Vermont WIC Needs Assessment

July 2026

HealthVermont.gov
802-863-7200

VERMONT
DEPARTMENT OF HEALTH

Contents

Acknowledgements

The Vermont WIC program would like to acknowledge the ongoing collaboration and partnership of district office staff, Family Partners, and community organizations who support the implementation of the program.

Background

The Vermont WIC program submits a State Plan annually in compliance with federal regulations. The goals and objectives of the State Plan are intended to be the State agency's own guide for addressing current program needs, improving services, and enhancing program effectiveness and efficiency. To be most useful, development of goals and objectives begin with an assessment of current operations within the State agency, leading to the identification of those operations or aspects of the program that need improvement. This Needs Assessment includes a review of current operations and program data used to inform the development of a 5-year strategic Vermont WIC State Plan with annual monitoring updates. The Vermont WIC State Plan aligns with the Vermont Department of Health's and the Family and Child Health Division's strategic plans, the organizational structure within which the Vermont WIC program sits. The WIC State Plan also aligns with Vermont's Title V Priority Needs where applicable.

If you need help accessing or understanding this information, contact wic@vermont.gov.

Vision, Mission, Values, Aspirations

The Department of Health Vision is "All people and communities in Vermont have equitable opportunities to achieve their highest level of health and well-being." As a program Vermont WIC focuses on priority populations through its mission.

WIC's mission is to assure healthy pregnancies, healthy birth outcomes and healthy growth and development for infants and children up to age 5, by providing nutritious foods to supplement diets, information and education on healthy eating, breastfeeding/chestfeeding promotion and support, and referrals to health care and community social service resources.

Strategic Planning

To prepare for the strategic planning process, state WIC team members engaged in an exercise to identify guiding values which included:

Values

Strengths, Opportunities, and Aspirations

Vermont state WIC team members identified the following strengths and opportunities for the program:

1. Excellence and Vision – the program is committed to excellence and to meet the needs of an ever-changing demographic into the future.
2. Innovation and Modernization – the program embraces technology and modernizing systems in all functional areas.
3. Collaboration and Partnerships – the program thrives with internal and external collaboration and partnerships are strong and seeks to build and strengthen partnerships to support populations of focus and nutrition security.
4. Family and Community Support – the program embodies family and participant support through all functional areas including lactation support, expanded food options, and outreach effort and seeks to strengthen family voice in program planning and operations.
5. Professional Development and Staff Support – the program focuses on staff support through improving onboarding processes, training, and professional development to ensure a committed and professional workforce.
6. Regulatory Compliance and Stability – the program is committed to meeting federal regulations, ensuring program integrity, and providing consistent, accessible services, even in challenging circumstances.

7. Communication and Outreach – the program employs various communication and outreach strategies and is working toward strengthening communications to support enrollment and retention.
8. Data and Technology Integration – the program strives to make data accessible and easy to operationalize to support and enhance service delivery and decision-making.

From this list the following program aspirations were identified:

1. Deeply understand the participant experience with WIC to support continued participation and facilitate improvements to the experience:
    - Increase connection with Family Partners through involvement in ongoing work and integration of local offices.
    - Consider refinements to existing clinic satisfaction survey.
    - Focus on sub-populations, for example, households with 11-month-olds to understand drop off in participation at 1-year and almost 5-year-olds to understand reasons for commitment.
2. Improve collaboration and partnerships:
    - Capitalize on local community partners, grow knowledge, depth and connection.
    - Improve cross-collaboration within the Family and Child Health Division, other Department of Health divisions, and the Agency of Human Services departments.
    - Develop meaningful connections with WIC vendors, seek new vendors to meet participation access gaps.
    - Partner with anti-hunger and nutrition security organizations and groups.
3. Develop communication and marketing goals:
    - Make the WIC "brand" more visible and lower stigma potentially associated with program participation.
    - Communicate regularly with partners.
4. Support clinic services, to enhance both in-person and remote appointments.
5. Provide optimal breastfeeding support:
    - Maximize or expand coverage of breastfeeding peer counselors

- Support staff pursuing IBCLC credential and allow breastfeeding designees to have more time for lactation follow-up
- Improve lactation support documentation.

6. Provide robust local agency staff training and professional development.
7. Improve cultural connections, staff education and understanding

Using the Vision, Mission, Values and starting from program strengths, opportunities and aspirations, Vermont WIC conducted a needs assessment to understand the current state of the program and use data to set Goals and Objectives.

Needs Assessment

Program Overview

Vermont WIC is administered by the Department of Health, Division of Family and Child Health, and functions within a centralized public health system. Local WIC services are administered by twelve Health Department District Offices serving 14 counties. There are 11 state staff members, including the WIC Program Director and leadership team, Nutrition Coordinator, Breastfeeding Coordinator, Vendor Manager, public health nutrition specialists, a public health data analyst, and a business application support specialist. State administrative functions include:

- Adherence to federal regulations and federal policy memos
- Maintenance and enhancement of IT systems (MIS, EBT, etc.)
- Contract management
- Vendor management
- Staff training and support
- Nutrition and lactation support services oversight
- Food funds management
- Statewide outreach and marketing
- Innovations and quality improvement
- Data accessibility
- Representation on statewide and national groups

There are 62 permanent district office staff including WIC supervisors, public health nutritionists and nutrition assistants, and program technicians providing local nutrition and clinic services. There are 14 breastfeeding peer counselors, which are home-based temporary positions overseen by district offices, providing statewide coverage.

