



WIC Nutrition Education Needs Assessment (NENA) Technical Assistance Tool

March 2026



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Section I. Overview and Introduction

Introduction

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Nutrition Education Needs Assessment (NENA) tool is a practical document designed to assist WIC agencies in conducting a holistic assessment of their service area for program service planning. The emphasis is on collecting and reviewing data and identifying priorities for nutrition education, breastfeeding promotion and support, caseload management, outreach activities, and program evaluation and reporting. This needs assessment tool guides local WIC staff through the WIC NENA process (Figure 1, below) and assists in the application of assessment findings to program goals and local operations.

Figure 1. Steps in the WIC Nutrition Education Needs Assessment Process



Background and Purpose of the Needs Assessment Process

Background

WIC is a premier public health program designed to help assure positive birth outcomes, normal child growth, increase immunization rates, and improve access to health care and

social services in the community. The Iowa WIC Program strives to eliminate barriers and improve consistency in health outcomes across groups by providing nutritious food, nutrition and health education, breastfeeding promotion and support, and referrals to other health, welfare, and social services for eligible individuals.

Local WIC agencies are committed to reach and serve potentially eligible participants. Sensitivity to and awareness of WIC participant satisfaction is a critical factor in participant retention. Identifying potential participants who may be eligible and who face greater challenges related to nutrition and health, and understanding the health patterns, risks, interests, and needs within this group, can help guide the types of screenings, referrals, and support that are provided.

Purpose

The purpose of this tool is to assist with the identification and analyses of several data sets describing the health status and nutrition education needs of WIC participants. This tool offers several considerations to leverage existing data, plan new data collection activities, and suggestions for applying the data for program planning. The series of worksheets included in this tool will help you systematically collect key program data elements and participant and population health and behavior indicators, and then guide you through a process to assess and apply the findings to:

1. Determine communities most in need of services and their priorities.
2. Inform locally relevant program planning based on participant feedback.
3. Support local agency monitoring and evaluation of nutrition-related problems and high-risk groups within the WIC participant population and community and the effectiveness of WIC services currently provided.

Staff Involvement

WIC coordinators are encouraged to involve all WIC staff in their agency's nutrition education needs assessment. Each section can be printed or shared separately among staff members to accommodate this. Worksheets are also available in Microsoft Word version, from the State Office upon request, for digital sharing with your staff for the gathering of data and completing of the tables.

Components of this Tool

This tool is divided into five sections:

Section I: Overview and Introduction provides the background, purpose, and overview of the NENA tool.

Section II: Nutrition Services discusses collecting information about the current state of your agency's program and allows for comparisons to state averages. Data

system reports such as the Participation with Benefits, Enrollment, and Appointment Summary Reports are reviewed.

Section III: Nutrition and Health Indicators offers guidance to identify indicators and collect data that relate directly to WIC program services, including nutrition risk information and census community-level data (e.g., poverty, food insecurity) to help give context for the overall community. Incorporating local planning processes such as the county Community Health Improvement Plans (CHIP) and Community Health Assessments (CHA) as well as making meaningful comparisons to state (Healthy Iowans) and national (Healthy People 2030) benchmarks indicators are also discussed.

Section IV: Gaining Participant Feedback describes ways to obtain participant feedback using assessment surveys and other evaluation tools.

Section V: Action Planning contains information for putting it all together and applying the data collected to develop action plans for WIC program services. Integrating monitoring and evaluating steps into the plan is also discussed to ensure data collection systems are in place and progress can be measured and program modifications made if necessary.

Each section contains data sources, reports, and assessment tools that can be used to inform the NENA process and includes descriptions of these resources and suggestions for analysis and interpretation. When worksheets are presented, a completed sample worksheet is provided as an example to assist agencies in completing the worksheets for their service area.

The Planning Process Steps and the WIC NENA Tool

The planning process shown in Figure 1, above, is sequential and cyclical, incorporating findings into future program refinements, and providing baseline data points for analyzing trends over time. The box below, details the locations of the planning steps in the NENA tool. The first two steps of the planning process are covered in Sections II, III, and IV, and the last three steps are covered in Section V.

Where are the Planning Process Steps in the NENA Tool?

- **Collect and Analyze Data** – Sections II, III, and IV
- **Prioritize Community Priorities** – Sections II, III, and IV
- **Plan Program Implementation Strategies** – Section V
- **Evaluate Progress** – Section V
- **Refine and Reflect** – Section V

Section II. Nutrition Services

Purpose

The Nutrition Services section is designed to assist local agencies in assessing their current processes for providing nutrition services. Agencies will run three Focus data system reports, review the *Iowa WIC Estimated Eligible Population Agency Profile* for the counties served by the agency, and then answer questions to analyze the information and apply the findings in action plan development. Agencies can use state-level data included in the reports as a reference point for comparison to assess whether agencies and clinics are operating at, better than, or below the state average as a whole. This information will be helpful to consider when writing action plans to enhance how WIC services are provided.

Data System Reports

There are three data systems reports that will be used to answer the questions and assess your agency's operations in the Nutrition Services section:

1. *Participation with Benefits Report*
2. *Enrollment Report*
3. *Appointment Summary Report*

Other Reports

The *Iowa WIC Estimated Eligible Population Agency Profile* for the counties served by your agency will also be used.

Directions

Step 1: Gather Your Data

Run each of the three data systems reports for the dates listed in each report section below. Gather the *Iowa WIC Estimated Eligible Population Agency Profile* for all counties served by your agency. Use the reports and profiles to answer the questions and assess your agency's operations and to determine if service changes are needed as you develop your action plans.

Participation with Benefits Report

Run the *Participation with Benefits Report* for two time periods: (1) the month of January for the current year; and (2) the month of January for the previous year.

What is the Participation with Benefits Report?

This report shows number of WIC participants by category who had an "active" WIC status AND received WIC food benefits that month.

