



# MASSACHUSETTS WIC ENHANCED REFERRAL AND FAMILY SUPPORT PROJECT


Final Report to U.S. Department of Agriculture  
Food and Nutrition Service  
2011 MA WIC Special Project Grant,

*MA WIC Enhanced Referral and Family Support Project*

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Lastly and most importantly, we extend our profound thanks and respect to the thousands of Massachusetts WIC participants who, over the past four years, have completed surveys, talked about WIC in focus groups, and provided their honest and extremely helpful feedback about their experiences with the WIC referrals process. Our hope is that the Enhanced Referral and Family Support Project has contributed positively to their lives and the wellbeing of their families and children.



## ABSTRACT

Massachusetts WIC was awarded the Food and Nutrition Service (FNS) 2011 WIC Special Project Grant (Full Paper) to conduct the evaluation of the Massachusetts WIC Enhanced Referral and Family Support Project. Massachusetts WIC has completed the evaluation of the program designed to enhance the referral component of the WIC program. The **Massachusetts WIC Enhanced Referral and Family Support Project** enabled ten WIC agencies across the Commonwealth to hire half-time Family Support Coordinator(s) (FSC) to help high-need families, with complex life circumstances, find and use community resources they might otherwise not have accessed. Massachusetts WIC conducted a pre-post program evaluation design using the focus groups and surveys of both WIC participants and staff.

**Project Rationale:** The challenge facing all WIC programs is the retention of children in the WIC program. WIC participants often lead complex lives. Focusing on the nutrition component of WIC becomes difficult when participants feel overwhelmed with more pressing concerns such as lack of housing, family violence, or untreated substance abuse or mental health problems. To this end, research is limited on the barriers to retention of children in WIC. In one study conducted by the New York State WIC Program, barriers to retention among infants and children were due to federal, state, and/or local provider policies, rules or procedures. In addition, “particular circumstances of individual clients, their family or household situation, or the communities within which they reside impacted retention”.<sup>1</sup> Chang et al. report the retention rate of mothers participating in an obesity study in the Michigan WIC Program was impacted by stress, emotional disturbance, and depression. Chang also noted that “recruitment and retention are important determinants of success for programs to improve nutrition and lifestyles behaviors, especially when participants are from low-income and racial/ethnic populations.”<sup>2</sup> Homeless families, in particular, may not have the structural resources needed to access helpful programs or even WIC nutritionist recommendations on their own, especially if they lack telephones or are living in shelters that lack kitchen facilities.<sup>3</sup> In addition, many families are now seeking WIC services for the first time, especially in recent times of economic challenges.

Barriers to retention posed by housing, health, mental health, and other concerns of WIC participants affect WIC programs across the United States. Many factors in a parent’s life, including both the stresses of caring for young children and other social and economic challenges families in poverty face on a daily basis, tend to make nutrition a lower priority. WIC nutrition staff routinely refers families to federal and state programs and community-based organizations that can make a positive difference in their lives, thus helping them utilize WIC’s nutrition benefits and education more effectively. There are some WIC families, however, whose health and social service needs are complex to the point where WIC nutrition staff feel they cannot adequately meet their needs within the time constraints of certification, recertification, and nutrition education visits.

<sup>1</sup> Woelfel, Mary Lou. *Barriers to Retention Among New York State (NYS) WIC Infants and Children*. New York State Department of Health. Division of Nutrition, Evaluation and Analysis Unit. December 2001; <<http://www.fns.usda.gov/ora/menu/DemoProjects/WICSPG/Reports/BarriersExecSum.htm>>.

<sup>2</sup> Chang, Mei-Wei, Roger Brown, and Susan Nitzke. “Participant Recruitment and Retention in a Pilot Program to Prevent Weight Gain in Low-Income Overweight and Obese Mothers.” *BMC Public Health* 9.424 (2009). *BioMed Central*. 21 Nov. 2009. Web 23 Mar. 2010; <<http://www.biomedcentral.com/1471-2458/9/424>>.

<sup>3</sup> Schlosstein, Edythe, Patricia St. Clair, and Frederick, Connell. “Referral Keeping in Homeless Women.” *Journal of Community Health* 16.6 (1991).

Massachusetts WIC's Family Support Coordinators help these high-need families identify community resources and navigate the application process for benefits offered by SNAP, the Massachusetts Department of Transitional Assistance (TANF/TAFC), and the Commonwealth's subsidized health insurance program, MassHealth.

Oberg (2000) noted the importance of undertaking focused, interdisciplinary, and coordinated interventions for high risk families.<sup>4</sup> The care coordination model found that families experience difficulty navigating through the system. The enhanced referral and coordination offered by the Family Support Coordinators provides comprehensive family-centered care to empower women to address unresolved issues that affect quality of life.

**Funding History:** In 2010, Massachusetts WIC requested and received Operational Adjustment (OA) funding for the Massachusetts WIC Enhanced Referral and Family Support Project. After the implementation of the Massachusetts WIC Enhanced Referral and Family Support Project at the ten local WIC agencies, Massachusetts WIC was awarded the FY 2010 WIC Special Project (Concept Paper) Grant. The development of the Concept Paper enabled Massachusetts WIC to conduct a literature review, hire a grant writer, and acquire an independent research firm, Market Street Research, Inc. to conduct qualitative research on the impact of the Family Support Coordinators on WIC's referral component and how best to structure the Family Support Coordinator position to meet their needs and the needs of WIC families and WIC nutrition staff.

In addition, Market Street Research, Inc. explored whether local WIC programs with a Family Support Coordinator providing enhanced referral support services improves participant satisfaction with the WIC program and increases the likelihood that WIC children continue their participation throughout their eligibility to develop the full grant proposal. As part of the 2011 WIC Special Project Grant, Market Street Research, Inc. was hired to conduct a comprehensive process and impact evaluation of the Massachusetts WIC Enhanced Referral and Family Support Project, beginning in October, 2012.

**Project Scope:** Since the evaluation of the Massachusetts WIC Enhanced Referral and Family Support Project began, between 1% and 4% of high-need WIC families served by the ten agencies participating in the program have been referred to Family Support Coordinators. In total, more than 5,100 WIC families have been referred to Family Support Coordinators, who are hired on a part-time (0.5 FTE) basis by the local WIC agencies.

**Structure of this Report:** This report covers the 2011 WIC Special Project Grant evaluation of the Massachusetts WIC Enhanced Referral and Family Support Project from 2012 to 2014. After an initial introduction, the report is divided into four sections:

- History of the Massachusetts WIC Enhanced Referral and Family Support Project
- Profile of Family Support Coordinators, including how they are hired, their qualifications, and the work they do with WIC families
- Evaluation of the Massachusetts WIC Enhanced Referral and Family Support Project from 2012 to 2014
- Summary of evaluation findings and plans for program sustainability

<sup>4</sup> Oberg, C. *The Interplay of Poverty and Adverse Health Outcomes*. *Minnesota Medicine*, August 2000. Vol. 83, p 20-21.

## INTRODUCTION

The Massachusetts WIC Enhanced Referral and Family Support Project is a state and USDA funded pilot program designed to support nutrition staff at WIC programs in the referral process. Referrals are a primary component of WIC. In addition to food insecurity, WIC participants often experience concerns such as precarious housing, lack of transportation, job loss and underemployment, health problems, and financial constraints affecting their ability to pay for child care, heat/utilities, food, and other basic necessities.

Many difficult factors in a parent's life, including the day-to-day stresses of caring for young children, may get in the way of making healthy diet choices. Some WIC participants are victims of domestic violence, have alcohol or substance abuse problems or mental health issues, or have other social or economic concerns that tend to make nutrition a lower priority in their lives. WIC staff respond to these challenges by referring families to federal and state programs and community-based organizations that can make a positive difference in their lives.

Over the past decade, Massachusetts WIC has invested substantially in finding ways to support nutrition staff in the referral process, both by providing the training and materials they need to make appropriate referrals and by working with health and human service providers to facilitate WIC participants' access to available resources.

Massachusetts WIC created the Massachusetts WIC Enhanced Referral and Family Support Project after listening to nutrition staff concerns about their effectiveness at helping WIC participants who need extra assistance beyond what can be effectively offered during certification or recertification appointments.

### *Project Setting: Massachusetts and Massachusetts WIC Program*

The Commonwealth of Massachusetts is among the nation's smallest states in terms of land area, but with nearly 6.7 million residents it is the 18<sup>th</sup> largest in the United States in population, and the 3<sup>rd</sup> most densely populated in residents per square mile. Massachusetts ranges from large urban communities (Boston is the nation's 24<sup>th</sup> largest city) to suburban counties, small college towns, and rural communities. Massachusetts is comprised of 14 counties and 351 cities and towns with a total population of 6,745,408.<sup>5</sup> As of 2014, there are an estimated 364,770 children under the age of five in Massachusetts.<sup>6</sup> Of these children, about 30.3% live below WIC's income eligibility guideline of 185% of the Federal Poverty Level.<sup>7</sup>

The Massachusetts WIC Program is administered by the Massachusetts Department of Public Health's Bureau of Family Health and Nutrition. Massachusetts WIC has 35 local WIC programs operating 119 clinics/sites, serving both rural and urban areas throughout the state's six administrative regions (see Table 1). In an average month, participation in Massachusetts WIC totals about 115,114 individuals of whom 23% are infants, 54% are children ages 1 to 5 years, 9% are pregnant women, 7% are breastfeeding women, and 6% are postpartum women.

<sup>5</sup> *Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2014 (Table PEANNRES)*. U.S. Census Bureau, Population Division, released May, 2015 ([factfinder.census.gov](http://factfinder.census.gov)).

<sup>6</sup> *Population Under 18 Years by Age (Table B09001)*. U.S. Census Bureau, American Community Survey, 2010-2014 5-Year Estimates ([factfinder.census.gov](http://factfinder.census.gov)).

<sup>7</sup> *Age by Ratio of Income to Poverty Level in the Past 12 Months (Table B17024)*, U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates ([factfinder.census.gov](http://factfinder.census.gov)).

## Massachusetts Realities: Barriers Associated with Referrals

There are numerous barriers associated with navigating health and human service agencies in Massachusetts. Not all regions of the Commonwealth are adequately served by a range of community-based programs, health and human services programs, and agencies needed to fully support WIC participants. Coordination among providers serving residents with low incomes is not always ideal, and funding for many programs that these residents rely on fluctuates from year to year.

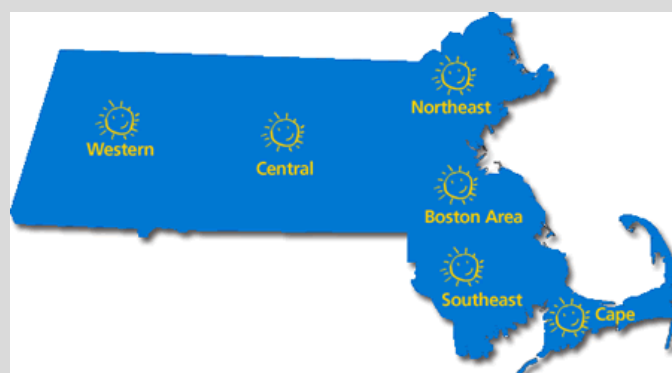
Within this context, WIC nutrition staff are not always confident that they have the time or knowledge they need to work effectively with participants whose needs—emotional or physical—go beyond average.

During the initial nutrition staff focus groups conducted for the 2011 WIC Special Project Grant, nutrition staff gave the following reasons for not being able to help WIC participants with referrals as much as they felt was needed:

- They lacked sufficient time for follow-up on referrals made and were never able to find out whether participants received the services they needed.
- They were not sure where to refer participants, or did not have sufficient time or information or knowledge about local resources to be able to refer them effectively.
- No resources existed in the community that could help a participant, or resources did exist but with insufficient capacity, lengthy waiting lists, or lack of funding.

Nutrition staff recognize that referrals are an important component of the WIC program and they think WIC generally does a good job of helping high-need participants find resources in the community that will address their needs. At the same time, nutrition staff are frustrated by aspects of the referral process that goes beyond their own or WIC's control, such as problems getting WIC participants to follow-up on referrals, problems finding resources for participants with highly specific needs, and the continual need to keep the lists of local referral resources up-to-date and accurate.

**TABLE 1: Average Monthly Participation in Massachusetts WIC Program**



WIC Participation as of FY 2014:	Average Number	Percent of Total
Infants	26,359	23%
Children	62,708	54%
Pregnant women	10,942	9%
Breastfeeding women	8,380	7%
Postpartum women	6,726	6%
<b>Total WIC Participation</b>	<b>115,114</b>	<b>100%</b>

Source: *WIC Agency Level Monthly Spreadsheets, Massachusetts, USDA Food & Nutrition Service, FY 2014* ([www.fns.usda.gov](http://www.fns.usda.gov)).

## SECTION 1: PROJECT HISTORY

Massachusetts WIC Enhanced Referral and Family Support Project originated as a result of Massachusetts WIC's *Touching Hearts Touching Minds (THTM)*<sup>8</sup> and *Getting to the Heart of the Matter (GHM)*<sup>9</sup> projects which were funded by WIC Special Project Grants in 2003 and 2007. The goals of THTM and GHM were to improve staff communication with WIC participants, increase parental self-efficacy, and encourage participant and staff connections to the WIC program. THTM and GHM encourage staff to use emotion-based tools in nutrition assessments, consistent with the USDA's *Value Enhanced Nutrition Assessment (VENA)* initiative.

During GHM's pilot phase, nutrition staff reported the new tools and techniques helped open up conversations with participants, getting to the "heart" of what was on participants' minds. These tools, while effective in generating a participant-led nutrition assessment, also asked about topic areas for which nutrition professionals typically have little training—for example; family violence, financial problems, dealing with parent or child mental health issues, immigration status, and other personal issues. As a consequence of GHM, WIC staff began spending a significant amount of time beyond that allotted for nutrition appointments to manage high-need participants' emotional needs and identify appropriate resources to which to refer them.

In addition, WIC staff pointed out that many of the social issues encountered as a consequence of THTM and GHM have repercussions on the diet and health of participants and their families. These issues needed to be addressed before dietary improvements could be achieved. Massachusetts WIC decided that on-site "referral experts," subsequently called **Family Support Coordinators**, would work one-on-one with WIC participants who needed enhanced support and referrals for finding appropriate, local resources to help with issues and concerns such as, for example:

- **Housing** - homelessness, finding affordable housing, help paying for housing and utilities
- **Jobs** - finding jobs, getting job skills, pursuing a GED or higher education
- **Childcare** - finding appropriate childcare providers, paying for childcare
- **Health care** - assistance with applying for health insurance, finding health care providers and dentists
- **Food insecurity** - assistance with reviewing the application requirements for SNAP benefits, finding local food pantries
- **Mental health** - finding therapists, counselors, support groups for parents or children
- **Pregnancy** - support for pregnant women, support for fathers, programs for young parents

<sup>8</sup> *Touching Hearts Touching Minds (THTM)* was funded by a USDA Special Projects grant in 2003. THTM promotes behavior change among WIC participants by using emotion-based techniques to identify and target their underlying motivational drivers. THTM website is [www.touchingheartstouchingminds.com](http://www.touchingheartstouchingminds.com). Evaluation findings presented on WICWORKS; [www.nal.usda.gov/wicworks/Learning\\_Center/mailling/TouchHearts.pdf](http://www.nal.usda.gov/wicworks/Learning_Center/mailling/TouchHearts.pdf).

<sup>9</sup> *Getting to the Heart of the Matter (GHM)* was funded by a USDA Special Projects Grant in 2007. The program gives nutrition staff emotion-based tools for discussing important topics with WIC participants. GHM website is [www.gettingtotheheartofthematter.com](http://www.gettingtotheheartofthematter.com). Evaluation findings: Harvard School of Public Health, *Evaluation of the Massachusetts WIC Program's Getting to the Heart of the Matter (GHM) Pilot Study - Pre- and Post-Test Findings*, March, 2011; [www.nal.usda.gov/wicworks/Sharing\\_Center/MA](http://www.nal.usda.gov/wicworks/Sharing_Center/MA).

**Program Implementation:** Massachusetts WIC requested and received Operational Adjustment (OA) funding for fiscal year 2010 until 2016 to create the pilot program involving the Family Support Coordinators, who would be hired at local WIC programs on a half-time basis (0.5 FTE), to better support nutrition staff in assisting high-need WIC participants with referrals (see Figure A). The pilot program is known as the Massachusetts WIC Enhanced Referral and Family Support Project or the Family Support Coordinator Project.

In 2010, Massachusetts WIC applied for a WIC Special Project (Concept Paper) Grant to conduct formative research with WIC agency directors, nutrition staff, and participants on the impact of the Family Support Coordinators. The formative research helped Massachusetts WIC to develop the concept for the full grant proposal. Massachusetts WIC identified the full range of support provided to WIC participants by the Family Support Coordinators, and identified how Family Support Coordinators interact with and assist WIC staff with referrals at the local level. Massachusetts WIC's full grant proposal focused on the evaluation of the impact of the ten local WIC agencies with a Family Support Coordinator on child retention, satisfaction with WIC referral services from WIC staff and participants, and enhanced coordination with other key organizations and agencies, especially the other key organizations and agencies.

The 2011 WIC Special Project Grant (Full Paper) allowed for a comprehensive process and impact evaluation of the Massachusetts WIC Enhanced Referral and Family Support Project, the results of which are presented later in this report. Massachusetts WIC used the information obtained from WIC participants and WIC staff focus groups and surveys to concentrate on two key elements in the Massachusetts WIC Enhanced Referral and Family Support Project:

- Creation of a system for tracking referrals of WIC participants to Family Support Coordinators, utilizing Eos which is Massachusetts WIC's participant information system
- Ongoing training and support of Family Support Coordinators to make sure they had the tools and resources they needed to work with high-need participants on referrals

**Selection of Pilot WIC Programs:** Massachusetts WIC invited the state's 35 local WIC programs to apply to participate in the Massachusetts WIC Enhanced Referral and Family Support Project, and ten programs were selected from the pool of agencies that applied (see Figure B). In this report, the ten WIC programs selected to participate in the Massachusetts WIC Enhanced Referral and Family Support Project are referenced as "**pilot programs**" and they share the following characteristics:

- These programs volunteered to participate in the Massachusetts WIC Enhanced Referral and Family Support Project (i.e., were not randomly selected from the 35 WIC programs in Massachusetts).
- All are community-based agencies (not located in health centers), and thus lack the comprehensive, on-site networks of health and human service programs of the type that is often available at community health centers.

The pilot programs were selected by Massachusetts WIC based on their interest in the Massachusetts WIC Enhanced Referral and Family Support Project, their geographic location in rural areas, and whether they had access to a comprehensive network of health and social service support programs such as a community health centers. The pilot sites represent all areas of Massachusetts except Boston, where the widespread use of health centers hosting WIC clinics already substantially facilitates referrals.

**FIGURE A: Massachusetts WIC Enhanced Referral and Family Support Project Development and Funding History**

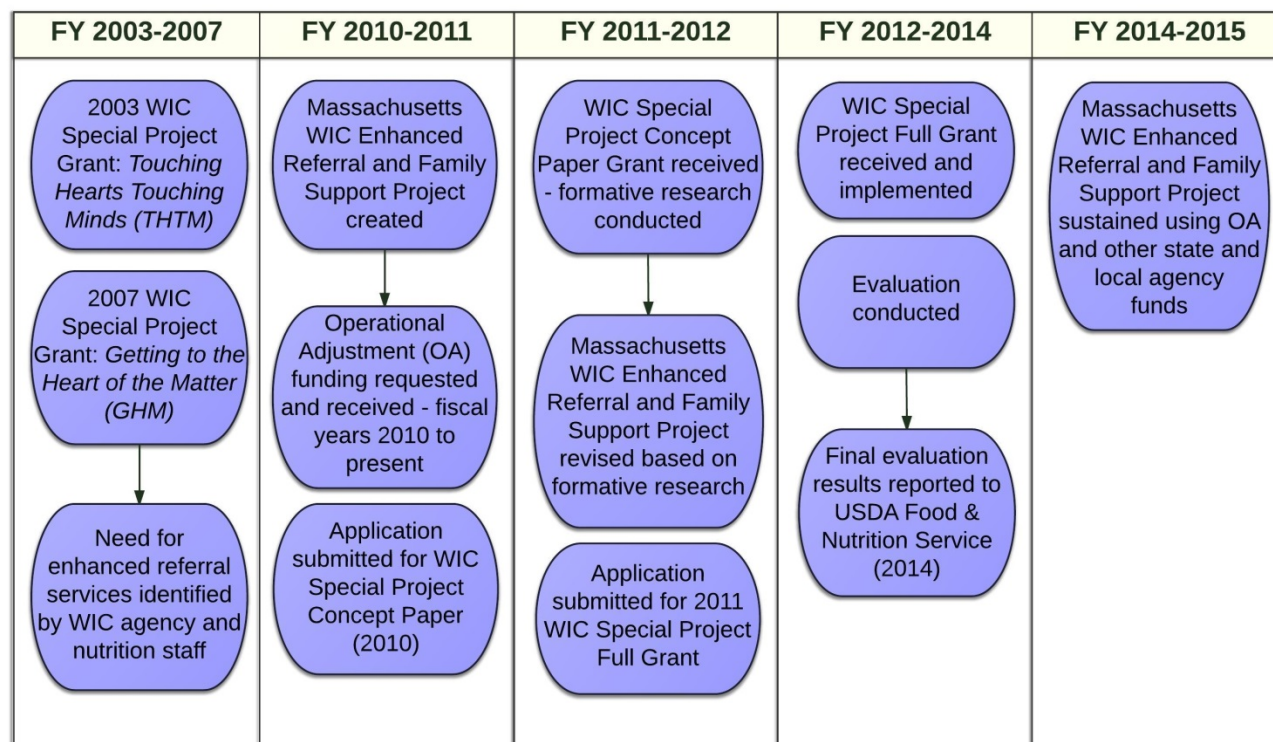
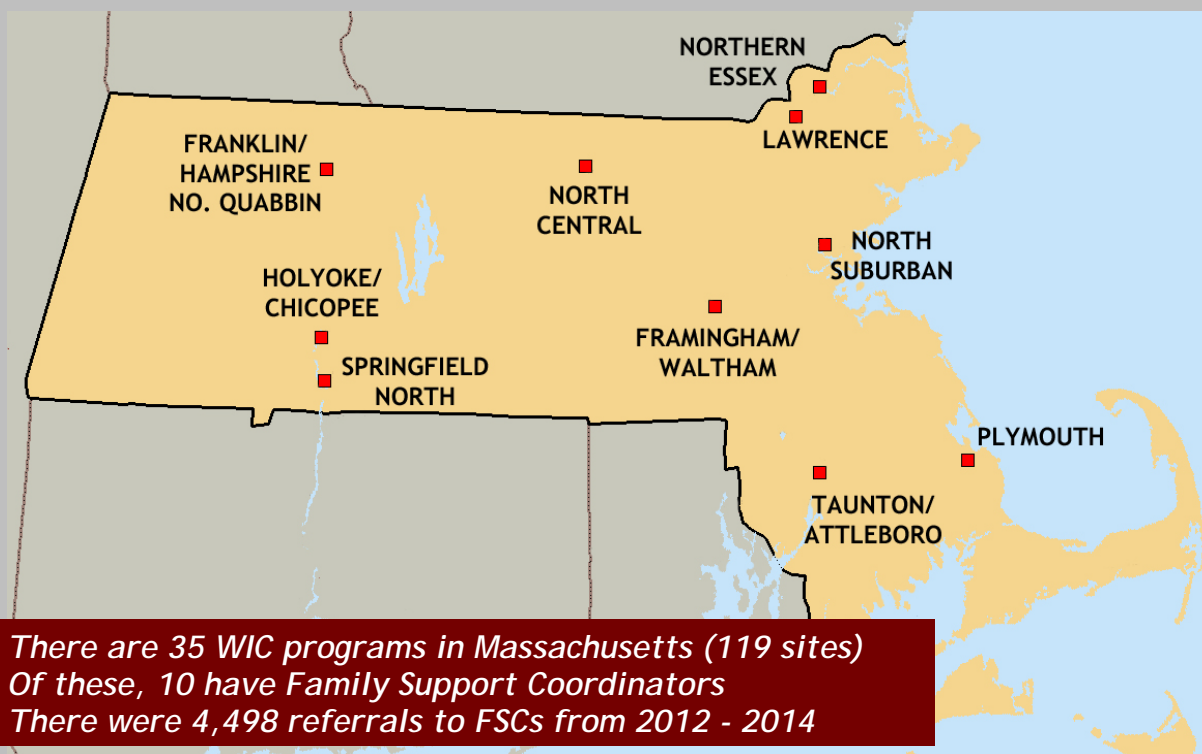


FIGURE B: Local Massachusetts WIC Programs with Family Support Coordinators



## SECTION 2: FAMILY SUPPORT COORDINATORS

The role of the Family Support Coordinators is the most important component of the Massachusetts WIC Enhanced Referral and Family Support Project. This section of the report provides details on how Family Support Coordinators were hired, their qualifications and job descriptions, and the ways in which they assist WIC participants with referrals. The end of this section contains case studies of Family Support Coordinators working with WIC participants and the outcomes on how they assisted those participants. The case studies demonstrate some of the complexity involved in meeting the needs of WIC participants with complex life circumstances and multifaceted referral needs.

### *Family Support Coordinator Responsibilities and Hiring Process*

Massachusetts WIC began the hiring process for Family Support Coordinators in 2010 when the position was supported by Operating Adjustment (OA) funds (refer to Figure A). WIC Program Directors and Senior Nutritionists assisted in developing the Family Support Coordinator's job description (see Figure C). The position was advertised as half-time with hourly wages ranging from \$14 to \$20 depending on geographic location and type of agency.

All of the Family Support Coordinators hired during the Massachusetts WIC Enhanced Referral and Family Support Project were hired directly by local WIC programs. Some were hired under the Case Worker/Manager employment category and some as Direct Care Program Consultants. The decision to make Family Support Coordinators a half-time position (20 hours) was based on funding limitations. Although Massachusetts WIC requested funding in the full grant proposal for two levels, 0.5 FTE and 0.75 FTE, the level of funding provided through the 2011 WIC Special Project Grant did not allow for the expansion of the position because the effectiveness of the position had not been proven.<sup>10</sup>

The Family Support Coordinators hired by the ten pilot programs in Massachusetts all have experience working with and/or studying vulnerable populations in their local communities. Most have held jobs at WIC or at other health and human service agencies that serve the same population that WIC serves; some have been students at local colleges in social work or nutrition-related fields. Many are parents of young children; most are bilingual and some are multilingual. Some have been WIC recipients. All have come to the Family Support Coordinator position with at least some knowledge of the types of resources available locally for residents with low incomes.

**Family Support Coordinator Job Responsibilities:** All ten pilot WIC Programs have multiple satellite clinics and the Family Support Coordinators were expected to support all of these sites. In total, the Family Support Coordinators serve 46 of Massachusetts' 119 WIC clinics.

<sup>10</sup> In applying for the WIC Special Projects full grant in 2011, Massachusetts WIC proposed offering two levels (0.5 FTE and 0.75 FTE) to evaluate whether the outcomes of the Massachusetts WIC Enhanced Referral and Family Support Project vary depending on FSC availability. See *Massachusetts WIC Enhanced Referral and Family Support Project, Application to USDA FY 2011 Special Projects Grants* submitted April 29, 2011 by the Massachusetts Department of Public Health *Special Supplemental Nutrition Program for Women, Infants and Children* (DUNS number 878298900). However, USDA FNS determined that funds could not be allocated for the expansion component at that time due to "evidence has yet to be provided to support the expansion of the FSC role." See letter from Leslie C. Byrd, Grants Officer, USDA Food and Nutrition Services to Jane Dvorak and Alicia High, Massachusetts Department of Public Health, dated July 28, 2011, pg. 2.

