across the District. DC WIC priorities reflected in this Plan include:

1. Reduce barriers to WIC participation to increase WIC enrollment rates, improve redemption of food benefits, and extend the average enrollment length of eligible participants
2. Collaborate with community partners to increase WIC participation and improve maternal and child health outcomes with a focus on food justice and racial and health equity
3. Enhance cross-sector collaborations to increase initiation, duration, and exclusivity of breastfeeding, especially among African American women
4. Strengthen vendor management practices to enhance vendor relations, program integrity, and support implementation of an electronic benefits transfer system (eWIC)

Reducing barriers to WIC participation is a major priority for the District and includes the transition to eWIC. Paper food instruments have been identified as a barrier and deterrent to participation, and USDA prioritized WIC’s transition away from paper checks to an electronic benefits transfer (EBT) system. The transfer and implementation of eWIC in DC is scheduled during FY2022.

In the District, WIC services are provided at 15 sites operated by four Local Agencies. WIC sites are co-located within federally qualified health centers, hospitals, and a military base. The DC WIC Local Agencies are:

1. Children’s National Health System
2. Howard University Hospital
3. Mary’s Center for Maternal and Child Health
4. Unity Health Care

Fiscal Year 2020 Progress Report

The following table lists the status of DC WIC’s goals and objectives from FY2020:

2020 Goals	Means of Evaluation (Objectives)	Lead SA Staff	Status
Goal I. Breastfeeding: Implement evidence and practice based breastfeeding promotion and support activities to increase breastfeeding initiation and duration rates.	1.1: Conduct competency-based trainings of the revised Grow and Glow Training Platform for all WIC staff.	Nutrition Education Coordinator, Breastfeeding Coordinator	Objective 1.1: Complete
	1.2: Conduct at least monthly (or quarterly) technical assistance meetings with peer counselors (Continuation from FY2019).		Objective 1.2: Complete
	1.3: Increase access to Designated Breastfeeding Experts throughout all WIC sites		Objective 1.3: Complete

2020 Goals	Means of Evaluation (Objectives)	Lead SA Staff	Status
	<p>to provide additional support to breastfeeding mothers.</p> <p>1.4: Implement the use of a new breastfeeding questionnaire that will provide quantitative and qualitative data to be used to better allocate breastfeeding resources (Continuation from FY2019).</p>		Objective 1.4: In Progress
<p>Goal II. Nutrition Services: Continue to enhance the <i>Revitalizing Quality Nutrition Services</i> initiative in WIC by implementing quality control and quality improvement measures</p>	<p>2.1: Continue Nutrition Services Train-the-Trainer program to support ongoing efforts to enhance staff competencies.</p> <p>2.2: Strengthen and evaluate the effectiveness of the Competent Paraprofessional Authority (CPPA) initiative to achieve goals and objectives.</p> <p>2.3: Evaluate the effectiveness of interactive web-based education tools to improve nutrition services delivery, caseload management, and participation.</p> <p>2.4: Expand and evaluate the effectiveness of the WIC Shopper app to enhance the WIC shopping experience.</p>	Nutrition Coordinator	<p>Objective 2.1: In Progress</p> <p>Objective 2.2: In Progress</p> <p>Objective 2.3: In Progress</p> <p>Objective 2.4: Not Complete</p>
<p>Goal III. Vendor Management: Enhance vendor accountability procedures through development of eWIC vendor materials</p>	<p>3.1: Create eWIC/EBT training materials for authorized WIC vendors.</p> <p>3.2: Expand Vendor Management team from 0.5 FTEs to 2 FTEs.</p> <p>3.3: Implement food delivery policies and procedures that align with eWIC regulatory requirements and practices.</p> <p>3.4: Convene a vendor advisory panel based on vendor peer groups.</p>	Vendor Management Staff	<p>Objective 3.1: Not Complete</p> <p>Objective 3.2: Not complete</p> <p>Objective 3.3: Not complete</p> <p>Objective 3.4 In Progress</p>
<p>Goal IV. Information Systems: Implement an eWIC ready management information system</p>	<p>4.1: Facilitate HANDS Rollout Training for State and Local Agency staff utilizing HANDS New Employee Training.</p> <p>4.2: Train state and Local Agency staff to implement the Arizona Guidebook for Nutrition Assessment.</p> <p>4.3: E-Learning: HANDS -</p>	WIC Program Manager, Project Coordinator, Nutrition Services Coordinator	<p>Objective 4.1: Not complete</p> <p>Objective 4.2: Not complete</p> <p>Objective 4.3: Not complete</p>

