

FLORIDA DEPARTMENT OF HEALTH IN MIAMI-DADE WIC PROGRAM

TARGETED DIGITAL MARKETING FOR WIC CHILD RETENTION

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I. Executive Summary

Child participation and retention in WIC has declined in recent years. Miami-Dade WIC partnered with HPRIL to implement an integrated media marketing campaign to increase child participation and retention. The campaign was implemented June 2020-May 2021. It digitally and geographically targeted WIC-eligible families with customized static and video ads on Facebook and Instagram, as well as a bilingual Google Ads campaign. The short-term goal of the campaign was to drive users to the Miami-Dade WIC website and appointment call center as well as increase engagement and brand awareness with the community. This study evaluated the impact of the campaign on child participation and retention, as well as the reach and acceptability of the campaign.

The evaluation used a quasi-experimental approach, with two WIC clinics serving as the exposure group (n=5,636) and 11 clinics serving as the comparison group (n=38,241). Data on child participants was obtained from the Florida WIC Management Information System (MIS). Implementation period data was compared to data from a 12-month baseline period (January-December 2019). Descriptive analysis such as counts, frequency distributions, and means were calculated for each process outcome measure. Outcomes of interest were recertification (re-enrolled in WIC during the period), retention (active in WIC at the end of the period), and participation (continuous benefit issuance). Propensity score weighting and difference-in-difference modeling were used to estimate impact. Google Analytics (GA), marketing vendor data, and an online client engagement survey were used to assess engagement and acceptability.

The Miami-Dade social marketing campaign had a positive impact on all recertification, retention, and continuous benefit issuance. In the innovation group, recertification was 5.3% higher (95% CI: 3.4% to 7.1%), retention in WIC was 5.5% higher (3.8% to 6.2%), and continuous benefit issuance was 5.9% higher (3.9% to 7.9%). A total of 1,994,170 campaign ad views were documented; of these, 332,580 (16.7%) interacted with an ad. There were 22,983 unique visits to the local WIC website, 69.6% of which were acquired directly from the campaign. The Google Ads campaign drove the highest number of users to the WIC website (82.2%) followed by Facebook (14.8%) according to GA. Facebook consistently outperformed the other social media

metrics (Instagram, YouTube and Audience Network) with a click through rate of 0.51% (compared to 0.39%, 0.17% and 0.23% respectively). Analysis of social media performance indicated that customized messaging and imagery that are targeted to a specific audience, Spanish language ads, and ads focused on WIC eligibility performed best in this population. A client engagement survey showed 73% of WIC participants reported increased motivation to contact WIC after seeing campaign advertisements.

A targeted social media campaign is highly feasible for a local WIC agency to implement, is acceptable among WIC-eligible families, and has the potential to positively impact child participation and retention in WIC in addition to creating WIC brand recognition. Engagement with ads varied based on language used, theme, and platform, indicating that these are important considerations when designing a campaign of this nature.

II. Introduction

Digital Media Background

In today's world, media is everything. Whether it's print media, publishing, the news media, photography, broadcasting, social media, or advertising – the world depends on media for the communication of information and data. It is embedded in our daily lives. In fact, most industries utilize media as a platform to educate, maintain and gain customers. The healthcare industry uses several marketing strategies for health promotion, illness prevention and health protection. It is also used as a tool for retaining patients, improving quality care, and gaining new patients.¹

In the last decade, the exponential growth of digital media has revolutionized the healthcare marketing industry.² It's no secret that the average U.S. internet user seeks answers to health-related questions via search engine. A study conducted by Pew Research Center's Internet and American Life Project reports that 72% of U.S. internet users have gone online for health-related information and of that group, 77% began their research using Google, Bing, or other general search engines. Furthermore, the reliance on smartphones for online access is especially common among younger adults (52%), non-whites (38%) and lower-income Americans (31%).³

According to the National WIC Association (NWA) Outreach and Retention Survey report, most local WIC agencies reported using unpaid social media to promote WIC. However, nearly a quarter of the respondents (24%), do not use social media for recruitment and retention purposes.⁴ Without funding or evidence-based research on digital marketing in WIC, local agencies lack a valuable tool for retaining and recruiting clients. With the continued caseload decline, particularly in the one- to four-year-old age group, it is critical for WIC to sustain and adopt innovative outreach methods that are relevant to today's families.

¹Reddy, Michael. (2019, March 23). Top Healthcare Marketing Trends for 2019. Retrieved from

<https://www.digitalauthority.me/resources/healthcare-marketing/>

² Huynh, Nancy. (2019, March 30). Industry Survey Report: The State of Digital Transformation in Healthcare in 2019. Retrieved from <https://www.digitalauthority.me/resources/industry-report-the-state-of-digital-transformation-in-healthcare/>

³ Fox, Susannah. Duggan, Maeve. (2013, January 15). Health Online 2013. Retrieved from <https://www.pewinternet.org/2013/01/15/health-online-2013/>

⁴ National WIC Association. (2018, October). WIC Outreach and Retention Survey Report. Retrieved from <https://s3.amazonaws.com/aws.upl/nwica.org/outreach-and-retention-survey-report-2018.pdf>

Miami-Dade WIC Retention Challenge

Miami-Dade County is the largest metro county in Florida, with approximately 2,761,581 residents according to the 2010 US census. Of this, 5.8% of the population are children (160,171) under the age of five. Of the 552,484 families residing in Miami-Dade during the last census, 80,108 were living below the poverty level, and of those families, 21.7% (25,778 families) were living in poverty and had related children under the age of five in their household. This is significant, as Miami-Dade WIC is not capturing and retaining participation of these children in the program. Miami-Dade is unique in that the community is a “minority-majority”, with 65% of the population identifying as Hispanic or Latino (52.9% are foreign born and of those 23.3% do not hold U.S. citizenship). There is also a very large Haitian/Kreyol community. 73.8% of the Miami-Dade population speak a language other than English.

In March 2019, prior to the agency receiving grant funding by the Hopkins Participant Research Innovative Laboratory (HPRIL) for Enhancing WIC Services, Miami-Dade WIC had a total enrollment of 76,387. This is compared to the agency’s participation/caseload which was 62,887 during the same time. Like the rest of the nation, Miami-Dade WIC has seen a steady decline in caseload over the past eight years. Of note is our children caseload, which has dropped from a high of 35,000+ in 2016, to a low of 31,077 in March 2019 (11.2% decrease). This is substantial, considering that children represent approximately 50% of the total Miami-Dade WIC caseload. According to the data, retention declines as children age through the program, with the largest drops seen between ages one to three. When comparing the average children caseload by during March 2018-March 2019, one-year-old children (C1) had the highest average caseload at 10,804. As you move higher in age, the average caseload drops by 23.76% for two-year-old children (C2), drops another 15.27% for three-year-olds (C3), and then another 13.84% for four-year-old children (C4). Between the ages of one and three, child participation drops by a total of 35.4% for the agency and represents an estimated 3,800 children.

Using MIS data from the Florida WIC MIS system, data from March through May 2019 showed that almost 50% of enrollees who were eligible for benefits but have not yet been issued to, are children ages one to three. The largest proportion of these children without benefits were one-year olds (45%, 1,255 children). We found similar and consistent results when it came to the retention

of children and recertification in the program, with one exception. Again, the largest proportion of the caseload (49.68%) that was terminated due to a failure to recertify were one- to three-year-old children (Cert End Date Report, Miami-Dade WIC, March 1, 2019 through April 2019). 87.8% of the 1,634 terminated children did not have a future appointment scheduled. The difference with retention, however, was that the one-year olds represented the *smallest* proportion of the children who failed to recertify (only 1.96% of the total). In contrast, two-year-olds represented the highest number of children who were not retained in the program (43.58%), followed by three (32.08%), and four-year-old children (22.33%). Our data indicates that we were successful at retaining children at one year, but that participation and redemption decrease over the course of that first year, leading to missed benefit issuance appointments and failure to recertify at the age of two. The problem then compounds as both participation and retention steadily decline after the age of two. This is consistent across all our 15 WIC sites in the county.

Anecdotally, our local agency WIC staff see the retention and participation issues in children most often related to scheduling issues. These include problems remembering appointments, especially when they are scheduled 2-3 months in advance, remembering to reschedule appointments, accessibility issues (hours of operation being inconvenient, transportation), and a general lack of time to attend appointments (especially when there are competing family priorities such as work, school, and childcare issues). A qualitative phone study conducted locally in 2013 showed consistency with the local agency wisdom (the reasons above accounted for 41% of why clients stopped coming to WIC). Although the August 2019 Public Charge Final Rule no longer applies, there is a high level of fear in the immigrant community which has permeated through our client base. With such a high immigrant population in Miami-Dade, this has had detrimental effects on our program and has also negatively impacted retention.

The agency currently implements several customer service initiatives to promote participation and retention. These include: text message appointment reminders (for upcoming and missed appointments as well as benefit expiration), accepting income/pay-stubs on the phone or online, 30-day temporary eligibility for missing requirements, Value Enhanced Nutrition Education (VENA) and participant centered communication (annual training is provided which includes health equity and cultural competence training), queuing software to manage patient flow and

value-added time, and secondary online nutrition education (low risk children only). The agency was also involved in a pilot to improve the customer experience in the retail environment prior to the COVID pandemic. Participating local grocery stores dedicated a small section in a non-perishable food aisle to WIC-only foods. This initiative improved both the WIC customer experience by improving the ease of shopping and the vendor experience as there was less confusion and ostracization at the check-out line.

Integrated Digital Media Marketing Tool, Journey Map, and Logic Model

The Miami-Dade WIC Program developed an innovative tool to retain and recruit potentially eligible children one to three years of age. The innovative tool is an integrated media marketing strategy that utilizes the online behavior and geographical location of existing and potential WIC clients to present customized advertising and messaging specific to child retention.

The key word in this innovative tool is integration. The model utilized an integration of modalities to employ a layered strategy that ensured accuracy and effectiveness as well as replicability for other WIC agencies across the country. The target audience received the integrated digital media campaign via four methods: 1) Behavioral Targeting, 2) Social Media Marketing, 3) Search Engine Optimization, and 4) Mobile Geo-Precise Strategy. A visual model of these strategies can be found in Appendix A.

Method 1: Behavioral Targeting is a technique used by digital media companies to utilize historical behavior to customize the presentation of advertisements. An example of behavioral targeting is a user searching and visiting websites/social media pages that focus on topics specific to young children and toddlers. For example, previous browsing history on “picky eating”, toddler play, toys for one-year olds, toddler games, and potty training meet this profile. Layering income and sociodemographic data with behavioral data identifies this user as a potential WIC client (caregiver or parent of a child aged one to three) and subsequently, an advertisement is presented to them on social media or in a search engine result query. User historical data is collected and stored by digital media companies and proprietary algorithms utilize this data to target advertising.

Method 2: Social Media advertising is the use of social media platforms to promote a product, service, website, campaign, or brand awareness. The social media platforms used in this project were YouTube, Facebook, and Instagram. Since these platforms have extensive built-in data analytics, they enabled the agency to target users and advertisements. Social media networks know a lot about their users. In addition to some of the behavioral targeting mentioned above (demographics, income, user preferences and behaviors), social media networks also connect with others via email, phone numbers, and friend circles which substantially increase the reach of an advertising campaign.

Method 3: Search Engine Marketing is the process of getting website traffic from search engines either organically or paid. This project utilized paid search ads on Google (the most used search engine in the United States). Advertisements appear at the top of search engine results pages. This is important because it is the goal of search engine marketing to optimize your website or ads so that they appear in the top positions. Statistics show that most users click on one of the top ads or one of the first five organic results.⁵ This project utilized and tested keywords specific to the project target audience (caregivers and parents of children ages one to three). Each time a user clicks on an ad, the advertiser is charged (cost per click model).

Method 4: Geotargeting is a strategy where marketers use privacy-compliant location data from cell phones, iPads, or computer IP addresses to serve advertising or content to their intended audiences. On a mobile phone, a user must opt-in to allow location sharing (usually via an application). For this project, seven target zip codes that correspond to the two innovation WIC clinics were selected as geotargeted locations. Users who live, work, or move throughout this area would be eligible to be presented a WIC retention advertisement if they met all other criteria (either via social media or search engine).

Digital marketing is powerful in that it allows for the nurturing of a targeted audience in a very personalized way until they are ready to become clients (typically called “conversion”). In for-profit industries, companies use digital marketing to stay fresh on their audience’s mind and then

⁵ Chris, Alex. (2022, June 22). What is Search Engine Marketing? Retrieved from [What is Search Engine Marketing? \(Easy Guide\) \(reliablesoft.net\)](https://reliablesoft.net/what-is-search-engine-marketing-easy-guide/)

opportunistically use this exposure to influence behavior and encourage the user to make purchases (“call to action”). Using the same philosophy, the innovative tool in the WIC setting has the power to “convert” the passive WIC enrollee or family who does not participate in benefit issuance, is late for recertification, or is terminated from the program after failure to recertify. Appendix B details the customer journey through the novel integrated media marketing tool developed for this project.

The journey map developed for this project was adapted from Qualtrics®, a leading software development company that focuses on customer experience management.⁶ The five major steps in the WIC digital marketing journey are awareness, intent, online conversion/decision, offline conversion/adoption, and retention/advocacy. The map details the customer journey through these steps as well as the digital media activity from the client perspective. The right side of the map details the journey from the WIC agency perspective, from the digital media developed and presented to clients, the key performance indicators (KPIs), and the anticipated impact to the WIC program at each of the five steps.

Awareness is when the client/customer is exposed to targeted digital media content and the Miami-Dade WIC brand. The user is educated on who we are and the services we provide. The digital media exposure occurs through organic or paid social media advertisements as well as paid Google ads. The ads are carefully selected by the WIC program to target the client receiving them. This is done through messaging, language, branding, and other factors which are described later in the methods section of this report. Awareness is measured through reach (the number of unique users the ad is exposed to) and the number of impressions. Metrics such as cost per view (CPV) and cost per thousand impressions (CPM) help the agency track cost effectiveness. The result of this stage is increased top-of-mind awareness and better recognition of WIC branding.

Intent occurs when the digital media resonates with the user, and they are interested in interacting with the media presented to them. The client engages with the social media by liking, saving, sharing, or commenting on the post. This engagement allows the program to measure the audience

⁶ (2022, July 27) The Digital Customer Journey: From Awareness to Advocacy. Retrieved from [Digital Customer Journeys: From Awareness to Advocacy | Qualtrics](#)

sentiment, interest level, and responsiveness to the social media content. If users are not engaged, content strategy may need to be reconsidered. KPIs such as engagement rate (number of engagements/impressions) and CPE (cost per engagement) help monitor progress.

Online conversion occurs when a decision is made to act and connect with the program for a service or need. In terms of this project, online conversion occurs when a user responds to a call to action (CTA) and clicks on an ad either on social media or in the Google search engine. The client is redirected either to the local agency website or the Miami-Dade WIC call center (depending on media strategy). Total clicks as well as the click-through-rate (clicks over impressions - CTR) measure this key step. At this point, Google Analytics (GA), a dynamic online platform, can be utilized to measure website activity and campaign performance on the local agency website when marketing vendor KPIs are no longer available. On the website, GA can measure a user's online behavior at a high level of specificity. The goal is to have the user click on the phone number for the appointment line and book a WIC service (ideally a recertification appointment). This "conversion" is crucial in terms of return on investment and project sustainability.

Offline conversion and adoption occur when the user books and completes the WIC appointment for service. The targeted advertisements have led the user to recertify their child and receive WIC benefits. The local agency website becomes the primary source of external information for the client/family, and GA continues to monitor analytics on performance, activity, client behavior, and acquisition. The client may continue to be exposed to targeted digital media as they learn more about the services that the WIC program can provide them. From the WIC perspective, caseload and participation are expected to increase as well as benefit issuance and redemption.

Lastly, retention and advocacy are achieved when a user becomes a loyal and long-term WIC client. The local agency website becomes a trusted source of information that is shared by the user with others in their community. The user becomes an organic follower of the local agency social media page and is actively engaged and interacts with organic social media. Ultimately, this leads to increased retention and recruitment in the WIC program as well as organic social media growth and online community involvement.

The steps in this journey map are progressive and build upon each other to reach the goal of increased child retention. Awareness and intent are necessary steps in the journey, but they do not directly contribute to the short and long-term outcomes of conversion (clicks) and ultimately retention. Intent must lead to conversion (both online and offline) for advocacy to occur. As retention increases, agency funding increases and increased investments can be made for recruitment of new clients. Hence, this map can be seen as cyclical. Results from this innovative tool can provide evidence-based guidance to other WIC agencies on effectiveness and applicability of digital marketing strategies that specifically impact retention.

The Integrated Media Marketing Logic Model can be found in Appendix C. The model visually describes the project related inputs, activities, outputs, short-term, and long-term outcomes of this project. The specific details at each of these steps is discussed in the methods section below.

III. Methods

Implementation of the Innovative Tool

At the start of the project, team leadership conducted several literature and industry reviews of digital media marketing to fully grasp and understand the potential and impact of this medium. It was this research that led to the development of the innovative tool and the customer journey map. The team also met with partners and agencies that had experience implementing successful digital media campaigns in the Miami-Dade community and benchmarked with them to develop project strategy.

Crucial to the innovation was an overhaul of the local agency website, as digital marketing traffic would primarily be directed there, and website traffic would be monitored as a primary short-term outcome. Prior to this project, Miami-Dade WIC managed an existing website that housed basic program information. The website was rarely updated nor promoted as a resource for clients. Website requirements were assessed from the user perspective utilizing available market data provided by the Miami-Dade County Communications & Media Department. Miami-Dade WIC also established a relationship with the County marketing department who managed robust digital media campaigns specific to the Miami-Dade population. They provided access to community-

specific digital marketing research and reports. This relationship was crucial in that it provided project leadership with local demographic and population data. Strategic changes were planned, and project leadership worked with local IT to make the updates to the website. It is important to note that the local website is managed at the state level and that content and formatting was limited to state website templates. All website content in English was professionally translated to both Spanish and Creole which reflects the primary languages spoken in Miami-Dade County. Priority was placed on ensuring ease of access to the website (a short domain was purchased in lieu of the long state URL) as well as ease of use while on the website (appropriate reading level, content placement, navigation, accessibility of downloads and contact information). The website content was also reviewed to ensure it was up-to-date and provided the information required by the public. WIC staff were informally surveyed to assess client acceptance of updated content. While capabilities were limited, efforts were also made to make the site more mobile-friendly. GA tagging was also incorporated into the website by local and state IT to allow for back-end data tracking and analytics. The website was officially launched and promoted to the WIC program, partners, and the community prior to the start of the innovation, in March 2020.

After identifying the target population for our project and assessing available resources, Miami-Dade project leadership researched digital marketing industry standards and key performance indicators, and entered the process of marketing vendor procurement. While digital media can be managed without a contracted vendor, it was determined that our local agency expertise was too limited to meet the needs of this project. Miami-Dade WIC aimed to contract with NWA and their marketing vendor to implement the innovative tool. The reason for this was multifaceted. First, the NWA and associated vendor had extensive experience working with and marketing to the WIC population. Second, the NWA Retention & Recruitment (R&R) campaign was an already established campaign that was actively running social media and banner ads and had historical performance and evaluation metrics to support implementation in the target population. Lastly, the NWA R&R campaign had existing digital media campaign content that was already vetted with the target WIC population. During the negotiation process, NWA eliminated the programmatic element which included the digital banner ads. This was done as the national R&R campaign was pivoting and would no longer include banner ads in the NWA strategy. Banner ads were a key component of the original innovative tool. NWA and Miami-Dade WIC negotiated paid search via

the Google Ads advertising platform as an acceptable deliverable. Banner ads were replaced with Search Engine Marketing (SEM) in the innovative tool. The local agency partnered with the Florida Bureau of WIC Program Services for support on this contract, as Florida WIC had previously participated in the NWA R&R campaign. A Statement of Work (SOW) was developed with Florida Department of Health (DOH) contracts and legal team that specifically detailed marketing needs, expectations, and deliverables. Included in this SOW was a licensing agreement with NWA for existing campaign material and graphics as well as an agreement to utilize NWA's sole source marketing partner. A sole source justification document was necessary to finalize the contract with the State of Florida. The final contract with NWA was formally approved in June 2020. Contractual documents are in Appendix D.

Concurrently, negotiations were taking place with the DOH Communications team to authorize local Facebook and Instagram accounts for the Miami-Dade WIC program. This was unique in that social media accounts are exclusively hosted by DOH Communications at the state level. County Health Departments are not allowed to host their own accounts, nor are local programs. After several weeks of negotiations with DOH legal and communications representatives, Miami-Dade WIC was authorized to establish a local Facebook and Instagram account. The social media handle @miamidadewic was selected to provide continuity with our website URL (www.miamidadewic.org).

In preparation for the digital media marketing campaign, Miami-Dade WIC formed a local HPRIL Grant Advisory Committee to provide insights, guidance and recommendations for selected campaign messaging and content. The role of the advisory committee was to ensure the digital media campaign would be culturally and linguistically sensitive and meet the needs of the unique Miami-Dade population. The advisory committee was assembled using an HPRIL Grant Advisory Committee Interest Survey sent out to Miami-Dade WIC staff via SurveyMonkey from both innovation and comparison clinics (see Appendix E). Member selection was determined utilizing the following selection criteria: knowledge about the community's needs for WIC services, background in social media and/or marketing, and experience in behavioral research/focus groups. The advisory committee members that were selected were also broadly representative of the population served in terms of demographic factors such as race, color, and national origin. The

advisory committee's eight members met for the first time in February 2020 to provide background and overview of member roles, HPRIL project goals and objectives, timeline, and open discussion. The innovation and control sites for the project were never disclosed to the board during the life of the project to prevent bias and limit the possibility of exposure of the innovation clinics. Throughout the innovation period, the advisory committee met on a quarterly basis to review campaign materials and provide feedback, first in-person and then through online meetings due to the COVID pandemic. The advisory committee provided input, recommendations and translations for the customization and personalization of campaign material.

In March 2020, the World Health Organization declared COVID-19 a pandemic, the US declared it a National Emergency, and the state of Florida declared a state of emergency. All Miami-Dade County schools were ordered closed. The local Miami-Dade WIC response began, and all standard processes, operations and projects/initiatives were paused. Miami-Dade WIC sites physically closed but remained fully operational online in a virtual capacity. As operations transitioned to virtual services, so did components of our project timeline and data collection plan.

The changes made to Miami-Dade WIC's in-clinic survey process were an important piece of the data collection plan. The survey's purpose was to capture WIC client engagement with and exposure to social media (with the digital media campaign and with specific campaign ads). Clients who visited the WIC clinic for child recertification services would be invited to participate in the survey after completing the eligibility process. If the client was interested in participating, they would be provided instructions verbally from a WIC staff member as well as given an instruction card explaining how to access the survey using their own personal mobile device through a quick response (QR) code. The mobile-friendly survey would end with proof-of-completion and the client would be provided with an incentive item. Clients would then continue the regular process to complete their certification.

When WIC services transitioned to a virtual service model due to the pandemic, the client engagement survey was forced to move to a virtual client-facing survey. The online survey was developed via the SurveyMonkey platform in English, Spanish and Creole (see Appendix F). The SurveyMonkey link was included in the standardized email script sent to the authorized

representative for all child certifications agency-wide. WIC project leadership adapted survey questions with the input of the advisory committee, focusing on logic that ensured that parents of children could complete it without in-clinic assistance. Clients were asked about where they had heard about WIC and whether they were familiar with Miami-Dade WIC social media pages. Next, they were asked if they had seen WIC ads on their cell phones or computers in the last month and if so, they were asked to recall the platform(s) they saw it on (social media, Google, etc.). The last question asked about their motivation to contact WIC secondary to ad exposure. WIC project leadership trained all WIC staff on how to review the survey link with clients to inspire participation. Clients were never obligated to answer the survey and staff were instructed to clarify that completing the survey was voluntary and would not impact WIC status or service provision. This language was also included in the survey. Improvements to the Client Engagement Survey were made after an initial testing period, using SurveyMonkey platform metrics. WIC project leadership found questions that were being skipped. In response, survey logic was updated, and wording was slightly changed to improve response rates and audience understanding. Client survey responses were downloaded and evaluated monthly throughout the length of the project. Grant sponsored incentives were used to motivate staff to promote the survey during virtual certification appointments (via email link). A local agency contest was implemented to create friendly competition between WIC units. Monthly email announcements were sent to all of WIC detailing performance on surveys (how many surveys were completed by unit) and prizes were advertised for the potential winning clinic. Those with the highest response rates (number of completed surveys over number of certifications by unit) were announced monthly to motivate staff and create momentum for the promotion of the survey. Winning clinics were rewarded quarterly.

Miami-Dade WIC's implementation of the innovative tool began with Google Ads in May 2020. A list of campaign keywords were developed with the vendor and reflected commonly used search terms by the target population relative to WIC services. WIC project leadership consulted with the advisory committee to review existing keywords from the NWA R&R Campaign (only available in English language). The advisory committee also supported the creation of unique and never-tested Spanish keywords. Google Ads were presented only to users in the targeted seven zip codes in Miami-Dade County. After initial testing for two months, a cap of 500 clicks a month was

implemented to meet budgeting caps for the year (a total of 6,000 clicks over 12 months per contract).

The development and implementation of a “Campaign Material Selection Guide” was developed during the same timeframe (see Appendix G). The guide supported WIC grant project leadership, the marketing vendor, and the advisory committee through the selection process of existing creative content from NWA as well as the development of custom content. The content guide included direction on language, relatable imagery, and messaging needs. The guide reflected the goals of the campaign and characteristics of target audience. It defined culturally acceptable material specific to the Miami-Dade community. It also detailed which barriers and misconceptions related to WIC participation needed addressing on social media, as well as enrollment and WIC value-added messaging project leadership felt was important to communicate.

Creative work from our marketing vendor ran in four batches. Initially, these batches were to coincide with quarters of the year, but due to testing implemented throughout project, the timeline did not always align chronologically. The schedule and frequency were mutually agreed upon during the SOW approval process. Each batch included six static ad posts and two videos. Batch one and three were custom creative work while batch two and four were customized from the existing NWA R&R campaign. All six videos that were used during our implementation were existing creative from the NWA R&R campaign.⁷ Existing NWA campaign creative was pre-selected by project leadership based on the selection guide criteria. The advisory committee provided feedback on selections and gave the final approval of existing creative and language. Selections were then provided to marketing vendor for implementation. Per the contract, Miami-Dade WIC was provided two opportunities for feedback and a formal review prior to selection and implementation of digital media. All selected campaign material was formally vetted and approved by the Food and Nutrition Service (FNS) of the United States Department of Agriculture (USDA) prior to posting.

⁷ In the case of digital advertising campaigns, the word “creative” is a noun referring to an “ad served to users on a webpage, app, or other digital environment. Creatives can be images, videos, audio, and other formats that get delivered to users.” www.google.com. What are Creatives? <https://support.google.com/admanager/answer/3185155?hl=en#:~:text=A%20creative%20is%20the%20ad,for%20them%20to%20serve%20ads>.

After some unanticipated contracting delays due to the state procurement process, implementation of Facebook and Instagram ads launched on June 15, 2020. The initial Facebook and Instagram ad strategy began with promoted and boosted posts. The marketing vendor utilized software and internet platforms that utilized algorithms to behaviorally target ads. In addition to behavioral targeting, social media platforms utilize “objectives” to specifically target ad impressions. Several objectives were tested during the innovation period. This included the engagement objective (targeting users who like/share posts), the traffic objective (targeting users who click-through posts and visit websites/links) and the reach objective (low targeting, high impressions). The campaign also tested various calls-to-action (CTAs) on the ad posts, which encourage users to click on the social media. The user would either be redirected to the Miami-Dade WIC website or be prompted to call the Miami-Dade WIC call center (“click to call” CTA). Each batch tested and assessed performance. Strategies that performed better were implemented in the upcoming batch. Objectives and CTAs were tested in addition to targeting, language, placement, run schedules and creative.

The marketing vendor initially used behavioral targeting from the national NWA R&R campaign. This included user interests, behaviors, habits, and demographics. The initial targeting on Miami-Dade WIC’s Facebook and Instagram accounts was set to reach women ages 18-35 and was presented only to users with location services in the project’s seven innovation zip codes. Preliminary results indicated that the targeting was too narrow as the audience was not being exposed to ads consistently enough to produce the expected deliverables (low counts on total impressions, clicks, and engagements). The vendor recommended expanding the targeting to include all parents/caregivers, increase the age range to the age of 45, and eventually expand language options (campaigns ran in both English and Spanish together to broaden reach).

In batch one, Miami-Dade WIC ran custom creative ads as sponsored and boosted posts, testing both engagement and traffic campaign objectives. For reference, sponsored or “boosted” Facebook posts are content that a company has paid to promote. Boosted posts are organic posts that already exist on your profile or company page that are then boosted to create visibility and reach outside of your organic followers. Sponsored posts are paid ads that exist completely out of your profile

and feed and have even greater flexibility with targeting and reach. Both campaign objectives had positive feedback, so they were run for an extended period to establish a following on social media. This also served a dual purpose of increasing traffic to our revamped website. The cost metrics for the engagement campaigns were performing well across all KPIs. The campaign continued running engagement and traffic objectives concurrently to test impact. Due to COVID, there were delays in the roll-out of the campaign and the content and batch timeline was amended to allow for overlapping of posts for short periods of time to “catch up” in the release schedule. This also was useful to encourage engagement during the slower holiday season when caseload traditionally declines (November to December).