The Family Support Coordinators were required to maintain WIC confidentiality policies and they worked most directly with nutrition staff (in Massachusetts these are Senior Nutritionists, Nutritionists, and Nutrition Assistants). Family Support Coordinators' specific job responsibilities, and the training they were expected to receive from Massachusetts WIC over the course of the Massachusetts WIC Enhanced Referral and Family Support Project, include the following:

- Helping WIC participants referred to them by nutrition staff to identify and navigate referrals for support services
- Completing intake and assessment processes, using forms developed by Massachusetts WIC to track and report referrals (see Appendix A for copies of these forms)
- Ensuring ongoing follow-up with WIC participants to evaluate their receipt of services as needed
- Participating in quarterly meetings and attending trainings on:
  - Introduction to the WIC Program (WIC 101)
  - Affordable Care Act (ACA)
  - Department of Transitional Assistance (DTA)
  - Domestic Violence
  - EOS Training for Family Support Coordinators
  - MassHealth and MassHealth DentaQuest
  - Navigating Health and Human Services Agencies
  - Parent/Professional Advocacy League (PPAL) - Massachusetts Family Voice for Children's Mental Health
  - Smoking Cessation and Motivational Interviewing
  - Social Security and Supplemental Security Income (SSI)
  - Stress Management
  - Virtual Gateway Training
- Coordinating with WIC Program Directors and Senior Nutritionists to develop, fine-tune, and maintain a triage system to assist WIC participants in addressing issues or concerns outside of nutritional needs
- Working collaboratively with local resource providers to empower WIC participants to receive services leading to their self-sufficiency

The Family Support Coordinators work cohesively with the WIC Community Coordinators. In addition, the Family Support Coordinator also supports the WIC Breastfeeding Peer Counselors with resource information. As a result of conversations with participants, the Family Support Coordinators refer participants to the peer counselors for breastfeeding support and for assistance with finding a Baby Café or La Leche League (see Table 3).

**Massachusetts WIC's Community Coordinators:** All 35 Massachusetts WIC programs are staffed by a Community Coordinator who is the liaison between WIC and health and human service programs in the communities served by the local WIC service area. The Community Coordinator position is unique to Massachusetts.

Community Coordinators support the local WIC programs in many ways by doing the following:

- Identifying, creating, updating, and sharing a comprehensive listing of resource information for all service providers from health and human service agencies, community-based programs and local agencies. The “referral lists” and/or “referral books” are used by all WIC staff on a daily basis working with WIC participants.
- Providing a one page, electronic referral list to help nutrition staff easily identify referral sources for the most common needs (e.g., SNAP, MassHealth, Department of Transitional Assistance, and other programs) on a monthly basis.
- Maintaining the Massachusetts WIC Community Network Database to document their outreach activities to health and human service agencies and community-based programs. The Community Coordinators access and update the database on a continual basis as they find new resources, note changes in contact information, provide new information about the program availability and eligibility requirements.

The Community Coordinators also conduct presentations for WIC staff and staff at local organizations serving the same population, such as:

- Health Care Providers
- Head Start
- Private Child Care Centers
- Schools
- Churches
- Expanded Food and Nutrition Education Program (EFNEP)
- Neighborhood Associations
- Housing Authority

The Community Coordinators represent WIC on local committees, community activities, and public health initiatives and they provide WIC program, education, and outreach materials to local programs, agencies, and other groups. Community Coordinators in Massachusetts are full-time (1.0 FTE).

When working with WIC participants, Family Support Coordinators may identify lesser-known community resources that address needs that are highly specific to a particular participant’s circumstances; for example, a Family Support Coordinator helped a young father find affordable, local funeral services and bereavement counseling for his children, after his partner died of cancer. The Family Support Coordinators forward information about these kinds of resources to the Community Coordinators to be added to the electronic referral lists and/or referral books.

**Massachusetts WIC’s Breastfeeding Peer Counselor:** Provides education, support, and encouragement to pregnant and breastfeeding women, helping to ensure that they have a positive and successful breastfeeding experience. Peer Counselors are part of Massachusetts WIC’s Breastfeeding Peer Counseling Program that is designed to provide culturally-appropriate, timely breastfeeding support to WIC families in an effort to increase the initiation and duration of breastfeeding. Peer Counselors are recruited and hired from WIC’s target population of low-income women and undergo training to provide mother-to-mother support. Most of the Breastfeeding Peer Counselors in Massachusetts are half-time (0.5 FTE) positions.

## MASSACHUSETTS WIC PROGRAM PICTORIAL OF FAMILY SUPPORT COORDINATORS FY2014\*



*\* Not all Family Support Coordinators depicted.*

## FIGURE C: Sample Job Description for Family Support Coordinator

### WIC Family Support Coordinator

**Brief Description:** The Massachusetts WIC Family Support Coordinator will be responsible for the day-to-day functioning of the project and will coordinate referrals and family support activities at WIC sites.

#### Qualifications:

1. Minimum 2 year associate degree in social work, public health education, psychology, counseling, human services or health-related field. BA preferred. Experience may be considered in lieu of degree.
2. Minimum of 2 years' experience in providing counseling services or engaged in case management activities.
3. Previous experience in the field of substance abuse, smoking cessation, domestic violence, housing, counseling or other social service issues.
4. Experience in community partnerships and outreach, advocacy activities, and/or training.
5. Ability to work effectively with diverse cultural groups and socio-economic backgrounds.
6. Bilingual preferred.
7. Computer skills required - Word, Excel.

#### Responsibilities:

1. Provide counseling and referrals for support services.
2. Complete intake and assessment process on all potential clients, utilizing appropriate forms to track and report referrals.
3. Ensure ongoing follow-up to evaluate the receipt of services, as needed.
4. Coordinate with WIC Program Director and Senior Nutritionist to develop a triage system to assist participants in addressing issues or concerns outside of nutritional needs.
5. Maintain WIC confidentiality policies.
6. Work collaboratively with other area resources in empowering clients to access services leading to self-sufficiency.
7. Coordinate with the WIC Community Coordinator to identify community referral resources.
8. Provide ongoing support to satellite sites.

#### License Requirement:

Travel is required. Must have a current and valid Massachusetts Class D Motor Vehicle Operator's license or equivalent from another state.

## Enhanced Referrals for WIC Participants with Complex Needs

When Massachusetts WIC obtained OA funds initially in 2010 for the pilot project, Massachusetts WIC's intent with the Massachusetts WIC Enhanced Referral and Family Support Project was to facilitate a more effective referral process for WIC participants who have **significant or complex needs**. Regardless of whether or not a WIC program has a Family Support Coordinator on site, nutritionists routinely ask participants about non-food-related needs during (re)certification and nutrition education visits, and they are trained to locate and find appropriate resources using the referral lists/books prepared by and updated regularly by Community Coordinators.

The Massachusetts WIC Enhanced Referral and Family Support Project derived out of nutrition staff feeling uncomfortable dealing with WIC participants whose circumstances go beyond non-food-related issues discussed during their visits. For example; during the WIC staff initial focus group conducted at the beginning of the 2011 WIC Special Project Grant evaluation, staff mentioned the following concerns about participants:

- Parents facing extreme and immediate emotional distress due to volatile situations such as domestic violence, loss of housing, pending deportation, etc.
- Very young parents whose coping skills and ability to follow through on referral suggestions are limited
- WIC families facing poverty for the first time (e.g., due to loss of employment, divorce or separation, etc.) who are unfamiliar with community resources and uncomfortable asking for help
- WIC families managing their own and/or a family member's or child's mental illness, substance use, or addiction
- WIC families managing their own and/or a family member's or child's disability or significant health concern

### High-Need WIC Participant Population:

Anecdotally, WIC staff have estimated the "highest need" population as comprising anywhere from 1% to as much as 20% of WIC participants in Massachusetts. The actual percentage is probably closer to between 1% and 4% of WIC households, based on Massachusetts' experiences with referrals to Family Support Coordinators (see Table 2).

Knowing what proportion of WIC participants are likely to be referred to a Family Support Coordinator may be a useful indicator of the potential demand for enhanced referral services within a local WIC program. In Massachusetts, the number of participants referred to Family Support Coordinators has increased each year since the program began in 2010 as well as during the three year evaluation period of the 2011 WIC Special Project Grant.

**TABLE 2: WIC Participants Referred to Family Support Coordinators**

Fiscal Year or Time Period:	Number Referred to FSC	Percent of Total Caseload
FY 2011	851	1%
FY 2012	1,380	3%
FY 2013	2,267	4%
Total Referred to FSC from 2011-2013	5,146	2%

*Source: Massachusetts Eos Participant Information System for WIC.*

The total number of referrals to Family Support Coordinators rose from 851 during FY 2011 to 2,267 during FY 2013.<sup>11</sup> These referrals now comprise about 4% of the pilot programs' total caseload. Throughout the 2011 WIC Special Project Grant, both nutrition staff and Family Support Coordinators have received training and support around limiting referrals to Family Support Coordinators to those WIC participants who truly needed enhanced support. This training has covered topics such as:

- **Identifying WIC participants with complex referral needs** (building on staff training offered through Massachusetts' *Touching Hearts Touching Minds (THTM)* and *Getting to the Heart of the Matter (GHM)* initiatives), and knowing when to refer to the Family Support Coordinators
- **Tracking referrals to Family Support Coordinators accurately** using Massachusetts' Participant Information System (Eos)
- **Setting limits with high-need WIC participants and stress management**

## ***Referrals Facilitated by Family Support Coordinators***

The range of services that WIC participants need—and for which they receive referrals from Family Support Coordinators—is surprisingly varied. The top referrals suggested by the Family Support Coordinators are for food assistance (12.4%), such as the locations of food pantries or how to apply for Free or Reduced-Priced Lunches in local elementary schools; SNAP benefits (11.0%); Fuel Assistance (8.6%); child day care (5.7%); or various health and dental care services (see Table 3). Many are referred to the Breastfeeding Support services offered by WIC in Massachusetts, such as the Breastfeeding Peer Counselors (10.6%). Other programs and services Family Support Coordinators have identified for WIC participants and helped them obtain include:<sup>12</sup>

- |  |  |                                   |
|--|--|-----------------------------------|
| • Adult Education and ESL                    | • Family Planning                        | • Mortgage assistance             |
| • Birthing classes                           | • Fuel Assistance                        | • Parenting programs              |
| • Cancer support groups                      | • Foreclosure assistance                 | • Playgroups                      |
| • Camp information                           | • Furniture, household items             | • Section 8 (Housing)             |
| • Car seats                                  | • Grief counseling                       | • Services for twins              |
| • Child support                              | • Health provider                        | • Smoking Cessation               |
| • Christmas gift distribution                | • Homeless shelter                       | • Social Security                 |
| • Clothing (adults and children)             | • Immigration services                   | • Support groups for fathers      |
| • College/continuing education               | • Jobs/employment services               | • Support groups for grandparents |
| • MA Department of Children & Families (DCF) | • Legal services                         | • Substance Abuse                 |
| • Diapers                                    | • Mental health care (individual/family) | • Teen Mom parenting groups       |
| • Domestic violence services                 | • Military benefits                      | • Unemployment                    |
| • Early Intervention                         |  | • Utility Assistance              |
| • Exterminator                               |  |                                   |

<sup>11</sup> Prior to 2011, Massachusetts WIC was still developing systems for recording referrals to Family Support Coordinators. Some of the local programs used their own (paper-based) systems for these referrals; others waited until Eos was enhanced to record this information systematically. As a consequence, referral counts during from 2010 and 2011 are not reliable.

<sup>12</sup> Eos participant information system data for 2013-2014.

**TABLE 3: Top Referrals by Family Support Coordinators**

TOP REFERRALS 2012 - 2013	Participant Referred to FSC:	
	Number	Percent
Food Pantries	544	12.4%
SNAP	479	11.0%
Breastfeeding Peer Counselor	465	10.6%
Fuel Assistance	376	8.6%
Child Day Care	248	5.7%
Breastfeeding Support	220	5.0%
Dental Services	123	2.8%
Immunization	107	2.5%
MassHealth and help applying for MassHealth	72	1.7%
Head Start/Early Head Start	66	1.5%
Housing (e.g., Section 8)	56	1.3%

*Source: Massachusetts Eos Participant Information System for WIC*

### ***Case Studies of Family Support Coordinators and WIC Participants***

The following case studies give a sense of the complexity of WIC participants' life circumstances and the kinds of help they receive from Family Support Coordinators. In all three cases, the WIC participants presented **complex referral needs** that went beyond what the nutritionist felt comfortable addressing during these participants' certification or recertification visits.

**Case Study #1 - Unemployed, Homeless 23 Year-Old and 18 Month Old:** The Family Support Coordinator assisted a 23 year-old mother with an 18 month-old child who was sleeping (with her child) on her friend's couch. She was unemployed, without medical insurance, and experienced frequent food insecurity in part due to her precarious housing situation. The Family Support Coordinator referred her to SNAP and helped her apply for Cash Assistance Benefits through the Massachusetts Department of Transitional Assistance (DTA). She was also able to apply for MassHealth (Massachusetts' public health insurance program) for child care and dental care, and she was referred to the Massachusetts Department of Housing and Community Development (DHCD) HomeBase Program for housing assistance.

Over the course of her tenure at the WIC agency, the Family Support Coordinator developed a close working relationship with the Director of the local DTA office and the local DTA caseworkers. When the WIC participant was denied SNAP and Cash Assistance Benefits (due to lost

documentation), the Family Support Coordinator contacted the Director and they worked together with the DTA caseworker to resolve the problem.

The WIC participant was, in fact, eligible for Cash Assistance, but without the support of the Family Support Coordinator, she would have had to resubmit all of her paperwork and start her application process all over again—for both SNAP benefits and Cash Assistance. The final outcome for the WIC participant, with the Family Support Coordinator's assistance:

- The participant moved out of her friend's house, off the couch, with her 18 month-old child and now rents a room on a temporary basis. She is working with the HomeBase Program to find permanent housing.
- The Family Support Coordinator referred the participant to Early Head Start, and the participant is now eligible for a child care voucher because her Cash Assistance benefits were approved.
- The Family Support Coordinator assisted the mother in applying for MassHealth for her 18 month old child, who now receives this benefit. The mother's application for MassHealth was being processed as of the time this report was prepared.

It is important to note that, with the Family Support Coordinator's assistance, the participant's SNAP benefits were only delayed by about two to three weeks, rather than the approximately two to three months it would have normally taken for her SNAP benefits to be processed without the assistance the Family Support Coordinator provided.

**Case Study #2 - Mother of Two, Unemployed, and Precariously Housed:** A WIC participant, mother of two young children, lost her job and was in the process of losing her apartment. The Family Support Coordinator for this WIC program referred her to a local Career Center, to the Section 8 Program for housing, and a program providing a Christmas Wish for her children.

The Family Support Coordinator and the participant contacted DTA and were informed about what was needed to reinstate SNAP and Cash Assistance benefits, and the Family Support Coordinator also encouraged the participant to contact her landlord to make payment arrangements on her rent (which she did). This mother was *"grateful and happy that we assisted [her] during this difficult time."* She ultimately received the SNAP and Cash Assistance benefits to which she was entitled, and was able to remain in her apartment.

**Case Study #3 - Family with a Child, Mother Terminally Ill:** A married mother, who is terminally ill with pancreatic cancer, came in for a WIC appointment for her two year-old child. She was referred to the Family Support Coordinator who was instrumental in assisting the family with referrals to mental health care providers, MassHealth, Visiting Nurse Association (VNA), SNAP benefits, and immigration services. After the WIC participant succumbed to cancer, the Family Support Coordinator was able to assist the distraught husband with his wife's funeral arrangements.

The Family Support Coordinator ensured that he followed up with all of the referrals provided. He utilized the services of the Family Support Coordinator by coming into the WIC clinic prior to his scheduled follow-up appointment. The support provided by the Family Support Coordinator and other WIC staff were instrumental to the family during this difficult time.

## Figure D: Feedback About Family Support Coordinators from WIC Staff

*"Participants receive support on housing, child support, daycare and several other areas other than nutrition counseling. The Family Support Coordinator is an excellent resource and support for the families . . . The most positive aspect of Family Support Coordinators for WIC nutrition staff is that they can focus more on the other parts of their work, nutrition education and documentation of participant goals and plans."*

*Local Program Director at WIC Program with FSC, August, 2014*

*"WIC participants that need further information and assistance are able to receive that above what nutrition staff is able to provide. Participants are able to learn about and get connected to additional assistance services that they may not have known about or known how to access. In addition, they have someone to listen and offer non-judgmental support where many participants lack this type of support normally."*

*WIC Family Support Coordinator, August, 2014*

*"It's helpful to both of us, to both the staff and [the participant] to know that there's relief, and it can be almost immediate. You know we're here to help you. I may not be the best person to help with this situation, but I'm going to give you the name of somebody [the Family Support Coordinator] that can take you the next step. And I think that, at least for me, I'll just speak for myself, there's a certain level of relief that you feel knowing that there's somebody in the expert category that can help this person."*

*WIC Nutritionist at WIC Program with FSC, December, 2013*

*"All the coordinators know [about the Family Support Coordinators], because the coordinators across the state work closely with them and they say they love them. The people love them. The participants love them because they're helping them navigate, you know, find, make that next step, that one little piece of information that they needed that the [FSC] follows up, follows through, calls them back, meets them if they need to."*

*WIC Nutritionist at non-FSC WIC Program, December, 2013*

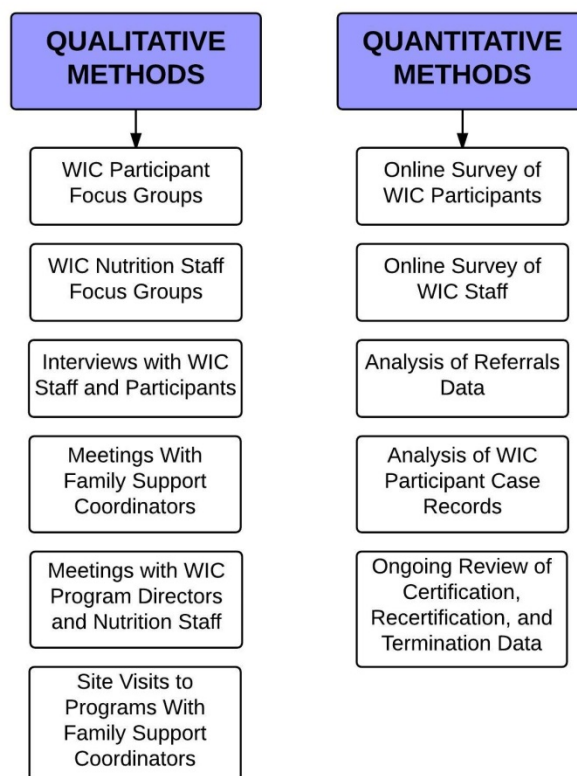
## SECTION 3: EVALUATING THE MASSACHUSETTS WIC ENHANCED REFERRAL AND FAMILY SUPPORT PROJECT

**Research Questions:** For the evaluation component of the Massachusetts WIC Enhanced Referral and Family Support Project, Massachusetts WIC examined the impact of Family Support Coordinators on participant and staff satisfaction with referrals, coordination between WIC, community agencies, and other USDA nutrition programs, and child retention. The research questions were as follows:

- *What is the impact of Family Support Coordinators on the referral component of the Massachusetts WIC program?*
- Does the Massachusetts WIC Enhanced Referral and Family Support Project *improve participant and staff satisfaction with referral services?*
- Does the Massachusetts WIC Enhanced Referral and Family Support Project *enhance coordination between WIC, community agencies, and other USDA nutrition programs?*
- What impact does the Massachusetts WIC Enhanced Referral and Family Support Project have on *child retention in the WIC program?*

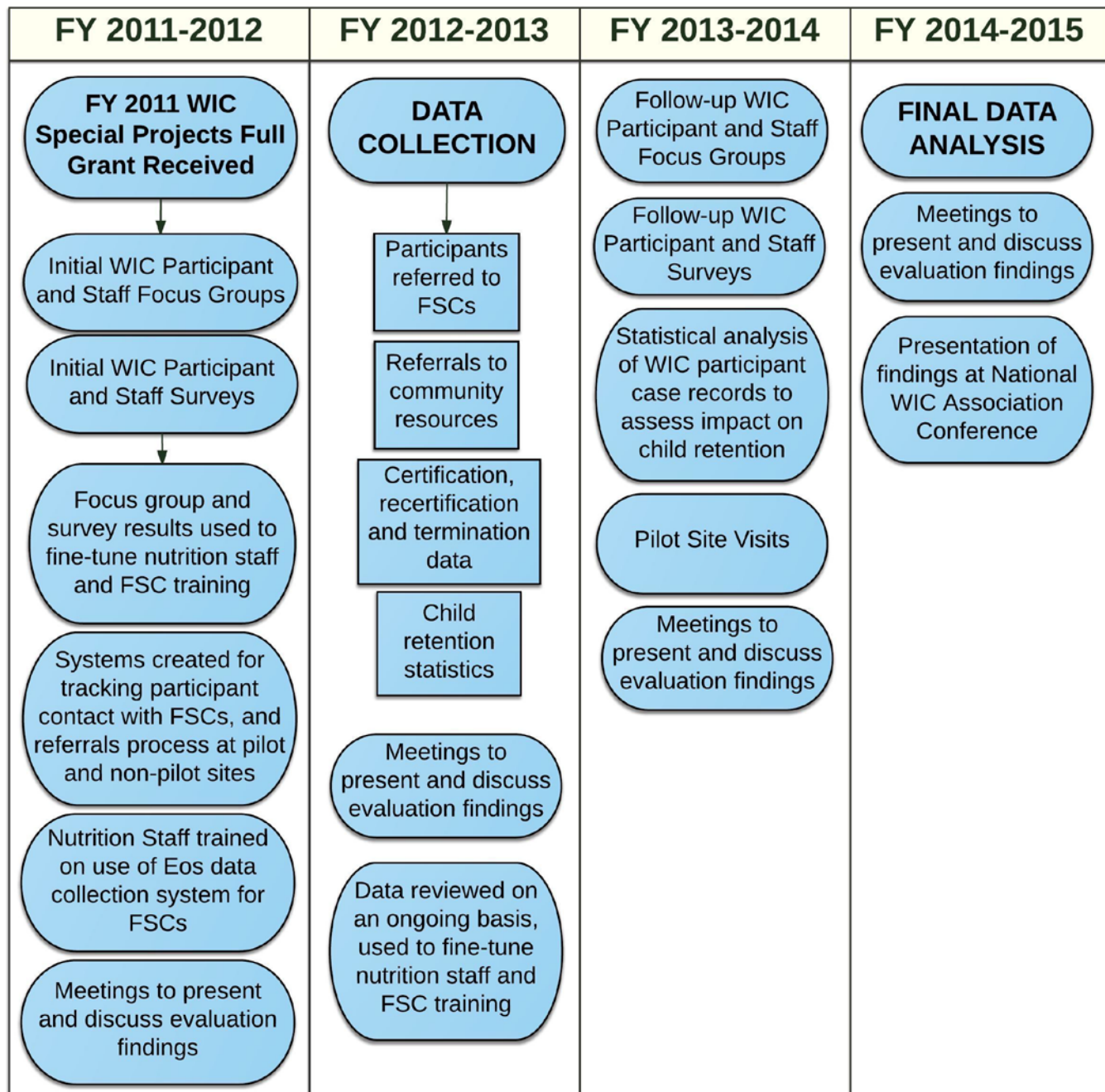
**Methodology:** Each of these research questions required a different evaluation methodology, resources, and timeline, with the end-result being a combination of qualitative and quantitative assessments including:

- Pre- and post-program focus groups with WIC participants and nutrition staff
- Pre- and post-program online surveys of WIC participants and staff
- Collection and analysis of certification, recertification, and termination statistics, comparing WIC programs with and without Family Support Coordinators (ongoing)
- Collection and analysis of statistics on referrals to community agencies and other USDA nutrition programs (ongoing)
- Detailed analysis of WIC participant records, comparing those who have and have not had contact with Family Support Coordinators both at the state level and at pilot sites
- Site visits to WIC programs with Family Support Coordinators



In addition, throughout the grant period, the evaluator met regularly with and interviewed Family Support Coordinators, WIC Program Directors, Senior Nutritionists, and other WIC staff to discuss the program and evaluation plan. Figure E shows a timeline for the project and evaluation.

**FIGURE E: Evaluation Timeline**



## Detailed Methodology: Focus Groups

Focus groups are a qualitative methodology for identifying how people make decisions, what factors influence those decisions, what kinds of barriers exist to using services like WIC, and ways in which WIC either meets—or does not meet—participants’ expectations and needs. **Massachusetts WIC used focus groups with WIC participants and nutrition staff for two purposes in the evaluation:**

- to identify training needs relating to the referral process in Massachusetts, including ways of improving the referral lists and/or referral books used by nutrition staff to identify referral possibilities for participants
- to generate information used in designing the quantitative surveys of WIC participants and WIC staff

The specific topics covered in the focus groups were:

- To understand what the referral process is like for WIC participants
- To assess the helpfulness of referrals made by WIC nutrition staff
- To assess the helpfulness of referrals made by Family Support Coordinators
- To understand the referral process from the perspective of nutrition staff
- To assess what nutrition staff think about Family Support Coordinators

Focus groups with WIC participants and nutrition staff were held twice during the evaluation of the Massachusetts Enhanced Referral and Family Support Project, **initially** (January and February of 2012) and **during the follow-up evaluation period** (October and November of 2013). We conducted a total of 12 focus groups during the evaluation, 8 involving WIC participants and 4 involving WIC nutrition staff. The focus groups were further split between local WIC programs with and without Family Support Coordinators. The focus groups averaged 6 to 8 people per group and were moderated, videotaped and analyzed by Market Street Research, Inc., the independent research firm contracted by Massachusetts WIC to conduct the evaluation of the Massachusetts Enhanced Referral and Family Support Project.

**TABLE 4: WIC Staff and Participant Focus Groups**

Research Phase	Months Focus Groups were Held	Target Audience Attending Each Focus Group	Location of Focus Group and Status as FSC/non-FSC WIC Program	Total Attending
Initial (6 Groups)	January February 2012	1. WIC Participants	Holyoke (FSC)	N=33
		2. WIC Participants	Lowell (FSC)	
		3. WIC Participants	Brockton (no FSC)	
		4. WIC Participants	Leominster (no FSC)	
		5. WIC Nutrition Staff	Taunton (FSC)	N=26
		6. WIC Nutrition Staff	New Bedford (no FSC)	
Follow-Up (6 Groups)	October November 2013	7. WIC Participants	Springfield (FSC)	N=27
		8. WIC Participants	Taunton (FSC)	
		9. WIC Participants	Fall River (no FSC)	
		10. WIC Participants	Southbridge (no FSC)	
		11. WIC Nutrition Staff	Holyoke (FSC)	N=27
		12. WIC Nutrition Staff	Quincy (no FSC)	

**Recruiting WIC Participants to Focus Groups:** Before each round of focus groups, Massachusetts WIC began by generating a list of local programs with and without Family Support Coordinators that had the staff and resource capacity to assist with recruiting for the focus groups. The list covered all areas of the state and an attempt was made to roughly “match” local programs with and without Family Support Coordinators with similar characteristics in terms of caseload, urban vs. rural, agency type, etc. Local WIC programs were then asked whether they would be willing to host the focus group discussions and recruit WIC participants.

WIC participants were recruited by local program staff, generally at the completion of their recertification appointments. The “screening script” used by local staff to invite WIC participants to the focus groups is presented in Figure F. WIC staff were instructed to invite participants representing a mix of different ethnicities, ages, and genders to reflect the WIC population at participating clinics/sites. They were also asked to invite WIC participants they thought would be engaged with the research topic and enjoy talking about their experiences. The following WIC participants were excluded from the focus groups:

- WIC participants under age 16 and those who lacked the capacity (for legal or other reasons) to make informed consent to be in focus group research for Massachusetts WIC
- WIC participants so new to WIC that they had not yet had any appointments with a WIC nutritionist

**Recruitment of WIC Nutrition Staff:** WIC staff were invited to the focus groups directly by Program Directors, usually during staff meetings. The only restrictions placed on staff participation in the focus groups was that Family Support Coordinators did not attend, and we asked that staff coming to the discussions have direct contact with WIC participants on a regular basis and be familiar with WIC’s referral services.