2020 Goals	Means of Evaluation (Objectives)	Lead SA Staff	Status
	<p>Train state and Local Agency staff on the HANDS system in collaboration w/AZ WIC.</p> <p>4.4: EBT Development and Pilot - Pilot EBT by early summer 2020. Rollout will begin late summer/early fall with full rollout expected by October 2020.</p>		Objective 4.4: Not complete
<p>Goal V. Caseload Management and Outreach: Create data driven strategies that leverage eWIC to increase program participation and accessibility.</p>	<p>5.1 Promote implementation of eWIC to previous, existing, and potential WIC participants to increase participant recruitment and retention.</p> <p>5.2 Collaborate with stakeholders (community organizations, healthcare providers, and District Intergovernmental agencies) to facilitate accurate health messages and referrals to WIC.</p> <p>5.3 Collaborate with the Office of the State Superintendent Education to assemble information needed for the creation and implementation of a District-wide Early Childhood Integrated Data System.</p> <p>5.4 Mine data from DC CARES to design and develop data visualization dashboards related to WIC enrollment and redemption rates, utilizing Tableau.</p>	Public Health Advisor, WIC Contractor	<p>Objective 5.1: Not complete</p> <p>Objective 5.2: In progress</p> <p>Objective 5.3: In progress</p> <p>Objective 5.4: In progress</p>

Goal I. Breastfeeding



Breastfeeding Peer Counseling can be a cost-effective way to improve access to breastfeeding support

DC WIC Strategies to Increase Breastfeeding

DC WIC has adopted several strategies to target various demographics of the population at individual, community, and institutional levels. Long term, these strategies aim to increase the proportion of babies born to mothers who breastfeed, who continue to breastfeed at 6 months and 12 months, and who exclusively breastfeed at 3 months and 6 months. These goals will be accomplished by implementing strategies in four major areas:

1. Training
2. Technical Assistance
3. Policies and Procedures
4. Support Services

The following table highlights how the District leverages funding from various federal and local sources to support breastfeeding strategies:

District of Columbia Funding Sources to Support Breastfeeding Strategies				
	WIC Grant	WIC Peer Counseling Grant	District Breastfeeding Coalition	Maternal and Child Health Services Block Grant
Training	■	■	■	
Technical Assistance	■	■	■	■
Policies and Procedures	■	■		
Direct Services	■	■		■

Accomplishments in FY2020

DC WIC breastfeeding rates increased from 62.2% in FY2019 to 69.5% during the third quarter of FY2020.

During FY2020, DC WIC strengthened partnerships with a wide range of public and private stakeholders committed to increasing breastfeeding rates across the District, including that of the DC Lactation Commission. DC WIC serves as a key collaborator on the Commission and helps ensure the Commission’s agenda aligns with DC Health’s strategic priorities. The Commission makes recommendations to the Mayor and DC Health regarding legislative, programmatic, and policy measures to improve the District’s strategies to reduce infant mortality and increase infant and child health outcomes through promotion, awareness, and support of breastfeeding and lactating mothers. DC WIC’s Breastfeeding Coordinator serves as the DC Health representative to facilitate a collaborative partnership between Commissioners and other government representatives, including Office of the State Superintendent of Education (OSSE), Department of Health Care Finance (DHCF), Department of Human Services (DHS), and Department of Human Resources (DCHR).