In batch two, NWA existing creative was assessed for use in the campaign. Upon review of the NWA R&R campaign material, it became clear that much of the existing content needed to be updated to fit the guidelines of the campaign selection guide. The marketing vendor agreed to some minor editing of the existing content for this purpose. Visuals and photography that were more representative of Miami’s demographic were chosen with the assistance of the advisory committee. After reviewing language performance in batch 1, all posts added Spanish translation and caption, even if the ad was posted in English. The translations were done in-house at Miami-Dade WIC, as Hispanic dialect varies from country to country and ad language needed to be specific to the Caribbean and South American population served. Campaigns continued to run in both engagement and traffic objectives along with bilingual copy in the caption below ads. The social media budget was split between languages which allowed for accurate testing of language.

Vendor metrics from the first two campaign batches were used to determine the messaging in the batch three (custom creative). Strategy that performed well in batches one and two were implemented in batch three. During the running of batch three, the reach objective was tested. For this objective, Facebook targets users not based on interests but more on their behavior and likelihood to click on an ad. This objective ran against the engagement objective to test its effectiveness on Facebook. The reach objective was not an option on Instagram. Batch four again ran existing NWA R&R campaign content. Ads were chosen and customized by project leadership and the advisory committee once again. Miami-Dade WIC grant leadership continued the theme assessment for the campaign in the final selections for this batch. Quarterly reports from the

marketing vendor and Google Analytics were used for batch performance evaluation and led to the decision to not shift strategies for the final posts.

YouTube ads officially launched on June 8, 2020. All six videos selected for the campaign were licensed directly from the NWA R&R campaign. Initial YouTube testing targeted females and parents who lived in seven target-specific zip codes who were Spanish-language dominant, and within the ages of 18-35. Attempts to post the initial video were problematic. First, we were notified by the vendor that YouTube did not authorize the posting of the video. The vendor cited problems with YouTube posting requirements but was unable to provide details. Attempts at changing creative, audience parameters, and objective did not remedy the issue. Eventually, the vendor provided notice that copywriting issues secondary to the music in the NWA video prohibited the posting of the videos to YouTube. It is important to note that there were significant communication issues between YouTube, the marketing vendor and WIC project leadership during this time period. The marketing vendor explained that this difficult communication with YouTube was unusual and strongly encouraged a pivot to Facebook Video, considering the positive performance of the static ads on that platform. After reviewing the performance data and multiple discussions with the marketing vendor, YouTube was phased out and Facebook Video was selected to run all six of the video ads. Videos were posted to Facebook without issue. Facebook Video ads worked similarly to static media posts; they played within videos that were being watched by the user as a non-skippable ad. The pivot in strategy was beneficial in that audiences were targeted more precisely because of Facebook's capability to track user behavior.

Miami-Dade WIC project leadership attended the free online Google Analytics Academy to better understand the metrics behind website traffic and usage. Miami-Dade WIC worked with the state DOH IT to place the appropriate GA tagging and to access segmented data specific to the Miami-Dade WIC program from the GA platform. Project leadership identified and selected priority metrics from GA to meet project needs. Further tagging called event tracking was added to the local website later in the campaign. Event tracking documented user behavior (user downloads, calls, and clicks) while on the website. Unfortunately, unplanned and uncommunicated updates to the website and GA tagging were completed by state DOH IT mid-campaign which resulted in the

removal of all event tracking codes. Several months of event tracking data are unavailable due to this update.

Project leadership worked with DOH IT to build custom reports specific to our local agency and metrics. Eventually, WIC project leadership built a dashboard to house key information about weekly website performance metrics. Custom downloads and reporting of local website GA were developed using application programming interfaces (APIs). The APIs allow for customized access to user data. The use of the GA API facilitated reporting during this project. UTM (Urchin Tracking Module) tags were added by the marketing vendor in batch two of social media posting. These tags allowed for the tracking of GA metrics specific to the post and not just the platform. During the last batch of the social media campaign, project leadership were made aware of the ability to track calls that were made directly from click to call ads. This was important because users that clicked to call were not able to be tracked via GA (these users did not go to the website). Therefore, follow-through could not be monitored. To address this, Miami-Dade WIC IT services created two unique direct inward dialing (DID) numbers. One DID number was created for Facebook video and one was created for static ads on Facebook. The click to call CTA was not available on Instagram. DID numbers were assigned to the click to call social media advertisement on the back end by the vendor. Despite good intentions, the DID was not as fruitful of a resource as hoped. The reporting was complicated and unverifiable and therefore, unusable for the purposes of this project.

Between March 2020 and April 2020, all Miami-Dade WIC clinics physically closed due to the COVID-19 response. Select sites remained open for specific in-person needs such as EBT card issuance, direct distribution issuance, and services for clients without access to email or phones. All other services were shifted to a virtual model which allowed Miami-Dade WIC to meet capacity and the needs of 100% of our scheduled clients during the closures. Subsequently, the WIC call center volume increased dramatically post COVID. The average call center wait time increased, there were longer hold times due to high volume, and the average talk time also increased due to increased questions and client instruction on virtual services. In October 2020, all Miami-Dade WIC clinics re-opened for in-person services as a complement to virtual services

which continued to be an option for clients. The USDA federal waivers for COVID remain in place through the end of the national emergency declaration.

Due to the delays in implementation of the integrated media marketing campaign, changes were made in the data periods for the program evaluation. Therefore, the baseline or pre-implementation period was changed to be the calendar year of 2019, and the implementation period to June 2020 to May 2021.

Evaluation Design

The Miami-Dade WIC Program has 15 service locations throughout the county and the WIC clinics pull clients from four to five zip codes surrounding the physical location of the clinic. This has been confirmed by Geographic Information System (GIS) mapping. For this project, we selected two innovation clinics, Unity WIC and Penalver WIC, as they share clients from the same zip codes and are similar in socio-demographic make-up. Total enrollment for these two sites in February 2019 was 10,247. We identified a total of nine zip codes that represent >75% of the caseload for these two units. Of these, seven were specific to the innovation sites and had limited overlap with clients that receive services at other Miami-Dade WIC sites. These seven zip codes were selected as our target zip codes.

The seven targeted zip codes were 33142, 33125, 33135, 33128, 33130, 33139, 33136. GIS mapping and analysis revealed that 60% of Unity WIC clients and 72% of Penalver WIC clients live/reside in these seven zip codes (Appendix H). Therefore, any implementation tool targeted to these zip codes directly impacted the selected WIC clinics. Only two other comparison clinics pulled a substantial number of clients from the same target zip codes. To eliminate and reduce the impact of client crossover, those clinics were removed as comparison clinics. The remaining WIC clinics (11) pulled less than 1,000 clients from the target zip codes which did not significantly impact outcomes, this represents less than 2% of the total Miami-Dade WIC caseload.

Miami-Dade County is a minority-majority population, with Hispanic/Latinos representing the largest proportion of the population. This is even more representative with the two innovation clinics, which serve one of the largest Hispanic/Latino populations in Miami-Dade County. The

area served is known as “Little Havana” and historically was known as the cultural and political capital of Cuban exiles in South Florida. The demographics have changed slightly as Hispanics from other countries, especially from Central America, have subsequently moved into the area. Please refer to Tables 1 through 3 below for select demographic information of the three primary innovation zip codes (33142, 33125 and 33125).

Table 1. Families Count by Primary Language

WIC Clinic Name	English		Spanish		Haitian-Creole		Other		Total Families
<i>Innovation Clinics</i>	n	%	n	%	n	%	n	%	n
Unity	1214	26.44	3369	73.38	2	0.04	6	0.13	4591
Penalver	410	20.99	1540	78.85	0	0	3	0.15	1953
<i>Comparison Clinics</i>									
Goulds	831	62.2	501	37.5	4	0.30	0	0	1336
Perrine	1541	53.54	1324	46.0	6	0.21	7	0.24	2878
South Miami	592	48.05	631	51.22	1	0.08	8	0.65	1232
West Dade	1834	34.85	3410	64.8	0	0	18	0.34	5262
Homestead/FL City	1941	49.43	1916	48.79	60	1.53	10	0.25	3927
Carol City	2186	61.84	1301	36.8	47	1.33	1	0.03	3535
Little River	1017	42.48	531	22.18	844	35.25	2	0.08	2394
University	836	24.53	2567	75.32	0	0	5	0.15	3408
Hialeah	1758	24.18	5506	75.75	2	0.03	3	0.04	7269
North Miami Beach	3228	64.73	833	16.70	903	18.11	23	0.46	4987
Naranja	910	55.56	713	43.53	14	0.85	1	0.06	1638

Source: Florida WIC Program FL-WiSE Data System, May 2022

Table 2. Hispanic or Latino by Type: 2010 by Primary Innovation Zip Codes

Indicator	33142 %	33125 %	33135 %
% Hispanic or Latino	56.7	92.3	94.0
Hispanic or Latino by Type			
Mexican	1.0	1.5	1.5
Puerto Rican	3.3	2.5	2.0
Cuban	18.7	49.8	51.4
Dominican	5.9	2.6	1.4
Central American (excludes Mexico)	20.4	26.3	26.9
Guatemalan	1.1	1.5	1.5
Honduran	8.9	8.4	8.1
Nicaraguan	8.8	13.7	14.6
Salvadoran	1.1	2.2	2.0
South American	2.6	4.8	6.5
Other Hispanic or Latino	4.9	4.7	4.3

Source: U.S. Census Bureau, 2010 Census

Table 3. Profile of Households and Families and Select Economic Characteristics: 2010 by Primary Innovation Zip Codes

Indicator	33142	33125	33135
Total population under 5 years of age	7.7% (4,043)	5.95 (3,091)	5.3% (1,926)
Average Household Size	2.97	2.8	2.57
Family households with female householder	37.4% (6,510)	27.0% (4,956)	25.6% (3,575)
Families w/own children under 6 years of age	9.5% (1,116)	9.9%	10.1%
Median family income (dollars)	\$28,409	\$31,773	\$29,930
% of all families below the poverty level (past 12 months)	32.5%	25.6%	24.5%
% of families with related children of the householder under 5 years below the poverty level (past 12 months)	31.1%	25.9%	27.9%
% Of families with female householder under 5 years, no husband present below the poverty level (past 12 months)	56.9%	55.5%	29.2%

Source: U.S. Census Bureau, 2010 Census; 2013-2017 American Community Survey 5-Year Estimates

To measure the outcome of the implementation tool for retention and recruitment, the HPRIL team requested two data sets: a baseline dataset and an implementation dataset. Data from these reports were provided by the Florida WIC Office using the FL-WiSE Data system. The baseline dataset began January 1, 2019 and ended December 31, 2019 for a total of 12 months. The children included in the baseline dataset are those with birthdates within the following data range, inclusive of these date and end points: January 1, 2015 through December 31, 2018. The implementation dataset began June 1, 2020 and ended May 31, 2021 for a total of 12 months. The children included in the implementation dataset are those with birthdates within the following date range, inclusive of these date end points and who are considered active in WIC on June 1, 2020: June 1, 2015, through May 31, 2020.

Evaluation Questions and Indicators

The goal of the process evaluation was to augment campaign scalability and replicability by comprehensively documenting planning, implementation, and evaluation activities throughout the project. Our question was, how do we know if the project was implemented as intended?

The first process evaluation indicator was to obtain documentation and ensure project fidelity. One of the first tasks this project undertook was contracting with the NWA and their media vendor. The process to contract with an outside vendor is cumbersome and lengthy, due to government contract policy and protocols in the State of Florida. The documents that were to be collected included the Vendor Contract, SOW, and documentation for non-competitive procurement. Additionally, all documentation provided by the marketing contractor such as type and number of campaign materials by platform, Facebook, Instagram, and YouTube were compiled. All custom and existing creative content for digital media advertising were documented and archived. The Miami-Dade WIC external website was updated to support the digital media marketing campaign. All changes to the website and storyboard were archived. The client engagement survey collected subjective qualitative data about exposure to digital marketing and impact on motivation to contact WIC. All survey data was collected and downloaded to excel via the SurveyMonkey platform. The Miami-Dade WIC staff at both innovation and comparison clinics were trained on the promotion of the client engagement survey which was planned to be implemented in person but was transitioned to virtual after COVID-19. All staff were encouraged to promote the Miami-Dade

WIC social media pages. Documentation of trainings and dates are on file. Documentation of the social media postings schedule were collected from the marketing contractor in the forms of batches and social media type (video or static post). To facilitate the project management, the Miami-Dade WIC leadership team developed a complex matrix which tracked the projects key milestones, timeline of activities and events by date as well as responsible person(s) for each activity. The matrix documents each activity throughout project implementation and includes comments and updates as progress was made.

The second process outcome evaluation integrates quantitative analysis of marketing vendor performance. Our questions were: Did the digital media campaign reach the intended audience? How did the target audience interact with the campaign? Was the campaign cost-effective? Miami-Dade WIC project leadership utilized monthly reports from the marketing contractor to measure digital media campaign performance. The reports included detailed key performance indicators for all digital media including Google Ads, Facebook, Instagram, and YouTube.

For Google Ads, the goal was to determine overall campaign performance and identify which keywords had the most clicks and drove the most visits to our website. This was measured by total and monthly impressions (the number of times the WIC display ad was presented) and clicks for all campaign keywords. Additionally, a report of monthly and annual click-through rate (CTR), which measures number of clicks compared to impressions, was provided monthly and for the overall campaign. Using these reports, project management identified and described the top performing keywords in terms of impressions, clicks, and CTR.

For social media marketing, the project leadership aimed to assess which campaign materials performed best, stratified by platform, campaign objective, ad theme and creative type (custom vs. existing NWA content). The performance for Facebook, Instagram and YouTube were measured by several metrics. These include impressions (the reach of the advertisement to the target population), clicks on the advertisement which direct to the local agency website or to the phone center, CTR, and engagement with the advertisement (likes, shares and comments on the post).

Lastly, project leadership aimed to determine the applicability of social media campaign. Were the social media advertisements cost-effective and sustainable? This was measured by assessing cost metrics including cost per thousand impressions (CPM), cost per click (CPC) and cost per engagement and views (CPE/CPV) (see Table 4 for definitions of the social media metrics).

Table 4. Definitions of Social Media Marketing Terms and Metrics

Social Media Metric	Definition
Clicks	The number of clicks on links within the ad that led to advertiser-specified destinations
Impressions	The number of times your posts were on screen
Engagement/Views	Post engagement includes all actions that people take involving your ads while they're running. Post engagements can include actions such as reacting to, commenting on or sharing the ad, claiming an offer, viewing a photo or video, or clicking on a link.
Click through Rate (CTR)	The percentage of times people saw your ad and performed a link click. The metric is calculated as link clicks divided by impressions.
Cost per click (CPC)	CPC shows how much, on average, each link click costs. CPC is a metric used in the online advertising industry for benchmarking ad efficiency and performance. The metric is calculated as the total amount spent divided by link clicks.
Cost per impression (CPM)	CPM is a common metric used by the online advertising industry to gauge the cost-effectiveness of an ad campaign. It's often used to compare performance among different ad publishers and campaigns. CPM measures the total amount spent on an ad campaign, divided by impressions, multiplied by 1,000. (Example: If you spent \$50 and got 10,000 impressions, your CPM was \$5.)
Cost per engagement/view (CPE/CPV)	The average cost for each post engagement. This metric is calculated as total amount spent divided by post engagement.
Audience Network	This is a network of mobile app and mobile web publishers who've been approved by Facebook to show ads in their apps.
Objective	The objective reflecting the goal you want to achieve with your advertising. It may be different from the selected objective of the campaign in some cases.
Traffic Objective	The traffic objective is designed to drive people to your website or app. With traffic as your objective, you can create ads that send people to a destination such as a website, app, phone call or Messenger conversation (website clicks). Platforms that support traffic objective are Facebook and Instagram.
Engagement Objective	The engagement objective is designed to get more people to see and engage with your Facebook post or page. With engagement as your objective, you can create ads that boost your posts (post engagement), promote your page (page likes) and raises attendance at an event on your page (page responses). Platforms that support engagement objective are Facebook, Instagram and Audience Network.
Click to Call Ads	Click to call ads encourage people to call your business to place an order, receive more information or schedule an appointment. When you create a call ad, you can use a regular call ad, or you can use a call extension ad. When you use a regular call ad, your image or video ad appears with a Call Now button. When people see your ad, they can tap the image, video or Call Now button to directly call your business. After they tap your ad, the call dialer opens on their phone, prefilled with the number you set as the destination. They are then prompted to call but can still exit out of the screen.

Source: Meta Business Help Center; 2013-2017 American Community Survey 5-Year Estimates

The short-term evaluation aimed to determine if the integrated digital media marketing campaign positively contributed to website and call center traffic. In addition, a qualitative summary of stakeholder perspectives was completed to determine whether the campaign added value to the WIC experience for clients.

To measure traffic to the Miami-Dade WIC website and click-through to the call center, the Google Analytics (GA) platform was utilized. GA is a web analytics service that provides statistics and basic analytical tools for search engine optimization (SEO) and marketing purposes. The service is part of the Google Marketing Platform and is available for free to anyone with a Google account. GA tracks website performance and collects visitor insights as well as marketing campaign metrics. For this project, the following metrics were tracked and analyzed: number of sessions (clicks to the website), number of new users to the Miami-Dade WIC website, new user acquisition (how they arrived at the website), audience demographics, device, and usage preferences (mobile or desktop computer, browser language, age range), and behavior while on website (clicks to the call center, downloads, page visits).

In addition to performance metrics, the project intended to measure exposure of the campaign in the target audience in addition to determining whether the integrated media marketing campaign motivated these clients to contact WIC. To measure exposure and motivation, a client engagement survey was deployed. The survey was promoted to all current WIC clients, but specifically targeted clients from the innovation clinics. Assessment of the survey results includes descriptive characteristics of the survey population and analysis of the clients exposed to campaign ads stratified by platform and innovation versus comparison zip codes. The survey compared the total survey population against those who were identified as current parents of children under the age of five (to determine recruitment versus retention). Project leadership also assessed client motivation to contact WIC after exposure to advertising stratified by digital media platform exposure.

Prior to project implementation, HPRIL assisted Miami-Dade WIC in identifying a comparison group to allow for a contemporaneous comparison evaluation design. An aggregate of 11 non-innovation clinics in the Miami-Dade WIC clinic network (of 15 clinics total) served as the

comparison sites. HPRIL obtained Management Information System (MIS) data from the State of Florida to conduct statistical analyses to evaluate the impact of the social media campaign on outcomes related to child retention and participation. Data were obtained for two time periods: a baseline period that was the 2019 calendar year and an implementation period that was from June 1, 2020 to May 31, 2021. The data request was for all infants and children who were active in WIC at the beginning of each period. The HPRIL evaluation sought to compare changes in each outcome over time for the implementation group to changes for the comparison group.

The MIS data set included variables from the USDA minimum data set (MDS) necessary for describing the characteristics of the participants as well as for calculating each of the outcome variables. Because the data set included all infants and children active at the start of the period, we can examine the pattern of participation of a cohort of WIC participants over time. During any given 12-month period, each participant has an end date for the prior certification period and can be expected to recertify (or not). Participants can leave the program by not re-certifying, or they may recertify and then leave the program, and some may move and enroll in another WIC agency. Thus, at the end of the year, a child may still be active in WIC (that is, retained), inactive because they left the program, or re-enrolled at another WIC agency (e.g., they moved out of the area). Please refer to Table 5 below.

Each month benefits are issued for each WIC participant, and over a time period different patterns of issuance can be observed, with less than continuous benefit issuance indicating gaps in service due to, e.g., missed appointments. Although benefits are issued to a specific WIC participant, benefit redemption at the individual level is not generally available in MIS data, nor is partial redemption of benefits. Monthly benefit non-use, however, is available in Florida's MIS (Table 5).

The analyses here focused on three core outcomes regarding retention and participation. Initially, five outcomes were considered. First, child recertification was defined as documented recertification of the children during the 12-month period or during months 13-14 for those with certification end dates during the final two months of the period. Second, timely recertification was defined as recertification within 60 days of the end date of the prior certification period. Third,

retention was defined by the child’s status at the end of each study period (i.e., active or terminated per the MIS). Fourth, child participation was measured by continuous benefit issuance (11 or 12 months). Fifth, benefit non-use was defined by a child’s benefits being fully expired (no benefits redeemed) in a given month. During analyses, it was revealed that more than 90% of recertifications were timely (during each time-period), and that benefit non-use was < 5% (during each time period) and therefore these outcomes were not investigated further.^{1 2}

Table 5. HPRIL Child Retention and Participation Outcomes

Outcome	Description
Recertification	The proportion of children in the dataset with a recertification date during the period. Note: includes children who left the agency and/or were not classified as “active” at the end of the period.
Timely recertification	The proportion of children (out of all children in the cohort) with a recertification date less than or equal to 60 days after the end of certification during the period.
Not-timely recertification	The proportion of children (out of all children in the cohort) with a recertification date greater than 60 days after the end of certification during the period.
Percent of recertifications that are timely	The proportion of children (only out of those with a recertification date) whose recertification date is less than or equal to 60 days after the end of the certification during the period.
Retention	The number of children active at the end of the data period at the innovation or comparison agency / (The number of children overall at the beginning of the period - children at another local agency at the end of the period)
Continuous benefit issuance	The proportion of children who were issued 11-12 months of benefits (out of 12)
Months of benefit issuance	Median and interquartile range of proportion of children issued benefits across the year
Percent of cohort issued benefits	Average proportion of children that were issued benefits each month
Benefit non-use	Monthly proportion of children with fully expired benefits (only among children who were issued benefits that month).

The analyses proceeded in stages. Descriptive analyses were conducted to describe the participant characteristics and outcomes for each group during each time-period. We documented characteristics with a significant percentage of missing values (> 10%), which would limit their usefulness during analysis. To assess comparability of the innovation and comparison groups within each time period, HPRIL compared participant characteristics, including participant

category at the beginning and end of the data period; household size; number of WIC participants in the household; multiple birth status; race and ethnicity; primary language other than English; need for a translator; participation in other federal assistance programs such as TANF, SNAP, and Medicaid; and whether the participant was ever breastfed. Pearson chi-square tests were used to detect any significant differences between innovation and comparison in terms of participant characteristics and outcomes for each time-period. Logistic regression analyses were also conducted to compare outcomes between groups (innovation versus comparison) within each time-period adjusting for covariates. As noted above, reports of these analyses were created for each time-period.^{1 2}

To estimate program impact, HPRIL employed a difference in difference (DID) approach. As noted above, this involves estimation of the changes over time in each outcome in the innovation versus the comparison group. Analyses were conducted for the overall sample as well as for infants (IBE, IFF and IBP categories) and children (C1, C2 and C3 categories). Because participants are not randomly assigned to the innovation or comparison group, analysis of the impact of the social media campaign is not straightforward. Participants are assigned to a WIC clinic based on residence which is determined by the participant's family and based on multiple factors. This may lead to the problem of selection bias, if these same factors also affect the likelihood of recertification, retention, or participation.

To address this issue, HPRIL employed propensity score weighting (PSW) to adjust for differences in participant characteristics between the innovation and comparison groups at each time period (labelled T1 and T2) as well as differences across the two time periods. Two common weighting approaches were used. In the first, weights were estimated using multinomial logistic regression in which observations are weighted as compared to the those in the innovation group during T1 as per Stewart et al., 2014.³ In the second, a kernel approach for repeated cross-sectional data was used to weight observations relative to the innovation group during T2 as per Villa 2016.⁴ To illustrate the balance in participant characteristics achieved through weighting, HPRIL compared the absolute standardized differences (ASD) for the means of each variable before and after weighting in the overall sample, for infants, and for children. This involved comparing the balance achieved for the innovation group over time (at T1 and T2), the innovation group at T1 and

comparison group at T1, and the innovation group at T1 with the comparison at T2. This approach was repeated for analyses involving infants or children.

To fully present the results, the outcomes are shown and compared over time using both unweighted and weighted data. HPRIL conducted DID analyses for all three outcomes (recertification, retention, and participation/benefit issuance) overall, for infants, and for children. Beta coefficients and 95% confidence intervals were calculated using three models: (1) Crude, unweighted; (2) Adjusted Model 1 (A1): PSW-DID using logit for propensity score weighting (PSW) and ordinary least squares (OLS) for DID; and (3) Adjusted model 2 (A2): PSM-DID using Kernel for propensity score matching (PSM) and probit for DID with repeated cross-sectional option.

Because the social media campaign was implemented in quarterly batches, we examined monthly differences in recertification between innovation and comparison during both the baseline (T1) and implementation (T2) periods. To do this, we identified for each month those children whose prior certification period was ending and estimated the proportion of those who recertified within 60 days. Absolute differences in recertification rates were then graphed over the 12-month period.

Data Collection and Analysis Plans

Aggregate social media and Google Ads performance was provided to Miami-Dade project leadership by the social media vendor. Data was provided via email monthly to the project leadership team. Miami-Dade WIC analyzed and cleaned the data locally. All social media metrics were converted to excel tables and graphs and stratified per the evaluation plan. Aggregate Google Analytics (GA) data was downloaded from the Miami-Dade WIC Google account weekly. There is no PII in any of the vendor data which includes social media data, Google Ads, and GA. Miami-Dade WIC analyzed and cleaned the data locally. Metrics were analyzed for trends over time via excel graphs and tables. Client engagement survey data was downloaded locally from SurveyMonkey by Miami-Dade WIC project leadership. Survey data was de-identified locally and analyzed as an aggregate.

Miami-Dade WIC requested baseline and innovation MIS data from the Florida Department of Health WIC Bureau. All applicable State of Florida IRB protocols were adhered to, and a data sharing agreement was signed by both the Florida Department of Health and John Hopkins Bloomberg School of Public Health. Data was provided to HPRIL from both the innovation and comparison sites during the timeframes noted above for baseline and implementation. PII was de-identified prior to transfer, and the datasets were provided as a wide format CSV file. Any deviations in coding or calculation from the HPRIL codebook were documented and submitted to HPRIL in the form of a revised codebook along with the data. Data transfer involved uploading the dataset files and revised codebooks to a HIPAA/FERPA-secure Johns Hopkins University OneDrive folder.

IV. Results

Process Evaluation

Project fidelity was evaluated by meticulous record keeping and documentation of activities throughout the project. All project documentation is available in the appendix of this report. The documentation includes: the formal vendor contract with the State of Florida and supporting documents (Appendix D), campaign creative materials (Appendix I), updated website landing page and storyboard (Appendix J), staff training materials (Appendix K), staff training agendas on survey protocol (Appendix L), social media posting schedule/calendar (Appendix M), and the Miami-Dade HPRIL full project matrix (Appendix N).

The Google Ads campaign was highly successful. In total, Google Ads were presented 34,894 times during the implementation period (also known as impressions). Targeted ads were clicked on a total of 6,853 times during the implementation period. The average number of impressions per month for the implementation period was 2,330. The average click-through-rate (CTR) which measures the ratio of ad clicks to ad impressions was 20.95%. Please refer to Figure 1 below for a summary of impressions and clicks by month during the implementation period.

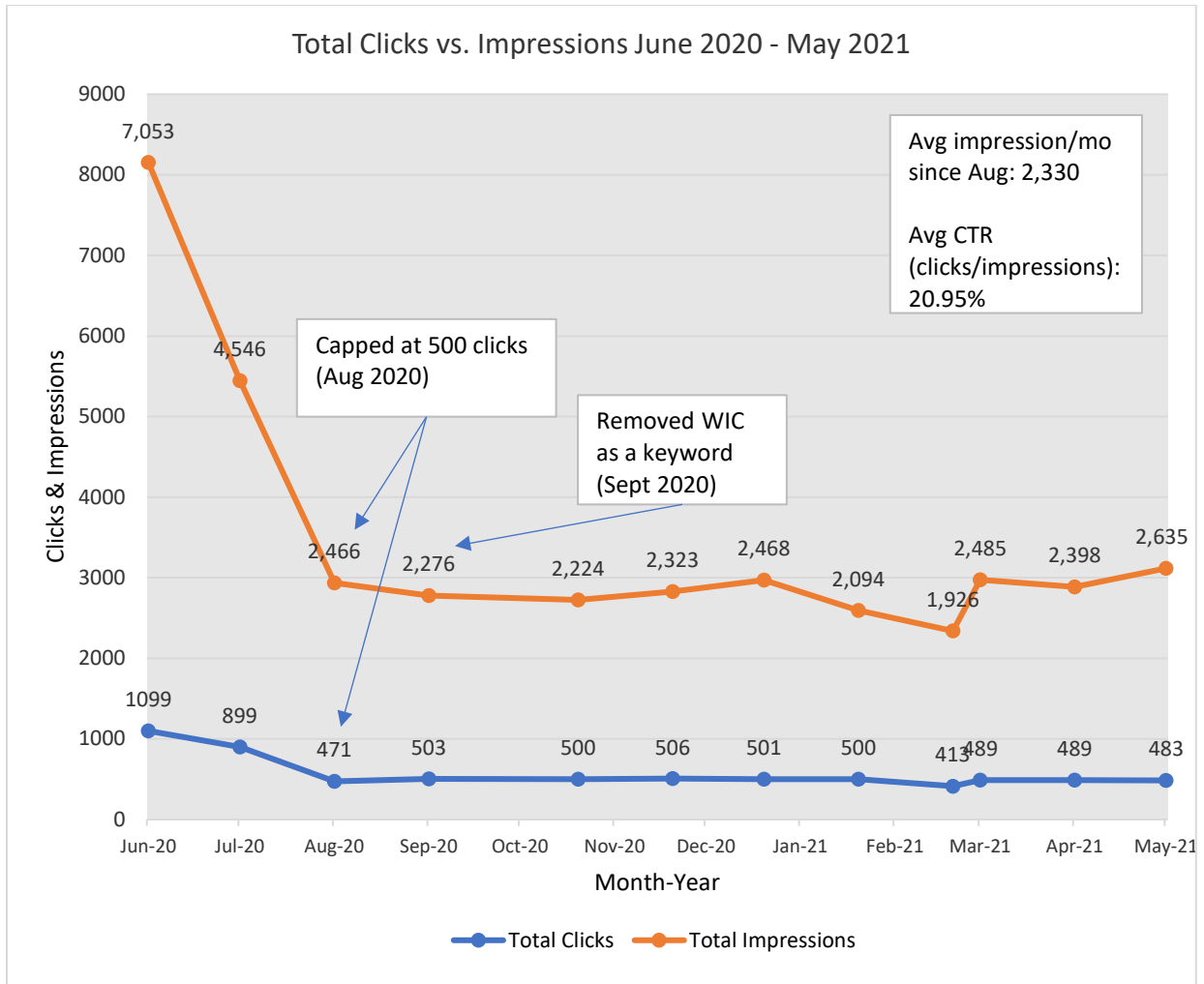


Figure 1. Google Ads Total Clicks vs. Impressions June 2020 – May 2021

Figure 2 documents the monthly CTR throughout the implementation period. The lowest CTR was 15.58% which was seen during the first month of the campaign (June 2020). This increased to a high of 23.88% in February 2022.