Definitions of variables in this report:

- **Participant Categories:** Pregnant, Fully Breastfeeding (Fully BF), Partially Breastfeeding with Food Benefits (Part BF with FB), Partially Breastfeeding with No Food Benefits (Part BF No FB), Not Breastfeeding (Not BF), Total Women, Exclusive Breastfed Infant (Excl BF), Exclusive Breast/Comp-fed infant (Excl BF/Comp), Not Exclusive Breastfed Infant (Not Excl BF), Formula-fed Infant (Formula), Total Infants, Child, Special Child, Total Child
- **Grand Total:** All participants with a WIC status of “active” who received WIC food benefits
- **Enrolled:** All participants with a WIC status of “active”
- **% of Enrolled with Benefits:** All participants with a WIC status of “active” who received benefits, divided by all enrolled, multiplied by 100

Participation with Benefits Report: State Totals

January 2025

Pregnant	Fully BF	Part BF with FB	Part BF No FB	Not BF	Total Women	Excl BF	Excl BF/Comp	Not Excl BF	Formula	Total Infants	Child	Special Child	Total Child	Grand Total	Enrolled	% of Enrolled with Benefits
4,514	2,409	1,910	277	3,950	13,060	1,258	1,231	2,920	8,990	14,399	33,879	1,010	34,889	62,348	67,522	92.34%

January 2026

Pregnant	Fully BF	Part BF with FB	Part BF No FB	Not BF	Total Women	Excl BF	Excl BF/Comp	Not Excl BF	Formula	Total Infants	Child	Special Child	Total Child	Grand Total	Enrolled	% of Enrolled with Benefits
4,131	1,990	1,624	286	3,671	11,702	977	1,341	3,028	8,509	13,855	34,311	978	35,289	60,846	67,158	90.60%

Step 2: Interpret Your Participation Data

After running and reviewing your agency's *Participation with Benefits Report*, and reviewing the State Totals, answer the following questions:

1. What is your percent of enrolled with benefits for the agency for both periods? How do these compare to the state percentages?
2. Has the percentage of enrolled with benefits stayed the same, increased, or decreased over the year?
3. What activities could your staff be doing to close the gap between enrollment and participation?
4. Are there any clinic participation rates that stand out to you?
5. Are there any participant categories where participation could be improved?
6. Does anything about these data surprise you?
7. What activities are clinic staff engaging in to enhance participation rates (e.g., on-site sign-up at community fairs, coordinating with health centers and medical providers, using outreach toolkit to place advertisements on billboards or at movie theatres)?
8. What support do you need from state WIC staff to support your efforts to enhance participation rates?

Enrollment Report

Run the Enrollment Report for two time periods: (1) the month of January for the current year; and (2) the month of January for the previous year.

What is the Enrollment Report?

This report provides number of enrollees by category for all active participants by local agency and clinic. To learn what participant category makes up what percentage of your total enrollees you need to divide that participant category enrollee number by your grand total of enrollees.

Definitions of variables in this report:

- Participant Categories: Pregnant, Breastfeeding, Not Breastfeeding, Total Women, Exclusive Breastfed Infant (Excl Breastfeeding), Exclusive Breast/Comp-fed infant (Excl BF/Comp), Not Exclusive Breastfed Infant (Not Excl Breastfeeding), Formula-fed Infant (Formula), Total Infants, Child, Special Child, Total Child
- Grand Total: Number of total enrollees

Enrollment Report: State Totals

January 2025

Pregnant	Breast-feeding	Not Breast-feeding	Total Women	Excl BF	Excl BF/Comp	Not Excl Breast-feeding	Formula	Total Infants	Child	Special Child	Total Child	Grand Total
4,727	5,931	4,017	14,675	1,769	1,265	3,067	9,360	15,461	36,338	1,048	37,386	67,522

January 2026

Pregnant	Breast-feeding	Not Breast-feeding	Total Women	Excl BF	Excl BF/Comp	Not Excl Breast-feeding	Formula	Total Infants	Child	Special Child	Total Child	Grand Total
4,323	6,165	3,739	14,227	1,767	1,399	3,160	8,792	15,118	36,778	1,035	37,813	67,158

Step 3: Interpret Your Enrollment Data

After running and reviewing your agency's *Enrollment Report*, the *Enrollment Report State Totals* and the *Iowa WIC Estimated Eligible Population Agency Profile* for the counties served by your agencies, use these reports to answer the questions below:

1. Have the numbers enrolled stayed the same, increased, or decreased over the year?
2. How do these compare to the state trends?
3. Are there any clinic enrollment rates that stand out to you?
4. Looking at the estimated eligible population by county, what percentage of people eligible for WIC are participating in the counties served by your agency?
5. What percentage of people eligible for WIC are not participating in the counties served by your agency?
6. Are there any participant categories where participation could be improved?
7. Which populations have the lowest participation rates?
8. Which populations have the greatest potential reach?
9. Are there community partners in these counties you could partner with to reach eligible WIC participants?

Appointment Summary Report

Run the *Appointment Summary Report* for two time periods: (1) the month of January of the current year; and (2) the month of January for the previous year.

What is the Appointment Summary Report?

This report shows a trend analysis of appointment types over time.

Definitions of variables in this report:

- Appointment Type Categories: Breastfeeding Health Update (Breastfeeding HU), Certification, Child Health Update (Child HU), Follow Up, Health Update, Infant Health Update (Infant HU), Nutrition Education by Phone (NE Phone), No Appointment Reminder, Nutrition Education, Other, Recertification, WICHealth.org Follow-up (WICHealth.org f/up)

