

# A Local Agency's Response to Serve the Public During a Pandemic

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## EXECUTIVE SUMMARY

The COVID-19 pandemic has had significant effects on families using the Women, Infant, and Children (WIC) program and on the staff working to serve this population. California Department of Public Health WIC Division (CDPH/WIC) quickly provided policy waivers to local agencies allowing for uninterrupted service to this vulnerable population during the pandemic. Additionally, Solano County

WIC leadership responded to staff and union feedback to change clinic procedures to keep clients and staff safe. Solano County Executive leadership approved teleworking agreements allowing staff to serve WIC clients from the safety of their homes. These combined efforts resulted in improved client access to services and benefits, as indicated by increased caseloads and improved staff morale.

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## Introduction

One of the first instances of notable media coverage on the novel coronavirus came from National Public Radio on January 29, 2020. The segment reported that the coronavirus transferred from animals to humans and referenced “wet markets” present in Wuhan, China.<sup>1</sup> On February 5th, Wuhan evacuation flights landed at Travis Air Force Base<sup>2</sup> located in Solano County. Solano Public Health, working with the Centers for Disease Control (CDC), immediately responded with urgency to quarantine evacuees and learn about the coronavirus. The World Health Organization (WHO) announced the name of this new disease on February 11, 2020 as “COVID-19.”<sup>3</sup> According to local reports, “on February 26, 2020, the first community-acquired COVID-19 case was confirmed in a patient hospitalized in Solano County.”<sup>4</sup> By mid-March, COVID-19 cases were increasing across the United States. Directives from the California Department of Public Health (CDPH) were to alter in-person services. On

March 19, 2020, Governor Gavin Newsom (CA-D) issued a shelter-in-place order<sup>5</sup> that dramatically affected a myriad of public services. The COVID-19 pandemic immediately resulted in increased unemployment and decreased grocery store food stocks. People who rely on nutrition assistance programs were significantly impacted due to their already restrictive benefits on top of the new challenges of shopping with a limited supply of goods. One service impacted in this manner was the Solano County Women, Infant, and Children (WIC) Supplemental Nutrition Program.

Solano County is one of the most diverse counties in the United States.<sup>6</sup> Along with that impressive status comes well-documented health inequities. Those inequities include “access to healthy foods, places to safely get outside and be active, access to primary care providers, and adequate housing.”<sup>7</sup> Solano County families accessing the WIC program are vulnerable under normal circumstances, and the pandemic has made access to health programs even more challenging. WIC must take deliberate actions to enhance benefit availability for the public. An important response for local agency (LA) WIC leadership has been to ensure services are provided with empathy, trauma-informed approaches,<sup>8</sup>

1. Jason Beaubien, January 29, 2020, Why Wet Markets Are The Perfect Place To Spread Disease, National Public Radio, <https://www.npr.org/2020/01/29/800725826/why-wet-markets-are-the-perfect-place-to-spread-disease>

2. Brian Hickey, February 5, 2020, Wuhan evacuation flights land at Travis Air Force Base KCRA3, <https://www.kcra.com/article/evacuees-fleeing-coronavirus-travis-air-force-base-california/30777303#>

3. WHO website, Why do the virus and the disease have different names? [https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-\(covid-2019\)-and-the-virus-that-causes-it](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-(covid-2019)-and-the-virus-that-causes-it)

4. Amy Heinzerling, MD, Matthew J. Stuckey, PhD, Tara Scheuer, MPH, Kerui Xu, PhD, Kiran M. Perkins, MD, Heather Resseger, MSN, Shelley Magil, MD PhD, Jennifer Verani, MD, Seema Jain, MD, Meileen Acosta, MPH, Erin Epton, MD, April 17, 2020, Transmission of COVID-19 to Health Care Personnel During Exposures to a Hospitalized Patient—Solano County, CA February 2020, CDC website, <https://www.cdc.gov/mmwr/volumes/69/wr/mm6915e5.htm>

5. Executive Department State of California, March 19, 2020, Executive Order N-33-20, <https://www.gov.ca.gov/wp-content/uploads/2020/03/3.19.20-attested-E0-N-33-20-COVID-19-HEALTH-ORDER.pdf>

