



SPECIAL SUPPLEMENTAL NUTRITION PROGRAM  
FOR WOMEN, INFANTS AND CHILDREN

WIC

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FY2020 STATE PLAN  
GOALS & OBJECTIVES  
AUGUST 15, 2019

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.

## Summary of Services

DC Health provides programs and services with the goal of promoting health equity improving opportunities for health and well-being for all District residents and visitors. DC Health accomplishes this through a number of strategies that involve disease prevention, health promotion, and ensuring access to health care. DC Health engages partners in public health management and leadership through policy, planning, and evaluation.



Guiding Principles for all DC Health Employees Include:

- Servant Leadership and Teamwork
- Transparency, Integrity and Accountability
- Strategic Thinking, Creativity and Innovation
- Health Equity Applied to All Aspects of Planning, Implementation and Evaluation

## District of Columbia's WIC Program

The District of Columbia's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Program resides within the 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. CHA focuses on nutrition and physical fitness promotion; cancer and chronic disease prevention and control; access to quality health care services, particularly medical and dental homes; and the health of residents across the lifespan. CHA's strategy uses the health in all policies (HiAP) approach. Participating in cross sector partnerships, CHA is able to help target behavioral, clinical, and social determinants of health by implementing evidence-based, data-informed interventions. NPFB promotes health and wellness by encouraging behavior change through direct nutrition and physical activity education and by facilitating policy, systems, and environmental changes that make healthy choices the easy choice in every community.

The DC WIC Program aims to address clinical and social determinants of health through its work with partners and stakeholders to assist families in utilizing the full range of services. WIC benefits include nutritious supplemental foods, health assessments, nutrition education and counseling by licensed, registered dietitians and other trained professionals, breastfeeding promotion and support by lactation specialists; and referrals to health care, social services, and other community providers for pregnant, breastfeeding, and postpartum women, infants, and children up to the age of five years old. Health behaviors, such as food choices, are often shaped by environments and policies that originate outside of the public health sector.

## Efforts to Improve Program Reach

### Office of the State Superintendent of Education Thrive By Five (B-5)

The District's vision is to have a comprehensive data sharing agreement in support of its birth to five (B-5) mixed delivery system initiative. B-5 works to ensure that all children have equitable access to opportunities that will allow them to maximize their full potential. This vision is supported by a strong foundation of policies and resources including the District of Columbia's *Early Childhood System Approach to Child Health, Development, Education and Well-being* that was approved by the State Early Childhood Development Coordinating Council (SECDCC) in April 2018. This early childhood system will result in increased coordination, quality improvement, and efficiency through cross-sector data sharing agreements; leveraged shared goals and metrics around learning and development; integration of management information systems; and coordination and alignment of policy and financial systems with a focus on equity. All of this is projected to lead to implementation of best practices and evidence-based programs.

The District was awarded a 10.6-million-dollar Preschool Development Grant (PDG), part of which is intended to build an ECIDS or Early Childhood Integrated Data System. The goal of the ECIDS for the District of Columbia is to facilitate stakeholder data sharing around the provision of early childhood programs and services in the District.

The PDG B-5 grants are designed to fund states and territories to conduct a comprehensive statewide birth through five needs assessment, followed by in-depth strategic planning, while enhancing parental choice and expanding the current mixed-delivery system consisting of a wide range of provider types and settings, including child care centers and home-based child care providers, the **WIC Program**, Head Start and Early Head Start programs, state prekindergarten (preK) programs, and home visiting service providers across the public, private, and faith-based sectors.

By linking data from across early childhood systems in DC, an ECIDS is intended to:

- Allow District policy makers to know exactly which populations are being served by its early childhood programs (along with the duration and intensity of these programs)
- Support greater collaboration among agencies and community partners
- Enable measurement of the economic and educational returns on early childhood investments
- Support practitioners with data that helps improve the quality and efficiency of their work
- Enable stakeholders to identify factors that predict children's success in school and life

Implementation of the ECIDS is set for federal fiscal year 2021.