## ***Detailed Methodology: Online WIC Participant Surveys***

In addition to the staff surveys, Massachusetts WIC surveyed WIC participants about the Massachusetts WIC Enhanced Referral and Family Support Project, including participants from WIC programs with and without Family Support Coordinators. Appendix C contains copies of the questionnaire used for the initial participant survey (2012) and follow-up participant survey (2013). Both of the initial and follow-up surveys were designed for online format to be completed in an average of 10 minutes.<sup>13</sup> **The specific objectives of the participant surveys were to determine:**

- Participant knowledge of and expectations with respect to WIC’s referral process (e.g., did they know, before coming to WIC, that WIC offers referrals in addition to food and nutrition counseling)
- Participant awareness of Family Support Coordinators at WIC programs that have them
- Participant recall of whether they received help with referrals during their most recent appointment at a WIC program

<sup>13</sup> The questionnaire used initially (2012) is slightly different from the follow-up version. The 2013 questionnaire reflects a few changes in WIC program locations that occurred between the initial and follow-up surveys, and we revised the order of questions in the follow-up survey to reflect our improved understanding of participants’ experiences during (re)certification and nutrition education visits.

- Participant satisfaction with referral services provided by WIC nutrition staff, and reasons for satisfaction and dissatisfaction

## FIGURE F: Sample Focus Group Screener for WIC Participants

**RECRUITMENT GOAL: 12 TO 15 PARTICIPANTS** (recruit this many because there are usually some “no shows” . We want to have *no more than 10 participants seated*).

- Include a mix of Hispanic/Latina, African American/Black, Caucasian/White, men and women, and participants of different ages to reflect the population in your particular office
- Include participants you feel will enjoy talking about their experiences
- Exclude participants who are under age 16 or who don’t have the capacity or legal status to make informed consent to be in research of this type
- Exclude participants who are so new to WIC that they haven’t had any appointments with a nutritionist yet

**INTRODUCTION:** Hello, my name is \_\_\_\_\_ and I am calling from \_\_\_\_\_. This is not a sales call. We are conducting an important study on behalf of WIC to help them improve the services parents and children in your area receive. I would like to ask you a few questions, if I may. First, have you seen a WIC nutritionist since you’ve been enrolled in WIC?

Yes ( ) CONTINUE  
No ( ) THANK AND END CALL

**INVITATION:** I would like to invite you to participate in a group discussion on the topic of how WIC can better meet people’s needs. The discussion will take place at **PLACE** at **TIME** on **DATE**, and will last an hour and a half to two hours. Refreshments will be served. Will you be able to take part in a discussion group on **DATE**?

Yes ( ) CONTINUE  
Cannot attend /not interested ( ) THANK AND END CALL

My next questions are just to make sure we are talking to people from a variety of different groups.

1. What is your age?  
Under age 16 ( ) THANK AND END CALL  
17 -25 ( ) Continue  
25 and over ( ) Continue
2. What is your race or ethnicity?  
Caucasian/White ( ) Continue  
Hispanic/Latina ( ) Continue  
African American/Black ( ) Continue  
Asian American ( ) Continue  
Other \_\_\_\_\_ ( ) Continue
3. What languages do you speak fluently?  
English ( ) Continue  
Spanish ( ) Continue

Thank you for agreeing to participate! We are holding a spot for you at the discussion group. If for any reason you need to cancel, please call \_\_\_\_\_ and ask for \_\_\_\_\_. If you are unable to attend the group please don’t find someone to come in your place because we need to speak to all participants in advance. Please note we only have a limited amount of seating for those specifically invited to participate in the discussion group. Please do not bring family or friends because we will not have room to accommodate them. Childcare will not be offered at the facility, so we ask in advance that you make other arrangements for childcare if needed. We also can’t pay for transportation, so you’ll need to make sure you can get to **PLACE**. The discussion group will start promptly, so please arrive 15 minutes early so that you can get settled and have some refreshments. We will call you a day or two before the group to remind you about the group. Someone from Market Street Research, who is doing the focus groups for us, may also call you before the group, as a reminder—is that okay?

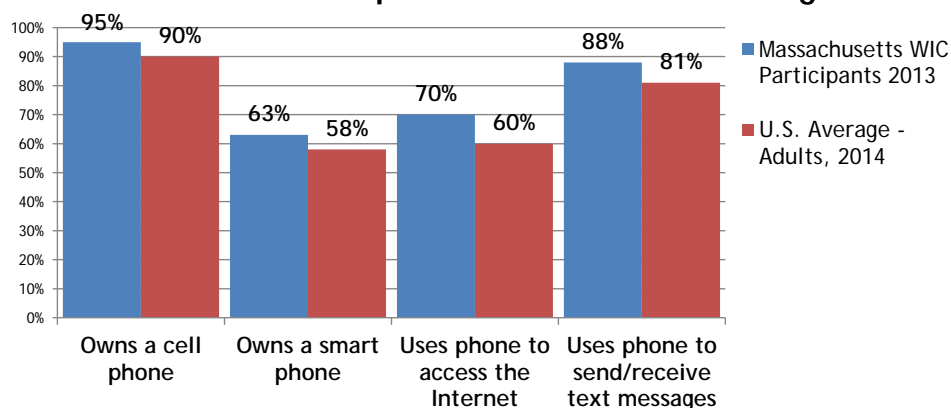
## Objectives of the participant surveys (continued):

- Participant satisfaction with referral services provided by Family Support Coordinators (if they were referred to one), and reasons for satisfaction and dissatisfaction
- Whether participants' referral needs were met (e.g., did they follow up on the suggestions made by the nutritionist or Family Support Coordinator, what happened when they followed up, and did they get the services they needed)
- Participants' ideas of how Massachusetts WIC can better support them in terms of referrals in the future

**Surveying WIC Participants Online:** Prior to the Massachusetts WIC Enhanced Referral and Family Support Project, Massachusetts WIC had regularly conducted surveys of WIC participants using paper questionnaires. For this evaluation, Massachusetts WIC decided to conduct the participant surveys online, although some staff were reluctant to do so. These staff were concerned that not enough WIC participants had online access, thus many could not do the survey unless they did it at a WIC clinic (which would cause logistical problems due to space, privacy, lack of available computers, etc.). They were also concerned whether local WIC programs had sufficient staff time or resources to help participants do the survey; some also thought WIC participants were used to filling out paper questionnaires and would be resistant to completing the online version.

The concerns mentioned by WIC staff about online access and resistance to online surveys did not materialize during the completion of the online surveys conducted for the Massachusetts WIC Enhanced Referral and Family Support Project. WIC's demographic—young parents—tend to be technologically savvy and for the most part they are well-equipped with smart phones and internet access. In Massachusetts, 95% of adult WIC participants have cell phones, 63% have smart phones with data plans (e.g., iPhone, Android or Blackberry), and 77% have active email accounts.<sup>14</sup> The majority of Massachusetts WIC participants use cell phones to access the Internet (70%) or send or receive text messages (88%). These percentages are above U.S. averages (see Figure G).<sup>15</sup>

**FIGURE G: Access to Phone and Internet Technology  
Massachusetts WIC Participants vs. National Average**



Sources: Massachusetts WIC and Pew Research Center

<sup>14</sup> Esser, Audrey. *WIC Participant Communications Survey*. Boston, MA: Massachusetts WIC Program, Summer, 2013, pp. 4-6 ([www.mass.gov/eohhs/consumer/basic-needs/food/wic](http://www.mass.gov/eohhs/consumer/basic-needs/food/wic)).

<sup>15</sup> See Pew Research Center, *Internet Project Survey*, January, 2014 for statistics on device ownership and uses of technology ([www.pewinternet.org](http://www.pewinternet.org)).

While the ability to access the Internet is increasingly common among WIC participants in Massachusetts, Massachusetts WIC was still implementing procedures for collecting participants' email addresses during the evaluation of the Massachusetts WIC Enhanced Referral and Family Support Project. Routine collection of WIC participants' email addresses began in mid-2012 after Massachusetts Management Information System, Eos, was fully operational, and the process is ongoing. For the initial survey of WIC participants, Massachusetts WIC had 2,971 email addresses on file, representing 3% of WIC households (see Table 5). By the time the follow-up participant survey was repeated in 2013, WIC staff had compiled email addresses for 21,520 WIC households, representing 25% of households receiving WIC benefits in Massachusetts. The much larger database of email addresses accounts for the larger sample size in the follow-up participant survey.

Within the scope of the evaluation, it was not possible for Massachusetts WIC to invite all WIC participants to complete the initial and follow-up participant surveys—and the sampling was not randomized. The data collection process was as follows for both the initial participant and follow-up participant surveys:

- All WIC staff statewide received memos and supporting materials about the survey, what to expect, and who at the state level to call if they had questions (see Figure H).
- An invitation to participate in the survey, along with a “QR” code directing participants to the survey website,<sup>16</sup> was sent to all participants with email addresses, along with weekly follow-up reminders over the course of 6 weeks of data collection (both initial and follow-up). Reminders were only sent to participants who had not yet completed the participant survey.
- Local WIC programs were given the option to provide computer access to the survey for participants who do not have access to the internet (e.g., do not have smart phones, tablets, or computers), and for participants who needed help completing the survey (e.g., do not speak or read English). Most programs obliged; some offered bilingual staff or volunteers to help participants with limited English or Spanish to do the survey (6% did the survey in Spanish).
- WIC nutrition staff told all participants visiting WIC clinics during the weeks the questionnaire was available online that the survey was being conducted, and encouraged their participation. Local WIC programs also put up posters about the survey and left flyers/handouts in clinic waiting areas.

Sample QR Code



**Language:** Massachusetts WIC offered versions of the questionnaire in English and Spanish and also gave participants the option of doing the survey at a local WIC clinic if they needed assistance with other languages. In total, 514 WIC participants completed the initial participant survey, and 2,567 completed the follow-up participant survey (see Table 5).

**Interpreting Survey Results:** A key limitation of the initial participant and follow-up participant surveys conducted for this evaluation is that the sample of WIC participants who completed the survey questionnaires is not random. Massachusetts WIC did not have email addresses for every family enrolled in WIC. In other words, the results of the WIC participant surveys are based on **convenience samples**, which means several groups may be underrepresented:

<sup>16</sup> Quick Response Code (QR code) is a type of machine-readable matrix barcode that contains information about the item to which it is attached or refers. Smart phones can scan QR codes using a free downloadable application.

- WIC participants who, for some reason, have not given WIC an email address during (re)certification visits
- WIC participants who have no means of accessing the Internet (e.g., no cell phone, tablet, or home computer with cable or dial-up Internet access, and no resources that would enable them to participate, such as public access computers at a local library)
- WIC participants who avoid surveys from agencies like WIC for reasons relating to immigration status, language, or cultural factors
- WIC participants who were unable to access the surveys because of cognitive or other disabilities

The extent to which these groups' opinions about and experiences with the Massachusetts WIC referral process differ from those of WIC participants who did complete the surveys is unknown. This occurs regardless of how surveys are administered within WIC programs; paper questionnaires present their own challenges and Massachusetts WIC decided to use an online format mainly for cost reasons and in the hope of reaching a larger universe of participants.

**TABLE 5: Online Surveys of Massachusetts WIC Participants**

WIC PARTICIPANT SURVEYS	Data Collection Period	Participant Email Addresses Provided by WIC	Final Sample Size	Number Completed by Cell Phone	Number Completed by Home or Other Computer	Number Completed at WIC Clinics	Response Rate for Email Addresses:*
Initial (2012)	April 2012	2,971	N=514	Not asked	Not asked	128 (24%)	21%
Follow-Up (2013)	October November 2013	21,520	N=2,567	1,432 (56%)	1,083 (42%)	52 (2%)	15%

\* This figure is for participants completing the survey on-line. WIC staff were not able to count the number of WIC participants visiting WIC clinics each day that the surveys were being conducted, thus a response rate for the clinic-based sample cannot be calculated.

Source: Market Street Research, Inc.

**Statistical Significance:** Strictly speaking, tests of statistical significance are based on the assumption that data is obtained via a random sampling process. Statistical significance is reported in this evaluation with the caveat that the sampling for the WIC staff and participant surveys was **not randomized** and, in addition, the response rates were low (i.e., 21% and 15%). To identify differences between the initial and follow-up survey results that may be important in terms of the Massachusetts WIC Enhanced Referral and Family Support Project, we used basic difference of proportion tests (e.g., T-tests) available in most commonly-used statistical packages (such as Excel, SPSS, etc.). For the survey data, we used  $p < .05$  for indicating statistical significance. Differences noted between the initial and follow-up surveys are indicated in both the text of this report and in charts, so readers can identify them easily.

**Non-Response Bias:** There is a possibility of non-response bias with any survey. Non-response bias means the results of a survey may not accurately represent the opinions, beliefs, or

characteristics of the population being surveyed, because those who responded differ from those who did not respond.

There are two ways in which non-response bias may have affected the surveys of WIC participants: (1) Massachusetts WIC does not have email addresses for all households receiving WIC benefits in the Commonwealth; and (2) the response rates for the pre and post surveys are low (21% and 15%, respectively). Massachusetts WIC was aware of the possibility of non-response bias from the outset of the evaluation and took the following steps to mitigate that possibility:

- Extensive efforts were made to communicate with all WIC participants about the surveys using both electronic and traditional methods.
- WIC participants without access to computers were given the opportunity to participate at their local WIC programs, and many took advantage (128 in 2012 and 58 in 2013).
- The initial and follow-up participant surveys were available in English and Spanish, which are the largest linguistic groups in Massachusetts. Multilingual WIC staff were available to assist participants speaking other languages who were not able to use the English or Spanish versions.

FIGURE H: Sample Survey Poster

The poster is titled "Your WIC Program wants to hear from you!" in yellow text on a blue background. Below this, a pink banner reads "WIC PARTICIPANT SURVEY". The main body of the poster is white and contains the following text: "If you currently receive WIC benefits, we want to hear from you!", "The survey will take no more than 10 minutes to complete using ONE of the methods listed:", and a list of three methods: 1. Ask WIC staff for the URL link to complete the survey on your computer! (If you don't have a computer, use a friend's or go to the public library.) 2. Ask WIC staff for the QR Code to complete the survey on your cell phone (smart phone with internet access)! 3. Give WIC staff your email address to receive the link to complete the survey. The poster concludes with "We want to hear from you!" in pink text on a white background.

**Your WIC Program wants to hear from you!**

**“WIC PARTICIPANT SURVEY”**

**If you currently receive WIC benefits, we want to hear from you!**

**The survey will take no more than 10 minutes to complete using ONE of the methods listed:**

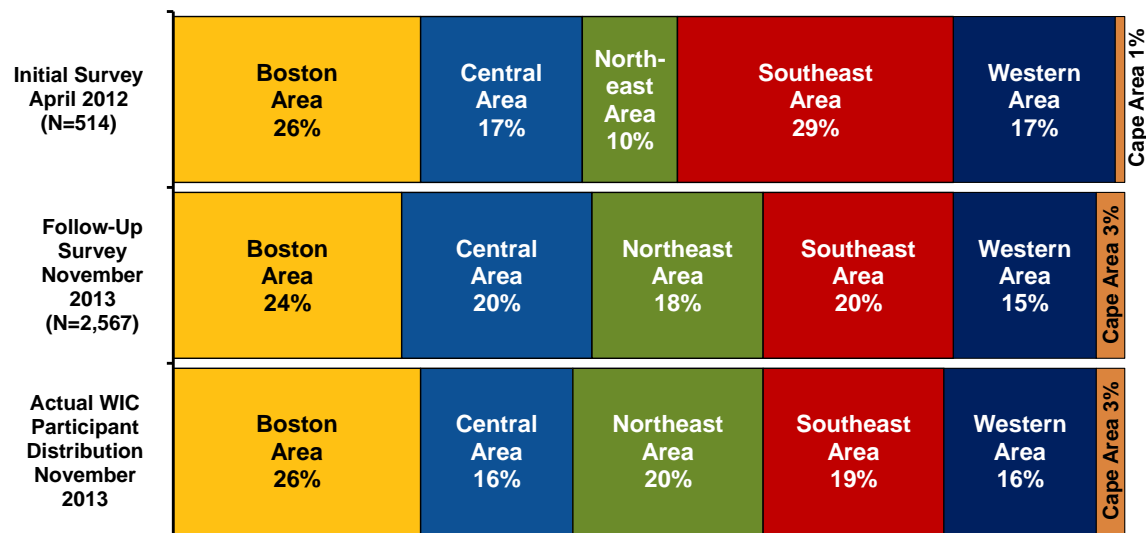
1. Ask WIC staff for the URL link to complete the survey on your computer! (If you don't have a computer, use a friend's or go to the public library.)
2. Ask WIC staff for the QR Code to complete the survey on your cell phone (smart phone with internet access)!
3. Give WIC staff your email address to receive the link to complete the survey.

**We want to hear from you!**

Once data collection is completed for a survey, a principal way of analyzing whether non-response bias has occurred involves comparing survey data to other data WIC has on participants, such as local program used or demographic information. For this evaluation, the primary source of external information available for comparison to the survey results is from Massachusetts' Management Information System, Eos, and includes: (1) participant demographics; and (2) which local program the WIC participant uses, a measure of geographic distribution.

Demographically, WIC participants who completed the surveys resemble those of adult WIC participants in Massachusetts as a whole. There is no evidence that any particular demographic group was systematically excluded from either the initial participant or follow-up participant surveys.

**FIGURE I: WIC Participant Surveys vs. Statewide Distribution**



Sources: WIC Participant Surveys and Massachusetts Eos.

Geographically, the distribution of participants surveyed was somewhat different than the actual distribution of WIC participants across Massachusetts, especially for the initial study (2012) which had a much smaller sample size due to lack of email addresses on file for WIC participants.

The follow-up participant survey more closely matched the geographic distribution of Massachusetts' WIC population (see Figure I). To account for the disparity, results from both surveys were **weighted** based on participant counts by WIC program for the months in which the surveys took place (April, 2012 and November, 2013).

### ***Detailed Methodology: Online WIC Staff Surveys***

Massachusetts WIC conducted statewide, online surveys of WIC staff who are involved to at least some degree in helping WIC participants with referrals. The initial staff and follow-up staff surveys included WIC programs with and without Family Support Coordinators, and staff at all levels of WIC participated although the largest percentages were Nutritionists, Nutrition Assistants, Senior Nutritionists, and Program Assistants since these individuals have the greatest degree of direct contact with WIC participants.<sup>17</sup>

The specific objectives for the staff surveys were to determine:

- Staff perceptions of the relative importance of referrals versus other aspects of WIC's services

<sup>17</sup> The following WIC staff were asked not to participate in the surveys: (1) Family Support Coordinators and Community Coordinators; (2) staff who work directly with participants, but rarely or never help them with referrals; and (3) staff who do not work directly with participants or are never in a position where they would help participants with referrals.

- Staff perceptions of the strengths and weaknesses of Massachusetts WIC's referral process
- Staff satisfaction with Massachusetts WIC's referral process, including reasons for satisfaction and dissatisfaction
- Staff awareness of Family Support Coordinators, among staff at programs with and without Family Support Coordinators
- Staff satisfaction with the Family Support Coordinators at their program
- Ways Massachusetts WIC can better support local WIC staff in the referrals process

The questionnaire used for the initial and follow-up staff surveys is presented in Appendix C, and Table 6 includes sample sizes and response rates for each staff survey. The survey was designed for an average length-of-completion of 10 minutes. Staff did not receive compensation for participating in the survey.

## Lessons Learned



Make sure WIC staff have sufficient time to complete surveys. During initial staff survey (2012), staff were given one week to participate in the survey. Staff feedback suggested this was not enough time, so the data collection period was extended to two weeks in the follow-up staff survey (2013). Staff also need to be reminded that the survey is important—and required.

**Staff Survey Data Collection:** Massachusetts WIC publicized the staff surveys widely and during statewide meetings, and local Program Directors were told about the purpose of the surveys, the survey methodology, and how staff could access the survey. WIC provided Market Street Research with staff email addresses, and an invitation to participate in the survey was sent to all staff members. Staff who did not have email addresses were given the URL link directing them to the website to complete the survey. There were four reminder emails sent to staff during data collection in the initial staff survey (2012) and six reminders in the follow-up staff survey (2013) (note that only staff who had not yet completed the survey were sent reminders).

WIC staff response to the surveys (69% for the initial staff survey and 67% for the follow-up staff survey) was much higher than with WIC participants (21% for the initial staff survey and 15% for the follow-up staff survey), which means the possibility of non-response bias is lower. Staff were questioned about survey participation during statewide meetings, and it is clear that most of those who did not participate either have little or no contact with WIC participants, or they were new hires who felt they lacked sufficient experience with Massachusetts WIC to be able to comment on the Enhanced Referral and Family Support Project.

**TABLE 6: Online Surveys of Massachusetts WIC Staff**

Research Phase	Data Collection Period	Staff Email Addresses Provided by WIC	Final Sample Size	Response Rate
<i>Initial</i>	<i>April, 2012</i>	<i>566</i>	<i>N=306</i>	<i>69%</i>
<i>Follow-Up</i>	<i>October - November, 2013</i>	<i>616</i>	<i>N=345</i>	<i>67%</i>

FIGURE J: Sample Memo to WIC Staff about Participant Surveys



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
250 Washington Street, Boston, MA 02108-4619

DEVAL L. PATRICK  
GOVERNOR  
TIMOTHY P. MURRAY  
LIEUTENANT GOVERNOR  
JUDYANN BIGBY, MD  
SECRETARY  
JOHN AUERBACH  
COMMISSIONER

MEMORANDUM

TO: Program Directors, Assistant Directors, and Senior Nutritionists  
FROM: Alicia High, Health and Human Service Coordinator  
DATE: April 13, 2012  
RE: WIC Participant Survey (FY'12: WIC Memo #056)

As you are aware, the first wave of the WIC Participant Survey was sent out on April 10<sup>th</sup>. The surveys were sent out to participants who currently have an email address in Eos with great success! We are getting an excellent response from participants. Therefore, we are very excited about proceeding with the next phase for administering the survey to participants.

The second wave of the Participant Survey will take place at your local program on a day you select to inform participants who walk-in or have a scheduled appointment about the survey. Programs are encouraged to select **one day** (a busy day with scheduled appointments) to administer the survey anytime between the **week of April 16<sup>th</sup> through April 27<sup>th</sup>**. Please send me an email on the date selected to inform participants about the survey!

Attached is the poster and flyer that programs should use to inform participants about the WIC Participant Survey which will take less than 10 minutes to complete.

The poster should be advertised at the local program on the day selected to conduct the survey. In addition, the flyer should be distributed to participants on the selected day because it contains the internet link and the QR code to access the survey. There are several options to complete the survey:

1. Participants may complete the survey with the URL link online using their computer or friends, or a computer at the public library.
2. Participants may use the **QR code** on the flyer. Participants will need to download the NeoReader-QR reader **FREE** app to complete the survey using their cell phone.
3. Participants may select to give WIC staff their email address to receive the link to complete the survey.

Please encourage participants to complete the survey and if you have any questions, please contact me at XXX-XXX-XXXX. Thank you!

## Detailed Methodology: Administrative and Referrals Data

Early in the Enhanced Referral and Family Support Project, Massachusetts WIC created paper versions of tracking forms that were used by WIC staff to record details about: (1) participant needs and resources recommended to meet those needs; (2) referrals to Family Support Coordinators; and (3) referral outcomes. Five forms were developed, copies of which are presented in Appendix A:

- **Referral Form**: used by program staff and nutritionists to refer participants to their WIC program's Family Support Coordinator. This form includes basic information about participants such as their household ID number, contact information, family size, ethnicity, language spoken, and the categories of services needed.
- **Narrative Report**: used by Family Support Coordinators to summarize or highlight key information about participants who accessed or had difficulty navigating referral agencies, such as the family's current life circumstances (housing, health, etc.), topics discussed with the participant, referrals made, and basic outcomes of those referrals. The narrative report is submitted to the local Program Director and State staff on a monthly basis.
- **Monthly Matrix**: used by Family Support Coordinators to summarize referral activity and demographic information for all participants he or she sees during that month. The Family Support Coordinators submit the Monthly Matrix to the Local Program Director and State staff on a monthly basis.
- **FSC Care Plan Form**: used by the Family Support Coordinators to document participants' presenting needs, what referrals were made, and the outcomes of the referrals. The Family Support Coordinator fills out an initial care plan which is updated as needed at subsequent certification and recertification visits.
- **Final Monthly Tracking and Outcome Form**: This form is used by local WIC programs to document all referral activities by Family Support Coordinators across the state. This information is submitted monthly to the State staff.

At the beginning of the 2011 WIC Special Project Grant period, Massachusetts WIC had just invested in a new participant information system. The new system, Eos, contains information for about 50,000 to 60,000 active child participants, including statistics on length of participation in WIC, gaps in program participation, family demographics, and caregiver and child health, nutritional status, and risk factors. Eos was adapted in FY 2012 to allow staff to record details about referrals recommended to participants and when participants were referred to Family Support Coordinators.<sup>18</sup>

The paper forms described above were used exclusively at the onset of the Massachusetts WIC Enhanced Referral and Family Support Project, because Eos was still being implemented and did not have the "screens" available for information specific to Family Support Coordinators. After the enhancement of Eos in December of 2012, the web-based data system allowed for computer documentation of referrals at both the program and participant levels. Staff were able to eliminate some of the paper forms at this point. However, some local WIC programs with Family Support Coordinators continued to use the Referral Forms when the Family Support Coordinator is not on site, and the Narrative Reports and Monthly Tracking and Outcome Form continue to be utilized by the Family Support Coordinators.

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<sup>18</sup> Prior to Eos, staff kept a paper record of referrals and contact with Family Support Coordinators. Appendix A includes forms used by staff in recording details about referrals to Family Support Coordinators.

**Caveats regarding Eos:** Eos is a complex system and the fact that it was new to Massachusetts WIC during the evaluation of the Enhanced Referral and Family Support Project meant there were limits in WIC's ability to capture participant contact with Family Support Coordinators:

- Especially at the beginning of the grant period, not all Family Support Coordinators had access to Eos or to a computer. They did use paper records, and still do for narrative descriptions of services provided to WIC participants, but not all of these records appeared in Eos over the duration of the evaluation.
- Because Eos had just been implemented, some staff found the Eos interface to be challenging. Some participants saw Family Support Coordinators but the contact was not recorded in Eos.

In the end, data on participants from 2011 through 2013 for programs both with and without Family Support Coordinators were used to analyze the impact of Family Support Coordinators on referral patterns and child retention. A variety of comparisons were made regarding referrals and child retention, including the following:

- Differences between WIC programs with and without Family Support Coordinators
- Differences between WIC participants who were and were not referred to Family Support Coordinators, both statewide and within the pilot programs (since not all WIC participants are referred to Family Support Coordinators)

**Caveats regarding Large Data Sets and Statistical Significance:** The data sets produced by participant information systems like Eos tend to be very large, which means tests of statistical significance on samples of WIC participants have to be interpreted cautiously—even small differences observed between groups may end up statistically significant, but this does not always mean the differences are clinically relevant. In addition, the Eos data we used for this evaluation is a *census* of all WIC participants in Massachusetts—not a sample—which means standard statistical tests are not applicable to our analysis.

## ***Site Visits***

In mid-2013, Market Street Research, Inc. visited the ten WIC programs in Massachusetts that have Family Support Coordinators. These informal meetings were held with Program Directors, Nutritionists and Nutrition Assistants, and other staff (such as Program Assistants, Breastfeeding Peer Counselors, and Community Coordinators) who provide direct services to WIC participants at these programs.<sup>19</sup> The meetings were all day.

The meetings provided an opportunity for the Market Street Research evaluator, Elizabeth Denny, Ph.D., to meet with WIC staff, to identify and help resolve any issues programs may have had in implementing the Family Support Coordinator evaluation, and to let them know what to expect regarding future evaluation activities. Staff also received training and support relating to use of Massachusetts' Management Information System, Eos, to record WIC participant contact with Family Support Coordinators. Staff also discussed successes and challenges relating to the Massachusetts WIC Enhanced Referral and Family Support Project. The following is the agenda for the site visits conducted at the ten local programs.

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<sup>19</sup> The evaluator did not meet with WIC participants during the site visits.

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## SITE VISIT AGENDA

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### Quick Review of Evaluation Goals / Questions:

- ▶ Understand current WIC referral process in traditional settings and those with FSCs
- ▶ Impact of FSCs on child retention
- ▶ Impact of FSCs on coordination between WIC and other organizations
- ▶ Participant and staff satisfaction with referral services
- ▶ Transfer knowledge to communities in Massachusetts and expand nationwide

### Questions discussed:

What has worked well with Family Support Coordinators in your program?

What hasn't worked as well? What challenges have there been?

What are the top three "lessons learned" from the FSC program?

What advice can you give to other WIC programs?