Appointment Summary Report

January 1, 2025 to January 1, 2025¹

Appt Type	# Kept	% Kept	# No Shows	% No Shows	# Cancelled	% Cancelled	# Rescheduled	% Rescheduled	Total Appts
	23,772	56.90%	5,111	12.23%	1,839	4.40%	11,055	26.46%	41,777
Breastfeeding HU	449	54.16%	100	12.06%	40	4.83%	240	28.95%	829
Certification	4,100	57.56%	888	12.47%	389	5.46%	1,746	24.51%	7,123
Child HU	2,734	46.86%	872	14.95%	263	4.51%	1,965	33.68%	5,834
Follow Up	333	69.67%	18	3.77%	12	2.51%	115	24.06%	478
Health update	192	62.14%	33	10.68%	16	5.18%	68	22.01%	309
Infant HU	1,767	54.89%	404	12.55%	133	4.13%	915	28.42%	3,219
NE Phone	5,053	65.60%	887	11.51%	244	3.17%	1,519	19.72%	7,703
No Appointment Reminder	2,739	62.49%	327	7.46%	302	6.89%	1,015	23.16%	4,383
Nutrition Ed	1,537	48.98%	440	14.02%	124	3.95%	1,037	33.05%	3,138
Other	396	76.30%	30	5.78%	23	4.43%	70	13.49%	519
Recertification	2,715	46.47%	807	13.81%	253	4.33%	2,067	35.38%	5,842
WICHealth.org f/up	1,757	73.21%	305	12.71%	40	1.67%	298	12.42%	2,400

¹ Minor differences may be noted in this Appointment Summary State Totals Report compared to a report pulled from your agency's management information system, due to potential changes that local agency staff may have made to appointment statuses since this data was collected.

January 1, 2026 to January 1, 2026^{2,3}

Appt Type	# Kept	% Kept	# No Shows	% No Shows	# Cancelled	% Cancelled	# Rescheduled	% Rescheduled	Total Appts
	22,891	59.97%	4,151	10.87%	2,183	5.72%	8,947	23.44%	38,172
Breastfeeding HU	379	49.54%	61	7.97%	42	5.49%	283	36.99%	765
Certification	3,724	59.78%	731	11.74%	394	6.33%	1,380	22.15%	6,229
Child HU	2,303	45.16%	685	13.43%	342	6.71%	1,770	34.71%	5,100
Follow Up	380	69.22%	25	4.55%	19	3.46%	125	22.77%	549
Health update									
Infant HU	1,274	51.41%	232	9.36%	139	5.61%	833	33.62%	2,478
NE Phone									
No Appointment Reminder	2,542	68.65%	319	8.61%	297	8.02%	545	14.72%	3,703
Nutrition Ed	1,479	52.67%	293	10.43%	154	5.48%	882	31.41%	2,808
Other	371	73.76%	43	8.55%	20	3.98%	69	13.72%	503
Recertification	2,529	48.46%	638	12.22%	361	6.92%	1,691	32.40%	5,219
*TeleWIC BF Health Update	107	72.30%	9	6.08%	8	5.41%	24	16.22%	148
*TeleWIC Certification	160	80.81%	5	2.53%	5	2.53%	28	14.14%	198
*TeleWIC Child Health Update	459	76.25%	43	7.14%	13	2.16%	87	14.45%	602
*TeleWIC Infant Health Update	814	72.68%	84	7.5%	45	4.02%	177	15.80%	1,120

*TeleWIC Nutrition Education	4,612	72.89%	622	9.83%	300	4.74%	793	12.53%	6,327
*TeleWIC Recertification	238	76.28%	15	4.81%	3	.96%	56	17.95%	312
WICHealth.org f/up	1,520	72%	346	16.39%	41	1.94%	204	9.66%	2,111

² Minor differences may be noted in this Appointment Summary State Totals Report compared to a report pulled from your agency's management information system, due to potential changes that local agency staff may have made to appointment statuses since this data was collected.

³ Appointment type names were changed in the system resulting in the discontinuation of some Appointment types and the addition of some new ones. Discontinued appointment types are shaded black. New Appointment types are indicated with an *.

Step 4: Interpret Your Appointment Data

After running and reviewing your agency's *Appointment Summary Report*, and reviewing the State Totals, answer the questions below:

1. What are the no-show rates for the agency? How do these compare to state trends?
2. Has the no-show rate stayed the same, increased, or decreased over the year?
3. Have there been any changes in the cancellation rate?
4. Are there any clinic no-show rates that stand out to you?
5. Are there any clinic cancellation rates that stand out to you?
6. Are there any appointment types that have higher no-show rates?
7. Are there any appointment types that have higher cancellation rates?
8. Are there any appointment types that are difficult to reschedule?
9. Does anything about this data surprise you?
10. What are factors that contribute to individual clinic and/or your agency's no-show rates?
11. What are the factors that contribute to the individual clinic and/or your agency's cancellation rates.
12. What activities are clinic staff doing to decrease no-show rates (e.g., asking preferred appointment times and dates, offering extended hours)?
13. What activities are clinic staff doing to decrease cancellation rates?
14. What are some possible clinic changes and/or agency changes that you could implement to improve the no-show and cancellation rates?
15. What support do you need from state WIC staff to support your efforts to reduce no-show rates?

Other Nutrition Services Considerations

Thinking about your overall nutrition services, answer the following questions and consider how you could incorporate the responses to enhance program services:

1. How are secondary nutrition education contacts (e.g., one-to-one, group, online) provided to non-high-risk participants and high-risk participants? Are there challenges meeting the high-risk participants' needs?
2. Using time studies, determine the average length of time WIC participants spend in clinic at your agency. What clinic flow challenges and hours of service concerns need to be addressed?

Section III. Nutrition and Health Indicators

Purpose

The Nutrition and Health Indicators section is designed to help you gather, interpret, and use nutrition risk and breastfeeding data for program planning. The worksheets below include directions on how to export data from Focus related to nutrition risk and breastfeeding prevalence. After you complete the worksheets, there are a set of guiding questions to help you interpret the data and use it to plan program improvements.

Data System Reports

There are two data system reports that you will need to access:

- Prevalence of Nutrition Risk by Local Agency (LA) and County Report
- Breastfeeding Prevalence Report

Directions

Step 1: Gather Your Data

Download the data system reports needed using the directions below.