## Women, Infants and Children Program Expansion Act

WIC authorized grocery stores are required to maintain a minimum inventory of healthy foods that includes fresh fruit and vegetables, whole grain bread, whole grain cereal, low-fat milk, eggs, infant cereal and formula, and other nutritious staples for moms, children and babies. Pharmacies can also participate, but are only authorized to sell infant formula. District lawmakers passed the Women, Infants and Children Expansion Bill which went into effect in March of 2019. This legislation supports expanding WIC vendor authorizations to include smaller footprint stores and creation of a WIC Advisory Board

DC WIC is committed to including smaller footprint vendors, as capacity allows and implemented new policies in fiscal year 2019 in support of this.

## SECTION 1: GOALS AND OBJECTIVES

The goals and objectives presented in the 2020 DC WIC State Plan provide a framework for addressing several local and federal food and nutrition priorities. To do this, DC WIC allies itself with public and private partners committed to changing the culture of health across the District. One of the ways to achieve improved health equity is through the reduction of barriers to program participation. The District acknowledges that while the benefits of WIC participation are many, program implementation strategies can pose barriers. DC WIC families are still using paper checks, a known barrier and deterrent to participation. DC WIC has prioritized transitioning its WIC program away from paper checks to a WIC supported electronic benefits transfer system (eWIC). The WIC State Agency continues to align policies and procedures in advance of this systems level innovation. The transfer and implementation of eWIC in the District of Columbia is scheduled during fiscal year 2020. Other DC WIC priorities reflected in this plan include:

1. Build out the vendor management functional area as a critical first step towards supporting eWIC and vendor relations
2. Continue collaborations with the food justice advocates working to improve maternal and child food security
3. Further expand efforts to increase the initiation, duration, and exclusivity of breastfeeding, especially among African American women by increasing cross sector collaborations
4. Extend evidence and practice based programming to all functional areas
5. Continue to add to the evidence base supporting short term and long term benefits of WIC participation

The following four local agencies are currently providing WIC services at 17 sites throughout the District. Each local agency provides WIC services co-located with clinic or hospital based health care the four. The four WIC local agencies are:

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

# Fiscal Year 2019 Progress Report

The following table lists the status of DC WIC's goals and objectives for federal fiscal year 2019.

2019 Goals	Means of Evaluation (Objectives)	Lead State Staff	Status
<b>Goal I. Breastfeeding:</b> Implement evidence and practice based breastfeeding promotion and support activities to increase breastfeeding initiation and duration rates.	Objective 1.1: Implement the use of a new breastfeeding questionnaire that will provide quantitative and qualitative data to be used to better allocate breastfeeding resources	Nutrition Education Coordinator, Breastfeeding Coordinator	Objective 1.1: In Progress
	Objective 1.2: Continue to provide local agency breastfeeding peer counselors with the tools and technical assistance that will help support breastfeeding families		Objective 1.2: In Progress
	Objective 1.3: Create and disseminate a lactation support survey intended to 1) Identify the gaps in breastfeeding support and 2) Solicit suggestions for improving services		Objective 1.3: Achieved
<b>Goal II. Nutrition:</b> Continue to enhance the <i>Revitalizing Quality Nutrition Services</i> initiative in WIC by implementing quality control and quality improvement measures	Objective 2.1: Implement a new Nutrition Services Train-the-Trainer program to support ongoing efforts aimed at enhancing staff competencies	Nutrition Education Coordinator, Public Health Nutritionist	Objective 2.1: Achieved. See notes in later section
	Objective 2.2: Expand the Competent Paraprofessional Authority (CPPA) initiative including evaluating effectiveness in meeting goals and objectives		Objective 2.2: In Progress
	Objective 2.3: Expand and evaluate the utilization of interactive web based education tools that serve to improve nutrition services delivery, caseload management and participation		Objective 2.3: In Progress
	Objective 2.4: Expand and evaluate the shopping app that was implemented to enhance the overall WIC shopping experience		Objective 2.4: Achieved
<b>Goal III. Vendor Management:</b> To improve vendor accountability through the development of eWIC vendor materials to help assist vendors with	Objective 3.1: Revise training materials and vendor manual to provide additional assistance to the eWIC benefits system.	Vendor Management Staff	Objective 3.1: Achieved
	Objective 3.2: Revise the food delivery policies and procedures in order to align them with the new eWIC regulations and required vendor practices.		Objective 3.2: In Progress

