

**Michigan Dept. of Health and Human Services WIC Management Evaluation
Outreach**

Agency & Number _____ Clinic: _____

Reviewer: _____ Date: _____

		Referrals MI-WIC Policy 6.02			If No, Action Plan needed
MPR			YES	NA	
O	5.1a	Observe that information on Medicaid/MiChild/Healthy Michigan Plan is readily available to WIC participants?			
O,	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.			
Outreach (MI-WIC Policy 6.01)					
D	5.6a	Verify that the agency annually publicly announces: (MI-WIC Policy 6.01) <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? (MI-WIC Policy 6.01) How?			
D	5.6b	Does the agency document outreach activities in the MI-WIC system? (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) (MI-WIC Policy 6.01)			
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)			
Printed Materials					
I,O	2.1b	Does this Non-Discrimination Statement appear on each of the following local agency developed WIC materials? (MI-WIC Policy 1.09) In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. .Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html , and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov . This institution is an equal opportunity provider. 10/15			

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2.1b	Outreach flyers/brochures/letters/posters/WIC websites			
2.1b	WIC newsletters			
2.1b	Newspapers/radio/TV/Public Service Announcements The statement " This institution is an equal opportunity provider " 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. 10/14/2015			
Facility		Yes		If no, Action Plan needed
O	2.1a Is the new green "... And Justice for All" poster (Dated 9/19) displayed in prominent location(s) in the clinic? (MI-WIC Policy 1.09), [FNS 113-2 VII] (need at least 1 poster displayed)			
MPR	Racial/Ethnic/Discrimination Reporting	YES	NA	
I	2.1d Does the agency forward all complaints of discrimination to the USDA, Office of the Assistant Secretary for Civil Rights? (MI-WIC Policy 1.09)			
I	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?			
I,D	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.			
I	2.1e Describe how non-English speaking participants are served in a timely manner: (MI-WIC Policy 6.01) Check all available services: Multilingual staff Language Line Professional Interpreters Sign Language interpreter Multilingual materials Other: List staff who are multilingual or perform sign language:			
D, I	2.2a Was Online Civil Rights Training <u>completed</u> by all WIC Staff upon hire and annually thereafter, who have WIC client interaction and their supervisors? (MI-WIC Policy 1.09) Michigan WIC Civil Rights Training (M0500-20-21) https://courses.mihealth.org/PUBLIC/home.html Review Staff Training Documentation (MI-WIC or certificates)			

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Reviewer: _____ Interview Dates: _____ Clinic: _____

Client Interviews:

Three clients (recerts, evals, or EDU appts) 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

MPR	Client Interviews (Select Recerts, Evals or EDU appts)	Yes or NA			If No, Action Plan Needed
		A	B	C	
5.4c	2. Have you ever been given an explanation of how to use WIC benefits? (MI-WIC Policy 8.06)				
5.4a	3. 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)				
		No or NA			If Yes, Action Plan Needed
2.1e	4. Do you speak a language other than English at home? (if no, skip to 5) -Would you like WIC materials in a language other than English? (MI-WIC Policy 1.09, 5.01) If yes, what language? If yes, has the staff offered you assistance or materials in this language?				
2.1d	5. Do you feel that race, ethnicity or citizenship affects your WIC eligibility?				
4.1 a	6. Have you had to pay for any WIC service? (MI-WIC Policy 2.01) -Such as a medical referral required for enrollment in WIC? -Parking				
		Yes or NA			No
4.1 b	-If 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? (Cite if NO)				

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7. Can you tell me how your WIC appointment went? (Remote/In-person)
Respondent A:

Respondent B:

Respondent C:

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

8. What is your shopping experience for WIC Foods? (Food Guide, Expanded Food List, EBT card, WIC Connect App)
Respondent A:

Respondent B:

Respondent C:

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

9. How do you feel you have 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

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Client Interviews

10. Tell me about your experiences with the nutrition education you've received in WIC?
(Prompts: With Types of Nutrition Ed: counseling, wichealth.org, Nut Ed Mall; have you made any food or health (behavior) changes as a result?)
Respondent A:

Respondent B:

Respondent C:

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

11. Have you had to contact the WIC office for an appointment or with a problem?
And if so, what was your experience?
Respondent A:

Respondent B:

Respondent C:

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

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Client Interviews

12. What suggestions do you have that could make WIC services better (or any other concerns)?

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 during Exit Conference and include in citations, if indicated:

Summarize positive comments identified in the interviews, include quotes in report:

Reviewer: _____ Date: _____

Consultant: _____ Date: _____