Prevalence of Nutrition Risk by Local Agency (LA) and County Report

Run the *Prevalence of Nutrition Risk by LA and County Report* for your agency in Focus. Focus calculates the prevalence of all nutrition risks based on the number of active WIC participants with those nutrition risks at the time the report is run (i.e., it is only point in time data). **Use the last day of the fiscal year (September 30) of the previous year to run the report so that you can make comparisons to state-level data.**

What is the Prevalence of Nutrition Risk by LA and County Report?

This report provides the frequency of risks by category of all active participants by local agency and clinic.

Definitions of variables in this report:

- **Total Participants:** All participants with a WIC status of “active”
- **Participants per category:** All participants with a WIC status of “active” and **Participant Category** = Pregnant, Breastfeeding, Not Breastfeeding, Infant or Child
- **# Participants with Risk (for each category):** All participants with a WIC status of “active” and **Participant Category** = Pregnant, Breastfeeding, Not Breastfeeding, Infant or Child and have the specified risk
- **% Participants with Risk (for each category):** All participants with a WIC status of “active” and **Participant Category** = Pregnant, Breastfeeding, Not Breastfeeding, Infant or Child and have the specified risk, divided by **Participants per category**, multiplied by 100

Breastfeeding Prevalence Report

Run the *Breastfeeding Prevalence Report* for your agency in Focus. Focus calculates the prevalence of exclusive and “ever” breastfed rates at the time the report is run (i.e., it is only point in time data). **Use the last day of the fiscal year (September 30) of the previous year to run the report so that you can make comparisons to state-level data.**

What is the Breastfeeding Prevalence Report?

This report provides the prevalence of breastfeeding at the state, local agency and clinic levels.

Definitions of variables in this report:

- **Excl BF 1 Wk:** Exclusively breastfed for 1 week
- **Excl BF 3 Mo:** Exclusively breastfed for 3 months
- **Excl BF 6 Mo:** Exclusively breastfed for 6 months
- **12M:** Breastfed at 12 months

Step 2: Identify the Top Risks for Each Participant Type

Use the *Prevalence of Nutrition Risk by LA and County Report* to complete the worksheet on pages 17 and 18 for the risks indicated. These risks have been identified as the risks with the highest prevalence at the state level.

Step 3: Identify Breastfeeding Prevalence

Use the *Breastfeeding Prevalence Report* to complete the worksheet on page 18 for the breastfeeding indicators listed.

Step 4: Interpret Your Data

Complete the Questions for Interpretation section of the worksheet on page 19 to help review and interpret your data.

Prevalence of Nutrition Risk Worksheet

Purple text = decrease from the previous year

Red text = increase from the previous year

Black text = new addition from the previous year or no change from the previous year

Table 1. Nutrition Risks Amongst Pregnant Women

Federal Risk Codes and Indicators	State Prevalence (%)	Agency Prevalence (%)
(111) Overweight - Women BMI > or = 25.0	66.06%	
(332) Short Inter-pregnancy Interval	24.00%	
(361) Mental Illnesses	17.64%	
(331B) Pregnancy at a Young Age - LMP at age 16 thru 20	15.87%	
(371) Nicotine and Tobacco Use	10.65%	

Nutrition Risks Amongst Postpartum Breastfeeding Women

Federal Risk Codes and Indicators	State Prevalence (%)	Agency Prevalence (%)
(601A) Pregnant or BF Mother of a Priority 1 Infant	61.7%	
(111) Overweight - Women BMI > or = 25.0	54.10%	
(133) High Maternal Weight Gain	34.55%	
(201) Low Hemoglobin / Low Hematocrit	21.50%	
(361) Mental Illnesses	15.57%	

Nutrition Risks Amongst Postpartum Non-Breastfeeding Women

Federal Risk Codes and Indicators	State Prevalence (%)	Agency Prevalence (%)
(111) Overweight - Women BMI > or = 25.0	51.11%	
(133) High Maternal Weight Gain	35.69%	
(201) Low Hemoglobin / Low Hematocrit	25.38%	
(361) Mental Illnesses	22.21%	
(332) Short Inter-pregnancy Interval	15.48%	

Nutrition Risks Amongst Infants

Federal Risk Codes and Indicators	State Prevalence (%)	Agency Prevalence (%)
(701) Infant up to 6 mos old of WIC mother or WIC eligible mother	61.47%	
(702A) BF Infant of Mother at Nutr Risk Priority 1	36.60%	
(114) Overweight or At Risk of Overweight (Infants and Children)	30.41%	
(142B) Early Term Delivery	22.99%	
(121B) Short Stature – Infant or Child	12.31%	

Nutrition Risks Amongst Children

Federal Risk Codes and Indicators	State Prevalence (%)	Agency Prevalence (%)
(401) Failure to Meet Dietary Guidelines for Americans	21.05%	
(114) Overweight or At Risk of Overweight (Infants and Children)	15.41%	
(113) Obese – Child age 2 to 5	10.87%	
(142B) Early Term Delivery	8.77%	
(428) Risk Associated w/Complimentary Feeding age 4-23 mos	8.09%	

Breastfeeding Prevalence Worksheet

Breastfeeding Prevalence

Indicators	State Prevalence (%)	Agency Prevalence (%)
Excl BF 1 Wk	50%	
Excl BF 3 Mo	46%	
Excl BF 6 Mo	43%	
12M	53%	
Ever BF	70%	

Questions for Interpretation

Prevalence of Nutrition Risk

1. For each risk, how does your agency compare to the state-level prevalence?
 - a. Why do you think your agency's rates are higher or lower than the state levels?
2. Do any of the risks or prevalence rates surprise you?
 - a. If so, why?
3. Do you think any risks are missing that are prevalent for your agency? Or for any of your clinics?
 - a. If so, which one(s) and what is the prevalence rate?
4. Which risk(s) are you already addressing through your current program plans?
 - a. Do you feel like this programming is helping improve the risk rates? If not, what could you change?
5. Which risk(s) are you not currently addressing through your program plans?
 - a. How could you help address these risks in your future program plans?