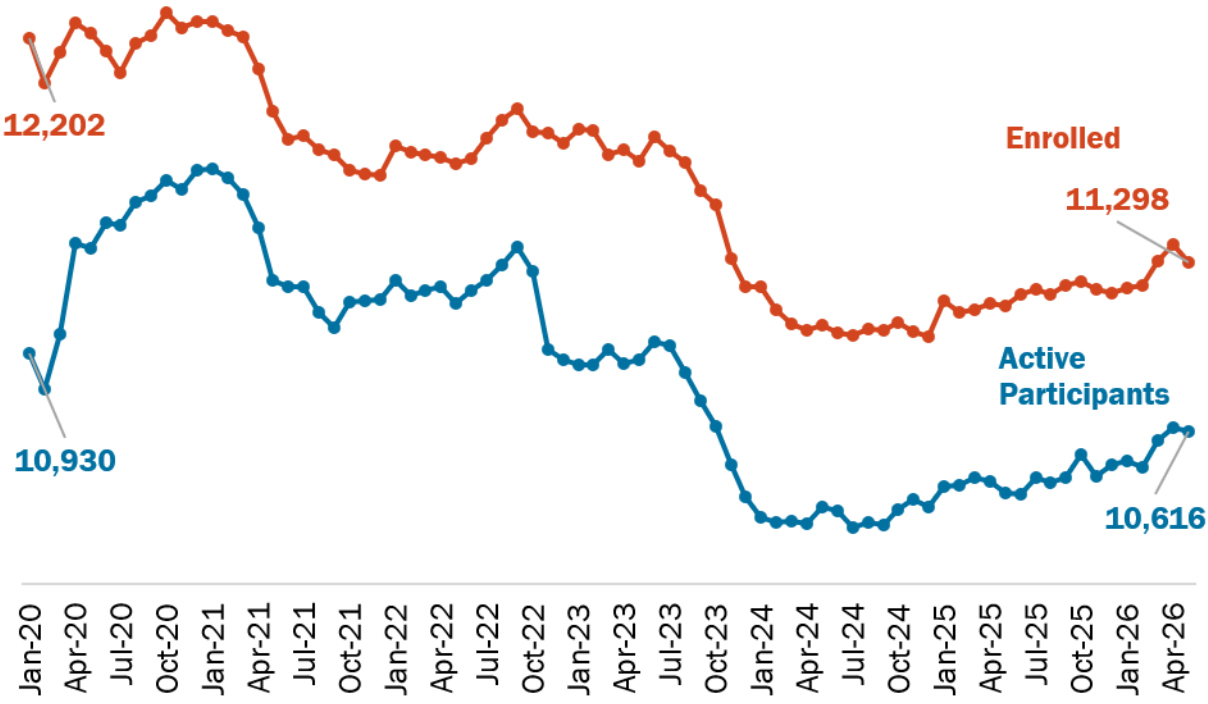
District offices complete annual nutrition services plans with goals, strategies, and activities focused on outreach and retention, nutrition education, and breastfeeding promotion and support.

In federal fiscal year 2025, Vermont WIC operated with a total budget of $15,410,508, with $6,003,498 for nutrition services administration (NSA) and $9,407,010 for food benefits. NSA funds support staff costs, contracts for various services, and other administrative needs. The program also has approximately $180,000 to support the breastfeeding peer counseling program. Additional technology and modernization funding has been available through the American Rescue Plan Act (ARPA) and there is opportunity to apply for additional Infrastructure Grants for projects focused on federal administrative priorities.

Participation and Participant Demographics

Vermont WIC serves approximately 10,400 birthing parents, infants, and children each month. The program saw an increase in participation during the COVID-19 pandemic, when waivers were in place, allowing all WIC appointments to be conducted remotely. In August

WIC Participation Trends 2020-2026



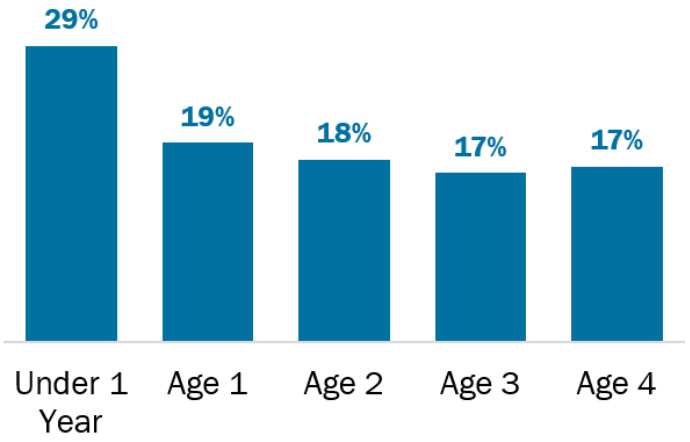
Source: Vermont WIC Administrative Data, 2020-2026

2023, COVID era waivers expired and were replaced by waivers through ARPA which allowed for remote appointments if measurement and blood iron data could be obtained within 60 days of the WIC appointment. At this time, the program saw a drop in participation, however participation has been gradually trending upward since summer of 2024.

About 62% of WIC participants are children, 17% are infants, and 21% are pregnant or postpartum participants. The Vermont WIC program serves a diverse population. While about half of pregnant and postpartum participants are 20-29 years old, the program serves adult participants who are between 20 and 40 years old.

For infants and children, more participants are under 1 year than at any other age, suggesting a drop-off at the first birthday.

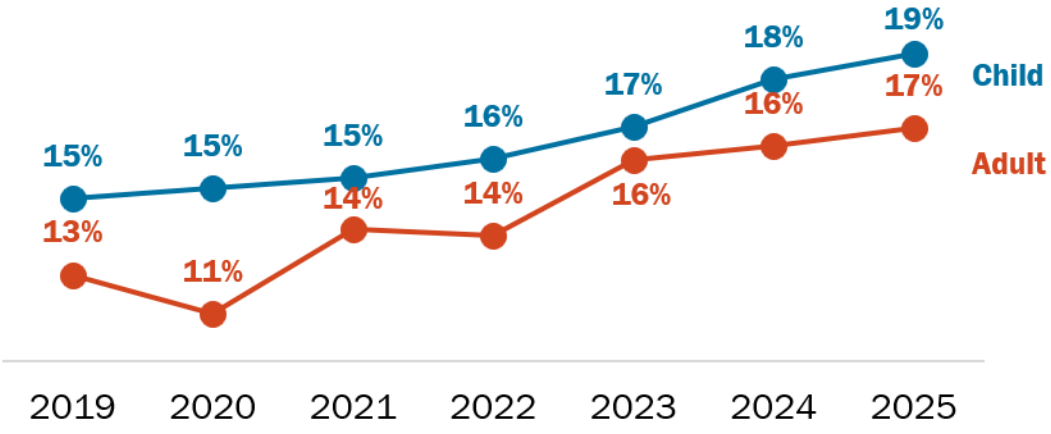
There are more participants under one year than other ages, among infants and children



Source: Pediatric Nutrition Surveillance, 2023-2025

The percent of Black, Indigenous, or Persons of Color (BIPOC) participants has been increasing over time, with the highest percentages served by the Burlington and Brattleboro district offices. There are at least 29 different preferred spoken languages among Vermont WIC participants, with those preferring a language other than English more likely to be non-Hispanic Asian or non-Hispanic Black.