2019 Goals	Means of Evaluation (Objectives)	Lead State Staff	Status
the new eWIC redemption process.	Objective 3.3: Evaluate the peer group system and establish new peer groups.		Objective 3.3: In Progress
<b>Goal IV. Information Systems:</b> Implement an eWIC ready management information system during federal fiscal 2019	<p>Objective 4.1: HANDS rollout training Release the first component of the HANDS New Employee Training for state and local agency staff.</p> <p>Objective 4.2: E-Learning: Nutrition Assessment, Implement the Arizona guidebook for the Nutrition Assessment course in addition to the learning modules set at periodic time intervals.</p> <p>Objective 4.3: E-Learning: HANDS Train state and local agency staff on the HANDS system in collaboration with Arizona WIC.</p> <p>Objective 4.4: EBT Development - Pilot Pilot EBT by late spring/early summer 2019. Rollout will begin late summer/early fall with full rollout expected by September 2019.</p>	WIC Program Manager/ Director, Project Coordinator, Nutrition Education Coordinator	<p>Objective 4.1: Ended in November 2018</p> <p>Objective 4.2: Did not meet.</p> <p>Objective 4.3: In Progress</p> <p>Objective 4.4: Did not meet</p>
<b>Goal V. Caseload Management and Outreach:</b> Implement statewide outreach strategy that leverages the eWIC transition as a way to rebrand DC WIC.	<p>5.1 Promote the implementation of eWIC to previous, existing and potential WIC participants to increase participant recruitment and retention.</p> <p>5.2 Collaborate with stakeholders (Community Advocates, Medical Caregivers and District Intergovernmental agencies) to facilitate accurate health messages and referrals.</p> <p>5.3 Increase participant recruitment, retention and perception of the WIC Program by continuing in the participation of the National WIC Association's Recruitment and Retention Campaign.</p> <p>5.4 Use data mining strategies from our current MIS system; Community Automated Reliable Electronic System (CARES) to develop outreach initiatives in each potentially WIC eligible person's category for priority levels being served.</p>	Public Health Advisor, WIC Contractor	<p>Objective 5.1: Did not meet</p> <p>Objective 5.2: Achieved</p> <p>Objective 5.3: Achieved</p> <p>Objective 5.4: In Progress</p>

## Breastfeeding



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

### Bureau Strategies

The Bureau has adopted strategies that intervene on the individual, community, and institutional level that target different segments of the population. Together, over the long term, these strategies are expected to lead to a higher proportion of babies being born to mothers in the District who breastfeed, who continue to breastfeed at 6 months and 12 months, and who exclusively breastfeed at 3 months and 6 months. This will be accomplished by implementing strategies in four major areas:

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

The following table shows how funding from various programs contributes to support breastfeeding activities:

	Strategy by Program/Funding Source			
	WIC	WIC Peer Counseling Grant	District Breastfeeding Network	Maternal and Child Health Services Block Grant
Training	■	■	■	
Technical Assistance	■	■	■	■
Policies and Procedures	■	■		
Direct Services	■	■		■

### Accomplishments in 2019

During fiscal year 2019, DC WIC strengthened its partnerships with public and private stakeholders. The District of Columbia’s Lactation Commission allowed the DC WIC program to position itself as a key collaborator in breastfeeding promotion and support throughout the District. The purpose of the commission is to “make recommendations to the Mayor and DC Health regarding legislative, programmatic, and policy ways 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 role includes ensuring that the commission’s agenda aligns with DC Department of Health strategic priorities. The DC WIC Breastfeeding Coordinator serves as the DC Health representative to facilitate a collaborative partnership between the Commissioners and the other government representatives. Government representatives from the Office of the State Superintendent of Education (OSSE), Department of Health Care Finance (HCF), Department of Human Services (DHS), and the Department of Human Resources (DCHR) are represented on the Commission.