Breastfeeding Prevalence

1. How do your agency and clinics compare to the state level for breastfeeding prevalence?
 - a. Why do you think your agency's rates are higher or lower than the state level?
 - b. Are there any clinics with rates that are higher or lower than expected? If so, why do you think this is?
2. How are you addressing breastfeeding prevalence through your current program plans? Consider initiation and duration or length of breastfeeding.
 - a. Do you feel like this programming is helping to improve breastfeeding rates? If not, what could you change?
3. Are there any other opportunities where you could incorporate programming into your future program plans that would support breastfeeding rates?

Section IV. Gaining Participant Feedback

Purpose

The Gaining Participant Feedback section provides ways to collect, interpret, and utilize input from WIC participants. Program participants can provide valuable feedback about their WIC experiences and offer input for the development of the nutrition education work plan. Considering participant opinion, and incorporating their feedback, may also lead to increased interest in the nutrition services and referral activities provided. Participant satisfaction with WIC services and ensuring operations and service delivery are carried out successfully is critical for WIC to continue to positively impact the lives of Iowan families.

Tools Used

There are numerous ways you can collect information from WIC participants, including:

1. Iowa WIC Participant Satisfaction Survey
2. Feedback from Suggestion Boxes
3. Iowa WIC Food Insecurity Survey

Step 1: Collect Your Data

Gather the responses from the feedback tools described below.

WIC Participant Satisfaction Survey

Iowa WIC has developed a survey for all local agencies to use to collect participant's thoughts and experiences about WIC. The survey will be administered electronically during the month of October in the even years and the month of November in the odd years. Iowa WIC will share the survey link for local agencies to provide to participants. At the end of the month, the state will analyze the results and share the findings with local agencies. A copy of the survey is provided in **Appendix A**.

What is the WIC Participant Satisfaction Survey?

This newly revised survey, to be administered once a year, provides local agencies the opportunity to gain participant feedback in the following programmatic areas:

- Communication
- WIC Appointments
- WIC Clinic Environment
- WIC Staff
- eWIC Cards
- Overall Comments

Suggestion Boxes

Suggestion boxes are an easy, inexpensive, safe, and anonymous way for WIC participants to share ideas to improve program operations on an ongoing basis. Recommendations to increase participant's comfort in using suggestion boxes include:

- Locate in a place where it will be seen.
- Ensure there is paper and pens and the area is clean and inviting.
- Read suggestions on a regular basis.
- Develop a process to review and act on the suggestions.
- While it should be anonymous, provide an option for participant to be contacted for follow-up if they so desire.

Iowa WIC Food Insecurity Survey

The *Iowa WIC Food Insecurity Survey* is conducted periodically to assess food security status, participation in other food assistance programs, and various demographic information about WIC participants. The survey also includes open-ended questions about participants' experiences in WIC (e.g., "Is there anything else you would like to share with us today about your family or your experience with WIC?"). The state crafts and provides the survey link to participants through text messaging.

The state will share the findings from this survey, including specific comments from agency participants through a report called "*Extent of Food Insecurity Among Iowa WIC Participants in 2025*". Results from the survey, particularly the food insecurity rates, food assistance participation, and any common themes that emerged from the responses relating to participants' experiences should be considered for relevance to program planning.

Step 2: Analyze Your Data

Complete the *Questions for Interpretation* section below:

Questions for Interpretation

1. What are the findings from the *Iowa WIC Food Security Survey* or local *WIC Participant Satisfaction Survey* that pertain to nutrition and health services?
2. How do your agency's food security rates compare to the state rates?
3. What findings or feedback has your agency obtained through other surveys or comment systems?
4. Are there common themes among all of these feedback sources?
5. What opportunities are there for you to incorporate programming into your future program plans that would address identified priorities or concerns?

Section V. Action Planning

Purpose

This final section of the NENA tool, Action Planning, provides guidance on determining priorities for nutrition education, breastfeeding promotion and support, and outreach activities for Iowa WIC local agencies, and for developing the strategies and action steps to address these priorities.

In the previous sections of this tool, you gathered and reviewed data about your agency's current processes for providing nutrition services, analyzed participant nutrition and health indicators, and collected participant feedback. The next step is to incorporate all of this information and to develop action plans with strategies, short-, intermediate-, and long-term goals and activities to address the nutrition, breastfeeding, and outreach related priorities identified. The action plans can be used as roadmaps or blueprints to guide program operations – nutrition education, breastfeeding promotion and support, caseload management, outreach activities, and program evaluation and reporting.

Review Data and Answers to Questions for Interpretation

In this Action Planning section, we will be using all of the data systems reports and worksheets along with the answers to the inquiry questions that were completed in the previous sections. Collect the following Information:

Section II:

1. *Participation with Benefits Report* and the responses to the participation data interpretation questions.
2. *Enrollment Report* and the responses to the enrollment data interpretation questions.
3. *Iowa WIC Estimated Eligible Population Agency Profiles* for the counties served by your agency.
4. *Appointment Summary Report* and the responses to the appointment data interpretation questions.
5. Responses to the *Other Nutrition Services Considerations* inquiry questions.

Section III:

1. *Prevalence of Nutrition Risk Worksheet* and the responses to the prevalence of nutrition risk interpretation questions.
2. *Breastfeeding Prevalence Worksheet* and the responses to the breastfeeding prevalence interpretation questions.

Section IV:

1. *WIC Participant Satisfaction Survey* – use findings from the most recent survey and review the past two years to identify any recurring trends.
2. Findings from clinic suggestion boxes.

3. Findings from the most recent Iowa *WIC Food Security Survey*.

Determining Your Program Priorities

This form summarizes your assessment of program needs based on nutrition and health indicators, program participation, and participant feedback. The form is a summary of pertinent data on the needs of each WIC participant category: pregnant women, breastfeeding women, postpartum women, infants, and children.

Directions

Review the Prevalence of Nutrition Risk and Breastfeeding Prevalence Reports and client feedback collected. Using this data and the answers to the inquiry questions below, identify a minimum of two priorities for each WIC participant category. From these, identify the priorities to address in your action plans. Record these priorities in the Program Priorities Worksheet provided in **Appendix B**.

