

LINKING WIC FOR HEALTH EQUITY: EXPANDING ACCESS TO WIC THROUGH HORIZONTAL INTEGRATION

Health care reform efforts in the U.S. focus on preventing disease, reducing health care costs, and improving health outcomes.¹ These efforts have evolved as both our understanding of how best to care for people and the strategies we use to provide care - especially during the COVID-19 pandemic - have changed. There also is a growing understanding of the importance of addressing the social determinants of health and ensuring health equity.² Recent renewed activism to address racism and implicit bias underscores the need to ensure access to health and safety net programs for all. Another painful lesson of the pandemic is the need to have systems in place to best serve eligible individuals, especially in health, societal and climate-related emergencies.

In the case of WIC, The Special Supplemental Nutrition Program for Women, Infants and Children, an important strategy to achieve desired population health outcomes

is ensuring effective and equitable bi-directional linkages for outreach, referral, and care are established between WIC, health care and safety net programs. Since the early 1970s, WIC has provided millions of families with nutrition and breastfeeding education and support; referrals and assistance to health care, social services and a wide range of organizations; and access to healthy foods that support nutrient needs during pregnancy, postpartum, breastfeeding and infant and child growth. WIC currently serves approximately 6.3 million participants nationwide.

As an essential and cost-effective program, WIC has a consistent record of positive health outcomes, including reduced anemia, preterm delivery and low -birth weights, improved breastfeeding rates, and lower childhood obesity rates. These and other positive outcomes make WIC an increasingly important link with health care and social service programs.^{3,4}



Linking families to health care, social services, and WIC through horizontal integration and technology can benefit entire communities.

This report provides a brief overview of existing and proposed program linkages—also called “horizontal integration”—with particular focus on linking the WIC program with programs and organizations serving WIC-eligible families. Organizations and services need to be “linked” so that the greatest number of

eligible people can participate in them, get the most out of available benefits, and receive high-quality care. Linking programs bi-directionally can be achieved in a number of ways, ranging from more familiar “people and paper” processes, such as referral letters and shared participant lists, to electronic processes such as program portals with eligibility screens, applications, referrals, and appointment-setting. Taking advantage of and streamlining deemed eligibility across programs would create needed efficiencies for staff and eligible participants and thus improve client access to benefits.

The conclusions and recommendations of this report are based on the findings of a 2018 online survey completed by all 83 California WIC local agency directors (at press time, there are 84 local agencies). Respondents were asked to assess how well their WIC local agency was “linked” to other health care and social service providers for the purposes of identifying potential participants and improving overall health care for WIC participants. The online survey employed both multiple choice and open-ended questions.⁵ In follow-up communication during 2020, the directors indicated there have been no significant changes.

The key recommendations for improving horizontal integration that emerged from the survey (see sidebar) involve planning and implementing bi-directional linkages across services and providers. Some, such as including WIC leadership in planning efforts, could be implemented fairly easily and quickly. Others, such as full interoperability at the state level, will take years of planning and investment. All require planning efforts at the state level.

Assessing linkages and identifying gaps in the ability of California WIC local agencies to share information with other programs is a first step. Addressing the gaps by replicating existing approaches or establishing new cross-program linkages for outreach, enrollment and care will modernize how benefits are provided and be a strategy to ensure eligible participants have opportunities to participate in WIC. Not only will the WIC program benefit, but health and social services will be better positioned to provide excellent care and achieve program and organizational priorities. Horizontal integration and program linkages, with a human-centered focus, will address implicit bias and equity of social determinants of health and the holistic needs of individuals, families, and communities.

Key Recommendations for Improved WIC Program Linkages

- ◆ **Improve business processes** for consent-to-share and exchange of data among state and federal programs to protect individual data, clarify data-sharing details and options for the user.
- ◆ **Improve the user experience** with efficiencies to maximize and streamline opportunities for eligible but not participating individuals to receive benefits and services.
- ◆ **Establish online portals** for state and federal programs to improve the user experience, with electronic opportunities for enrolling in programs and accessing benefits.
- ◆ **Include interoperability** across program portals as part of all program planning and modernizations.
- ◆ **Include WIC state and local agency staff** in state and federal program planning for horizontal integration for bi-directional sharing of data and information for referral, enrollment and participant and patient care.
- **Integrate interoperability** between California’s 84 WIC local agencies and other state and federal programs through WIC WISE (California WIC’s management information system) in the next planning phases.

THE SPREAD OF HORIZONTAL INTEGRATION

In the business world, horizontal integration is a strategy used to link aspects of operations in order to gain new customers, diversify services, maximize resources, or gain market share.⁶ Industry efforts could inform horizontal integration of health care and social services so that engaging eligible but not participating (ENP) individuals is prioritized, along with maximizing resources and establishing efficiencies, leading to better care for participants. An example is the Integrated Benefits Initiative, a partnership of government agencies with technology, design and policy experts to include human-centered design into the systems that provide benefits with the goal of maximizing access, efficiency and program integrity.⁷

Health care and safety net services and programs have shifted to a systems model. Most hospitals and medical groups are now part of systems rather than independent entities. Many community health centers, first established in the mid-1960s, have grown in number and capacity and become part of systems

with multiple locations. Medical insurance, first offered about a century ago, is now provided through networks of hospitals and providers.⁸ Today's federal and state benefits programs that offer economic, social or nutrition support, such as the Supplemental Nutrition Assistance Program (SNAP) and WIC, are large programs involving public, nonprofit, and for-profit organizations connected in many ways to achieve operations and provide services.

The Affordable Care Act (ACA) advances foundational principles of health care reform, including chronic disease prevention, quality of care, and health care cost reduction, as well as considering the whole person, the social determinants of health, and health equity. With this approach, the ACA has propelled collaborative agreements and partnerships between and among systems, organizations and programs and challenged the effectiveness of siloed operations. Programs and organizations are in some cases required by the ACA to work in new, cross-cutting relationships, far beyond simply providing referrals.^{9,10}

Key Terms



Horizontal integration is a business strategy used to link similar operations in order to gain new customers, diversify services, maximize resources, or gain market share.⁶ In health and social services, it can help maximize resources and establish efficiencies to allow prioritization of client care.