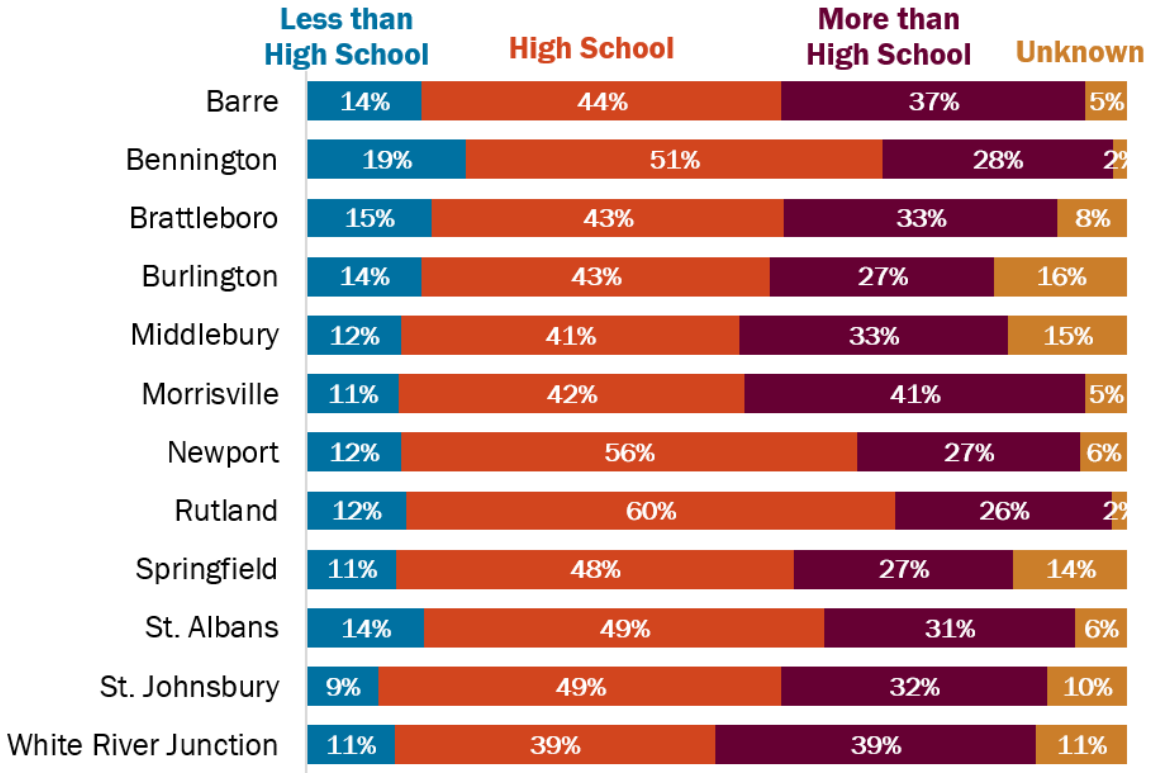
BIPOC participation in Vermont WIC is trending up



Source: Pregnancy and Pediatric Nutrition Surveillance Systems, 2019-2025

The program serves a range of educational backgrounds. Almost half (47%) of WIC households have a maternal education level of high school or GED, with 31% having more than high school level. There is variation in maternal education levels regionally.

WIC Participant education levels vary regionally



Source: Pregnancy Nutrition Surveillance, 2023-2025

Over 2018-2022, 31% of infants were born to Vermont birthing parents participating in WIC at the time of birth. This rate is decreasing over time. In 2011 this rate was 43%. Among Medicaid recipients, 62% were also enrolled in WIC during pregnancy. This trend has declined from 78% in 2011. Through a recent data match with Medicaid and WIC, an estimated 7,500 Vermonters are eligible for WIC and not participating. Prior research and surveys of eligible non-participants reveal a variety of reasons for not participating in WIC. These include uncertainty about what WIC benefits are and if they are eligible, a perception that WIC benefits are not needed or not valuable enough to be worth the effort of enrolling due to time constraints, or at times, due to transportation barriers.

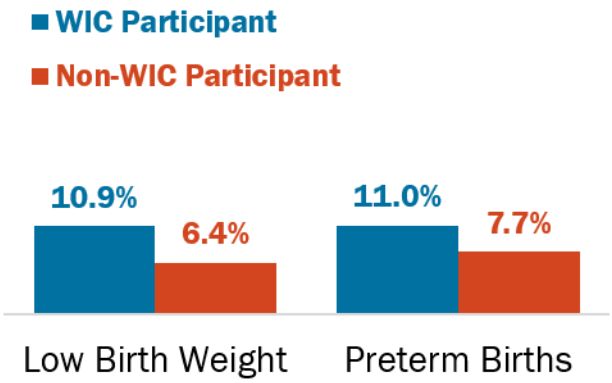
Health Indicators and Outcomes

Vermont infants born to birthing parents on WIC are at higher risk of low birthweight and preterm birth compared to those not participating.

However, when compared to the eligible non-participating prenatal population, WIC is associated with lower risk of preterm delivery, low birth weight, and infant mortality.[1]

Further, extensive research shows that participating in WIC leads to healthier babies, more nutritious diets and better health care for children, and higher academic achievement for students. Specifically:

Low Birth Weight and Preterm Births are higher among Vermont residents who are WIC Participants.



Source: Vital Statistics, 2022

- WIC supports sound nutrition during critical periods of cognitive development to mitigate the harmful effects of poverty. Research shows that children whose mothers participated in WIC while pregnant scored higher on assessments of mental development at age 2 than similar children whose mothers didn't participate.
- WIC promotes breastfeeding as the optimal feeding choice and supports participants throughout their breastfeeding journey by providing prenatal education, early postpartum support and peer counseling support.[2]

Clinic staff in Vermont WIC assign medical or nutritional risk to participants during nutrition interviews at appointments. As of December 2025, overweight (a Body Mass Index or BMI of greater than or equal to 25) was the code with the highest prevalence among pregnant and non-breastfeeding participants, at 60% and 46%, respectively. The prevalence of this code being assigned to breastfeeding participants was 50%.

The most prevalent risks among children were no fluoride or vitamin D supplementation when necessary (34%), failure to meet dietary guidelines for Americans (17%), and overweight or at risk for overweight (11%). The risk code with the highest prevalence for infants was being born to a parent eligible for or active on WIC during pregnancy (70%). This risk code is assigned to infants less than 6 months old whose birthing parent was a WIC program participant during pregnancy or whose medical records document that the birthing parent was at nutritional risk during pregnancy. As mentioned, WIC participation during pregnancy is associated with improved pregnancy outcomes. An infant whose nutritional

status has been adequately maintained through WIC services during gestation and early infancy may decline in nutritional status if without these services and return to a state of elevated risk for nutrition-related health problems. Infants whose birthing parent was at medical/nutritional risk during pregnancy, but did not receive those services, may also be thought of as a group at elevated risk for morbidity and mortality in the infant period.[3]

Breastfeeding

Vermont WIC has strong breastfeeding rates, and the program is consistently recognized with the WIC Breastfeeding Award of Excellence from USDA-FNA. The award recognizes local WIC agencies with exemplary breastfeeding peer counseling programs. In 2023, Morrisville WIC received the Elite award, the highest recognition reserved for WIC agencies with 40% or higher fully breastfed infants. The following year, Middlebury WIC received the 2024 WIC Breastfeeding Award of Excellence Elite award, and Brattleboro received the Elite award in 2025.