Another key partnership DC WIC has cultivated is with the DC Breastfeeding Coalition (DCBFC). With the assistance of Title V funding, the DCBFC has joined forces with the DC WIC Program in providing additional breastfeeding support in areas that need it the most. The DCBFC has hired a part-time International Board Certified Lactation Consultant (IBCLC) to assist WIC mothers with breastfeeding concerns outside of the peer counselor’s scope of practice at WIC sites located in Ward 7 & 8. Through the dissemination of the Lactation Support Survey (2019 Objective 1.3) and thorough review of breastfeeding data, DC WIC has identified WIC sites in Ward’s 7 & 8 with the greatest need of additional support based on the disparate breastfeeding rates and lack of breastfeeding support services that these sites have compared to WIC sites in other areas of the city. These WIC sites also have higher rates of African American women and infants enrolled at their sites, a population at higher risk for lower breastfeeding initiation and duration. Serving this population aligns with the mission goals of the DCBFC and therefore was the perfect organization to align with for this project.

With the help of the Pacify team, all four DC local agencies have been oriented and trained to assist WIC participants in enrollment for the Pacify Application program. These trainings occurred during the months of December, January and February. Since the trainings, monthly data and analysis have been provided to the State Breastfeeding Coordinator and Local Agency Breastfeeding Coordinators from Pacify. These reports are reviewed for quality assurance and submitted to the Breastfeeding Peer Counselors or Designated Breastfeeding Expert for participant follow up. As of June 30th, 2019, DC WIC has enrolled 507 participants in the Pacify program. Of those 507 participants, there have been 324 clinical consults. The range of advice provided to WIC participants by the Pacify IBCLC’s include weaning, taking medications while breastfeeding, latching, using nipple shields, weight gain, constipation, maintaining milk supply and more. The average consultation a participant had with an IBCLC was six minutes long and 53% of clinical consults have taken place outside of WIC site hours. Participant feedback has been positive with a 4.9 star out of 5-star rating. Since the December 2017 launch to all WIC local agency sites, breastfeeding initiation rates for the DC WIC program have increased from 57% to 63% district-wide. DC WIC program has also reached its goal of increasing African American rates to greater than 50% during fiscal year 2019 and continues to strengthen its partnerships with public and private stakeholders.

To ensure consistency in messaging, DC Health has taken a multi-sector approach to influence breastfeeding outcomes for the District of Columbia. These strategies include supporting hospitals through the Baby Friendly Hospital® process, increasing access to breastfeeding peer and professional support, and promoting a culture of breastfeeding support within the District. At this time, the District does not have data to support a specific action that increased breastfeeding outcomes, however breastfeeding rates have increased overall in the District in the past few years. According to the Centers for Disease Control (CDC) Breastfeeding Report Card, the percentage of infants who were ever breastfed has increased from 75% to 83% from 2010 to 2015. This increase has also been seen in all other breastfeeding measures collected by the CDC, including the percentage of infants who were breastfed at 6 months, which increased from 49% to 66% within the 5-year time frame.

## Nutrition

In fiscal year 2019, DC WIC set out to enhance the skillset of our staff and improve the client experience by strengthening key digital resources and introducing new ones. By listening to feedback from stakeholders, gathering best practices from other state agencies and analyzing our own efforts, DC WIC implemented the following tactics to achieve, or push towards, these overarching objectives:

1. Implement a new Nutrition Services Train-the-Trainer program to support ongoing efforts aimed at enhancing staff competencies
2. Expand the Competent Paraprofessional Authority (CPPA) initiative including evaluating effectiveness in meeting goals and objectives
3. Expand and evaluate the utilization of interactive web-based education tools that serve to improve nutrition services delivery, caseload management and participation
4. Expand and evaluate the shopping app that was implemented to enhance the overall WIC shopping experience