Interoperability is the ability of health information systems to work together within and across organizational boundaries to advance the effective delivery of healthcare for individuals and communities.¹¹



Adjunctive eligibility is a policy enabling WIC applicants to be automatically income-eligible for WIC by showing proof of participation in the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Medicaid.¹²



Portal is an online gateway that allows multiple user roles with a common access point to program-specific content and services. Portals can also allow personalized, two-way communication between staff and participants/clients.¹³

THE NEED FOR WIC LINKAGES

WIC services provide a useful case study regarding the need for and challenges of horizontal integration. WIC services are structured so that WIC local agency providers have regular contact with individuals through pregnancy, postpartum and breastfeeding, and with children until their fifth birthday. By federal regulation, in addition to providing food benefits, nutrition and breastfeeding support and counseling, WIC offers referrals to any needed service that can provide health care, nutrition, and social and economic support to bolster young families' success during their children's formative years.^{3,4} Linkages between programs and organizations to enable participant data and information sharing, not only **from** WIC **to** other programs but **from** other programs and organizations **to** WIC, would greatly enhance how WIC providers can serve participants.

In California, the state Department of Public Health (CDPH), manages the California WIC program by contracting with 84 local agencies that provide direct services. Compared to other federal benefits programs, which are often managed at the local level by county health departments, California WIC local agencies are administered by six types of local parent organizations. At the time of the survey, 39 county health departments served approximately 38%



Linkages between WIC and other programs would benefit more eligible families.

of WIC participants, nonprofit agencies served about 37%, federally qualified health centers (FQHCs) served another 20%, and six Native American health centers, three city health departments, and two hospitals served the remaining five percent of WIC's caseload.⁵ The type of parent organization affects the ability of agencies to access information, as discussed later in this paper.

Today, nearly one million women, infants and children in California participate in WIC, including about half the infants born in the state.¹⁴ This large population presents both a huge opportunity and a huge responsibility to improve the connections between WIC and other health care and social services.

Addressing Declining WIC Participation

Since 2012, WIC participation among eligible families has declined from a national participation rate of 63.5% of eligible people to a 51.1% participation rate in 2017 (a loss of 11.4%). Long leading the nation in coverage rates, California has also experienced the greatest drop in participation, which has fallen from 82.5% to 61.1% during the same period (a loss of 21.4%).¹⁵

While research continues to explore why WIC participation has fallen off, some likely contributing factors include a declining birth rate and an improved economy, each of which reduces the number of eligible families and would naturally reduce participation. However, these do not explain why a smaller share of eligible families now participate.

A significant factor may be the fact that, since it began in 1974, WIC has not kept pace with everyday business practices, including incorporating technology and maximizing efficiencies in its management and operations, thus not meeting the expectations of young families. The absence of easy, user-friendly applications that can bring WIC to young people—and young people to WIC—may be contributing to declining participation rates.

PROGRESS TOWARD INTEGRATION OF SERVICES IN CALIFORNIA

As poverty rates in California remain high, the need has grown for a strong safety net, with access to health care and social services that help bolster economic viability.¹⁶ The California Health and Human Services Agency and the state legislature have committed to horizontal integration and are working to link some health care and social services, but they have not been able to fulfill the milestones of integration anticipated when their efforts began in the early 2000s. Their efforts have encountered complexities related to costs, technological capabilities, information security, confidentiality, differences in program requirements, and interpretation of state and federal regulations and local practices.¹⁷⁻²³

The state's current goal is that by 2024 there will be one electronic information and application portal through the California Statewide Automated Welfare System (CalSAWS), supported by the California Healthcare Eligibility, Enrollment and Retention System portal (CalHEERS).²³⁻²⁷ WIC is not included in the current work underway for the new system, but plans should begin for CalSAWS to be configured to include simultaneous exposure to WIC.



The new California WIC app could be a key part of horizontal integration, linking WIC participants with other needed services using technology young families expect.

In the meantime, WIC is modernizing in ways that will allow it to take advantage of greater online linkages and be able to meet the expectations of today's users:

- In April 2020, California WIC completed the transition from paper checks for grocery purchases to WIC electronic benefit transfer (EBT) cards.²⁸
- A new management information system (MIS), called WIC WISE, was simultaneously implemented in WIC local agencies, replacing the system in use since the early 1990s. WIC WISE not only provides greatly expanded capacity to serve participants and manage information, but it is technologically capable of, and should provide, electronic interoperability to connect WIC to other programs and benefits. Data sharing, consent, and other details are to be worked out.
- A new California WIC app for WIC participants was rolled out alongside WIC WISE, providing additional opportunities for electronic integration to streamline services for WIC participants. Participants can locate WIC local agencies and grocery stores, view details on their monthly benefits, scan for WIC foods on grocery shelves, and utilize many more features.
- Other recent modernizations include acceptance of electronic documents and use of texting for appointments and messages. In addition, videoconferencing for participant education will soon be an option statewide. Pandemic-related waivers for physical presence and rapid development of a fully virtual process for enrollment and provision of benefits are modernizations that should be made permanent.^{29, 30}

As we solve the technical problems involved in horizontal integration and move to more electronic transactions, we must make it possible for qualifying individuals and families to access programs and services through electronic portals (see sidebar). Today's young families are accustomed to living in the technological world. They already interact digitally for many of their needs—from shopping, reading, and watching online entertainment, to communicating, banking, health care, learning, and more. Naturally, they turn to the Internet first to learn about available services.

WIC participants will always be young and, as native technology users, they are accustomed to streamlined, electronic business processes and services. Horizontal integration, with bi-directional program linkages, especially to WIC from other programs, would improve the WIC users' experience when they inquire about and confirm program eligibility, start the enrollment process, and use services and benefits. The user experience in accessing and using benefits programs is therefore central to horizontal integration, and the lessons learned and participant and staff feedback during the pandemic are valuable for understanding needed permanent changes in WIC. Its design must be human- or person-centered so that a potential applicant would encounter easy and intuitive processes, from inquiry to program participation, along with transparency of information and operational flexibility, among other planning components.^{31,32}

A recent report, *Opportunities to Streamline Enrollment Across Public Benefit Programs*, provides keen insight into gaps and progress for both existing online access and program linkages for WIC, Medicaid, TANF, SNAP, and Low Income Home Energy Assistance Program (LIHEAP) programs in all 50 states.³³ In another example, recent pilot studies in four states found that data matching between WIC, Medicaid, and SNAP effectively identifies large numbers of adjunctively eligible families who are not participating in WIC. They also found that following up with text-based outreach to overcome WIC's certification obstacles can boost participation in this essential program.³⁴ California can use models and strategies from other states described in the reports to continue to establish and improve linkages for WIC agencies. Similarly, opportunities for improvement identified for California in this report can be applicable to other states.