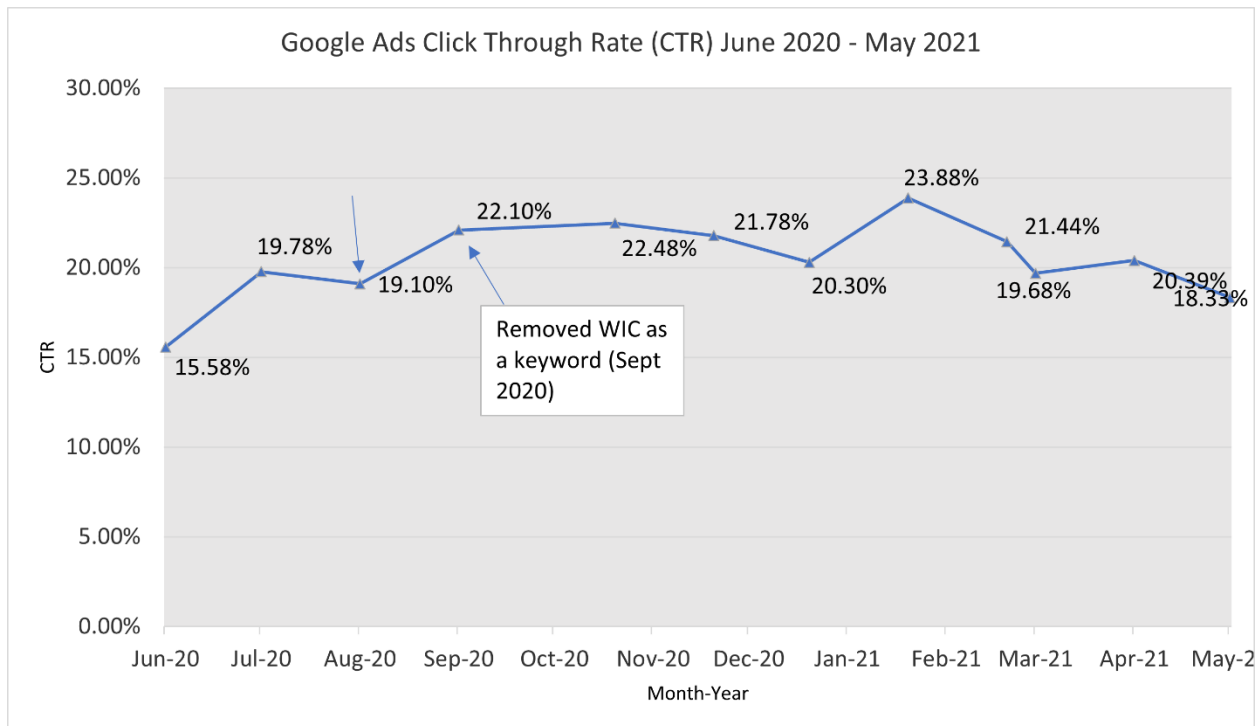


Figure 2. *Google Ads Click-Through-Rate by Month, June 2020-May 2021*

The Google Ads campaign was driven by strategically selected keywords. The user types the keyword in the search field in the Google search engine which then prompts Google to present the advertisement. Keywords are selected to drive traffic to the website and relate to the behavior and needs of our target audience. Keywords can be a single word or a phrase. Phrases can be listed with quotations or brackets. A phrase in quotes is considered a “phrase match”. In this scenario, the ad is presented when the user types in a search phrase that matches the entire keyword phrase. For example, an ad for “wic program” will be shown to those looking for “miami dade wic program service”. Brackets, on the other hand, require an exact match. This means that the keyword must be identical, word for word, in the search phrase.

Under the direction of the marketing vendor, the local agency project team developed a hybrid of custom and existing keywords from the NWA R&R campaign. The national R&R campaign exclusively focused on “WIC-specific” keywords in English. For example, “wic application” or “wic program”. Please refer to the Appendix O for a list of the top 10 keywords used in the national R&R campaign.

The local project team selected non-traditional keywords that reflected our audience such as “food stamps”, “SNAP”, and “Medicaid”. Custom Spanish keywords were developed by the local agency project team which specifically targeted our majority Hispanic population in the innovation zip codes. The original list of 186 selected Google Ad campaign keywords is included in Appendix P. In the first two months of the campaign, clicks were unlimited to allow for beta testing of the keywords. This resulted in the highest number of impressions (7,053) and clicks (1,099) in the first month of the campaign. In July, keywords were reduced to manage cost (ads are charged per click). The lowest performing keywords were removed from the campaign. In August 2020, to further manage cost, clicks were capped to 500 per month. In September 2020, the campaign removed “wic” a stand-alone keyword, as this keyword already garnered a high volume of traffic through organic (non-paid) search engine searches. The top performing keywords during the 1-year implementation period can be found in Table 6 below.

Table 6. Top Performing Keywords: Miami-Dade Google Ads Campaign June 2020 – May 2021

Top Performing Keywords June 2020 - May 2021				
Keyword	Clicks	Impressions	CTR/Keyword	% of Total Clicks
"Food Stamps"	1243	8235	15%	18%
"wic program"	909	2472	37%	13%
*"wic"	713	2357	30%	10%
"EBT"	710	5283	13%	10%
"Comida Gratis"	366	2324	16%	5%
[wic miami]	250	640	39%	4%
[wic program]	240	685	35%	4%
*[wic]	201	567	35%	3%
"wic appointment"	191	457	42%	3%
[program wic]	176	538	33%	3%
[the wic program]	166	480	35%	2%
"alimentos gratis"	140	942	15%	2%
[wic website]	120	362	33%	2%
[wic number]	106	300	35%	2%
"low income"	101	1013	10%	1%
"wic application"	112	202	55%	2%
"medicaid"	92	2112	4%	1%
"oficina de WIC"	74	214	35%	1%
"wic miami"	83	200	42%	1%
"WIC phone number"	64	153	42%	1%
"SNAP"	59	976	6%	1%
"application for wic"	41	81	51%	1%
"miami wic"	55	130	42%	1%
[women infants children]	54	145	37%	1%
[apply for wic]	35	62	56%	1%
[wic locations]	42	182	23%	1%
"wic for children"	45	116	39%	1%
"child care"	26	2026	1%	0%

*Keywords removed from the campaign in September 2020

The 28 keywords listed above account for 94% of the total campaign clicks and 95% of campaign impressions. It is important to note that the top five keywords above represent 56% of total campaign clicks.

A total of 24 static posts and six video advertisements were released during the implementation period. These ads were divided into four unique batches. Each batch released six static posts on

Facebook and Instagram and one video post on YouTube or Facebook. The advertisements ran different objectives to test the performance of each ad among our target population. The objectives were engagement, traffic and click to call. Refer to Table 4 for a detailed definition of these objectives. During the campaign, a single ad was tested using one to four objectives during the life of the ad. A total of 67 objectives were ran during the campaign.

The digital media campaign resulted in a total of 1,959,276 impressions, 5,864 clicks, 319,863 engagement/views. The posts with a traffic objective and click to call action, had a 0.47% CTR, this CTR was measured specially with ads that ran traffic objective and click to call action since the goal of these objectives is to click on the ad versus engagement objective which has a goal of having users interact with the ad with likes, comments and shares. The average CPM was \$15.90, average CPC was \$14.01 and average CPE/CPV was \$0.89. Table 7 provides an overview of the performance totals and averages for the overall campaign.

Table 7. Social Media Marketing Key Performance Indicators – Totals & Averages

Platform	Impressions		Clicks		Engagement/ Views		CTR	CPM	CPC	CPE/ CPV
	n	%	n	%	n	%	%	\$	\$	\$
<i>All Campaign</i>	<i>1,959,276</i>		<i>5,864</i>		<i>319,863</i>		<i>0.47*</i>	<i>19.50</i>	<i>14.01</i>	<i>0.89</i>
Facebook	1,086,422	55.5	4,194	71.5	130,171	40.7	0.51*	12.67	12.31	0.86
Instagram	421,156	21.5	933	15.9	10,615	3.3	0.39*	19.84	16.62	1.00
YouTube	450,370	23.0	734	12.5	177,739	55.6	0.17	15.41	10.25	0.04
Audience Network	1,328	0.1	3	0.1	1,338	0.4	0.23	25.29	11.20	0.03

*CTR is only for ads running in traffic objective and click to call action

Source: Social Media Metrics Master Report

Facebook performed significantly better than the other platforms with a click through rate of 0.51%. This metric represents the number of clicks divided by the number of impressions. Specifically, this indicator measures how well the ad performed when exposed to the user. Driving users to the website and appointment call center was primary goal of this project. Current WIC families and potentially eligible WIC families would then be exposed to the website which provided more details on the WIC program eligibility, benefits, and services, and potentially increased the likelihood of users to contact WIC to reschedule or schedule a new appointment. The click to call action on an ad connected Facebook users directly to the Miami-Dade WIC

appointment call center. Although, this feature was added on towards the end of the implementation period (January 2021), the feature had a slightly higher CTR at 0.53% than the traffic objective on Facebook at 0.48%. More testing is recommended on this feature to measure effectiveness. To have a better understanding of the click to call feature, the local agency assigned a direct inward dialing (DID) number to the ads to identify the calls coming into the appointment center directly from the ads. However, this proved to be insignificant as the data did not match with the social media metrics from the marketing vendor. It was unsure if the DID number was consistently added to all click to call ads.

Instagram sponsored (paid) ads did not perform as well with only 21% of all impressions, 15.9% of all clicks and 3.3% of engagement/views. Instagram also had a significantly higher CPM (\$19.84), CPC (\$16.62), and CPE/CPV (\$1.00) when compared to Facebook with an average CPM (\$12.67), CPC (\$12.31), and CPE/CPV (\$0.86). A total of 21 out of 24 static posts ran through Instagram using the traffic and engagement objective. One video ad ran on Instagram for a period of one month and performed poorly with a total of 31 impressions and one click.

The Audience Network platform was used for one month during the implementation period to test performance with the target population. Audience Network is managed by Meta, which also runs Facebook and Instagram. This platform allows campaign ads to reach more people using high quality apps. It uses the same targeting, delivery, and measurement systems as Facebook ads. In this case, a video advertisement was used and had 1,328 impressions and 3 clicks, representing a 0.23% CTR. An average CPM of \$25.29 which is significantly higher than the other platforms and an average CPC of \$11.20. More testing would need to be done to have a better understanding of the platform and its performance.

Four of the six video advertisements ran on YouTube. The first English video ad ran for 42 days with no performance. The remaining three videos ran for an average of one month each. Two of the three videos were in Spanish. These ads had an average of 4,452 impressions per day, which is significantly higher than Facebook (1,313) and Instagram (1,677). However, the CTR performed lower at 0.17%. This means the ad was presented but not often clicked on by the user. All video

ads had the theme of added value as the topics were mostly testimonials of active WIC clients or detailed WIC services.

Video advertisements on Facebook and Instagram did not perform as well as static posts in terms of clicks and CTRs. All but three video ads were run under the engagement objective (under the guidance of the media vendor) and promoted interaction with the ad in the form of likes, shares, and comments. Due to this, total engagement on Facebook videos was very high (110,166 engagements) and represents 35% of all engagements during the campaign.

Figure 3 outlines the key performance indicators of the overall campaign by platform. This includes clicks, impressions, CTR and engagement/views.

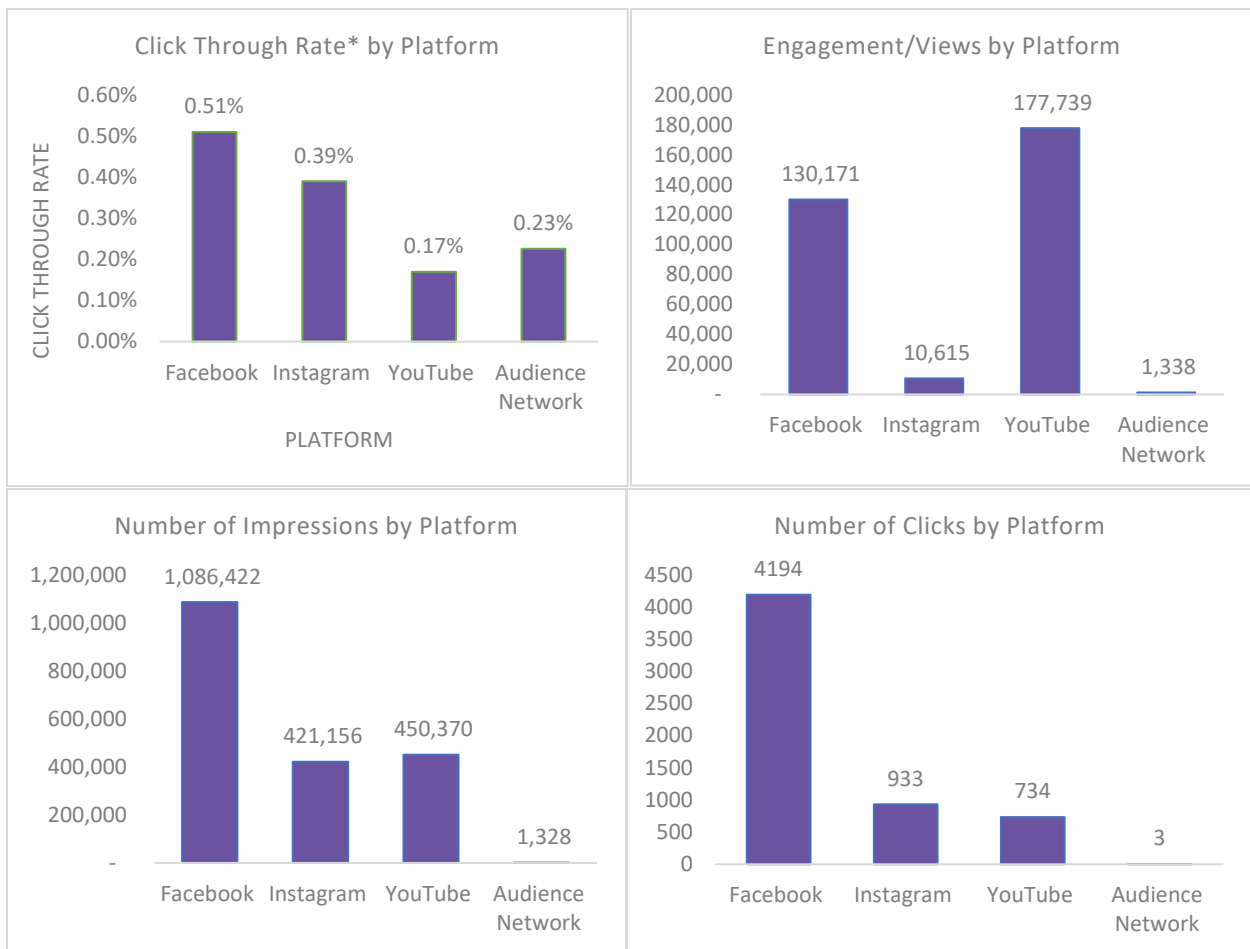


Figure 3. Overall Key Performance Indicators by Platform: Clicks, Impressions, Engagement/Views & CTR

*CTR is only for ads running in traffic objective and click to call action

Source: Social Media Metrics Master Report

When comparing performance of the content in the ads, custom ads performed significantly better than NWA ads with a total of 854,669 impressions, 3,401 clicks and 0.38% CTR. NWA campaign ads had significantly lower counts of impressions (422,052), clicks (953), and CTR (0.23%). Refer to Figure 4 for a comparison of key performance indicators by both ad types. Spanish ads performed better than English ads with a 0.34% CTR and 0.21% CTR, respectively.

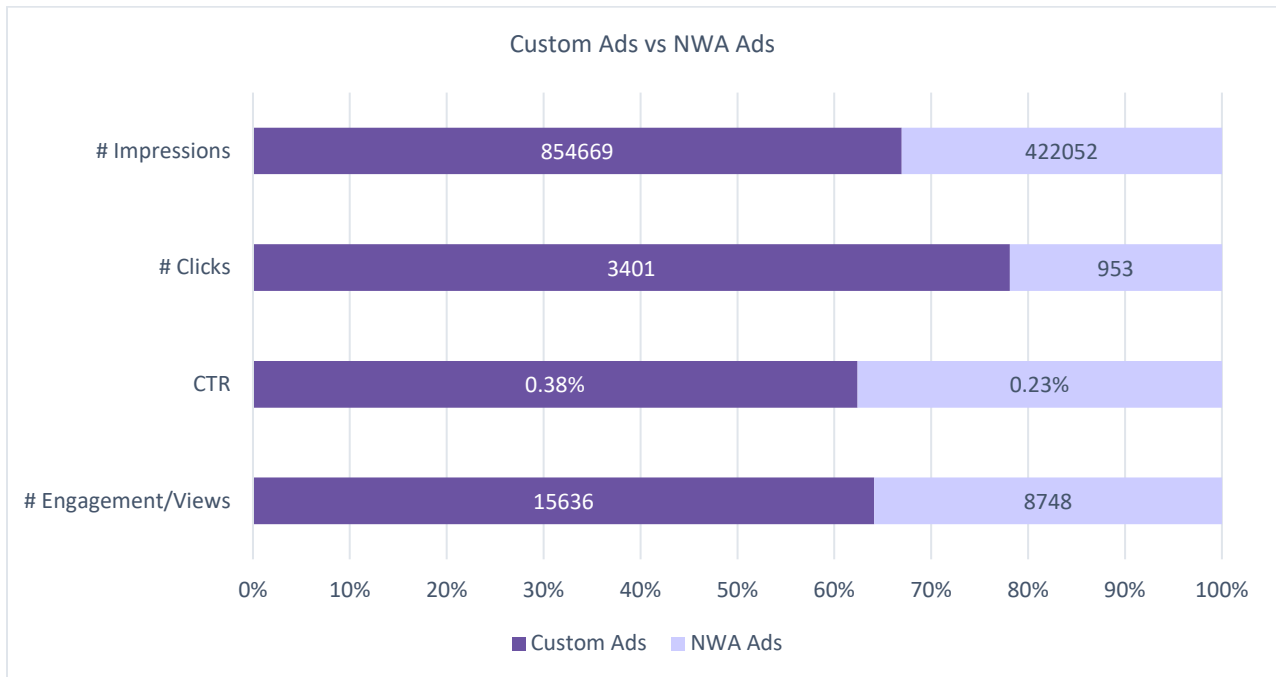


Figure 4. Comparison of Key Performance Indicators by Custom Ads vs. NWA ads
Source: Social Media Metrics Master Report

Social media campaign content was divided into four common themes. The themes were eligibility, misconceptions, value-added messaging, and COVID-19. Eligibility themed content included information about the ease of applying for WIC, adjunctive eligibility with Medicaid and Florida SNAP, and making documentation requirements easy and understandable. Misconception messaging addressed unique situations such as changes in work status and maternity leave, family income and dependent changes, and addressing barriers and other misconceptions related to recertification. Value-added messaging included information that promoted WIC enrollment past infancy and throughout the early childhood years. This included content such as toddler meals and picky eating, referrals to a network of providers, and food and nutrition support. Refer to Table 8 below for a breakdown of the number of posts by theme and the average CTR by theme.

Table 8. Social Media Posts by Theme, Total Clicks, and Average CTR

Theme	Number of Posts*	Total Clicks	Average CTR
Added-Value	46	2,556	0.25%
COVID	4	112	0.22%
Eligibility	16	2,027	0.49%
Misconception	18	1,169	0.27%

*Count includes individual ads run on multiple platforms and objectives as separate “posts”

The added-value theme ran the most posts during the innovation period (46) and garnered the highest number of total clicks (2,556). The eligibility theme, which ran only 16 times during the campaign, had slightly less clicks (2,207) clicks and the highest average CTR of 0.49%. The misconception theme and COVID followed with CTR rates of 0.27% and 0.22% respectively.

The top performing ads by CTR are described in Table 9 below. The findings mirror the results discussed above. Four of the five top performing ads ran under the click to call or traffic objective, were custom creative type, and ran in Spanish language. All the top performing ads ran on Facebook. The exception to the trend is the “Welcome to WIC Video” which was from the NWA campaign, was in English, and ran under the engagement objective.

Table 9. Top Performing Ads by CTR (%)

Ad Title	Batch	Objective	Creative Type	Theme	Language	Platform	CPC \$	Clicks	CTR %
Medicaid or SNAP	3	Click to Call	CC	Eligibility	Spanish	Facebook	\$0.32	786	1.77%
Medicaid or SNAP – RERUN	4	Click to Call	CC	Eligibility	Spanish	Facebook	\$0.46	329	1.56%
Welcome to WIC Video	3	Engagement	NWA	Eligibility	English	Facebook	\$1.37	340	1.42%
Missing Meals	1	Traffic	CC	Added Value	Spanish	Facebook	\$1.05	168	1.08%
Stay on WIC Until Your Child is 5	1	Traffic	CC	Misconception	Spanish	Facebook	\$1.40	217	0.83%

Short Term Outcomes

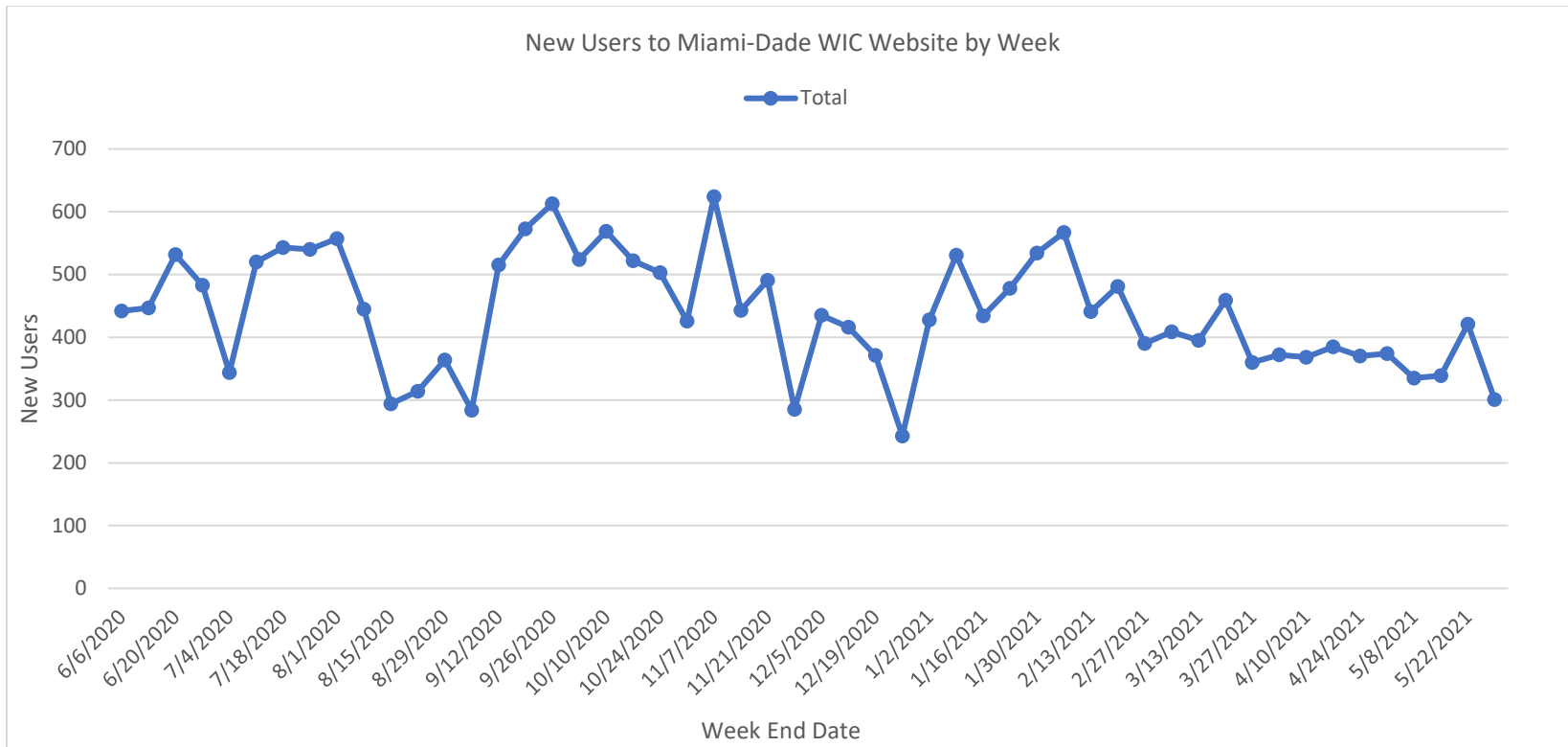
Google Analytics (GA) was used to comprehensively assess and validate social media and Google Ad performance metrics from the vendor and described the audience characteristics and behavior of new users while on our website. A list of GA metrics and definitions are available in the Appendix Q.

During the innovation period, there were a total of 32,974 sessions on the Miami-Dade WIC website. A session is the period of time when a user is actively engaged with the website. 22,607 new users were logged visiting the Miami-Dade WIC website from May 31st, 2020, through May 29th, 2021. New users are defined as the number of first-time users during a specific date range.

Refer to Figure 5 below for a summary of New Users to the Miami-Dade WIC Website by Week. During the digital marketing implementation period, an average of 439 new users a week visited the Miami-Dade website. The highest number of new users was seen during the 7-day period ending on 11/7/2020 (624 new users). The lowest number of new users occurred during the 7-day period ending on 12/26/2020 (243 new users). Data on new users to the WIC website prior to the innovation period is limited because the Miami-Dade WIC website was changed in preparation for this project. GA tagging (a requirement for tracking) was not completed until the new website launched on March 15, 2022. Data from this short period pre-implementation (March 15th – May 31st) shows that the average visits per week by new users was comparably lower than the innovation period average at only 151 new users per week.

The average age for all website sessions during the implementation period was 18-34 (61% of sessions), with 25-34 years of age representing 33.5% of all website traffic. This mirrors the demographic that was targeted for the innovation as it represents the target WIC population. 45.85% of GA sessions were identified as female users. 74.18% of new users had English as the language setting in their browser. 24.67% had browsers set to Spanish. The majority (76.84%) of new users accessed the Miami-Dade WIC website via mobile phone. 22.56% of new users accessed via desktop computer and 0.60% via tablet. Of the users that accessed the website via mobile phone, 69.19% did so using an Apple iPhone.

Clicks and downloads on the website were monitored via event tracking in GA. During the innovation period, there were technical issues with the tags associated with the event tracking analytics and therefore this data was only collected between March 2021 through May 2021. There were 1,586 clicks on the Miami-Dade WIC phone number blocks on the website during this period which is significant. This number links a user directly with the local agency call center where an appointment can be booked. Since most users were accessing the website on their cell phone, these users would theoretically be able to browse the website and make an appointment in the same session/span of time.



GA tracks the source of new users (acquisition). The acquisition of new users was analyzed by source and medium. The source is the origin of the traffic, such as a search engine (for example, Google) or a domain (example.com). The medium is the general category of the source, for example, organic search (organic), cost-per-click paid search (cpc), or web referral (referral). Refer to Figure 6 below for the distribution of new users to the Miami-Dade WIC website by acquisition source/medium.