The DC Breastfeeding Coalition (DCBFC) is another key partnership cultivated by DC WIC. With the assistance of Title V funding, the DCBFC and DC WIC leverage resources to target and address gaps in breastfeeding services across the District. The DCBFC employs a part-time International Board Certified Lactation Consultant (IBCLC) to assist WIC mothers at WIC sites in Wards 7 and 8, based on the high enrollment of African American women and disparate breastfeeding rates seen at these sites compared to other WIC sites across DC. This successful initiative supported an increase in breastfeeding initiation rates among African American WIC participants, from 54.5% in FY2019 to 64.0% in the third quarter of FY2020.

In FY2020, DCBFC organized and delivered a Lactation Certification Preparation Course to help increase minority representation in the field of professional lactation consultants in the District. The Course provided 45

hours of IBLCE®-approved education and was attended by four DC WIC Breastfeeding Peer Counselors (BPCs). Due to the Public Health Emergency, DCBFC pivoted to a Virtual Online platform and delivered the Course in June and August 2020.

DC WIC conducted a two-day Grow & Glow training for 10 new Local Agency staff in January 2020. Grow & Glow training is a standardized, competency-based curriculum developed to ensure all staff attain a level of proficiency in skills required to promote and support breastfeeding in the WIC setting. DC WIC looks forward to implementing the revised Grow & Glow training curriculum in FY2021.

During the Public Health Emergency, DC WIC provided training and technical assistance to BPC's to ensure breastfeeding support and education aligned with COVID-19 guidance from the Centers for Disease Control and Prevention (CDC), American College of Obstetrics and Gynecology, and the Academy of Breastfeeding Medicine (ABM). BPCs provided services remotely using telephone and video consultations, virtual breastfeeding support classes, and text messaging communication and support. To celebrate National Breastfeeding Month in August 2020, DC Health co-hosted a webinar with the DCBFC on COVID-19 and early postpartum breastfeeding emerging evidence and recommendations. Speakers on the webinar included representatives from the World Health Organization (WHO), American Academy of Pediatrics (AAP) and ABM.

Goal II. Nutrition Services

Accomplishments in FY2020

In FY2020, DC WIC focused on enhancing the skillset of Local Agency staff and strengthening online resources for both staff and participants to improve the delivery of nutrition services. Leveraging best practices from other state agencies and feedback from stakeholders, DC WIC made the following progress towards Nutrition Services goals in FY2020:

1. Nutrition Services Train-the-Trainer Program

During FY2020, the Nutrition Services training calendar was added to dcwic.org to provide Local Agency staff ongoing competency-based training. This calendar provides recordings and materials from past trainings as well as dates and topics of upcoming trainings. Recurring monthly trainings include:

- Nutrition Coordinator Meetings: Hosted by the State Agency Nutrition Coordinator to provide training and technical assistance to Local Agency Nutrition Coordinators. Local Agency Nutrition Coordinators disseminate information and training to CPAs/CPPAs.
- Breastfeeding Peer Counselor (BPC) Meetings: Hosted by the State Agency Breastfeeding Coordinator to convene BPCs and provide breastfeeding program updates, Loving Support Through Peer Counseling trainings, other State Agency approved breastfeeding training, and BPC sharing.
- Breastfeeding Coordinator Meetings: Hosted by the State Agency Breastfeeding Coordinator to convene Local Agency Breastfeeding Coordinators and provide training and technical assistance for management of the BPC program.
- Competent Paraprofessional Authority (CPPA) Meetings: Hosted by the State Agency Nutrition Coordinator to provide competency-based training to Local Agency CPPAs.

2. Competent Paraprofessional Authority (CPPA) Initiative

Since 2018, CPPAs have improved the flow and delivery of nutrition services during WIC appointments. CPPAs perform initial health and dietary assessments, deliver nutrition education on basic eating and healthy lifestyles, provide breastfeeding counseling, assign default food packages, make referrals to health and social services for non-high risk participants, and screen high-risk participants in the absence of a CPA.