To ensure maximum participation in health care and social services, opportunities to link programs need to be piloted, expanded, and prioritized, even if not fully electronically integrated. Data sharing agreements (DSA) and memorandums of understanding (MOU) integrating processes for consent-to-share information for program referrals and care, and sharing contact information of ENP individuals, could enhance the user experience and support maximum participation in programs, usage of benefits and high quality care.

ADDRESSING PRIVACY AND DATA PROTECTIONS

Improving linkages and horizontal integration will require careful planning for establishing business practices and integrating program requirements for data sharing and data privacy. Whether through "people and paper" or electronic processes, business practices for consent-to-share data and ensuring privacy and security are most important. Potential and existing participants must know their data is private and secure. Opportunities exist within federal and California regulations to share personal health information across programs, with consent, while abiding by confidentiality requirements.³⁵⁻³⁸

OPPORTUNITIES FOR PROGRAM LINKAGES

The most pressing need—and greatest advantage—that linkages can provide is to identify ENP individuals and families and to smoothly link them with the opportunity to apply for these services and receive an appointment with their WIC local provider.

This section examines opportunities for program linkages in the continuum of services, benefits, and organizations where WIC families access care and support. Specifically, we focus on two challenges: for WIC agencies to conduct outreach, determine eligibility, and initiate enrollment with the current available linkages; and for ENP individuals to access WIC information and enrollment.

In CWA's 2018 survey of California WIC local agencies, we examined current linkages as well as opportunities to identify ENP individuals within the relationships that WIC providers have with an array of other health and service providers:

- Health Care Access, including Medi-Cal (Medicaid), Covered California (ACA), and Health Plan data
- Health Centers
- Hospitals
- CalFresh (California's Supplemental Nutrition Assistance Program, SNAP)
- Social Services
- Health and Community Information Exchange

In general, existing linkages between WIC offices and these providers are minimal (see chart), but there have been some efforts in that direction. Responses to the survey revealed that very few local WIC agencies have access to contact information that would enable them to reach out to ENP individuals who are participating in other programs. Data sharing using even simple MOUs, spreadsheets, lists or other means is very limited. Nor are there public online portals through which potential participants could link to WIC agencies from other benefits programs for screening, application, and basic communication with WIC staff. WIC agencies housed in non-profit organizations have the fewest linkages, yet they serve more than one-third of California’s WIC participants, including in the greater Los Angeles and San Diego areas.

HEALTH CARE:

WIC nutrition and breastfeeding support intersects with, and strengthens, health care. To streamline services and provide excellent care, WIC agency staff need access to participant health information, and health care providers need information about patients’ WIC support and counseling. Electronic linkages can improve not only the participant or patient experience, but also the experience of health care providers

and WIC staff who need efficient work processes. Improved linkages with WIC enrollment also facilitate efforts by health plan leadership to address the social determinants of health and the core mission of information exchanges.

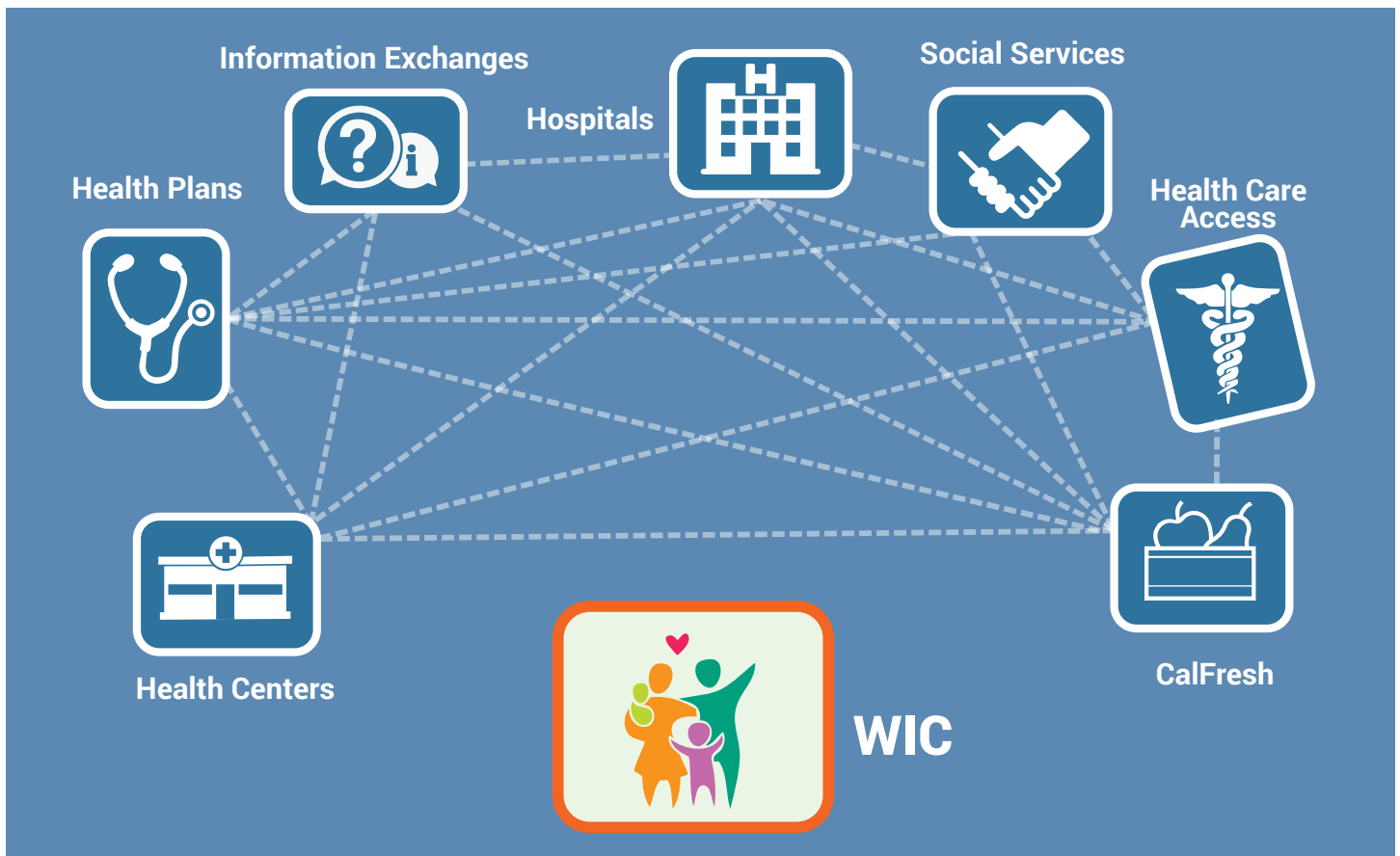
MEDI-CAL:

Recent reports about maximizing linkages in the safety net, specifically with regard to data sharing and Medi-Cal, point out that Medicaid agencies can share patient information with social services programs for outreach and eligibility and remain within federal privacy and program regulations. Some states have integrated Medicaid with WIC and SNAP so as to improve health and wellness.^{33, 34}

Medi-Cal recipients are automatically income-eligible for WIC; this is known as adjunctive eligibility.^{39, 40} But currently there is no mechanism for a low-income family to initiate both Medi-Cal and WIC applications using the same electronic portal. Bi-directional electronic linkages between Medi-Cal and WIC program portals, ideally accessed via one central portal, would enable individuals to initiate an eligibility inquiry for WIC and Medi-Cal, submit a Medi-Cal application and initiate WIC enrollment, all at the same time.

		Linkage between WIC and...							
		Health Care Access/Medi-Cal/Covered CA	Health Plans	Health Centers	Hospitals	CalFresh	Social Services	HEI/CIE	Webpage (No portals)
Linkages Provide...	Online link to screen for WIC eligibility								✓
	Begin WIC enrollment process								
	Share data on ENPs to facilitate outreach for WIC enrollment	✓	✓	✓	✓	✓	✓	✓	
	Access electronic health record to streamline WIC enrollment (e.g. Hgb/Hct)			✓				✓	
	Share info on breastfeeding, therapeutic formula Rx, newborn births, diabetes, medical appts for parent and infant			✓	✓				
	Share info to enhance patient care		✓	✓	✓				
<p>A check mark denotes a linkage of at least one WIC local agency to another program or service. Details of the structure and process of the linkages vary, and no linkages are robust.</p>									

There are very few linkages between WIC local agencies and other services and organizations, signifying missed opportunities for meeting families’ needs.



WIC services are very isolated without meaningful bidirectional data sharing between programs.

Today, however, Medi-Cal inquirers face circuitous routes to finding WIC depending on where they land online. In the existing portal for Medi-Cal application, a potential WIC applicant will find information about CalFresh but not WIC. A few clicks on the CalFresh website will take the person to the California Department of Public Health WIC Mobile webpage, which describes WIC eligibility, location of WIC offices, food benefits, grocery stores, and more. The individual then needs to identify and reach out to their local agency via phone, email, or text, depending on the agency, for more information.^{41, 42}

In the absence of a pathway for a low-income family to apply to Medi-Cal and WIC simultaneously, it would be helpful for both programs to provide referrals and share information to facilitate outreach. For example, Medi-Cal programs could provide contact information for Medi-Cal enrollees to WIC so that WIC agencies could reach out to them. Yet, although WIC programs are co-located in 39 county health departments and they serve more than one-third of California's WIC recipients, only three counties—representing just 1.86%

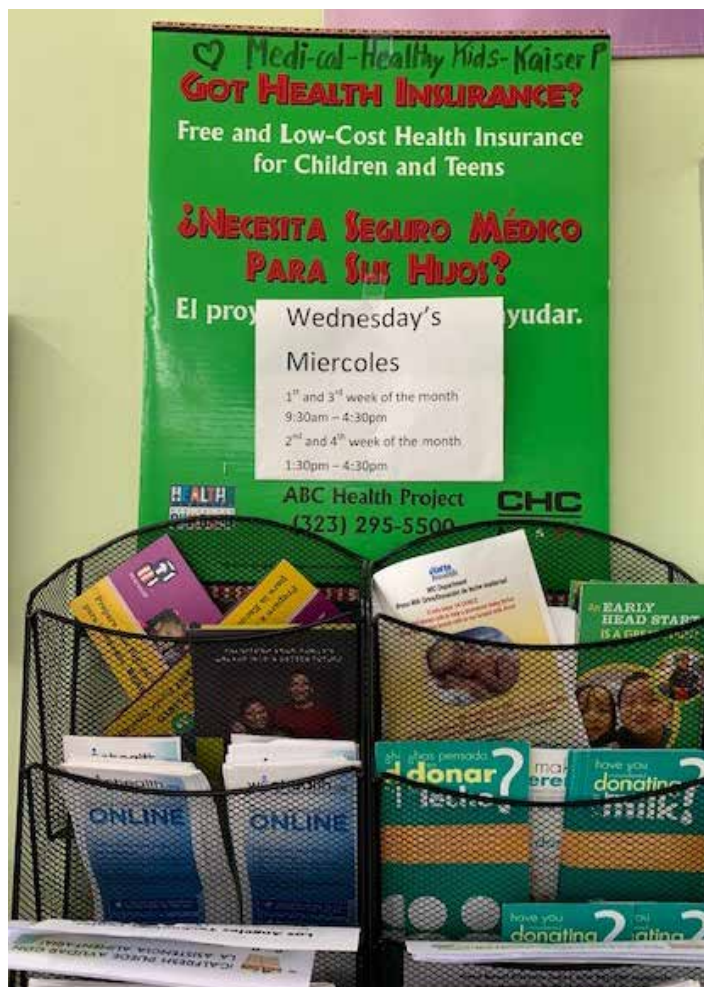
of WIC participants—share information on Medi-Cal enrollees with their local WIC agency. Even that process is cumbersome, in one case involving matching data in Excel spreadsheets shared only a few times a year. None of the three agencies measured the effectiveness of this data sharing on increasing WIC enrollment, but all agencies surveyed agreed that receiving data on Medi-Cal enrollees, including contact information and WIC enrollment status, would be useful for targeted outreach. There is one longstanding and useful program linkage where, while enrolling a WIC participant, WIC staff can electronically check the Medi-Cal Eligibility System (MEDS) to confirm Medi-Cal enrollment, thereby expediting WIC enrollment.

Despite the lack of electronic program linkages, WIC agencies regularly provide referrals to health care for participants. Regulations and funding do not allow WIC staff to assist with a Medi-Cal application, but do require WIC agencies to provide information on accessing Medi-Cal applications. All WIC local agencies surveyed display posters or flyers with phone numbers, addresses or websites for submitting a Medi-

Cal application. Thirty-four agencies also host an onsite Medi-Cal application assistor with a desk or office space to help participants apply for Medi-Cal. During the pandemic, WIC services have been remote, which has meant that in-person application assistance has not occurred, during a time when families need health care and many families became newly eligible for Medi-Cal. It is also possible there will be more remote WIC services going forward, which will also reduce the effectiveness of on-site referrals and application assistance.

