



*Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary*

February 14, 2020

The Honorable Bill Ferguson  
President of the Senate  
State House, H-107  
Annapolis, MD 21401-1991

The Honorable Adrienne A. Jones  
Speaker of the House of Delegates  
State House, H-101  
Annapolis, MD 21401-1991

**Re: House Bill 506 (Chapter 478), Acts of 2019 – Maryland Special Supplemental Nutrition Program for Women, Infants, and Children**

Dear President Ferguson and Speaker Jones:

Pursuant to House Bill 506 (Chapter 478 of the Acts of 2019), the Maryland Department of Health respectfully submits this annual report detailing an overview of the Maryland Special Supplemental Nutrition Program for Women, Infants, and Children (Maryland WIC), how it is administered, and an assessment of its strengths and weaknesses moving forward.

Should you have any questions about this report or if the Department can be of any further assistance, please do not hesitate to contact me or my Deputy Secretary of Operations, Gregg Todd, at 410-767-4557 or [Gregg.todd@maryland.gov](mailto:Gregg.todd@maryland.gov).

Sincerely,

Robert R. Neall  
Secretary



# **Maryland Special Supplemental Nutrition Program for Women, Infants, and Children**

2019 Annual Report  
Chapter 478 of the Acts of 2019

**Robert R. Neall**  
Secretary of Health

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## Contents

Executive Summary .....	3
Introduction.....	3
Background – General Information about WIC.....	3
Administration of WIC Benefits.....	4
Fiscal Year 2019 Participation vs. Eligibility in Maryland WIC.....	5
Barriers to Increasing Enrollment.....	7
User Experience Survey.....	7
Survey Results .....	8
Framework for Stakeholder Discussions .....	9
Stakeholder Meetings.....	9
External Stakeholder Meeting.....	9
Strategies to Reach More Enrollees and Strengthen Benefit Use.....	10
Maryland WIC Contracting and Payment Policies.....	11
Recommended Policy Changes.....	11
Appendix A: Glossary of Acronyms.....	12
Appendix B: Maryland WIC Program Clinic Locations and Hours.....	13
Appendix C: SFY 2019 Eligible Population and Participation in Maryland WIC Program by County.....	23
Appendix D: User Experience Survey .....	24
Appendix E: FRAC Strategies and Maryland WIC Program Status .....	26
<b>Outreach</b> .....	26
<b>Partnerships</b> .....	27
<b>Clinic Experience</b> .....	29
<b>Reaching and Serving Special Populations</b> .....	31
<b>Technology</b> .....	32
<b>Retention and Recruitment of Age 1-4 Families</b> .....	34
<b>Optimize the WIC Shopping Experience</b> .....	35

## Executive Summary

This report is in response to House Bill 506, Chapter 478 of the Acts of 2019 of the Maryland General Assembly. This report presents an overview of the Maryland Special Supplemental Nutrition Program for Women, Infants, and Children (Maryland WIC), how it is administered, and an assessment of its strengths and weaknesses moving forward. In the past several years, participation in WIC has fallen nationwide. Maryland has been no exception; however, the decline in Maryland has been smaller than the nationwide decline in WIC participation.

Maryland WIC has undertaken several activities to gather information and assess barriers to increased enrollment. These efforts include a survey of current participants, meetings with the Local Agency coordinators, and a meeting with stakeholders. The results of the survey and feedback from these meetings show that while most participants are satisfied with their service, many are still experiencing difficulties redeeming their benefits in stores.

To assess its strengths and weaknesses, Maryland WIC adopted the framework laid out in the 2019 report “Making WIC Work Better: Strategies to Reach More Women and Children and Strengthen Benefits Use” by the Food Research and Action Center (FRAC).<sup>1</sup> The FRAC report organizes its recommendations into several different domains. Maryland WIC used these recommendations in the analysis included as Appendix E to this report.

Although Maryland is on the cutting edge of policy among WIC programs in the United States, there is always room for improvement. Maryland WIC has identified outreach to special populations, such as the homeless, as an area Maryland WIC can improve upon.

In 2020, Maryland WIC plans to implement customer service training, develop partnerships with other programs throughout the State, and use technology to make it easier for residents of Maryland to participate in WIC. One of the major efforts of the coming year will be to share information between Maryland WIC and other social services, such as the Supplemental Nutrition Assistance Program (SNAP) and Medicaid. Finally, Maryland WIC will focus on training staff, participants, and vendors in order to streamline benefits redemption for participants.

## Introduction

### Background – General Information about WIC

WIC is a federally-funded program that provides nutrition education, breastfeeding promotion and support, nutritious supplemental foods, and referrals to social and health services. These

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<sup>1</sup> Henchy, G. “Making WIC Work Better: Strategies to Reach More Women and Children and Strengthen Benefits Use.” *Food Research and Action Center*. May 2019. <https://www.frac.org/research/resource-library/making-wic-work-better-strategies-to-reach-more-women-and-children-and-strengthen-benefits-use>

benefits improve the health of low and moderate-income women and children with, or at risk of developing, nutrition-related health problems.

WIC's goal is to educate and assist pregnant women to achieve better birth outcomes, including longer pregnancies, which result in fewer premature births, fewer low birthweight babies, and fewer fetal and infant deaths. WIC helps to ensure normal physical growth of children and has been shown to improve cognitive development, reduce levels of anemia, improve access to regular health care and social services, improve diets and household health behaviors, reduce the risk of child abuse or neglect, and improve breastfeeding rates through support and counseling.<sup>2</sup> WIC aims to prevent children's health problems and improve their long-term health, growth, and development. WIC children arrive at school with a healthy foundation and ready to learn.

By delegation from the United States Department of Agriculture (USDA), State agencies are responsible for the effective and efficient administration of Maryland WIC in accordance with regulations set forth in 7 CFR 246. In Maryland, the WIC Program is administered through the Maryland Department of Health (MDH) Prevention and Health Promotion Administration.

### Administration of WIC Benefits

A WIC applicant must be a pregnant woman, a woman who has recently delivered or lost a pregnancy, a breastfeeding woman, or a child under five years old. WIC-eligible persons must meet income guidelines, residency requirements, and be at nutritional risk. To apply, applicants must attend a certification appointment at the WIC Local Agency clinic (clinic) most convenient to them (for example, near their home, where they work, or where they receive medical services). Potentially eligible persons apply in person at one of 87 clinics located throughout Maryland. The locations and hours for clinics are listed in Appendix B of this report.

At each certification appointment, the applicant must provide proof of residency, identity, and income. Proof of income must reflect total gross household income and be no more than 185% of the Federal Poverty Level. Applicants are considered adjunctively income-eligible for WIC if they receive Temporary Cash Assistance, SNAP, or Medicaid funded under Title XIX of the Social Security Act.

Persons who are determined eligible to receive WIC benefits receive nutrition and breastfeeding education, supplemental healthy foods, and referrals to various health and social services in the community. Maryland WIC issues food benefits by use of an electronic WIC (eWIC) benefits transfer card. Maryland WIC uses a computer system known as WIC on the Web (WOW) to

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<sup>2</sup> Center on Budget and Policy Priorities. WIC Works: Addressing the Nutrition and Health Needs of Low-income Families for 40 Years. Rev March 29, 2017. By Steven Carlson and Zoë Neuberger. 27 November 2018 <https://www.cbpp.org/research/food-assistance/wic-works-addressing-the-nutrition-and-health-needs-of-low-income-families>

track participants, certify for eligibility, and issue benefits. Participant data for this report are pulled from WOW.