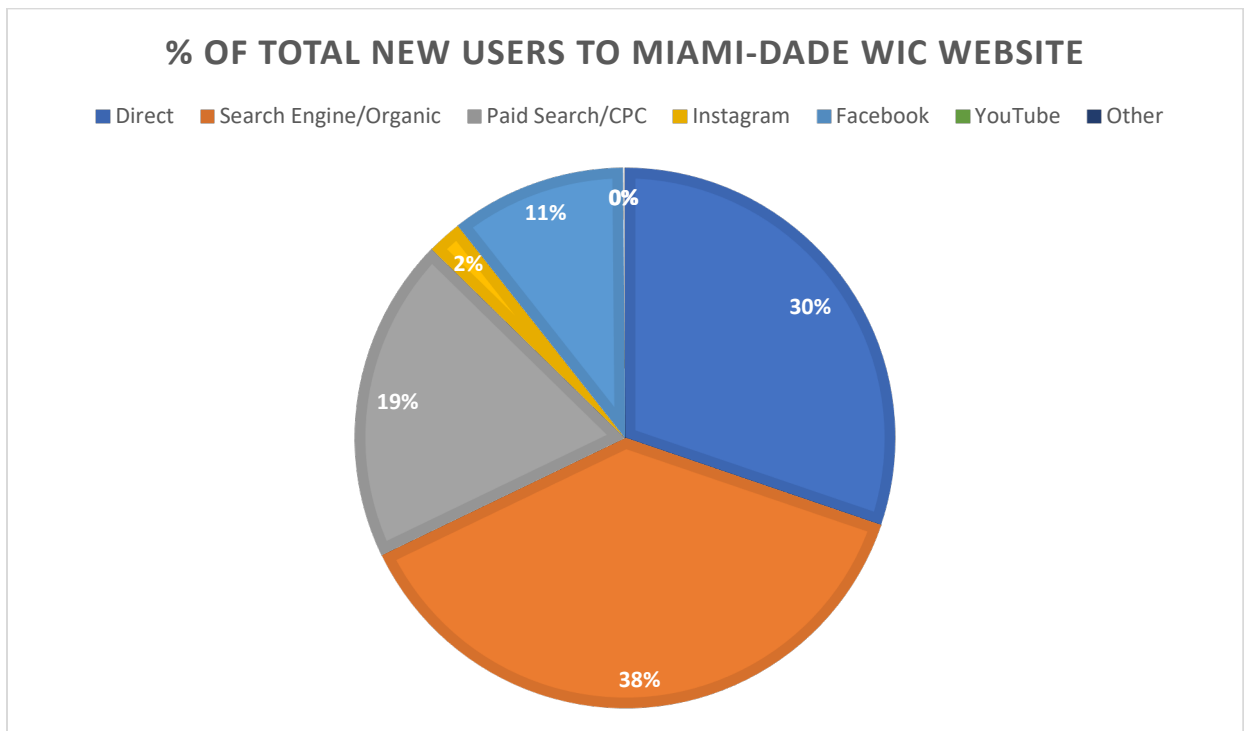


Figure 6. *Distribution of New Users to Miami-Dade WIC Website by Acquisition Source/Medium*

The largest proportion of new users were obtained through the direct and search engine sources. They represent 68% of the acquisition to our site during the implementation period. 38% of new users used organic search engine searches to find Miami-Dade WIC during the implementation period. Searches originating from Google reflect 96.44% of the organic search engine traffic (Bing, Yahoo and DuckDuckGo accounted for the remainder). These statistics reflect market utilization of search engines in the public. The “direct” source is coded when a user types the URL directly into their browser or through saved bookmarks (miamidadewic.org in our case). It is important to note that whenever GA is not able to determine the origin of website traffic, Google will assign the visit to “direct” as the traffic source. The remainder of traffic was acquired through paid search

(Google Ads) and social media (Facebook, Instagram, YouTube). Paid Google Ad traffic accounted for 19.4% of all new user traffic to the website during the implementation period. Instagram and Facebook accounted for 12.54% of all implementation period new users to the website (2,836 new users total). Of this, the majority (83.5%) came from Facebook. The remaining 16.5% were acquired from Instagram. This can be further stratified by unpaid (referral medium) or paid social media advertising (CPC, medium). During the implementation period, social media users could interact with our free organic Facebook or Instagram pages or posts exclusive of paid social media advertising. The breakdown of new users by social media platform stratified by paid versus unpaid medium is described in Table 10 below.

Table 10. Percentage of New Users from Facebook and Instagram by Paid vs. Unpaid Mediums

Platform	New Users	% Traffic	New Users from Paid Source	% from Paid Source	New Users from Referral Source	% from Referral Source
Facebook	2368	83.5%	1,114	47.0%	1,254	53.0%
Instagram	468	16.5%	423	90.4%	45	9.6%

Source: Miami-Dade WIC Google Analytics

It is important to note that until September 2020, paid (CPC) and unpaid (referral) sources of social media traffic were not identifiable in GA. This is because GA UTM tagging was not added to paid social media posts by the vendor until after the innovation began on September 23rd, 2020. Once added, the tags allowed for the stratification of these sources and better tracking. The remainder of new user traffic was negligible, with YouTube and other unknown sources representing less than 1% of all traffic during the campaign.

Paid performance metrics (Google Ads, Facebook, Instagram, YouTube) were provided directly from the marketing vendor, while GA was accessed by the Miami-Dade project team. To compare metrics, the “sessions” metric is more appropriate than “new users”, as it tracks the user interactions (known as ‘hits’) with the website recorded in a time period. Refer to Table 11 below for a comparison of sessions versus clicks from paid performance metrics.

Table 11. *Google Analytics Users Versus Paid Performance Metrics, June 2020-May 2021*

Source/Medium	Sessions (GA)	Clicks (Vendor)
Google Ads/CPC	6,079	6,853
Facebook/CPC	1,982	4,194
Instagram/CPC	462	933
YouTube/CPC	0	734

There are some significant differences in the metrics across all paid platforms. The sessions versus clicks for Google Ads has the least discrepancy. This is to be expected as Google Ads and GA are managed by the same company and the method of data tracking is complimentary. Nevertheless, there is a difference of 774 clicks for Google Ads between the GA metric and the vendor metric. According to Google, slight discrepancies are common and can happen due to latency in the process and movement of information between the Google servers. In contrast, there are very large discrepancies between social media metrics and GA totals.

UTM tags allowed for performance tracking of individual ads in GA. This allows for a deeper understanding of specific ad performance and acquisition and allows the campaign owners to understand the ads driving the traffic to the website. It can also provide insight about trends for high performing ads. Refer to Table 12 below for a comparison of metrics for selected ads.

Table 12. *Google Analytics Versus Paid Performance Metrics, Select High Performing Ads*

Ad Title	Ad Objective/Action	Sessions (GA)	Clicks (Vendor)
Medicaid or SNAP	Click to Call	0	786
Welcome to WIC Video	Engagement	135	340
Stay on WIC Until Your Child is 5	Traffic	171	217
Breastfeeding Specialists	Traffic	250	134
Patricia Castillejo Video	Engagement	64	117

Again, there are large discrepancies between social media vendor and GA metrics. The Medicaid or SNAP ad was the best performing in the entire campaign (by clicks and CTR). However, because it was a CTC ad, clicks drove the user to a phone call and not the agency website. This means that no data is collected in GA for this ad. Engagement and traffic ads directed the user to

the website after clicking, so data was tracked for these advertisements. However, these sessions and clicks are not aligned. Further investigation into these consistent and substantial differences are warranted.

The client engagement survey collected subjective qualitative data about exposure to digital marketing and impact on motivation to contact WIC. A total of 1,831 completed surveys were collected during the implementation period. The caseload of the two innovation clinics have a comparably small caseload when compared to the 11 control sites. Therefore, more completed surveys were received from the non-targeted clinics (87%). A total of 235 (13%) surveys from the seven target zip codes and two innovation clinics were included in the analysis. Reference Table 13 for descriptive characteristics of the survey sample.

Table 13. *Descriptive Statistics, All Completed Responses, Miami-Dade WIC Client Engagement Survey Results June 2020 – May 2021*

Completed Responses <i>n</i> = 1,831**	Target Zip Codes <i>n</i> = 235		All Other Zip Codes <i>n</i> = 1596	
	<i>Frequency</i> (<i>n</i>)	%	<i>Frequency</i> (<i>n</i>)	%
Indicators				
<i>Identification</i>				
Family ID Known	127	54%	693	43%
Family ID Unknown	69	29%	604	38%
New to WIC, No Family ID Number	39	17%	299	19%
<i>Demographic</i>				
Have Children under 5	116	49%	617	39%
Does not have children under 5	82	35%	79	5%
No Response	109	46%	899	56%
<i>WIC Clinic Assignment</i>				
Unity Central	98	42%	0	0%
Rafael Penalver	40	17%	0	0%
Jackson Memorial Hospital	26	11%	22	1%
University	21	9%	780	49%
Frederica Wilson & Juanita Mann	12	5%	30	2%
Does not know WIC Clinic Assignment	20	9%	95	6%
Remaining WIC Clinics (7)	17	7%	662	41%
<i>Social Media</i>				
Follows WIC on Instagram or Facebook	34	14%	231	14%

Does not follow WIC on Instagram/FB	182	77%	1285	81%
Saw a WIC ad in the last month	107	46%	615	39%
Saw ad on Facebook	36	34%	217	35%
Saw ad on Instagram	11	10%	128	21%
Saw ad on Google	70	65%	373	61%
Saw ad on YouTube	15	14%	102	17%
Motivation to Contact WIC	78	73%	430	70%

Results from the target group showed that 46% of clients saw a WIC ad in the last month. Of these, 65% stated they saw an ad on Google, 34% saw an ad on Facebook, 14% saw an ad on YouTube, and 10% saw an ad on Instagram. This is consistent with the social media and Google Ads metrics. Most notable results were 73% of clients in this target group stated they were motivated to contact WIC after seeing a WIC ad. Refer to Figure 7 for a graph of the social media behaviors with the target group. Although, the non-target group did not receive the paid digital media campaign, it is notable that WIC advertisements in general, paid or unpaid, motivate clients to contact WIC. To determine whether clients were seeing WIC posts via paid versus organic, one question assessed how many WIC clients follow the Miami-Dade WIC program on social media (organic follower). As seen in Figure 7 below, only 14% of clients followed the agency’s social media accounts.

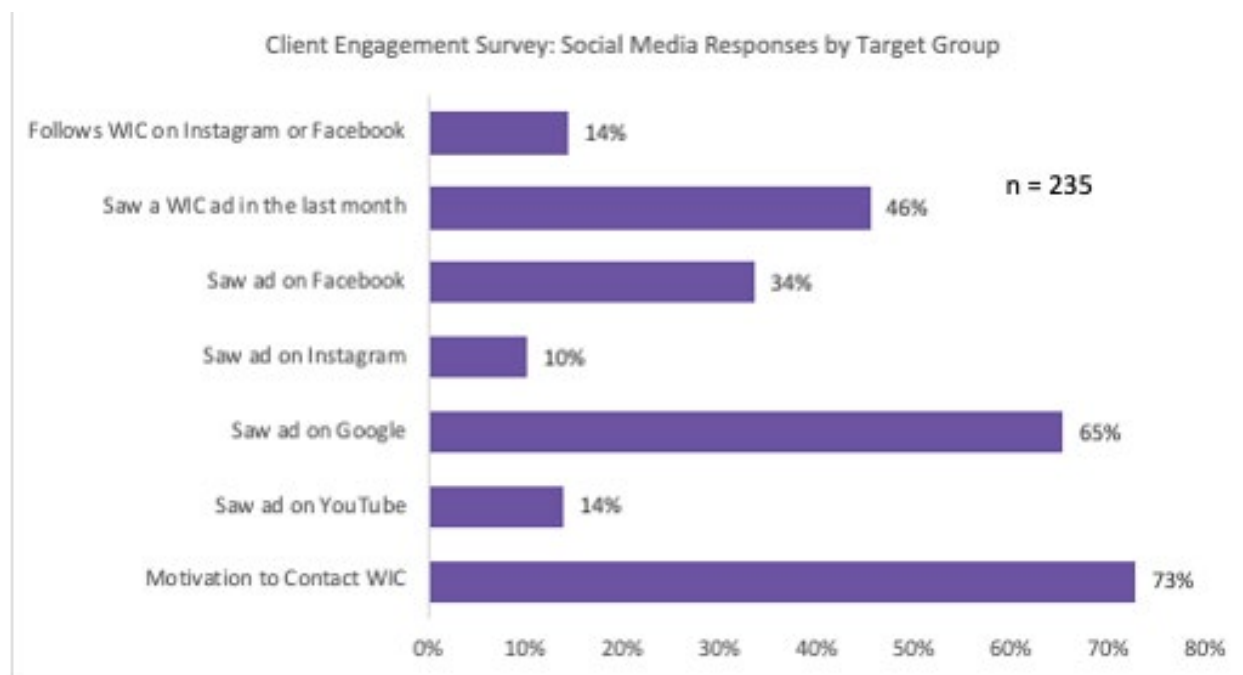


Figure 7. Client Engagement Survey Responses: Target Group Long Term Outcomes

In general, the participants in the comparison and innovation groups were similar for most demographic characteristics at baseline (T1) and implementation (T2) and over time (Table 14). Although there were statistically significant differences in many characteristics between groups during both time periods, there did not appear to be many clinically important differences. On the other hand, there were potentially important differences by race or ethnicity and primary language spoken in the household. The innovation clinics at both T1 and T2 had fewer Black or African American participants (7% at T1 and 6% at T2) than the comparison clinics (31% at T1 and T2), a greater number of Hispanic participants (96% at T1 and T2 in innovation clinics vs. 70% in T1 and T2 in comparison clinics), and a higher proportion of participants whose household language was something other than English (82% at T1 and 78% at T2 in the innovation clinics vs. 51% at T1 and 50% at T2 in the comparison clinics).

Table 14. *Demographic Characteristics of Children 0-3 at Miami-Dade WIC Comparison and Innovation Clinics at baseline (T1) and implementation (T2). Statistically significant differences by group are in **bold**.*

Baseline (T1)	Implementation (T2)
---------------	---------------------

		Comparison (n=41,074)	Innovation (n=6,162)	Comparison (n=38,241)	Innovation (n=5,636)
		%	%	%	%
Category at start of period	IBE*	3.6	4.2	3.7	4.1
	IBP	14.0	17.0	14.6	19.9
	IFF	17.7	12.5	17.3	11.1
	C1	26.9	26.7	26.6	26.7
	C2	20.4	22.5	20.5	20.8
	C3	17.4	17.1	17.3	17.5
Number of WIC participants	One	50.8	54.0	53.8	59
	Two	16.0	13.0	17.4	17.1
	Three or more	1.6	1.1	1.8	1
	Missing	31.6	32.0	26.9	22.9
Race ^a	American Indian or Alaska Native	0.1	0.2	0.2	0.2
	Asian	0.9	0.5	0.8	0.5
	Black or African American	31.2	7.0	30.7	6.2
	Native Hawaiian or Other Pacific Islander	0.2	0.0	0.2	0
	White	70.3	95.8	70.8	96
	Hispanic	69.7	96.4	69.9	96.1
Enrolled	TANF	1.4	1.0	1.1	0.8
	SNAP	49.6	57.4	38	44.8
	Medicaid	93.4	96.1	91.7	94
Primary language other than English	50.7	81.7	49.8	78.4	
Ever breastfed ^b	Yes	78.0	82.4	85.3	87.3
	No	12.4	9.7	12.4	9.8
Household size ^c	0-4	67.6	72.1	72.5	69.3
	Greater than or equal to 5	31.6	27.6	29.9	26.8

* Abbreviations: IBE: Infant, exclusive breastfeeding; IBP: Infant, partial breastfeeding; IFF: Infant, formula feeding; C1: Child category 1 (one year old); C2: Child category 2; C3: Child category 3; TANF: Temporary Assistance for Needy Families; SNAP: Supplemental Nutrition Assistance Program.

^a Participants can respond to more than one category so the total percentage may be greater than 100.

^b During baseline period, 9.6% of comparison and 8.0% of innovation group were missing data for this variable. During implementation period, 2.3% of comparison and 3.0% of innovation group were missing data for this variable.

^c During baseline period, 0.8% of comparison and 0.4% of innovation group were missing data for this variable.

During both time periods, there were large proportions of participants with missing data for the variable “number of WIC participants in the household” (between 23% and 32%). During the

baseline period, between 8% and 10% of participants in both the innovation and comparison groups were missing data for the variable “ever breastfed”.

There were very few notable differences in participant characteristics in each group over time (Table 14). One notable difference was in SNAP participation: At T1, 50% of the comparison group and 57% of the innovation group participated in SNAP, whereas at T2, 38% of the comparison group and 45% of the innovation group were SNAP participants.

The crude, unweighted proportion of infants and children recertified in the innovation and comparison groups during baseline (T1) was not significantly different (63.0% and 63.2%, respectively), the proportions recertified during implementation (T2) were significantly different (75.4% and 71.0%, respectively) (Figure 8). This was also true when studying infants and children separately. In all three cases (overall, infants, and children), the percentage recertified during T2 was significantly higher in the innovation group than in the comparison group (Figure 9). For sample sizes of these groups, please see Appendix R: HPRIL Table A.1.

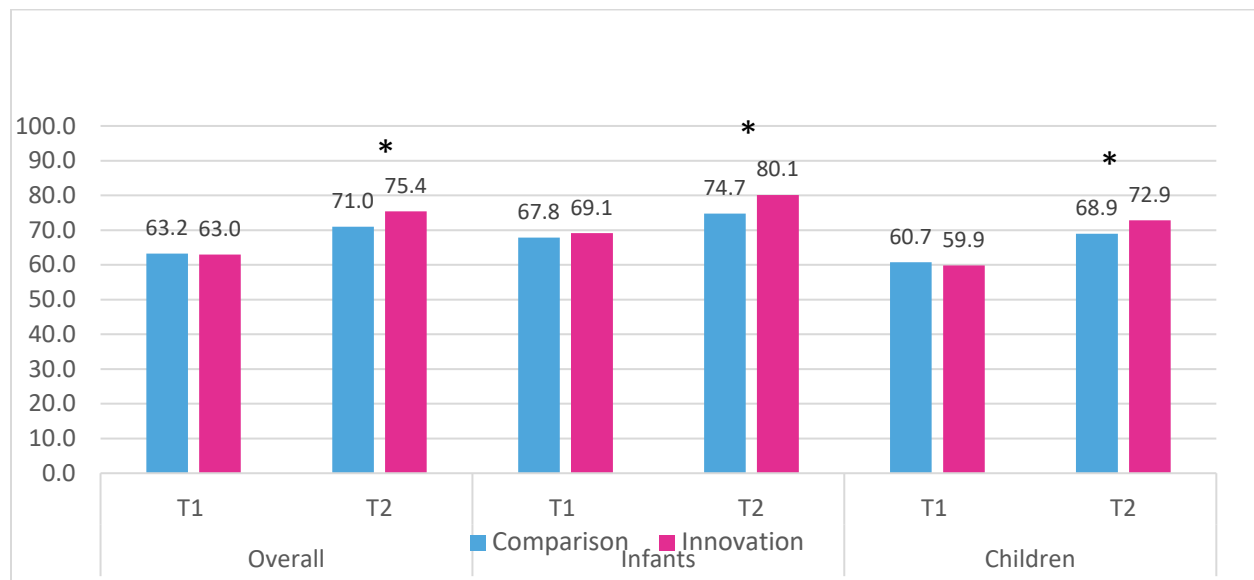


Figure 8. Proportion Recertified (crude, unweighted) at Baseline (T1) and Implementation (T2) Overall, for Infants, and for Children at Miami-Dade WIC Comparison and Innovation Clinics
* $p < 0.05$

The median number of days between the end of the prior certification and recertification date during the baseline period was 13 (IQR 2, 27) for the innovation group and 16 (IQR 5, 29) for the comparison group. In the innovation group, median number of days ranged from 5 among C1s to

21 among IFFs; in the comparison group, median number of days ranged from 11 among C1s to 20 among IBEs, IBPs, and IFFs (Figure 9). Over 90% of recertifications during baseline were “timely” (i.e., less than 60 days after the end of the last certification period).

The median number of days between the end of the prior certification and recertification date during the implementation period was 14 (IQR 3, 28) for the innovation group and 19 (IQR 6, 30) for the comparison group. In the innovation group, the median number of days ranged from 7 among C1s and C3s to 18 among IBEs, IBPs, and IFFs; in the comparison group, median number of days ranged from 18 among C1s to 20 among IBPs (Figure 10). Over 90% of the recertifications during implementation were timely.

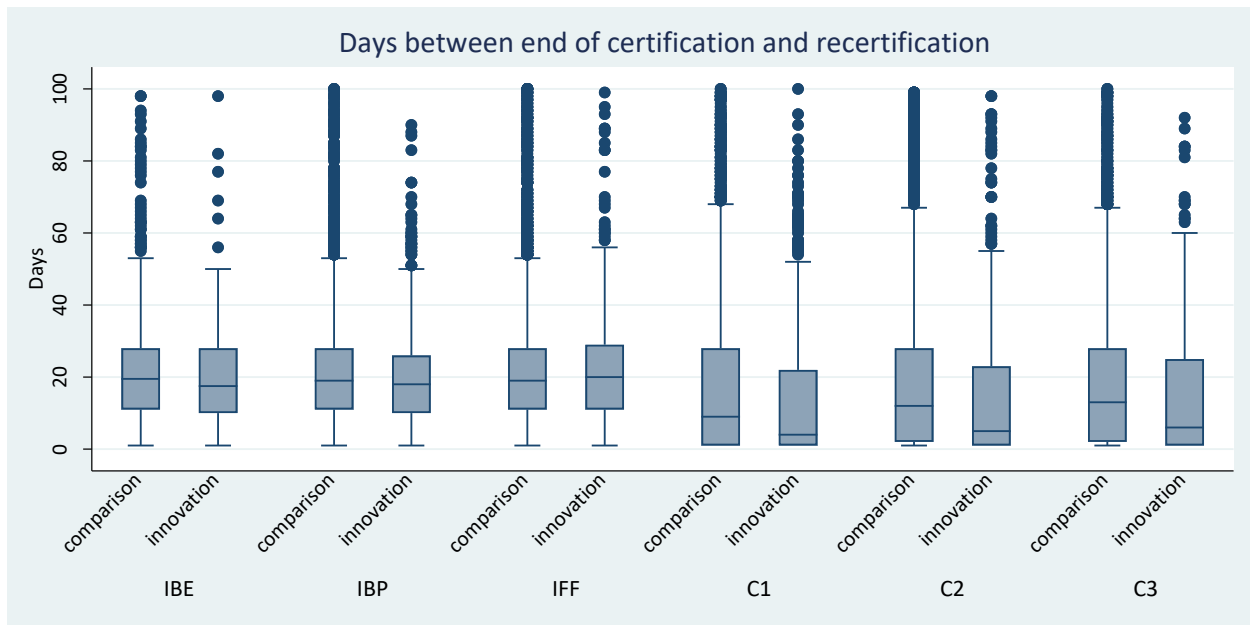


Figure 9. Number of days between end of certification and recertification by innovation group and participant category in Miami-Dade during baseline (truncated at 100 days)

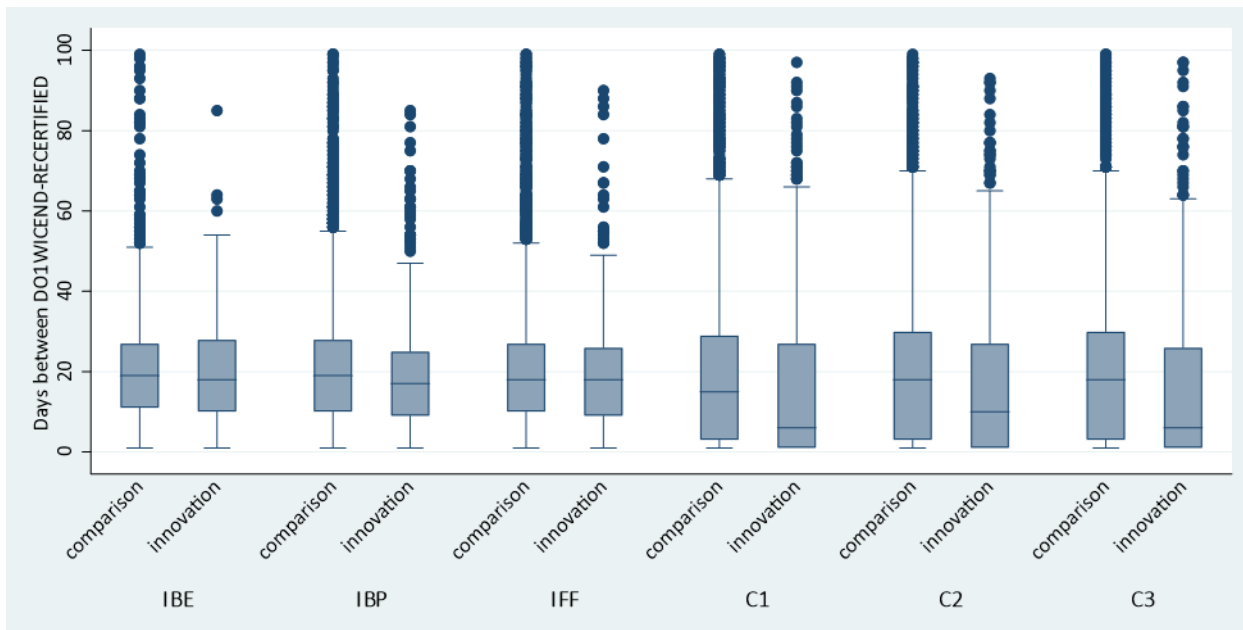


Figure 10. Number of days between end of certification and recertification by innovation group and participant category in Miami-Dade during baseline (truncated at 100 days)

There were no consistent patterns in the difference in recertification percentage between in the innovation and comparison groups for each month of the baseline or implementation periods (Figure 11). During T2, the recertification percentage difference was positive (i.e., greater for the innovation group than the comparison group) during each month besides Month 2. The percentage difference was most strongly positive during Q3 of T2 (months 7, 8, and 9). During T1, there were roughly equal numbers of months when the difference was positive and negative.

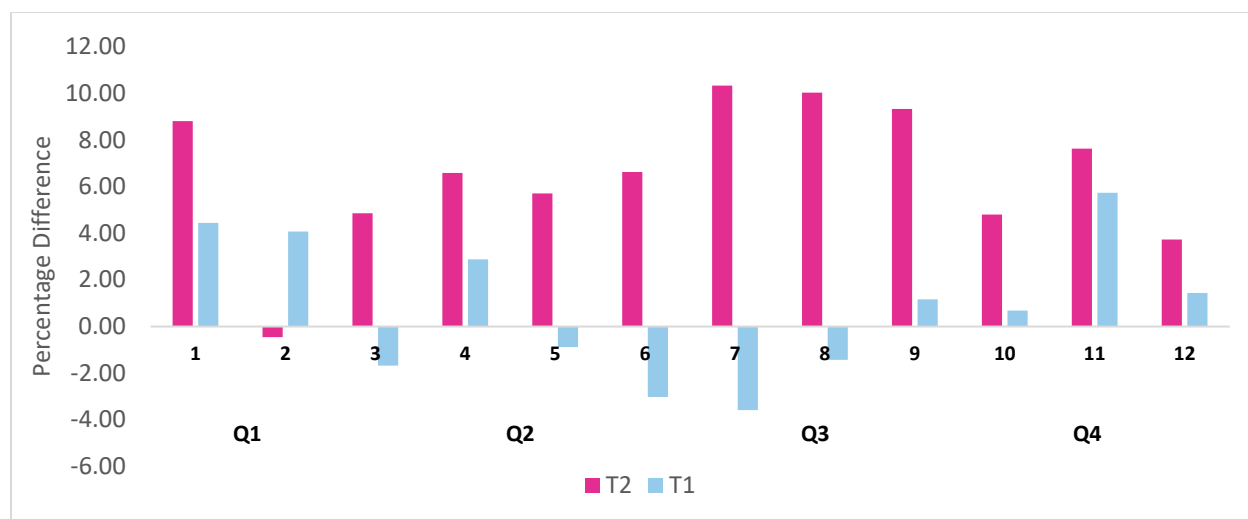


Figure 11. Difference in recertification percentage between innovation and comparison at Miami-Dade WIC for each month of T1 and T2

Overall, and for infants and children, the differences between innovation and comparison were not statistically significant during T1 (Figure 12). However, the proportion was significantly higher for the innovation group than the comparison group overall (75.4% vs. 71.3%, respectively), among infants (79.9% vs. 74.8%, respectively), and among children (73.1% vs. 69.3%, respectively) during T2.

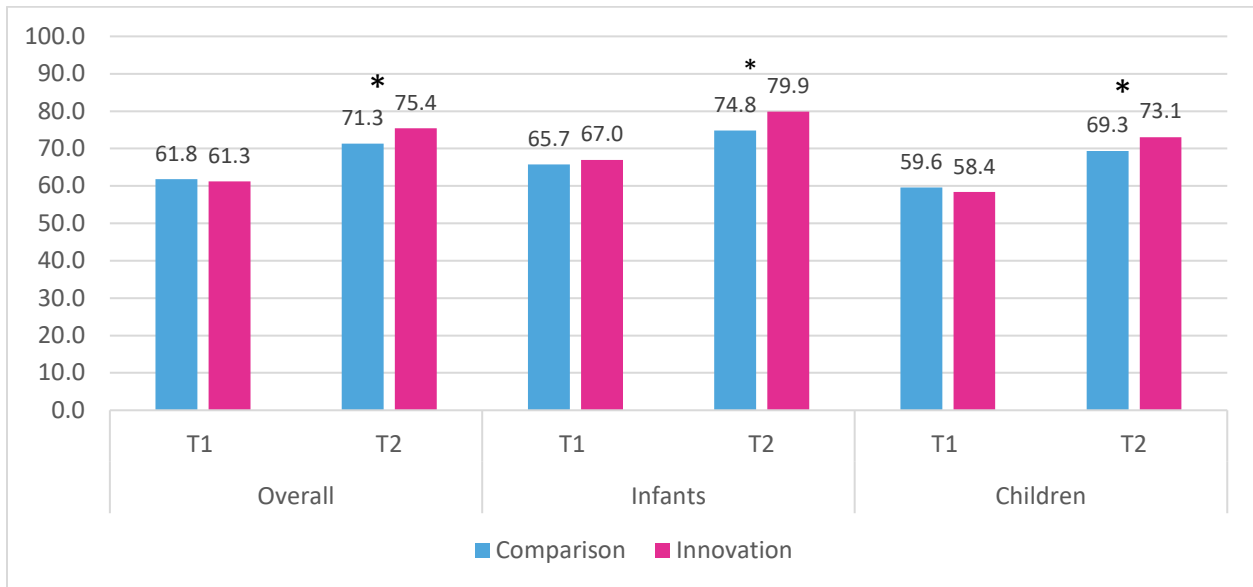


Figure 12. Proportion retained (crude, unweighted) at baseline (T1) and implementation (T2) overall, for infants, and for children at Miami-Dade WIC comparison and innovation clinics. * $p < 0.05$.