COVERED CALIFORNIA:

The application portal for Covered California marketplace health plans can also direct individuals to an application for Medi-Cal health plans. The portal provides another long pathway to WIC, however.⁴³ On page 19 of the 26 application pages, individuals can check a box that brings more information about CalFresh or CalWORKS (California Work Opportunities



For many years WIC local agencies have hosted onsite application assistors for Medi-Cal and CalFresh.

and Responsibility to Kids, known nationally as TANF), but only an address, not even a hyperlink, is provided for the state WIC program website. An interested person would need to put the WIC website information into a browser, browse the CDPH WIC webpages to find phone numbers and call or send an email to local WIC agencies for information on enrollment and benefits.

HEALTH PLANS:

WIC local agencies have the fewest linkages with health plans, even though the Medi-Cal plans are required to have an MOU with the local agencies for referrals and breastfeeding support.³⁶ Health plans are currently in a re-procurement process for Medi-Cal contracts which is an opportunity to make plans accountable for making linkages to WIC, beyond referrals. Enrollment in WIC could be a performance measure for addressing social determinants of health.⁴⁴ Only three WIC local agencies, two in county health departments and one in a large FQHC, have the ability to obtain information about potential WIC participants from the health plan. Although the data do not identify ENP individuals, the WIC agencies can match health plan enrollees with WIC participants to discover where outreach is needed. One WIC agency uses information from regular meetings with the health plan to visit birthing parents at hospital bedside.

HEALTH CENTERS:

Of the WIC local agencies affiliated with a FQHC, Native American health center, county health department, or a non-profit, eighteen of the agencies make use of Electronic Health Records (EHR) to make referrals to WIC or for WIC to use the EHR to access information that streamlines WIC enrollment and visits. Some agencies can identify ENP individuals who are patients at the health center and access their contact information for outreach purposes. Some agencies also can access lab data, such as hemoglobin or hematocrit values needed for WIC participation. Other information accessed includes expected delivery dates or birth dates and clinic schedules to check for well-baby and postpartum appointments. Some WIC staff can communicate electronically with health care providers about therapeutic formula prescriptions and read and contribute to nutrition and breastfeeding counseling notes.

In two WIC agencies, one in a FQHC and another in a Native American health center, WIC staff participate

in the health care team daily huddle, exchanging information that can enhance patient care as well as outreach and care for WIC participants or ENP individuals. Some WIC agencies have referral systems with the Comprehensive Perinatal Services Program (CPSP) in their health centers. In one example, the WIC lactation consultant meets weekly to discuss patient care with the obstetric and CPSP staff. A few WIC agencies and health centers share WIC staff for CPSP and California Diabetes and Pregnancy Program (CDAPP) Sweet Success. These examples reflect health care reform's emphasis on team-based care, collaboration among community partners and improving the patient experience.

HOSPITALS:

Eleven WIC agencies—of which ten are in county health departments—have an agreement with a hospital to share contact information that can be used for outreach or to provide better care. Some receive data matched for ENP individuals; others receive referrals through the hospital and county EHR, as well as through therapeutic formula and breast pump requests. In two cases the hospital lactation consultant faxes contact information for mothers and newborns to WIC. At one hospital, mothers sign a consent form that allows crib card birth information to be sent to WIC, where it is cross-checked for WIC enrollment. At another WIC agency, a staff person visits mothers at bedside, providing infant feeding support and setting up a WIC postpartum appointment.

CALFRESH:

Several portals exist through which a person can link to a CalFresh application, in contrast to none for WIC.⁴⁵ The three WIC agencies in county health departments that receive information on Medi-Cal enrollees from their local social services office also receive information from the local CalFresh staff, either through a MOU to share information or a referral given to individuals not enrolled in WIC. As with the match for Medi-Cal and WIC, this represents only 1.86% of WIC participants. The process is not electronic, and only one agency receives an Excel spreadsheet with individual contact information from which they can identify and reach out to potential WIC participants. For the other 36 counties where WIC, Medi-Cal, and CalFresh are all managed by

the county health or social services departments, this is a significant lost opportunity.

SOCIAL SERVICES:

Thirteen local WIC agencies, nine of which are located in county health departments, have MOUs to share information with a variety of social service programs, including Head Start; a food bank with access to CalFresh information; and public health nursing, which could make referrals to WIC from several programs such as Black Infant Health and home visiting programs. In some cases, ENPs are identified and contact information supplied. In one case, referrals are made with a warm hand-off when staff from other programs accompany WIC-eligible participants to the WIC office in the same building.



With more remote services expected, onsite application assistants may be less effective.



Busy parents need streamlined program linkages

HEALTH & COMMUNITY INFORMATION EXCHANGES:

The parent organizations of 11 local WIC agencies participate in a Health Information Exchange (HIE), a database through which health care professionals can securely share a patient's medical information electronically. Many counties in California have formed HIEs to enable sharing of patient information between hospitals or specialty care providers and a patient's primary care provider. HIEs present another way for WIC agencies to access relevant participant's health information.

Eight other WIC-service agencies are planning to join an HIE. However, over half of the local agency WIC directors surveyed indicated they were not aware of HIEs, which indicates an important learning opportunity.

Community Information Exchanges: A similar number of survey responses indicated the WIC agency was not planning to participate in a community information exchange (CIE), a database that enables health and social service providers to find and link individuals to services. Of the 17 agencies that indicated a plan to join, or that are currently engaged, all identified 211 as the exchange. Of those agencies, 13 are in county health departments. A number of other CIE exchanges are also available.

ONLINE PORTALS:

When surveyed about desired features in an online statewide WIC "portal," WIC directors included an eligibility screen, collection of contact information to allow for follow up by local agency staff, an online application, and the ability to offer eligible participants the option to set up an appointment or information for walk-in services. Twenty-five WIC local agencies have developed their own webpage links or portals, but 45 agencies indicated they did not have such an online point of entry. Features of these local "portals" varied but prioritized collecting contact information, streamlining eligibility determination, and following up with participants. Most of the portals are in English, but a few are translated into Spanish or other languages or have access to a translation app or service.

Currently, persons interested in WIC can find general information, including eligibility guidelines, at the California WIC website. However, they cannot apply for benefits or enroll in the program online. They can manage their benefits using the California WIC app, but they cannot link to other health and social service programs online.