WIC makes a distinction between “participation” and “enrollment.” An individual is enrolled if they have gone through the screening process and have been deemed eligible. A participant is an individual who has been issued benefits. Participants can redeem their monthly food benefits by shopping at any of the 600+ approved WIC vendors throughout the State of Maryland.

When eligibility is determined, the length of the certification period depends on the WIC participant’s category. The categories are:

- Pregnant women, who are certified for the expected duration of their pregnancy and up to the last day of the month in which the infant turns six weeks old or the pregnancy ends.
- Postpartum women, who are certified up to the last day of the sixth month after the baby is born or the pregnancy ends.
- Breastfeeding women, who are certified up to the last day of the month of the infant’s first birthday.
- Infants, who are certified up until the last day of the month of the infant’s first birthday.
- Children, who are certified up to the last day of the month one year from the date of certification, up to the age of 5.

Enrollees return to their local WIC clinic two to three times during the certification period for follow-up growth assessment, continued nutrition and breastfeeding education, and additional benefit issuance. WIC staff are also available between appointments for assistance with program-related questions, breastfeeding support, and help with linkage and referral to community resources to help meet the varying needs of WIC families.

## **Fiscal Year 2019 Participation vs. Eligibility in Maryland WIC**

Every year, Maryland WIC uses Medicaid enrollment data to estimate the number of Maryland residents in each county who are eligible for WIC. By using participation data from clinics, Maryland WIC can estimate the percentage of the eligible population who are participating in WIC, commonly called the “coverage rate.”

Table 1 shows the coverage rate of all participants in Maryland WIC in State Fiscal Year (SFY) 2019. Appendix C shows the eligible population (eligibles), number of participants, and coverage rate broken out by participant category: women, infants, and children.

**Table 1: SFY 2019 Eligible WIC Population and Participants by Jurisdiction**

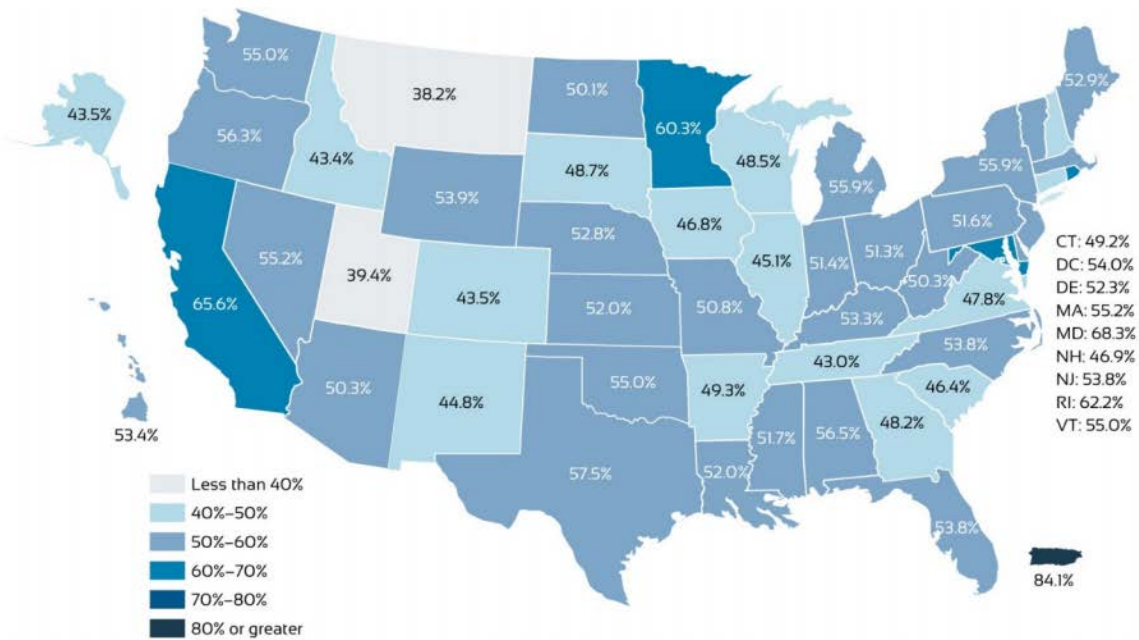
<b>Jurisdiction</b>	<b>Eligibles</b>	<b>Participants</b>	<b>Coverage Rate</b>
Allegany	3,454	2,479	71.8%
Anne Arundel	18,498	11,548	62.4%
Baltimore City	39,424	28,845	73.2%
Baltimore	38,017	25,389	66.8%
Calvert	2,199	1,299	59.1%
Caroline	2,367	1,704	72.0%
Carroll	3,704	2,244	60.6%
Cecil	4,594	2,900	63.1%
Charles	6,198	4,189	67.6%
Dorchester	1,992	1,501	75.3%
Frederick	8,131	5,641	69.4%
Garrett	1,337	1,023	76.5%
Harford	7,921	4,875	61.5%
Howard	8,057	5,471	67.9%
Kent	703	510	72.5%
Montgomery	39,390	29,723	75.5%
Prince George's	54,182	38,923	71.8%
Queen Anne's	1,334	785	58.9%
Somerset	1,356	940	69.3%
St. Mary's	3,841	2,703	70.4%
Talbot	1,437	1,023	71.2%
Washington	7,848	5,313	67.7%
Wicomico	6,688	5,089	76.1%
Worcester	1,866	1,033	55.4%
<b>Maryland</b>	<b>264,538</b>	<b>185,150</b>	<b>70.0%</b>

Maryland's WIC coverage rate has remained among the highest in the nation. Figure 1 illustrates data compiled by the USDA in 2016, the latest year for which nationwide coverage estimates are available.<sup>3</sup> In 2016, Maryland achieved a coverage rate of 68.3 percent, far higher than neighboring states Delaware (52.3 percent), Pennsylvania (51.6 percent), West Virginia (50.3 percent), and Virginia (47.8 percent). Only Puerto Rico achieved a higher coverage rate (84.1 percent) than Maryland in 2016.

<sup>3</sup> U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support. *National- and State-Level Estimates of Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Eligibles and Program Reach in 2016*, by Carole Trippe, Chrystine Tadler, Paul Johnson, Linda Gianarelli, and David Betson. Project Officer: Grant Lovellette. Alexandria, VA: February 2019. <https://www.fns.usda.gov/wic/national-and-state-level-estimates-wic-eligibility-and-wic-program-reach-2016>



**Figure 1: WIC Coverage Rates for Participants by State, Calendar Year 2016**



## Barriers to Increasing Enrollment

Prior to the passing of House Bill 506 (2019), Maryland WIC initiated a statewide survey of participants to gain insight into their experience accessing clinic services and use of benefits. The survey results are included in this report and will be used to address participant retention. In addition, Maryland WIC held meetings with Local Agency coordinators and external stakeholders to assess services and effective strategies for maximizing participation, the utilization of benefits, and the adequacy of contracting and payment policies.

### User Experience Survey

From June 1 to August 31 of 2019, Maryland WIC conducted a survey of participants in order to gain better insight into their experience with Maryland WIC. The questions asked in the survey are listed in Appendix D.

The survey was given to participants as they attended clinic appointments. Local Agencies were assigned a minimum number of surveys to collect and were instructed to ask all participants at their clinic to fill out a survey. This requirement was to ensure that an adequate and representative sample of WIC participants could be surveyed. Participants who were in clinic for their initial certification were excluded from the survey since, by definition, they had not had the

opportunity to use their benefits. In total, the survey gathered responses from 3,936 participants across the State of Maryland. The results were analyzed using Stata statistical software.