WIC Breastfeeding Award of Excellence (awards are valid for 4 years)

Year awarded	Gold	Premiere	Elite
2015	St. Albans	Bennington, Burlington, Middlebury, Rutland	
2019	Burlington		
2020	Middlebury, Rutland St. Albans		
2021	Bennington		
2023		Barre, St. Johnsbury	Morrisville
2024	White River Junction	Brattleboro	Middlebury
2025	St. Albans	Burlington, Newport	Brattleboro

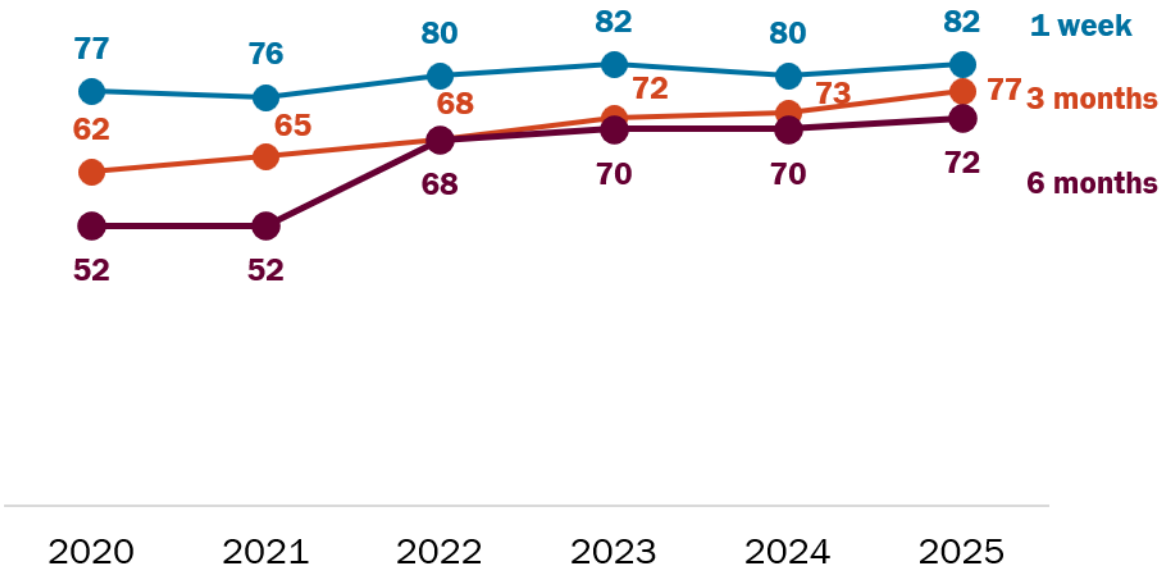
Vermont WIC peer counselors offer statewide coverage through an organizational system that allows peer counselors to provide services during the day, evenings, and weekends across multiple district office catchment areas. In 2025, 33% of pregnant and breastfeeding WIC participants were served by a peer counselor.

Springfield WIC saw significant growth in peer counselor acceptance over 2025, moving from 31% of caseload served in January to 65% by December, with continued growth into 2026. In the Springfield program, peer counseling is presented as an “opt-in" rather than “opt-out” when certifying pregnant participants with a stated desire to breastfeed.

In 2025, the program saw increases in the breastfeeding rate at 1 week, 3 months, and 6 months for any breastfeeding, and either the same prevalence or higher for exclusive breastfeeding. The National Immunization Survey data show that Vermont met the Healthy People 2030 target of 54.1% for breastfeeding at 12 months among children born in 2021

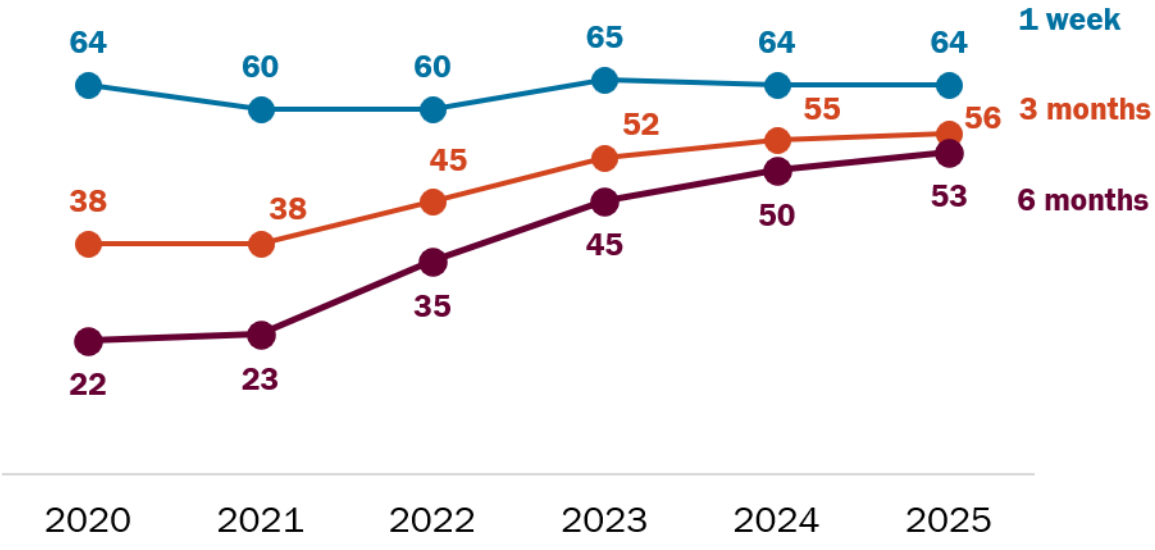
and 2022. This is notable since only two states in the nation met the target goal for children born in 2021 and 2022.

Percent of infants who breastfed any amount by age group.



Source: WIC Administrative Data, 2020-2025

Percent of infants who were exclusively breastfed by age group.



Source: WIC Administrative Data, 2020-2025

Using the approved USDA WIC Breastfeeding Curriculum, state Vermont WIC staff are part of a regional training collaboration with Connecticut, New Hampshire, and Maine to provide training to local WIC agency staff, WIC breastfeeding peer counselors, and community partners in CT, NH, ME, VT, and the US Virgin Islands. In 2026 Maryland WIC staff joined the Level 4 Designated Breastfeeding Expert portion of the regional training to provide their staff with the knowledge to support more complex lactation problems. Improving lactation knowledge and fostering collaboration among WIC staff and community partners improve timely support and referrals for lactating parents and their babies.