Inquiry

Answer the following questions:

1. What are the nutrition education priorities for pregnant women, breastfeeding women, postpartum women, infants, and children?
2. What common themes emerge from participant feedback that relates to the nutrition education, breastfeeding, and outreach needs assessment?
3. Given all these nutrition-related problems and nutrition education and breastfeeding needs, which priorities will be addressed in an action plan?
4. What were your outreach-related priorities identified?
5. Are there other data available to support the priority or create a data indicator set?

Developing Action Plans

After you have determined what the priorities are, the next step is to create goals, strategies and activities. This is an action plan, which when detailed and well written keeps the process focused and organized. An Action Plan Template is provided in **Appendix C**, and a sample completed action plan for Outreach/Caseload Management and for Breastfeeding Promotion and Support is provided in **Appendix D** and **Appendix E**, respectively.

The components of an action plan may include:

- **Goals** – Goal statements are defined as clear, concrete, and precise with a measurable outcome. They indicate what will result when the goal is accomplished. Goals can be short, intermediate, and long-term.
- **Strategies** – A strategy statement describes how the goal will be accomplished; strategies are action-oriented.

- **Activities** – Activities or action steps break up the strategy into individual tasks which have distinct and independent purposes. The descriptions may include proposed methodologies to be used in the interventions, assessments, and evaluations.
- **Target Population** – Who are your activities intended to reach or impact?
- **County or Clinics** – List the counties or clinics involved in each action plan.
- **Staff Responsible** – Identify who is responsible for carrying out the action steps.
- **Timeline** – Each step should include the timeframe when the activities will be conducted.
- **Community Partners** – Identify partners in the community who should be involved in the action plans.
- **Evaluation measures** – Provide an objective determinant of how you are doing in accomplishing your goal. See the Monitoring and Evaluation section below.

Monitoring and Evaluation

As you develop your action plans, one component that will be needed is to select evaluation measures that will allow you to track progress and completion of your goals as part of monitoring and evaluation. Depending on the type of actions, a variety of monitoring and evaluation strategies can be used, and these strategies will inform you on successes, barriers, and any mid-course corrections that might be needed to accomplish your goal. Monitoring and evaluation strategies may include:

- Review of plan activities for timeliness, completion, and effectiveness
- Data from the NENA
- Data from chart reviews
- Data from existing reports in Focus
- Questionnaires for participants targeted in the strategies (e.g., internal agency survey)
- Manual data collection forms designed for use at specific points in the intervention (pre-test/post-test)

Selecting Your Measures

For many action plans, the first step is to identify baseline data. Consider the questions below to identify your baseline data and data you will use to track progress:

1. What data did you use from Sections II, III, and IV to help select your goal?
 - a. Can you use the same data to track progress over time? Things to consider include how often the data is updated and if it is easily accessible to you.
2. Are there other data sources outside of those you used to complete Sections II, III, and IV that would help you track progress on your goal?
 - a. How often are these data sources updated? Are they easily accessible to you?
3. Is there data that you could collect easily to help track progress on your goal?
 - a. Who would you need to collect this data from? Can you or your staff analyze the data in the way you would need to report on your goal?
4. Are there any administrative or process-oriented data that could help track progress on your goal?

5. If you are unable to identify data that already exist or a low-burden way to collect data needed to track progress on your goals, consider making an adjustment to your goal.

Tracking Your Progress

Regardless of the evaluation techniques used, evaluation and monitoring should be done at regular intervals depending on the activity and data availability. At a minimum, a six-month evaluation should be conducted to determine if the action plans need adjustments.

As you track your progress using your select measures, additional questions to consider include:

1. Were the activities carried out as planned? Within the timelines?
2. Were you able to collect data using the planned collection methods?
3. Was there an increase or decrease from baseline data?
4. What barriers were encountered? How will the barriers be resolved?
5. What parts of the plan went well?
6. What, if any, are the needed plan adjustments?

Reporting

Agencies will be reporting progress made on their action plans as required by the state office.

Appendix A. Iowa WIC Participant Satisfaction Survey

On a scale of 1–5 (with 1 being “strongly disagree” and 5 being “strongly agree”), please rate your experience with the Iowa WIC Program.

If any statement does not relate to your experience with Iowa WIC, select N/A.

Communication						
When I contact the WIC office about an appointment, WIC staff is friendly	Strongly Disagree	1	2	3	4	5 Strongly Agree
				N/A		
When I contact the WIC office with questions, WIC staff is friendly	Strongly Disagree	1	2	3	4	5 Strongly Agree
				N/A		
If I leave a message with the WIC office, my call is returned in a timely manner	Strongly Disagree	1	2	3	4	5 Strongly Agree
				N/A		
WIC Appointments						
It is easy to make a WIC appointment that fits my schedule	Strongly Disagree	1	2	3	4	5 Strongly Agree
				N/A		
The amount of time spent at a WIC appointment is okay	Strongly Disagree	1	2	3	4	5 Strongly Agree
				N/A		
WIC Clinic Environment						
When I arrive at clinic, WIC staff are friendly and welcoming	Strongly Disagree	1	2	3	4	5 Strongly Agree
				N/A		
The WIC clinic environment is welcoming and clean	Strongly Disagree	1	2	3	4	5 Strongly Agree
				N/A		
The WIC clinic is a place I feel comfortable and safe	Strongly Disagree	1	2	3	4	5 Strongly Agree
				N/A		
WIC Staff						
WIC staff members introduce themselves and tell me what we will be doing during the appointment	Strongly Disagree	1	2	3	4	5 Strongly Agree
				N/A		
WIC staff are respectful and positive when asking me health and nutrition questions	Strongly Disagree	1	2	3	4	5 Strongly Agree
				N/A		