The median number of months of benefit issuance for all participants in the innovation and comparison groups during T1 was 11 (out of 12) (IQR 4, 12) (Table 15). During T2, the median number of months of benefit issuance was 12 for both innovation (IQR 7, 12) and comparison (IQR 8, 12). The average percentage of the cohort issued benefits throughout the year was higher in T2 (79.5% in innovation and 76.5% in comparison) than T1 (68.0% in innovation and 68.1% in comparison).

Table 15. Benefit Issuance in Miami Dade Innovation and Comparison Groups during Baseline and Implementation Periods

Agency/Group	Baseline (T1)		Implementation (T2)	
	Innovation	Comparison	Innovation	Comparison
Months of benefit issuance (median, IQR)	11 (4, 12)	11 (4, 12)	12 (7, 12)	12 (8, 12)
Percent of cohort issued benefits (%)	68.0	68.1	79.5	76.5

The pattern evident in the crude, unweighted comparisons of recertification and retention in the innovation and comparison groups during T1 and T2 was also evident when studying the crude, unweighted proportion of the samples that had high rates of benefit issuance (11-12 months), with one exception: The innovation group had a significantly larger proportion of infants during T1 that experienced a high rate of benefit issuance than the comparison group (55.6% vs. 51.9%, respectively) (Figure 13). For overall and children during T1, there were no significant differences. In all three instances during T2, the innovation group had a significantly larger proportion of participants with a high rate of benefit issuance than the comparison group.

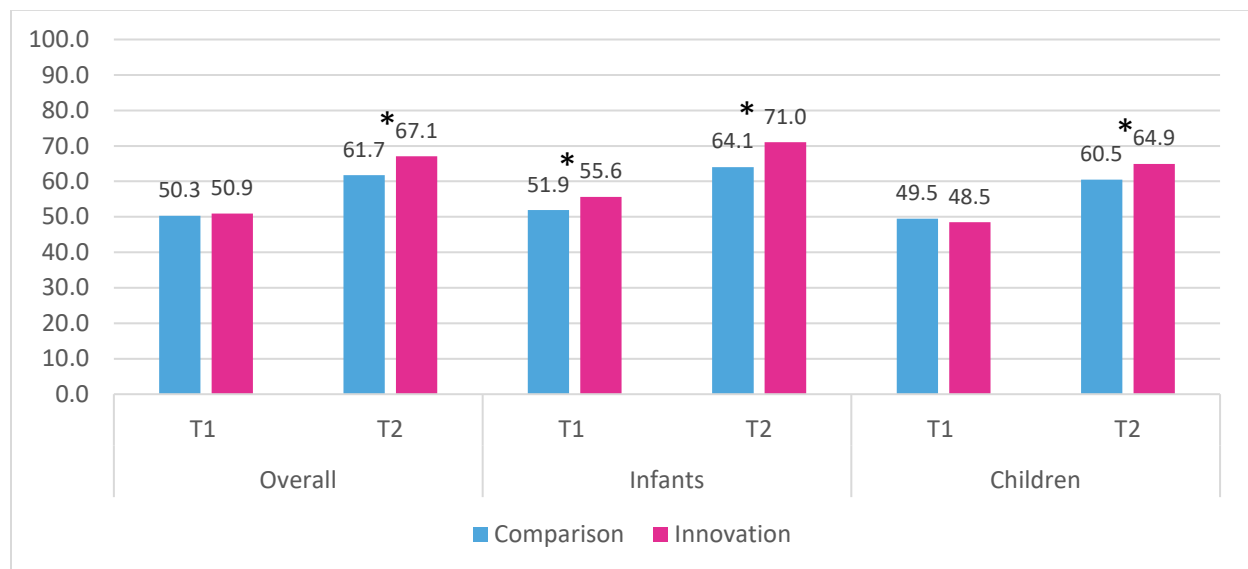


Figure 13. Proportion with continuous benefit issuance (11-12 months) (crude, unweighted) at baseline (T1) and implementation (T2) overall, for infants, and for children at Miami-Dade WIC comparison and innovation clinics. * $p < 0.05$.

As mentioned above, the greatest differences in characteristics between the innovation groups at T1 and T2 were SNAP participation, Medicaid participation, and primary language other than English (all with an absolute standardized difference greater than 0.05) (Figure 14). The absolute standardized difference mean across all characteristics was 0.044. After propensity score weighting, these absolute standardized differences were all reduced to below 0.05, with the exception of being an infant (0.053). The absolute standardized difference mean after weighting was 0.008. For ASDs for infants and children separately, please see Appendix S: Table A.2.

The greatest differences in characteristics between the innovation group at T1 and the comparison group at T1 were being Black, being White, being Hispanic, speaking a primary

language other than English, participating in SNAP, and participating in Medicaid (all with an absolute standardized difference greater than 0.05) (Figure 15). The absolute standardized difference mean across all characteristics was 0.214. After propensity score weighting, these absolute standardized differences were all reduced to below 0.05. The absolute standardized difference mean after weighting was 0.007. For ASDs for infants and children separately, please see Appendix S: Table A.2.

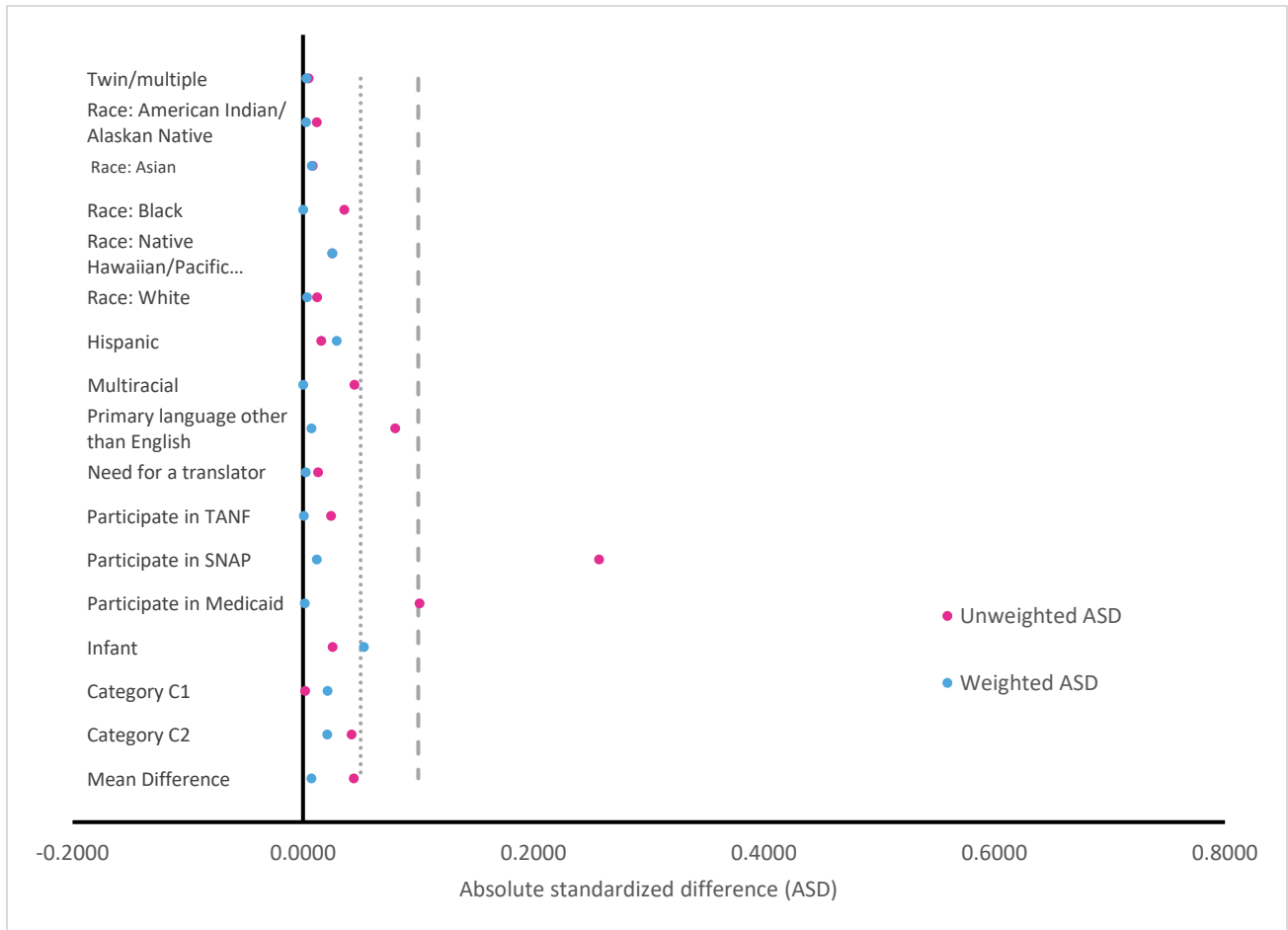


Figure 14. Absolute Standardized Differences in Characteristics (unweighted and weighted) at T1 vs. T2 in the Innovation Group Overall: Infants and Children at Miami-Dade WIC comparison and innovation clinics

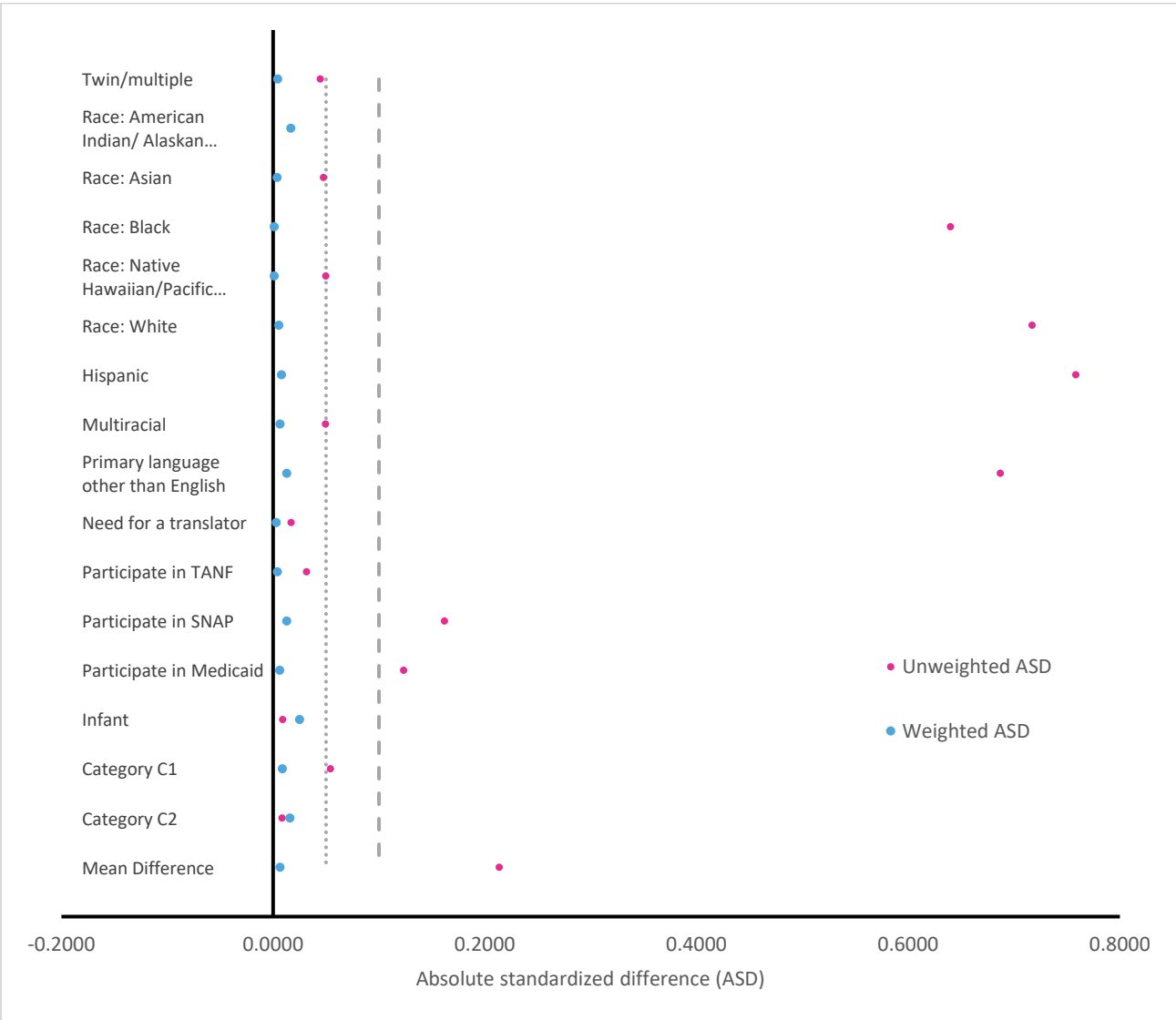


Figure 15. Absolute Standardized Differences in Characteristics (unweighted and weighted) at T1 in the innovation group vs. T1 in the comparison group overall: Infants and Children at Miami-Dade WIC comparison and innovation clinics

The greatest differences in characteristics between the innovation group at T1 and the comparison group at T2 were being Black, being White, being Hispanic, speaking a primary language other than English, participating in SNAP, and participating in Medicaid (all with an absolute standardized difference greater than 0.05) (Figure 16). The absolute standardized difference mean across all characteristics was 0.231. After propensity score weighting, these absolute standardized differences were all reduced to below 0.05 with the exception of being an infant (0.083). The

absolute standardized difference mean after weighting was 0.007. For ASDs for infants and children separately, please see Appendix S: Table A.2.

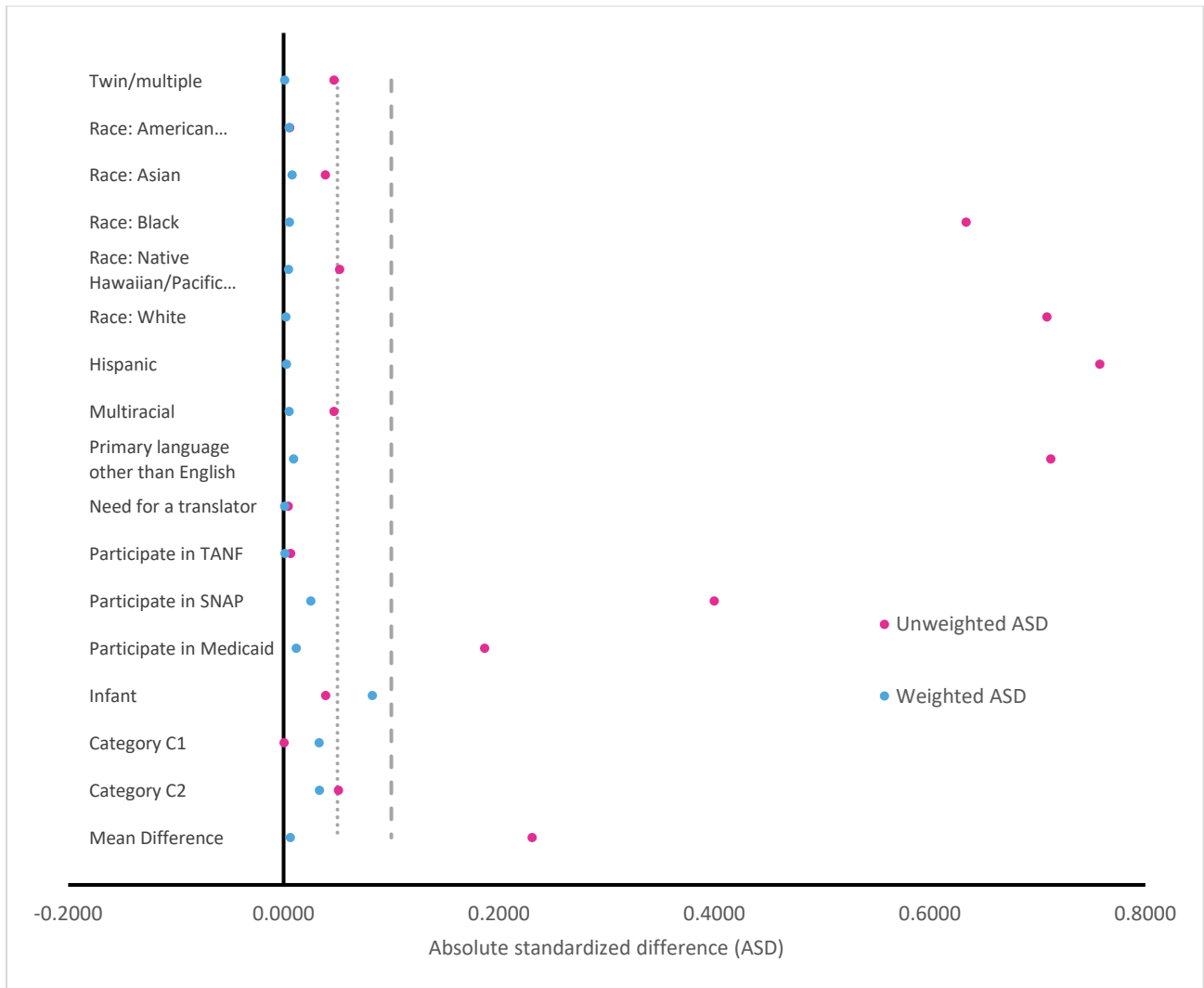


Figure 16. Absolute Standardized Differences in Characteristics (unweighted and weighted) at T1 in the innovation group vs. T2 in the comparison group overall: Infants and Children at Miami-Dade WIC comparison and innovation clinics

Using the unweighted data and a crude (unadjusted) DID analysis, being in the innovation clinics was associated with a 4.6% increase in recertification overall (95% CI: 2.8-6.5%), a 4.1% increase in infants (95% CI: 1.1-7.1%), and a 4.8% increase in children (95% CI: 2.5-7.1%) (Figure 17, Table 16). Using the weighted data and the adjusted model A1, being at the innovation clinics was associated with a 5.3% increase in recertification overall (95% CI: 3.4-7.1%), a 7.2% increase in recertification among infants (95% CI: 3.4-11.0%), and a 4.1% increase in recertification among

children (95% CI: 1.8-6.4%). Using the weighted data and the adjusted model A2, being at the innovation clinics was associated with a 4.6% increase in recertification overall (95% CI: 3.4-5.8%), a 7.2% increase in recertification among infants (95% CI: 5.2-9.2%), and a 4.6% increase in recertification among children (95% CI: 3.0-6.2%). For the sample sizes of each of these groups, see Appendix T: HPRIL Table A.3.

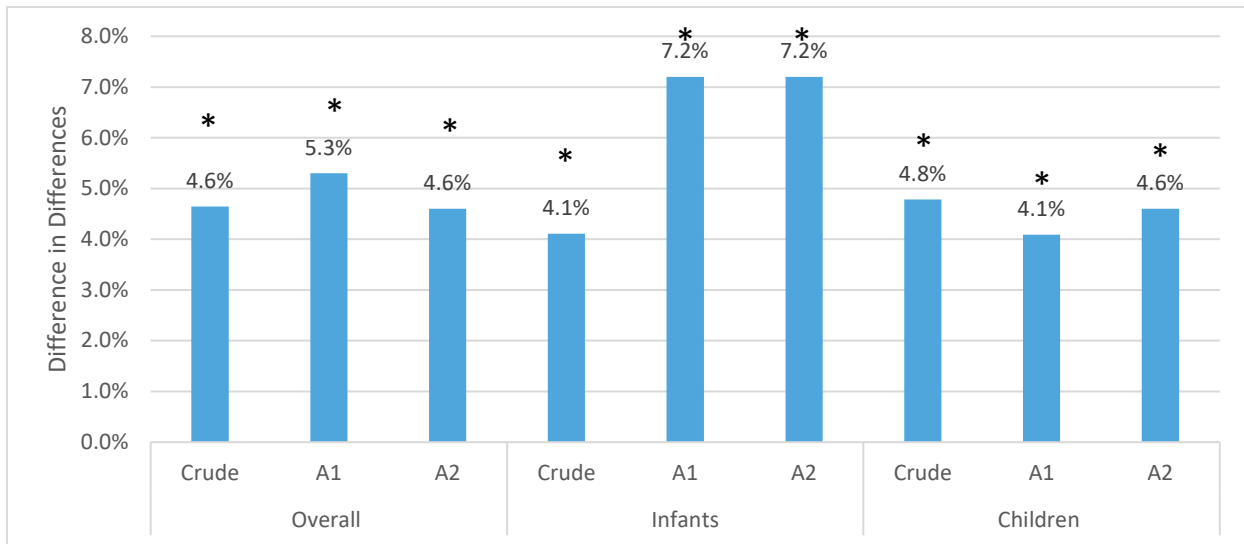


Figure 17. Percentage point differences in recertification between the innovation and comparison groups at Miami-Dade WIC overall, for infants, and for children using three models: Crude (unweighted) and two weighting analysis techniques: A1: PSW-DID using logit for propensity score weighting (PSW) and ordinary least squares (OLS) for DID; A2: PSM-DID using Kernel for propensity score matching (PSM) and probit for DID with repeated cross-sectional option. * $p < 0.05$.

Using the unweighted data and an adjusted DID analysis, being in the innovation clinics was associated with a 4.7% increase in retention overall (95% CI: 2.9-6.5%), a 3.8% increase in infants (95% CI: 0.8-6.8%), and a 5.0% increase in children (95% CI: 2.7-7.3%) (Figure 18). Using the weighted data and the adjusted model A1, being at the innovation clinics was associated with a 5.5% increase in retention overall (95% CI: 3.6-7.3%), a 7.4% increase in retention among infants (95% CI: 3.6-11.3%), and a 4.4% increase in retention among children (95% CI: 2.1-6.8%). Using the weighted data and the adjusted model A2, being at the innovation clinics was associated with a 5.0% increase in retention overall (95% CI: 3.8-6.2%), a non-significant 7.2% increase in retention among infants (95% CI: -6.9-21.3%), and a 4.9% increase in retention among children (95% CI: 3.3-6.5%). For the sample sizes of each of these groups, see Appendix T: HPRIL Table A.3.

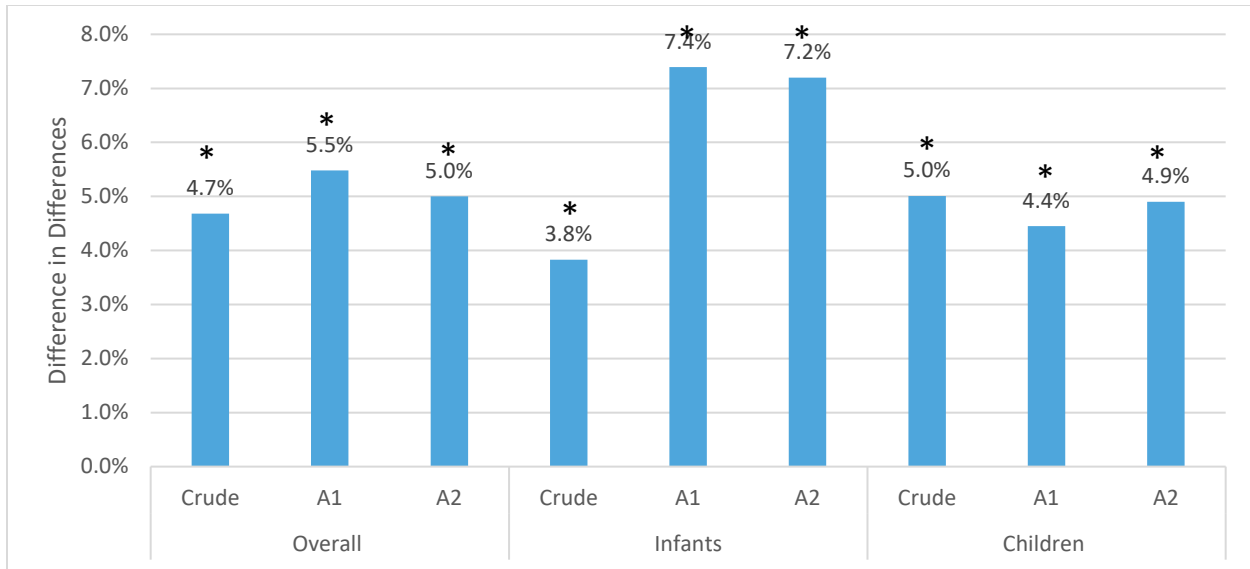


Figure 18. Percentage point differences in retention between the innovation and comparison groups at Miami-Dade WIC overall, for infants, and for children using three models: Crude (unweighted) and two weighting analysis techniques: A1: PSW-DID using logit for propensity score weighting (PSW) and ordinary least squares (OLS) for DID; A2: PSM-DID using Kernel for propensity score matching (PSM) and probit for DID with repeated cross-sectional option. * $p < 0.05$.

Using the unweighted data and a crude (unadjusted) analysis, being in the innovation clinics was associated with a 4.7% increase in continuous benefit issuance overall, a 3.3% increase in high rate of benefit issuance in infants, and a 5.4% increase in high rate of benefit issuance in children (all statistically significant) (Figure 19). Using the weighted data and the adjusted model A1, being at the innovation clinics was associated with a 5.9% increase in continuous benefit issuance overall (95% CI: 3.9-7.9%), a 6.5% increase in continuous benefit issuance among infants (95% CI: 2.1-10.8%), and a 5.4% increase in retention among children (95% CI: 3.0-7.9%). Using the weighted data and the adjusted model 2 (A2), being at the innovation clinics was associated with a 5.5% increase in retention overall (95% CI: 4.1-6.9%), a 6.3% increase in retention among infants (95% CI: 4.1-8.5%), and a 5.9% increase in retention among children (95% CI: 4.3-7.5%). For the sample sizes of each of these groups, see Appendix T: HPRIL Table A.3.

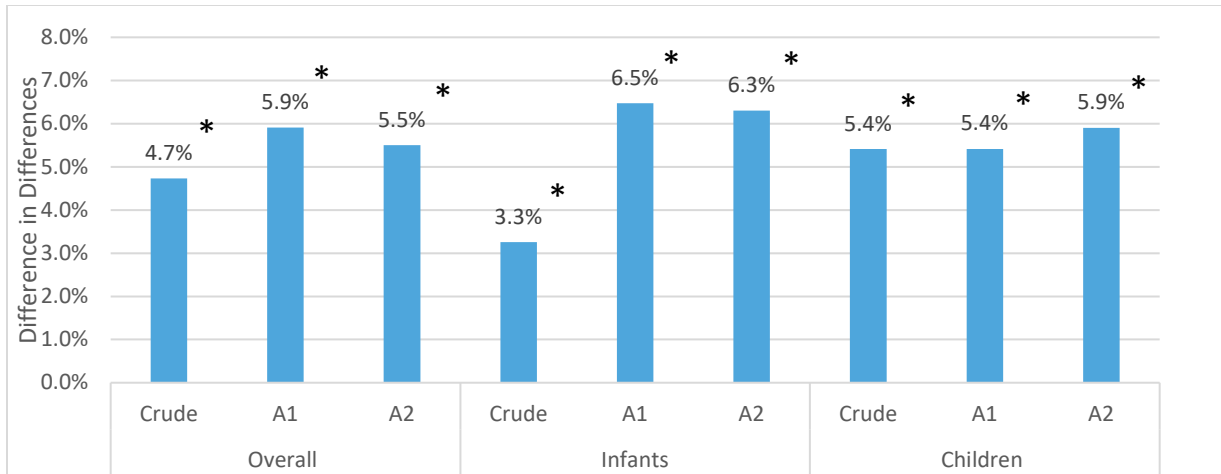


Figure 19. Percentage point differences in continuous benefit issuance between the innovation and comparison groups at Miami-Dade WIC overall, for infants, and for children using three models: Crude (unweighted) and two weighting analysis techniques: A1: PSW-DID using logit for propensity score weighting (PSW) and ordinary least squares (OLS) for DID; A2: PSM-DID using Kernel for propensity score matching (PSM) and probit for DID with repeated cross-sectional option. * $p < 0.05$.

Table 16. Difference-in-Difference Results for Recertification, Retention, and Benefit Issuance Using Crude and Two Adjusted Models Overall and for Infants and Children at Miami-Dade WIC

	Overall			Infants			Children		
	beta	95% CI		beta	95% CI		beta	95% CI	
Recertification (crude, unweighted)	0.046	0.028	0.065	0.041	0.011	0.071	0.048	0.025	0.071
Retention (crude, unweighted)	0.047	0.029	0.065	0.038	0.008	0.068	0.050	0.027	0.073
Benefit issuance (crude, unweighted)	0.047	0.028	0.066	0.033	0.000	0.065	0.054	0.030	0.078
Recertification:									
Model A1	0.053	0.034	0.071	0.072	0.034	0.110	0.041	0.018	0.064
Model A2	0.046	0.034	0.058	0.072	0.052	0.092	0.046	0.030	0.062
Retention:									
Model A1	0.055	0.036	0.073	0.074	0.036	0.113	0.044	0.021	0.068
Model A2	0.050	0.038	0.062	0.072	-0.069	0.213	0.049	0.033	0.065
Continuous benefit issuance:									
Model A1	0.059	0.039	0.079	0.065	0.021	0.108	0.054	0.030	0.079
Model A2	0.055	0.041	0.069	0.063	0.041	0.085	0.059	0.043	0.075

V. DISCUSSION

Interpretation of Results

The Miami-Dade WIC integrated media marketing tool was successful at reaching its target audience and driving users to click on advertisements through the various digital platforms. As evidenced by the client engagement survey, over 70% of users were motivated to contact WIC secondary to exposure to targeted digital media advertisements.