Nutrition Education

Vermont WIC offers and encourages participation in a variety of nutrition education opportunities to maximize options for participants. These opportunities include in-person and virtual group activities, one-on-one nutrition counseling at clinic appointments or over the phone, and virtual, individual interactive learning options through WICHealth and the Daily Drop breastfeeding app. In 2025, there were a total of 1,922 WICHealth lessons completed by participants and 38 online group education classes offered by Vermont WIC. There have been 107 WIC participants who have downloaded the Daily Drop breastfeeding app between 2024-2026. District office WIC staff collaborate with local partners providing nutrition education in communities. These partners include local libraries, childcare programs, parent child centers, Head Start, and Strong Families Vermont nurse home visiting among others. There are 7 statewide initiative agreements in place to better foster partnerships which include Head Start, Strong Families Vermont, Nourished Journey, Attune 2 Food, Expanded Food and Nutrition Education Program (EFNEP), Children with Special Health Needs (CSHN)- Community Nutrition Network, and the Vermont Food Bank.

Vermont WIC communicates nutrition education opportunities in the monthly WIC family newsletter and by text message. At each certification appointment, participants are encouraged to choose a nutrition education activity they would like to join during the upcoming three months, and staff document this choice in their family record. For the January 2026 Nutrition Services Plan reporting, 99% of records reviewed had the participant's choice of activity documented.

Outreach and Communication

Vermont WIC employs a broad and varied portfolio of outreach and retention strategies. These strategies include refreshed marketing materials that are promoted on social media and in print ads, and updated rack cards and printed program materials. Outreach materials include easy access to the "Apply to WIC" webpage and online preapplication form. When an applicant completes the preapplication form, it is automatically triaged for follow-up to the appropriate district office based on the zip code entered.

Additionally, district offices conduct outreach locally and distribute program information and materials to medical providers, partner agencies, and organizations that provide services for potentially eligible individuals, including Head Start.

Referrals from our Vermont Department for Children and Families Economic Services Division, who process Medicaid and SNAP applications, are sent to WIC for follow-up, though this is a manual process. Referrals come to WIC from medical providers via an online referral form, fax, and in some cases, automated systems directly from electronic medical and health records. The program receives referrals from nurse home visiting programs, and other community partners. The program is also piloting automated text outreach to eligible Medicaid members, building from a manual process currently employed in district offices.

The program communicates to existing participants via a monthly e-newsletter which includes program updates and nutrition education opportunities, recipes, and other community services available. In 2025, the newsletter had a 61% open rate. The program also communicates directly with participants through texting, including automated clinic appointment reminders, program-wide messages with important updates or changes, and via secure chat with the option for live translation when needed. In 2025, 280,315 push texts were sent, and 30,239 secure chats were sent.

Program materials are translated into the top 14 languages spoken and phone or in-person interpreters are available when needed.

WIC Foods and Vendor Management

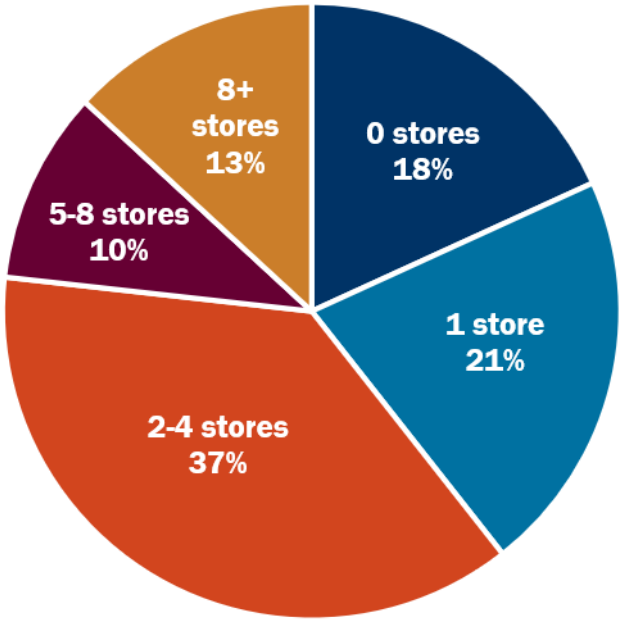
Vermont WIC offers a large range of foods that are driven by and comply with federal regulations including milk, yogurt, cheese, tofu, plant-based milks, whole grains, eggs, canned fish, fruits and vegetables, breakfast cereal, legumes, 100% fruit juice and infant foods. Redemption of foods varies across categories, with the highest redemption in 2025 (other than infant formula) in the fruit and vegetable category (75% redeemed) and the lowest in redemption in infant meats (15%). In October 2025, Vermont WIC implemented new food package rules, expanding options in whole grains and plant-based dairy, adding nut and seed butters, and adding canned fish to every participant category. Data tracking was expanded to include subcategory food purchases to better understand preferences and redemption patterns.

The program authorizes 107 vendors across the state to accept the Vermont WIC EBT card. These stores range from large national chains to small independent grocers. Vendors must apply to be part of the WIC program and meet a variety of program requirements to participate. State vendor staff use GIS mapping to monitor access to WIC authorized grocers in all regions of the state, ensuring participant access for all households. Currently 82% of participating households live within a 15 minute drive of at least one WIC authorized grocer.

State staff monitor vendor compliance, provide training, and communicate program updates to vendors regularly. District office grocer liaisons provide a local touchpoint for troubleshooting transaction errors or other customer service complaints.

State WIC staff are closely monitoring several national online shopping projects to determine the best plan forward for Vermont. The federal online ordering and transactions rule change is pending publication[4] meaning all current pilot projects are being completed under waiver authority. Vermont WIC will consider potential changes needed to the MIS, set-up costs with the EBT processor, policy changes, and readiness from grocer partners when deciding which online shopping method is the best fit for Vermont.

8 in 10 WIC households live within a 15 minute drive of at least 1 WIC authorized store