During FY2020, the State Agency continued to evaluate the CPPA position and implemented strategic changes to improve the efficiency and effectiveness of appointment flow and delivery of nutrition services. The State Agency analyzed risk code designation data to determine the impact of expanding the CPPA's scope of practice to include additional risk criteria. Each risk code criteria change evaluated and reviewed by the State Agency Nutrition team, Local Agency Directors, and Nutrition Coordinators. This tiered approach ensures a risk code is thoroughly reviewed for impact on potential health outcomes for WIC participants and increases buy-in for implementation at the Local Agency level. DC WIC will continue to evaluate and strengthen the CPPA position..

3. Digital Nutrition Education Content

Digital nutrition education content is key to improving nutrition services delivery, caseload management, and participation rates. DC WIC continually researches new online tools to reach participants and staff in the digital space, and utilizes its website and Instagram account to make nutrition education materials readily available to Local Agency staff, participants, and the community in real-time. These evidence-based, culturally competent materials have become essential tools for enhancing participant knowledge and understanding of targeted nutrition and health topics and supporting healthy behavior change.

4. WICSmart and WICShopper Apps

Considering a vast majority of Americans own a smartphone, including adults with limited incomes, DC WIC continues to promote the use of Smartphone apps WICSmart and WICShopper to improve the quality of services for WIC participants. These apps were implemented to reduce the amount of time spent at WIC appointments and to assist participants in redeeming WIC benefits at grocery stores and farmers' markets.

In FY2020, DC WIC created a Local Agency WICSmart Champion role and re-launched an initiative around use of the WICSmart and WICShopper apps. WICSmart Champions were trained by the State Agency to provide ongoing leadership and momentum to support and motivate Local Agency staff to promote and utilize WICSmart and WICShopper.

WICSmart Champions also provide the State Agency with critical feedback to enhance WICSmart utilization by both staff and WIC participants, including increasing the number of nutrition education lessons available via the WICSmart platform. The State Agency added the following lessons in WICSmart during FY2020:

- What to Expect When Breastfeeding
- Breastfeeding Supply and Demand
- Weaning Your Breastfed Baby
- Weaning from Bottle to Cup
- Picky Eaters
- Weight Gain During Pregnancy
- Post-Partum Weight Loss
- Physical Activity
- Food Safety
- Post-Partum Depression
- Breastfeeding 411
- Secrets to Breastfeeding Success
- Is Your Baby Ready to Start Solid Foods?
- Feeding Your Baby in the First Year
- What Should My Baby be Drinking?

Farmers' Market Nutrition Program (FMNP)

Accomplishments in FY2020

DC WIC navigated FMNP challenges in the FY2020 season by working with partners in unique ways to promote participant safety at farmers' markets while simultaneously expanding access, increasing redemption rates, and enhancing user knowledge and confidence during the public health emergency. These efforts have spurred FMNP to take important steps forward in securing new partnerships, advancing digital capabilities, and setting up long-lasting change.

Due to COVID-19 safety precautions enforced at farmer's markets this season, DC WIC quickly revised much of its planning for FY2020. DC FMNP benefits were mailed directly to participants' homes, eliminating the need in-person visits to WIC sites. Most FMNP marketing and educational materials for participants were provided digitally, allowing more frequent updates to be made and more timely information to be disseminated.

To expand access, DC WIC utilized FMNP expansion funds to create a farm stand on wheels bringing fresh produce to participants in wards 7 and 8, two socially and economically disadvantaged areas in the District that lack access to farmers markets and local produce. By partnering with Veggie City, a non-profit organization that works to increase food access in the District, FMNP created an online ordering opportunity where participants could preselect their produce and have it delivered directly to their door.