Google Ads was the most successful in terms of driving clicks to our website during the campaign, with an average CTR of 20.95% throughout the innovation period. According to industry research from September 2021, the average click-through rate for Google Ads industry-wide is 3.17%.⁸ However, this varies significantly by industry and will tend to be higher for brand searches. This was true for the NWA R&R national campaign keywords that were WIC brand specific (i.e. “wic” or “wic program”) which had consistent CTRs of over 30%. These users were specifically looking for WIC and were subsequently presented with the Miami-Dade website at the top of the search list. These users would most likely be presented with the local WIC website organically, due to the specificity of the search, and paid advertising is not necessary to drive website traffic. Conversely, custom keywords unique to the Miami-Dade population performed extremely well in terms of CTR. “Food Stamps”, “EBT”, “comida gratis” (free meals), and “alimentos gratis” (free food) had an average CTR of 15%. “Food Stamps” resulted in the highest number of total clicks for a single keyword. Although SNAP is the updated program name in Florida, the “SNAP” keyword did not perform as well, indicating that clients are not using this as a standard search term for the program/benefits. These results suggest that customization of keywords lead to an increase in clicks, better performance (increased CTRs), and overall better return on investment in Google Ads.

In total, the social media component of the innovative tool had a total of 5,864 clicks (989 less than Google Ads) and an overall CTR of 0.47%. Facebook drove the most clicks (71.5%), the most impressions (55.5%), and had the highest CTR (0.51%) during the campaign when compared to Instagram, YouTube, and Audience Network. According to a recent study conducted by AdStage,

⁸ Chaffey, Dave (2022, March 11). Average CTRs Display and Search Advertising – 2022 Compilation. Retrieved from: [Average CTRs for Search, Display and social \[latest stats and charts\] \(smartinsights.com\)](https://www.smartinsights.com/average-ctrs-for-search-display-and-social/latest-stats-and-charts/)

the *median* CTR for Facebook News Feed ads in 2019 was 1.33%.⁹ Another study found that the *average* Facebook CTR across all industries in 2019 was 0.89%.¹⁰ The CTR for this campaign was relative to the industry average. It is important to note that select industries consistently perform below the industry average (jobs & education, science, health) and this may explain the relatively lower CTR on Facebook ads within the WIC audience. Another key performance metric to consider is cost. Although Facebook generally has a low CPC, the Miami-Dade WIC digital media campaign tested several objectives and had a relatively higher CPC when compared to industry standard. In general, cost decreases as advertising scales up. This project had very specific targeting parameters and therefore, reach to a larger audience was limited.

Instagram ads had lower impressions, clicks, and engagements when compared to Facebook as well as higher costs. This mirrors research from 2015 found that among internet-using parents, Facebook was the most used social media platform (74% of parents), with only 25% of online parents using Instagram.¹¹ According to AdStage, Instagram does tend to yield significantly lower CTRs (0.22% median in 2019) and higher costs (\$3.35 median CPC and \$7.68 CPM; Q1 2019) across all industries.⁹ The Instagram CTR for this project was higher than the industry standard, but costs were well above industry standards at \$19.84 (CPM) and \$16.62 (CPC). Interestingly, although Instagram did not perform as well with its paid/sponsored ads, the local agency experienced more engagement with organic (free) posts when compared to Facebook. As of May 2022, the Miami-Dade WIC Instagram account had 1,037 followers which was consistently growing versus Facebook that had only 420 followers and a slower growth rate. Most of the organic audience growth on Instagram occurred during the implementation period. A relevant example of organic Instagram growth occurred after the announcement of the formula recall in the Spring of 2022. The informational organic post reached over 2,600 accounts, of which only 12% were organic followers. The remaining accounts were non-followers (a reach of 2,288 non-followers). The post had over 3,000 impressions and was shared over 800 times. In collaboration with the HPRIL team and Miami-Dade WIC, a blog article was submitted for the HPRIL website

⁹ AdStage (Q1 2020). Q1 2020 Paid Search and Paid Social Benchmark Report. Retrieved from: [Q1 2020 Paid Media Benchmark Report.pdf \(hubspotusercontent30.net\)](#)

¹⁰ Irvine, Mark (2022, March 27). Facebook Ad Benchmarks for YOUR Industry. Retrieved from: [Facebook Ad Benchmarks for YOUR Industry | WordStream](#)

¹¹ Duggan, Maeve, et al. Pew Research Center (2015, July 16). Parents and Social Media. Retrieved from: [Parents and Social Media | Pew Research Center](#)

that detailed the organic performance of this post and the power of Instagram as an organic platform.¹² Facebook did not perform as well with the same post, with only 1,602 impressions and 18 shares. Instagram may be better suited to organic posts and traffic in lieu of paid advertising.

Although YouTube had the highest number of engagement/views, it had a low CTR and a low number of total clicks. The logistics of this platform was not supportive for a project at the local agency level. While this platform may have specific benefits for advertising, there are several operational hurdles that should be considered prior to launching a campaign. Videos performed significantly better on the Facebook platform in terms of CTR and engagement. In addition to ease of placement, the Facebook platform also boasts improved targeting over YouTube due to increased data tracking and advanced behavioral targeting algorithms. Videos on Facebook did not perform as well as static posts; however, there was no customization of videos which may have prevented improved performance. It is important to note that engagement was high with all videos ran during the campaign.

Ultimately, when conducting a digital media campaign in WIC, a blended or integrated approach is the ideal digital marketing strategy as it allows the agency to shift strategies and budget to maximize performance. Each platform has its advantages, and together Google Ads and Facebook (Meta) can effectively reach the intended audience and meet campaign goals. Social media ads are best for social products and offer more nuanced targeting and potentially much more powerful tracking insights than Google Ads. It offers interest-based targeting which was incredibly helpful for the WIC audience who mostly likely interact with ads, websites, links and other applications that are related to parenting, pregnancy, infants, children and families as per the Pew Research Center.¹¹ However, Google Ads, has a much wider reach and a larger suite of platforms that ads can appear on. They engage audiences differently and complement one another in terms of conversion, engagement, and reach.

¹² Sabugo, Carla; Robinson, Eriko (March 2022). USDA/Hopkins Participant research Innovation Laboratory for Enhancing WIC Services: Miami-Dade WIC Leverages Social Media to Respond to Infant Formula Recall. Retrieved from: <https://publichealth.jhu.edu/departments/population-family-and-reproductive-health/research-and-practice/life-course-framework/child-health/women-infants-and-children-program-wic/hpril/hpril-blog>

The integrated media marketing campaign confirmed that custom ads targeted to a specific audience were highly successful at driving engagement and clicks. Custom ads outperformed existing campaign creative with double the impressions, three times the number of clicks, and higher overall CTRs. Spanish language also outperformed English only ads. The eligibility theme was the most successful at driving clicks and encouraging engagement with our audience. The CTR for eligibility themed posts (0.49%) was double the CTRs for the other campaign themes. Of the top 5 performing ads in terms of CTR, all ran on the Facebook platform, all but four ads were presented in Spanish language, and the top three posts represented the eligibility theme. All but one ad (“Welcome to WIC” video) were run on either the click to call or traffic objective which demonstrates the objective’s effectiveness at driving traffic to the website or call center.

Google Analytics (GA) proved to be a powerful tool to monitor acquisition of website audience and audience behavior outside of the traditional vendor KPIs and metrics. Online and offline conversion can be measured utilizing GA event tracking and online behavior (i.e., sessions, new users, downloads, and calls from the website to the call center). This is essential to monitor and assess return on investment (ROI) in terms of advertisement spending and sustainability. Although data was limited, the campaign demonstrated increased website traffic (in the form of sessions and new users) during the innovation period as compared to the pre-implementation period. Access to user demographics is also useful to ensure appropriate and continued targeting of the unique WIC audience. Interestingly, this study found a large majority of visitors to the program website were acquired organically, either via organic search engine searches or via direct traffic (68% of all website new users). A primary goal of digital search advertising is to move your organization’s search result listings up in position. This is important because the higher the position, the higher the potential CTR and clicks. This is also known as Search Engine Optimization or SEO. Google Ads places paid advertisements at the top of the search list via SEM, but it can also indirectly improve organic rankings as well. As referenced in the journey map, seeing an ad increases familiarity with the brand and gives the user top of mind awareness. After seeing an ad (either on Google or in social media), the next time a user sees an organic search result or social media post, they are incrementally more likely to click.¹³ In addition, when ads from the same company appear

¹³ Neely, Pam (2018, October 11). Does Paid Search Help Organic Search? Yes and No. Retrieved from: [Does Paid Search Help Organic Search? Yes And No \(acquisio.com\)](https://www.acquisio.com/blog/digital-marketing/does-paid-search-help-organic-search-yes-and-no)

within sight of organic listings, this has the potential to change click behavior. Therefore, the increase in organic and direct traffic in this campaign can potentially be seen as an indirect result of paid ad performance on Google and social media. Many advertising agencies encourage the utilization of both paid and organic SEO strategy, as search ads increase awareness and brand recall, while paid ads use more targeted conversion-focused strategy and analytics to drive specific actions.¹⁴

The Miami-Dade social marketing campaign had a positive impact on all recertification, retention, and continuous benefit issuance. These positive impacts were observed overall, among infants and among children. In the adjusted analyses (Model A1), overall recertification was 5.3% higher (95% CI: 3.4% to 7.1%), 7.2% higher (3.4% to 11.0%) among infants and 4.1% higher (2.1% to 6.8%) among children. Overall retention in WIC was 5.5% higher (3.8% to 6.2%), 7.4% higher (3.6% to 11.3%) among infants and 4.4% higher (2.1% to 6.8%) among children. Overall continuous benefit issuance was 5.9% higher (3.9% to 7.9%), 6.5% higher (2.1% to 10.8%) among infants, and 5.4% higher (3.0% to 7.9%) among children.

The significance of the results is consistent across outcomes in both crude (unweighted) analyses and in adjusted analyses using Model A2, except for the non-significant greater retention among infants in the innovation group. Although there were differences in participant characteristics between groups and over time, we were able to successfully balance these differences through weighting. Overall, and among children, adjustments only minimally affected the estimated effects of the campaign. However, among infants, adjustment (whether by PSW-DID or PSM-DID) resulted in a doubling of the magnitude of the impact of the campaign on each of the outcomes.

The Miami-Dade WIC agency is large serving nearly 65,000 participants. For this project, specific clinics were chosen for the innovation campaign and others chosen to be comparison clinics. The approach is advantageous as operational procedures are likely to be consistent across all clinics within an agency and thus, concerns about differences between groups or overtime negatively affecting the internal validity of the comparison are minimized.

¹⁴ Adlucent (2022, July). The Effect of Paid Search on Organic Traffic. Retrieved from: [The Effect of Paid Search on Organic Traffic \(adlucent.com\)](https://adlucent.com)

That the impact of the campaign is qualitatively stronger for infants than for children in adjusted analyses for recertification and retention is of interest. The project was not designed to target families with infants as opposed to children. Indeed, components of the campaign used images of children and child-specific themes to stress that eligibility for WIC extends to age 5 years. This brings up the question as to whether families with infants are more active on social media than families with children and thus more likely to be exposed to the campaign components via Google searching, Facebook site exposure, etc. Additional research is needed to understand whether social media campaigns are more effective for recertification or retention of infants than children. However, the results provide evidence that targeted social media campaigns can improve participation and retention in WIC.

Limitations

The point must be made that the social media campaign was targeted to the innovation clinic geographic areas and to WIC participant demographic characteristics, and thus participant exposure to the innovation cannot be measured directly. The performance of social media campaign focused on website traffic, engagement, and other metrics. The campaign was implemented by quarters, and analyses of the performance metrics suggested stronger performance during some quarters than others. We examined the pattern of group differences in monthly recertification and found that differences were temporally linked to some degree with differences in social media performance indicators.

Other limitations of this project include missing data and data monitoring opportunities. Several tagging issues occurred with GA that limited the availability and consistency of data tracking. Project leadership was unaware of technology such as UTM tracking, event tracking, and DID phone call tracking and exclusively relied on the vendor and other subject matter experts to suggest these as options. There were several communication issues with the digital media vendor that caused delays in segments of the campaign and the overall campaign schedule. There were also communication issues internally between the state IT office and the local agency. On several occasions, the state made changes to tagging and GA infrastructure statewide that caused local data losses. The impact of COVID was substantial, and significantly delayed the innovation period

for this project. It also negatively impacted the ability to collect client engagement surveys. In terms of the campaign itself, due to the strict one-year timeline and the required content deliverables, the social media campaign was forced to test several strategies at one time (language testing, objective testing, audience targeting, etc.), which diluted the accuracy of results. Thoughtful testing of individual strategy is advised for future campaigns.

Lessons Learned

The project team gained a substantial amount of knowledge and experience on digital marketing during the 3-year grant period. The integrated digital media marketing campaign was successful in that ads performed well across the various platforms and successfully targeted the intended audience in the innovation zip codes. The project investments successfully drove traffic to the local website and call center and contributed to a return on investment. Indirectly, the Miami-Dade WIC organic traffic increased, both on social media and within Google searches which has the potential to impact long-term sustainability and program advocacy online. Real-time data tracking from a range of sources provided novel insights about user behavior and interaction online. Digital marketing and associated data mining is its own niche industry that requires specialized training and skills. The industry is rapidly changing due to technological advancements and market demand. If WIC agencies pursue similar projects, we highly recommend dedicated training in the basics of digital marketing KPIs, platforms, and campaign objectives. We also recommend GA training, either via the free GA Academy available online, or through paid sources. Both Meta and Google's data reporting capabilities are extensive, and a thorough understanding of the analytics would better prepare a team to develop appropriate digital media strategy. We also recommend a well-thought-out data management and storage plan prior to project implementation, due to the variety and complexity of the various sources of data.

Future Implications and Sustainability

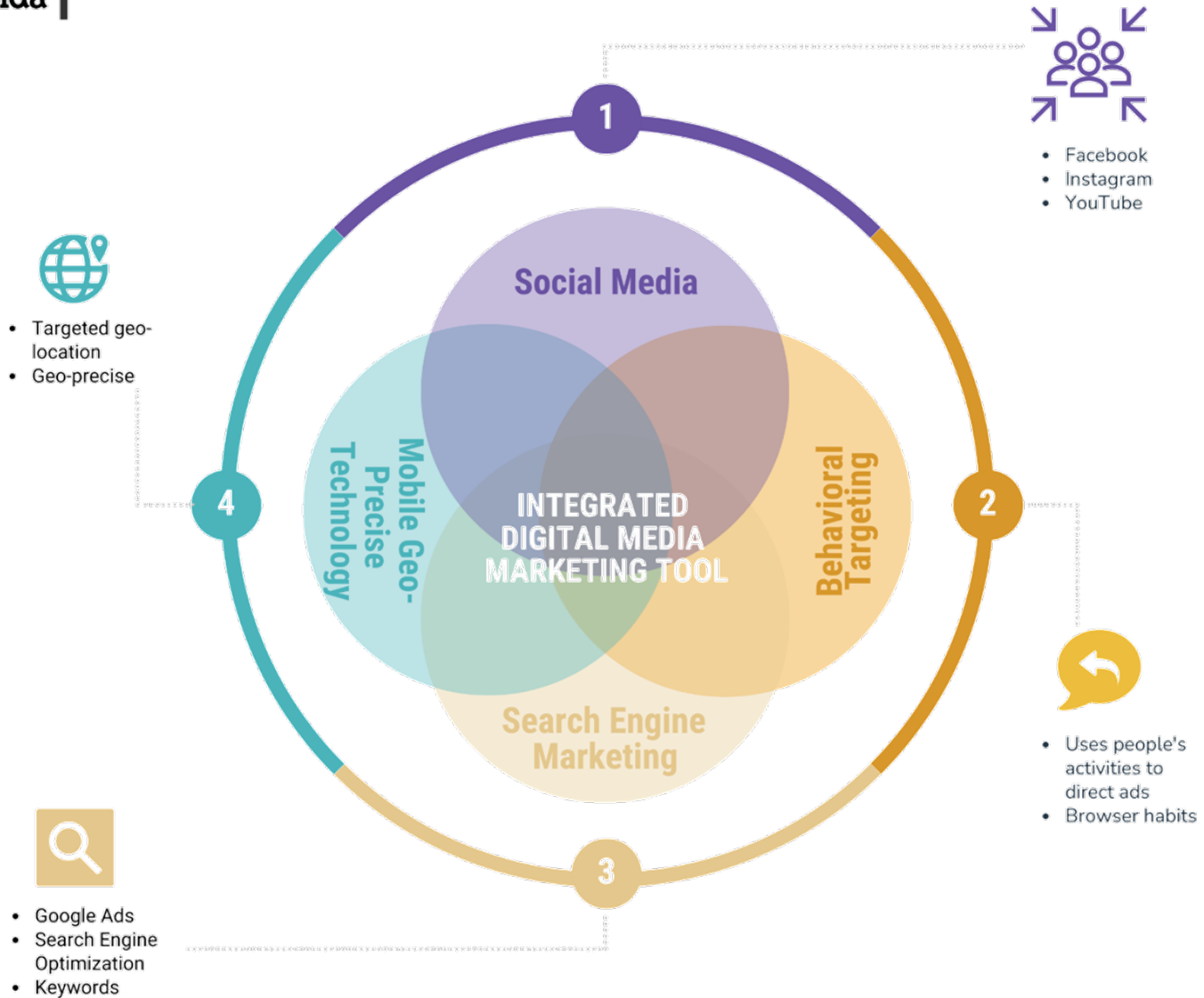
As previously described in our customer journey map, the goal of digital marketing is conversion (participation, recertification, and retention) and ultimately, advocacy. This is where sustainability and a return on investment is truly attained. A primary factor in sustainability is cost and budget considerations. Generally, the more impressions, engagements, and clicks, the lower the cost. Ad performance should be monitored and tested continuously to ensure KPI and cost targets are met.

Low performing ads or content must be evaluated in real-time to avoid overpaying for poor performing ads. Cost considerations must also include the size of the audience targeted, how far the campaign intends to reach (impressions), and the project timeline. Generally, the narrower the targeting, the higher the cost. Since this campaign focused on only seven zip codes, costs were inflated. A broader audience is recommended to manage costs. In addition, we found that using a marketing vendor was significantly more expensive than managing digital media internally. However, the manpower and knowledge base needed to effectively run digital campaigns is substantial and may outweigh the cost of contracting with an outside vendor. Other considerations to consider for project sustainability include communications policies and oversight. Miami-Dade WIC was granted authority to develop locally managed social media pages for this grant; however, this is not standard practice, and our social media account activity has since been paused by our central communications office. Alignment with the agency's governing WIC agency in terms of marketing and branding strategy is highly recommended to ensure program buy-in and support.

The work done during this project only scratched the surface of digital media marketing. If given the opportunity, Miami-Dade WIC is interested in exploring other popular digital marketing platforms such as banner ads (both in Google and in social media), content marketing (videos, blog posts, and infographics), email marketing, voice search optimization, and testing video marketing on innovative and increasingly popular platforms such as Instagram stories, reels, and Tik Tok.

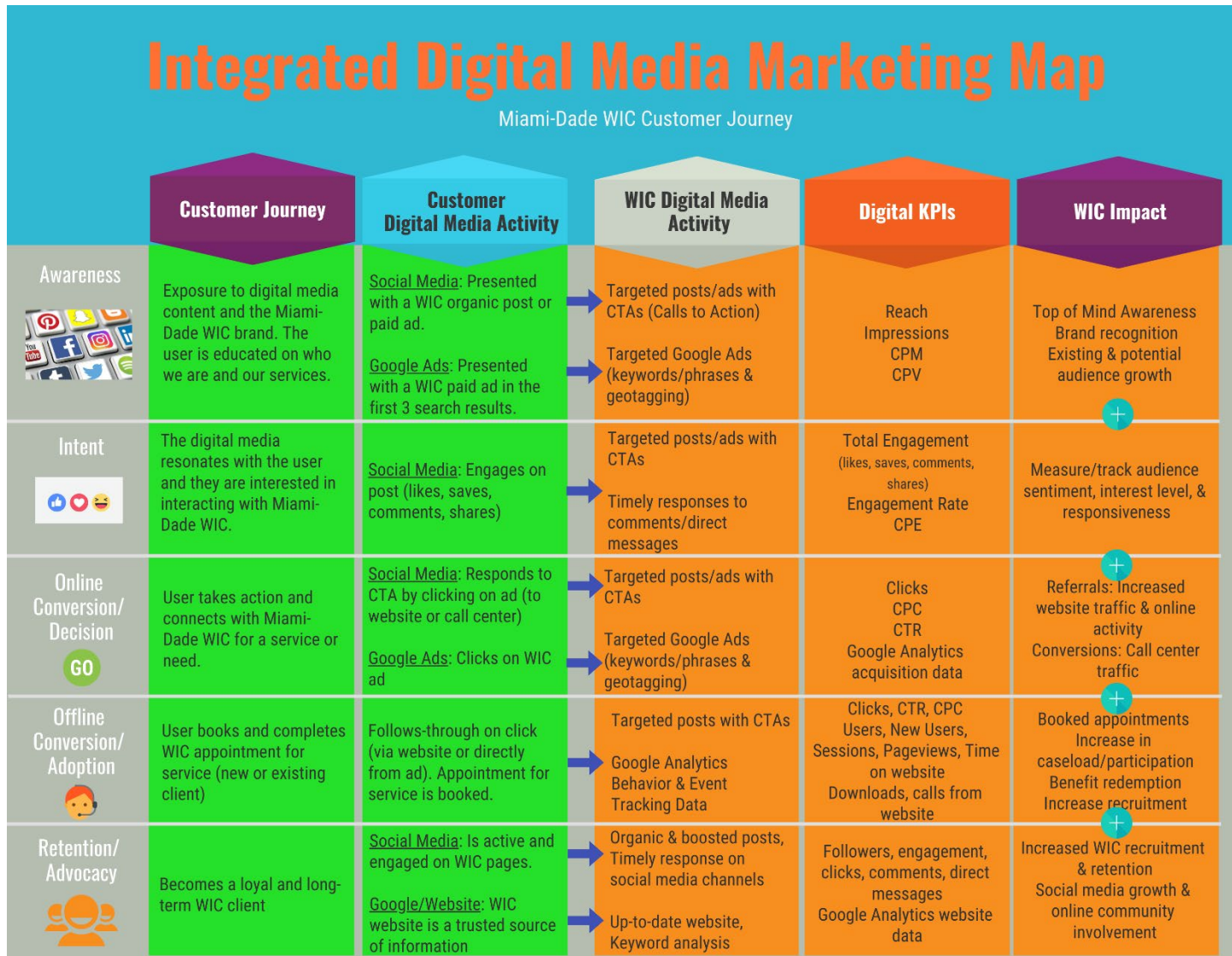
A final recommendation when conducting a digital media campaign for WIC or other public health programs is a blended or integrated approach as the ideal digital marketing strategy as it allows for flexibility on budget and maximizes campaign performance to reach the target population.

VI. APPENDICES



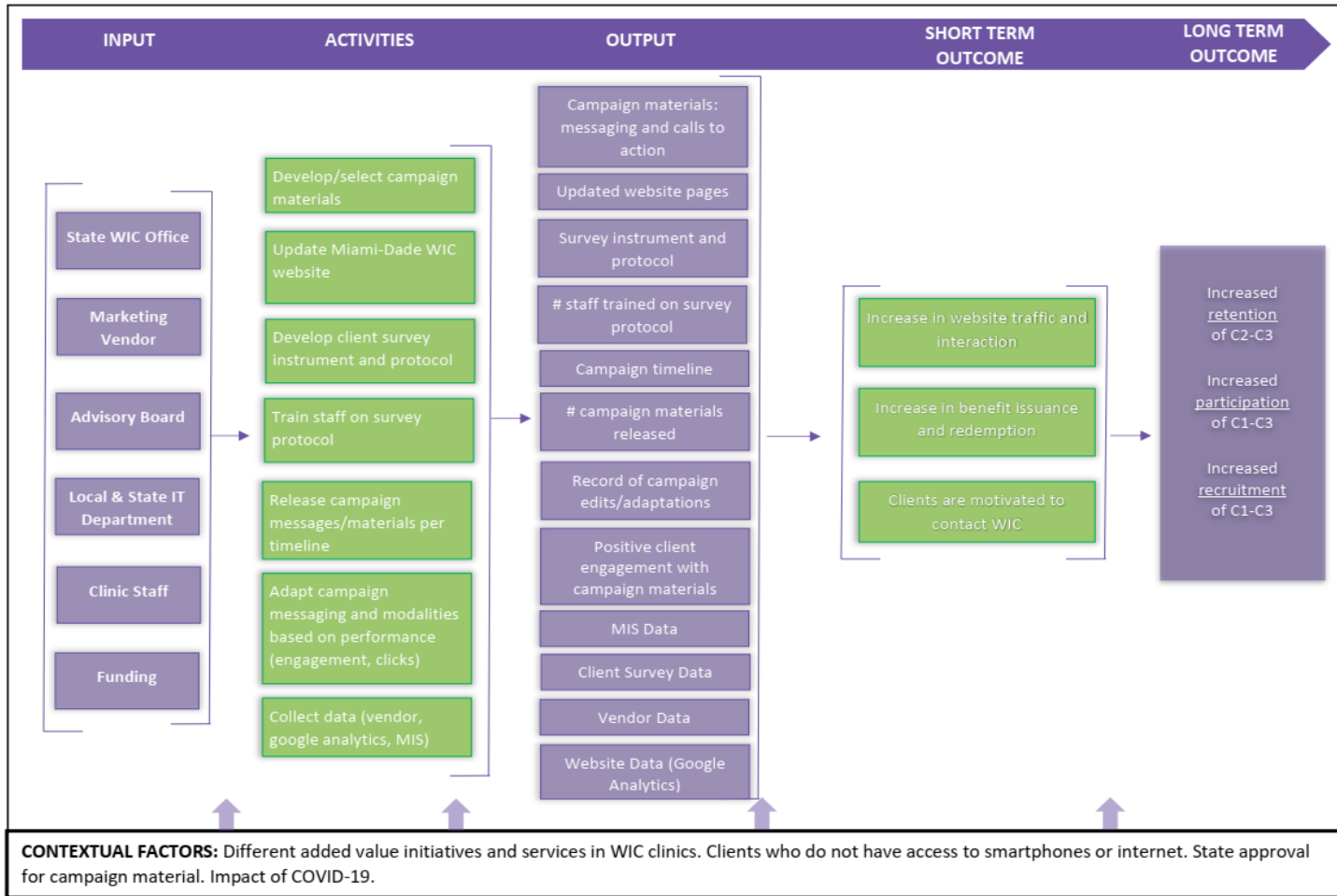
Appendix A.

Appendix B. Integrated Digital Media Marketing Map – Miami-Dade WIC Customer Journey

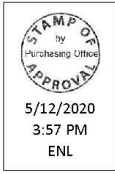


Appendix C. Integrated Digital Media Marketing Logic Model

Integrated Media Marketing Logic Model – Miami-Dade WIC Program



Appendix D. Vendor contract with the State of Florida and supporting documents



Florida Department of Health
MIAMI-DADE COUNTY
Formal Scope of Work
Customized National WIC Recruitment and Retention Campaign
SOW19-302
Version 3

1. PURPOSE:

This scope of work is for a digital marketing campaign which will focus on targeted programmatic digital/mobile media (geo-targeting and behavioral targeting) and social media advertisements. The programmatic and social media campaigns will be deployed to users to targeted zip codes in Miami-Dade County. The campaign will utilize a customized version of National WIC Recruitment and Retention Campaign. Contractor will provide these services to the Florida Department of Health in Miami-Dade County (Department).

2. TERM:

This scope of work will begin on 4/20/2020 or the date on with the purchase order is issued, whichever is later. It will end at midnight, Eastern Time on 6/30/2021. The State of Florida's performance and obligation to pay under this purchase order and any subsequent renewal is contingent upon annual appropriation by the Legislature and satisfactory performance of the Contractor.

3. LOCATION OF WORK:

The worksite for this scope of work is the following location(s):

Miami-Dade County	TARGET ZIP CODES 33142, 33125, 33135, 33128, 33130 33139, 33136
-------------------	---

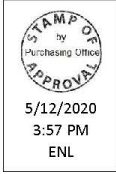
4. CONTRACTOR QUALIFICATIONS AND EXPERIENCE:

The Contractor must possess the following minimum qualifications and experience:

- 4.1. A minimum of 3 years' experience developing and deploying digital media campaigns specifically targeting the WIC population (prenatal, postpartum and breastfeeding women, infants, children under age 5 and 185% poverty level or below).
- 4.2. Contractor must have at least 12 years of experience with the production of digital media campaigns which includes programmatic banner advertisements and social media (Facebook, Instagram and YouTube).
- 4.3. A minimum of 15 years' experience working with and marketing to the WIC population.
- 4.4. Contractor must have proven experience with digital media campaigns that are able to target based on household/family income, geo-location targeting and behavioral targeting.
- 4.5. Contractor must have access to and a valid license to use the current and past National WIC Association Recruitment and Retention marketing campaign material and associated creative.