6. Solano County Public Health website, Solano County Is In this Together—What you should know about COVID-19 and Equity, <https://doitgis.maps.arcgis.com/apps/MapSeries/index.html?appid=70b9e0b9c57c49c8aceee642d61237b1>

7. Ibid.

8. Ken Epstein, June 25, 2020, Trauma Informed Systems in The Time of Dual Pandemics, BASSC Executive Development program UC Berkeley Cooperative Extension, from presentation slides

and equitable procedures. WIC's response to the COVID-19 pandemic using CDPH/WIC Division waivers, seeking input from staff and unions, and managing telework agreements was trauma-informed and inclusive for the residents of Solano.

### **CDPH/WIC Waivers**

The WIC Program faced immediate concerns regarding how to provide services in this new COVID-19 environment. First, CDPH/WIC required WIC LAs to perform in-person appointments. Second, CDPH/WIC shopping choices for purchasing WIC authorized foods are restrictive, resulting in an inability for clients to purchase food as grocery store supplies dwindled. Thirdly, WIC needed to create a safe work flow for clients and staff by being open to input from staff. All these considerations have resulted in significant changes in how WIC serves the public.

Historically, CDPH/WIC policy has required a "presence at certification" requirement. This policy means that anyone applying to the WIC program for benefits is required to attend the WIC enrollment appointment in-person. There are a few existing exceptions to this policy: 1) infants under the age of 8 weeks; 2) documented medical condition and/or disability; and 3) working parents where an individual could not be present due to the parents' work schedule. Anyone else who does not fit the above criteria is required to be physically seen in a WIC office to enroll and in follow-up certification appointments occurring every 12 months. For years, those of us in WIC LA leadership have asked to change this policy because it is too restrictive but have been told the policy is required to prevent fraud.

On March 13, 2020, CDPH/WIC published temporary policy exemptions because of COVID-19. One of these exemptions was the requirement for physical presence at certification. This waiver allowed WIC staff to serve applicants via recertifications over the phone, since staff were not required to physically see the client. This change in policy resulted in most clients not having to go to the WIC office.

However, a WIC client, despite not having to venture to a WIC clinic, still needs to visit the grocery store. Clients reported in early March that they noticed a shortage of baby formula. Some quick phone calls to local WIC-authorized vendors revealed that some of the larger grocery chains were affected by hoarding. The WIC program put out an announcement on the Solano County Public Health Facebook page to encourage WIC clients to ask the grocery store customer service desk for help if the WIC-authorized food could not be found on the store shelves. Additionally, WIC staff routinely checked in with local grocery stores to inquire about stock. This information was provided to WIC line staff to respond to a WIC client who was having trouble using WIC benefits. Another problem was that stocked food was an incorrect size to purchase with WIC benefits. Typically, WIC clients must select gallon sized jugs of cow's milk. CDPH/WIC provided waivers to grocers to be reimbursed for "off"-sized food containers, so now WIC clients can choose quart or 1/3-gallon sized containers. Additionally, CDPH/WIC broadened the available food choices for WIC service users. Using milk as an example, the client could choose cow or goat milk. This change proved extremely helpful for clients shopping in an environment where many shelves lacked adequate stock.

The third area of important adjustment has been the clinic flow. A typical pre-COVID-19 flow for a client at a WIC clinic was straightforward. The client would complete administrative work at the front desk, proceed to a cubicle to meet with a nutrition counselor or go to a classroom for a group session, and leave the WIC office with benefits loaded onto their WIC card. With COVID-19 there are limitations on the above process. First, the client service at the front desk became slow due to not allowing for social distancing. Second, WIC clients are required to participate in a documented nutrition education contact (NEC). The traditional NEC would occur in a classroom. However, social distancing in the classroom was not feasible, especially with the high numbers of clients requiring a NEC. Third, when

seeing a WIC nutrition counselor, it was necessary to conduct height, weight, and Pronto checks (a quick lab test to rule out anemia). All these procedures were required by CDPH/WIC but did not allow for appropriate social distancing.