The complete dataset and Stata files are available upon request.

The User Experience Survey focused on the following areas:

- Problems when redeeming WIC benefits;
- Frequency of problems redeeming benefits;
- Use of online nutrition education and problems encountered;
- Challenges getting to WIC appointments; and
- Potential obstacles to participating in WIC in the future.

## Survey Results

The majority of participants, 66 percent, say that they have experienced no issues accessing their benefits. Of the respondents who reported issues accessing their benefits, the most common issues were being unable to find the food that they were looking for and the store employees refusing to run a WIC transaction. There were regional variations in the responses. Generally, participants residing on the Eastern Shore reported issues significantly less often than average, while participants in Western Maryland were more likely to say that they had experienced issues. Although 66 percent of participants not experiencing issues is a rather high percentage, it also means that 34 percent of participating families are struggling with redeeming their benefits. Based on the User Experience Survey, the shopping experience is an area Maryland WIC has identified for potential improvement.

When asked about online nutrition education, the majority of users reported having no problems using this new service. Unfortunately, at the time of the survey, the online nutrition education feature was relatively new and had not been in use long enough to glean valuable information from the question.

The vast majority of respondents (82 percent) stated that they have no challenges getting to appointments; however when looking at this data, it should be kept in mind that the respondents are answering the survey in clinic. Respondents are participants who have gotten to clinic despite whatever challenges they may report, and their responses are therefore skewed. There was some regional variation in these responses. In rural counties, 85 percent of respondents stated that they had no difficulty getting to clinic appointments compared to 80 percent of respondents in urban counties who said the same. This may reflect the fact that car ownership is higher in rural areas of the state.

When asked about future plans to continue participation in WIC, 91 percent of respondents stated that they intend to stay on Maryland WIC until their child is 5 years old. Administrative data show that not that many participants actually remain until age 5. The responses to this

question likely reflect genuine wishes on the part of participants. Further research is necessary to probe why participants are unable to follow through on their plans.

### Framework for Stakeholder Discussions

The previously-referenced May 2019 FRAC report highlights proven and innovative strategies to effectively reach and serve more of those who are eligible for WIC.<sup>4</sup> Although many of the recommendations from the report are already being implemented in Maryland, the report provides a useful framework for discussing additional strategies to increase WIC participation and solicit feedback from stakeholders. The FRAC Report divides its recommendations into ten domains, eight of which were used as the framework for stakeholder discussions, as these focus on operational areas that are under the control of program management. Areas Maryland WIC discussed with stakeholders include:

- Outreach and promotion;
- WIC partnerships: Communication, coordination, and referral;
- The WIC clinic experience;
- Reaching and serving special populations;
- Technology – Modernizing WIC;
- Nutrition education – A valuable asset for WIC families;
- WIC retention and recruitment of families with children 1-4 years old; and
- Optimizing the WIC shopping experience.

### Stakeholder Meetings

Maryland WIC meets with the coordinators of all 18 Local Agencies throughout the State on a monthly basis. During the July meeting, using the FRAC framework referenced above, attendees discussed participation in Maryland WIC and the barriers that participants face. During the September meeting, discussions focused on contracting and payment policies for meeting the resource needs of local health departments and private provider programs.

The coordinators made several recommendations for improving the functioning of the WIC program. These recommendations are addressed in the section titled “Recommended Policy Changes” later in this report. The topics of contracting and payment policies were brought up twice with Local Agencies, but the Local Agencies did not request policy changes in this area.

### External Stakeholder Meeting

Maryland WIC held a meeting with external stakeholders on July 23, 2019. Attendees at the meeting included representatives from:

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<sup>4</sup> Id fn 1.

- Maryland Hunger Solutions;
- Maryland Alliance for the Poor – Catholic Charities;
- Schwertz, Metz and Wise, P.A.;
- Maryland Chapter of the American Academy of Pediatrics;
- Johns Hopkins Bloomberg School of Public Health;
- The WIC Association of Maryland;
- Local Health Officers, represented by Baltimore City Health Department; and
- Maryland Department of Health, Maternal and Child Health Bureau.

Invitations were also extended to:

- MedChi, the State Medical Society; and
- Mid-Atlantic Association of Community Health Centers.

At this stakeholder meeting, representatives of Maryland WIC presented data on participation trends and solicited feedback and suggestions, following the eight domain areas of the FRAC report.

Attendees at this meeting also made recommendations for improving the WIC experience. These recommendations are addressed in this report in the section “Recommended Policy Changes.” The stakeholders were asked about areas of improvement for contracting and payment policies but were unaware of any concerns or the need for change in this area.

## **Strategies to Reach More Enrollees and Strengthen Benefit Use**

Each strategy identified in the domain areas of the FRAC Report was discussed at length with stakeholders and, in some instances, was also addressed in the User Experience Survey. Maryland WIC’s discussions with stakeholders and the survey results provided insight into whether Maryland WIC was performing the identified strategies and, if so, how stakeholders perceived Maryland WIC’s performance in the strategy area. Based on feedback from stakeholders and participants, the strategies were ranked as to whether Maryland WIC’s performance was good, fair, or poor. The full list of the domain areas, strategies, and rankings can be found in Appendix E.

In total, Maryland WIC reviewed 67 strategies with stakeholders and overall, performance was rated as good in 58 percent of the strategies discussed. The domain areas that ranked the highest were Nutrition Education and Clinic Experience. Maryland’s recent addition of online nutrition education, phone education, and the reduced requirement for in-person appointments were some of the reasons stakeholders cited for this rating. Areas that received the lowest ranking of performance included Reaching and Serving Special Populations, Partnerships, and Technology. Some of the reasons stakeholders noted for these low ratings included a lack of locally-developed partnerships with foster care agencies, grandparents, and migrant-serving

organizations. Although these populations are small, stakeholders determined that more could be done to reach these target populations.

## **Maryland WIC Contracting and Payment Policies**

The adequacy of Maryland WIC contracting and payment policies was raised at the July meetings held with Local Agency coordinators and external stakeholders. Maryland WIC solicited input from both groups to further understand this issue and address any concerns raised. Neither group offered input or suggestions for improving existing WIC policies. Both groups had the opportunity to submit follow-up comments but no additional feedback was received. This topic was raised again at the September Local Agency Coordinators' meeting, but as with previous attempts to draw out ways to improve contracting and payment policies, the group had no suggestions for change in these areas.

## **Recommended Policy Changes**

From an analysis of the survey results, the challenge for Maryland WIC moving forward is to improve the clinic experience, retain more participants, and continue outreach to diverse populations with tailored messaging. In 2020, Maryland WIC plans to:

- implement customer service training,
- develop partnerships with other programs throughout the State to increase outreach, and
- use technology to make it easier for residents of Maryland to participate in WIC by optimizing the WIC shopping experience.

One of the major efforts of the coming year will be to share information between Maryland WIC and other social services, such as the Supplemental Nutrition Assistance Program (SNAP) and Medicaid. Finally, Maryland WIC will focus on training staff, participants, and vendors in order to streamline benefits redemption for participants.