To increase FMNP redemption, DC WIC surveyed vendors and participants to understand and address the barriers to accepting and using benefits. Based on the feedback, targeted text messages were sent to participants to encourage going to a market within their residential zip code. Discounted ride sharing services were promoted to families concerned about taking the bus or metro during the public health emergency. DC FMNP worked with interested farmers to update their online ordering platforms to allow participants to exchange their benefits for produce at pick up, thus reducing contact at markets and encouraging participation under particularly difficult circumstances.

Finally, DC WIC enhanced user knowledge and confidence by providing educational materials, including produce nutrition information, seasonal produce guides, methods for produce preparation, and healthy recipes, by way of weekly text messages, social media platforms, partner communications, and dcwic.org.

Goal III. Vendor Management

Accomplishments in FY2020

In FY2020, DC WIC implemented key requirements in the DC WIC Expansion of 2018, legislation intended to improve low-income District families' access to healthy food by 1) enhancing local flexibility in determining requirements for a DC store to accept WIC, 2) promoting transparency and actionable next steps between DC Health and the community, 3) leveraging data to ensure low-income children receive needed services, and 4) integrating ideas and support from the community to improve WIC participation and experience.

The DC WIC Vendor Team successfully authorized and onboarded three Small Foot Print Vendors (SFPV): Grubbs Pharmacy SE in the District and two small international grocers – Bestway in Hyattsville and Silver Spring. DC WIC worked closely with DC Central Kitchen to provide technical assistance and support to several of their Healthy Corner Store Program stores interested in becoming WIC vendors. Finally, the Vendor team is currently working to update vendor peer groups and selection / operating criteria in order to establish competitive price limitations for cost containment and program integrity, as well as reduce barriers and improve on-boarding SFPV.

Goal IV. Information Systems

Accomplishments in FY2020

DC WIC IT worked on the following accomplishments during FY2020:

PedNSS/PNSS

The Pregnancy Nutrition Surveillance System (PNSS) and the Pediatric Surveillance System (PedNSS) are program-based public health surveillance systems that monitor nutritional status and selected health and behavioral risk factors associated with infant mortality and poor birth outcomes among low-income women, infants and children in federally funded maternal and child health programs across the country. PNSS data represent approximately 1.3 million pregnant and postpartum women from 30 states, DC, six tribal

governments, and one US territory. PedNSS data represent over 8 million children from birth to age 5 nationwide. These two surveillance systems provide useful data for purposes of 1) program planning, management, and evaluation; 2) the development of health and nutrition interventions; 3) tracking progress toward the nation's Healthy People objectives; and 4) comparing different programs, populations, time periods and geographic areas.

WIC Participant Addresses and Geocoding

Geocoding, the process of turning a physical address into a set of latitude and longitude coordinates which can then be plotted or displayed on a map, is a powerful decision-making and program planning tool. In FY2020, DC WIC mapped actual participant addresses for geocoding purposes. Complex cleaning steps and algorithms were utilized over many rounds for most of the 110,000 WIC households residing in CARES, WIC's management information system. This mapping will allow DC WIC to generate a wide range of visual data queries regarding geographic locations of WIC participants, service sites, and vendors, and render data that is more user friendly, accessible, and understandable. DC WIC plans to use geocoded WIC participant addresses to make evidence-based decisions regarding distribution and allocation of WIC services, benefit redemption, gaps in services, outreach, and much more.

Insight Policy

DC WIC partnered with Insight Policy Research to create an interactive Tableau Public Dashboard: "[Analyzing the Impact of COVID-19 on WIC](#)." DC WIC extracted, cleaned, and submitted weekly WIC participation data by zip code and participant category, and weekly WIC benefit redemption data by participant category. The DC-specific dashboard provides real-time data on positive COVID-19 cases, unemployment insurance claim rates, WIC participation, and WIC benefit redemption. This public-facing Dashboard holds considerable promise to guide State-level collaborations and program planning to ensure DC WIC reaches all eligible District residents.