Source: WIC Administrative Data, 2026

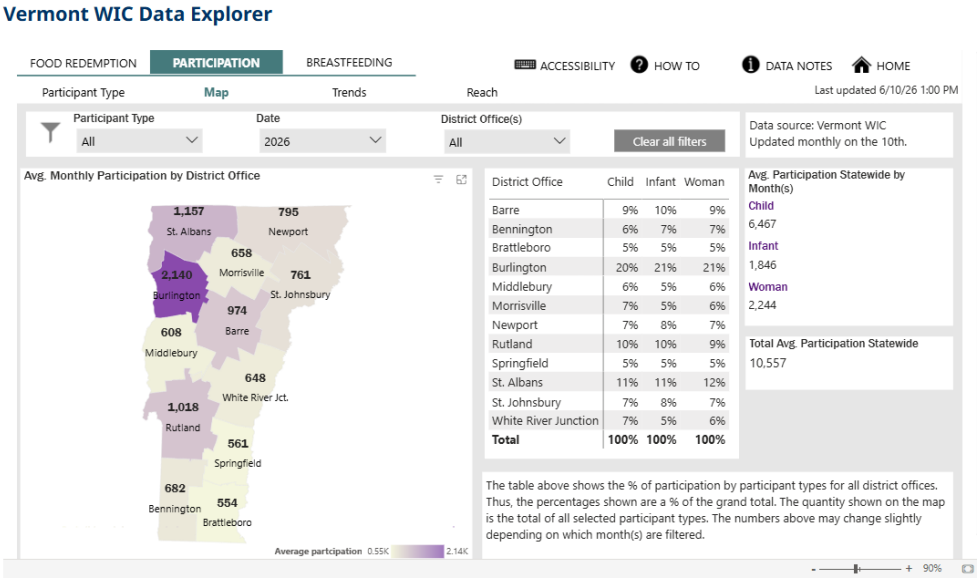
Vermont WIC accepts brand-specific product submissions annually between February 1 and March 31. Submissions for non-brand specific food categories can be submitted and reviewed year-round. The program recently updated the WIC Foods and Shopping Guide, incorporating current WIC-approved foods and products, and translated it into the top 14 languages to improve accessibility. In July 2025, the WIC Shopper App was enhanced to link directly to participants' benefit balances, while continuing to provide features like, "I couldn't buy this", recipes using WIC-approved foods, barcode scanning for product eligibility, and more. The WIC Shopper App has had 4,951 total registrations as of March 2026, an increase of 3,963 registrations since July 2025. WIC grocer training materials were updated to increase retailer engagement and improve the overall shopping experience for participants.

Management Information System and Data Visualization

Vermont WIC is a member of the Mountain Plains States Consortium (MPSC) and uses a state agency model (SAM) management information system (MIS). The MPSC system is called Ceres in Vermont. Vermont works in partnership with the consortium, project management office, and MIS contractor on maintenance and enhancements to the system. Recent large projects undertaken with these partners include the development of a participant portal (where participants can schedule appointments, track their food benefit

balance, upload documentation, and message clinic staff) and planning for the modular transition of the MIS from a legacy application to web-based, beginning with clinic services and scheduler sections.

In recent years, the program has developed a public facing data explorer that is automatically refreshed on a recurring basis to better understand and visualize trends in participation, food redemption, and breastfeeding prevalence. Additionally, an internal operations dashboard has been developed to support program operations at both the state and local levels with focus areas including appointment summary and clinic time use, breastfeeding peer counselor caseload, reach into the eligible population based on Medicaid enrollment, and reasons for termination from the WIC program. The dashboards are developed with local agency staff input and expertise from data visualization professionals.



In 2025, Vermont WIC transitioned to a new EBT processor and now has access to two additional data systems focused on issuances and redemption. Within these systems, ad hoc reports and dashboards have been created to conduct vendor monitoring and support program operations.

Program Feedback

Vermont WIC sends a clinic feedback survey to participants the day after their appointments on an ongoing basis. Results from the clinic feedback survey are compiled and shared back every six months with local program staff. Feedback from participants on the clinic experience is overwhelmingly positive. Vermont WIC also engages with a standing group of Family Partners. Family Partners are onboarded and compensated to support program work, serving on ad hoc workgroups, providing feedback on written materials, and sharing their experiences in various settings to improve program operations.

To better understand experiences at specific timepoints in program participation, Vermont WIC administered two participant surveys in 2026. One was focused on households with

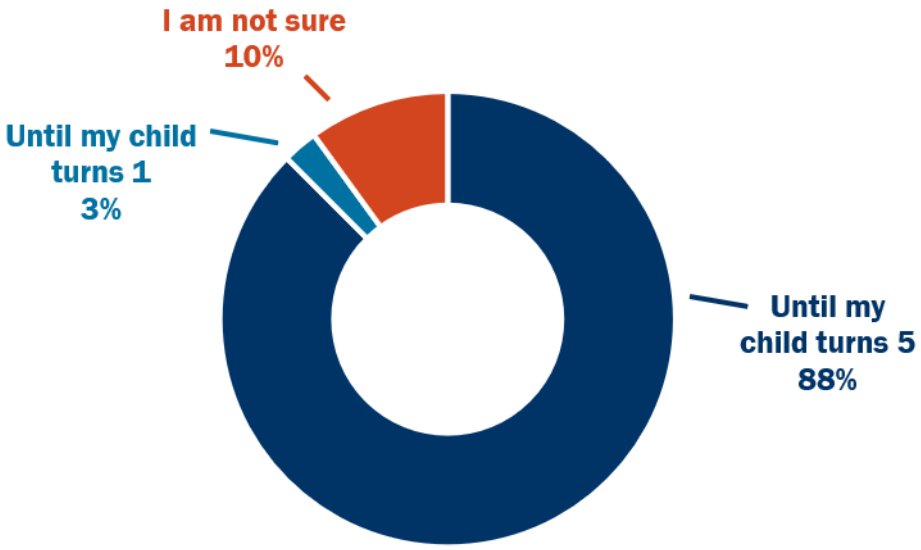
children about to turn 1, since there is a program drop off for many participants at this time. The other was sent to families with children over four and half years old to better understand reasons for continued participation throughout the full eligibility period.

11-Month-Old-Survey

The 11-month-old survey was sent to 258 households with children in their eleventh month and had a 16% response rate (40 responses). Most respondents indicated they participated in WIC postpartum with their 11-month-old, with about half also participating during pregnancy (48%). Infant feeding experiences varied among the respondents, with most responding breastfeeding only (not providing formula) at 38% of responses.

Almost 9 in 10 respondents intend to stay on the WIC program until their child turns five. Approximately half of respondents selected providing online shopping (54%) and continuing to offer phone appointments (49%) as program services that would help keep them participating through their categorical eligibility.

How long survey respondents plan to participate in the WIC program.



When asked what respondents were most looking forward to when transitioning from an infant to a toddler food package, top responses included:

	Percent	Responses
Watching my child explore new food textures and flavors in foods	83%	33
Watching my child become more independent with food	75%	30

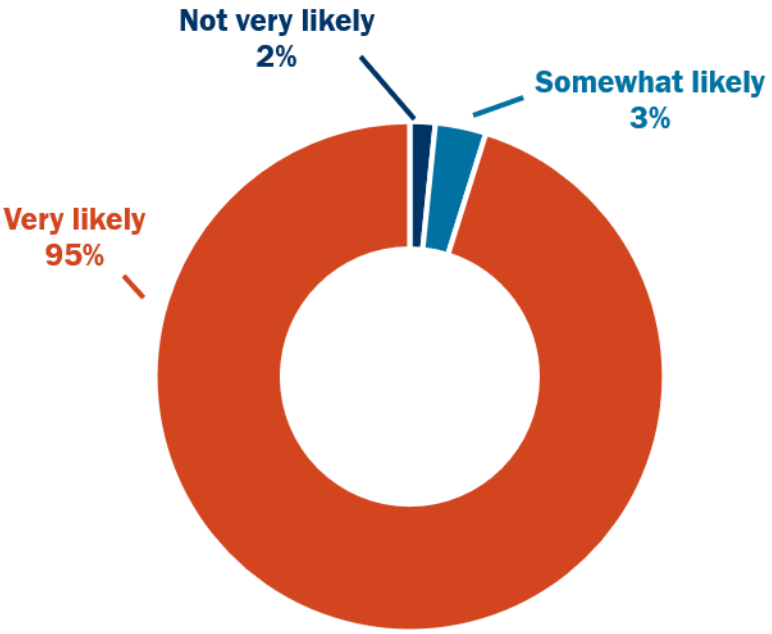
My child eating what the rest of the family is already eating	70%	28
Continuing with food and nutrition support from WIC	68%	27

When asked to select 3 things valued most about the WIC program, the most selected answers were WIC foods (78%), discount access to other programs due to participation in WIC (48%), and Farmers Market Coupons (40%).