WIC staff provide breastfeeding information and support in a positive and respectful way Strongly Disagree 1 2 3 4 5 Strongly Agree N/A
WIC staff explained that peer counselors are available to assist with breastfeeding support Strongly Disagree 1 2 3 4 5 Strongly Agree N/A
WIC staff seem genuinely interested in my concerns Strongly Disagree 1 2 3 4 5 Strongly Agree N/A
WIC staff ask permission to share information and do not lecture Strongly Disagree 1 2 3 4 5 Strongly Agree N/A
WIC staff offer referrals to other programs and services when needed (e.g., dental, medical, educational, food) Strongly Disagree 1 2 3 4 5 Strongly Agree N/A
WIC staff explain things clearly Strongly Disagree 1 2 3 4 5 Strongly Agree N/A
WIC staff helps me make a plan and set goals around what I am interested in to improve my or my child's nutrition Strongly Disagree 1 2 3 4 5 Strongly Agree N/A
Nutrition Education
*What nutrition topics would be most helpful for your family right now? <input type="checkbox"/> Infant Feeding (*breastfeeding, formula, solids, etc.) <input type="checkbox"/> Child Nutrition (growth, healthy snacks, picky eaters, etc.) <input type="checkbox"/> Meal planning on a budget <input type="checkbox"/> Cooking and food preparation tips <input type="checkbox"/> Other (please specify) _____
*What would help you stay on track with your health and nutrition goals for your family? <input type="checkbox"/> Online community groups <input type="checkbox"/> Check in from a health professional <input type="checkbox"/> In-person small groups <input type="checkbox"/> Keeping track with apps or planners <input type="checkbox"/> Reminders, such as texts, emails, calls <input type="checkbox"/> I'm not interested in support resources at this time
*What tools and resources do you need to apply the nutrition education you receive from WIC?
eWIC Cards/Foods
WIC staff clearly explained how to use my eWIC Card (New Clients Only) Strongly Disagree 1 2 3 4 5 Strongly Agree N/A

<p>*Does the food package impact your ability to get foods that meet your family's needs? (New Clients Only)</p> <p style="text-align: center;">Yes No</p>
<p>*Please explain how the food package has impacted your ability to get foods that meet your family's needs. (New Clients Only)</p> <hr/>
<p>WIC staff ask if I have questions about my food package and respond to my needs or concerns</p> <p style="text-align: center;">Strongly Disagree 1 2 3 4 5 Strongly Agree N/A</p>
<p>*Does the new food package impact your ability to get foods that meet your family's needs? (Current Clients only)</p> <p style="text-align: center;">Yes No</p>
<p>*Please explain how the new food package has impacted your ability to get foods that meet your family's needs. (Current Clients Only)</p> <hr/>
<p>I feel confident using my eWIC card to purchase WIC foods</p> <p style="text-align: center;">Strongly Disagree 1 2 3 4 5 Strongly Agree N/A</p>
<p>Overall Experience</p>
<p>My overall experience with WIC is good</p> <p style="text-align: center;">Strongly Disagree 1 2 3 4 5 Strongly Agree</p>
<p>I would recommend the WIC Program to others</p> <p style="text-align: center;">Strongly Disagree 1 2 3 4 5 Strongly Agree</p>
<p>Additional Questions</p>
<p>I have a smartphone phone</p> <p style="text-align: center;">Yes No</p>
<p>I use the WICShopper app on my phone</p> <p style="text-align: center;">Yes No</p>
<p>I use the WICShopper app to see what I can buy with my WIC benefits</p> <p style="text-align: center;">Yes No</p>
<p>I receive text message reminders for my WIC clinic appointments</p> <p style="text-align: center;">Yes No</p>
<p>I have a dependable way to get to WIC appointments</p> <p style="text-align: center;">Yes No</p>
<p>Stores near me accept my WIC benefits</p> <p style="text-align: center;">Yes No</p>
<p>Additional Comments or Recommendations</p>
<p>What WIC clinic location do you go to? _____</p>
<p>Place a check next to each person in your family currently receiving WIC benefits (check all that apply):</p> <p>___ Pregnant woman</p> <p>___ Breastfeeding woman</p>

<input type="checkbox"/> Postpartum woman <input type="checkbox"/> Infant <input type="checkbox"/> Child
What suggestions do you have on how to improve the WIC program?
Why do you think people don't participate in WIC?
Additional comments or recommendations?

* Indicates new questions added in the 2025 WIC Participant Satisfaction Survey.

Appendix B. Nutrition Education Priorities Worksheet

Record the priorities determined after reviewing the Prevalence of Nutrition Risk and Breastfeeding Prevalence Reports and client feedback collected. Determine if these priorities are current WIC program priority areas.

Participant Category	Program Priorities
Pregnant Women	1.) 2.)
Breastfeeding Women	1.) 2.)
Postpartum Women	1.) 2.)
Infants	1.) 2.)
Children	1.) 2.)

Inclusion in Action Plan

Which of these priorities do you plan to include in your action plan for the coming year(s) and why?

Appendix C. Action Plan Template

Agency _____

- Type of Action Plan: Nutrition Education
 Outreach/Caseload Management
 Breastfeeding Promotion and Support
 Other _____

Goal Indicate if Short, Intermediate, or Long-term	Target Pop.	Counties/ Clinic	Strategies and Activities	Staff Responsible	Timeline	Community Partners	Evaluation Measures

Appendix D. Sample Action Plan – Outreach/Caseload Management

Agency: Sample WIC Agency

Type of Action Plan: Outreach/Caseload Management

Goal (S, M, L)	Target Pop.	Counties/ Clinic	Strategies and Activities	Staff Responsible	Timeline	Community Partners	Evaluation Measures
Increase the percentage of eligible pregnant women participating in WIC by 1% (short-term)	Pregnant women	County 1 County 2	<p><u>Strategy:</u></p> <p>Conduct outreach activities to inform potential participants, of WIC services.</p> <p><u>Activities:</u></p> <p>A. Utilize broadcast media for outreach activities such as: newspapers, radio, billboards, television, and social media.</p> <p>B. Provide orientation and referral/outreach materials to community partners serving WIC eligible populations.</p> <p>C. Collaborate with other programs and health care providers to ensure referrals are being made and certification information is provided.</p>	Staff 1 Staff 2 Staff 3	Q 1 and 2 and ongoing	<p>Local radio show, local television stations, local newspapers, and social media sites</p> <p>Community-based organizations such as food banks and Head Start programs</p> <p>Health and medical organizations , hospitals, clinics, social service agencies, and foster care organizations</p>	Percent of eligible pregnant women participating in WIC