Local Agency Staff Productivity Statistics

For the first time ever, DC WIC created productivity queries for Local Agency Directors (LADs) on Local Agency staff activities such as starting and completing certifications, scheduling appointments, and delivering and documenting breastfeeding and nutrition education in CARES. These queries aim to support LADs in improving staff productivity, identifying staff with excellent job performance, and signaling staff who may need additional training and support. DC WIC IT intends to refine these queries during FY2021, and support LADs in creating performance standards for staff based on these statistics. These statistics may also be used to create individualized staff-to-participant ratios, in budget allocation, and management of service sites.

COVID-19: Mass Mailing, Straggler Report, and Support at Large

DC WIC IT supported continuity of WIC operations during the public health emergency by creating a successful mass mailing process. Food benefits were delivered by mail to all participants in an active certification. This mass mailing had a direct impact on the high participation rates observed for during the Public Health Emergency. February 2020 (pre-COVID-19) closed out with 12,355 DC WIC participants whereas March and April closed out with 13,781 and 14,187 participants respectively, a 12% and a 15% increase per month.

The DC WIC IT team also created a check mailing 'straggler' report during the Public Health Emergency to help Local Agencies maintain the increase in participation by following up with participants in valid certification periods who missed benefit issuance appointments during the previous months.

DC WIC IT was crucial in supporting other functional areas of WIC by creating additional COVID-19 drop-down boxes in CARES to track benefit issuance, anthropometrics and nutrition education, and supported the creation of the DC WIC Expanded Food List by adjusting vendor prices in CARES.

DC WIC EBT Update

DC WIC is preparing to convert its existing Management Information System (MIS), Community Automated Reliable Electronic System (CARES), to the Health and Nutrition Delivery System (HANDS), an Electronic Benefit Transfer (EBT) ready MIS, and to implement “eWIC” District-wide. Once implemented, the new MIS/eWIC system will improve data management, record-keeping, and program monitoring within the State Agency; and, most importantly, will improve the DC WIC participant experience. The key to successful MIS/eWIC transfer and implementation will be careful coordination and communication led by the DC WIC State Agency in coordination with contractors, Local Agencies, WIC vendors, participants, and federal partners.

Following is a list of MIS/eWIC activities accomplished in FY2020 in preparation for EBT.

Table 1. FY2020 DC WIC MIS/eWIC Accomplishments

Activity	Date
Project Manager (PM)	
PM Contract Executed	Dec 2019
PM Kickoff Meeting with DC WIC State Agency, DC Health IT, DC Office of Contracting and Procurement, DC Office of the Chief Financial Officer, FNS (SSO/MARO)	Feb 2020
Implementation Advanced Planning Document (IAPD)	
IAPD approved by FNS	04/20/2020
MIS Request for Proposal (RFP)	
MIS RFP submitted to FNS	8/28/2020
eWIC Request for Proposal (RFP)	
eWIC RFP submitted to FNS	8/21/2020
Quality Assurance (QA) Request for Proposal (RFP)	
QA RFP submitted to FNS	8/14/2020

Goal V. Caseload Management and Outreach

Accomplishments in FY2020

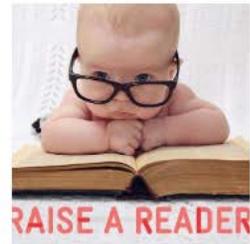
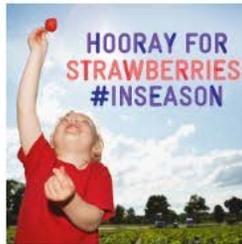
In FY2020, DC WIC implemented several proven strategies to effectively reach and serve more residents who are eligible for WIC, as recommended in FRAC’s 2019 report, “Making WIC Work Better: Strategies to Reach More Women and Children and Strengthen Benefits Use³.”