**Appendix A: Glossary of Acronyms**

eWIC	electronic WIC
FRAC	Food Research and Action Center
MDH	Maryland Department of Health
SNAP	Supplemental Nutritional Assistance Program
MD THINK	Maryland Total Human-services Integrated Network
USDA	United States Department of Agriculture
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children
WOW	WIC on the Web

## Appendix B: Maryland WIC Program Clinic Locations and Hours

### As of August 2019

<b>Local Agency</b>	<b>County</b>	<b>Clinic Address</b>	<b>Hours</b>
Allegany County WIC Program	Allegany	Allegany County Health Department 12501 Willowbrook Road, Southeast Cumberland, MD 21502	M – F 8:00 AM – 4:30 PM
		Lonaconing George’s Creek Regional Library 76 Main Street Lonaconing, MD 21539	3 <sup>rd</sup> T (each month), 1:00 – 3:30 PM  4 <sup>th</sup> M (each month), 10:30 AM – 3:15 PM
		Frostburg Judy Center 3 College Avenue Frostburg, MD 21532	1 <sup>st</sup> and 2 <sup>nd</sup> R (each month) 9:00 AM – 3:45 PM
		Westernport Library 66 Main Street Westernport, MD 21562	1 <sup>st</sup> and 4 <sup>th</sup> W (each month) 10:30 AM – 3:15 PM
Anne Arundel County WIC Program	Anne Arundel	Annapolis Health Center 3 Harry S. Truman Parkway Annapolis, MD 21401	M, T, R, F 8:00 AM – 4:30 PM  W 10:00 AM – 6:30 PM
		North County – Glen Burnie 791 Aquahart Road Glen Burnie, MD 21061	M – R 8:00 AM – 6:30 PM  F 8:00 AM – 4:30 PM
		Anne Arundel Medical Center 2001 Medical Parkway Annapolis, MD 21401	M, W, F 8:00 AM – 4:30 PM
Baltimore City Health Department WIC Program	Baltimore City	Eden Street 621 North Eden Street Baltimore, MD 21205	M – F 8:30 AM – 4:00 PM
		Garwyn Medical Center 2300 Garrison Boulevard Suite 290 Baltimore, MD 21216	M – F 8:30 AM – 4:00 PM
		Department of Social Services – Harford North 2000 North Broadway 3 <sup>rd</sup> Floor Baltimore, MD 21213	T, F 8:30 AM – 12:30 PM

Baltimore City Health Department WIC Program	Baltimore City	Department of Social Services – Reisterstown Road 5818 Reisterstown Road Baltimore, MD 21215	T 8:30 AM – 12:30 PM  W 1:00 PM – 4:00 PM
		Edmondson Village 4536 Edmondson Avenue Baltimore, MD 21229	M – F 8:30 AM – 4:00 PM
		Harford Road 5610 Harford Road Baltimore, MD 21229	M – F 8:30 AM – 4:00 PM
		Mondawmin Mall 2401 Liberty Heights Avenue Lower Level Room 1070 Baltimore, MD 21215	M – F 8:30 AM – 4:00 PM  S 9:00 AM – 1:00 PM
		Bon Secours Community Support Center 26 North Fulton Avenue Baltimore, MD 21223	M – F 8:30 AM – 4:00 PM
Baltimore City – Johns Hopkins	Baltimore City	Eastern Avenue 3732 Eastern Avenue Baltimore, MD 21224	M – F (S appointments available) 8:30 AM – 5:00 PM
		JAI Medical Center 4340 Park Heights Avenue Baltimore, MD 21215	M, T, R, F 2 <sup>nd</sup> and 4 <sup>th</sup> W (each month) 8:30 AM – 5:00 PM
		Cherry Hill 634 Cherry Hill Road Baltimore, MD 21224	M, W, R, F (S appointments available) 8:30 AM – 5:00 PM
		Park West Medical Center 3319 West Belvedere Avenue Baltimore, MD 21215	1 <sup>st</sup> and 3 <sup>rd</sup> W (each month) 8:30 AM – 5:00 PM
		Johns Hopkins Hospital 600 North Wolfe Street Baltimore, MD 21287	M – F 8:30 AM – 5:00 PM (S appointments available)
		Belair-Edison 3120 Erdman Avenue Baltimore, MD 21213	T 8:30 AM – 5:00 PM
		Adventure Dental and Vision 1253 West Pratt Street Baltimore, MD 21223	M, F 8:30 AM – 5:00 PM



Baltimore City – Johns Hopkins	Baltimore City	The Alameda Adventure Dental and Orthodontics 5632 The Alameda Baltimore, MD 21239	1 <sup>st</sup> and 3 <sup>rd</sup> T (each month) 8:30 AM – 5:00 PM
		DRUM 2100 Eutaw Place Baltimore, MD 21217	1 <sup>st</sup> and 3 <sup>rd</sup> R (each month) 9:00 AM – 5:00 PM
		Sarah’s Hope 1114 North Mount Street Baltimore, MD 21217	2 <sup>nd</sup> W (each month) 8:30 AM – 12:00 PM
		Hampden Family Center 1104 West 36 <sup>th</sup> Street Baltimore, MD 21211	2 <sup>nd</sup> R (each month) 9:00 AM – 5:00 PM
		Union Baptist 1211 Druid Hill Avenue Baltimore, MD 21217	3 <sup>rd</sup> W (each month) 8:00 AM – 3:30 PM
		Gilmor Homes 1515 Vincent Court Baltimore, MD 21217	2 <sup>nd</sup> W (each month) 1:00 PM – 4:00 PM
Baltimore County WIC Program	Baltimore	Woodlawn WIC Clinic 2622 Lord Baltimore Drive Windsor Mill, MD 21244	M, F 8:30 AM – 4:30 PM  T, W, R 8:30 AM – 6:00 PM  1 <sup>st</sup> and 3 <sup>rd</sup> S (each month) 8:30 AM – 4:30 PM
		Towson Health Center 1046 Taylor Avenue Towson, MD 21286	M, T, F 8:30 AM – 4:30 PM  R 10:30 AM – 6:30 PM  2 <sup>nd</sup> S (each month) 8:30 AM – 4:30 PM
		Essex WIC Clinic 201 Back River Neck Road Essex, MD 21221	M, W, R, F 8:30 AM – 4:30 PM  T 10:30 AM – 6:30 PM  3 <sup>rd</sup> S (each month) 8:30 AM – 4:30 PM

Baltimore County WIC Program	Baltimore	Dundalk WIC 7702 Dunmanway Dundalk, MD 21222	M, T, R, F 8:30 AM – 4:30 PM  W 10:30 AM – 6:30 PM  1st S (each month) 8:30 AM – 4:30 PM
		Lansdowne Health Center 3902 Annapolis Road Halethorpe, MD 21227	M, T, W, F 8:30 AM – 4:30 PM  R 10:30 AM – 6:30 PM  4 <sup>th</sup> S (each month) 8:30 AM – 4:30 PM
		Eastern Family Resource Center 9150 Franklin Square Drive Rosedale, MD 21237	T, W, R, F 8:30 AM – 4:30 PM  M 10:30 AM – 6:30 PM  4 <sup>th</sup> S (each month) 8:30 AM – 4:30 PM
		Chartley WIC Clinic 148 Chartley Drive Reisterstown, MD 21136	M, W, F 8:30 AM – 4:30 PM  T, R 10:30 AM – 6:30 PM  2 <sup>nd</sup> S (each month) 8:30 AM – 4:30 PM
Carroll County WIC Program	Carroll	Carroll County Health Department 290 South Center Street Westminster, MD 21157	M, T, R, F 8:30 AM – 4:30 PM  W 8:30 AM – 7:00 PM
		Carroll Hospital 200 Memorial Avenue Westminster, MD 21157	Staff communicate with hospital M – F to determine if WIC is needed.

