

Michigan Department of Community Health WIC Management Evaluation-Outreach
Clinic Name: _____ **Date:** _____ **Reviewer Name:** _____

MPR	Referrals MI-WIC Policy 6.02	Yes or N/A	If not, Action Plan needed
O	5.1a Observe that written information on Medicaid/MiChild/Healthy Michigan Plan application is readily available to WIC participants? Are other referral source materials available?		
I	5.1b Observe or ask how the local agency advises each participant, parent or caretaker of the types of health services, including availability, where they are located, how they may be obtained, and why they may be useful.		
I, O	5.1c Observe or ask how staff provide (and document) all newly enrolled clients receive listing on local resources for drug and other harmful substance abuse counseling, prevention and treatment, where they are located and how they may be obtained, and why they may be useful.		
Outreach (MI-WIC Policy 6.01)			
D	5.6a Verify that the agency annually publicly announces: <ul style="list-style-type: none"> ▪Information about WIC eligibility ▪Location of WIC Clinics and contact phone numbers ▪Institutional criteria (re: eligibility of individuals residing in group homes, shelters and other institutions) Newspaper _____ Website _____ Other: _____		
D	5.6b Does the agency target outreach toward high risk individuals such as women in early pregnancy (especially those without Medicaid), homeless people and migrant farm workers? How?		
D	5.6b Does the agency document outreach activities in the MI-WIC system or Outreach Log? (MI-WIC Policy 6.01)		
D	5.6c Does the agency distribute outreach information to organizations, agencies, and offices that provide services to significant numbers of potentially eligible persons? (Documentation in MI-WIC)		
I	5.6c Does the agency coordinate outreach efforts with other closely related programs, such as lead screening, breastfeeding support, MIHP, immunizations, family planning, DHS, substance abuse prevention and treatment? If not, suggest they do. (MI-WIC Policy 6.01)		
Facility/Staff Training			
O	2.1a Is the "... And Justice for All" poster displayed in prominent locations in the clinic? (MI-WIC Policy 1.09), [FNS 113-2 VII] (need at least 1 poster displayed)		
D	2.2a Is there documentation in the MI-WIC System (Admin/User Setup/Staff Information/training) of completion of the Civil Rights training module for new staff during orientation and review of policy for existing staff (NSP), at least annually? (MI-WIC Policy 1.09)		
Printed Materials			
	2.1b Does this Non-Discrimination Statement appear on each of the following local agency developed WIC materials? (MI-WIC Policy 1.09) The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html , or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov . Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer. (9/10/13)		
	2.1b Outreach flyers/brochures/letters/posters/WIC websites		

Michigan Department of Community Health WIC Management Evaluation-Outreach

2.1b	WIC newsletters		
2.1b	Newspapers/radio/TV/Public Service Announcements The statement “USDA is an equal opportunity provider and employer” is sufficient for newspapers, radio/TV/Public Service announcements if space is severely limited. Font must be the same size as the rest of the document. 2/25/14		
MPR	Racial/Ethnic/Discrimination Reporting	Yes or N/A	If not, Action Plan needed
2.1d	Does the agency forward all complaints of discrimination to the USDA, Director of Office of Adjudication? (MI-WIC Policy 1.09)		
2.1e	Where a significant number or proportion of the population eligible to be served needs the information in a language other than English, are reasonable steps taken to provide the information in appropriate languages?		
	Does the agency identify non-English speakers so they can be provided interpreters? Utilize the Families Count by Primary Language Report to determine the extent of client needs and if non-English speakers’ needs are being met.		
2.1e	Describe how non-English speaking participants are served in a timely manner: (MI-WIC Policy 6.01) Circle all available services: Multilingual staff Language Line Professional Interpreters Sign Language interpreter Multilingual materials Other: List staff who are multilingual or perform sign language:		
2.2a	Was Civil Rights Training completed by WIC Staff? (MI-WIC Policy 1.09) Michigan WIC Civil Rights Training (Required after December 2012) Training@mihealth.org NEW staff (required)_____ Existing Staff (required)_____ Review Staff Training Documentation (MI-WIC) Did all new and experienced staff complete the required Civil Rights training in the past year?		
	Comments:		

Michigan Department of Community Health WIC Management Evaluation-Outreach

Consultant: _____ Interview Dates: _____ Clinic: _____

Client Interviews:

Three clients must be interviewed at each clinic site being reviewed, including at least one minority or handicapped individual, if possible. Use A, B or C for responses from different clients.