4-Year-Old Survey

The 4-year-old survey was sent to 589 households with children older than 4 years and 7 months and had an 11% response rate (62 responses). When respondents were asked what attracted them to WIC, top response included WIC foods, family or friend recommendation to join, breastfeeding support, and doctor or other provider referral. Ninety-five percent of respondents report they are very likely to refer someone to the WIC program.

Almost all survey respondents were very likely to refer someone to WIC.



Specifically, top information that respondents would share with other families about WIC include:

Information	Count
There are financial benefits – access to WIC foods help stretch your grocery budget	53
Farm to Family coupons help you get local fruits and vegetables in the summer	43
Being part of WIC can help you connect with other resources in your community	40
WIC offers additional benefits, such as museum passes and Vermont State Park passes	35
WIC foods are easy to find in the grocery store and staff are helpful if needed	34

WIC provides support to families, including check-ins with clinic nutrition staff and grocery store assistance	33
You have access to food options that you know your child likes	26
You can try new food options that are part of the WIC food package without a big financial risk	25
WIC has helped my family build a strong foundation for healthy eating habits	23

Respondents consistently expressed appreciation for WIC, highlighting helpful staff, valuable benefits, and the positive impact the program has had on their families and daily lives. This sentiment was echoed in the 11-month-old survey, in addition to the value of the food benefits.

Staff Survey

The program also fielded a survey to local program staff for feedback on local services as well as supports and services provided by the state team. The survey was sent to 75 staff and 38 responded, a response rate of 51%.

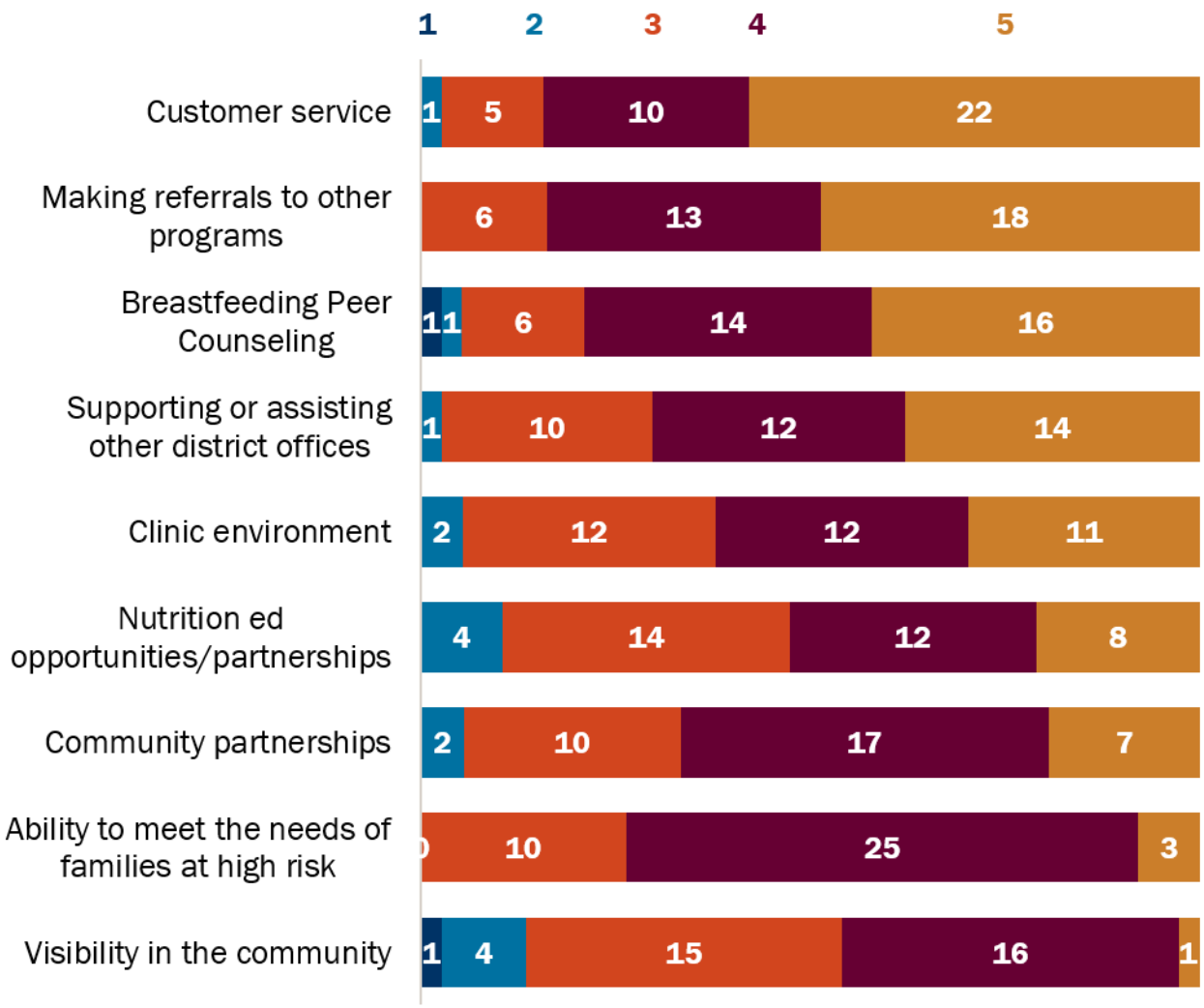
Staff were asked about specific services they felt worked well for both staff and for participants. The top answers for components working well and components needing improvement are noted in the table below

	For staff	For participants
Works Well	Remote appointments	Remote appointments
	In-person appointments	Various communication methods between staff and participants (e.g. texting)
	Local Health and Central Office communication and coordination	In-person appointments
Needs Improvement	Professional development for staff (e.g. training opportunities for career growth)	Food package inclusive of organic and culturally relevant options
	Outreach campaigns and resources	Outreach campaigns and resources
	Food package inclusive of organic and culturally relevant options	Interpretation and translation services

Staff were also asked to rate their district office performance on a variety of components using the following scale: 1 = Not meeting expectations, 2 = Somewhat meeting expectations, 3 = Meeting expectations, 4 = Usually exceeding expectations, 5 = Always exceeding expectations.