Ideally, an online public portal would link WIC agencies with other benefits programs, ensuring screening, application, and basic communication between potential participants and WIC staff. Imagine an online point of entry where someone interested in WIC could:

- Enter personal data that auto generates a yes/no eligibility recommendation.
- Complete an online application that is sent to several programs, such as Medi-Cal and CalFresh, then is keyed into several enrollment systems by different caseworkers.
- Complete an online application that starts the enrollment process for a program, e.g., data goes automatically into a core system where program staff can see it and manually or automatically generate an eligibility decision.
- Complete an online application that starts the enrollment process for a program, as above, and automatically enrolls the applicant in other programs for which the person is eligible.

Any of the above scenarios is possible, although each function and program adds layers of complexity. Also, the funding and eligibility requirements for each of these models are distinct and have their own sets of challenges. However, progress at the federal level in creating such integrated technical applications is being made with the help of U.S. General Services Agency's Technology Transformation Services.⁴⁶ This could provide a starting point for California health and social service departments.

The CalWIN application, "developed as a client-based, on-line, real-time update, automated eligibility determination, benefit calculation, and management system," recently added a place for an applicant to request a referral to WIC (see screenshot). However, only 18 of California's 58 counties currently participate in the CalWIN consortia.⁴⁷

At the least, expanding the California WIC program website's capability to include online enrollment would streamline the application process for potential participants and staff alike. Information provided by the individual would be sent electronically to a WIC local agency, conveniently located for the interested individual to receive services in-person, or via electronic tools, including texting, email, or videoconferencing.

WIC staff would follow up with the eligible participant to complete enrollment and provide WIC services. Although complex to develop and operate, a statewide online portal for WIC could integrate with WIC WISE and the CalSAWS portal to streamline eligibility screens and enrollment for health care and other programs. A true online client portal – such as those used by many Americans to conduct online banking or manage their health care plans – provides an individualized, authenticated user experience. Imagine what that would do to expand WIC participation and improve health care delivery for young families.

CONCLUSIONS

California WIC local agencies are isolated by their lack of linkages to other programs, and agencies serving the largest percent of WIC participants have the fewest linkages. Committing to establishing cross-program linkages for outreach, enrollment and care will advance benefits integration and modernize services delivery. Racial justice and effective responses to the pandemic and climate-related disasters demand these modernizations.

Acting to fulfill this commitment to WIC program linkages will promote health care reform with equitable access to social determinants of health. It will also ensure that eligible individuals and families can participate in WIC and benefit from linked health and social services. While fully automated horizontal integration is the goal, examples of less robust but useful integration should be tapped immediately. WIC must be first in line for the next phase of statewide integration into CalSAWS, after current goals underway are met. Preparing for that can happen now.

The screenshot shows the 'Collect CHDP/Social Service Request Detail' form in the CalWIN system. The form includes the following elements:

- Case Information:** Case Number (redacted), Status: Open, Status Date: 09/17/2019, Pending Alerts: 12.
- Effective Dates:** Effective Begin Date: 02/05/2020, Effective End Date: (blank).
- Navigation:** Tabs for CHDP, Social Service, and Healthy Families.
- Form Content:**
 - Question: "Do you want information about services which may be available to you or about any of the following: Discrimination, Family Problems, Other living arrangements, Alcoholism, Drug addiction, Mental/Emotional problems, Special services for Blind or Visually impaired children and adults, Childcare etc. [Y/N]:" with a dropdown menu set to "No".
 - Question: "Free or Low Cost Family planning services may be available to help plan how to prevent unplanned pregnancies and/or have the next child. Do you or any family member want this information [Y/N]:" with a dropdown menu set to "No".
 - Question: "Are you breastfeeding a child [Y/N]:" with a dropdown menu set to "No".
 - Question: "Have you given birth within the last twelve months [Y/N]:" with a dropdown menu set to "No".
 - Question: "If you are pregnant, you can get help finding a doctor, getting healthy foods, and other help. Do you want to talk to someone about this help [Y/N]:" with a dropdown menu set to "No".
 - Question: "Requested WIC Referral [Y/N]:" with a dropdown menu set to "Yes". This question is highlighted with a red box.

The WIC referral question recently added to the CalWIN electronic application is one example of better cross-program linkages.

RECOMMENDATIONS

Linking WIC with health care and social services providers will be a way to identify and reach ENP individuals and families and better serve existing clients or those who may want to re-engage. Through such a system, potential participants will be better able to learn about and take advantage of the WIC program, and their overall health care will improve. A system of horizontal integration can be advanced with attention to the following recommendations, organized by agency commitment and fiscal parameters. Some actions could be taken in the short term while others have already proven they will require more time and funding.

CDPH WIC SHOULD FOCUS ON THE FOLLOWING:

1. Collect information on existing local agreements and processes for data sharing and provide the findings and practices to all WIC agencies and linked programs, with follow-up work to include improvements, adoptions, and scaling.
2. Develop consent-to-share referral forms across all local programs with services appropriate for young families, featuring bi-directional referrals with local WIC programs.
3. Develop or create the system requirements in the WIC WISE management information system for interoperability to enable horizontal integration.
4. Develop ways to inform WIC local agency directors about information exchanges and to assist them with processes to link WIC with the exchanges.
5. Ensure WIC agencies within all types of local parent organizations, (county and city health departments, non-profit organizations, community and Native American health centers), as well as hospital systems, have equitable access to participant information and program linkages to identify and reach out to ENP individuals and families, streamline operations, and collaborate with health and social services programs.

6. Create a statewide online point of entry as a central location where:
 - a. Individuals can inquire about WIC eligibility and initiate an enrollment application.
 - b. Application information links to other data sources and directs potential participants to the appropriate local WIC agency.
 - c. Direct referrals to WIC from medical providers and social services can be made.
7. Explore development of an online client portal, linked to WIC WISE, that allows WIC participants to access personalized information and manage their benefits and WIC staff to process inquiries and benefits issuance efficiently.
8. CDPH could issue a request for information to vendors with stated end goals to learn what is possible, related costs and best practices for development of an online client portal.