Frederick County WIC Program	Frederick	Frederick County Health Department 350 Montevue Lane Frederick, MD 21702	M, T, R, F 8:00 AM – 5:00 PM  W 8:00 AM – 7:00 PM  One S (each month) 8:00 AM – 12:00 PM
Garrett County WIC Program	Garrett	Oakland 1025 Memorial Drive Oakland, MD 21550	M – F 8:00 AM – 5:00 PM  1 <sup>st</sup> M (each month) 8:00 AM - 6:30 PM
		Grantsville 28 Hershberger Lane Grantville, MD 21536	T 8:00 AM – 5:00 PM  (W and evening appointments available by request)
Howard County WIC Program	Howard	Howard County Health Department 8930 Stanford Boulevard Columbia, MD 21045	M – F 7:30 AM – 5:00 PM  1 <sup>st</sup> and 3 <sup>rd</sup> M (each month) 7:30 AM – 6:30 PM  One S (each month) 8:00 AM – 4:30 PM
		North Laurel Health Center 9411 Whiskey Bottom Road Laurel, MD 20723	M – F 7:30 AM – 5:00 PM
		Howard County General Hospital 5755 Cedar Lane Columbia, MD 21045	M – F (as needed)
		Multi Service Center 9900 Washington Boulevard Laurel, MD 20723	W 1:00 PM – 4:30 PM
		Old Cedar Lane Head Start 5451 Beaverkill Road Columbia, MD 21045	1 <sup>st</sup> and 3 <sup>rd</sup> M (each month) 11:00 AM – 5:00 PM
		Ellicott City Head Start 8510 High Ridge Road Ellicott City, MD 21043	2 <sup>nd</sup> and 4 <sup>th</sup> T (each month) 1:00 PM – 4:30 PM

Howard County WIC Program	Howard	Wilde Lake High School 5640 Trumpeter Road Ellicott City, MD 21043	M – F 7:30 AM – 9:00 AM (during school year)
Community Clinic, Inc. (CCI) WIC Program	Montgomery	Gaithersburg 2000 Girard Street Suite 212B Gaithersburg, MD 20877	M, W, R, F, S 8:00 AM – 4:30 PM  T 9:30 AM – 6:00 PM
		Germantown 12850 Middlebrook Road Suite 108 Germantown, MD 20874	T – F 8:00 AM – 4:30 PM  M 9:30 AM – 6:00 PM  1 <sup>st</sup> and 3 <sup>rd</sup> S (each month) 8:00 AM – 4:30 PM
		Langley/Takoma Park 1401 University Boulevard, East 3 <sup>rd</sup> Floor Hyattsville, MD 20783	M, T, R, F, S 8:00 AM – 4:30 PM  W 7:30 AM – 5:30 PM
		Wheaton 2730 University Boulevard, West, LL10 Wheaton, MD 20902	T, R, F, S 8:00 AM – 4:30 PM  M 8:00 AM – 6:00 PM  W 7:30 AM – 4:30 PM
	Prince George's	Greenbelt 7474 Greenway Center Drive Suite 350 Greenbelt, MD 20770	M – F 8:00 AM – 4:30 PM  2 <sup>nd</sup> and 4 <sup>th</sup> S (each month) 7:00 AM – 3:30 PM
Prince George's County Health Department WIC Program	Prince George's	Prince George's County WIC Program 13900 Laurel Lakes Avenue Laurel, MD 20707	M – F 8:00 AM – 4:30 PM
		Cheverly Health Center 3003 Hospital Drive, 2 <sup>nd</sup> Floor Cheverly, MD 20785	M – F 8:00 AM – 4:30 PM
Prince George's County Health	Prince George's	Hyattsville Clinic 6525 Belcrest Road, #280 Hyattsville, MD 20783	M – F 8:00 AM – 4:30 PM

Department WIC Program		Laurel Health Center 13900 Laurel Lakes Avenue Laurel, MD 20707	M – F 8:00 AM – 4:30 PM
		Central Avenue Clinic 7836 Central Avenue Landover, MD 20785	M – F 8:00 AM – 4:30 PM
		Leonard Dyer Health Center 9314 Piscataway Road Clinton, MD 20735	M – F 8:00 AM – 4:30 PM
		Andrews Air Force Base 1191 Menoher Drive Andrews Air Force Base, MD 20762	2 <sup>nd</sup> and 4 <sup>th</sup> W (each month) 8:00 AM – 4:30 PM
Greater Baden WIC Program	Prince George's	Walker Mill 1472 Addison Road South Capitol Heights, MD 20743	M – F 8:30 AM – 5:00 PM  1 <sup>st</sup> , 2 <sup>nd</sup> , and 3 <sup>rd</sup> S (each month) 8:30 AM – 12:30 PM
		Oxon Hill 6196 Oxon Hill Road Suite 445 Oxon Hill, MD 20745	M, R, F 8:30 AM – 5:00 PM  T 8:30 AM – 5:30 PM  W 10:00 AM – 6:00 PM  One S (each month) 8:30 AM – 12:30 PM
		Brandywine 7450 Albert Road, 1 <sup>st</sup> Floor Brandywine, MD 20613	M, T, R 8:30 AM – 4:30 PM  W 10:00 AM – 6:00 PM  F 8:00 AM – 4:00 PM  1 <sup>st</sup> S (each month) 9:00 AM – 1:00 PM
Washington County WIC Program	Washington	Hagerstown 947 North Burhans Boulevard Hagerstown, MD 21742	M – F 8:00 AM - 4:30 PM  3 <sup>rd</sup> W (each month) 10:15 AM – 6:45 PM

		Hancock Health Center 126 High Street Hancock, MD 21750	1 <sup>st</sup> R (each month) 8:00 AM – 4:00 PM
Harford/Cecil WIC Program	Cecil	Elkton 401 Bow Street Elkton, MD 21921	M – F 8:00 AM – 4:30 PM  4 <sup>th</sup> R (each month) 11:00 AM – 7:30 PM
		Edgewood 1321 Woodbridge Station Way Edgewood, MD 21040	M – F 8:00 AM – 4:30 PM  3 <sup>rd</sup> M (each month) 11:00 AM – 7:30 PM
	Harford	Havre de Grace 2027 Pulaski Highway Suite 107 Havre de Grace, MD 21078	M – F 8:00 AM – 4:30 PM  2 <sup>nd</sup> W (each month) 11:00 AM – 7:30 PM
		Upper Chesapeake Medical Center 500 Upper Chesapeake Drive Bel Air, MD 21014	T, R 8:00 AM – 4:30 PM
Upper Eastern Shore WIC Program	Kent	Chestertown 151 Dixon Drive Chestertown, MD 21620	M – F 7:30 AM – 4:00 PM  Twice (each month) 9:00 AM – 5:30 PM
		Centreville 206 North Commerce Street Centreville, MD 21617	M – F 8:00 AM – 4:45 PM  Once (each month) 9:30 AM – 6:00 PM
	Queen Anne’s	Grasonville 5441 Main Street Grasonville, MD 21638	W 8:15 AM – 4:45 PM  Once (each month) 9:30 AM – 6:00 PM
		Sudlersville 103 North Linden Street Sudlersville, MD 21668	1 <sup>st</sup> R (each month) 7:45 AM – 3:45 PM  3 <sup>rd</sup> R (each month) 9:00 AM – 4:00 PM