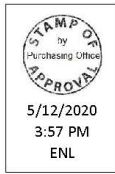
5. CONTRACTOR RESPONSIBILITIES:

- 5.1. **SERVICE TASKS:** Contractor will perform the following tasks in the time and manner specified:



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- 5.1.1. Provide a minimum of 6,000 paid search click-throughs to the local Department WIC website (www.miamidadewic.org) from digital search advertisements displayed from 4/20/20 to 2/28/21. Contractor will document number of paid search click-throughs each quarter. Under this scope of work, quarters will be from 4/20/20-5/31/20 (first quarter), 6/1/20-8/31/20 (second quarter), 9/1/20-11/30/20 (third quarter), and 12/1/20-2/28/21 (fourth quarter). Advertisements will reach people searching WIC related subjects and search terms using Google Search in the geographic region.
 - 5.1.1.1. Geotargeting and key word selection to be managed exclusively by the Contractor and use historical marketing data to implement.
 - 5.1.1.2. Search keywords will be selected by the Contractor. Keywords to be provided to the Department at least 15 days prior to activation for review. Minor changes to keyword selection may be mutually agreed upon, however Contractor cannot guarantee that changes can be made.
 - 5.1.1.3. Submit quarterly evidence of click through to the Department by the 15th of the month following the media release.
- 5.1.2. Provide at least 3,000,000 targeted social media impressions from 4/20/20 to 2/28/21. Contractor must post targeted social media impressions each quarter.
 - 5.1.2.1. Facebook, Instagram, and YouTube will be utilized for paid/sponsored posts and video ads. The Contractor will utilize the Miami-Dade WIC Facebook and Instagram accounts for all sponsored posts. Contractor must not respond to any comments posted by users.
 - 5.1.2.2. Impressions will be targeted to potential WIC-eligible users via geo-targeting, behavioral targeting, age, zip code, and household income. Targeting methods to be managed exclusively by the Contractor and will utilize machine learning and historical marketing data to implement. Impressions will be auto-optimized based on performance.
 - 5.1.2.3. A total of 24 creatives will be utilized for sponsored Instagram and Facebook advertisements/postings during this customized version of National WIC Recruitment and Retention Campaign. 50% will be existing creative from the current National WIC Association Recruitment and Retention campaign (12). 50% will be custom creative developed by the National WIC Association exclusively for this digital marketing contract/campaign (12).
 - 5.1.2.3.1. Existing NWA creative (12) to be provided to the Department at least 30 days prior to activation for review and approval.
 - 5.1.2.3.2. New custom creatives (12) to include all imagery and copy and will be developed with input and guidance from the Department. Creative to be provided in batches quarterly to the Department at least 30 days prior to activation. At least 2 rounds of review will be afforded to the Department prior to releasing to market.
 - 5.1.2.4. A total of six (6) video creatives from the existing National WIC Association Recruitment and Retention Campaign will be utilized for YouTube TrueView advertising. YouTube



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advertising will be in the form of skippable and non-skippable instream or discovery advertisements.

5.1.2.5. Submit a monthly KPI report and evidence of deliverables/postings to the Department by the 15th of the month following the media release.

5.1.3. Host a kick-off call with the Department within 30 days from the purchase order issuance date to determine targeting, communication requirements, and to establish a calendar of for digital media deliverables and review. Remit a copy of the meeting agenda and minutes to the Department within 30 days of the kick-off call.

5.1.4. Provide a comprehensive report documenting each deliverable and the completion date, detailed analysis of KPIs, and overall campaign performance to-date to the Department quarterly. Quarterly report to include an assessment of current strategy as well as proposed changes.

5.1.4.1. Provide a detailed written report and host a conference call with the Department quarterly during the associated purchase order period (4 reports/conference calls total).

5.1.5. **DATA SECURITY AND CONFIDENTIALITY TASK:**

The Contractor, its employees, subcontractors, and agents must comply at all times with all Department data security procedures and policies in the performance of this scope of work as specified in the Data Security and Confidentiality document attached to the purchase order.

5.2. **DELIVERABLES:**

Contractor will complete and submit the following deliverables to the Department in the time and manner specified:

5.2.1. Quarterly: Provision of WIC Recruitment and Retention Digital Campaign activities with submission of supporting documentation as specified in Tasks 5.1.1. through 5.1.4.

6. **METHOD OF PAYMENT:**

6.1. A purchase order will be issued to the Contractor.

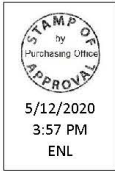
6.2. The method of payment for this purchase order is fixed price.

6.3. The Contractor will not receive payment in advance for goods or services described in this scope of work.

6.4. The Contractor must submit an invoice quarterly that provides a detailed accounting of the deliverables performed during the invoice period for which payment is being requested. The quarterly invoice and supporting documentation must be submitted within 10 calendar days following the end of the quarter for which payment is requested.

6.5. The Contractor is responsible for the performance of all tasks and deliverables contained in this scope of work.

7. **PERFORMANCE MEASURES AND FINANCIAL CONSEQUENCES:**



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All deliverables and related tasks must be completed 100% as specified. Failure to satisfactorily complete or submit a deliverable in the time and manner specified will result in a financial consequence as indicated below:

- 7.1. Failure to complete and submit Task 5.1.1 in the time and manner specified will result in a payment reduction equal to 20 percent of the total quarterly invoiced amount.
- 7.2. Failure to complete and submit Task 5.1.2 in the time and manner specified will result in a payment reduction equal to 20 percent of the total quarterly invoiced amount.
- 7.3. Failure to complete and submit Task 5.1.3 in the time and manner specified will result in a payment reduction equal to 20 percent of the total quarterly invoiced amount.
- 7.4. Failure to complete and submit Task 5.1.4 in the time and manner specified will result in a payment reduction equal to 20 percent of the total quarterly invoiced amount.
- 7.5. Failure to comply with Task 5.1.5, DATA SECURITY AND CONFIDENTIALITY will result in a payment reduction equal to 20 percent of the total quarterly invoiced amount for each quarter the Contractor is not in compliance.

8. CONTRACTOR TRAVEL REIMBURSEMENT:

The Contractor will not be reimbursed for any travel expenses under this agreement.

9. DEPARTMENT CONTRACT MANAGER:

The Department Contract Manager for this scope of work is:

Ninfa Urdaneta Government Operations Consultant III Ninfa.Urdaneta@flhealth.gov 786-845-0316	Florida Department of Health DOH-Miami-Dade Contracts Division 8323 NW 12th St., Suite 214, Doral, FL 33126
Contract Manager Training Database	

10. CONTROLLING TERMS AND CONDITIONS:

- 10.1. Department Request for Quote;
- 10.2. Single Source (EXP2339);
- 10.3. Department Purchase Order Terms and Conditions;
- 10.4. Price, and
- 10.5. Department Scope of Work SOW19-302.

**DESCRIPTION OF INTENDED
SINGLE SOURCE PURCHASE
(PUR 7776)**

AGENCY: Florida Department of Health in Miami-Dade County

TITLE: National WIC Association (NWA)

Short description of the commodity or service desired:

Procurement and licensing of the National WIC Recruitment and Retention Campaign, development of customized creative content (utilizing campaign brand standards), and customized digital marketing specific to the Miami-Dade WIC eligible community.

CONTACT

Name: Jenny Cooley

Address: 4052 Bald Cypress Way, Tallahassee FL

Telephone: 850-245-4530

Email: jenny.cooley@flhealth.gov

Internal tracking number, if any: EXP2339

Date posted: 3/31/20 @ 11:45am

Last day for receipt of information: 4/9/20 @ 11:45am

This description of commodities or contractual services intended for purchase from a single source is posted in accordance with sections 120.57(3) and 287.057(3), Florida Statutes and will remain posted for a period of at least 7 business days.

Commodity or Contractual Service Required (commodity or United National Standard Products and Services Code (UNSPSC), manufacturer, model, and description, as appropriate):

80171603 Publicity and marketing advisory service

82100000 Advertising

82101800 Advertising agency services

82101801 Advertising campaign services

Quantity or Term (as appropriate):

1 year

Requestor (division, bureau, office, individual, as appropriate):

DOH-Miami-Dade WIC Program

Performance and/or Design Requirements (e.g., intended use, function or application, compatibility, requirements; reference to policy, rule, statute or other act of the Legislature, etc., as appropriate):

Under section 383.011, Florida Statutes, the Department of Health is designated as the state agency for administering or providing for maternal and child health services. The Department of Health intends to utilize the National WIC Recruitment and Retention Campaign to develop an innovative and novel method to combat the decline in WIC participation at the local agency/county level by creating custom branded content and messaging as well as targeted digital media specific to the unique ethnic and cultural population in Miami-Dade County.

The NWA campaign is a multi-platform strategic marketing approach designed to raise awareness, drive enrollment, increase retention, and improve perceptions of WIC. Currently, 35 states, 21 Indian Tribal Organizations, the District of Columbia, and 4 United States Territories are utilizing the campaign which has created consistency within the country for the WIC brand. In accordance with 60A-1.045, Florida Administrative Code, the Florida

Department of Health in Miami-Dade County WIC Program requests authorization to purchase as a single source the customized National WIC Recruitment and Retention Campaign from the National WIC Association (NWA).

Intended Single Source:
National WIC Association (NWA)

Estimated Dollar Amount:
\$80,000.00

Justification for single source acquisition (what is necessary and unique about the product, service or source; steps taken to confirm unavailability of competition, as appropriate):

- The National WIC Association (NWA) is the sole vendor nationally and locally of the National WIC Recruitment and Retention Campaign providing custom advertising and digital marketing services to increase enrollment of WIC eligible families, retain participants in the WIC program, increase positive perception of WIC, and create national brand recognition. The NWA and its marketing affiliates have over 15+ years of working directly with WIC staff nationwide to effectively communicate with and educate the WIC audience. In addition, the NWA and its marketing partner are the largest provider of parenting content in the country in both English and Spanish.
- The NWA Recruitment and Retention Campaign was developed utilizing wide-ranging feedback from all sectors of the WIC population – stakeholders, clients, staff, and partners. The messages and branding used in the campaign are based on extensive research including interviews, focus groups, and a survey of WIC staff and participants. Evaluations of the campaign have indicated that digital advertisements have been effective in promoting engagement with WIC and improving attitudes about and understanding of the program which, in turn, leads to increased retention and participation in the program. Since the inception of the national campaign, digital media has successfully driven over 1.1 million families contact their local WIC office via the internet or phone. In addition, research from the national campaign has shown that Florida digital media users are the 2nd most active in the country, accessing and utilizing the NWA digital media campaign more than most other states. The NWA is the only digital media provider and sole proprietor of this research in the WIC community. To meet the requirements of the USDA grant, the WIC program must implement a digital marketing campaign that is evidence-based and has this supporting research behind it.
- The Florida Department of Health in Miami-Dade County has determined through an extensive review of the literature and research that the utilization of digital media advertising is extremely effective at impacting behavior, especially amongst young adults and women of childbearing age (age 18-49). Furthermore, data from the Pew Research Center demonstrates that reliance on smartphones and mobile technology is most common among younger, non-white/ethnic lower-income Americans (the core of the Miami-Dade WIC population). Furthermore, research from the NWA national campaign revealed that 90% of users are accessing the campaign's media via their mobile phones. Marketing research has also demonstrated digital marketing is an effective tool both for health promotion and marketing as well as retention and improving quality healthcare.

Approved By (names & titles, as appropriate, e.g., requestor, requestor management, information systems, budget, purchasing):
Samantha Turk,
Chief, Bureau of General Services

Prospective vendors are requested to provide information regarding their ability to supply the commodities or contractual services described. If it is determined in writing by the agency, after reviewing any information received from prospective vendors, that the commodities or contractual services are available only from a single source, the agency shall provide notice of its intended decision to enter a single-source purchase contract in the manner specified in s.120.57(3), FS.

Appendix E. HPRIL Grant Advisory Committee Interest Survey

HPRIL GRANT ADVISORY COMMITTEE INTEREST SURVEY

1. Full Name:

2. Position/Title:

3. Assigned Clinic/Unit

4. Are you Hispanic/Latino?

Yes

No

5. What is your nationality/cultural background?

6. Do you have any social media accounts (ie. Facebook, Instagram, YouTube, Snapchat, etc)?

Yes

No

7. Are you knowledgeable in Marketing and/or Mass Communications?

Yes

No

8. Have you participated in an Advisory Committee before?

Yes

No

Appendix F. Client Engagement Survey



Miami-Dade WIC Social Media Survey

Thank you for taking the time to complete this survey. Your feedback is valuable to us.

Gracias por participar en nuestra encuesta. Sus respuestas son muy valiosas para nosotros.

Mèsi pou tan ou pran pou ranpli sondaj sa a. Patisipasyon ou tre enpòtan pou nou.

*** 1. Family ID Number (see example below):**

(Número de Identificación de familia - vea el ejemplo de abajo | Nimewo idantifikasyon fanmi an)

- I know my Family ID Number**
(Conozco mi número de identificación de familia | Mwen konnen nimewo idantifikasyon fanmi mwen)
- I do NOT know my Family ID Number**
(NO sé mi número de identificación de familia | Mwen pa konnen nimewo idantifikasyon fanmi mwen)
- I am new to WIC and don't have an Family ID Number yet**
(Soy nueva en WIC y todavía no tengo un número de identificación de familia | Mwen se yon nouvo patisipan nan WIC; mwen poko genyen yon nimewo idantifikasyon fanmi)

The family ID number can be found on your WIC VOC card - see image below.

(El número de identificación de familia se puede encontrar en su tarjeta WIC VOC – vea la siguiente imagen. | Ou ka jwenn nimewo idantifikasyon fanmi an nan kat WIC VOC ou a - gade imaj la.)

Florida Department of Health					
WIC Program					
Verification of Certification					
This allows transfer to another WIC or WIC Overseas Program during the Certification Period					
Your eligibility for benefits will end on the certification end date. You or your child will need to be recertified to get more benefits.					
Miami-Dade					
Phone: (786) 336-1300					
WIC Clinic ID:					
www.FloridaWIC.org					
Printed on:					
Issued By: _____					

Family/Client Information:

Authorized Representative:					Family ID: 1234567
Birth Date	Income Det. Date	CAT	Certification		Nutrition Risks
			Start	End	

Weight, Height/Length and Iron:

Goals:



Miami-Dade WIC Social Media Survey

2. Please enter your Family ID Number:

(Ingrese su número de identificación de familia | Tanpri antre nimewo idantikasyon Fanmi ou)

*** 3. Do you have children under the age of 5?**

(¿Tiene usted niños menores de 5 años? | Ou genyen timoun ki genyen mwens ke 5 an?)

- Yes (Si | Wi)
 No (No | Non)

*** 4. What is your home zip code?**

(¿Cuál es el código postal de su dirección? | Ki kòd postal lakay ou?)

*** 5. Where do you regularly go for your WIC Appointments?**

(¿A qué oficina de WIC asiste regularmente? | Ki kote ou ale pou Randevou WIC ou yo?)

6. How did you first hear about WIC?

(¿Como se enteró del programa WIC? | Pa ki vwa ou te tande pale de WIC?)

*** 7. Do you follow us on Facebook and/or Instagram?**

(¿Nos sigues en Facebook y / o Instagram? | Ou swiv nou sou Facebook ak / oswa Instagram?)

- Yes
 No

*** 8. Have you seen Miami-Dade WIC advertisements on your computer or cell phone in the last month?**

(¿Has visto anuncios del programa WIC Miami-Dade en tu computadora o teléfono celular durante el último mes? | Eske ou te wè reklam WIC nan Miami-Dade nan òdinatè oswa telefòn selilè ou nan mwa ki sot pase a?)



Miami-Dade WIC Social Media Survey

*** 9. Which of the following did you see us in? (Check all that apply)**

(¿En cuál de los siguientes medios viste algún anuncio? - Marque todos los que correspondan | Nan kisa ou te wè nou? - Tcheke tout kote ou te wè nou)

- Facebook
- Instagram
- Google
- YouTube

*** 10. Did seeing WIC ads or posts online motivate you to contact WIC?**

(¿Has visto nuestros anuncios en tus redes sociales o en una pagina web que te motivo a contactar a WIC? | Èske se reklam WIC oswa piblikasyon sou entènèt ki te motive ou pou kontakte WIC?)

- Yes (Si | Wi)
- No (No | Non)

Appendix G. Campaign Material Selection Guide

Campaign Material Selection Guide

Purpose

The purpose is to develop, identify, and select digital media and identify behaviors and geofencing locations for the Integrated Media Marketing WIC Campaign funded by John Hopkins HPRIL Grant.

Target Audience

1. Zip Codes 33142, 33125, 33135, 33128, 33130, 33139, 33136
2. Households with children under 5 years old
 - 1a. Total household incomes less than \$64,000

Miami-Dade County is a minority-majority population, with Hispanic/Latinos representing the largest proportion of the population. This is even more true for the innovation clinics, which serve one of the largest Hispanic/Latino populations in Miami-Dade County. The area served is known as “Little Havana” and historically was known as the cultural and political capital of Cuban exiles in South Florida. The demographics have changed slightly as Hispanics from other countries, especially from Central America, have subsequently moved into the area. Below is select demographic information for our innovation clinics and data from the 3 zip codes that represent the largest percent of the population that the intervention clinics serve.

Families Count by Primary Language

Source: Florida WIC Program FL-WISE Data System, July 2019

WIC Clinic Name	English	% English	Spanish	% Spanish	Haitian-Creole	% Haitian-Creole	Other	% Other	Total Families
Unity WIC	769	17.17%	3704	82.68%	0	0	4	0.09%	4,480
Penalver WIC	268	13.37%	1734	86.48%	1	0.05	2	0.10%	2,005

Hispanic or Latino by Type: 2010 by Select Zip Codes

Source: U.S. Census Bureau, 2010 Census

	Zip Code		
	33142	33125	33135
% Hispanic or Latino	56.7%	92.3%	94.0%
HISPANIC OR LATINO BY TYPE			
Mexican	1.0%	1.5%	1.5%
Puerto Rican	3.3%	2.5%	2.0%
Cuban	18.7%	49.8%	51.4%
Dominican	5.9%	2.6%	1.4%
Central American (excludes Mexican)*	20.4%	26.3%	26.9%
Guatemalan	1.1%	1.5%	1.5%
Honduran	8.9%	8.4%	8.1%
Nicaraguan	8.8%	13.7%	14.6%
Salvadoran	1.1%	2.2%	2.0%
South American	2.6%	4.8%	6.5%
Other Hispanic or Latino	4.9%	4.7%	4.3%

*Only countries with the highest % of representation are listed below

Profile of Households and Families and Select Economic Characteristics: 2010 by Select Zip Codes

Source: U.S. Census Bureau, 2010 Census; 2013-2017 American Community Survey 5-Year Estimates

	Zip Code		
	33142	33125	33135
Total population under 5 years of age	7.7% (4,043)	5.9% (3,091)	5.3% (1,926)
Average Household Size	2.97	2.8	2.57
Family households with female householder	37.4% (6,510)	27.0% (4,956)	25.6% (3,575)
Families w/own children under 6 years of age	9.5% (1,116)	9.9% (1,179)	10.1% (865)
Median family income (dollars)	\$28,409	\$31,773	\$29,930
% OF FAMILIES AND PEOPLE BELOW THE POVERTY LEVEL (past 12 months)			
All Families	32.5%	25.6%	24.5%
Families with related children of the householder under 5 years	31.1%	25.9%	27.9%
Families with female householder under 5 years, no husband present	56.9%	55.5%	29.2%

Digital Media Selection Process

Key Campaign Messaging

1. Miami-Dade WIC welcomes all families with young children and will assist with eligibility misinformation.
 - a. Address barriers and misperceptions related to WIC participation & enrollment
 - i. **Do you live in Miami and need food assistance for your family? Applying for WIC is easy! Learn how – click here.** (No need for residency/citizenship)
 - ii. **WIC in 3 steps – live in Miami? Need food assistance for your family? Call us today!**
2. Miami-Dade WIC is here to provide support past infancy and throughout the early childhood years.
 - a. Miami-Dade WIC is here to help in a variety of ways by supporting and empowering families
 - i. Empower families with young children
 1. **Introduction of solids (1-year old's)**
 2. Portion control
 3. **Nutrition counseling, not just checks or formula**
 - a. **Licensed Dietitians and Breastfeeding Consultants available to help**
 4. Here to help, referring you to a network of support (referrals)
 5. **Safety @ WIC: During COVID, don't have to come into the office. We can provide same level of service during COVID**
3. It is easy to apply and remain on WIC.
 - a. **On Medicaid/Food Stamps? You are automatically eligible for WIC and it's easy to apply.**
 - b. Documentation requirements – make is easy and understandable
 - i. Identify paperwork that is needed (Documents) and what is not required
4. Unlike other government programs, the WIC program can provide services to higher income families with children.
 - a. Income changes and people can still be eligible
 - i. **Maternity Leave/Changes in work status**
 - ii. **Family income changes – loss of work, addition of family members that are being cared for**

Language needs

- 70% of marketing material needs to be in Spanish
- 30% of marketing material needs to be in English
 - Consider using dialects for Central American and Cuban population (i.e. Cuban "Dale!", Central American "Pilas!", different verbiage for "breast" - "pecho" vs "chiche")

- Please include “Spanglish” copy (mix of English and Spanish language) in ads

Relatable imagery

- Images must relate to Central American and Cuban populations
 - Individuals/families in ads should look relatable to these populations (not just of Mexican descent)
- Consider using Hispanic talents, using Hispanic influenced music and imagery
 - Include aspects of their culture like food, traditions, holidays and family
 - Example: use imagery of Hispanic fruits/veggies (I.e. guava, papaya, pineapple over apples/oranges, etc.)
- Representative of Hispanic families (larger, more extended family)
 - Babies
 - Children ages 1-4
 - Single mothers
 - Single fathers
 - Families with grandparents

Final Selection Requirements

Social Media (FB, Instagram, YouTube)

- 3,000,000 total impressions throughout the campaign (available in both languages)
- Can run in both English and Spanish per guidelines above (70%/30%)

Geotargeting & Behavioral Targeting Selection Process

Geofencing Location Considerations

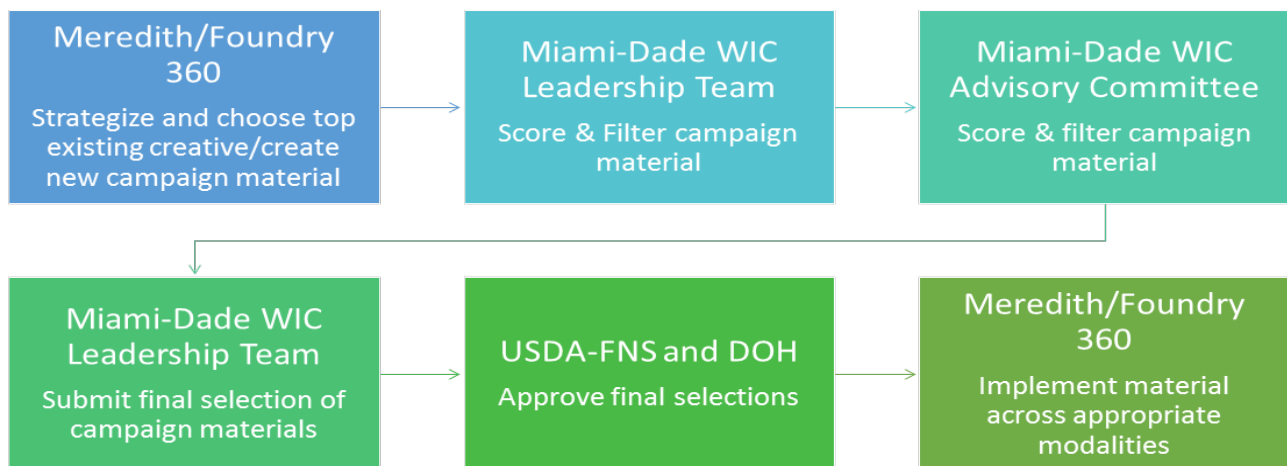
- Zip Codes 33142, 33125, 33135, 33128, 33130, 33139, 33136

Final Selection Requirements

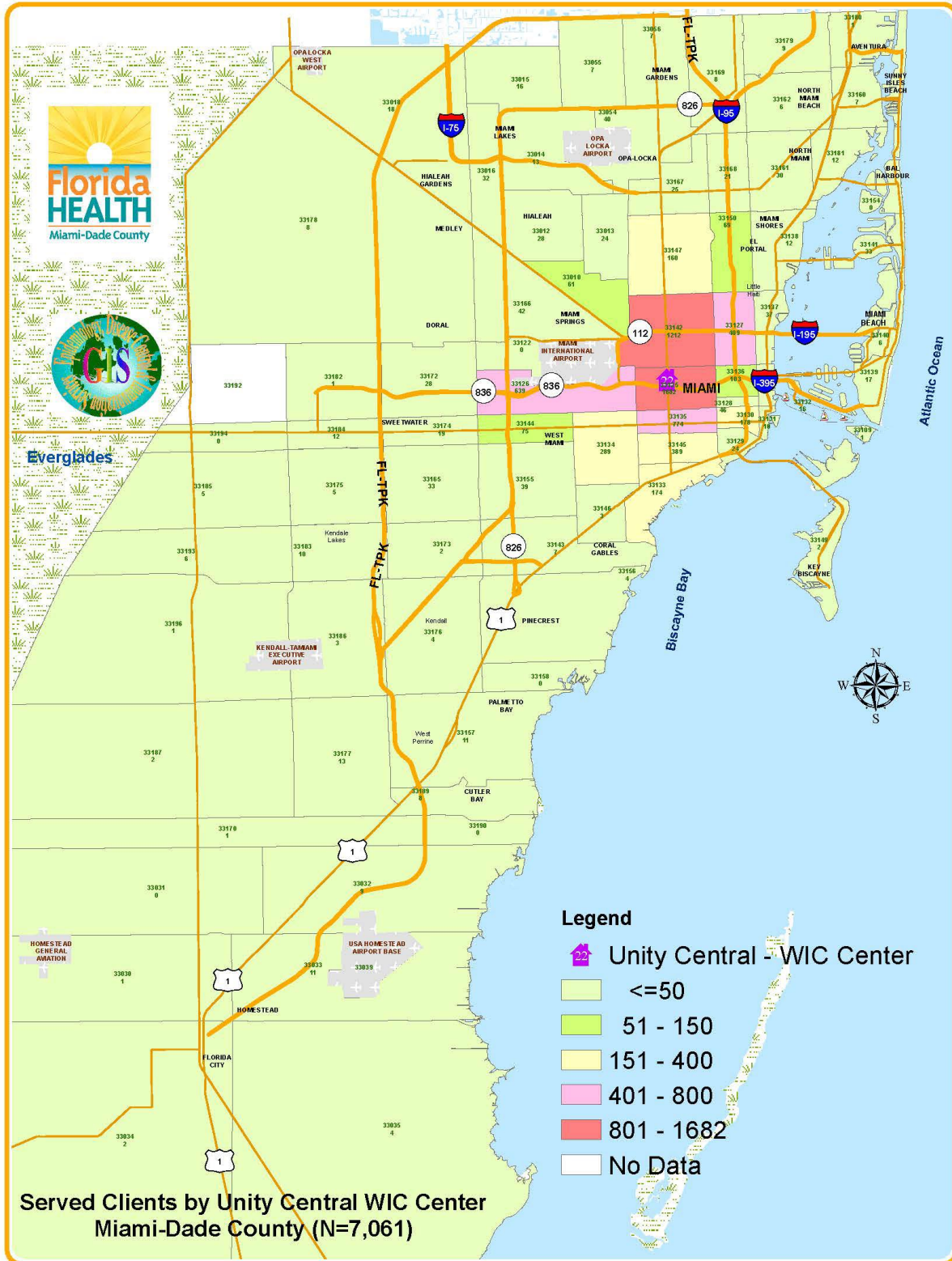
Paid Search Ads Through Google

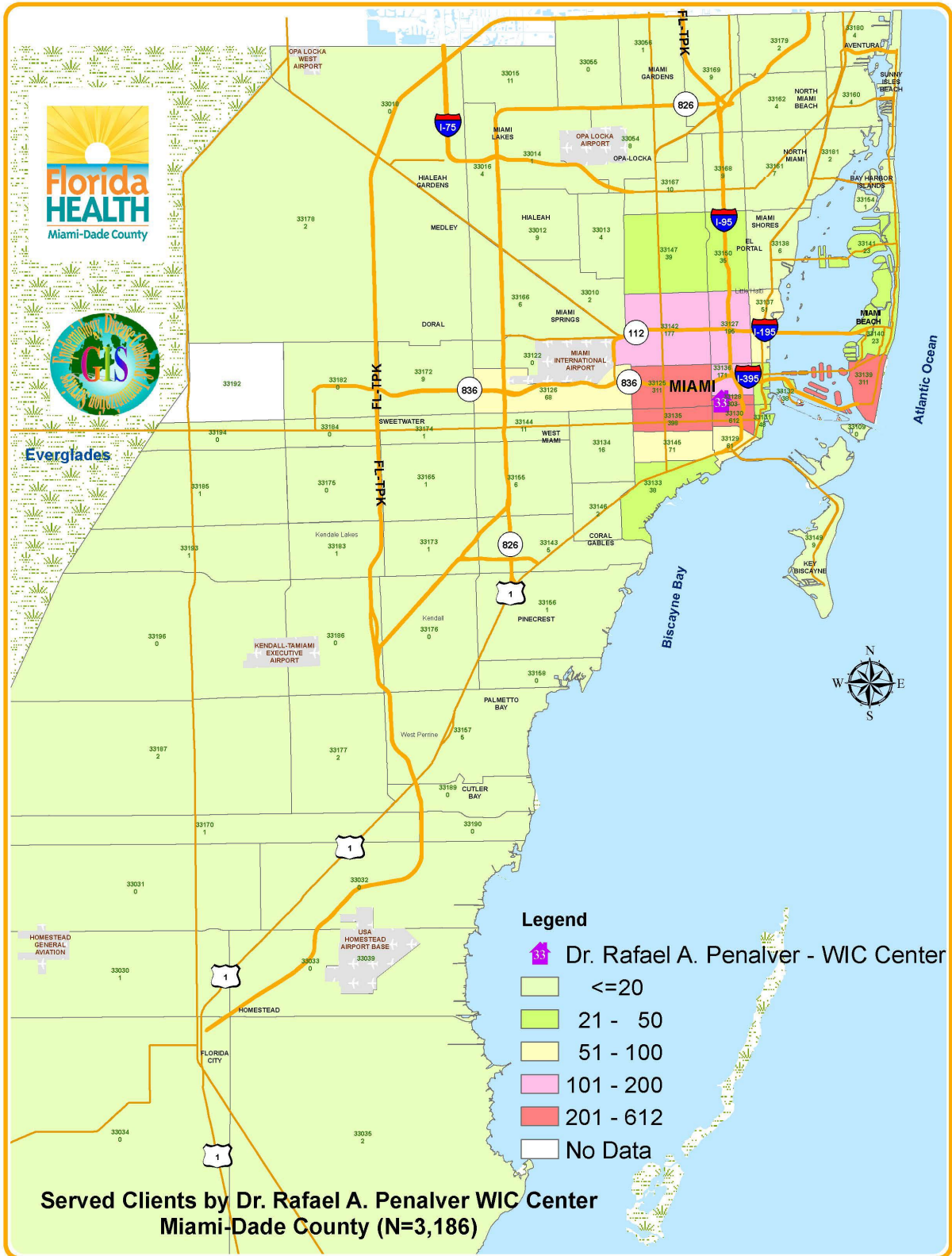
- 6,000 clicks total for the duration of the project
- Keywords will be primarily Spanish keywords to reflect target population
- Will run keywords based on guidelines above (80%/20%)

Campaign Content Selection Process Map






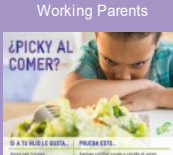








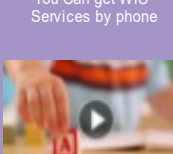



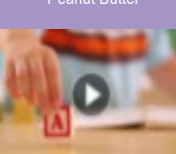
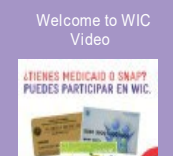
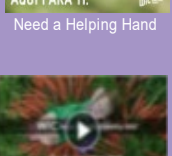
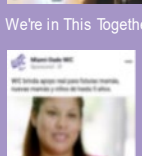
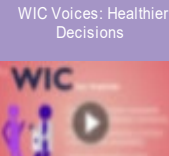



Appendix H. GIS Maps





Appendix I. Campaign materials

				
WIC Es Para Todos	Missing Meals?	WIC in Five Words	Indoor Activity	WIC is Here for You
				
WIC Welcomes Working Parents	Stay on WIC until your child is 5	55% of WIC Families	Nutrition Education Video	WIC: Here for you
				
Picky Eater?	Breastfeeding Specialists	Mom Quote	No Limit	La Comida Solidas
				
You Can get WIC Services by phone	Quizá puedas recibir WIC tras cambios	Medicaid or SNAP Rnd 2	WIC Shopper	Peanut Butter
				
Welcome to WIC Video	Need a Helping Hand	We're in This Together	WIC Voices: Healthier Decisions	Welcome to WIC Video Rnd 2
				
Medicaid or SNAP	Healthy Kids Video	P. Castillejo Video	Takes A Village Video	WIC Eligibility

Appendix J. Updated Website Landing Page and Storyboard Plan

Clinical and Nutrition Services

Home » Programs and Services » Clinical and Nutrition Services » WIC

Women, Infants and Children (WIC)

[English](#) | [Español](#) | [Kreyól](#)



WIC WELCOMES ALL.

