



TELEWIC: KEEPING UP WITH THE TIMES

This paper introduces videoconferencing as a way to bring WIC services into alignment with the expectations of participants. The young adults who are WIC's clients are native technology users; using videos is a common part of their daily experience. They use Facetime or Skype, for example, to stay in touch with family and friends, stream videos for entertainment or to keep up with current events, and increasingly rely on their smart phones for doing business and finding information.

WIC participants will always be young, and their "user experience" for WIC services must remain valuable and relevant to their general expectations for conducting business and accessing services.¹

WIC has an opportunity to take advantage of its clients' "always online" culture by modernizing how it makes benefits available and accessible. **Cell phones and tablets are the new "front doors" for WIC agencies** to reach their clients in the ways they do so much else in all aspects of their lives.

Applying tools like videoconferencing to reach more WIC participants is something we call TeleWIC. It is part of a growing trend of delivering health care using technology—called telehealth. The time has come for WIC to take a bold, proactive step forward and integrate these modern technologies. Now is the time to learn about, test and implement forms of telehealth, including videoconferencing, in WIC agencies.

BACKGROUND

How information moves from one source to another is inextricably linked with health care. With each generation, ways of delivering information make dramatic leaps. Smartphones and computers have superseded nearly all other means of communication in the 21st Century. Using these tools, a substantial amount of healthcare information is now being offered through videoconferencing.

From doctors supervising medical care remotely to medical teams working together on clinical evaluation and care, meeting in videoconferencing—a form of telehealth—has become a routine way of managing health care.²



TELEHEALTH & TELEMEDICINE:

Both telehealth and telemedicine are used to overcome distance barriers



TELEHEALTH:

The distribution of health-related services and information via electronic information and communication technologies.



TELEMEDICINE:

The use of telecommunication and information technology to provide clinical healthcare from a distance.³

The WIC program can learn from other industries, particularly the health care industry, about the benefits and challenges of videoconferencing as part of participant services. Taking the lessons learned in health care to help expedite technology transfer for WIC services, WIC should be proactive in adopting technology to WIC services, rather than waiting to follow the lead of other government agencies.⁴

While much more complex than the WIC program, the health care industry has identified a few key aspects of videoconferencing that should be attractive to WIC providers:⁵

- Videoconferencing can be very **convenient** for patients, bringing care and services to their fingertips
- Videoconferencing offers more **immediacy** of care, being accessible anytime, anywhere
- Videoconferencing can provide **personal care** with a health provider in any location, including outside of traditional brick-and-mortar health centers.
- Videoconferencing enables health care providers to **consult experts** on a variety of issues, particularly for more complex cases or where distance or remote locations are a factor.

Many of the issues of confidentiality and data storage, access and transfer that arise around videoconferencing have been worked out by those who have pioneered it, and more is being learned every day.



VIDEOCONFERENCING AND WIC

WIC services, including education, referral and support, have for the most part been provided in person. Meeting in WIC clinics, mothers and family members develop trusting relationships with WIC staff and work on personal goals and challenges for nutrition, breastfeeding and optimal health and parenting. WIC can be both a **high touch and high tech** program. With videoconferencing WIC can establish or extend this personal care through video access, making WIC services more easily accessible and relevant and adding another tool in the WIC toolbox.⁶

This kind of **easy access** could be especially useful for mothers of infants and toddlers during one of the most challenging times of their lives. With busy schedules, including parenting, school and work, videoconferencing can enable mothers to continue to participate in WIC while managing their daily family matters in a more convenient, time-efficient way. WIC participants could schedule appointments through phones, tablets, or personal computers, and could meet with WIC providers, when appropriate, from home or their worksite. This type of access would create an extended presence for WIC in the community, as WIC is digitally available outside the clinic.⁷

WIC services include referrals to needed services and support, and WIC has a long history of providing “warm lines” for more immediate or after-hours breastfeeding support. More recently, WIC personnel have begun to use texting to meet these needs as well as to schedule appointments and answer general questions. Like texting, but more personal, videoconferencing can also be used to provide **immediate support**. Imagine the relief for a mother who could have a WIC lactation expert provide advice while watching a newborn nurse. Such support would go far beyond listening to advice in a telephone call or trying to understand suggestions via text message.⁸

With video access to a WIC nutritionist, a parent of a toddler could not only receive support, but gain insights into how to work with a picky eater while she prepared dinner or shopped in the grocery store. With this technology, WIC agencies could continue to provide the **personal care** through education and support that WIC participants need beyond in-clinic, phone or text contacts.



Videoconferencing could open new opportunities for **leveraging the extensive expertise of the nutrition and lactation workforce in WIC** agencies to address rural and remote locations and travel considerations. Local agencies could use videoconferencing to link nutrition and lactation staff either to other WIC clinics or to the participants’ locations, such as a home or workplace. In California, there are many geographic areas where access to nutrition and lactation staff is very challenging. Either the local agencies are hard-pressed to find experts to live in remote areas, or participants must travel great distances with infants and young children.⁹

Conversely, in urban areas traffic can be a huge challenge as WIC staff spend time moving between locations and participants dedicate significant time to travel to local agencies. Many clients decide that the time and cost of travel are simply not worth participation. Videoconferencing would be far more convenient by allowing mothers to attend some appointments in person and others remotely, thus decreasing travel time and expenses as well as unpaid time off work.¹⁰

Videoconferencing could also help address the diverse language and cultural needs of young families. Rather than use a translation service, WIC staff in one local agency who have specific expert resources, such as language capabilities could be used by other agencies via videoconference. For example, a nutritionist in Los Angeles who speaks Vietnamese might work, via videoconferencing, with a nutritionist’s client in Woodland who also speaks Vietnamese.