The intent of the FSC program is to help participants with greater needs. Who are you referring to FSCs? All participants? Only those with the greatest needs?

### Items addressed with staff:

- ▶ Utilization of the Referral Form
  - ▶ Significance of the documentation in Eos for when a participant is referred to the Family Support Coordinator
  - ▶ Discussion on how the retention rate for children will be measured from the termination data
  - ▶ Obtained ideas for getting staff and participants to participate in the surveys
-

## EVALUATION RESULTS

This section presents key evaluation findings relating to the research questions outlined previously in this report.

### RESEARCH QUESTION 1: WHAT IS THE IMPACT OF FAMILY SUPPORT COORDINATORS ON THE REFERRAL COMPONENT OF THE MASSACHUSETTS WIC PROGRAM?

A consistent theme throughout all of the qualitative research conducted for this evaluation is that WIC staff often work with participants who are experiencing emotional upheaval or are, as one Senior Nutritionist put it, *“at the ends of their ropes.”* Nutrition staff consistently report in the focus groups that trying to focus on nutrition in these situations during (re)certification visits can be difficult or impossible—and getting these participants’ non-food needs met can make work on nutrition more effective. For example, a Nutritionist said during the initial staff focus groups, *“You spend a lot of time talking about housing when you need to be talking about nutrition. But are they going to care about nutrition when they don’t have a place to put the food?”*

#### *Nutrition Staff Perceptions of the Massachusetts WIC Referral System*

About one-fourth (23%) of WIC staff in Massachusetts feel that referrals place an extra burden on nutritionists and that they do not always have enough time to help WIC participants with significant needs.<sup>20</sup> Having time to follow up on referrals is also a concern of WIC staff (17%), as is the challenge of working with participants who need specific types of resources but no options are available in the community (12%). Affordable housing for low-income residents is a significant issue in Massachusetts, for example, and while WIC participants can sign up for Section 8 housing, they are put on an extremely long waiting list with few other housing options available.

About one-fourth (23%) of WIC staff are concerned that the referral lists or referral books they access when working with WIC participants be as up-to-date as possible. The referral lists and/or referral books are updated on an ongoing basis by Massachusetts Community Coordinators, but contact information for WIC participants with special circumstances may not be readily available to nutrition staff. The Family Support Coordinators can take the extra time to find and contact agency staff who can best assist WIC participants—not always an easy task.

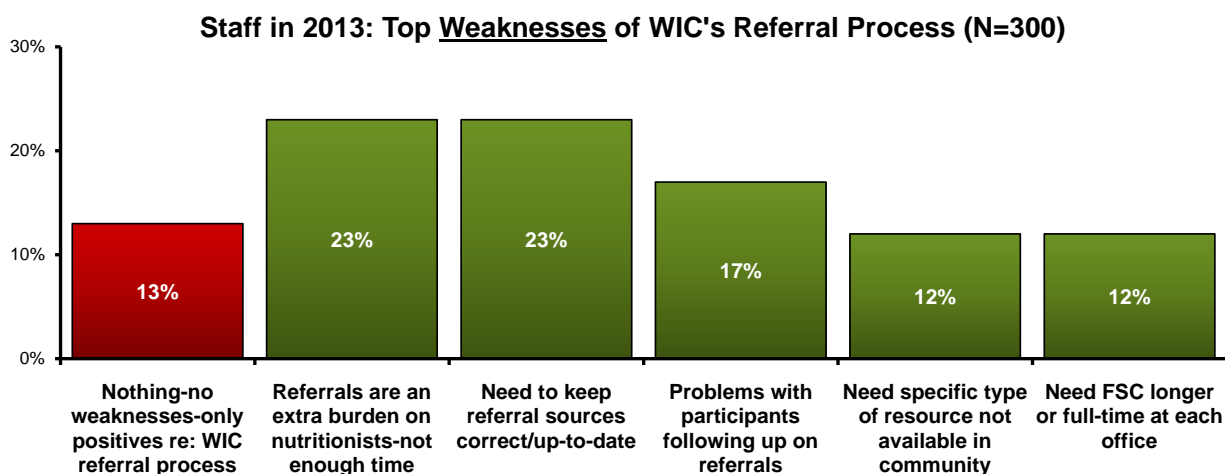
The initial and follow-up nutrition staff focus groups conducted with WIC programs without Family Support Coordinators suggested that nutrition staff at these programs feel frustrated and can experience considerable stress when they are unable to help WIC participants find the resources they need. As one Nutritionist explained, for example, *“People shared a lot of information with us and it was hard for us to take that critical information that they were giving us about something that they were going through, not nutrition related, and what do we do with that information other than give them a phone number? ... At least for me, it was like, ‘Okay call this number and see if you can get help with the situation.’ But then it was sort of out in mid-air. There was no closure.”*

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<sup>20</sup> 2013 WIC staff survey.

During the follow-up nutrition staff focus groups with programs with Family Support Coordinators, this stress was reported to be reduced, since staff know they can rely on the Family Support Coordinators to work closely with needy participants, listen to their concerns, and take the time to find agencies, programs, or services that meet their needs.<sup>21</sup> A nutritionist explained, “I’ll just speak for myself, there’s a certain level of relief that you feel knowing that there’s somebody in the expert category [the Family Support Coordinator] that can help this person.”

## FIGURE K: Staff Perceptions of WIC’s Referral Process



Source: Follow-Up Survey of Massachusetts WIC Nutrition Staff. Note that this was an open-ended question that allowed for individuals to come up with their own responses in their own words without any coercion (unaided basis). The bars represent the proportion of WIC staff who mentioned on their own what they think the top weaknesses are of WIC’s referral process.

**Reduced Barriers:** Since the implementation of the Massachusetts WIC Enhanced Referral and Family Support Project, Family Support Coordinators have reported to Massachusetts WIC that they have identified services in the community, established networks, and reduced barriers to services that include:

- **Complex or confusing applications** (for example, Family Support Coordinators are trained on SNAP eligibility and can assist participants who need extra help in filling out the required forms or finding and submitting supporting documents needed by SNAP).
- **Need for multiple referrals** (for example, a Family Support Coordinator assisted a participant who fled to Massachusetts because of domestic violence, by not only locating domestic violence programs for counseling and support but also connected her with a community college to which she could transfer her credits).
- **Need for advocacy** (for example, a Family Support Coordinator worked with an agency on behalf of a family who was deemed ineligible for shelter placement. Because of her advocacy, the family now resides in a shelter).

<sup>21</sup> 2013 Follow-up focus groups.

- **Need for highly specific programs or services** (for example, a Family Support Coordinator found a medical provider willing to vaccinate a participant's children that day, without an appointment, so the children could enroll in school without delay. Another helped a recently bereaved father after his wife died during childbirth with twins. They assisted him with parenting resources and early intervention.

During the three-year period of the 2011 WIC Special Project Grant implementation, Massachusetts has slowly recovered from the serious economic recession but WIC staff continues to see an increase in referrals to SNAP and food pantries. The Family Support Coordinators have also assisted in the completion of housing applications and, as a result, participants are now on waiting lists. Assistance has been provided with MassHealth applications and insurance issues. In addition, referrals have been completed for substance abuse, smoking cessation, child care, parenting groups/classes, computer basic skills training, infant clothing and furniture, employment and job training, legal services, mental health, immigration services, heating resources, pregnant teen services including housing and Early Intervention.

During the nutrition staff focus groups and staff surveys, it was mentioned that the Family Support Coordinators “close the loop” for participants—in other words, are able to more closely follow up and personally assist participants as they navigate health and human service resources. The Family Support Coordinators quickly identify what services are available, who is eligible, and how to access these resources.

### ***Enhanced Support: High-Need WIC Participants***

The Massachusetts WIC Enhanced Referral and Family Support Project was designed for WIC participants whose circumstances present referral challenges that are beyond the self-perceived skills and resources of WIC nutrition staff. In WIC programs that have Family Support Coordinators, participant demographic information collected in Eos indicate that WIC participants referred and not referred to Family Support Coordinators are very similar with respect to ethnicity, language, housing circumstances, pregnancy intentions and outcomes, and breastfeeding characteristics. The following groups are slightly more likely to be referred to Family Support Coordinators for enhanced support:<sup>22</sup>

- Pregnant women (10.5% vs. 8.0%)
- Asian-Americans (5.6% vs. 2.7%), which is likely a function of regional WIC program demographics and recent immigration trends in Massachusetts
- Women (32.6% vs. 36.6%)<sup>23</sup>

The fact that participant demographic information from Eos show few demographic differences between those who are vs. are not referred to Family Support Coordinators suggests that referrals to Family Support Coordinators may be based on factors not captured by Eos.

<sup>22</sup> Because Eos provides a census of WIC participants—not a sample—tests of statistical significance do not apply. We used difference of proportion tests to help identify groups that, had the data been a sample, would have been statistically significant at the 1% level (see the following for information on data mining to support theory development in social sciences: Osei-Bryson, K.M. and Ojelanki Ngwenyama. *Advances in Research Methods for Information Systems Research*, New York, NY: Springer Science + Business Media, 2014).

<sup>23</sup> The kinds of referrals men versus women receive from Family Support Coordinators were not captured in sufficient detail in Eos to allow for a comparison by gender (i.e., too few men received referrals to Family Support Coordinators during the time frame for this evaluation).

This was confirmed during the follow-up staff focus groups, the site visits, and during meetings with WIC staff at programs that have Family Support Coordinators. WIC staff believe that the following factors—and not demographics—contribute to referrals to Family Support Coordinators:

- Participants' working knowledge of available community resources before they come to WIC (a good example would be recent immigrants whose English language skills are limited and who are not familiar with social services in the United States).
- Participants' ability to negotiate difficult and complex life circumstances and to manage stress (very young mothers lacking social skills, for example, are guided by Family Support Coordinators in how to manage frustrating application procedures).
- Participants' skills in self-advocacy (participants who have difficulty asking for help or who have not been able to find and access community resources on their own are helped by Family Support Coordinators who find appropriate programs, help participants apply to those programs, and follow-up to make sure participants get the services they need).
- Participants' level of trust in WIC staff (for example, undocumented immigrants who are eligible for WIC benefits but are fearful of deportation are helped by Family Support Coordinators who can take more time than nutrition staff to reassure these participants and help them find and access appropriate supports).

### ***Complexity of Referrals Process in Massachusetts***

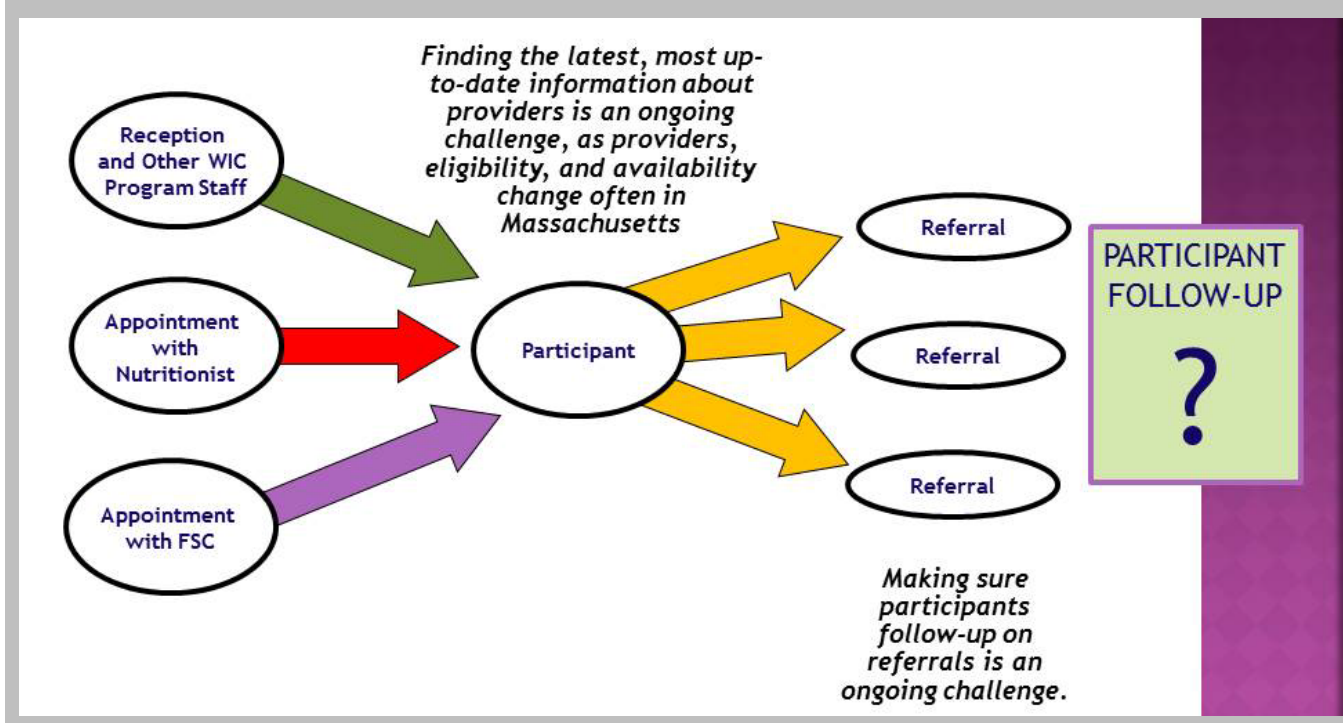
A second key finding from the initial and follow-up nutrition staff focus groups is that the referrals process in Massachusetts is complex in that it involves multiple staff at WIC clinics. WIC participants are routinely offered referrals during (re)certification visits, but as demonstrated during the focus groups, they are also offered information, ideas, and suggestions for resources at many additional points during their visits to WIC clinics. For example, participants are offered referrals from front desk staff for help finding community resources, or they may ask for additional referrals (or be offered referrals) during other individual or group education opportunities. Participants often ask for support and assistance when meeting with nutrition staff and/or Family Support Coordinators, but also communicate their needs and concerns to program directors and other nutrition- and non-nutrition staff they encounter—and to their peers in the community, who may suggest that they contact WIC for support.

In other words, **all WIC staff**—not just nutritionists, and regardless of whether or not a WIC program has a Family Support Coordinator—contribute to the referral process, which is tailored to participants' specific needs.

Finding the latest, most up-to-date information about local resources is an ongoing challenge in Massachusetts, as providers, service availability, and eligibility change often. A nutritionist during one of the initial focus groups explained, *"I felt too, sometimes, it was a futile time in referring because a lot of times we had outdated referral lists and it was hard for us to keep up on [programs] that were shutting down ... I don't know if anyone else found that, but you know services close, they lose funding, and so I'm referring someone to somewhere where it's a dead end to that person."*

Massachusetts is unique in that each local WIC program has a Community Coordinator that conducts outreach to community-based programs and health and human service agencies. The Community Coordinator ensures that all staff has updated contact information in the form of a referral list/referral book of community-based programs and health and human service agencies.

**FIGURE L: Referral Process in Massachusetts WIC Programs**



### *Synergy at WIC Programs with Family Support Coordinators*

WIC's intention is that nutrition staff only refer participants in cases in which they need extra help finding resources, or when participants have complex needs. One unexpected outcome of the Massachusetts WIC Enhanced Referral and Family Support Project is that of staffs' perception of referring a large proportion of the participants they work with to the Family Support Coordinator. In the initial staff survey, 39% of the staff said they "refer most or all" participants to the Family Support Coordinator, and 42% said they refer "some" to the Family Support Coordinator. A much smaller proportion (14%) refer "a few participants with complex needs" to the Family Support Coordinator. These percentages did not change significantly in the follow-up staff survey (42%, 44%, and 9% respectively).<sup>24</sup>

At the same time, data from Eos indicates that only about 4% of WIC participants at clinics that have Family Support Coordinators are recorded as having been referred to a Family Support Coordinator. Even though staff think they refer "all of them," as one nutritionist was quoted as saying, "in actuality, the program's guidelines for referring only those participants with significant or complex needs to the Family Support Coordinator are being followed by staff."

<sup>24</sup> Initial staff survey (N=99 at FSC programs) and follow-up survey (N=106 at FSC programs).

Another unexpected outcome is that about one-tenth of WIC staff at the pilot programs ended up relying on the Family Support Coordinators to the extent they no longer felt comfortable handling complex referrals themselves (11% at pilot programs vs. 2% at programs without Family Support Coordinators).

**Positive Synergy Affecting WIC Staff:** At the same time, the evaluation findings clearly show that having a Family Support Coordinator at a WIC program, even at half-time, promotes a positive synergy among staff and between staff and participants that benefits the referral process in ways that were not predicted at the outset of the grant. According to the staff surveys, compared with staff at WIC programs without Family Support Coordinators, staff who have access to Family Support Coordinators are:

- **More likely to take the initiative in asking participants about problems they may be having that are not related to food or nutrition** (only 38% said this only “*sometimes*,” “*rarely*” or “*never*” happens with participants vs. 5% at non-FSC programs)
- **More likely to report that participants ask them outright for help with problems** (61% said this happens *with most participants* or *happens often* vs. 44% at non-FSC programs)
- **More likely to mention specific kinds of resources they think are lacking in their communities** (30% said parenting classes are lacking, vs. 9% at non-FSC programs, and large differences are true for almost every resource mentioned in the survey). In other words, staff with access to Family Support Coordinators seem to know more about what kinds of resources are and are not available in their local communities
- **Think a higher percentage of participants have not had their needs met**, either because there are no available resources or for other reasons (median estimate is 19% of participants with unmet needs vs. 13% at non-FSC programs)

In other words, staff at programs with Family Support Coordinators seemed to be, after the FSC program was fully established, more proactive in observing participants and asking them about possible needs, and also seemed to be more aware of the complexity and range of issues confronting participants both nutritionally and in terms of other needs.

**Impact on WIC Participants:** Compared with participants at programs without Family Support Coordinators, participants at programs with Family Support Coordinators are more likely to report that they **contacted programs/agencies and received the services they needed** (72% for those receiving referrals from a Family Support Coordinator vs. 60% for those receiving referrals from nutritionists). In addition, participants are also less likely to ignore referrals or never contact the suggested programs/agencies (22% for those receiving referrals from a nutritionist vs. 9% for those receiving referrals from a Family Support Coordinator).

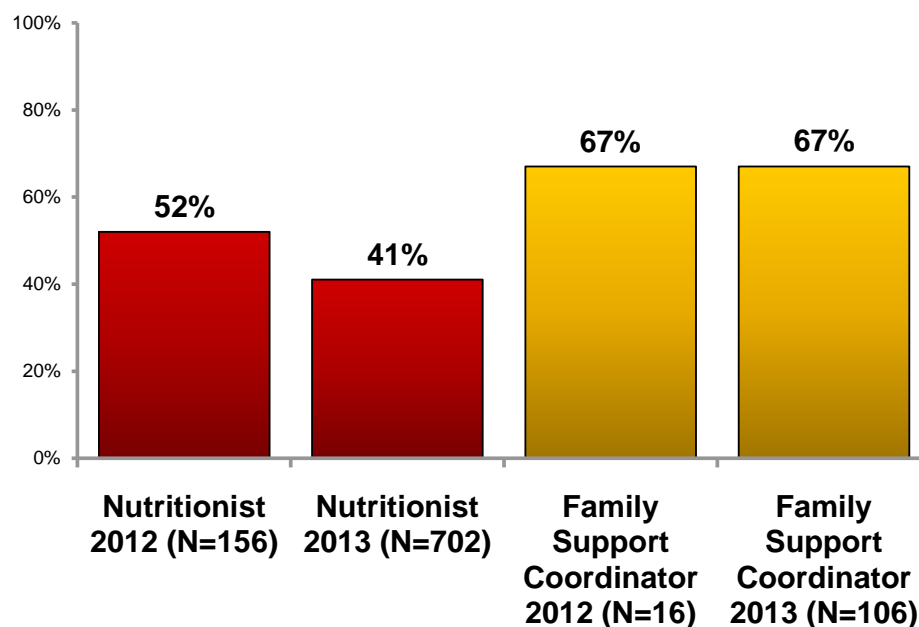
Participants who received referrals from Family Support Coordinators are more likely to report that WIC followed up with them regarding getting the services they need (67% vs. 41%, respectively). Moreover, participants at programs with Family Support Coordinators are significantly ( $p < .05$ ):

- **More likely to have called their WIC program for help outside clinic hours** (38% have tried to call a nutritionist outside their regular appointments, versus 38% who have tried to call Family Support Coordinators). This difference became more pronounced between the initial and follow-up participant surveys.

- More likely to find it “*very easy*” to get in touch with WIC outside their regular appointments (61% for those who tried getting in touch with a nutritionist vs. 71% who tried getting in touch with a Family Support Coordinator, 2013 results).
- More likely to be “*very satisfied*” with how promptly their phone calls were answered (71% for those who called a nutritionist vs. 87% for those who called a Family Support Coordinator, 2013 results).
- More likely to have received help with filling out applications, such as for SNAP benefits (33% for those who were referred to a Family Support Coordinator vs. 10% for those who received referrals from a nutritionist, 2013 results).
- More likely to report that the WIC staff person who gave them referrals made phone calls to agencies or programs on their behalf (41% for those who were referred to a Family Support Coordinator vs. 13% for those who received referrals from a nutritionist, 2013 results).

## FIGURE M: Nutritionist vs. Family Support Coordinator Follow-Up on Referrals

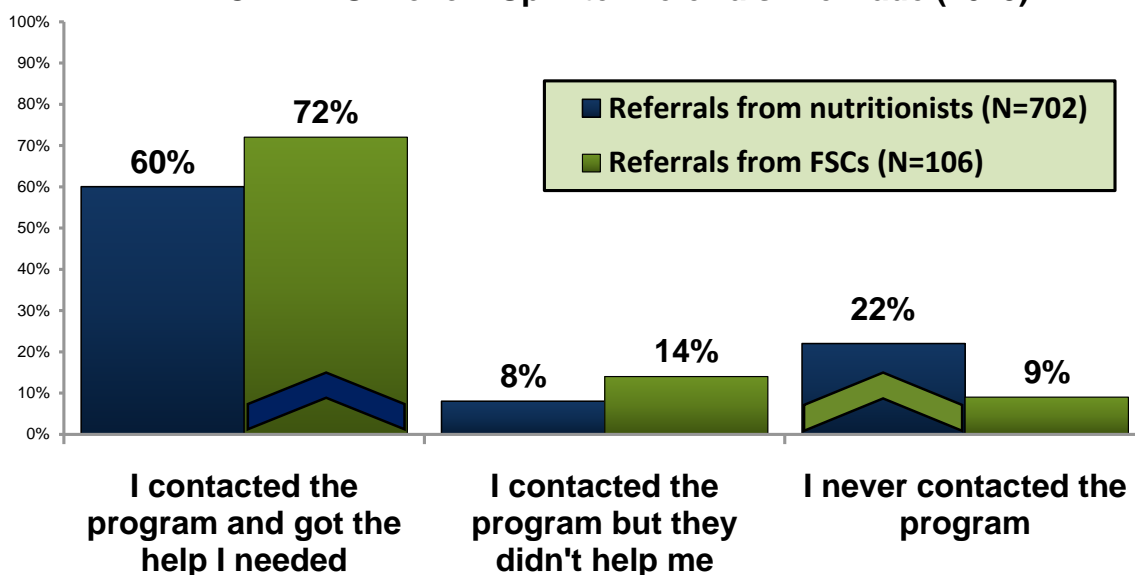
**PARTICIPANTS: Did Nutritionist or FSC Follow Up with Participant After Referrals Were Made**




Source: Initial and Follow-Up Surveys of Massachusetts WIC Participants. Observed differences are not statistically significant (Difference of Proportion Test,  $p > .05$ ).

## FIGURE N: Nutritionist vs. Family Support Coordinator Follow-Up on Referrals

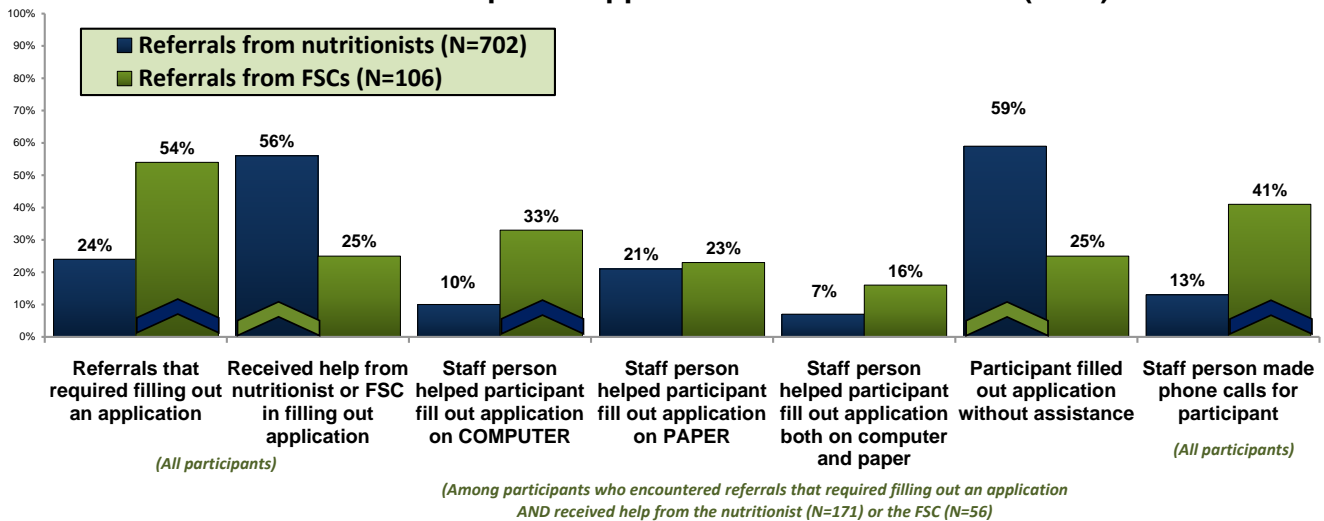
**PARTICIPANTS: Follow-Up After Referrals Are Made (2013)**




*Source: Follow-Up Survey of Massachusetts WIC Participants. Difference of Proportion tests indicate the observed differences are statistically significant ( $p < .05$ ). The color-coded chevrons (for example, ) on the above graph indicate which differences are statistically significant. No chevron means the difference between groups is likely due to chance, and thus should be interpreted cautiously.*

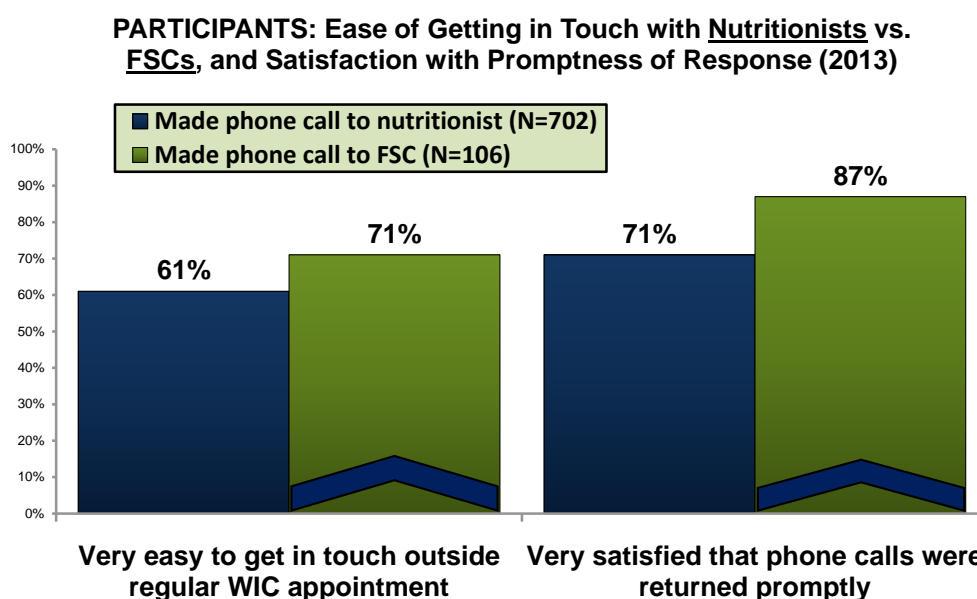
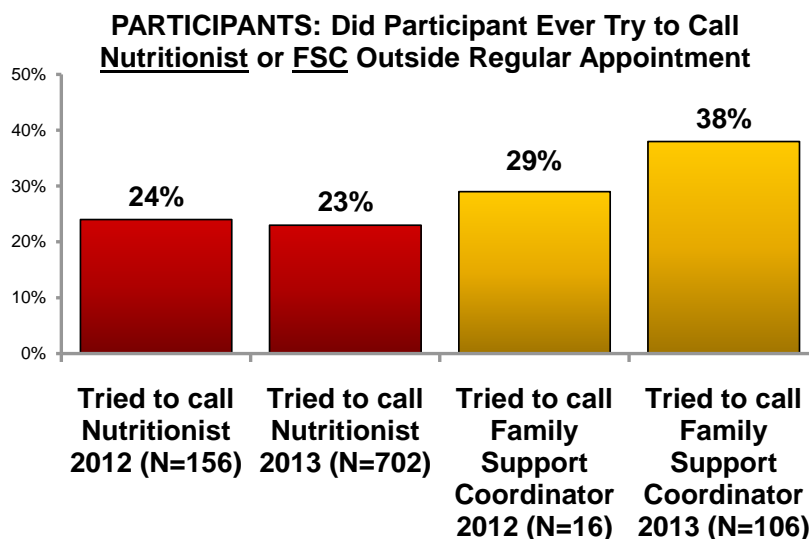
## FIGURE O: Participant Referrals That Provided Help with Applications and Phone Calls


### PARTICIPANTS: Help with Applications and Phone Calls (2013)



Source: Follow-Up Survey of Massachusetts WIC Participants. Difference of Proportion tests indicate the observed differences are statistically significant ( $p < .05$ ). The color-coded chevrons (for example, ) on the above graph indicate which differences are statistically significant. No chevron means the difference between groups is likely due to chance, and thus should be interpreted cautiously.