			D. D. Participate at community events to inform potential participants about WIC services.				
Pregnant women	County 1	<p><u>Strategy:</u></p> <p>Conduct outreach activities to inform potential participants, of WIC services.</p> <p><u>Activities:</u></p> <p>A. A. Develop a cooperative agreement with the local hospital to advise potentially eligible women that receive inpatient or outpatient prenatal or maternal services of the availability of WIC services.</p>	WIC Coordinator	Q 3 and 4	Local hospital	Percent of eligible pregnant women participating in WIC	
Pregnant women	All clinics	<p><u>Strategy:</u></p> <p>Conduct outreach activities to inform potential participants, of WIC services.</p> <p><u>Activities:</u></p>	Agency Clinic Staff			New enrollment reschedule rates	

			A. A. Staff will contact each pregnant woman who misses her first appointment to apply for WIC to reschedule the appointment.				
Increase retention of children over 1 year by 5% (short-term)	Children	All clinics	<p><u>Strategy:</u></p> <p>Conduct outreach activities to retain WIC participants on WIC.</p> <p><u>Activities</u></p> <p>A. Monitor no-show rate by running Focus reports on a weekly basis and conducting follow-up calls.</p> <p>B. Provide drop-in opportunities for missed appointments.</p> <p>C. C. Conduct participation satisfaction surveys to gather feedback on participation, experience at appointments, communications (text and app), and shopping at stores.</p>	Agency Clinic Staff	Ongoing		Child participation rates

<p>Monitor and maintain caseload at contracted levels between 97% and 103% (medium-term)</p>	<p>All categories</p>	<p>All clinics</p>	<p><u>Strategy:</u> Conduct outreach activities to recruit and retain WIC participants.</p> <p><u>Activities</u></p> <ul style="list-style-type: none">A. Increase the number of available appointments and the accessibility to program services such as additional extended clinic hours on weekends, evenings, early mornings, or lunch times.B. Identify specific month, time of day, or type of appointment most likely to be missed and making adjustments accordingly to increase show rates.	<p>Agency Clinic Staff</p>	<p>Ongoing</p>	<p>Outreach materials distributed to: health and medical orgs., hospitals and clinics, welfare and unemployment offices or social service agencies Head Start, food banks, shelters, homeless, faith and community-based orgs. in low-income areas</p>	<p>Clinic participation rates</p>
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Appendix E. Sample Action Plan – Breastfeeding Promotion and Support

Agency: Sample WIC Agency

Type of Action Plan: Breastfeeding Promotion and Support

Goal	Target Pop.	Counties/ Clinics	Strategies and Activities	Staff Responsible	Community Partners	Evaluation Measures
Provide breastfeeding education to WIC staff by end of fiscal year (short-term)	WIC staff	All clinics	<p><u>Strategy:</u></p> <p>Provide breastfeeding education to WIC staff.</p> <p><u>Activities</u></p> <p>A. Begin providing breastfeeding education as part of WIC employee orientation.</p> <p>B. Provide staff opportunities for continuing education on breastfeeding promotion and support.</p>	Breastfeeding Coordinator	Local Breastfeeding Coalition	<p>Orientation checklist</p> <p>Staff training agendas</p>
Increase agency breastfeeding initiation rates by 5% (medium-term)	Pregnant women	All clinics	<p><u>Strategy:</u></p> <p>Increase participant connections to trained local agency Peer Counselors and Designated Breastfeeding Experts (DBEs).</p> <p><u>Activities</u></p>	<p>Peer Counselor</p> <p>Local Agency Breastfeeding Expert</p>		<p>Peer Counselor logs</p> <p>Local Agency Breastfeeding Expert logs</p> <p>Breastfeeding Prevalence Reports</p>

			<p>A. Peer Counselors will contact prenatal participants to encourage breastfeeding and offer peer support.</p> <p>B. Peer Counselors will offer early support to postpartum breastfeeding women.</p> <p>C. C. Referrals will be made to Local Agency Breastfeeding Expert as needed.</p>			
Increase agency breastfeeding duration rates at 6 months by 2% (short-term)	Breastfeeding women	All clinics	<p><u>Strategy:</u></p> <p>Increase participant connections to trained local agency Peer Counselors and DBEs.</p> <p><u>Activities:</u></p> <p>A. A. Offer remote access to breastfeeding staff for problem solving.</p>	WIC Coordinator Local Agency Breastfeeding Expert		Appointment Summary Reports
Strengthen breastfeeding peer counseling program by holding on-going training (long-term)	Pregnant and breastfeeding women	All clinics	<p><u>Strategy:</u></p> <p>Increase participant connections to local agency Peer Counselors and DBEs</p> <p><u>Activities</u></p>	Breastfeeding Coordinator	Local Breastfeeding Coalition	<p>Training checklist</p> <p>Quarterly meeting agendas and minutes</p>

			<p>A. Recruit and train new breastfeeding peers.</p> <p>B. Hold quarterly peer meetings for skill development, mentoring, and case study opportunities.</p> <p>C. C. Conduct Peer Counselor monitoring and quality assurance. Provide education and support as needed.</p>			Peer Counselor quality control review forms
Support mothers by maintaining breast pump loan program (long-term)	Breastfeeding women	All clinics	<p><u>Strategy:</u></p> <p>Increase participant access to breast pumps</p> <p><u>Activities:</u></p> <p>A. Train WIC staff on the proper use of breast pumps.</p> <p>B. B. Breast pumps and supplies will be distributed according to state policies and procedures.</p>	Agency Clinic Staff	Local Breastfeeding Coalition	Breast pump logs and inventory sheets