Mid-Shore WIC Program	Caroline	Caroline County Health Department 403 South Seventh Street Denton, MD 21629	M – F 8:00 AM – 4:30 PM
		Federalsburg First Church of God 101 Bloomingdale Avenue Federalsburg, MD 21632	2 <sup>nd</sup> and 4 <sup>th</sup> F (each month) 8:00 AM – 4:00 PM
	Dorchester	Dorchester County WIC Cedar Center 7 Cedar Street Cambridge, MD 21613	M – F 8:00 AM – 4:30 PM
	Talbot	Talbot County Family Support Center 215 Bay Street Easton, MD 21601	M – F 8:00 AM – 4:30 PM
Lower Shore WIC Program	Somerset	Seton Center 30632 Hampden Avenue Princess Anne, MD 21853	T, R 9:00 AM – 3:30 PM
		McCready Health 201 Hall Highway Crisfield, MD 21817	M 9:00 AM – 3:45 PM
		Somerset County Health Department 8928 Sign Post Road Somerset, MD 21871	1 <sup>st</sup> W (each month) 9:15 AM – 3:15 PM
	Wicomico	Wicomico County Health Department 801 North Salisbury Boulevard Salisbury, MD 21801	M, W, R, F 8:00 AM – 5:00 PM  T 9:00 AM - 6:00 PM
		Worcester	Berlin Head Start 130 Flowers Street Berlin, MD 21811
	Pocomoke City Health Department 400 A Walnut Street Pocomoke City, MD 21851		R 9:15 AM – 3:30 PM
Southern Maryland WIC Program	Charles	Charles County Health Department 4545 Crain Highway White Plains, MD 20695	M – F 8:00 AM – 5:00 PM
	St. Mary's	Leonardtown 21580 Peabody Street Leonardtown, MD 20650	M – F 8:00 AM – 4:30 PM

		Lexington Park 21161 Lexwood Drive Lexington Park, MD 20653	M – F 8:00 AM – 4:30 PM
Southern Maryland WIC Program	Calvert	Calvert County Health Department 975 Solomon’s Island Road Prince Frederick, MD 20678	M – F 8:00 AM – 4:30 PM
		South Calvert WIC Clinic 14090 H.G. Trueman Road Suite 1400A Solomons Island, MD 20688	F 8:00 AM – 4:30 PM



### Appendix C: SFY 2019 Eligible Population and Participation in Maryland WIC Program by County

County	Women			Infants			Children		
	Eligibles	Participants	% of Eligibles	Eligibles	Participants	% of Eligibles	Eligibles	Participants	% of Eligibles
Allegany	1,000	787	78.7%	517	446	86.3%	1,937	1,246	64.3%
Anne Arundel	4,947	3,726	75.3%	2,617	1,908	72.9%	10,934	5,914	54.1%
Baltimore City	10,595	9,044	85.4%	5,652	4,640	82.1%	23,177	15,161	65.4%
Baltimore	10,214	8,255	80.8%	5,360	4,214	78.6%	22,443	12,920	57.6%
Calvert	627	421	67.2%	317	222	70.0%	1,255	656	52.3%
Caroline	684	523	76.5%	363	295	81.3%	1,320	886	67.1%
Carroll	981	737	75.1%	527	396	75.1%	2,196	1,111	50.6%
Cecil	1,219	909	74.6%	655	509	77.7%	2,720	1,482	54.5%
Charles	1,672	1,348	80.6%	887	726	81.9%	3,639	2,115	58.1%
Dorchester	550	490	89.1%	293	238	81.2%	1,149	773	67.3%
Frederick	2,178	1,816	83.4%	1,172	903	77.0%	4,781	2,922	61.1%
Garrett	362	309	85.3%	176	139	79.0%	799	575	72.0%
Harford	2,121	1,548	73.0%	1,111	825	74.3%	4,689	2,502	53.4%
Howard	2,127	1,734	81.5%	1,130	851	75.3%	4,800	2,886	60.1%
Kent	173	156	90.0%	85	72	84.7%	445	282	63.4%
Montgomery	10,730	9,565	89.1%	5,728	4,443	77.6%	22,932	15,715	68.5%
Prince George's	14,235	12,678	89.1%	7,741	6,118	79.0%	32,206	20,127	62.5%
Queen Anne's	350	247	70.6%	183	136	74.3%	801	402	50.2%
Somerset	345	299	86.8%	174	150	86.2%	837	491	58.7%
St. Mary's	998	870	87.1%	530	438	82.6%	2,313	1,395	60.3%
Talbot	383	319	83.2%	209	166	79.4%	845	538	63.7%
Washington	2,110	1,663	78.8%	1,116	881	78.9%	4,622	2,769	59.9%
Wicomico	1,905	1,653	86.8%	957	832	86.9%	3,826	2,604	68.1%
Worcester	486	328	67.5%	249	175	70.3%	1,131	530	46.9%
<b>Maryland</b>	<b>70,992</b>	<b>59,425</b>	<b>83.7%</b>	<b>37,765</b>	<b>29,723</b>	<b>78.7%</b>	<b>155,905</b>	<b>96,002</b>	<b>61.6%</b>

## Appendix D: User Experience Survey

# Maryland WIC

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**1. Have you ever had any of the following problems when trying to use your WIC benefits? (Check all that apply)**

- Didn't know how much I had left of my benefits balance
- Couldn't find the food I was looking for
- Didn't have my eWIC card with me when I went to the store
- Couldn't remember my PIN number
- The cashier won't allow the purchase of some items
- The transaction is rejected or doesn't go through
- Had to pay a balance and I don't know why
- Other \_\_\_\_\_
- I haven't had any problems

**2. In the past 3 months, how many times have you had any of these problems?**

- 1 time
- 2 times
- 3 times
- More than 3 times
- I haven't had any problems

**3. If you are using Online Nutrition Education, have you had any of the following issues? (Check all that apply)**

- Slowness
- Not able to log in from smartphone
- Not able to log in from computer
- Videos do not play
- Can't understand the instructions
- Other \_\_\_\_\_
- I haven't had any problems or issues
- I don't use Online Nutrition Education

**4. What challenges do you have with getting to WIC appointments? (Check all that apply)**

- Hard to find transportation
- Cannot make it during normal open hours
- Have to take time off from work
- Issue with allowing my proxy to come in for me
- Other \_\_\_\_\_
- I have had no challenges getting to my appointments

**5. Do you see any obstacles to participating in WIC in the future? (Check all that apply)**

- I'm not sure I will still qualify
- I plan to stop WIC when my child enters school or Head Start
- I only need help with formula
- WIC doesn't have foods that I use
- I plan to move out of Maryland
- Other \_\_\_\_\_
- I plan to continue to participate until my child is 5 years old