## FIGURE P: Participants Contacting Nutritionists vs. Family Support Coordinators Outside Regular Appointments



Source: Follow-Up Survey of Massachusetts WIC Participants. Difference of Proportion tests indicate the observed differences are statistically significant ( $p < .05$ ). The color-coded chevrons (for example, ) on the above graph indicate which differences are statistically significant. No chevron means the difference between groups is likely due to chance, and thus should be interpreted cautiously.



## Lessons Learned

Most of the time, the problems WIC staff and the Family Support Coordinators have in helping WIC participants with referrals stem from issues that are outside the WIC Program's control:

- Throughout the data collection process for this evaluation (focus groups and surveys, both initial and follow-up), we determined that some WIC participants are challenged with navigating the cumbersome application processes at other agencies. This means they can be hesitant or fearful of applying for critically-needed support from:
  - SNAP
  - DTA, such as Cash Assistance
  - Public health insurance (MassHealth)
  - Low-income housing, such as Section 8
- WIC staff and Family Support Coordinators confirmed that participants can be hesitant to apply for support from SNAP, DTA, MassHealth, Section 8 housing, etc. because of prior negative experiences at these agencies. WIC staff and Family Support Coordinators also report that they experience customer service challenges when they contact these agencies on behalf of WIC participants.
- Family Support Coordinators, in consort with Community Coordinators, help bridge the gap between WIC participants and staff at other agencies, but this effort can only go so far. Customer service issues may also need to be addressed by USDA and other funding agencies in a more comprehensive, agency-wide manner
- Limited resources exist in the community that can address a participant's specific issue or concern (e.g., public schools require that children be fully vaccinated, but Family Support Coordinators have found it hard to locate resources for WIC participants who need to get their children vaccinated right away to start school on time)
- There are resources in the community, but capacity is insufficient (e.g., even though many WIC participants are eligible for Section 8 housing, waiting lists in Massachusetts often span multiple years). Staff and participants perceive the following weaknesses in Massachusetts' safety net for residents with low incomes:
  - Housing
  - Transportation
  - Job training, education/GED, and language/ESL services
  - Affordable, good quality child care
  - Mental health services, especially for children with autism spectrum disorders

## RESEARCH QUESTION 2: DOES THE MASSACHUSETTS WIC ENHANCED REFERRAL AND FAMILY SUPPORT PROJECT IMPROVE SATISFACTION WITH REFERRAL SERVICES?

Massachusetts WIC analyzed staff and participant satisfaction with the referral process using both qualitative and quantitative methods. During the focus groups, staff and participants were asked, from their perspectives, how the referrals process works in Massachusetts, whether participants come to WIC expecting to receive help with referrals, whether the referrals staff recommend are helpful to participants, and the extent to which staff are able to follow up on referrals to make sure participants get the resources they need. Similar questions were asked during the staff and participant surveys.

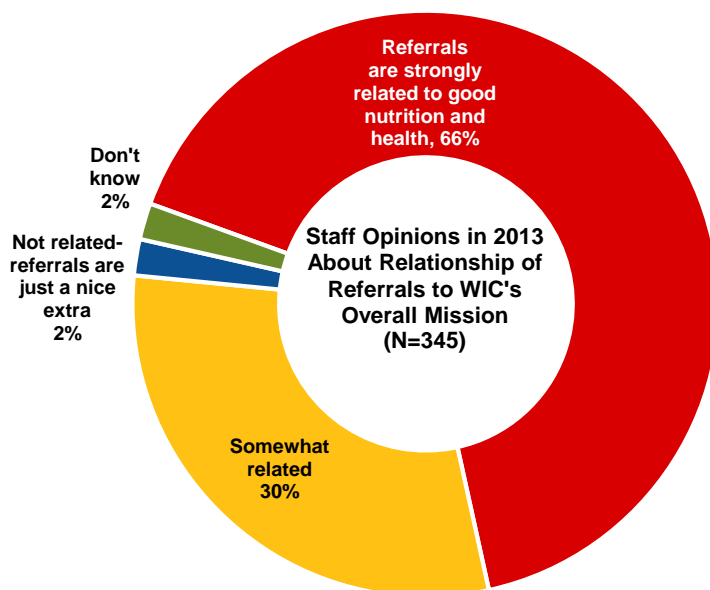
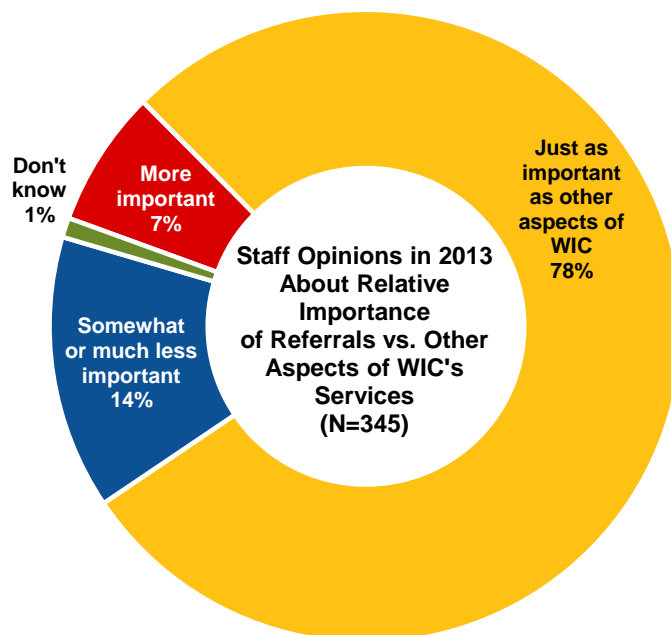
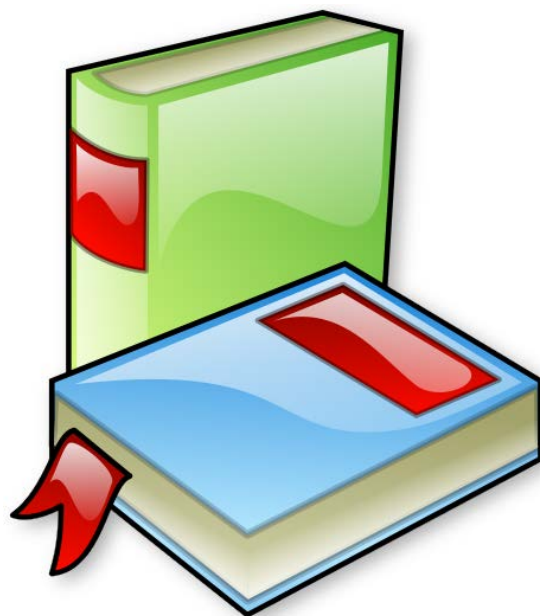
### *WIC Staff Perceptions on Referrals and WIC's Overall Mission*

WIC staff in Massachusetts place a high value on referrals and think the referral component is as important as other aspects of their work with WIC participants. During the focus groups, staff consistently reported that the referrals process provides a significant degree of individualized attention to participants with good matching of resources to participants' specific needs; for example, a nutritionist said during one of the follow-up focus groups, *"My thing right now, we're really concentrating making sure that everybody is hooked up to Fuel Assistance to heat up their house. And we always ask them about food stamps and Mass Health. And if they don't have, have been thinking about it but didn't know how to go about it, then we will give them the referral papers so that they can then get the information and hopefully get the connections that they need."* The survey findings confirmed that these perceptions are held by the majority of WIC staff in Massachusetts who work directly with participants. In the follow-up staff survey in 2013:

- About four-fifths (78%) of staff responded that referrals are of equal importance relative to other aspects of WIC's services, and close to one-tenth (7%) said referrals are more important than other aspects of their work with participants.
- About two-thirds (66%) of staff responded that referrals are strongly related to good nutrition and health, and close to one-third (30%) said referrals are somewhat related to good nutrition and health.

Regardless of whether or not their local programs have Family Support Coordinators, WIC staff place a very high value on referrals and think WIC's mission is advanced because of the referral component. Staff feel the process provides a significant degree of individualized attention with good matching of resources to participant needs. During the follow-up focus groups, WIC staff at programs with Family Support Coordinators believe the process of identifying health and human service resources in Massachusetts is enhanced by Family Support Coordinators, who gain intimate knowledge of local agencies, programs, and advocacy organizations. A nutritionist explained, *"The other thing about [our Family Support Coordinator] is ... just how sophisticated her role is. Just like the connections of in and out and how you apply for this and how do you apply for that? Where you go for here. And what you can do over here and what you can do over there. I mean, it's a whole genre in and of itself."*

FIGURE Q: Staff Opinions about WIC and Referrals



Source: Follow-Up Survey of Massachusetts WIC Staff.

## WIC Participant Expectations Regarding WIC and Referrals

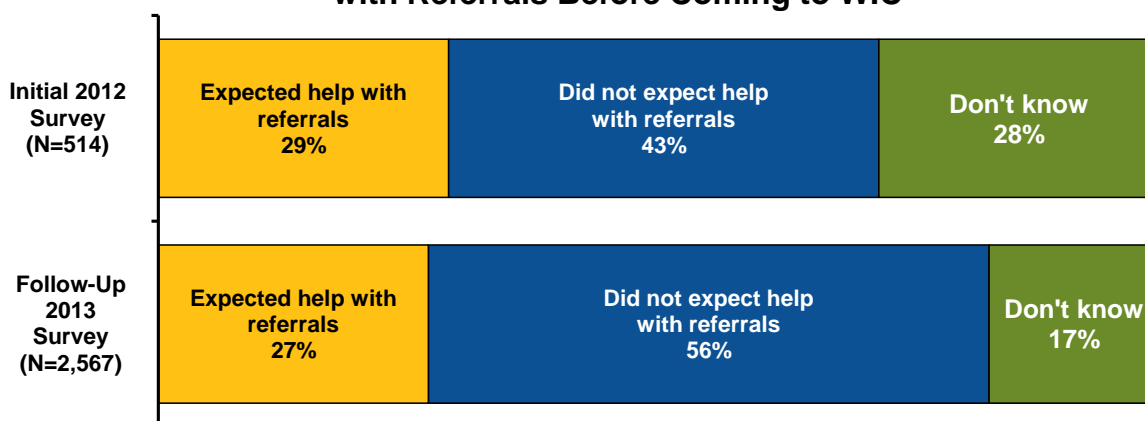
During the focus groups, some of the WIC participants indicated that they knew, before they came to WIC, that WIC offers referrals in addition to nutrition education, breastfeeding promotion and support, and supplemental food benefits. Some initially came to WIC because they heard WIC can help them not just with food, but with housing, childcare, etc. Some said they knew WIC offered referrals because family members or friends told them about their experiences with WIC.

At the same time, some of the WIC participants in the focus groups had no idea, when they first came to WIC, that WIC offers help with referrals. One mother said, for example, *"We're coming in [to WIC] with a purpose—we know what we're getting and that's all we want to do."* Another said, *"I thought it was just about nutrition."* A third said, *"I wouldn't come to the WIC asking for anything else."*

In fact, the survey results confirmed that many WIC participants have no idea that WIC helps with referrals. Of the 514 participants surveyed initially in 2012, less than one-third (29%) said that, before coming to WIC, they expected to get help with referrals. The remainder either did not know about WIC's referral component (28%) or they did not expect WIC to help them with referrals (43%). The proportion of participants expecting help with referrals at WIC did not change significantly from the initial to follow-up surveys (29% vs. 27%, respectively).

**FIGURE R: WIC Participants' Expectations Regarding Referrals and WIC**

**WIC PARTICIPANTS: Expected to Get Help with Referrals Before Coming to WIC**



Source: Initial and Follow-Up Surveys of Massachusetts WIC Participants. Observed difference in the proportion who expected help with referrals is not statistically significant (Difference of Proportion Test,  $p > .05$ ).

In other words, the majority of participants seem to be seeking WIC's other benefits (such as the supplemental food benefits or the nutrition education) rather than help finding community resources. During the focus groups, nearly all of the participants said they initially came to WIC because of the supplemental food benefit but were delighted when they found out about the assistance with referrals.

## WIC Staff and Participant Satisfaction with Referrals

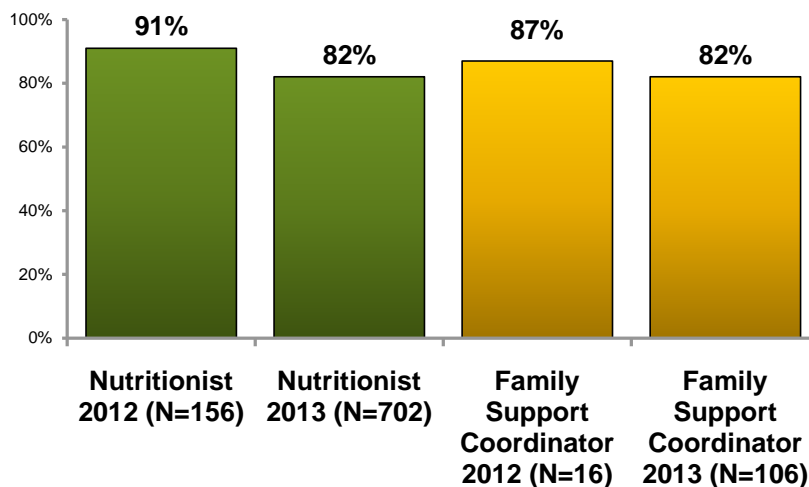
WIC staff and participant satisfaction with the referral process does not appear to be influenced by Family Support Coordinators. More than 80% of the WIC participants in both the initial and follow-up surveys said they were “very satisfied” with what happened with referrals during their (re)certification visits, and this proportion did not change significantly from the initial to follow-up surveys. Participant satisfaction with referrals is high regardless of who provides the assistance—nutritionists, Family Support Coordinators, or other WIC staff who come into contact with participants on a regular basis. When it became clear after the initial participant survey that overall satisfaction with WIC’s referral process was already quite high, we did not expect a significant positive change in participant satisfaction in the follow-up participant survey.

*“They’re definitely more personal here at WIC. They’re more willing to help you than other programs. Because the other programs I feel like are so stretched out. Like they don’t have the time for you, whereas here [at WIC] they definitely make the time if you need it.”*

*WIC Participant - Focus Group at WIC Program With Family Support Coordinator, November, 2013*

### FIGURE S: WIC Participant Satisfaction With Referrals

**PARTICIPANTS: Very Satisfied with What Happened with Referral From Nutritionist or FSC**

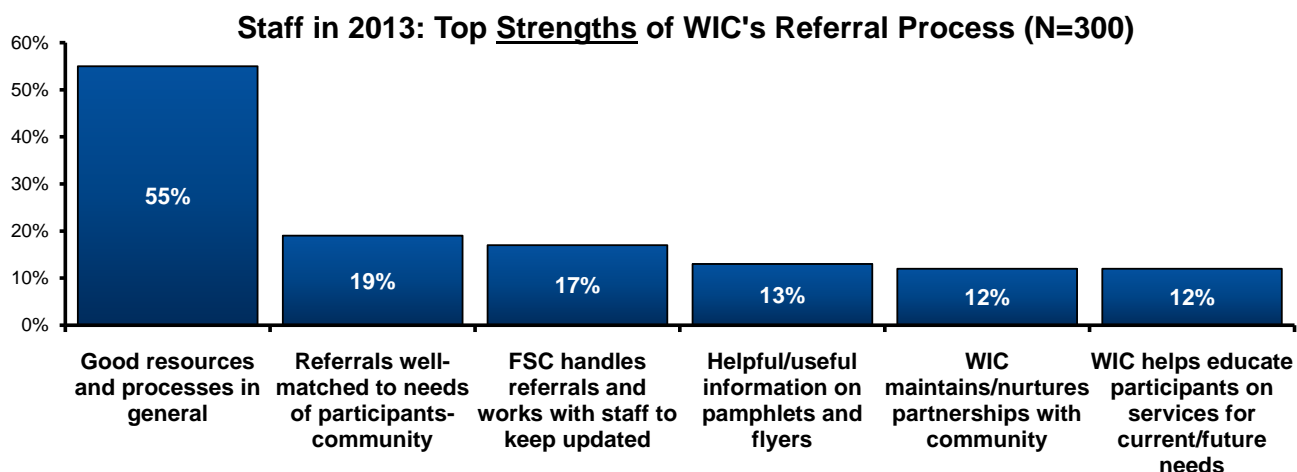


*Participants Who Received Referrals From Nutritionists or FSCs*

*Source: Initial and Follow-Up Surveys of Massachusetts WIC Participants. Observed differences are not statistically significant (Difference of Proportion Test,  $p > .05$ ).*

The same is true for WIC staff. Most of the staff who participated in the evaluation either in the focus groups, staff surveys, or at meetings to discuss the Massachusetts WIC Enhanced Referral and Family Support Project, expressed high levels of satisfaction overall with WIC’s referral process. Staff indicated the implementation of the services provided by the Family Support Coordinator is an important part of WIC’s mission, and they see a strong relationship between WIC’s referral process and the quality of participants’ nutrition and health.

## FIGURE T: Staff Perceptions of WIC's Referral Process



*Source: Follow-Up Survey of Massachusetts WIC Nutrition Staff. Note that this was an open-ended question that allowed for individuals to come up with their own responses in their own words without any coercion (unaided) basis from the moderator: the bars represent the proportion of WIC staff who mentioned what they think the top weaknesses are of WIC's referral process.*

Overall staff satisfaction with WIC's referral process is high regardless of whether or not a program has a Family Support Coordinator, and this did not change significantly over the course of the grant. The majority of staff participating in this evaluation were positive about both the importance of referrals for WIC participants and their ability to help participants access needed resources so that more emphasis can be placed on nutrition during (re)certification and nutrition education visits.

### RESEARCH QUESTION 3: DOES THE MASSACHUSETTS WIC ENHANCED REFERRAL AND FAMILY SUPPORT PROJECT ENHANCE COORDINATION BETWEEN WIC, COMMUNITY AGENCIES, AND OTHER USDA NUTRITION PROGRAMS?

A key goal of the Massachusetts WIC Enhanced Referral and Family Support Project is to facilitate improved coordination between WIC, other USDA nutrition programs such as SNAP, and other federal, state, and local programs to which WIC participants are referred as needed. All WIC programs collaborate to at least some extent with other federal, state, and local health and human service providers as a way of assisting WIC participants; in Massachusetts this process is enhanced by Community Coordinators, whose responsibilities include forming relationships with agencies, programs, and service providers and updating the referral lists/books used by nutrition staff in recommending resources to WIC participants.

The focus groups and surveys of staff and participants (both initial and follow-up) show that Family Support Coordinators also have definite, positive effects on coordination between WIC and other agencies serving low income residents in Massachusetts. They support the process in three ways:

- **Follow-up on referrals:** Family Support Coordinators are able to search for, find, and make sure participants get highly specific resources that might otherwise be missed. They get to know the essential information and nuances of local agencies, programs, and providers to an extent nutritionists often cannot achieve given the tasks they must accomplish and the limited amount of time they spend with participants during appointments. In the follow-up participant survey (2013), 41% of participants referred to Family Support Coordinators said the Family Support Coordinators made phone calls to agencies and programs on their behalf, vs. 24% of those who only saw nutritionists.
- **Support in applying for federal and state benefits:** Family Support Coordinators are able to help WIC participants apply for benefits such as SNAP, MassHealth, Section 8 Housing, etc. These applications can be daunting to participants, especially those with limited English literacy, and Family Support Coordinators can take the time to assist and follow-up with participants so they complete the applications, submit all the necessary documentation, and get the benefits they need. The follow-up participant survey (2013) showed that Family Support Coordinators are significantly more likely than nutritionists to help participants with this task (54% vs. 24%, respectively).
- **Time for nutrition:** The amount of time nutritionists spend with WIC participants during (re)certification and nutrition education follow-up visits averages about 12 minutes per appointment in Massachusetts.<sup>25</sup> From the nutrition staff focus groups, Massachusetts WIC learned that nutrition staff with access to Family Support Coordinators feel they can focus more on nutrition during the limited time they have with participants, without worrying that high-need participants are not getting the resources they need.

## RESEARCH QUESTION 4: WHAT IMPACT DOES THE MASSACHUSETTS WIC ENHANCED REFERRAL AND FAMILY SUPPORT PROJECT HAVE ON CHILD RETENTION?

This section examines the impact of the Massachusetts WIC Enhanced Referral and Family Support Program on child retention. Throughout the United States and in Massachusetts, there are numerous ways that child retention is measured for the WIC program; the two aspects of child retention for which data exists in Eos that can be linked to referrals to Family Support Coordinators on a participant level are **length of program participation** and **gaps in program participation**.

**Length of program participation** means the time between when a child is first certified as eligible for WIC and when the child exits the program permanently. There are many reasons why participants leave the WIC program and some are not affected by Family Support Coordinators, such as aging out (child turns 5 years old and is no longer eligible for WIC), family moves out of state, and family income rises above WIC program guidelines. These factors related to WIC eligibility guidelines were taken into account in the analysis, so the comparison between participants who have vs. have not been referred to Family Support Coordinators focuses on non-WIC eligibility reasons for allowing WIC benefits to lapse.

<sup>25</sup> Estimate provided by WIC staff in the follow-up survey (2013).

The second aspect of child retention examined by Massachusetts WIC is **gaps in program participation**. Massachusetts WIC uses the term “avoidable terminations” to refer to gaps in WIC program participation due to missed recertification and nutrition education appointments. These missed appointments make up a large proportion of avoidable terminations in Massachusetts. In September, 2014, for example, 37% of gaps in children’s WIC program participation were due to missed appointments.<sup>26</sup> Reasons for missed appointments reported in the focus groups by both WIC staff and participants include forgetting appointments, lack of transportation or child care for non-WIC children in the family, feeling overwhelmed or stressed, or needing emotional or logistical support in order to fully participate in WIC.<sup>27</sup>

**Modest Reduction in Dropping Out and Gaps in Program Participation:** Using data from Eos, a detailed statistical analysis of WIC participant case records was conducted to compare participants referred and not referred to Family Support Coordinators, and data for local WIC programs without Family Support Coordinators. The analysis focused on 2012 to 2013 data from Eos representing 50,000 to 60,000 active WIC participants and nearly 5,000 referrals to Family Support Coordinators. The results indicate that referrals to Family Support Coordinators are associated with a small, positive impact on child retention:

- Average of about 1 month (30 +/- days) added to length of program participation if a participant is referred to an FSC
- Reduction of 1% on avoidable terminations over the course of three years if a participant is referred to an FSC
- Reduction in terminations due to missed benefits (20.0% of terminations for those referred to FSC vs. 25.6% for those not referred to FSC)

To give a numerical example, there were 6,550 WIC participants in Massachusetts (infants, children, pregnant and postpartum women) who were terminated from WIC for non-categorical reasons in September of 2014. Of these 6,550 participants, almost a third (32.7% or 2,143 participants) was served by WIC programs with Family Support Coordinators, and roughly 4% (85 participants) was actually referred to the Family Support Coordinator.<sup>28</sup>

Based on our analysis of participant case records, Massachusetts WIC estimates these 85 participants would remain with WIC about a month longer than they would have had they not been referred to the Family Support Coordinator. They possibly would not have been dropped from WIC in September of 2014, and they would be more likely to pick up their WIC benefits. Had the Massachusetts WIC Enhanced Referral and Family Support Project been implemented in all 35 of Massachusetts WIC’s local programs, the research team estimates about 260 participants would have benefitted in these ways.

WIC participants at pilot programs who were not referred to a Family Support Coordinator do not differ significantly from WIC participants at non-FSC programs (who did not have the option of seeing a Family Support Coordinator) on these measures of child retention ( $p > .01$ ).

<sup>26</sup> *Avoidable Terminations Report, Massachusetts WIC, September, 2014.*

<sup>27</sup> *Barriers to child retention reported by WIC staff and WIC participants during the focus groups held January/February, 2012 and September/October, 2013.*

<sup>28</sup> *See Table 2 for statistics on referrals to Family Support Coordinators.*

It may be the case that the impact on child retention in WIC would be greater if Family Support Coordinators were available more than part-time, so that more participants would receive their support or they could spend more time with individual participants. Within the budget for the Massachusetts WIC Enhanced Referral and Family Support Project, Massachusetts WIC was not able to obtain additional funds to compare the impact of half-time versus three-fourths-time Family Support Coordinators. Anecdotally, many Massachusetts WIC programs want Family Support Coordinators but currently lack funding for them, and some (but not all) of the WIC programs with Family Support Coordinators would like them to work full-time but again, were not able to find additional funding sources to make this happen during the grant period.

WIC programs in other states who are considering a Massachusetts WIC Enhanced Referral and Family Support Project to address child retention will need to assess whether a relatively modest improvement in this area is worth the investment in Family Support Coordinators. Overall, the total cost for the ten agencies to have part-time Family Support Coordinators was less than 1% of Massachusetts WIC's total agency budget. That being noted, a one month improvement in length of program participation may not be sufficient to warrant this expenditure. WIC programs should also keep in mind that a relatively small percentage of WIC participants are actually referred to Family Support Coordinators—only about 2% of WIC's total caseload over the course of the grant—and these are primarily high-need, high-risk families with multiple, complex life circumstances requiring multiple referrals to community resources. Even a small improvement in child retention may be important for these participants, who might otherwise fall through the cracks in Massachusetts' social service delivery systems.

## MASSACHUSETTS WIC'S CONCLUSIONS FROM EVALUATION RESULTS

**Question 1: Impact on Referral Process:** The Massachusetts WIC Enhanced Referral and Family Support Project may change the ways nutrition staff interact with participants to address their referral needs more effectively. The presence of a Family Support Coordinator may help create a positive synergy that increases the likelihood that participants will get the specific referrals they need.

**Question 2: Impact on Satisfaction with WIC Referral Process:** The Massachusetts WIC Enhanced Referral and Family Support Project does not have a discernable effect on overall satisfaction with WIC's referral process. The project does, however, address some of the concerns nutrition staff have with referrals, such as the specificity with which WIC is able to refer participants to community resources that will meet their individual needs, and staff ability to follow-up with participants so they get the resources recommended to them.

**Question 3: Impact on Coordination Between WIC and Community Resources:** Family Support Coordinators enhance coordination between WIC, community agencies, and other USDA nutrition programs in several ways, including helping match participants with community resources that best meet their specific needs, and following through with participants to make sure they get those resources and address any barriers to accessing services.

**Question 4: Impact on Child Retention:** The Massachusetts WIC Enhanced Referral and Family Support Project has a small, positive impact on child retention in WIC programs that have Family Support Coordinators.

