ABSTRACT

The Orange County Health Care Agency (OCHCA) WIC proposes to increase the number of prenatal women enrolled in the program and to enroll eligible participants by the first trimester. Recognizing that the prenatal population live, eat, work, seek and obtain services and shop in their respective neighborhoods, OCHCA WIC proposes to use Collective Impact to conduct place based interventions by engaging the local collaborative, the medical community and the local establishments visited by prenatal women.

According to WIC MIS data from June 2016, Program enrolled 325 pregnant women of which 49.2% were in their first trimester, 34.2% were in the 2nd trimester and 16.6% were in the 3rd trimester. The number of women enrolled and in particular by the first trimester, has been on a downward trend since 2014. In 2014, Program enrolled 376 pregnant women of which 53% were in their first trimester.

Program will engage the local community collaborative, medical providers and other establishments (i.e., schools, businesses, libraries) that are visited by non-participating WIC eligible women. This will identify recommendations to eliminate barriers of participation and develop more effective marketing messages. Program intends to use the data to create applications and/or procedures that foster participation. Analysis of current WIC MIS data will define when WIC clients are enrolling for services, referral source, and if they are receiving prenatal care services at time of enrollment. This assessment will guide activities with medical providers and timing of outreach efforts. Data obtained through focus groups and key informant interviews will guide strategies, content, placement and distribution of program messaging to potential participants. In addition, the information will guide Program to identify and/or confirm preferred and effective methods of communication (i.e. text messaging, on line education). These activities will provide the guidance to develop enhancements to recruit, engage and retain prenatal participation.

A team of professional (i.e. Public Health Nurse III, Supervising Public Health Nutritionists) and para-professional (i.e. Community Health Assistant III) staff will conduct bilingual and culturally appropriate interventions such as engaging the local collaborative, networking with community medical providers and conducting outreach with the eligible participants and their families. The WIC Director and Program Supervisor will have administrative oversight of the project. Quality improvement principles will be used to assure that the qualitative and quantitative goals of this project are met.

The products and strategies will be developed in partnership with the community. Implementation through collective efforts will result in improved access to care for women in the preconception and prenatal periods. A toolkit will be created and shared with other local WIC agencies. OCHCA WIC plans to replicate these efforts at other locations, duplicating the success it aims to achieve with this project.