### Nutrition Services Train-the-Trainer Program

In October 2018, DC WIC partnered with the Arizona WIC program in the development of a new Nutrition Services Train-the-Trainer program (see 2019 objective 2.1). Arizona WIC is recognized as a leader in training with a suite of highly developed lesson plans and learning modules. The training program rolled out in August 2018 and continued through November. WIC employees received training on visual, auditory and tactile learning methods. The training covered all aspects of the WIC certification process including intake, anthropometrics, assigning the food package, nutrition education, breastfeeding, referrals and documentation. The training also reviewed patient-centered services (PCS) and introduced new tools for helping participants explore their thoughts and feelings around topics related to their nutrition priorities. PCS better enable designated employees to successfully provide value-enhanced nutrition assessments (VENA).

Initial trainings took place between August and November 2018. The program is being evaluated using multiple methods including individual knowledge assessments, facilitated group feedback sessions, and state agency staff onsite monitoring. Monthly trainings will resume in fiscal year 2020.

### Competent Paraprofessional Authority

The Competent Paraprofessional Authority (CPPA) position was introduced in 2018 to help improve the WIC appointment flow and nutrition service delivery for low and high-risk participants. The CPPA is responsible for performing initial health and dietary assessments, offering nutrition education on basic eating and healthy lifestyles, assigning default food packages and making referrals to health and social services for non-high risk participants. Since inception, CPPA's have become an integral part of the DC WIC certification process. During 2019, the state agency began working to expand the CPPA role and responsibilities to include seeing breastfeeding mothers and screening high-risk participants in the absence of a Competent Professional Authority (CPA). CPPA's continue to receive training at the local and state level and were evaluated during the

state agency's Management Evaluations of 2019. Overall, CPPA's were found to be competent in their positions and eager to grow into their new role. They did well with recently learned skills such as assigning food packages and facilitating participant-centered discussions.

### **Digital Nutrition Education Content**

DC WIC continues to employ new tools to reach participants and staff in the digital space. DC WIC utilizes its website and Instagram account to improve nutrition education materials available to both staff and participants. These enhanced, evidence-based materials have become essential tools for enhancing participant knowledge and understanding of targeted nutrition and health topics.

In addition to enhancing State developed digital tools, a local agency is partnering with a non-profit, called 1,000 Days, to deliver new evidence-based video content on how to introduce foods to infants. Positive pilot results, will likely inform future DC WIC nutrition education strategies to include on demand learning opportunities that complement in-person education.

### **WICSmart and WICShopper**

The DC WIC Program continues to promote the use of the smartphone apps WICSmart and WICShopper to improve quality of services for our participants. The apps were implemented with the goal of reducing the amount of time participants spend at WIC appointments and to assist participants in using WIC benefits at grocery stores. These two app initiatives are ongoing. In fiscal year 2019, the state agency introduced two new nutrition education features on the WICShopper app – *Cooking Matters*® and *Talking is Teaching*®. The *Cooking Matters*® button allows participants to see video and image-based content that educate users on the ways to save time, money and nourish their young children with the healthy foods provided by WIC. The *Talking is Teaching*®. button promotes the importance of early brain and language development by providing parents with tools to talk, read and sing with their young children from birth. Adding new content to the WICSmart app is a priority for Q4. Evaluation of these two apps is ongoing.

### **Farmers' Market Nutrition Program (FMNP)**

In fiscal year 2019, the DC WIC Program worked to increase FMNP redemption, expand access and enhance user knowledge and confidence. DC WIC participants, including infants have access to program vouchers to purchase fresh, locally sourced produce at farmers' markets. While at the markets, they can participate in SNAP-Ed nutrition education. Their WIC eligibility enables them to receive other DC healthful food access benefits like Produce Plus or Farmers' Market Produce Prescription.

### **Vendor Management**

In FY2019, DC WIC continued to strengthen the vendor management section by contracting a resource to assist with monitoring, updating the DC WIC approved product listing sheet, UPC collection and authorizing new vendors to for the WIC program. Thirty-six compliance buys will be conducted in FY2019 using a contracted investigation company and WIC local agencies. The vendor management team continues to conduct site visits to ensure vendor compliance with minimum stock requirements, price verification and providing training as needed. The team will also will be reviewing applications and conducting background checks as part of the reauthorization process for new and existing authorized vendors.