## Appendix E: FRAC Strategies and Maryland WIC Program Status

### Outreach

Strategy	Maryland Status (Good/Fair/Poor rating)	Comments
Use effective outreach to make a positive, practical, and persuasive connection with eligible families.	Good	Maryland WIC contracts with a graphic designer and uses statewide branding guidelines to ensure materials are engaging to the population served by Maryland WIC.
Conduct multicultural, multilingual outreach to reach underserved diverse communities.	Fair	All materials produced by Maryland WIC are in English and Spanish, including outreach materials. Local Agencies with populations of underserved diverse communities could do more to reach potential eligibles.
WIC websites should be attractive, effectively promoting WIC and facilitating the next steps to participating in WIC.	Good	Maryland is one of few states that uses a unique URL (MDWIC.org) instead of a state URL.
WIC Local Agencies should more effectively reach out to millennial parents by conducting WIC outreach and program promotion through social media and web-based advertisements.	Fair	Maryland WIC's Facebook feed has been refocused to include more frequent posts and a "Dear WIC" column. Exploring the possibility of advertising through Facebook. CCI has been piloting Google advertisements with promising results.  Advertising through Instagram is inadvisable because it cannot be focused on Maryland.
WIC Local Agencies should use the outreach power of positive word of mouth recommendations.	Good	When applicants are asked "How did you hear about WIC?" 49 percent respond from Family/Friend. This is where positive WIC experiences help in spreading the word.
State agencies should effectively administer outreach, promotion, and	Good	In 2019 two Statewide meetings of the Outreach Committee were held. Communications are ongoing

referral activities through Local Agencies.		between the State Office and the designated outreach representative for each Local Agency.
WIC stores should play a key role in WIC outreach.	Fair	Staff are exploring options to involve the vendor community in improving participant recruitment and retention. Local Agencies and external stakeholders identified this as an area of focus that could be better utilized in both promotion of Maryland WIC as well as retention.

## **Partnerships**

<b>Strategy</b>	<b>Maryland Status (Good/Fair/Poor rating)</b>	<b>Comments</b>
Health professionals, hospitals, and clinics should refer potentially eligible patients to WIC.	Fair	Maryland WIC is creating a physician outreach toolkit for Local Agencies to give to offices. Stakeholders indicate there is also opportunity to include Community Health Outreach Workers for this purpose.
Primary care services in community health centers, migrant health centers, public health departments, and private practices should coordinate with WIC.	Good	Of the 15 Local Agencies operated by a health department, all have clinics within the health department or in very close proximity. Two Local Agencies have clinics co-located with Federally Qualified Health Centers (CCI and Greater Baden). These locations allow for greater referral and service coordination.
Hospitals should maximize opportunities to coordinate and co-locate with WIC services.	Fair	WIC services are provided in eight out of 32 birthing hospitals in Maryland.
Stakeholders should maximize opportunities created by the Affordable Care Act to increase WIC access and strengthen services.	Poor	Communication with Maryland Health Connection is an area in need of improvement.

Partner with SNAP.	Good	Referral policy requires referral of participants who are not currently enrolled in SNAP.
Partner with social services agencies (DHS).	Fair	Local Agencies have partnerships with social service agencies, but the majority of MD WIC referrals come from Friends/Family (49 percent). Other referral sources include: Previously Enrolled Participant (17 percent); Health Care Provider (11 percent); Other Health Department Program (8 percent); Social Service Agencies (5 percent); Other (10 percent).
Partner with drug abuse prevention organizations.	Fair	Local Agencies have established partnerships with substance treatment programs.
Lead State social services and health agencies should integrate WIC into the State’s public online eligibility screener and/or application tool for programs serving low-income families.	Poor	Stakeholders identified an opportunity for using MD THINK which could streamline the application process. Maryland WIC and the MDH Office of Enterprise Technology have discussed the integration of WIC once MD THINK is operational.
Partner with early childhood education organizations.	Good	Some Local Agencies are co-located with Judy Centers and Head Start. Opportunities for collaboration are ongoing.
Partner with emergency charitable food network.	Good	State Maryland WIC representatives are on the Partnership to End Childhood Hunger in Maryland. Local Agencies partner with local food banks and pantries; new policy will possibly create additional partnerships.
Partner with nutrition and obesity-prevention initiatives.	Good	Maryland WIC and Local Agencies have partnerships with University of Maryland Extension, Food Supplement Nutrition Education. Some health department Local Agencies are active members of their Local Health Improvement Coalitions, which address multiple health initiatives specific to their community.

Partner with programs and coalitions focused on reducing maternal and infant mortality.	Good	Local Agencies are involved with local fetal/infant mortality review and child fatality review committees.
Partner with local businesses, drug stores, pharmacies, and big box stores in health fairs.	Fair	Local Agency staff participate in health fairs but they are not necessarily focused on partnering with these outlets.

## **Clinic Experience**

<b>Strategy</b>	<b>Maryland Status (Good/Fair/Poor rating)</b>	<b>Comments</b>
Schedule hours of operation and appointments at WIC clinics at convenient times.	Good	Many Local Agencies currently offer evening and weekend hours, and are required to assess this area of operations at least annually to determine if change is possible and/or needed. Local Agencies cite challenges with facility rules about late hours and concerns for staff safety.
WIC Local Agencies and clinics need to minimize wait times.	Good	Most Local Agencies can provide an appointment for services the same day or, at most, within 2-3 days. Almost all Local Agencies accept walk-in applicants if staff are available to provide services.
Ensure Local Agency clinics can establish adjunctive eligibility for applicants via computer access to State Medicaid and SNAP data.	Fair	Clinic staff have access to Medical Assistance eligibility through the Eligibility Verification System (online and via phone). A multi-phase IT project is in process to incorporate this in the WIC management information systems.
WIC clinics should have the necessary technology and equipment onsite to measure height and weight and perform blood iron tests, and to enter/access client certification information via a computer.	Good	Maryland's management information system is a model system for the country. State of the art equipment is available to all Local Agencies. Non-invasive hemoglobin testing will be available in early 2020.

<p>Clients should be reminded of upcoming appointments using texts, a WIC app, e-mail, or other message options.</p>	<p>Good</p>	<p>Multiple options are currently in use: text; app notifications; phone calls by staff; auto-dialers (appointment reminder and follow-up for no shows); postcards; and WOW-generated letters.</p>
<p>WIC services should be tailored and translated to serve the increasingly diverse population.</p>	<p>Good</p>	<p>Local Agencies make use of interpreters and the Language Line as needed; many Local Agencies employ bilingual staff. Written materials for program promotion and education are available in English and Spanish. Translation services are also available for other materials as needed.</p>
<p>Programs should keep the number of required WIC in-clinic visits to a minimum.</p>	<p>Good</p>	<p>Online nutrition education was recently implemented, reducing the required number of in-person appointments from four to two per year for eligible participants. Many Local Agencies have established procedures allowing clients to submit documentation remotely.</p>
<p>Analyze and track data including caseload targets, no-shows, and redemptions. Link this data to demographic and geographic information.</p>	<p>Fair</p>	<p>No-show and redemption data is currently available. Both groups of stakeholders identified use of data as a method to better inform Local Agency decisions.</p>
<p>Engage participants in satisfaction surveys and focus groups.</p>	<p>Good</p>	<p>Local Agencies are required to survey participants annually. A Statewide WIC User Experience survey was completed in summer 2019 with 3,696 responses.</p>
<p>Establish convenient WIC locations and satellite offices.</p>	<p>Good</p>	<p>Maryland WIC has co-locations in hospitals and in Head Start clinics. One rural multi-county Local Agency is developing a mobile clinic option.</p>
<p>Implement options for assisting WIC participants with transportation.</p>	<p>Poor</p>	<p>There do not seem to be many options for WIC to do this directly. Local Agencies can assist in scheduling in-person appointments in conjunction with other qualified appointments, such as dental appointments.</p>