## Evaluation Strengths and Limitations

Massachusetts WIC invested in an evaluation strategy that combined qualitative and quantitative information from a variety of sources, including WIC nutrition staff, WIC participants, and the state's comprehensive participant information system, Eos. A key strength of this evaluation is that the findings are consistent regardless of the data source—for example, WIC staff and WIC participants both expressed high levels of satisfaction with WIC's referral component. Most importantly, the kinds of participant experiences with referrals described by WIC staff closely match participants' perspectives on those same experiences. However, the evaluation has several important **limitations** worth mentioning, as follows:

**Non-Random Pilot Program Selection:** The local programs selected for Family Support Coordinators do not have access to a comprehensive network of health and social service programs, in the way that community health centers often do. All ten volunteered to participate in the Massachusetts WIC Enhanced Referral and Family Support Project and all are community-based versus health center-based, which means Family Support Coordinators were only tested in programs that meet this criterion. The impact might not be the same in other WIC programs in Massachusetts, and this evaluation cannot determine whether having a Family Support Coordinator in a different kind of WIC program would have the same effects.

**Lack of Baseline Data:** No data exists in Massachusetts regarding WIC staff and WIC participant attitudes and beliefs about the referrals process as they existed *before* the Massachusetts WIC Enhanced Referral and Family Support Project was implemented. The focus was on the baseline survey data collected after pilot programs had already hired Family Support Coordinators and local WIC programs without Family Support Coordinators were aware of the project, which means the incremental effects of adding Family Support Coordinators cannot be measured at the pilot programs. Due to the structure of the grant requirements, this problem was unavoidable given the timeline to complete the surveys and focus group of the evaluation. However, it may be that staff attitudes/beliefs about WIC participants and referrals at programs with and without a Family Support Coordinator were fundamentally different before Family Support Coordinators were hired.

**Challenges with Eos:** Eos is relatively new for Massachusetts and the software was not designed to allow staff to have the ability to record referrals to Family Support Coordinators and to extract that data for the evaluation. Eos was designed as a participant information system, not as an evaluation tool, so some features that would have made the data set more robust in terms of assessing the impact on Family Support Coordinators could not be incorporated during the grant period. For example:

- Especially at the beginning of the Massachusetts WIC Enhanced Referral and Family Support Project, some WIC staff were still learning to use Eos, thus they did not always, consistently record referrals to Family Support Coordinators.
- Extracting data from Eos was extraordinarily difficult and involved many hours of diligent attention to detail on the part of WIC staff, due to the way the software is designed, the complexity of the information stored in Eos, and the safeguards WIC has in place for protecting participant confidentiality and privacy.
- Eos combines participant information from the legacy system used previously in Massachusetts. As such, there is missing data, particularly for participants whose children were enrolled in WIC during the initial months of the Massachusetts WIC Enhanced

Referral and Family Support Project. WIC also encountered problems such as duplicate records.

- Although a specific “screen” for recording detailed information about referrals to Family Support Coordinators would have been beneficial for the evaluation, Massachusetts WIC was not able to enhance the system in this way, instead relying on staff to record details in several different places with both closed-ended and open-ended response possibilities. This made identifying participants who had been referred to Family Support Coordinators challenging, since this fact could have been recorded in a variety of ways and staff were not always consistent in their record-keeping.
- Eos captures a large amount of information about participants, including risk factors, breastfeeding, indicators of child health and nutritional status, parents’ demographic characteristics, and so forth. As we determined during the qualitative phases of this evaluation, however, the key reasons why participants are referred to Family Support Coordinators are not captured in Eos. For example, staff cannot systematically record, except in open-ended comments in participants’ care plans, whether they think WIC participants have the capacity to follow through on certain types of referrals, or whether participants agree with their assessment.

**Short-Term Evaluation of a Long-Term Intervention:** Finally, to measure the full impact of Family Support Coordinators, we note that this evaluation spanned three years. We recommend that data be analyzed for at least five years to match the longest possible length of program participation for a child enrolled in WIC.

**New Questions about WIC and Referrals:** Over the course of the grant period, new questions about WIC and referrals emerged that could not be evaluated within the time and resource constraints of the evaluation. For example, it would have been interesting to ask both WIC staff and participants about what kinds of resources are difficult to find in Massachusetts (this question was only asked of staff).

## ***Lessons Learned***

Massachusetts WIC has long understood that there is a significant value to **listening** to both staff and participants about their experiences and their ideas for program improvements. The Massachusetts WIC Enhanced Referral and Family Support Project was developed because Massachusetts WIC listened to staff who were concerned about participants’ response regarding their unaddressed social issues during the implementation of USDA’s Value Enhanced Nutrition Education (VENA) through a USDA Special Project Grants, *Getting to the Heart of the Matter (GHM)* and *Touching Hearts-Touching Minds (THTM)* initiatives.

These initiatives created an opportunity for Massachusetts WIC to make a real difference in participants’ lives. The services provided by the Family Support Coordinators allowed them to foster relationships with participants with complex social needs to get the support and services they need to take full advantage of WIC. In addition, the Family Support Coordinators are now a critical part of the WIC team. The Family Support Coordinators have the time and ability to build a strong relationship with participants to address their social and economic concerns.

From a research perspective, in an ideal world, Massachusetts WIC would have had Eos fully in place before the start of the evaluation of the Massachusetts WIC Enhanced Referral and Family Support Project. If this had been the case, Massachusetts WIC could have tracked referral processes in more detail prior to the project's implementation. Additionally, staff would have been used to using Eos to record information about referrals to Family Support Coordinators and would have experienced fewer difficulties doing so.

Other methodological issues that may have limited the process of the evaluation include the fact that Massachusetts WIC did not have email addresses for all WIC participants at the time the evaluation of the Massachusetts Enhanced Referral and Family Support Project was conducted. This limited the potential sample sizes for the initial and follow-up surveys. The low response rates for these surveys are also an issue, but at the time the evaluation was conducted, Massachusetts WIC used the best possible methodology given the financial limitations of the grant.

Another key issue that this evaluation could not address is the possible difference having full-time vs. part-time Family Support Coordinators would have made on the impact of the Massachusetts WIC Enhanced Referral and Family Support Project. Throughout the evaluation, staff mentioned to Massachusetts WIC that they would have liked the position to be full-time, but funding for this option was unfortunately not available. Other states considering a Family Support Coordinator program may want to explore the part-time versus full-time question in future evaluation efforts.

Despite the research limitations, the evaluation confirmed that by recognizing the complexity of participants' life circumstances and by addressing their non-nutrition needs, WIC staff are better able to focus on the nutrition component. Furthermore, while staff can recommend programs and services to participants, **follow-up** is also critical. Family Support Coordinators help determine if there are barriers to services, and help participants navigate those barriers more effectively.

## *Project Enhancements and Future Evaluation*

The ten local programs with a part-time Family Support Coordinator continue to identify services and assist families as they navigate through referral services. The Family Support Coordinators continue to empower families to access referrals services that can be both complex and intimidating. The Massachusetts WIC Enhanced Referral and Family Support Project allowed nutrition staff to monitor referrals provided by the Family Support Coordinators in Eos. In addition, the documentation in Eos allowed staff to close the loop by following up on referrals provided to participants at their next appointment. The documentation of referrals in Eos will continue to be evaluated to determine if any other enhancements are feasible.

Massachusetts WIC will continue to monitor the local programs retention rate of children and the Referral Made Reports. In addition, the Community Coordinators will continue to ensure that all staff is provided with an up-to-date referral list.

Massachusetts WIC will continue to seek funding to expand the hours of the Family Support Coordinators and to offer the program to additional local programs.

## *Project Sustainability*

Massachusetts WIC continues to receive USDA Operational Adjustment (OA) funding to operate the existing Massachusetts WIC Enhanced Referral and Family Support Project. The funding amount is not sufficient to expand the Family Support Coordinators hours from part-time to full time. In other words, the program represents a very modest investment that improved child retention, to a small extent, in WIC programs with Family Support Coordinators, and also allowed many families in the Commonwealth to navigate and access critical services. As parents resolve social concerns impacting their lives, they will be more inclined to focus on the nutrition education and messages to promote healthy behaviors for their families. Most importantly, the project continues to have a life changing impact on the lives of families who utilized the enhanced support and referrals provided by the Family Support Coordinators.





# APPENDIX A: FORMS USED BY FAMILY SUPPORT COORDINATORS

<u>Form</u>	<u>Title (and Primary Users)</u>
1	Referral Form (Nutritionist to Family Support Coordinator)
2	Narrative Report (Family Support Coordinator)
3	Monthly Matrix (Family Support Coordinator, Excel File)
4	Care Plan (Family Support Coordinator to Nutritionist)
5	Final Monthly Tracking and Outcome Form (Local WIC Program to Massachusetts WIC)

## Form 1: Referral Form (Nutritionist to Family Support Coordinator)



# WIC Family Support Coordinator Referral Form

Date\_\_\_\_\_

Referred by: \_\_\_\_\_

Program/Site Number:\_\_\_\_\_

Household ID#: \_\_\_\_\_

Head of household (first, last) name:\_\_\_\_\_ Date of birth:\_\_\_\_\_

Street: \_\_\_\_\_ City:\_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail:\_\_\_\_\_ Best time to reach you: \_\_\_\_\_ Language:\_\_\_\_\_

Ethnicity \_\_\_\_\_

Household Size:      1      2      3      4      5      6      7      8

Type of support needed: (check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Childcare            | <input type="checkbox"/> Fuel Assistance    | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Child Support        | <input type="checkbox"/> Housing            | <input type="checkbox"/> Teen Program    |
| <input type="checkbox"/> Dental               | <input type="checkbox"/> Immigration        | <input type="checkbox"/> Other: _____    |
| <input type="checkbox"/> DV/Mental Health     | <input type="checkbox"/> Legal Services     |  |
| <input type="checkbox"/> Early Intervention   | <input type="checkbox"/> MassHealth         |  |
| <input type="checkbox"/> Education            | <input type="checkbox"/> Parenting Programs |  |
| <input type="checkbox"/> Employment           | <input type="checkbox"/> Play Groups        |  |
| <input type="checkbox"/> Family Planning      | <input type="checkbox"/> Shelter            |  |
| <input type="checkbox"/> Financial Assistance | <input type="checkbox"/> Smoking            |  |
| <input type="checkbox"/> Food Pantry          | <input type="checkbox"/> SNAP               |  |

## Form 2: Narrative Report (Family Support Coordinator)

Agency:

Program Name: MA WIC Enhanced Referral Family Support Program

Month/Year:

### Narrative Report

THIS IS A SUMMARY OF ACTIVITIES WHICH OCCURRED DURING THE SPECIFIC PERIOD AND IS IN COMPLIANCE WITH PROGRAM REGULATIONS

TITLE: Family Support Coordinator

Date:

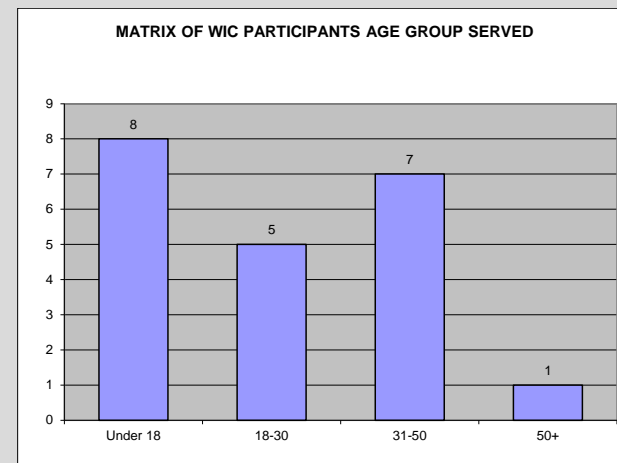
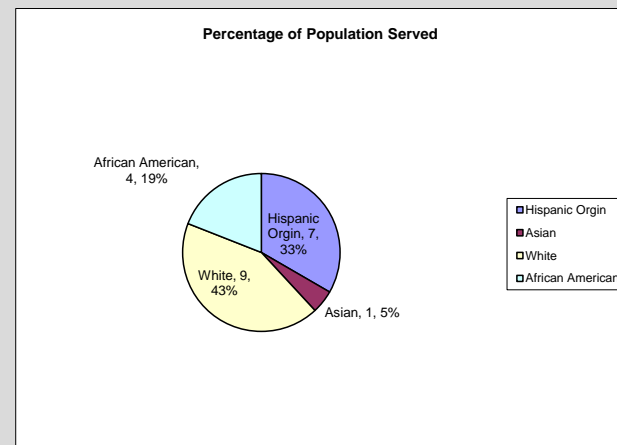
Family Support Coordinator's name:

### Form 3: Monthly Matrix (Family Support Coordinator to Nutritionist and Program Director)

Participant ID	ETHNICITY*	AGE*
#####	Hispanic Origin	31-50
#####	Hispanic Origin	31-50
#####	White	Under 18
#####	Asian	31-50
#####	African American	18-30
#####	White	18-30
#####	White	18-30
#####	African American	18-30
#####	Hispanic Origin	18-30
#####	White	31-50
#####	White	31-50
#####	White	31-50
#####	White	31-50
#####	White	Under 18
#####	African American	Under 18
#####	African American	Under 18
#####	Hispanic Origin	Under 18
#####	Hispanic Origin	Under 18
#####	Hispanic Origin	Under 18
#####	Hispanic Origin	Under 18
#####	White	50+
Total		21

Ethnicity	Age Range
Hispanic Origin	7
Asian	1
White	9
African American	4
Other Race	0

#### MASSACHUSETTS WIC LOCAL PROGRAM NAME - APRIL 2014 WIC ENHANCED REFERRAL AND FAMILY SUPPORT PROGRAM



\* Data on ethnicity and age are for illustration purposes only and do not reflect actual WIC participant information.

*Form 4: Care Plan (Family Support Coordinator to Nutritionist)*

*Massachusetts WIC Enhanced Referral Family Support Program*  
**CARE PLAN**

Program/Site # \_\_\_\_\_  
Household ID# \_\_\_\_\_  
Member ID# \_\_\_\_\_

Date	Presenting Need	Progress/Outcome

Form 5: Final Monthly Tracking and Outcome Form (Local WIC Program to Massachusetts WIC)

## Massachusetts WIC Enhanced Referral Family Support Program\*

Monthly Tracking Report \_\_\_\_\_ (month/year)

\_\_\_\_\_ WIC Program

Date	Site ID	Participant ID	Household Size	Child Care	Dental	DV/Mental Health	Education	Employment	Family Planning	Financial Assistance	Food Pantry	Fuel Asst.	Housing	Immigration	Legal Services	MassHealth	Parenting Programs	Shelter	Smoking	SNAP	Sub. Abuse	Teen Program	Other	Other Desc.	Total Services	
XXX	XXX	XXXXXXXXXXXXXXXX	2	1			1								1					1		1			4	
XXX	XXX	XXXXXXXXXXXXXXXX	3		1		1				1									1	1				4	
XXX	XXX	XXXXXXXXXXXXXXXX	2					1					1						1	1					0	
		TOTAL REFERRALS		1	1	0	1	1	0	0	1	0	1	0	1	0	0	0	0	1	3	1	1	0	1	8

\* Data on household size and services are for illustration purposes only and do not reflect actual WIC participant information.



# APPENDIX B: FOCUS GROUP MATERIALS

<u>Moderator's Guide:</u>	<u>Focus Group Population:</u>	<u>WIC Program Status:</u>
1	WIC Participants	Has Family Support Coordinator
2	WIC Participants	No Family Support Coordinator
3	WIC Staff	Has Family Support Coordinator
4	WIC Staff	No Family Support Coordinator

## Guide 1: Participants - Programs with Family Support Coordinators

Average length of participant focus groups = 1.25 hours

Average number of participants per focus group = 6

**Purpose:** Hi, my name is \_\_\_\_\_. Thanks for coming to the discussion today. We are here tonight to discuss your perceptions of the WIC program. Before we begin, I'd like to talk about some ground rules that will help the meeting run more smoothly.

### Consent Form for Audio/Videotaping

#### Ground Rules

- Audio-videotaping
- Turn off cell phones-beepers or put them on vibrate
- Candid point of view is essential/No "right" answers/Okay to disagree
- No side bar discussions/Speak one at a time
- Role of Moderator—unbiased and not an expert on WIC policies or practices
- Confidentiality—results will only be used in ways that protect confidentiality
- Keep what others say confidential as well

#### Introductions (10 minutes)

- Name, number and ages of children, something fun you did with your kids or family over the holidays

**OVERALL EXPERIENCE WITH WIC (20 minutes):** Everyone in the room has received WIC benefits within the past year. We're interested in hearing about your experience with WIC.

1. How long have you participated in the WIC Program?
2. What led you to WIC?
  - In other words, how did you hear about WIC?
  - Why did you decide to participate in the WIC Program?
3. Who do you usually meet with when you go to the WIC office?
  - Do you see a program staff?
  - Do you see a nutritionist?
  - Do you see a Family Support Coordinator, or the "referral person, WIC case manager?"
  - Do you see anyone else, such as other staff at WIC?
4. How often do you come to the WIC program office?
  - Do you only come back when you are required to for your follow-up visits?
  - Have you ever come back earlier, before your follow-up appointment?
  - What led you to come back earlier?
5. In the past, when you've met with your WIC nutritionist, how comfortable were you telling them about things going on in your life that aren't related to the benefits you receive like how you or your child is eating or growing?

- How confident are you that the nutritionist you meet with can help you or answer questions you might have?
  - How would you describe your interaction with your WIC nutritionist? Is he or she friendly? Helpful? How much do you trust your WIC nutritionist?
  - How do you feel about the amount of contact you have with the WIC nutritionist? Would you like more contact? Less contact? About the same?
6. Now let's talk about the Family Support Coordinator, who some of you have met in addition to the nutritionists.
- How did you get connected with the Family Support Coordinator?
  - How comfortable were you telling your Family Support Coordinator about things going on in your life that aren't related to the benefits you receive?
  - How confident are you that the Family Support Coordinator can help you or answer questions you might have? Is there a difference between the nutritionists and the Family Support Coordinator in this respect?
  - How would you describe your interaction with the Family Support Coordinator? Is he or she friendly? Helpful? How much do you trust the Family Support Coordinator?
  - How do you feel about the amount of contact you have with the Family Support Coordinator? Would you like more contact? Less contact? About the same?

**EXPERIENCE WITH WIC REFERRAL PROCESS (40 minutes):** Now I have several questions for you about referrals you may have received at WIC. By referrals I mean programs or resources that people at WIC recommended to you or said would be helpful for you to enroll in, such as SNAP, for example.

7. When you first came to WIC, did you **expect** to get referrals to other programs or services in the community?
- Did program staff give you referrals?
  - Did the nutritionist give you referrals?
  - Did anyone else in the program offer referrals? What was their role at WIC?
  - Did you expect the people at WIC to recommend other programs or resources to you?
  - How do you feel about getting referrals from WIC?
8. Has there ever been a problem you had that WIC couldn't help you with?
- If there has been a problem WIC couldn't help you with, what was it?
  - Do you think there are programs or resources out there that could have solved your problem?
  - What could WIC do to make it easier to follow up on the information your WIC nutritionist or the Family Support Coordinator gives you?
9. Has the WIC nutritionist ever given you information about other programs, or information that they thought might be helpful to you?
10. Did anyone follow-up with you on any referrals received at WIC when you came back to the WIC office for your WIC appointment?
11. What about the Family Support Coordinator—did he or she ever give you information about other programs, or information they thought might be helpful to you?
- **IF NO:** Is that because there wasn't anything you needed?
  - **IF NO:** Is there anything that kept you from asking for referrals?

- **IF YES, HAS BEEN GIVEN REFERRAL:** Just briefly, what programs did the Family Support Coordinator recommend?
- **IF YES, HAS BEEN GIVEN REFERRAL:** Did your Family Support Coordinator recommend any other kind of resource for you to use? If so, what did they recommend?
- **IF YES, HAS BEEN GIVEN REFERRAL:** How did your Family Support Coordinator give you information about programs or other resources?
  - Did they write this information down for you?
  - Did they give you a brochure, list or booklet?
  - Where did they find the referral information?
  - Did they help you fill out an application on the computer?
  - Did they make any phone calls for you?
  - Did they provide accurate contact information?
- **IF YES, HAS BEEN GIVEN REFERRAL:** What steps did you take after getting this information from your Family Support Coordinator?
  - **PROBE:** Did you end up using this information?
  - Was the information helpful?
  - Did you follow up on all of the information your Family Support Coordinator gave to you, or just some of it?
  - If you followed up with some of it, which programs or information did you use, and why did you choose to follow up with them?
  - If you followed up with some of the information, did it turn out to be what you needed to solve your problem?
  - Was the information your Family Support Coordinator gave to you helpful?
  - If you didn't use the programs or services that your Family Support Coordinator suggested, what kept you from using them?
- **IF YES, HAS BEEN GIVEN REFERRAL:** Did your Family Support Coordinator check in with you later to see if you used the information that he or she gave you?
  - Would you or have you ever called the Family Support Coordinator?
  - How easy or difficult has it been to get in touch with your Family Support Coordinator? How reachable are they?
  - Does he or she return phone calls promptly?
  - How would you like the Family Support Coordinator to check-in, email? Text? Telephone call?
- **IF YES, HAS BEEN GIVEN REFERRAL:** Has there ever been a problem you had that WIC couldn't help you with?
  - If there has been a problem WIC couldn't help you with, what was it?
  - Do you think there are programs or resources out there that could have solved your problem?
  - What could WIC do to make it easier to follow up on the information your WIC person gives you?
- **IF YES, HAS BEEN GIVEN REFERRAL:** How knowledgeable was your Family Support Coordinator about the resources available in the community?
  - In your opinion, how good was your Family Support Coordinator at matching your needs with the resources available in the community?

I'm wondering how important it is to you that WIC give you referrals to other programs or services you might need.

12. If WIC didn't have a Family Support Coordinator or a "referral person or WIC case manager," would you be more or less likely to continue coming back to get WIC benefits?
13. Have you ever recommended the WIC program to someone else? What were the reasons why you recommended WIC to that person?

**FINAL QUESTIONS (10 minutes):** Finally, I'd like you think about agencies or programs you may have used other than WIC.

14. Are there other agencies or programs that help you, other than WIC?
15. How helpful are those other agencies or programs? Are there any that are not helpful, or that you've had bad experiences with?
  - IF YES: Which agencies tend to be problematic? What are the problems?
16. What final comments or suggestions do you have for WIC, especially the referrals process?

## ***Guide 2: Participants - Programs without Family Support Coordinators***

Average length of participant focus groups = 1.25 hours

Average number of participants per focus group = 6

**Purpose:** Hi, my name is \_\_\_\_\_. Thanks for coming to the discussion today. We are here tonight to discuss your perceptions of the WIC program. Before we begin, I'd like to talk about some ground rules that will help the meeting run more smoothly.

### **Consent Form for Audio/Videotaping**

#### **Ground Rules**

- Audio-videotaping
- Turn off cell phones-beepers or put them on vibrate
- Candid point of view is essential/No "right" answers/Okay to disagree
- No side bar discussions/Speak one at a time
- Role of Moderator—unbiased and not an expert on WIC policies or practices
- Confidentiality—results will only be used in ways that protect confidentiality
- Keep what others say confidential as well

#### **Introductions (10 minutes)**

- Name, number and ages of children, something fun you did with your kids or family over the holidays

**OVERALL EXPERIENCE WITH WIC (20 minutes):** Everyone in the room has received WIC benefits within the past year. We're interested in hearing about your experience with WIC.

1. How long have you participated in the WIC Program?

2. What led you to WIC?
  - In other words, how did you hear about WIC?
  - Why did you decide to participate in the WIC Program?
3. Who do you usually meet with when you go to the WIC office?
  - Do you see a program staff?
  - Do you see a nutritionist?
  - Do you see anyone else, such as other staff at WIC?
4. How often do you come to the WIC program office?
  - Do you only come back when you are required to for your follow-up visits?
  - Have you ever come back earlier, before your follow-up appointment?
  - What led you to come back earlier?
5. In the past, when you've gone to see the person at WIC who you meet with (the nutritionist) how comfortable were you telling them about things going on in your life that were not related to the benefits you received like how you or your child is eating or growing?
6. How do you feel about the amount of contact you have with your WIC nutritionist? Would you like more contact, less contact?
  - How confident are you that the nutritionist you meet with can help you or answer questions you might have?
  - How would you describe your interaction with your WIC nutritionist? Is he or she friendly? Helpful?
  - How much do you trust your WIC nutritionist?
  - How do you feel about the amount of contact you have with the WIC nutritionist? Would you like more contact? Less contact? About the same?

**EXPERIENCE WITH WIC REFERRAL PROCESS (40 minutes):** Now I have several questions for you about referrals you may have gotten at WIC. By referrals I mean programs or resources that your WIC nutritionist and/or program staff recommended to you or said would be helpful for you to enroll in, such as SNAP, for example.

7. When you first came to WIC, did you **expect** to get referrals to other programs or services in the community?
  - In other words, did you expect your WIC nutritionist to recommend other programs or resources to you?
  - Did you expect the program staff to recommend referrals to other programs or resources to you?
  - How do you feel about getting referrals from WIC?
  - Did anyone else in the program offer referrals?
8. Has your WIC nutritionist ever given you information about other programs, or information that they thought might be helpful to you?
  - **IF NO:** Is that because there wasn't anything you needed?
  - **IF NO:** Is there anything that kept you from asking for referrals?
  - **IF NO:** Has there ever been a problem you had that WIC couldn't help you with?
    - If there has been a problem WIC couldn't help you with, what was it?

- Do you think there are programs or resources out there that could have solved your problem?
- **IF YES, HAS BEEN GIVEN REFERRAL:** Just briefly, what programs did your WIC person recommend?
- **IF YES, HAS BEEN GIVEN REFERRAL:** Did your WIC nutritionist recommend any other kind of resource for you to use? If so, what did they recommend?
- **IF YES, HAS BEEN GIVEN REFERRAL:** How did your WIC nutritionist give you information about programs or other resources?
  - Did they write this information down for you?
  - Did they give you a brochure, list, or booklet?
  - Where did they find the referral information?
  - Did they help you fill out an application on the computer?
  - Did they make any phone calls for you?
  - Did they provide accurate contact information?
- **IF YES, HAS BEEN GIVEN REFERRAL:** What steps did you take after getting this information from your WIC nutritionist?
  - **PROBE:** Did you end up using this information?
  - Was the information helpful?
  - Did you follow up on all of the information your WIC nutritionist gave you, or just some of it?
  - If you followed up with some of it, which programs or information did you use, and why did you choose to follow up with them?
  - If you followed up with some of the information, did it turn out to be what you needed to solve your problem?
  - Was the information your WIC nutritionist gave you helpful to you?
  - If you didn't use the programs or services that your WIC nutritionist suggested, what kept you from using them?
  - What could WIC do to make it easier to follow up on the information your WIC nutritionist gives you?
- **IF YES, HAS BEEN GIVEN REFERRAL:** Did your WIC nutritionist check in with you later or at the next appointment to see if you used the information that he or she gave you? What happened at the next appointment?
  - Would you or have you ever called the nutritionist?
  - How easy or difficult has it been to get in touch with your WIC nutritionist? How reachable are they?
  - Does he or she return phone calls promptly?
- **IF YES, HAS BEEN GIVEN REFERRAL:** Has there ever been a problem you had that WIC couldn't help you with?
  - If there has been a problem WIC couldn't help you with, what was it?
  - Do you think there are programs or resources out there that could have solved your problem?
- **IF YES, HAS BEEN GIVEN REFERRAL:** How knowledgeable was your WIC nutritionist about the resources available in the community?
  - In your opinion, how good was your WIC nutritionist at matching your needs with the resources available in the community?

I'm wondering how important it is to you that WIC give you referrals to other programs or services you might need.

9. If your WIC nutritionist didn't give you referrals or ask you about how things are going that didn't involve food, would you be more or less likely to continue coming back to get WIC benefits?
10. Have you ever recommended the WIC program to someone else? What were the reasons why you recommended WIC to that person?

**FINAL QUESTIONS (10 minutes):** Finally, I'd like you think about agencies or programs you may have used other than WIC.

11. Are there other agencies or programs that help you, other than WIC?
12. How helpful are those other agencies or programs? Are there any that are not helpful, or that you've had bad experiences with?
  - IF YES: Which agencies tend to be problematic? What are the problems?
13. What final comments or suggestions do you have for WIC, especially the referrals process?