## Vendor Readiness

In FY2020, the vendor team will survey vendors and other stakeholders to obtain information that will assist with moving towards eWIC.

## Community Engagement/Outreach

DC WIC has built strong partnerships within several DC Health administrations, collaborating with programs administered in the Community Health Administration (CHA) and the HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA). Through these partnerships, DC WIC engages with families participating in SNAP-Ed, Help Me Grow, and Healthy Start. Externally, DC WIC maintains longstanding relationships with prominent public health advocacy organizations, including the DC Breastfeeding Coalition and DC Hunger Solutions. These partnerships help move the needle towards improved health equity improved birth outcomes, teen pregnancy reduction, and decreased food insecurity, obesity and chronic disease.

DC WIC continues to collaborate with partners such as pre-K centers, DC Child and Family Services, OSSE, and DC Public Schools (DCPS) around early childhood education, health and wellness. DC WIC also lends its expertise to the State Early Childhood Development Coordinating Council (SECDCC), a diverse group of community stakeholders dedicated to the interest of children and families in the District. Members of the SECDCC include the United Planning Organization (UPO), Department of Human Services (DHS), DCPS, and the Bainum Family Foundation.

## National WIC Association’s (NWA) Recruitment and Retention Campaign



NORTHEAST SITES	NORTHWEST SITES	SOUTHEAST SITES
<b>WIC at East of the River</b> 1000 East of the River Washington, DC 20003 (202) 697-7100	<b>WIC at Upper Columbia</b> 4000 14th St NW Washington, DC 20011 (202) 697-7100	<b>WIC at Annapolis Station</b> 1100 Annapolis Station Washington, DC 20004 (202) 697-7100
<b>WIC at Columbia</b> 100 Columbia St NE Washington, DC 20002 (202) 697-7100	<b>WIC at National Health Services</b> 1100 National Health Services Washington, DC 20004 (202) 697-7100	<b>WIC at Mt Rainier</b> 100 Mt Rainier St Washington, DC 20004 (202) 697-7100
<b>WIC at Capitol Hill</b> 100 Capitol Hill Washington, DC 20004 (202) 697-7100	<b>WIC at Georgetown</b> 100 Georgetown Washington, DC 20007 (202) 697-7100	<b>WIC at the Hill</b> 100 the Hill Washington, DC 20007 (202) 697-7100
<b>WIC at Annapolis</b> 100 Annapolis Washington, DC 20004 (202) 697-7100	<b>WIC at Capitol Hill</b> 100 Capitol Hill Washington, DC 20004 (202) 697-7100	<b>WIC at the Hill</b> 100 the Hill Washington, DC 20007 (202) 697-7100
<b>WIC at Capitol Hill</b> 100 Capitol Hill Washington, DC 20004 (202) 697-7100	<b>WIC at the Hill</b> 100 the Hill Washington, DC 20007 (202) 697-7100	<b>WIC at the Hill</b> 100 the Hill Washington, DC 20007 (202) 697-7100

The DC WIC Program continues to participate in the National WIC Association’s (NWA) Recruitment and Retention Campaign, and has incorporated the branding and messaging into print materials, social media, and website communications. DC Health’s Vital Records Department shares DC WIC outreach materials with all families that have recently delivered babies in DC hospitals, and collaboration meetings have been conducted with pre-natal centers throughout the District to encourage them to display and distribute DC WIC outreach materials.

To continue our efforts in improving DC WIC’s digital presence and to maintain brand consistency, The DC WIC website ([www.dcwic.org](http://www.dcwic.org)) has undergone changes to improve the user experience as WIC families, local agency staff, and community partners look to access information related to the DC WIC program online. Additionally,

a DC WIC Instagram account was created in March 2019 (@dcwic), which features posts curated by NWA, pictures from special community events, and other WIC-related news.