WIC leadership responded to challenges in clinic flow using a myriad of tools. First, because the program received the certification waiver, staff had far less client traffic in the clinic. On a typical pre-COVID WIC clinic day, the staff could see up to 60 clients a day. With the waivers and shelter at home order, the WIC clinic has now been seeing 2–4 clients a day. The clinic has been provided with sneeze guards, tape to mark standing space, and barriers to ensure social distancing. Secondly, CDPH/WIC has provided waivers for height, weight, and hemoglobin checks. Before COVID-19, WIC was required to perform (or at least attempt) these procedures in the clinic if the client did not bring current and documented information. This new waiver allows the client to submit documentation from their health provider through email. If the client does not possess current height/weight/hemoglobin information, WIC staff can document the missing information and still issue benefits. Thirdly, since holding a WIC class is no longer feasible, other options not often considered have been used. These options involve creating individual class phone scripts and a new online education policy where staff are required to talk about the availability of online classes. CDPH/WIC also provided a waiver stating the priority right now is to provide benefits to clients and not to require the NEC. LA WIC staff enjoy providing the NEC, so they have appreciated using phone scripts or offering online education.

### **Staff and Union Input**

Day-to-day operations for WIC staff are prescribed. Policies from CDPH/WIC explicitly dictate what is required and what the staff need to do. Staff learn these policies early in their careers rarely must put forth the effort to learn new policies. Additionally, client flow into the clinic is controlled with a scheduling system built into the WIC Web Information

System Exchange (WIC WISE). Staff can rely on a consistent scripted workday with written policies and procedures they can refer to for almost any scenario. Working in the COVID-19 environment, WIC staff could no longer predict what their work day would be like. Information changed daily. One day masks were not required to prevent the spread of COVID-19, and the next day masks were mandated to prevent the spread. This ever-changing environment stressed the staff, causing them to feel as if every day at work was a risk to their and their families' health. Staff and union stewards shared this concern to ensure the work place was as safe as possible. WIC LA leadership was open to feedback from staff and union stewards. The most notable adaptation has been changing WIC's "open" clinic to a quasi-"closed" clinic. The clinic staff can still serve the occasional walk-in client for a WIC card or a breast pump. The client can be served at the front desk but will never enter the staff cubicle areas. This alteration has proved to be a win-win. Clients can go to the WIC clinic for help if needed, staff feel safe since most clients were served over the phone, and management is pleased that clients retain the option to walk into the clinic.

### **Telework**

Even with the CDPH/WIC waivers allowing most clients to be served over the phone and via clinics with a quasi-closed status, staff have continued to express concerns for their own safety in the workplace. Space planning at the WIC clinics originally put staff closely together because WIC's budget did not allow for a lot of open space. The staff break room did not allow for social distancing, and walking from the parking lot to the office involved shared hallways and elevators. Recognizing these limitations for social distancing and for staff who have children at home because schools are closed, the Health and Social Services Department allowed for a liberal use of existing telework policy. Staff were quickly issued telecommuting computers, allowing staff to feel safer instantaneously. Changes with work procedures subsequently have not seemed as polarizing,

resulting in staff being overall more receptive to new processes. Also, staff have been serving the highest percentage of caseload in years, reaching 97% of assigned caseloads. This statistic was not surprising, since research conducted on teleworking has shown an increase in staff productivity.<sup>9</sup>

## Conclusion

The onset of the COVID-19 pandemic had significant effects on people using the Women, Infant, and Children (WIC) program and staff working to serve this population. CDPH/WIC quickly provided policy waivers to local WIC agencies allowing for uninterrupted services for this vulnerable population. Additionally, Solano County WIC leadership responded to staff and union feedback to change

clinic procedures to keep clients and staff safe. Solano County executive leadership approved teleworking agreements allowing staff to serve WIC clients from the safety of their homes. The overall result has been improved client access to benefits, indicated by an increased caseload and improved staff morale.

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9. Telework, Sarah, July 23, 2020, Remote Work: Synthesis of the Research, BASSC Executive Development program UC Berkeley Cooperative Extension, from presentation slides