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Improving Women, Infants, and Children Participation Using **Quality Improvement Methodology**

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Improving Women, Infants, and Children Participation Using Quality Improvement Methodology

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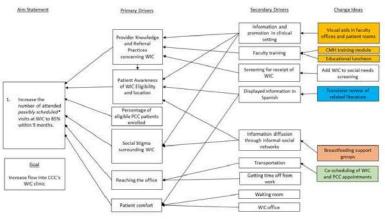
Introduction

- Food insecurity, when a household is unable to acquire food for one or more of its members due to insufficient resources, has recently been on the decline in the United States, according to official 2017 USDA reports.1
- Unfortunately, this decline has not been observed to the same extent in the demographic of households with children. 1
- WIC is a federal assistance program that works to alleviate the poor health outcomes associated with food insecurity in this demographic by providing eligible, enrolled families with nutritional aid and education. 2
- The specific aim of the project is to increase the percentage of maximum potential WIC appointments that are attended to 85% within 9 months, thus improving nutritional health for eligible individuals within the community.

Methods

- Design: A list of potential barriers to WIC enrollment and participation was constructed following a review of relevant literature and interviews with providers. These barriers were formatted into a driver diagram, and specific countermeasures were prepared. Potential countermeasures were prioritized using a PICK chart and categorized by behavioral change strategy. These countermeasures were then bundled into four PDSA cycles.
- **Setting:** WIC office co-located within the Center for Community Connections at Children's Mercy Hospital's Broadway clinic
- Population: All patients and families eligible for WIC services
- Countermeasures: Four PDSA cycles were planned.
- 1. Co-scheduling of WIC and newborn PCC appointments
- 2. Creation of a breastfeeding support group for mothers enrolled in WIC
- 3. Presentation of relevant information to clinicians via visual aids, training modules, and an educational luncheon
- 4. Translator review of available, non-English WIC literature
- Analyses: Throughout the project, impacts to our WIC office's caseload were evaluated through continuous observation of our primary outcome measure (defined below) and temporal associations with the enacted countermeasures
- Primary Outcome Measure: the number of WIC appointments attended per week, taken as a percentage out of the maximum amount of schedulable appointments

Figure 1: Final Driver Diagram



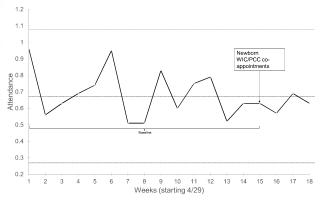
* "Possibly Scheduled" refers to the maximum caseload of 120-140 scheduled accointments per month per WIC putritionist half days

Table 1: PICK Chart Kick-Out Challenge WIC PSA Add WIC to social needs Full-time receptionist screening Location listings online Hard **Possible** <u>Implement</u> Visual aids Co-scheduling of WIC and Training module PCC appointments Educational luncheon Breastfeeding support group Translator review of literature Easy High Low Reliability

Table 2: Countermeasures and associated behavioral change strategies

Behavioral Change Strategy	Countermeasures
Providing Information	Visual AidsTraining moduleEducational Luncheon
Providing Support	- Breastfeeding Support Group
Enhancing Access	Co-scheduling of WIC and PCC appointments for newborn referrals
Reducing Barriers	- Translator review of non-English WIC literature

Chart 1: Percentage of Attended Possibly Scheduled Visits



Conclusions

- This project is novel in seeking to address childhood food insecurity through improved utilization of WIC clinics and through its categorization and selection of countermeasures by strength of behavioral change strategy.
- This project has just begun and awaits three of the four planned PDSA cycles. As such, it is too early to distinguish the true impact of the planned countermeasures.

References

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