## Information Systems

DC WIC is prepared to convert its existing management information system; Community Automated Reliable Electronic System (CARES), to the Health and Nutrition Delivery System (HANDS), an Electronic Benefit Transfer (EBT) ready Management Information System (MIS) and implement an eWIC solution District-wide. Several different approaches to making this transition were considered, and since November 2018, DC WIC has focused its efforts on a DC Health led procurement strategy that is moving the project forward.

Once implemented, the new MIS/eWIC solution will improve data management, record-keeping, and program monitoring within the state agency, and, most importantly, will improve the DC WIC participant experience. The combined MIS/eWIC project will be a multi-state and multi-contractor initiative. The key to a successful MIS/eWIC transfer and implementation will be careful coordination and communication led by the DC state agency's project management and functional units and include contractors, local agencies, WIC vendors, participants, and federal partners.

In FY2020, DC WIC has plans to procure both training and technical assistance from the Arizona (AZ) WIC state agency. As noted, the AZ WIC team are subject matter experts with transfer and implementation support of HANDS and eWIC. This expertise will be support DC WIC roll out.

Five major goals for the MIS/eWIC implementation includes:

1. Goal I: Improve the participant experience while balancing the needs of internal and external WIC stakeholders because the current system and paper checks result in suboptimal processes and stigma for WIC participants.
2. Goal II: Improve the process efficiency and overall infrastructure for local agencies. The legacy automated system, CARES, deploys obsolete client/server architecture and is expensive to maintain based on the scale of the DC WIC Program. The age of the system is becoming more and more of a liability as incompatibility issues prevent necessary software updates that reflect common best practices in technology.
3. Goal III: Improve Vendor Processes
4. Goal IV: Host the future HANDS system in the Oracle Cloud Gen2; DC Health's new network environment.

5. Goal V: Onboard a Project Manager who will coordinate MIS/EBT transfer and implementation activities.

DC WIC will continue to focus on areas identified by the AZ team during a site visit as the crucial components of a successful implementation, namely:

- Successful data mapping and conversion of the data;
- Complete testing of the converted data;
- Establishment and testing of the eWIC connection to HANDS;
- Training of staff on how to do a complete assessment during conversion process;
- Completion of HANDS (online and in person) training activities;
- Ensure all local agency sites have internet access due to the Oracle Cloud Gen2 conversion;
- Procurement and installation of new computers and printers for state and local agency staff based on data collected via a service site survey in FY2017;
- Vendor Point-of-Sale certified and test buys complete; and
- Approved Product Listing that is ready and tested by vendors.

### **Electronic Benefit Transfer (EBT)**

WIC EBT in the District is referred to as eWIC to reduce confusion with SNAP EBT. DC WIC intends to pilot eWIC in 2020. Following a successful pilot, DC WIC projects to begin District-wide roll out during the summer of FY2020.

# Fiscal Year 2020 Goals and Objectives

<b>Goal I. Breastfeeding: Implement evidence and practice based breastfeeding promotion and support activities to increase breastfeeding initiation and duration rates.</b>		
<b>Note: Increasing breastfeeding initiation and duration rates is a public health priority both in the District of Columbia and nationally. DC WIC state agency staff develops, implements and evaluates innovative, engaging breastfeeding initiatives through collaborations and coordination with District Government programs and community based organizations focused on improving maternal, infant and child health outcomes.</b>		
<b>Objectives for 2020</b>	<b>Actual Performance in 2020</b>	<b>Status of Goal Attainment</b>
<b>WIC</b>		
1.1 Conduct competency based trainings of the revised Grow and Glow Training Platform for all WIC staff.		
1.2 Conduct at least monthly (or quarterly...) technical assistance meetings with peer counselors (Continuation from Objectives for FY2019).		
1.3 Increase access to Designated Breastfeeding Experts (DBEs) throughout all WIC sites to provide additional support to breastfeeding mothers.		
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 Objectives for FY2019).		