CDPH WIC AND THE DEPARTMENTS OF HEALTH CARE SERVICES AND SOCIAL SERVICES SHOULD JOINTLY FOCUS ON THESE RECOMMENDATIONS:

9. Provide data matching and sharing of ENP individuals, between at least WIC, CalFresh and Medi-Cal, on a regular schedule. At a minimum, conduct outreach to ENP individuals through a program for which they are enrolled, on behalf of or in collaboration with programs for which individuals are ENP.
10. Continue to invest in implementing an expedited bi-directional pathway for eligibility and enrollment between WIC and Medi-Cal. Federal Express Lane Eligibility (ELE) authority exists to create such a pathway for WIC to Medi-Cal.^{36, 48}

11. Preparation should begin immediately to prepare to integrate WIC into CalSAWS, when the current integration commitments are completed in 2024.
12. Enable a statewide system, interoperable with WIC WISE, linking applicant information bi-directionally between Medi-Cal, CalFresh and other safety net programs. WIC enrollment forms would be prepopulated and sent to the appropriate WIC local agency for follow up. Reciprocally, relevant information in a WIC application would be automatically sent to CalSAWS to initiate a Medi-Cal, CalFresh or other safety net program application, with county staff available to assist applicants to complete the application.
13. Use the Medi-Cal re-procurement and contracting of health plans to include WIC linkages as a requirement with measurable outcomes.
14. Require Medi-Cal and Covered CA health plan member communications, such as newsletters and websites, to link to WIC information and enrollment pathways.
15. Use the recommendations and guidance in the State Health Information Guidance (SHIG) of the California Office of Health Information Integrity (CalOHII) to inform and expand disclosure and sharing of health information for referral and care.⁴⁹

COMMUNITY AND NATIVE AMERICAN HEALTH CENTERS ADMINISTERING A LOCAL WIC AGENCY SHOULD WORK TOGETHER TO:

16. Link health care providers in any health center to use EHRs as a way to identify ENPs for referral to WIC and improve care provided by both WIC and health care providers.
17. Authorize WIC staff to access the EHR to identify ENPs, collect needed clinical information, and communicate with health care staff about patient care.
18. Delivery hospitals must have effective referral processes to WIC to ensure that mothers and infants have breastfeeding and infant feeding support when they are discharged.⁵⁰

REFERENCES/RESOURCES

1. National Prevention Strategy, America's Plan for Better Health and Wellness. National Health Council, 2011. <https://www.hhs.gov/sites/default/files/disease-prevention-wellness-report.pdf>
2. Artiga S, Hinton E. Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity. Kaiser Family Foundation, May 2018. <https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>
3. Supplemental Nutrition Program for Women, Infants and Children, Benefits and Services. USDA, Food and Nutrition Services. <https://www.fns.usda.gov/wic/wic-benefits-and-services>
4. Carlson S, Neuberger Z. WIC Works: Addressing the Nutrition and Health Needs of Low-Income Families for 40 Years. March 2017. <https://www.cbpp.org/research/food-assistance/wic-works-addressing-the-nutrition-and-health-needs-of-low-income-families>
5. Survey of California local agencies on program linkages. California WIC Association, 2019. For information on accessing the survey, contact CWA: www.calwic.org.
6. Kenton W. Horizontal Integration. Investopedia, March 2019. <https://www.investopedia.com/terms/h/horizontalintegration.asp>
7. Integrated Benefits Initiative, A New Approach to a More Human-Centered Social Safety Net. A collaboration between Code for America, Center on Budget and Policy Priorities, NAVA, and Civilla, 2018. <https://www.cbpp.org/blog/integrated-benefits-initiative-new-approach-to-more-human-centered-safety-net>; <https://www.codeforamerica.org/programs/integrated-benefits>
8. Creating Effective Hospital-Community Partnerships to Build a Culture of Health. Health Research & Educational Trust, August 2016. <https://www.aha.org/aharet-guides/2016-08-04-creating-effective-hospital-community-partnerships-build-culture-health>
9. Gluck A. Symposium: The New Health Care Industry-Consolidation, Integration, Competition in the Wake of the ACA. Health Affairs Blog, February 2016. <https://www.healthaffairs.org/doi/10.1377/hblog20160224.053315/abs/>
10. ACA's No Wrong Door Policy: The Road to Horizontal Integration. Thought Leadership Series, Social Interest Solution, July 2014.
11. Definition of Interoperability. Healthcare Information and Management Systems Society, Inc., 2013. <https://www.himss.org/previous-himss-interoperability-definitions>
12. WIC and Adjunctive Eligibility Fact Sheet. National WIC Association, March 2015. <https://s3.amazonaws.com/aws.upl/nwica.org/wic-adjunctive-eligibilitya.pdf>
13. What is the difference between a website and a web portal? Quora, accessed January 2021. <https://www.quora.com/What-is-the-difference-between-a-website-and-a-web-portal>
14. Women, Infants, and Children, WIC Fiscal Year 2019-20, November Estimate, California Department of Public Health. <https://www.cdph.ca.gov/Programs/CFH/DWICSN/CDPH%20Document%20Library/ResearchandData/FY%202019-20%20WIC%20November%20Estimate%201.9.19%20DOF%20FINAL.pdf>
15. National and State-Level Estimates of WIC Eligibility and WIC Program Reach in 2017. USDA, Food and Nutrition Service. <https://www.fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2017> https://fns-prod.azureedge.net/sites/default/files/resource-files/37WIC_Monthly-4.pdf
16. Child Poverty in California. Public Policy Institute of California, July 2020. <https://www.ppic.org/publication/child-poverty-in-california/>
17. Modernizing Enrollment in California's Health Programs for Children and Pregnant Women: A Blueprint for the Future, Executive Report and Appendix. Eclipse Solutions, August 2007. <https://www.chcf.org/wp-content/uploads/2017/12/PDF-Modernizing-gEnrollmentBlueprintAppendix.pdf>
18. Jones J, Jordan J, Chan-Sawin L. Apply and Connect: Opportunities and Challenges for Horizontal Integration of Health and Human Service Programs with the Implementation of California's Health Benefit Exchange and the Affordable Care Act. Sellers Dorsey, July 2012.
19. Taylor M. Integrating Health and Human Services Eligibility and Enrollment Processes. Legislative Analyst's Office, October 2014. <https://lao.ca.gov/reports/2014/hhs/integrating-hhs-eligibility/integrating-hhs-eligibility-103014.pdf>
20. California Health and Human Services Agency Interoperability Plan. California Health and Human Services Agency, Office of Systems Integration, State Systems Interoperability and Integration Project, 2013.
21. Closing Health Insurance Gaps for Families: WIC Can Help Make It Happen, Findings from a Southern California Pilot Project. The Children's Partnership & California WIC Association, May 2003. http://www.calwic.org/wp-content/uploads/2019/12/Closing-Health-Insurance-Gaps-for-Families-WIC-Can-Make-It-Happen_May-2003-1.pdf
22. California Department of Public Health Strategic Planning 2019-2022. <https://www.cdph.ca.gov/Programs/OQPA/CDPH%20Document%20Library/Strategic%20Map%202019-2022%20Final.pdf>
23. Strategic Priorities and Guiding Principles: Person Centered, Data Driven. California Health and Human Services Agency, 2019.
24. California Statewide Automated Welfare System, CalSAWS Resources, 2020. <https://www.calsaws.org/resources/> <https://www.calsaws.org/cwda-2020-calsaws-the-journey-to-one-video/> https://www.calsaws.org/wp-content/uploads/2020/02/25_CalSAWS-PSC-Meeting-02-20-2020-Slide-Deck-FINAL.pdf
25. Statewide Automated Welfare System- California's Most Successful Automation of Human Services Programs. County Welfare Directors Association of California. <https://www.cwda.org/it-profile/statewide-automated-welfare-system-californias-most-successful-automation-human-services>
26. Statewide Automated Welfare System - California's County Managed Public Assistance Eligibility and Enrollment System. County Welfare Directors Association of California. https://www.cwda.org/sites/main/files/file-attachments/statewide_automated_welfare_system_saws.pdf?1456951919
27. The California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS). <http://www.osi.ca.gov/CalHEERS.html> and <https://www.dhcs.ca.gov/formsandpubs/laws/Documents/SPA%2013-022%20California%20Healthcare%20Eligibility,%20Enrollment%20and%20Retention%20System%20DRAFT%20ADA.pdf>