### ***Guide 3: Nutrition Staff - Programs with Family Support Coordinators***

Average length of staff focus groups = 1.5 hours

Average number of staff per focus group = 6

**Purpose:** Hi, my name is \_\_\_\_\_. Thanks for coming to the discussion today. We are here tonight to discuss your perceptions about WIC participants' experience using the program, especially their experience with the referral process. We also want to hear about the referral process from your perspective. Before we begin, I'd like to talk about some ground rules that will help the meeting run more smoothly.

#### **Ground Rules**

- Audio-videotaping
- Turn off cell phones-beepers or put them on vibrate
- Candid point of view is essential/No "right" answers/Okay to disagree
- No side bar discussions/Speak one at a time
- Role of Moderator—unbiased and not an expert about WIC or WIC policies
- Confidentiality

#### **Introductions (10 minutes)**

- Name, where they live
- What their role is at WIC
- How long they have worked for WIC
- About how many WIC participants do they work with each week

**ROLE OF NUTRITIONISTS AT WIC (10 minutes):** I'd like you to walk me through what you do as a nutritionist at WIC.

1. What kinds of things do you do on a day-to-day basis?
2. As a nutritionist, how do you know when a participant needs help with a something other than nutrition?

- How do you sense when someone needs additional resources or information for a problem? What kinds of cues or signals let you know when someone needs additional help?

In some cases, participants have problems or needs that can't be met—perhaps because there aren't programs or resources available for them in the community.

3. Do you believe some participants' needs go unmet because there is a lack of resources in the community?
4. About what percentage of WIC participants do you think have needs that can't be met (either because there aren't available resources, or for other reasons?)

**ATTITUDES TOWARD THE WIC REFERRAL PROCESS (40 minutes):** One of the main reasons we're here today is to try and understand one of the services WIC provides: referrals for participants. We want to hear what the referral process is like from your perspective as nutritionists and nutrition assistants, and based on what you know or have heard from WIC participants about what the process is like for them.

5. About what percentage of your time do you spend with participants working on referrals?
6. How do you provide information to participants about programs or services?
  - **PROBE IF NEEDED:** Do you, for example, give participants referrals out of the referral book or referral list?
    - Do you write down resources and phone numbers on a piece of paper for participants to take home?
    - Do you complete applications for resources for participants on the computer?
    - Do you give participants a booklet, list, or brochure with referral information?
    - Do you make phone calls for participants to find more information about, or help them enroll in programs?
    - How often do you check to verify information is accurate or changed?
7. Next, please tell me briefly what kinds of things WIC participants get referrals for.
8. Do you feel comfortable making referrals for participants?
9. Do you generally know where to refer participants?
10. How comfortable do you feel in handling difficult or complex referrals?
11. In your opinion, how open are participants to telling you about problems they are having in their lives that are not related to food?
12. What do you do if a participant has a need that you haven't come across before?
13. If you are helping a participant with a special need and you learn about a new program or other useful piece of information that could help them, what do you do with that information?
  - Do you, for example, write the information down in a notebook and save it for future use?
  - Do you share the information you've found with other nutritionists or staff?
  - How do you provide information to participants about programs or services?

14. How do you give the information to the participant?

- Do you, for example give participants referrals out of the referral book/the referral list?
- Do you write down resources and phone numbers on a piece of paper for participants to take home?
- Do you complete applications for resources for participants on the computer?
- Do you give participants a booklet, lists, or brochure with referral information?
- Do you make phone calls for participants to find more information about, or help them enroll in programs?
- How often do you check to verify information is accurate or changed?

15. Do you check in with participants later on or at the next appointment to see if they have taken advantage of your referrals?

- How are you able to find out what happened to any referrals made to the participant?
- Did the participant receive the help or services needed?
- Are there some circumstances when you do check in and some when you don't?
- How do you decide when it is worth checking in with a participant and when not to?

**KNOWLEDGE OF FAMILY SUPPORT COORDINATORS (20 minutes):** Some WIC sites have Family Support Coordinators who help participants find resources and services they may need, while other WIC sites don't have Family Support Coordinators. You are part of the group that does have a Family Support Coordinator.

16. What is your overall impression of having a Family Support Coordinator at your program?

- How satisfied are you with it thus far?
- What has been best and least satisfactory about the program?
- What do you see as the Family Support Coordinator's job? What are your expectations about what they will do with participants?

17. I'd like to hear what it's like to work at an office with a Family Support Coordinator. In other words, when participants come in to your office, what is the process they go through to see a Family Support Coordinator?

- How often do you, as the nutritionist, direct participants to meet with the Family Support Coordinator?
- What are the circumstances you are most likely to refer a WIC participant to the Family Support Coordinator?
- Do participants refuse the referral to see the Family Support Coordinator? If yes, do you know why? What do you do in these circumstances?
- Once participants are referred to the Family Support Coordinator, do they meet with the Family Support Coordinator right away? If no, do you know how long it takes for the participant to connect with the Family Support Coordinator? Do you know how often they are meeting with the Family Support Coordinator?
- Do participants talk to the Family Support Coordinator every time they visit your office, or do they only talk to the Family Support Coordinator when they are referred to the Family Support Coordinator?

18. From what you know or have heard, what have participants' experiences with the Family Support Coordinator been like?

- What aspects of having the Family Support Coordinator at your office have been most helpful to participants?

- What aspects of the Family Support Coordinators have been most helpful to you as the nutritionist?
19. Is there anything more the Family Support Coordinators could do to help you in your job?
- **PROBE IF NEEDED:** Is there anything the Family Support Coordinators could do to help you with participants, whether in general or in terms of making referrals?
20. Imagine that the Family Support Coordinator position at your office disappeared. What would happen? What would that be like?
21. What would happen if the Family Support Coordinator was a full-time staff member? What would that be like?

**CLIENT RESPONSES TO REFERRALS (10 minutes):** Next I'd like to shift to what happens after clients are told about programs and resources available to them in the community.

22. Do participants take advantage of your referrals (or those made by the Family Support Coordinator) by contacting the resources you referred them to?
- **IF THEY DO NOT TAKE ADVANTAGE OF REFERRALS:** What do you think keeps participants from taking advantage of the referrals you make?
23. When participants take advantage of your referrals, do they follow through with the next steps? (For example, by enrolling in a program you referred them to?)
- Do WIC participants explore some of the options you referred them to, but not others?
  - What are the options that participants tend to explore most?
  - What are the options they tend to NOT explore?
24. What could WIC do to help participants be more motivated to explore options you refer them to?
25. Are there agencies you refer people to that are consistently problematic in some way?
- In other words, are their agencies you've referred people to that are not helpful when participants get there, or that make them not want to go back?
- IF YES:** Which agencies tend to be problematic?

Lastly, I'd like you to tell me your opinion of the referral book or list developed by the community coordinator.

26. In your opinion, is there anything not currently in the referral book or referral list that needs to be in there?

I'd like to close our discussion together with one last question for everyone.

27. What suggestions do you have to improve WIC?
- In general, is there anything about the referrals process at WIC that you think could or should be improved?

## ***Guide 4: Nutrition Staff - Programs without Family Support Coordinators***

Average length of staff focus groups = 1.5 hours

Average number of staff per focus group = 6

**Purpose:** Hi, my name is \_\_\_\_\_. Thanks for coming to the discussion today. We are here tonight to discuss your perceptions about WIC participants' experience using the program, especially their experience with the referral process. We also want to hear about the referral process from your perspective. Before we begin, I'd like to talk about some ground rules that will help the meeting run more smoothly.

### **Ground Rules**

- Audio-videotaping
- Turn off cell phones-beepers or put them on vibrate
- Candid point of view is essential/No "right" answers/Okay to disagree
- No side bar discussions/Speak one at a time
- Role of Moderator—unbiased and not an expert about WIC or WIC policies
- Confidentiality

### **Introductions (10 minutes)**

- Name, where they live
- What their role is at WIC
- How long they have worked for WIC
- About how many WIC participants do they work with each week

**ROLE OF NUTRITIONISTS AT WIC (10 minutes):** I'd like you to walk me through what you do as a nutritionist at WIC.

1. What kinds of things do you do on a day-to-day basis?
2. As a nutritionist, how do you know when a participant needs help with a something other than nutrition?
  - How do you sense when someone needs additional resources or information for a problem? What kinds of cues or signals let you know when someone needs additional help?

**REFERRAL PROCESS (50 minutes):** In some cases, participants have problems or needs that can't be met—perhaps because there aren't programs or resources available for them in the community.

3. Do you believe some participants' needs go unmet because there is a lack of resources in the community?
4. About what percentage of WIC participants do you think have needs that can't be met (either because there aren't available resources, or for other reasons?)

One of the main reasons we're here today is to try and understand one of the services WIC provides: referrals for participants. We want to hear what the referral process is like from your perspective as nutritionists and nutrition assistants, and based on what you know or have heard from WIC participants about what the process is like for them.

5. About what percentage of your time do you spend with participants working on referrals?
6. How do you provide information to participants about programs or services?
  - **PROBE IF NEEDED:** Do you, for example, give participants referrals out of the referral book?
  - Do you write down resources and phone numbers on a piece of paper for participants to take home?
  - Do you complete applications for resources for participants on the computer?
  - Do you give participants a booklet or brochure with referral information?
  - Do you make phone calls for participants to find more information about, or help them enroll in programs?
  - How often do you check to verify information is accurate or changed?
7. Next, please tell me briefly what kinds of things WIC participants get referrals for.
8. Do you feel comfortable making referrals for participants?
9. Do you generally know where to refer participants?
10. How comfortable do you feel in handling difficult or complex referrals?
11. In your opinion, how open are participants to telling you about problems they are having in their lives that are not related to food?
12. What do you do if a participant has a need that you haven't come across before?
13. If you are helping a participant with a special need and you learn about a new program or other useful piece of information that could help them, what do you do with that information?
  - Do you, for example, write the information down in a notebook and save it for future use?
  - Do you share the information you've found with other nutritionists or staff?
  - How do you provide information to participants about programs or services?
14. How do you give the information to the participant?
  - Do you, for example, give participants referrals out of the referral book or the referral list?
  - Do you write down resources and phone numbers on a piece of paper for participants to take home?
  - Do you complete applications for resources for participants on the computer?
  - Do you give participants a booklet or brochure with referral information?
  - Do you make phone calls for participants to find more information about, or help them enroll in programs?
  - How often do you check to verify information is accurate or changed?
15. Do you check in with participants later on to see if they have taken advantage of your referrals?
  - How do you check in with participants?
  - Are there some circumstances when you do check in and some when you don't?
  - How do you decide when it is worth checking in with a participant and when not to?

**KNOWLEDGE OF FAMILY SUPPORT COORDINATORS (10 minutes):** Some WIC sites have Family Support Coordinators” who help participants find resources and services they may need, while other WIC sites don’t have Family Support Coordinator. You are part of the group that does not have a Family Support Coordinator.

16. What is your overall impression of local programs with a Family Support Coordinator?
- Have you spoken with a nutritionist from another WIC program that has a Family Support Coordinator?
  - What is your impression of the Family Support Coordinators, based on what you’ve heard?
  - Do you think having a Family Support Coordinator would benefit your work? Your participants? In what ways?

**CLIENT RESPONSES TO REFERRALS (10 minutes):** Next I’d like to shift to what happens after clients are told about programs and resources available to them in the community.

17. Do participants take advantage of your referrals (or those made by the Family Support Coordinator) by contacting the resources you referred them to?
- **IF THEY DO NOT TAKE ADVANTAGE OF REFERRALS:** What do you think keeps participants from taking advantage of the referrals you make?
18. When participants take advantage of your referrals, do they follow through with the next steps? (For example, by enrolling in a program you referred them to?)
- Do WIC participants explore some of the options you referred them to, but not others?
  - What are the options that participants tend to explore most?
  - What are the options they tend to NOT explore?
19. What could WIC do to help participants be more motivated to explore options you refer them to?
20. Are there agencies you refer people to that are consistently problematic in some way?
- In other words, are their agencies you’ve referred people to that are not helpful when participants get there, or that make them not want to go back?  
IF YES: Which agencies tend to be problematic?

Lastly, I’d like you to tell me your opinion of the referral book or referral list developed by the community coordinator.

21. In your opinion, is there anything not currently in the referral book or referral list that needs to be in there?

I’d like to close our discussion together with one last question for everyone.

22. What suggestions do you have to improve WIC?  
In general, is there anything about the referrals process at WIC that you think could or should be improved?



# APPENDIX C: ONLINE SURVEY MATERIALS

Note: The questionnaires for the online surveys of WIC staff and WIC participants were nearly identical for the initial and follow-up phases of the evaluation. There were minor changes to the follow-up staff questionnaire that reflected our more complete understanding of the complexity of the referrals process in Massachusetts. All of the questions asked during the initial phase were also asked in the follow-up survey.

## *Participant Questionnaire for Initial Online Survey (2012)*

(QUESTIONS 1 THROUGH 6 ARE TRACKING AND QUALITY CONTROL VARIABLES NOT SEEN BY RESPONDENTS)

The first questions are about the WIC program.

7. First, are you doing this survey from:

- 1 --A WIC program
- 2 --Home or another location

QUESTIONS 8 THROUGH 20 ASK PARTICIPANTS WHAT TOWN THE WIC PROGRAM THEY VISITED MOST RECENTLY IS LOCATED IN, AND ADDITIONAL IDENTIFYING DETAILS ABOUT THAT WIC PROGRAM IN CASES WHERE MORE THAN ONE PROGRAM SERVES A CITY OR TOWN (FOR EXAMPLE, IN BOSTON)

21. When did you last come to WIC for an appointment?

- 1 --Today
- 2 --This week
- 3 --This month
- 4 --Past 3 months
- 5 --More than 3 months
- 6 --Don't know

22. Before you came to WIC, did you expect to get help with referrals here?

- 1 --Yes
- 2 --No
- 3 --Don't know

The NUTRITIONIST is the person at WIC who talks to you about you and your child's diet.

23. Has a NUTRITIONIST ever given you a referral for something not related to food?

- 1 --Yes-- goto 27
- 2 --No-- goto 24
- 3 --Don't know-- goto 24

24. Which of these best describes why a nutritionist has never given you a referral for something not related to food:

- 1 --I didn't need help with anything else-- goto 46
- 2 --The nutritionist sent me to the Family Support Coordinator (the referral person)-- goto 49
- 3 --I didn't know I could ask for help at WIC-- goto 25
- 4 --My nutritionist didn't know where to send me-- goto 26
- 5 --There aren't any services in the area for the help I needed-- goto 26
- 6 --Something else happened-- goto 25
- 7 --Don't know

25. Please briefly explain what happened.

- 1 --Enter response-- goto 46

26. What help did you need that you didn't get?

- 1 --Enter response-- goto 46

The next questions are about what happened the MOST RECENT time you were given a referral from the nutritionist.

27. Overall, how satisfied are you with what happened when you got a referral from the nutritionist?

- 1 --Very satisfied-- goto 29
- 2 --Somewhat satisfied
- 3 --Somewhat dissatisfied
- 4 --Very dissatisfied
- 5 --Don't know

28. What were the major reasons you were less than 'very satisfied?' (Please be as specific as possible.)

- 1 --Enter response

29.--32. Which best describes what happened when the nutritionist gave you the referral. Did he or she:  
CHECK ALL THAT APPLY

- 1 --Tell you where to call
- 2 --Write the information on paper
- 3 --Circle programs on a list and give it to you
- 4 --Give you a brochure or booklet
- 5 --Print information from a website
- 6 --Mail you the information
- 7 --Don't know

33.--35. Where did the nutritionist find the referral information? CHECK ALL THAT APPLY

- 1 --In a WIC brochure or booklet
- 2 --Online
- 3 --They asked another person at WIC
- 4 --Don't know

36. How satisfied were you with the HELPFULNESS of the referral information you received from the nutritionist?

- 1 --Very satisfied
- 2 --Somewhat satisfied
- 3 --Somewhat dissatisfied
- 4 --Very dissatisfied
- 5 --Don't know

37. How satisfied were you with the nutritionist's ABILITY TO ANSWER YOUR QUESTIONS and let you know what to expect?

- 1 --Very satisfied
- 2 --Somewhat satisfied
- 3 --Somewhat dissatisfied
- 4 --Very dissatisfied
- 5 --Don't know

38. Did any of the referrals the nutritionist gave you require that you fill out an application?

- 1 --Yes
- 2 --No-- goto 40
- 3 --Don't know-- goto 40

39. Did the nutritionist help you fill out the application?
- 1 --Yes, on the computer
  - 2 --Yes, on paper
  - 3 --Both computer and paper
  - 4 --No, I did them myself
  - 5 --Don't know
40. Did the nutritionist make any phone calls for you?
- 1 --Yes
  - 2 --No
  - 3 --Don't know
41. Did the nutritionist follow up with you afterwards to find out whether you got the help you needed?
- 1 --Yes
  - 2 --No
  - 3 --Don't know
42. Which of the following best describes what happened after you got the referral:
- 1 --I contacted the program and got the help I needed
  - 2 --I contacted the program but they didn't help me
  - 3 --I never contacted the program
  - 4 --Don't know
43. Have you ever tried to call the WIC nutritionist outside of your regular WIC appointment?
- 1 --Yes
  - 2 --No or don't know-- goto 46
44. How easy was it to get in touch with the nutritionist outside of your regular WIC appointment?
- 1 --Very easy
  - 2 --Somewhat easy
  - 3 --Somewhat difficult
  - 4 --Very difficult
  - 5 --Don't know
45. How satisfied were you with the nutritionist in terms of returning your phone calls promptly?
- 1 --Very satisfied
  - 2 --Somewhat satisfied
  - 3 --Somewhat dissatisfied
  - 4 --Very dissatisfied
  - 5 --Don't know

The next questions are about the Family Support Coordinator, who is sometimes called 'the referral person'.

46. Does the WIC program you visit have a Family Support Coordinator (referral person)?
- 1 --Yes
  - 2 --No-- goto 69
  - 3 --Don't know-- goto 69

47. Has the nutritionist ever suggested that you talk to the Family Support Coordinator?

- 1 --Yes
- 2 --No-- goto 69
- 3 --Don't know-- goto 69

48. Did you meet with the Family Support Coordinator in person or talk with him or her on the phone?

- 1 --Yes, met in person
- 2 --Yes, talked on the phone
- 3 --No-- goto 69
- 4 --Don't know-- goto 69

49. Have you ever received a referral from the Family Support Coordinator?

- 1 --Yes
- 2 --No or don't know-- goto 69

The next questions are about what happened when you got the referral FROM THE FAMILY SUPPORT COORDINATOR.

50. Overall, how satisfied are you with what happened when you got the referral?

- 1 --Very satisfied-- goto 52
- 2 --Somewhat satisfied
- 3 --Somewhat dissatisfied
- 4 --Very dissatisfied
- 5 --Don't know

51. What were the major reasons you were less than 'very satisfied'? (Please be as specific as possible.)

- 1 --Enter response

52.--55. Which best describes what happened when the Family Support Coordinator gave you the referral: Did he or she: CHECK ALL THAT APPLY

- 1 --Tell you where to call
- 2 --Write the information on paper
- 3 --Circle programs on a list and give it to you
- 4 --Give you a brochure or booklet
- 5 --Print information from a website
- 6 --Mail you the information
- 7 --Don't know

56.--58. Where did the Family Support Coordinator find the referral information? CHECK ALL THAT APPLY

- 1 --In a WIC brochure or booklet
- 2 --Online
- 3 --They asked another person at WIC
- 4 --Something else happened
- 5 --Don't know

59. How satisfied were you with the HELPFULNESS of the referral information you received from the Family Support Coordinator?

- 1 --Very satisfied
- 2 --Somewhat satisfied
- 3 --Somewhat dissatisfied

- 4 --Very dissatisfied
- 5 --Don't know

60. How satisfied were you with the Family Support Coordinator's ABILITY TO ANSWER YOUR QUESTIONS and let you know what to expect?

- 1 --Very satisfied
- 2 --Somewhat satisfied
- 3 --Somewhat dissatisfied
- 4 --Very dissatisfied
- 5 --Don't know

61. Did any of the referrals the Family Support Coordinator gave you require that you fill out an application?

- 1 --Yes
- 2 --No-- goto 63
- 3 --Don't know-- goto 63

62. Did the Family Support Coordinator help you fill out the application?

- 1 --Yes, on the computer
- 2 --Yes, on paper
- 3 --Both computer and paper
- 4 --No, I did them myself
- 5 --Don't know

63. Did the Family Support Coordinator make any phone calls for you?

- 1 --Yes
- 2 --No
- 3 --Don't know

64. Did the Family Support Coordinator follow up with you afterwards to find out whether you got the help you needed?

- 1 --Yes
- 2 --No
- 3 --Don't know

65. Which of the following best describes what happened after you got the referral:

- 1 --I contacted the program and got the help I needed
- 2 --I contacted the program but they didn't help me
- 3 --I never contacted the program
- 4 --Don't know

66. Have you ever tried to call the Family Support Coordinator outside of your regular WIC appointment?

- 1 --Yes
- 2 --No-- goto 69
- 3 --Don't know-- goto 69

67. How easy was it to get in touch with the Family Support Coordinator outside of your regular WIC appointment?

- 1 --Very easy
- 2 --Somewhat easy

- 3 --Somewhat difficult
- 4 --Very difficult
- 5 --Don't know

68. How satisfied were you with the Family Support Coordinator in terms of returning your phone calls promptly?

- 1 --Very satisfied
- 2 --Somewhat satisfied
- 3 --Somewhat dissatisfied
- 4 --Very dissatisfied
- 5 --Don't know

69. Finally, what should WIC do to make it easier for families to get the help they need?

- 1 --Enter response

The final questions are for demographic purposes only.

70. Are you:

- 1 --Male-- goto 72
- 2 --Female
- 3 --Prefer not to answer

71. Are you currently pregnant?

- 1 --Yes
- 2 --No
- 3 --Prefer not to answer

72. Are you between the ages of:

- 1 --Under 18
- 2 --18 and 24
- 3 --25 and 34
- 4 --35 and 44
- 5 --45 and 54
- 6 --55 and over
- 7 --Prefer not to answer

73. How many years in total have you received WIC benefits?

- 1 --Less than one year
- 2 --1 to 4 years
- 3 --5 to 9 years
- 4 --10 to 19 years
- 5 --20 years or more
- 6 --Prefer not to answer

74. Would you describe yourself as:

- 1 --Hispanic or Latino-a
- 2 --Not Hispanic or Latino-a
- 3 --Prefer not to answer

75. Are you:

- 1 --White
- 2 --Black or African-American
- 3 --American Indian or Alaska Native
- 4 --Asian
- 5 --Native Hawaiian or Pacific Islander
- 6 --Other race
- 7 --Prefer not to answer

Thank you for answering our questions!

## ***Participant Questionnaire for Follow-Up Online Survey (2013)***

(QUESTIONS 1 THROUGH 6 ARE TRACKING AND QUALITY CONTROL VARIABLES NOT SEEN BY RESPONDENTS)

7. First, are you doing this survey from:

- 1 --A WIC program
- 2 --Home or another location

QUESTIONS 8 THROUGH 20 ASK PARTICIPANTS WHAT TOWN THE WIC PROGRAM THEY VISITED MOST RECENTLY IS LOCATED IN, AND ADDITIONAL IDENTIFYING DETAILS ABOUT THAT WIC PROGRAM IN CASES WHERE MORE THAN ONE PROGRAM SERVES A CITY OR TOWN (FOR EXAMPLE, IN BOSTON)

21. When did you last come to WIC for an appointment?

- 1 --Today
- 2 --This week
- 3 --This month
- 4 --Past 3 months
- 5 --More than 3 months
- 6 --Don't know

22. Before you came to WIC, did you expect to get help with referrals here?

- 1 --Yes
- 2 --No
- 3 --Don't know

**The NUTRITIONIST is the person at WIC who talks to you about you and your child's diet.**

23. Has a NUTRITIONIST ever given you a referral for something not related to food?

- 1 --Yes-- go to 27
- 2 --No-- go to 24
- 3 --Don't know-- go to 24

24. Which of these best describes why a nutritionist has never given you a referral for something not related to food:

- 1 --I didn't need help with anything else-- go to 46
- 2 --The nutritionist sent me to the Family Support Coordinator (the referral person) -- go to 49
- 3 --I didn't know I could ask for help at WIC-- go to 25
- 4 --My nutritionist didn't know where to send me-- go to 26
- 5 --There aren't any services in the area for the help I needed-- go to 26
- 6 --Something else happened-- go to 25
- 7 --Don't know

25. Please briefly explain what happened.

- 1 --Enter response-- go to 46

26. What help did you need that you didn't get?

- 1 --Enter response-- go to 46

**The next questions are about what happened the MOST RECENT time you were given a referral from the nutritionist.**

27. Overall, how satisfied are you with what happened when you got a referral from the nutritionist?

- 1 --Very satisfied-- go to 29
- 2 --Somewhat satisfied
- 3 --Somewhat dissatisfied
- 4 --Very dissatisfied
- 5 --Don't know

28. What were the major reasons you were less than 'very satisfied?' (Please be as specific as possible.)

1 --Enter response

29--32. Which best describes what happened when the nutritionist gave you the referral. Did he or she: CHECK ALL THAT APPLY

1 --Tell you where to call

2 --Write the information on paper

3 --Circle programs on a list and give it to you

4 --Give you a brochure or booklet

5 --Print information from a website

6 --Mail you the information

7 --Don't know

33--35. Where did the nutritionist find the referral information? CHECK ALL THAT APPLY

1 --In a WIC brochure or booklet

2 --Online

3 --They asked another person at WIC

4 --Don't know

36. How satisfied were you with the HELPFULNESS of the referral information you received from the nutritionist?

1 --Very satisfied

2 --Somewhat satisfied

3 --Somewhat dissatisfied

4 --Very dissatisfied

5 --Don't know

37. How satisfied were you with the nutritionist's ABILITY TO ANSWER YOUR QUESTIONS and let you know what to expect?

1 --Very satisfied

2 --Somewhat satisfied

3 --Somewhat dissatisfied

4 --Very dissatisfied

5 --Don't know

38. Did any of the referrals the nutritionist gave you require that you fill out an application?

1 --Yes

2 --No-- go to 40

3 --Don't know-- go to 40

39. Did the nutritionist help you fill out the application?

1 --Yes, on the computer

2 --Yes, on paper

3 --Both computer and paper

4 --No, I did them myself

5 --Don't know

40. Did the nutritionist make any phone calls for you?

1 --Yes

2 --No

3 --Don't know

41. Did the nutritionist follow up with you afterwards to find out whether you got the help you needed?

1 --Yes

2 --No

3 --Don't know

42. Which of the following best describes what happened after you got the referral:

- 1 --I contacted the program and got the help I needed
- 2 --I contacted the program but they didn't help me
- 3 --I never contacted the program
- 4 --Don't know

43. Have you ever tried to call the WIC nutritionist outside of your regular WIC appointment?

- 1 --Yes
- 2 --No or don't know-- go to 46

44. How easy was it to get in touch with the nutritionist outside of your regular WIC appointment?

- 1 --Very easy
- 2 --Somewhat easy
- 3 --Somewhat difficult
- 4 --Very difficult
- 5 --Don't know

45. How satisfied were you with the nutritionist in terms of returning your phone calls promptly?

- 1 --Very satisfied
- 2 --Somewhat satisfied
- 3 --Somewhat dissatisfied
- 4 --Very dissatisfied
- 5 --Don't know

**The next questions are about the Family Support Coordinator, who is sometimes called 'the referral person'.**

46. Does the WIC program you visit have a Family Support Coordinator (referral person)? [PARTICIPANTS WHO INCORRECTLY INDICATE THEIR PROGRAM HAS A FAMILY SUPPORT COORDINATOR WHEN IT DOES NOT IN FACT HAVE ONE ARE SKIPPED TO QUESTION 69]

- 1 --Yes
- 2 --No-- go to 69
- 3 --Don't know-- go to 69

47. Has the nutritionist ever suggested that you talk to the Family Support Coordinator?

- 1 --Yes
- 2 --No-- go to 69
- 3 --Don't know-- go to 69

48. Did you meet with the Family Support Coordinator in person or talk with him or her on the phone?

- 1 --Yes, met in person
- 2 --Yes, talked on the phone
- 3 --No-- go to 69
- 4 --Don't know-- go to 69

49. Have you ever received a referral from the Family Support Coordinator?

- 1 --Yes
- 2 --No or don't know-- go to 69

**The next questions are about what happened when you got the referral FROM THE FAMILY SUPPORT COORDINATOR.**

50. Overall, how satisfied are you with what happened when you got the referral?

- 1 --Very satisfied-- go to 52
- 2 --Somewhat satisfied
- 3 --Somewhat dissatisfied
- 4 --Very dissatisfied
- 5 --Don't know

51. What were the major reasons you were less than 'very satisfied'? (Please be as specific as possible.)

1 --Enter response

52--55. Which best describes what happened when the Family Support Coordinator gave you the referral: Did he or she: CHECK ALL THAT APPLY

1 --Tell you where to call

2 --Write the information on paper

3 --Circle programs on a list and give it to you

4 --Give you a brochure or booklet

5 --Print information from a website

6 --Mail you the information

7 --Don't know

56--58. Where did the Family Support Coordinator find the referral information? CHECK ALL THAT APPLY

1 --In a WIC brochure or booklet

2 --Online

3 --They asked another person at WIC

4 --Something else happened

5 --Don't know

59. How satisfied were you with the HELPFULNESS of the referral information you received from the Family Support Coordinator?