CHALLENGES, LESSONS AND RECOMMENDATIONS

Use of videoconferencing for health care, as well as recent WIC pilots using the tool, have identified some lessons, opportunities and challenges that can give WIC a head start in working out how to adapt videoconferencing to WIC uses. WIC local agency parent organizations cannot stand in the way of modernization and reduced participation.

THE FOLLOWING ARE LESSONS AND RECOMMENDATIONS FOR MOVING FORWARD:

- WIC could learn from private industries outside of government programs, such as health care, banking, and retail, about protecting confidentiality and maintaining security.
- As the demand and need for telecommunications, including telehealth, increases, problems accessing sufficient bandwidth will decrease, especially for remote areas.
- Videoconferencing tools must be studied and compared for ease of use and adaptability to changing needs.
- Consideration of the cost of including videoconferencing in state and local agency WIC budgets should taken into consideration for the strong return on investment likely to be seen by participants remaining in the program for the full benefits. Budgeting for the development and/or purchase of educational materials in paper format should be reduced to include allowable costs for technology-based education and support materials and tools.
- Some videoconferencing tools would need to be supported by the local agency or its parent organization and other tools can be entirely independent of the agency, such as commercially developed apps. Both options are needed to support diverse needs.
- WIC state and local agency parent organizations need to address optimal ways to adopt the



technology, including assessing IT staffing capabilities, parent organization IT regulations and policies, and system ability to absorb updates, which are critical for use of communications technology.

- WIC agency organizations will need to coordinate capabilities with other agencies. An early pilot program, for example, showed fewer challenges for WIC to use videoconferencing with a federally

qualified health center (FQHC), which was already using videoconferencing for other health care uses, than with county health departments that had not yet adopted the technology.

- To ensure success, agencies considering videoconferencing will need to thoughtfully explore staff willingness to accept new responsibilities and work practices, then provide formal training, practice sessions and group problem solving for best practices. A thorough understanding of individual boundaries between social and professional interactions is also important, in the case where video tools are also social media tools.
- WIC participants must be able to be notified of app updates so that they can continue to access WIC services.
- Participants will need training on using the video tool to increase the likelihood of use. Even with native tech users, not everyone will be comfortable using or see the value of the application without training.
- Limited data plans could be a barrier for participants to use videoconferencing. However, data use is surprisingly minimal, as videos are not downloaded. Also, if participants access Wi-Fi while using videoconferencing, their data usage is not affected.



USING THE TECHNOLOGY

Ways of providing WIC services via videoconferencing:

- WIC clinic to WIC clinic within a local agency: Using videoconferencing to link staff between local clinics with participants in person at one of the clinics.
- WIC clinic to WIC clinic between two local agencies: WIC staff with particular expertise in one agency videoconference with participants in clinics of another local agency.
- WIC clinic to participant home, workplace, or other community location: WIC staff in local agencies videoconference with participants in any location outside of a clinic.

Services that could be provided via videoconferencing:

- Education or support beyond in-person meetings, phone calls and texting.
- Individual or group contacts: one-on-one or group encounters using split screens.

- Flexible timing: Videoconferencing can be set up for appointments, or used as needed, with participants initiating the contact.

Ways to provide videoconferencing:

- Web platform or app: Options exist for website-type platforms that include videoconferencing, or apps dedicated to videoconferencing.

Beyond videoconferencing:

- Uploading and/or sending documents, e-signing, education materials, texting and push notifications: The technology will continue to add features that support WIC services.



RESOURCES

California Telehealth Resource Center
<http://www.caltrc.org/>

California Telehealth Center
<https://www.caltelehealth.org/>

Center for Connected Health Policy
<http://www.telehealthpolicy.us/>

California Teleconnect Fund
<http://ctfprogram.org/>

Center for Care Innovations
<https://www.careinnovations.org/>

California Department of Public Health/
Health Information Exchange Gateway
<http://hie.cdph.ca.gov/>

Telehealth Resource Centers
<https://www.telehealthresourcecenter.org/>

American Telemedicine Association
<http://www.americantelemed.org/home>

Rand Corporation
<https://www.rand.org/topics/telemedicine.html>

NOTES

1. <https://www.cdph.ca.gov/Programs/CFH/DWICSN/Pages/ResearchandData/WICProgramParticipantInfo.aspx>
2. <http://www.childrenspartnership.org/research-list/realizing-the-promise-of-telehealth-for-children-with-special-health-care-needs/>
3. <https://mhealthintelligence.com/features/is-there-a-difference-between-telemedicine-and-telehealth>
4. <https://fns-prod.azureedge.net/sites/default/files/8-22-12-OntheHorizon-1of3.pdf>
5. https://www.blueshieldca.com/bsca/find-a-provider/telehealth.sp?WT.mc_id=otc-mem-telehealthlp-1936
6. http://www.calwic.org/storage/documents/Engaging_Families/MyWic_Millennial_report.pdf
7. http://calwic.org/storage/documents/Engaging_Families/WIC_Opportunities_Final_12_2016.pdf
8. https://www.researchgate.net/publication/232535267_Breastfeeding_and_Telehealth
9. <https://hbr.org/2017/10/using-technology-to-improve-rural-health-care>
10. <https://www.openminds.com/market-intelligence/executive-briefings/telehealth-roi-plan/>



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