WIC Partnerships: Communication, Coordination, and Referrals

Partnerships play a strategic role in strengthening and expanding the influence of WIC across the District. Communication, coordination, and referrals within a network of health, social service, early childhood education, school, advocacy, and community partners is critical to increase WIC participation and address health inequities. By building partnerships in these key sectors, DC WIC aims to integrate WIC into other services and supports for low-income families, pregnant women, new mothers, infants and young children, and communities. Internally, DC WIC leverages co-location of its 15 local agency WIC sites within federally qualified health centers and hospitals. As well, DC WIC internally collaborates with several federal and local public health programs including SNAP-Ed, Maternal Infant Early Childhood Home Visitation (MIECHV), Help Me Grow, Vaccines for Healthy Children, Healthy Start, and the Safe Sleep Program.

³ <https://frac.org/research/resource-library/making-wic-work-better-strategies-to-reach-more-women-and-children-and-strengthen-benefits-use>

To further strengthen DC WIC's digital presence, maintain national brand consistency, and remain engaged with stakeholders, DC WIC leverages its website and Instagram account. The DC WIC website (www.dcwic.org) received strategic updates to enhance user experience and provide up-to-date information to WIC families, Local Agency staff, WIC vendors, and community partners. The DC WIC Instagram account (@dcwic) features posts curated by NWA, pictures from community events, and other WIC-related news.



DC WIC COVID-19 Response

On March 11, 2020, the Mayor of DC declared a State of Public Health Emergency in response to the Coronavirus pandemic. The Families First Coronavirus Response Act (P.L. 116-127, the Act) provided the US Department of Agriculture (USDA) statutory and regulatory waiver authorities necessary in a public health emergency such as COVID-19 to grant states and territories significant program flexibilities and contingencies to ease program operations and protect the health of participants. In response, DC WIC modified its service delivery model to ensure continued service to new and current participants. Within days, WIC sites were closed to the public and Local Agency staff were performing certifications remotely, and mailing food benefit checks to participants.

The development of the [District of Columbia WIC Public Health Emergency Disaster Guidance](#) (Disaster Guidance) documented temporary policy changes implemented during the Public Health Emergency and served as a program integrity tool to ensure consistent delivery of services throughout DC WIC Local Agencies. The Disaster Guidance outlines policy changes and procedures for implementing USDA-authorized WIC Flexibility Waivers. Policy changes outlined in the Disaster Guidance include procedures for performing remote certifications, mailing food benefit checks, obtaining prescriptions for special formulas, conducting formula returns, and lost and stolen check procedures. The Disaster Guidance also spells out responsibilities of the State Agency and the Local Agency to ensure each entity understands their role during the crisis and beyond.

Another initiative rolled out amidst the Public Health Emergency to ensure access to WIC services was the [DC WIC Expanded Food List](#), which provided DC WIC participants with greater access to food benefits during reported food shortages experienced at grocery stores. DC WIC took a two-phased approach when developing and implementing the DC WIC Expanded Food List. Phase one included adding food items that, according to the Code of Federal Regulations (CFR), States have authority to authorize. Phase two included adding food items authorized by the WIC Flexibility Waivers. This approach allowed DC WIC to respond to requests for additional food items swiftly, approving over 30 additional food items by April 1st, 2020 during phase one and another 45 food items by April 20th, 2020 during phase two.

As DC WIC continues to provide services remotely, the use of technology is essential in strengthening this service delivery model. Therefore, the State Agency is assisting all Local Agencies to obtain the tools needed to seamlessly provide telehealth services. Two main focus areas have emerged: ensuring Local Agencies have 1) appropriate equipment and software (i.e. cameras) to conduct video-based telehealth services, and 2) a secure method to collect eligibility documents with sensitive information.