1 --Very satisfied

2 --Somewhat satisfied

3 --Somewhat dissatisfied

4 --Very dissatisfied

5 --Don't know

60. How satisfied were you with the Family Support Coordinator's ABILITY TO ANSWER YOUR QUESTIONS and let you know what to expect?

1 --Very satisfied

2 --Somewhat satisfied

3 --Somewhat dissatisfied

4 --Very dissatisfied

5 --Don't know

61. Did any of the referrals the Family Support Coordinator gave you require that you fill out an application?

1 --Yes

2 --No-- go to 63

3 --Don't know-- go to 63

62. Did the Family Support Coordinator help you fill out the application?

1 --Yes, on the computer

2 --Yes, on paper

3 --Both computer and paper

4 --No, I did them myself

5 --Don't know

63. Did the Family Support Coordinator make any phone calls for you?

1 --Yes

2 --No

3 --Don't know

64. Did the Family Support Coordinator follow up with you afterwards to find out whether you got the help you needed?
- 1 --Yes
  - 2 --No
  - 3 --Don't know
65. Which of the following best describes what happened after you got the referral:
- 1 --I contacted the program and got the help I needed
  - 2 --I contacted the program but they didn't help me
  - 3 --I never contacted the program
  - 4 --Don't know
66. Have you ever tried to call the Family Support Coordinator outside of your regular WIC appointment?
- 1 --Yes
  - 2 --No-- go to 69
  - 3 --Don't know-- go to 69
67. How easy was it to get in touch with the Family Support Coordinator outside of your regular WIC appointment?
- 1 --Very easy
  - 2 --Somewhat easy
  - 3 --Somewhat difficult
  - 4 --Very difficult
  - 5 --Don't know
68. How satisfied were you with the Family Support Coordinator in terms of returning your phone calls promptly?
- 1 --Very satisfied
  - 2 --Somewhat satisfied
  - 3 --Somewhat dissatisfied
  - 4 --Very dissatisfied
  - 5 --Don't know
69. Finally, what should WIC do to make it easier for families to get the help they need?
- 1 --Enter response

**The final questions are for demographic purposes only.**

70. Are you:
- 1 --Male-- go to 72
  - 2 --Female
  - 3 --Prefer not to answer
71. Are you currently pregnant?
- 1 --Yes
  - 2 --No
  - 3 --Prefer not to answer
72. Are you between the ages of:
- 1 --Under 18
  - 2 --18 and 24
  - 3 --25 and 34
  - 4 --35 and 44
  - 5 --45 and 54
  - 6 --55 and over
  - 7 --Prefer not to answer

73. How many years in total have you received WIC benefits?

- 1 --Less than one year
- 2 --1 to 4 years
- 3 --5 to 9 years
- 4 --10 to 19 years
- 5 --20 years or more
- 6 --Prefer not to answer

74. Would you describe yourself as:

- 1 --Hispanic or Latino-a
- 2 --Not Hispanic or Latino-a
- 3 --Prefer not to answer

75. Are you:

- 1 --White
- 2 --Black or African-American
- 3 --American Indian or Alaska Native
- 4 --Asian
- 5 --Native Hawaiian or Pacific Islander
- 6 --Other race
- 7 --Prefer not to answer

Thank you for answering our questions! This concludes the survey. Thank you again for your participation.

## Staff Questionnaire for Online Survey (2012)

This research is being conducted for the Massachusetts WIC Nutrition Program, to assess your satisfaction with the referral process. Thank you for participating. The first questions are to ensure that we are reaching a representative sample of WIC staff members.

(QUESTIONS 1 THROUGH 6 ARE TRACKING AND QUALITY CONTROL VARIABLES NOT SEEN BY RESPONDENTS)

7. To begin, please indicate which WIC program you are associated with. If you work at more than one location, please indicate the program at which you spend the most number of hours per week.

[LIST OF MASSACHUSETTS WIC PROGRAM CLINICS AND SITES]

8. Please select your job title:

- 1 --Director
- 2 --Assistant Director
- 3 --Family Support Coordinator--TERMINATE
- 4 --Community Coordinator
- 5 --Breastfeeding Peer Counselor
- 6 --Senior Nutritionist
- 7 --Nutritionist
- 8 --Nutritionist Assistant
- 9 --Program Assistant/Nutrition Assistant
- 10 --Intern--TERMINATE
- 11 --Other

9. How often would you say you help WIC participants DIRECTLY with referrals, meaning you talk with a participant about what resources they need, and provide them with any needed information about how they can connect with available resources?

- 1 --Always
- 2 --Often
- 3 --Sometimes
- 4 --Rarely or never--TERMINATE

The next questions are about your experiences helping WIC participants with referrals.

10. On average, how much of the time you spend with WIC participants is spent on referrals?

- 0 --None-don't spend any time on referrals--TERMINATE
- 1 --5% or less
- 2 --6% to 10%
- 3 --11% to 15%
- 4 --16% to 20%
- 5 --21% to 30%
- 6 --31% to 40%
- 7 --41% to 50%
- 8 --51% to 60%
- 9 --61% to 70%
- 10 --71% to 80%
- 11 --81% to 90%
- 12 --91% to 100%
- 13 --Don't know

11. In your experience, what are the greatest strengths of WIC's referral process, or what works particularly well about this system? (Please be as specific as possible.)

1 --Enter response

12. In your experience, what are the greatest weaknesses of WIC's referral process, or what changes would you like to see to improve the referral process? (Please be as specific as possible.)

1 --Enter response

13. WIC staff members address a diverse range of participant needs in the course of their day. How important do you consider referrals, relative to work you do with participants?

1 --More important than other aspects, such as health screenings and nutrition education

2 --Just as important as other aspects

3 --Somewhat less important

4 --Much less important

5 --Don't know

14. How comfortable are participants in terms of talking with you about the problems they are having in their lives that are not related to food or nutrition?

1 --Very comfortable

2 --Somewhat comfortable

3 --Somewhat uncomfortable

4 --Very uncomfortable

5 --Don't know

15. How comfortable are you with making routine referrals for participants?

1 --Very comfortable

2 --Somewhat comfortable

3 --Somewhat uncomfortable

4 --Very uncomfortable

5 --Don't know

16. How comfortable are you with handling difficult or complex referrals?

1 --Very comfortable

2 --Somewhat comfortable

3 --Somewhat uncomfortable

4 --Very uncomfortable

5 --Don't know

17. To what extent do you generally know where to refer participants for the types of issues they are dealing with?

1 --Always

2 --Often

3 --Sometimes

4 --Rarely or never

5 --Don't know

How often did each of the following occur in the past month:

18. You believed a participant required help with a problem other than nutrition, and you initiated discussion about getting help?

- 1 --Happens with most of the participants you see
- 2 --Happens often
- 3 --Happens sometimes
- 4 --Rarely or never happens with the participants you see
- 5 --Don't know

19. Participants asked you outright for help with problems?

- 1 --Happens with most of the participants you see
- 2 --Happens often
- 3 --Happens sometimes
- 4 --Rarely or never happens with the participants you see
- 5 --Don't know

20. A participant's needs went unmet because the resources for addressing that need do not exist in the community?

- 1 --Happens with most of the participants you see
- 2 --Happens often
- 3 --Happens sometimes
- 4 --Rarely or never happens with the participants you see
- 5 --Don't know

21. A participant's needs went unmet because you did not know where to refer him or her?

- 1 --Happens with most of the participants you see
- 2 --Happens often
- 3 --Happens sometimes
- 4 --Rarely or never happens with the participants you see
- 5 --Don't know

22. A participant's needs went unmet because the participant did not follow up on the information provided to him or her?

- 1 --Happens with most of the participants you see
- 2 --Happens often
- 3 --Happens sometimes
- 4 --Rarely or never happens with the participants you see
- 5 --Don't know

The next questions are about your satisfaction with the referral process. How satisfied are you with the following:

23. The amount of time you have to work with participants on referrals during appointments?

- 1 --Very satisfied
- 2 --Somewhat satisfied
- 3 --Somewhat dissatisfied
- 4 --Very dissatisfied
- 5 --Don't know

24. The referrals lists or referral books you have at your local program?

- 1 --Very satisfied
- 2 --Somewhat satisfied
- 3 --Somewhat dissatisfied
- 4 --Very dissatisfied
- 5 --Don't know

25. Your ability to get help from other WIC staff in your program when a participant is in need of resources and you are unsure where to refer them?

- 1 --Very satisfied
- 2 --Somewhat satisfied
- 3 --Somewhat dissatisfied
- 4 --Very dissatisfied
- 5 --Don't know

26. Your ability to motivate or work with participants to ensure that they obtain the resources you've recommended or referred them to?

- 1 --Very satisfied
- 2 --Somewhat satisfied
- 3 --Somewhat dissatisfied
- 4 --Very dissatisfied
- 5 --Don't know

27. Participants' ability to obtain the needed resources?

- 1 --Very satisfied
- 2 --Somewhat satisfied
- 3 --Somewhat dissatisfied
- 4 --Very dissatisfied
- 5 --Don't know

28. Your ability to track participants' follow-through, and determine whether or not they have obtained the needed resources?

- 1 --Very satisfied
- 2 --Somewhat satisfied
- 3 --Somewhat dissatisfied
- 4 --Very dissatisfied
- 5 --Don't know

29. The range and quality of resources in your community for the types of problems you commonly encounter among the WIC participants you see?

- 1 --Very satisfied
- 2 --Somewhat satisfied
- 3 --Somewhat dissatisfied
- 4 --Very dissatisfied
- 5 --Don't know

30. About what percentage of WIC participants have needs that are unable to be met, either because there aren't available resources, or for other reasons?

- 0 --None--needs are always met
- 1 --5% or less

- 2 --6% to 10%
- 3 --11% to 15%
- 4 --16% to 20%
- 5 --21% to 30%
- 6 --31% to 40%
- 7 --41% to 50%
- 8 --51% to 60%
- 9 --61% to 70%
- 10 --71% to 80%
- 11 --81% to 90%
- 12 --91% to 100%
- 13 --Don't know

31.--36. In your experience, what types of resources is your community lacking, or what are the major areas of unmet need? (PLEASE SELECT TOP THREE)

- 0 --None of these-- goto 37
- 1 --Alcohol and substance abuse services
- 2 --Care and services for children with special needs
- 3 --Child care services
- 4 --Debt counseling and financial literacy services
- 5 --Domestic violence services
- 6 --Early Head Start programs
- 7 --Emergency assistance services
- 8 --Energy, telephone, and utilities assistance
- 9 --Farmer's markets
- 10 --Food pantries or soup kitchens
- 11 --Fuel assistance services
- 12 --Head Start programs
- 13 --Health care services for low-income families
- 14 --Homeless shelters
- 15 --Housing assistance-finding affordable housing
- 16 --Foreclosures-services to help avoid foreclosure
- 17 --Immigration services or advocacy
- 18 --Mental health and depression services
- 19 --Oral health care services in general
- 20 --Pediatric dentistry services
- 21 --Unemployment assistance
- 22 --Don't know-- goto 37
- 23 --SPECIFY OTHER

37. To what extent do you believe that WIC's referral services are related to WIC's success in terms of its mission to safeguard the health and nutrition needs of low-income women, infants, and children up to age 5?

- 1 --Strongly related - good nutrition and health depend on these referrals
- 2 --Somewhat related
- 3 --Not related - referrals are a nice extra, but not part of WIC's core mission
- 4 --Don't know

38. If WIC discontinued its referral component, what effect would this have on WIC staff?
- 1 --Very positive - staff would have more time to devote to core mission
  - 2 --Somewhat positive
  - 3 --Somewhat negative
  - 4 --Very negative - staff would be unable to fulfill the core mission without referrals
  - 5 --Don't know
39. If WIC discontinued its referral component, what effect would this have on WIC participants?
- 1 --Very positive - participants would have more time focused on health and nutritional needs
  - 2 --Somewhat positive
  - 3 --Somewhat negative
  - 4 --Very negative - participants' health and nutrition would suffer without access to needed resources
  - 5 --Don't know

The next questions are about Family Support Coordinators.

40. Does your WIC program have a Family Support Coordinator on site?
- 1 --Yes
  - 2 --No or don't know-- goto 52
41. How often are you referring participants to the Family Support Coordinator, as opposed to handling referrals yourself? On an average week, would you say:
- 1 --You send most or all participants with referral needs to the Family Support Coordinator
  - 2 --You send some participants to the Family Support Coordinator, and handle some referrals yourself
  - 3 --You send a few participants with complex needs to the Family Support Coordinator, but handle most or all referrals yourself
  - 4 --You never refer participants to the Family Support Coordinator
  - 5 --Don't know
42. When you have referred participants to the Family Support Coordinator, how often is the Family Support Coordinator able to see those participants right away?
- 1 --Always
  - 2 --Sometimes
  - 3 --Seldom
  - 4 --Never
  - 5 --Don't know

How satisfied are you with these aspects of your program's Family Support Coordinator:

43. Your ability to access the Family Support Coordinator when YOU need him or her on behalf of a participant?
- 1 --Very satisfied
  - 2 --Somewhat satisfied
  - 3 --Somewhat dissatisfied
  - 4 --Very dissatisfied
  - 5 --Don't know

44. How accessible Family Support Coordinators are to PARTICIPANTS?
- 1 --Very satisfied
  - 2 --Somewhat satisfied
  - 3 --Somewhat dissatisfied
  - 4 --Very dissatisfied
  - 5 --Don't know
45. How well the FSC communicates with you and follows up on participants' cases?
- 1 --Very satisfied
  - 2 --Somewhat satisfied
  - 3 --Somewhat dissatisfied
  - 4 --Very dissatisfied
  - 5 --Don't know
46. The Family Support Coordinator's ability to identify the types of resources a participant needs?
- 1 --Very satisfied
  - 2 --Somewhat satisfied
  - 3 --Somewhat dissatisfied
  - 4 --Very dissatisfied
  - 5 --Don't know
47. The Family Support Coordinator's ability to match participants with the resources most appropriate to their needs?
- 1 --Very satisfied
  - 2 --Somewhat satisfied
  - 3 --Somewhat dissatisfied
  - 4 --Very dissatisfied
  - 5 --Don't know
48. The Family Support Coordinator's ability to motivate participants to follow through and obtain the resources they need?
- 1 --Very satisfied
  - 2 --Somewhat satisfied
  - 3 --Somewhat dissatisfied
  - 4 --Very dissatisfied
  - 5 --Don't know
49. Is the WIC program you spend most of your time at:
- 1 --The main (full-time) site for your area
  - 2 --A satellite site
  - 3 --Some other arrangement
  - 4 --Don't know
50. How satisfied are you with the number of hours the Family Support Coordinator is available on site at the program you work at most often?
- 1 --Very satisfied
  - 2 --Somewhat satisfied
  - 3 --Somewhat dissatisfied
  - 4 --Very dissatisfied
  - 5 --Don't know

51. In general, do you think the number of hours the Family Support Coordinator associated with your program:

- 1 --Should be increased to full-time (40 hours per week)
- 2 --Should be increased somewhat, but full-time isn't needed
- 3 --Is about right, given your participants' needs
- 4 --Should be decreased somewhat
- 5 --Should be eliminated (0 hours per week)
- 6 --Don't know

## Staff Questionnaire for Follow-up Online Survey (2013)

This research is being conducted for the Massachusetts WIC Nutrition Program, to assess your satisfaction with the referral process. Thank you for participating. The first questions are to ensure that we are reaching a representative sample of WIC staff members.

(QUESTIONS 1 THROUGH 6 ARE TRACKING AND QUALITY CONTROL VARIABLES NOT SEEN BY RESPONDENTS)

7. To begin, please indicate which WIC program you are associated with. If you work at more than one location, please indicate the program at which you spend the most number of hours per week.

[LIST OF MASSACHUSETTS WIC PROGRAM CLINICS AND SITES]

8. Please select your job title:

- 1 --Director
- 2 --Assistant Director
- 3 --Family Support Coordinator--TERMINATE
- 4 --Community Coordinator--TERMINATE
- 5 --Breastfeeding Peer Counselor
- 6 --Senior Nutritionist
- 7 --Nutritionist
- 8 --Nutritionist Assistant
- 9 --Nutritionist/Breastfeeding coordinator
- 10 --Program Assistant
- 11 --Program Assistant/Nutrition Assistant

9. How often would you say you help WIC participants DIRECTLY with referrals, meaning you talk with a participant about what resources they need, and provide them with any needed information about how they can connect with available resources?

- 1 --Always
- 2 --Often
- 3 --Sometimes
- 4 --Seldom
- 5 --Rarely or never--TERMINATE

The next questions are about your experiences helping WIC participants with referrals.

10. On average, how much of the time you spend with WIC participants is spent on referrals?

- 1 --None-don't spend any time on referrals--TERMINATE
- 2 --5% or less
- 3 --6% to 10%
- 4 --11% to 15%
- 5 --16% to 20%
- 6 --21% to 30%
- 7 --31% to 40%
- 8 --41% to 50%
- 9 --51% to 60%
- 10 --61% to 70%
- 11 --71% to 80%
- 12 --81% to 90%
- 13 --91% to 100%
- 14 --Don't know

11. In your experience, what are the greatest strengths of WIC's referral process, or what works particularly well about this system? (Please be as specific as possible.)

12. In your experience, what are the greatest weaknesses of WIC's referral process, or what changes would you like to see to improve the referral process? (Please be as specific as possible.)

13. WIC staff members address a diverse range of participant needs in the course of their day. How important do you consider referrals, relative to the work you do with participants?

- 1 --More important than other aspects, such as health screenings and nutrition education
- 2 --Just as important as other aspects
- 3 --Somewhat less important
- 4 --Much less important
- 5 --Don't know

14. How comfortable are participants in terms of talking with you about the problems they are having in their lives that are not related to food or nutrition?

- 1 --Very comfortable
- 2 --Somewhat comfortable
- 3 --Somewhat uncomfortable
- 4 --Very uncomfortable
- 5 --Don't know

15. How comfortable are you with making routine referrals for participants?

- 1 --Very comfortable
- 2 --Somewhat comfortable
- 3 --Somewhat uncomfortable
- 4 --Very uncomfortable
- 5 --Don't know

16. How comfortable are you with handling difficult or complex referrals?

- 1 --Very comfortable
- 2 --Somewhat comfortable
- 3 --Somewhat uncomfortable
- 4 --Very uncomfortable
- 5 --Don't know

17. To what extent do you generally know where to refer participants for the types of issues they are dealing with?

- 1 --Always
- 2 --Often
- 3 --Sometimes
- 4 --Rarely or never
- 5 --Don't know

How often did each of the following occur in the past month:

18. You believed a participant required help with a problem other than nutrition, and you initiated discussion about getting help?

- 1 --Happens with most of the participants you see
- 2 --Happens often
- 3 --Happens sometimes
- 4 --Rarely or never happens with the participants you see
- 5 --Don't know

19. Participants asked you outright for help with problems?

- 1 --Happens with most of the participants you see
- 2 --Happens often
- 3 --Happens sometimes
- 4 --Rarely or never happens with the participants you see
- 5 --Don't know

20. A participant's needs went unmet because the resources for addressing that need do not exist in the community?

- 1 --Happens with most of the participants you see
- 2 --Happens often
- 3 --Happens sometimes
- 4 --Rarely or never happens with the participants you see
- 5 --Don't know

21. A participant's needs went unmet because you did not know where to refer him or her?

- 1 --Happens with most of the participants you see
- 2 --Happens often
- 3 --Happens sometimes
- 4 --Rarely or never happens with the participants you see
- 5 --Don't know

22. A participant's needs went unmet because the participant did not follow up on the information provided to him or her?

- 1 --Happens with most of the participants you see
- 2 --Happens often
- 3 --Happens sometimes
- 4 --Rarely or never happens with the participants you see
- 5 --Don't know

The next questions are about your satisfaction with the referral process. How satisfied are you with the following:

23. The amount of time you have to work with participants on referrals during appointments?

- 1 --Very satisfied
- 2 --Somewhat satisfied
- 3 --Somewhat dissatisfied
- 4 --Very dissatisfied
- 5 --Don't know

24. The referrals lists or referral books you have at your local program?

- 1 --Very satisfied
- 2 --Somewhat satisfied
- 3 --Somewhat dissatisfied
- 4 --Very dissatisfied
- 5 --Don't know

25. Your ability to get help from other WIC staff in your program when a participant is in need of resources and you are unsure where to refer them?

- 1 --Very satisfied
- 2 --Somewhat satisfied
- 3 --Somewhat dissatisfied
- 4 --Very dissatisfied
- 5 --Don't know

26. Your ability to motivate or work with participants to ensure that they obtain the resources you've recommended or referred them to?

- 1 --Very satisfied
- 2 --Somewhat satisfied
- 3 --Somewhat dissatisfied
- 4 --Very dissatisfied
- 5 --Don't know

27. Participants' ability to obtain the needed resources?

- 1 --Very satisfied
- 2 --Somewhat satisfied
- 3 --Somewhat dissatisfied
- 4 --Very dissatisfied
- 5 --Don't know

28. Your ability to track participants' follow-through, and determine whether or not they have obtained the needed resources?

- 1 --Very satisfied
- 2 --Somewhat satisfied
- 3 --Somewhat dissatisfied
- 4 --Very dissatisfied
- 5 --Don't know

29. The range and quality of resources available in your community for the types of problems you commonly encounter among the WIC participants you see?

- 1 --Very satisfied
- 2 --Somewhat satisfied
- 3 --Somewhat dissatisfied
- 4 --Very dissatisfied
- 5 --Don't know

30. About what percentage of WIC participants have not had their needs met, either because there aren't available resources, or for other reasons?

- 1 --None--needs are always met
- 2 --5% or less
- 3 --6% to 10%
- 4 --11% to 15%
- 5 --16% to 20%
- 6 --21% to 30%
- 7 --31% to 40%
- 8 --41% to 50%
- 9 --51% to 60%
- 10 --61% to 70%
- 11 --71% to 80%
- 12 --81% to 90%
- 13 --91% to 100%
- 14 --Don't know

31--36. In your experience, what types of resources is your community lacking, or what are the major areas of unmet need? (PLEASE SELECT TOP FIVE)

- 0 --None of these-- go to 37
- 1 --Alcohol and substance abuse services
- 2 --Care and services for children with special needs
- 3 --Child care services
- 4 --Debt counseling and financial literacy services
- 5 --Domestic violence services
- 6 --Early Head Start programs
- 7 --Education or job training services such as GED, ESOL, CNA
- 8 --Emergency assistance services
- 9 --Energy, telephone, and utilities assistance
- 10 --Farmer's markets
- 11 --Food pantries or soup kitchens
- 12 --Foreclosures-services to help avoid foreclosure

- 13 --Fuel assistance services
- 14 --Head Start programs
- 15 --Health care services for low-income families
- 16 --Healthy Families
- 17 --Homeless shelters
- 18 --Housing assistance-finding affordable housing
- 19 --Immigration services or advocacy
- 20 --Mental health and depression services
- 21 --Oral health care services in general
- 22 --Parenting classes or information
- 23 --Pediatric dentistry services
- 24 --Pregnancy care
- 25 --Teen parenting services-support
- 26 --Unemployment assistance
- 27 --Don't know-- go to 37
- 28 --SPECIFY OTHER

37. To what extent do you believe that WIC's referral services are related to WIC's success in terms of its mission to safeguard the health and nutrition needs of low-income women, infants, and children up to age 5?

- 1 --Strongly related - good nutrition and health depend on these referrals
- 2 --Somewhat related
- 3 --Not related - referrals are a nice extra, but not part of WIC's core mission
- 4 --Don't know

**The next questions are about Family Support Coordinators.**

38. Does your WIC program have a Family Support Coordinator on site? [STAFF WHO INCORRECTLY IDENTIFY THEIR PROGRAM AS HAVING A FSC WHEN IT DOES NOT IN FACT HAVE ONE ARE SKIPPED TO THE END OF THE SURVEY]

- 1 --Yes
- 2 --No or don't know-- go to 51

39. How often are you referring participants to the Family Support Coordinator, as opposed to handling referrals yourself? On an average week, would you say:

- 1 --You send most or all participants with referral needs to the FSC
- 2 --You send some participants to the FSC, and handle some referrals yourself
- 3 --You send a few participants with complex needs to the FSC, but handle most or all referrals yourself
- 4 --You never refer participants to the Family Support Coordinator
- 5 --Don't know

40. When you have referred participants to the Family Support Coordinator, how often is the Family Support Coordinator able to see those participants right away?

- 1 --Always
- 2 --Sometimes
- 3 --Seldom
- 4 --Never
- 5 --Don't know

**How satisfied are you with these aspects of your program's Family Support Coordinator:**

41. Your ability to access the Family Support Coordinator when YOU need him or her on behalf of a participant?

- 1 --Very satisfied
- 2 --Somewhat satisfied
- 3 --Somewhat dissatisfied
- 4 --Very dissatisfied
- 5 --Don't know

42. How accessible Family Support Coordinators are to PARTICIPANTS?
- 1 --Very satisfied
  - 2 --Somewhat satisfied
  - 3 --Somewhat dissatisfied
  - 4 --Very dissatisfied
  - 5 --Don't know
43. How well the Family Support Coordinator communicates and follows up WITH YOU on participants' cases?
- 1 --Very satisfied
  - 2 --Somewhat satisfied
  - 3 --Somewhat dissatisfied
  - 4 --Very dissatisfied
  - 5 --Don't know
44. How well the Family Support Coordinator communicates and follows up WITH PARTICIPANTS?
- 1 --Very satisfied
  - 2 --Somewhat satisfied
  - 3 --Somewhat dissatisfied
  - 4 --Very dissatisfied
  - 5 --Don't know
45. The Family Support Coordinator's knowledge of resources available in the community?
- 1 --Very satisfied
  - 2 --Somewhat satisfied
  - 3 --Somewhat dissatisfied
  - 4 --Very dissatisfied
  - 5 --Don't know
46. The Family Support Coordinator's ability to match participants with the resources most appropriate to their needs?
- 1 --Very satisfied
  - 2 --Somewhat satisfied
  - 3 --Somewhat dissatisfied
  - 4 --Very dissatisfied
  - 5 --Don't know
47. The Family Support Coordinator's ability to motivate participants to follow through and obtain the resources they need?
- 1 --Very satisfied
  - 2 --Somewhat satisfied
  - 3 --Somewhat dissatisfied
  - 4 --Very dissatisfied
  - 5 --Don't know
48. Which WIC program do you spend most of your time at:
- 1 --The main (full-time) site for your area
  - 2 --A satellite site
49. How satisfied are you with the number of hours the Family Support Coordinator is available on site at the program you work at most often?
- 1 --Very satisfied
  - 2 --Somewhat satisfied
  - 3 --Somewhat dissatisfied
  - 4 --Very dissatisfied
  - 5 --Don't know

50. In general, do you think the number of hours the Family Support Coordinator is associated with your entire program:

- 1 --Should be increased to full-time (40 hours per week)
- 2 --Should be increased somewhat, but full-time isn't needed
- 3 --Is about right, given your participants' needs
- 4 --Should be decreased somewhat
- 5 --Should be eliminated (0 hours per week)
- 6 --Don't know

This concludes the survey. Thank you again for your participation.