The most highly rated components were customer service (e.g. same day scheduling options, short wait times, positive signage, staff are respectful), making referrals to other programs, and breastfeeding peer counseling.

Staff rating of district office performance of various program components.



Local WIC staff were also asked to state how much they agree with various services provided by Central Office staff. Items with the highest levels of agreement are around providing respectful customer services, consistency in knowledge and expertise, and providing understandable tools and resources. Items with more varied agreement were around valuing District Office input and knowing each Central Office staff person and their role.

Items noted to be the most useful for all staff include: the Local Health WIC Hub SharePoint site, monthly all WIC staff calls, and the monthly WIC staff newsletter. Items noted to be the most useful in supporting local outreach efforts include: the online WIC application, WIC rack cards, and the WIC online referral form.

Staff also provided open comment feedback which included the following themes:

1. Streamlining and phasing in new technology in an integrated way, considering the impact managing multiple systems can have on staff workload.
2. Support for stronger WIC promotion and stigma reduction.
3. Support for ongoing professional development and effective information sharing among district offices.
4. Continued improvement in language access services.
5. Support for initiatives that increase participant access and enrollment in the program.

Local Management Evaluations Themes

The State WIC Nutrition Services team conducted a review of management evaluations and district office self-evaluations conducted in the past year. Vermont WIC synthesized themes identified across the four priority areas of Management Evaluations including office procedures, record reviews, clinic environments, and direct observations across WIC local agencies, including outlying sites. Content was drafted and edited with the assistance of a generative artificial intelligence, Vermont's OpenAI instance on Azure. The content has been reviewed and verified to be accurate and complete and represents the intent of the Nutrition Services Team.

Overall, local agencies demonstrate strong operational organization, participant-centered customer service, and effective community integration. At the same time, variability in local quality assurance processes and documentation practices creates gaps that affect compliance, continuity of care, and data reliability.

Office procedures are a clear strength. Clinics maintain well-organized files and nutrition education materials, and teams communicate effectively through routines such as morning huddles, Teams chats, and email. Physical spaces are welcoming, scheduling practices are flexible to accommodate families, and relationships between local office staff or liaisons with grocers, and community partners are strong. These assets support reliable day-to-day operations and participant engagement. Areas of improvement across local WIC programs, include completing an annual review of local policies and procedures and documenting the review dates and highlighting revisions for staff awareness. Routine local quality assurance activities—specifically direct observations and record reviews—are not uniformly in place, with gaps noted in two to three offices. Documentation of nutrition education activities also requires greater consistency to reflect the breadth of offerings and participant choices.

Record reviews show a solid foundation. Staff generally align SMART (specific, measurable, achievable, relevant, and time-bound) goals with information obtained during nutrition interviews and assessments, use individualized nutrition care plans appropriately, and

leverage comments and alerts to convey important information across the team. Documentation is often detailed enough to support continuity of care, duties are well separated during the intake process, and staff navigate the management information system efficiently. Despite these strengths, there is uneven completion of several required elements. Missing or incomplete documentation was observed in some areas.

The clinic environment reflects strong community presence and accessibility. Many clinics exhibit high visibility and clear signage, and co-location with other services and programs enhances convenience for participants. Relationships with personnel at outlying clinic locations are strong, facilitating coverage and continuity across geographic areas. No specific environmental deficiencies were identified in the themes reviewed, suggesting that physical access and community integration are reliable enablers of service delivery.

Clinic observations highlight a positive participant experience. Staff are welcoming and provide excellent customer service, exhibit strong skills in Motivational Interviewing (MI), and demonstrate consistency with the intake procedures of an appointment. It was noted in multiple observations that the appointment flow is smooth, and staff clearly communicate with participants what to expect during visits, reducing uncertainty and improving satisfaction. The main area needing attention within this domain is the depth and documentation of collaborative SMART goal setting. Although staff are proficient in MI and SMART goals often appear aligned with assessments, observations indicate that more intentional conversation is needed to co-create specific, measurable, achievable, relevant, and time-bound goals with participants and to document them consistently.

In sum, local agencies display strong foundations in customer service, Motivational Interviewing, operational organization, and community integration. The most pressing needs center on establishing consistent, documented quality assurance practices and ensuring comprehensive, reliable documentation of required elements in participant records. Addressing these needs—while leveraging existing strengths in team communication, participant engagement, and community visibility—will enhance compliance, strengthen continuity of care, and improve participant outcomes statewide.

Areas of focus for the state WIC team to address and support local WIC programs include:

1. Staff training – Management information system documentation; documenting SMART goals; nutrition risk assignment especially as it relates to screening and documenting alcohol, tobacco, and substance use.
2. Nutrition Education – streamlined approach for sharing nutrition education opportunities and documenting participant preferences
3. Cross district sharing – including WIC Supervisor self-evaluation processes for observations and record reviews, nutrition education promotion, among other areas.

Conclusion

The State Plan goals and objectives developed as a result of this needs assessment will be the State agency's guide for addressing current program needs, improving services, and enhancing program effectiveness and efficiency. Strategies and activities will be identified for each goal that will guide our program operations annually. Performance measures and data sources will be established for each goal and will be reviewed each year to track progress and further guide the coming year’s activities.

References

1. Caulfield LE, Bennett WL, Gross SM, Hurley KM, Ogunwole SM, Venkataramani M, Lerman JL, Zhang A, Sharma R, Bass EB. Maternal and Child Outcomes Associated With the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Comparative Effectiveness Review No. 253. (Prepared by the Johns Hopkins University Evidence-based Practice Center under Contract No. 75Q80120D00003.) AHRQ Publication No. 22-EHC019. Rockville, MD: Agency for Healthcare Research and Quality; April 2022. DOI: https://doi.org/10.23970/AHRQEPCCER253
2. Carlson S, Llobrera J, Neuberger Z. WIC Works: A Cost-Effective Investment in Improving Low-Income Families' Nutrition and Health. Center on Budget and Policy Priorities; January 2026. https://www.cbpp.org/sites/default/files/1-20-26fa.pdf
3. WIC Nutrition Risk Manual; Risk 701: Infant up to 6 months old of WIC mother or of a woman who would have been eligible during pregnancy. April 2001.
4. WIC Online Ordering and Transactions Proposed Rule Q&As; https://www.fna.usda.gov/wic/online-ordering-transaction-proposed-rule-qas; Accessed July 2, 2026.