<b>Goal II. Nutrition: Continue to enhance the revitalizing Quality Nutrition Services initiative in WIC by implementing quality control and quality improvement measures</b>		
<b>Objectives for 2020</b>	<b>Actual Performance in 2020</b>	<b>Status of Goal Attainment</b>
<b>WIC</b>		
2.1 Continue Nutrition Services Train-the-Trainer program to support ongoing efforts aimed at enhancing staff competencies.		
2.2 Evaluate and strengthen the Competent Paraprofessional Authority (CPPA) initiative in meeting goals and objectives.		
2.3 Evaluate the utilization of interactive web based education tools that serve to improve nutrition services delivery, caseload management and participation.		
<b>Goal II. Nutrition: Continue to enhance the revitalizing Quality Nutrition Services initiative in WIC by implementing quality control and quality improvement measures</b>		

2020	Objectives for 2020	Objectives for 2020	Objectives for 2020
<b>WIC</b>			
	2.4 Expand the WIC Shopper app to enhance the WIC shopping experience utilizing eWIC.		

<b>Goal III. Vendor Management: Enhance vendor accountability procedures through the development of eWIC vendor materials to help assist vendors with the eWIC redemption</b>		
Objectives for 2020	Actual Performance in 2020	Status of Goal Attainment
<b>WIC</b>		
3.1 Create training materials for authorized WIC vendors with assistance in learning the eWIC benefits system.		
3.2 Expand the Vendor Management section from .5 FTEs to 2 FTEs.		
3.3 Implement food delivery policies and procedures that aligns with eWIC regulatory requirements and practices.		
3.4 Convene a vendor advisory group based upon capacity and size requirements (small-independent grocers and large commercial grocers).		

<b>Goal IV. Information Services: Implement an eWIC ready management information system during Fiscal Year 2020</b>		
Objectives for 2020	Actual Performance in 2020	Status of Goal Attainment
<b>WIC</b>		
4.1 HANDS rollout training Release the first component of the HANDS New Employee Training for state and local agency staff.		
4.2 E-Learning: Nutrition Assessment Implement the Arizona electronic guidebook for the Nutrition Assessment course in addition to the learning modules set at periodic time intervals.		
4.3 E-Learning: HANDS Train state and local agency staff on the HANDS system in collaboration with Arizona WIC.		
4.4 EBT Development - Pilot Pilot EBT by early summer 2020. Rollout will begin late summer/early fall with full rollout expected by October 2020.		

<b>Goal V. Caseload Management: Create data driven strategies that leverage the eWIC transition to increase program participation and accessibility.</b>		
<b>Objectives for 2020</b>	<b>Actual Performance in 2020</b>	<b>Status of Goal Attainment</b>
<b>WIC</b>		
5.1 Promote the implementation of eWIC to previous, existing and potential WIC participants to increase participant recruitment and retention.		
5.2 Collaborate with stakeholders (Community Advocates, Medical Caregivers and District Intergovernmental agencies) to facilitate accurate health messages and referrals for WIC.		
5.3 Collaborate with the Office of the State Superintendent of Education with information needed for the district-wide Early Childhood Integrated Data System.		
5.4 Use data mining strategies from our current MIS system; CARES to design and develop data visualization dashboards, utilizing tableau.		

## SECTION 2: LOCAL AGENCY OPERATIONS

### Program Management and Accountability

Fiscal Year 2019 Income Eligibility Guidelines were implemented at all participating local agencies as of July 1, 2019.

## SECTION 3: STATE AGENCY OPERATIONS

### Operational Summaries

Note: The Operational Summaries section of the 2019 DC WIC State Plan will be uploaded to the USDA Partnerweb portal by August 15, 2019 for approval by the Mid-Atlantic Regional Office and are available upon request. For the purposes of this document, each functional area shown below has been updated according to each checklists for fiscal year 2020.

<b>USDA Required Functional Areas in Guidance</b>
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

## USDA Required Functional Areas in Guidance

8. Certification, Eligibility and Coordination of Services

9. Food Delivery/Food Instrument/Cash Value Voucher/Cash Value Benefit Accountability and Control

10. Monitoring and Audits

11. Civil Rights