## **Reaching and Serving Special Populations**

<b>Strategy</b>	<b>Maryland Status (Good/Fair/Poor rating)</b>	<b>Comments</b>
Partner with agencies serving grandparents raising grandchildren and foster parents.	Fair	Local Agencies partner with foster care programs.
Clinic practices should foster inclusion of foster parents and grandparents.	Fair	Maryland WIC has identified this as an area of potential improvement. Maryland WIC will leverage formal and informal social networks in an effort to better reach foster parents and grandparents.
Conduct multicultural and multilingual outreach, promotion, and referrals.	Good	Local Agencies partner with multicultural agencies in their area (i.e., CASA, Heritage Care).
WIC services, materials, and resources should be tailored and translated to serve the language and culture of immigrant families.	Good	All program materials are available in English and Spanish. Materials can be translated to other languages upon request.
Maximize cultural food choices available in the WIC food package and in stores.	Good	Yogurt, pasta, rice, and tortillas are available to participants. These items are included by Maryland WIC in part because they are cultural food staples.
Partner with migrant health services, seasonal Head Start, and migrant-serving organizations.	Fair	There is a small migrant population in Maryland, mainly located on the Lower Shore. WIC participates in the Somerset Migrant Education Program and multi-agency meetings to serve this population.
Colleges should ensure that potentially eligible parenting students, including mothers of color, are connected to WIC to improve equity in higher education access and success.	Fair	Local Agencies are encouraged to partner with colleges and universities in their jurisdiction for potential eligible students and employees.
Target outreach to rural families with positive messages.	Fair	Maryland WIC is developing an “I’m a WIC Baby” campaign as well as outreach to the faith-based community.

Partner with homeless shelters and temporary housing facilities.	Fair	Many homeless shelters require “shared foods” which is prohibited by Federal policy. Clients can still receive support services but not food in this scenario.
Work to modify food packages for easier storage and certify grocers near shelters.	Good	Maryland WIC authorizes food items specifically for homeless populations (i.e., single serve juice, ready-to-use formula, dry milk, canned beans).

## **Technology**

<b>Strategy</b>	<b>Maryland Status (Good/Fair/Poor rating)</b>	<b>Comments</b>
Websites should include communication options and eligibility tools.	Fair	The Maryland WIC website does not have pre-screening tools. Generally the website encourages visitors to call the toll-free number rather than try to engage with the process online. There is a national website tool that screens online.
Offer online appointment scheduling.	Poor	Appointment scheduling in WIC is complex and requires staff interaction to assess what service is needed to provide the best customer service. Maryland WIC plans to explore how online scheduling can be incorporated into the website, current management information system, and app.
Offer a mobile WIC app.	Good	Maryland WIC has had an app since fall 2017 with periodic upgrades to expand or improve usefulness.
Offer the option to submit documentation electronically.	Fair	Many Local Agencies have established a dedicated e-mail account to receive documentation. Consideration is being given to add this functionality to the WIC App.
Apps and websites should be designed to be engaging and easy to navigate while not requiring high data usage.	Good	The Maryland WIC website and App are continually evaluated for needed improvements or expansions based on user feedback.
Apps and websites should be available in native languages.	Good	The website has a Google translate option. This is not ideal, but it is

		functional. The WIC App is available in English and Spanish.
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## **Nutrition Education**

<b>Strategy</b>	<b>Maryland Status (Good/Fair/Poor rating)</b>	<b>Comments</b>
Include an increased focus on limiting sugar-sweetened beverages.	Fair	Maryland WIC's education materials mention reduction of sugar-sweetened beverages, but more could be done in this area.
WIC in-person nutrition education and counseling contributes to the sense of community and increases the level of support WIC mothers feel, and should continue to be available to all WIC participants.	Good	Maryland WIC continues to provide in-person nutrition counseling. Many Local Agencies went from class sessions (20-30 participants) to individual sessions to focus specifically on meeting needs of individual households.
Offer offsite nutrition education such as online or through a mobile app.	Good	Online nutrition education started in October 2018 as an option for qualified participants. Online education can replace two of four required in-person annual visits. Online nutrition education materials are available in English and Spanish.
Offer nutrition education through phone or paper based methods for participants with limited internet access or low literacy.	Good	The option of phone education has been implemented by some Local Agencies, particularly for participants who have challenges with keeping in-person appointments.
Continue to expand and evolve breastfeeding support.	Good	Local Agencies have requested that Maryland WIC explore the use of an outside vendor for 24/7 breastfeeding support services to assist participants. Maryland WIC will also explore possibilities for telehealth to assist Local Agencies.
Create career pathways, employ paraprofessionals, and collaborate to host internships and mentorships for staff.	Good	Maryland WIC offers a dietetic internship program for RD-eligible staff and continually participates in hosting interns and providing shadowing opportunities.

Work with SNAP Education staff to deliver programming through WIC.	Good	Maryland WIC collaborates on the Farmers' Market Nutrition Program Cookbook, uses Market-to-Mealtime materials in clinic, and launches occasional one-time projects.
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## **Retention and Recruitment of Age 1-4 Families**

<b>Strategy</b>	<b>Maryland Status (Good/Fair/Poor rating)</b>	<b>Comments</b>
Maximize the value of the children's WIC food package.	Good	Maryland WIC has expanded participants' food choices by including options like yogurt and pasta. Suggestions from the stakeholder group are to include all options allowed by USDA and offer the ability to carry over unredeemed benefits from one month to the next. The option to carryover benefits is not currently allowed under federal policy but is included as a legislative priority by the National WIC Association.
Offer targeted nutrition education and counseling around key transition issues.	Good	Maryland WIC staff are trained to provide nutrition education in a way to meet the participant where they are, addressing concerns, and making needed referrals.
Adopt a one-year certification period for children rather than requiring semi-annual certification.	Good	Maryland WIC has provided one year certification periods since 2012.
Reduce the number of times parents must bring their children to appointments.	Good	Use of technology as described above has reduced the number of in-person visits for children.
Identify participants at risk of dropping out and focus special assistance and attention on them.	Fair	This is part of a current project analyzing Maryland data to address the downward trend in participation. USDA is conducting multiple research projects related to this topic.
Provide outreach targeted to families with children 1-4 years old.	Fair	Current retention strategies are focused on all participants, not on 1-4 year olds specifically. Co-location and partnering with Head Start will help target preschoolers.

## **Optimize the WIC Shopping Experience**

<b>Strategy</b>	<b>Maryland Status (Good/Fair/Poor rating)</b>	<b>Comments</b>
Offer training, tools, and materials to prepare for successful shopping.	Fair	Although this is part of the routine education process at clinics, both stakeholders and Local Agencies felt that more could be done in this area.
Offer an option to easily determine if a food is WIC eligible.	Good	Tools available to participants include: a bar code scanner in the app, a printed Authorized Foods List, and store shelf labels.
Offer a variety of options to check food benefit levels and expiration dates.	Good	Maryland WIC provides a toll-free phone number, web portal, calls to the WIC clinic, balance inquiry in stores, and an app to check benefit levels and expiration dates.
Send reminders when food benefits will soon expire.	Fair	Maryland WIC is exploring the option of a notification through the WIC App.
Make options available to report problems and request timely assistance when shopping.	Good	A customer service number is available for transaction disputes. Participants can use the WIC App to request new products. Local Agencies also field calls made directly to the clinic.
Allow WIC customers to use online ordering options offered by WIC-authorized grocery stores and vendors.	Poor	Not currently in place in Maryland; in pilot by another state. Maryland is awaiting results to determine adoption.
Increase availability of authorized WIC stores in underserved areas.	Good	Maryland's vendor authorization process is continuous and does not have limiting criteria used in other states.