REFERENCES/RESOURCES

28. Introducing the California WIC Card. California WIC Program, California Department of Public Health. <https://www.cdph.ca.gov/Programs/CFH/DWICSN/Pages/WICCard.aspx>
29. WIC Tech: A Matter of Equity. California WIC Association, 2020. https://www.calwic.org/wp-content/uploads/2020/12/WIC_TechBrief_r4_12092020.pdf
30. TeleWIC: Keeping Up with the Times. California WIC Association, 2018. https://calwic.org/wp-content/uploads/2018/11/WIC_VideoConferencing_Brief_fnl_pages.pdf
31. Better Together: Optimizing Nutrition Access During the Earliest Years. California Food Policy Advocates, 2017. https://cfpa.net/ChildNutrition/ChildNutrition_CFPAPublications/CFPA-BetterTogether-2017.pdf
32. Bringing Social Safety Net Benefits Online: Examining Online Platforms for All 50 States. Code for America, August 2019. <https://www.codeforamerica.org/features/bringing-social-safety-net-benefits-online/>
33. Ambegaokar S, Neuberger N, Rosenbaum D. Opportunities to Streamline Enrollment Across Public Benefit Programs. Alluma and Center on Budget and Policy Priorities, November 2017. <https://www.cbpp.org/research/poverty-and-inequality/opportunities-to-streamline-enrollment-across-public-benefit>
34. Maneely J, Neuberger Z. Using Data Matching and Targeted Outreach to Enroll Families With Young Children in WIC, Lessons Learned from State Pilots. Benefits Data Trust and Center on Budget and Policy Priorities, January 2021. <https://www.cbpp.org/research/food-assistance/using-data-matching-and-targeted-outreach-to-enroll-families-with-young>
35. Dockray H, Eppes E, Machell G, Neuberger Z, Silas J. Launching New Digital Tools for WIC Participants, A Guide for WIC Agencies. A project of Social Interest Solutions, National WIC Association and Center of Budget and Policy Priorities, February 2019. <https://s3.amazonaws.com/aws.upl/nwica.org/launchinig-new-digital-tools-for-wic-participants.pdf>
36. Lane K. Maximizing Linkages: A Policymaker's Guide to Data-Sharing. Alluma, April 2019. <https://www.alluma.org/maximizing-linkages-policymakers-guide-data-sharing>
37. Data Playbook - A Department's Guide to Using Data, 3rd Edition. California Health and Human Services Agency, 2018. <https://chhsdata.github.io/dataplaybook/implement/>
38. Memorandum of Understanding and Intra-Agency Data Exchange Agreement. California Health and Human Services Agency, 2016.
39. California Health Care Almanac, Medi-Cal Facts and Figures: Critical Coverage for Low-Income Californians. California Health Care Foundation, February 2019. <https://www.chcf.org/publication/2019-medi-cal-facts-figures-crucial-coverage/#related-links-and-downloads>
40. California Health Care Almanac, Maternity Care in California: A Bundle of Data. California Health Care Foundation, November 2019. <https://www.chcf.org/publication/2019-edition-maternity-care-in-california/#related-links-and-downloads>
41. e-Benefits California Website: Your online resource for California benefits. Simplified. <http://www.benefitscal.com/>
42. Do You Qualify for Medi-Cal Benefits? California Department of Health Care Services. <https://www.dhcs.ca.gov/services/medi-cal/Pages/DoYouQualifyForMedi-Cal.aspx>
43. Covered CA Application for Health Insurance. State of California. https://www.coveredca.com/PDFs/paper-application/CA-SingleStreamApp_92MAX.pdf
44. Request for Information #20-001, Managed Care Plans. California Department of Health Care Services. https://www.dhcs.ca.gov/provgovpart/rfa_rfp/Pages/CSBmcomdmcphOME.aspx
45. CalFresh Program. California Department of Social Services. <https://www.cdss.ca.gov/calfresh>
46. 18F <https://18f.gsa.gov/> and Technology Transformation Services, U.S. General Services Administration. <https://www.gsa.gov/about-us/organization/federal-acquisition-service/technology-transformation-services>
47. The CalWIN Consortium (California Work Opportunity and Responsibility to Kids Information Network). <http://www.calwin.org>
48. Express Lane Eligibility. California Insurance Code - INS § 12694, accessed January 2021. <https://codes.findlaw.com/ca/insurance-code/ins-sect-12694.html>
49. State Health Information Guidance, <https://www.chhs.ca.gov/ohii/shig/> California Health and Human Services Agency, CalOHII, State of California Office of Health Information Integrity
50. Ten Steps & International Code: The Ten Steps to Successful Breastfeeding. Baby Friendly USA. <https://www.babyfriendlyusa.org/for-facilities/practice-guidelines/10-steps-and-international-code/>

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