Fiscal Year 2021 Goals and Objectives

<p>Goal I. Breastfeeding: Increase breastfeeding initiation and duration rates by implementing evidence and practice-based breastfeeding promotion and support activities.</p>
<p>Objectives for 2021</p>
<p>1.1: Conduct competency -based trainings using revised Grow & Glow Training Platform for all WIC staff (Continued from FY2020)</p>
<p>1.2: Conduct monthly/quarterly technical assistance meetings with peer counselors (Continued from FY2020)</p>
<p>1.3: Increase access to Designated Breastfeeding Experts at all WIC sites to provide additional support to breastfeeding mothers (Continued from FY2020)</p>
<p>1.4: Implement use of a new breastfeeding questionnaire to provide quantitative and qualitative data to be used to better allocate breastfeeding resources (Continued from FY2020)</p>
<p>Goal II. Nutrition Services: Continue to enhance the revitalizing Quality Nutrition Services initiative in WIC by implementing quality control and quality improvement measures</p>
<p>Objectives for 2021</p>
<p>2.1: Update DC WIC Food List to include additional items authorized within the CFR.</p>
<p>2.2: Begin the process of creating a UPC Database necessary for eWIC implementation.</p>
<p>2.3: Strengthen and evaluate the effectiveness of the CPPA initiative to achieve goals and objectives. (Continued from 2020)</p>
<p>2.4: Conduct Management Evaluations for all four Local Agencies to encompass all functional areas.</p>
<p>Goal III. Vendor Management: Improve Vendor participation and experience through creation of Vendor Advisory Board and ease of program implementation for small retailers.</p>
<p>Objectives for 2021</p>
<p>3.1: Revise Vendor Peer Groups to update selection and operating criteria</p>
<p>3.2: Onboard four (4) Small Foot Print Vendors</p>
<p>3.3: Create and implement Vendor Advisory Board, with scheduled quarterly meetings</p>
<p>3.4: Implement approved EBT Project Plan to prepare and train vendors to implement EBT</p>
<p>Goal IV. Information Services: Transition to a centralized web-based WIC MIS - HANDS application.</p>
<p>Objectives for 2021</p>
<p>4.1: Manage the release of three RFPs (MIS contractor, eWIC processor, and Quality Assurance services) following procedures established by OCP, OCFO, FNS and the DC Council</p>
<p>4.2: Initiate HANDS State configuration process by facilitating review of customizable HANDS base tables based on various topic areas</p>
<p>4.3: Competitively select contractors for HANDS/eWIC implementation</p>
<p>4.4: Oversee MIS transition and testing activities</p>
<p>4.5: Build a DC WIC Administrative Dashboard</p>
<p>4.6: Explore creation of DC WIC Help Desk ticketing system</p>

Goal V. Caseload Management and Outreach: Create data driven strategies to increase program participation and accessibility.

Objectives for 2021

- 5.1 Collaborate with community organizations, medical providers and agencies to facilitate accurate health messages and referrals to WIC
- 5.2 Continue to utilize the Connect with DC WIC template in the referral of potentially eligible WIC families with community partners
- 5.3 Promote enrollement of children age 3-4 through collaboration with OSSE’s Early Childhood Education Division
- 5.4 Reach adolescent mothers thru partnership with DC Public Schools’ New Heights program
- 5.5 Analyze DC WIC data on caregiver status to target special populations for outreach (fathers, grandparents, foster parents, homeless)

SECTION 2: LOCAL AGENCY OPERATIONS

Program Management and Accountability

FY2021 Income Eligibility Guidelines were implemented at all participating Local Agencies as of July 1, 2020.

SECTION 3: STATE AGENCY OPERATIONS

Operational Summaries

Note: The Operational Summaries section of the 2021 DC WIC State Plan will be uploaded to the USDA Partner web portal by August 30, 2020 for MARO approval, and are available upon request.

USDA Required Functional Areas in Guidance
1. Vendor and Farmer/Farmer’s Market Management
2. Nutrition Services
3. Information Services
4. Organization and Management
5. Nutrition Services and Administration Expenditures
6. Food Funds Management
7. Caseload Management
8. Certification, Eligibility and Coordination of Services
9. Food Delivery
10. Monitoring and Audits
11. Civil Rights