Race of Interviewee (ask or check file-note all that applies): _____Black _____Hispanic
 _____American Indian/Alaskan Native _____White _____Asian or Pacific Islander _____Arabic

1. How long have you or members of your family been a WIC Client?
 - a. _____# of Months _____# Years _____don't know
 - b. _____# of Months _____# Years _____don't know
 - c. _____# of Months _____# Years _____don't know

2. When you come to the WIC Clinic, how often do you receive health and nutrition information?

_____every visit _____ every other visit _____two/three times/year _____don't know

How many times have you used wichealth.org to get nutrition information?

A _____ B _____ C _____

Did you have follow-up from WIC staff regarding any questions that you had about the lesson?

A _____ B _____ C _____

Have you found this information helpful? _____ YES _____ NO

How can this be improved?

3. Tell me which health and community programs WIC has discussed with you (MI-WIC Policy 6.02).

BF Peer Support		Family Planning		MI Child		Smoking Cessation	
Breastfeeding Support Group		Food Stamps Pantry/Bank		MIHP		Substance Abuse treatment	
CSHCS		Head Start		MOMS		Well Child	
DHS FIP/SNAP		Immunizations		Physician		NONE	
Dental		Breastfeeding Specialist		Plan FIRST		List others:	
Early On		Lead Screening		Prenatal Care			
EFNEP/FNP		Medicaid/ Healthy Kids/ Healthy Mich Plan		Project FRESH			
						Yes or NA A B C	If not, Action Plan Needed
4.	5.4c- Have you ever been given an explanation of how to use WIC benefits? (MI-WIC Policy 8.04)						
5.	5.4a- Do you understand that the purpose of the WIC Program is to provide nutrition education, nutritious supplemental foods, and appropriate community referrals to you and your family? (MI-WIC Policy 5.01)						
6.	Do you speak a language other than English at home? (if no, skip to 8)						
7.	2.1 e- Would you like WIC materials in a language other than English? (MI-WIC Policy 1.09, 5.01) If yes, what language?						
	2.1e- If yes, has the staff offered you assistance or materials in this language?						
8.	2.1d - Do you feel that race, ethnicity or citizenship affects your WIC eligibility?						
9.	1.2a- Were you given a copy of the WIC Client Agreement, including your right to appeal a decision regarding your eligibility for WIC by requesting a Fair Hearing? (MI-WIC 1.04) Best Practice-Verbal & written notice						
10.	6.5e- Has WIC staff discussed breastfeeding? (for woman/infant who has been enrolled on WIC) (MI-WIC Policy 4.01, 5.01)						

Michigan Department of Community Health WIC Management Evaluation-Outreach

	MPR	Yes or NA A B C	If not, Action Plan Needed
11.	5.4d-Were you offered the opportunity to register to vote? (if applicable) MI-WIC Policy 1.10		
12.	4.1 a-Have you had to pay for any WIC service? (MI-WIC Policy 2.01)		
	4.1 a-Was a medical referral required for enrollment with the WIC Program?		
	4.1 b-If the agency charges WIC clients for immunizations or lead testing ask: Have you been offered immunizations or lead testing in WIC and been asked to pay for it? Were you told that acceptance does not affect WIC eligibility?		

Client Interviews

11 a. Why did you come to WIC today? Can you tell me what happened while you were here?

Respondent A:

Respondent B:

Respondent C:

Note in topic identified by client in "Additional Information" or "Additional Comments" area

Client Interviews

12. Please describe any problems you have had when you used your WIC EBT card in a store.

Respondent A:

Respondent B:

Respondent C:

Note in 8.1 in "Additional Information" or "Additional Comments" area

Client Interviews

13. How do you feel you been treated in the WIC Program?

Respondent A:

Respondent B:

Respondent C:

Note in topic identified by client in "Additional Information" or "Additional Comments" area

Michigan Department of Community Health WIC Management Evaluation-Outreach

Client Interviews

14. Have you found the nutrition education and counseling you've received in WIC helpful? Can you share one thing you've learned?

Respondent A:

Respondent B:

Respondent C:

Note in 6.2 in "Additional Information" or "Additional Comments" area

Client Interviews

15. Do you find it easy to contact the agency for an appointment or with a problem?

Respondent A:

Respondent B:

Respondent C:

Note in topic identified by client in "Additional Information" or "Additional Comments" area

Client Interviews

16. What do you think could make WIC services better?

Respondent A:

Respondent B:

Respondent C:

Note in topic identified by client in "Additional Information" or "Additional Comments" area

Reviewer: Summarize problems/concerns identified in the interviews:

Summarize positive comments identified in the interviews:

Reviewer: _____ Date: _____

Consultant: _____ Date: _____