We're here to help.
Miami-Dade WIC offers healthy food, nutrition education, breastfeeding support, and resources to more than 60,000 women, infants, children, and families in Miami-Dade County. If you're pregnant, just had a baby or care for a child under the age five, you can get personalized support for you and your family at one of our 15 WIC Centers.

It's easy to apply.
Simply call us at 786.336.1300 and schedule your appointment today at the WIC center of your choice.

Our call center is open Monday through Friday
7:15am - 5:00pm.

Who can receive WIC benefits?

- * Women who are pregnant, just had a baby or breastfeeding
- * Infants
- * Children up to 5 years of age

Immunizations
Preventive Services
Laboratory Services
Refugee Health Assessment Program
Eligibility Requirements
School Health
WIC
Eligibility [How to Apply](#)
WIC Benefits [WIC Foods](#)
Services [Nutrition & Health](#)
Research [Breastfeeding](#)
Forms [WIC Locations](#)
WIC Centers [Resources](#)
Healthy Start
Service Sites
Community Health Centers

Women, Infants and Children (WIC)
786-336-1300
786-336-1300
Breastfeeding Help Line and Breast Pump Program
WIC services are available by appointment only.
Call 786-336-1300 to schedule your appointment today.

We welcome migrant families, fathers, supportive partners, military families, foster parents and legal guardians with eligible children. Our WIC income guidelines below will help you see if you qualify for WIC.



How can I qualify?

- * Legal residency / citizenship is NOT required (WIC does not report legal status to the federal government)
- * Must live in Florida
- * Must be income eligible

WIC Income Guidelines

Contact WIC at 786.336.1300 to schedule an appointment. Our income guidelines should only be used as a reference.

If you receive food assistance (SNAP), Medicaid or Temporary Cash Assistance (TCA) you are automatically income eligible.

Many working families are a part of WIC.

INCOME ELIGIBILITY GUIDELINES FOR THE WIC PROGRAM EFFECTIVE JUNE 17, 2019					
Household Size	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly
1	\$23,107	\$1,926	\$963	\$889	\$445
2	\$31,284	\$2,607	\$1,304	\$1,204	\$602
3	\$39,461	\$3,289	\$1,645	\$1,518	\$759
4	\$47,638	\$3,970	\$1,985	\$1,833	\$917
5	\$55,815	\$4,652	\$2,326	\$2,147	\$1,074
6	\$63,992	\$5,333	\$2,667	\$2,462	\$1,231
7	\$72,169	\$6,015	\$3,008	\$2,776	\$1,388
8	\$80,346	\$6,696	\$3,348	\$3,091	\$1,545

If you have more than 8 people in your household, please call 786.336.1300 for more details.

Things to consider for income and household size:

- * For a pregnant woman, each unborn baby counts as 1 extra person in the household size.
- * Maternity / Paternity leave
- * Loss of employment (temporary or long term)
- * Gaps in income (i.e. teacher summer break)
- * Caring for a family member in your household
- * Private health insurance does not affect eligibility
- * Enrollment in other government assistance programs not required.


Follow @MiamiDadeWIC




USDA Non-Discrimination Statement



DOH-MD WIC Website Revamp

1. Purchase the shorter domain: www.miamidadewic.org
2. Remove WIC program from “Clinical & Nutrition Services” and place under “Program Services”
<http://miamidade.floridahealth.gov/programs-and-services/clinical-and-nutrition-services/index.html>
 - a. Rename menu title to “Clinical Services”
3. Rename WIC landing page title to “Women, Infants and Children (WIC)”
4. Rename subtitles to “How to Apply”, “WIC Foods”, “Nutrition & Health”, “Breastfeeding”, “WIC Locations” and “Resources”
5. Remove “Research” and “Forms” pages
6. Redesign WIC Landing Page (see website design attached)
 - a. Add picture carousel to top of page – 1386px by 960px (if possible)
 - i. Pictures will be provided as well as documents/pages to hyperlink.
 - b. Use WIC Font “WIC Gravur Condensed Black”
 - c. Font sizes
 - i. Headlines: 48pt
 - ii. Body copy: 35pt
 - d. Use WIC colors
 - i. Light Green:


WIC LIGHT GREEN

CMYK: 42/0/100/0
RGB: 161/205/58
HEX: #A0CC39
PMS: 2299C
 - ii. Purple:


WIC LIGHT VIOLET

CMYK: 68/78/0/0
RGB: 108/84/163
HEX: #6B53A2
PMS: 266C
 - iii. Grey:
CMYK: 63/56/51/26
HEX: 5b5a5e
7. Create 2 additional pages within each page for Spanish and Creole translated pages.
 - a. Translations will be provided

Page 1 - Landing Page

WORDING	IMAGE/URL LINKS/PDF DOCUMENTS
<p>(words from image) WIC welcomes all.</p> <p>We're here to help. Miami-Dade WIC offers healthy food, nutrition education, breastfeeding support, and resources to more than 60,000 women, infants, children, and families in Miami-Dade County. If you're pregnant, just had a baby, or care for a child under the age five, you can get personalized support for you and your family at one of our 15 WIC Centers.</p>	<p>WIC Welcomes All (embed Instagram post)</p> <p>15 WIC Centers = WIC Program Locations</p>
<p>It's easy to apply. Simply call us at 786.336.1300 and schedule your appointment today at the WIC center of your choice.</p> <p>Our call center is open Monday through Friday 7:15am - 5:00pm.</p>	<p>WIC Center = WIC Program Locations</p>
<p>Who can receive WIC benefits? * Women who are pregnant, just had a baby or breastfeeding * Infants * Children up to 5 years of age</p> <p>We welcome migrant families, fathers, supportive partners, military families, foster parents and legal guardians with eligible children. Our WIC income guidelines below will help you see if you qualify for WIC.</p>	<p>WIC Income Guidelines = document pending</p>
<p>How can I qualify?</p> <ul style="list-style-type: none"> • Legal residency / citizenship is NOT required (WIC does not report legal status to the federal government) Must live in Florida • Must be income eligible 	
<p>WIC Income Guidelines Contact WIC at 786.336.1300 to schedule an appointment. Our income guidelines should only be used as a reference.</p> <p>If you receive food assistance (SNAP), Medicaid or Temporary Cash Assistance (TCA) you are automatically income eligible.</p> <p>Many working families are a part of WIC.</p>	

<p>If you have more than 8 people in your household, please call 786.336.1300 for more details.</p> <p>Things to consider for income and household size:</p> <ul style="list-style-type: none"> • For a pregnant woman, each unborn baby counts as 1 extra person in the household size. • Maternity / Paternity leave • Loss of employment (temporary or long term) • Gaps in income (i.e. teacher summer break) • Caring for a family member in your household • Private health insurance does not affect eligibility • Enrollment in other government assistance programs not required. 	
<p>Follow @miamidadewic</p>	<p>Add Facebook & Instagram links</p>

Page 2 – How to Apply

<p>WORDING</p>	<p>COMMENTS/SUGGESTIONS</p>
<p>It's easy to apply. Simply call us at 786.336.1300 and schedule your appointment today at the WIC center of your choice.</p> <p>Our call center is open Monday through Friday 7:15am - 5:00pm.</p>	<p>Image = Shutterstock 698097268 Branded WIC center = WIC Program Locations</p>
<p>Talk to a live WIC staff member. When you call our appointment line, you will speak to a highly trained WIC staff member. They will give you an appointment at the WIC center of your choice and answer any questions you may have about your appointment.</p> <p>Our WIC staff members can help you in any language. We can assist clients with hearing and vision impairment. Florida Relay Services (TDX) are available at 1.800.995.8770.</p>	<p>Image = Shutterstock 577985980 red WIC Center = WIC Program Locations</p>
<p>What to bring to your appointment:</p> <ul style="list-style-type: none"> • Each infant and/or child who is applying for WIC services. • Your child's health records such as height, weight and iron level (can also be done at the WIC center) and immunization card. • Identification for you and any infant or child applying for WIC such as a driver's license, birth certificate, crib card, military ID, photo ID, 	<p>Download a detailed list of items to bring here = 3170 WIC eligibility checklist English</p>

<p>paychecks/stubs* (*electronic version acceptable), social security card or hospital records.</p> <ul style="list-style-type: none"> • Proof of address such as rent receipt, utility bills, paycheck/stub, bank/insurance statement (electronic version acceptable) or driver’s license. You must be living in Florida, but you do not need to be a US citizen or legal resident. • Proof of household income for the last 30 days such a paycheck/stub, bank statement or unemployment benefits. Electronic versions are acceptable. You are automatically income-eligible If you receive Medicaid, Temporary Cash Assistance (TCA), or Food Assistance (SNAP). WIC staff can verify your enrollment in these programs. <p>Download a detailed list of items to bring here.</p>	
<p>What to expect at your WIC visit.</p> <ul style="list-style-type: none"> • Income, identification and health history are reviewed. • Clients will receive nutrition and breastfeeding counseling from skilled professionals. • Height, weight and iron levels are reviewed (Screenings can be done in the WIC center or by your medical provider). • Eating habits and growth charts are discussed. • An EBT card will be given and most clients will receive 2 – 3 months of food at a time on the card. It can be used right away at any WIC approved store. • Most appointments take about 1.5 hours. A dry diaper and small toys may be helpful to bring. <p>(Words from image) Eat the Rainbow.</p>	<p>Image (bottom) = WIC.English.9.Rainbow</p>

Page 3 – WIC Foods

WORDING	COMMENTS/SUGGESTIONS
<p>(Words from image) WIC offers a healthy food package. Beans, whole grains, fruits and vegetables, 100% fruit juice, cheese, cereal,</p>	<p>Image = WIC Food Package WIC Food brochure here = fl-wic-foods-eng</p>

<p>eggs, infant formula, canned fish, peanut butter, milk and infant cereal & baby food.</p> <p>Healthy Food. Happy Family. WIC provides healthy foods to meet the special nutritional needs of pregnant, breastfeeding and postpartum women, infants, and children up to 5 years old. WIC supports successful, long-term breastfeeding.</p> <p>WIC foods include:</p> <ul style="list-style-type: none"> • Whole grains • Breakfast cereals fortified with iron and low in sugar • Fruits and vegetables • Low sodium and low-fat choices • A variety of high protein foods such as eggs, dried peas, beans and peanut butter • Good sources of calcium, such as, milk, yogurt, cheese, and soy milk. <p>Download the Florida WIC Food Brochure here.</p>	
<p>Smart Shopping with WIC. As a WIC client, you will receive a WIC EBT shopping card to buy your WIC foods. All the foods for your family will be together on one card. You will receive your WIC EBT card at your WIC appointment.</p> <p>Our smart shopping guide will help you shop for WIC foods at all WIC approved stores.</p>	<p>Smart shopping guide = smart-shopping-with-your-wic-ebt-card-eng</p> <p>WIC Approved Stores = MD WIC VendorList 2.2020</p>
<p>Get the Florida WIC Mobile App. Available in the App Store and Google Play. The Florida WIC App is easy and simple to use. Once you register using your WIC EBT card, you will be able to see your future appointments, WIC food benefits, scan food items to check if they are WIC approved foods, and get information on locations of WIC approved grocery stores and WIC centers.</p>	<p>Florida WIC App = App Store Google Play</p> <p>Image = WIC.English.1.healthykids</p>

(Words from image) WIC kids are healthy kids!	
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Page 4 – Nutrition & Health

WORDING	COMMENTS/SUGGESTIONS
<p>Keeping your family healthy. It takes a village! We're here to help you and your family live a healthy lifestyle. WIC doesn't just provide free food, we provide families one-on-one nutrition counseling and education with experts in the field of nutrition and dietetics.</p>	
<p>What is an RDN/LDN? An RDN is a Registered Dietitian Nutritionist and an LDN is a Licensed Dietitian Nutritionist.</p> <p>They are food and nutrition experts who have met academic and professional requirements including a bachelor's or master's degree in Nutrition and Dietetics, completed an accredited supervised internship of over 1200 hours, and completed a national examination with continuing education requirements.</p>	<p>Registered Dietitian Nutritionist = https://www.eatright.org/food/resources/learn-more-about-rdns/qualifications-of-a-registered-dietitian-nutritionist</p>
<p>Nutrition Educators @ WIC. At WIC you can count on a Nutrition Educator to guide and help your family set healthy eating goals.</p> <p>A Nutrition Educator has successfully completed a minimum of a bachelor's degree in nutrition and dietetics or related field.</p>	
<p>Set goals as a family. Eating healthy benefits the whole family. We know it may be challenging to feed your family healthy meals. You may have a picky eater or a child with food allergies. Let Miami-Dade WIC help you and your family face these challenges.</p> <p>We're here for you. You got this.</p>	
<p>Food tips by experts. Bust Food Myths Build a Healthy Eating Lifestyle Food for a Healthy Mother and Baby Food for Baby's First Year Keeping a Healthy Balance</p> <p>MyPlate, MyWins For Families MyPlate YouTube Videos</p>	<p>Bust food myths = 06-food-myths-handout-eng Build a Healthy Eating Lifestyle = build-a-healthy-eating-style-handout-english Food for a healthy Mother and Baby = food-for-healthy-mother-and-baby Food for Baby's First Year = food-for-babys-first-year Keeping a Healthy Balance = keeping-a-healthy-balance</p>

	My Plate, MyWins for Families MyPlate YouTube Videos
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Page 5 – Breastfeeding

WORDING	COMMENTS/SUGGESTIONS
<p>(Words from image) Breastfeeding is good for you too.</p> <p>Breast start to life.</p> <p>Breastfeeding is a journey. There are ups and downs and feelings of accomplishments and frustration. WIC is here to help every step of the way, no matter what stage of your breastfeeding journey.</p> <p>Miami-Dade WIC has dedicated breastfeeding specialists to help you in your journey.</p> <p>We’re here for you 7 days a week. Call our breastfeeding helpline 786.336.1336.</p> <p>Private consultations are available at no cost for WIC clients.</p>	<p>Image = breastfeedingisgoodforyoutoo DOHMD</p>
<p>What’s an IBCLC?</p> <p>An IBCLC is an International Board-Certified Lactation Consultant, a healthcare professional who specializes in the clinical management of breastfeeding. An IBCLC has completed required coursework and passed an international board certified examination.</p> <p>IBCLCs have expert knowledge and experience in providing breastfeeding and lactation care in routine and high-risk situations.</p>	<p>International Board-Certified Lactation Consultant</p>
<p>Breastfeeding Peer Counselors.</p> <p>Whether you’re pregnant, a new mom or have multiple kids, it helps to talk to other moms who know what you’re going through. That’s where Breastfeeding Peer Counselors (PCs) can help.</p> <p>PCs are moms in your community who breastfed their own babies and can help you in your breastfeeding journey.</p>	<p>Breastfeeding Peer Counselors</p> <p>Image = WIC.English.3.Peer.Counselors</p>

(Words from image) Shout out to WIC Peer Counselors!	
Get the right info. <ul style="list-style-type: none"> • Breastfeeding your baby • Breastfeeding when you're going back to work or school • WIC breastfeeding support video • Explore the stages of breastfeeding • Common breastfeeding challenges • Planning for delivery • Talk to your family about breastfeeding • How breastmilk is made 	breastfeeding-your-baby-eng breastfeeding-work-school-eng WIC Breastfeeding support video Explore the stages of breastfeeding Common breastfeeding challenges Planning for delivery Talk to your family about breastfeeding How breastmilk is made

Page 6 – WIC Locations

WORDING	COMMENTS/SUGGESTIONS
<p>Find a WIC center near you.</p> <p>GOULDS WIC CENTER 10300 S.W. 216th Street Goulds, Florida 33190</p> <p>WEST PERRINE WIC CENTER 18255 Homestead Avenue Perrine, Florida 33157</p> <p>SOUTH MIAMI WIC CENTER 6601 S.W. 62nd Avenue South Miami, Florida 33143</p> <p>WEST DADE WIC CENTER 11865 S.W. 26th Street, Unit# J-6 Miami, Florida 33175</p> <p>FREDERICA WILSON & JUANITA MANN WIC CENTER 2520 N.W. 75th Street Miami, Florida 33147</p> <p>HOMESTEAD/FLORIDA CITY WIC CENTER 753 West Palm Drive Florida City, Florida 33034</p> <p>CAROL CITY WIC CENTER Las Villas Plaza 4737 N.W. 183rd Street Carol City, Florida 33055</p>	<p>All WIC locations will be linked to the DOH-MD Locations List</p> <p>Refer to Clinic Information Sheet for clinic address, hours of operation, contact info...etc.</p> <p>List of Miami-Dade WIC locations = WIC Program Locations 2.2020</p>

<p>LITTLE RIVER WIC CENTER 3000 N.E. 80th Terrace Miami, Florida 33138</p> <p>JACKSON MEMORIAL HOSPITAL WIC CENTER Park Plaza West Garage, G-101 1611 N.W. 12th Avenue Miami, Florida 33136</p> <p>UNITY CENTRAL WIC CENTER 1490 N.W. 27th Avenue, 2nd Floor Miami, Florida 33125</p> <p>UNIVERSITY WIC CENTER 1607 S.W. 107th Avenue, 2nd Floor Miami, Florida 33165</p> <p>HIALEAH WEST WIC CENTER 551 W. 51st Place, 3rd Floor Hialeah, Florida 33012</p> <p>NORTH MIAMI BEACH WIC CENTER 16855 N.E. 2nd Avenue, Suite 205 Miami, Florida 33162</p> <p>NARANJA COMMUNITY HEALTH WIC CENTER 13805 S.W. 264th Street Naranja, Florida 33032</p> <p>RAFAEL PENALVER WIC CENTER 971 N.W. 2nd Street Miami, Florida 33128</p> <p>WIC ADMINISTRATION (NO WIC APPOINTMENTS) 7785 N.W. 48th Street, Suite 325 Miami, Florida 33166</p> <p>For a list of Miami-Dade County WIC locations click here.</p> <p>If you reside in another county or state, visit www.signupwic.com for a list of WIC locations.</p>	
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Page 7 – Resources

WORDING	COMMENTS/SUGGESTIONS
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You got this.

Miami-Dade WIC is here to help you on your journey as a parent. We can provide you and your family with resources and information. Here are a few of our community resources.

SWITCHBOARD OF MIAMI

24/7 source for information and resources for all health and human services in Miami-Dade and Monroe Counties.

Dial 211

MEDICAID, FOOD & CASH ASSISTANCE

Department of Children & Families

Monday- Friday 8am - 5pm

850.300.4323

HEALTHY START COALITION OF MIAMI-DADE

Services for Pregnant, postpartum women, infants and children up to age 3.

305.541.0210

FAMILY PLANNING (BIRTH CONTROL CHOICES, BABY SPACING, YEARLY EXAMS, ETC)

Florida Department of Health in Miami-Dade

305.575.3800

DENTAL SERVICES

Florida Department of Health in Miami-Dade

305.575.3800

Nicklaus Children's Dental Services

786.624.3368

FREE EYE EXAMS FOR CHILDREN

Florida public school students in Pre-K through 12th grade.

305.856.9830

JACKSON MEMORIAL HOSPITAL

Accredited, non-profit, tertiary care hospital.

305.585.1111

FEDERALLY QUALIFIED HEALTH CENTERS

Low cost health care services

[Switchboard of Miami](#)

[Medicaid, Food & Cash Assistance](#)

[Healthy Start Coalition of Miami-Dade](#)

[Florida Dept of Health in MD Family Planning](#)

[Florida Dept of Health in MD Dental Services](#)

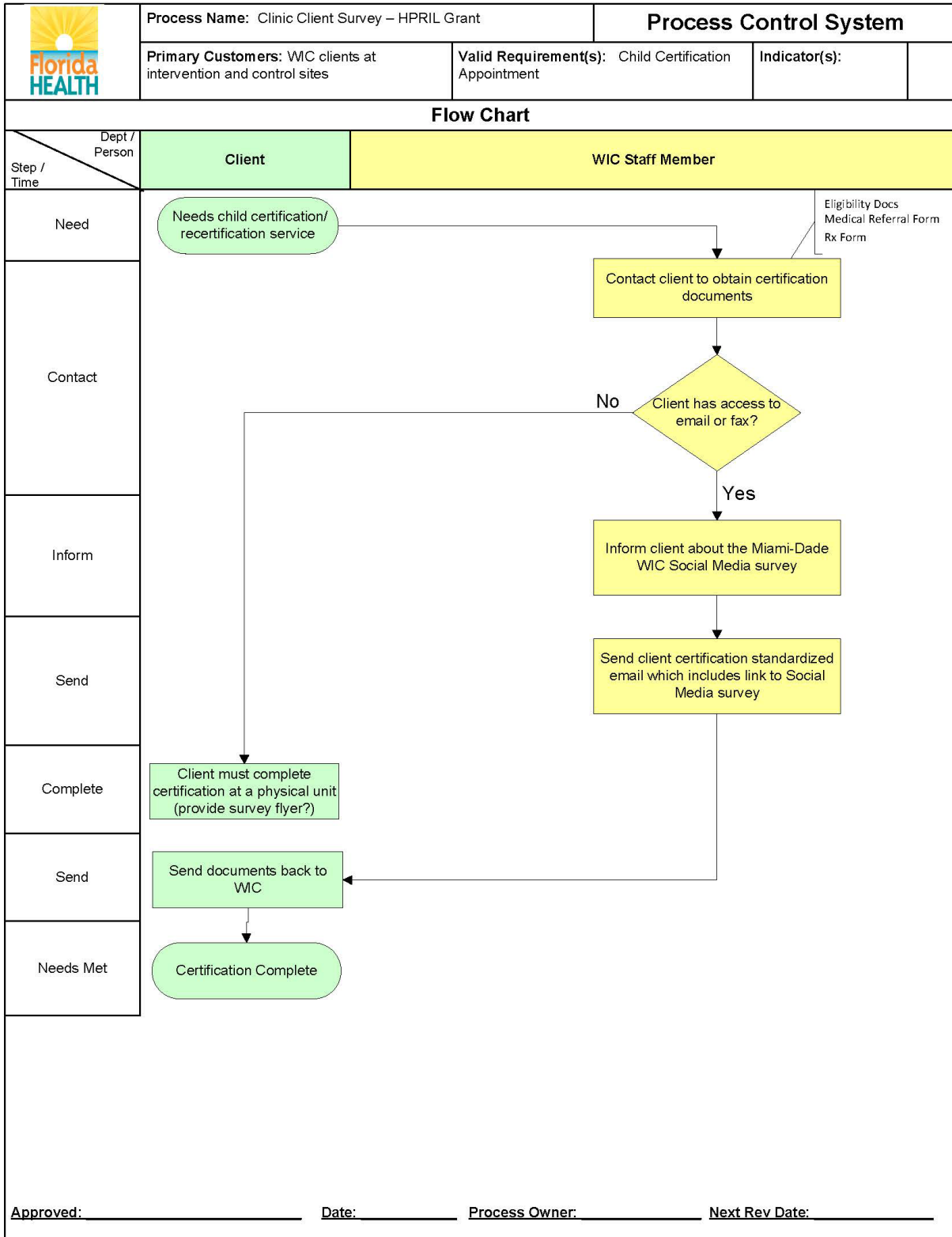
[Nicklaus Children Dental Services](#)

[Free Eye Exams for Children](#)

[Jackson Memorial Hospital](#)

[Federally Qualified Health Centers](#)

Appendix K. Staff training materials



Miami-Dade WIC Digital Marketing Grant

September 2019 – June 2021



Paid Search

Google search for "miami dade wic" showing approximately 240,000 results. The top result is from miamidade.floridahealth.gov titled "Women, Infants and Children (WIC) - Florida Health Miami ...". A blue ribbon badge on the left indicates it is the "1st Place Winner".

Other search results include "WIC Foods | Florida ..." and "COVID-19 Response".

The local business listing for "DOH-Miami-Dade County WIC Program - Administrative Office" is shown with a 3.0 star rating and 2 Google reviews. The address is 7785 NW 48th St Suite 325, Doral, FL 33166.

Facebook & Instagram

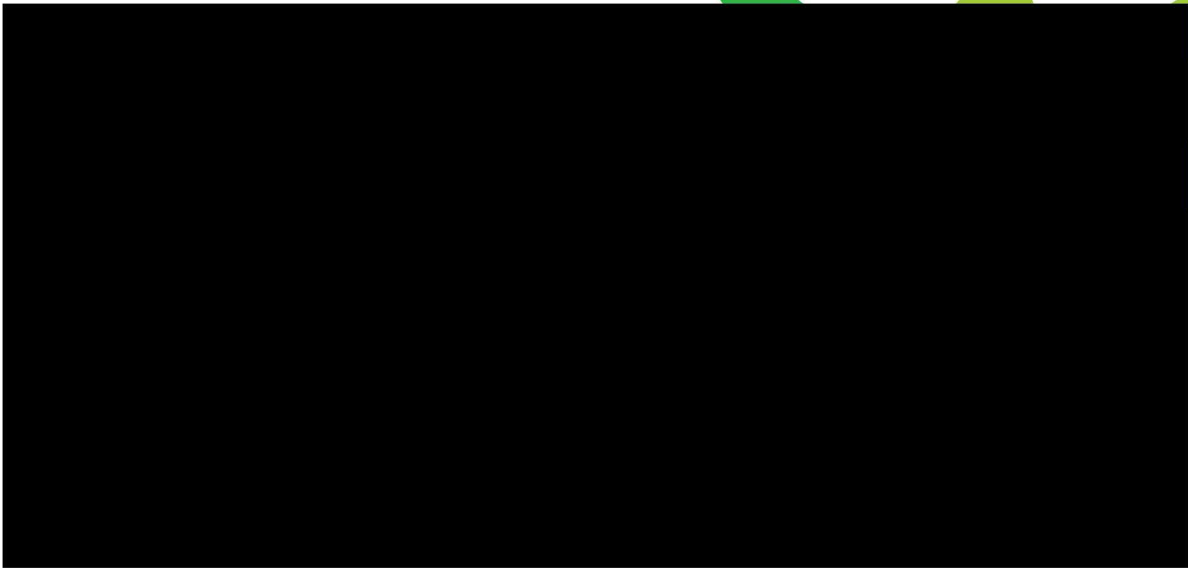


Instagram post featuring a child eating. The text reads: "¿PICKY AL COMER?". Below the image is a table with food suggestions:

SI A TU HIJO LE GUSTA...	PRUEBA ESTO...
Arroz con frijoles	Agrega coliflor cruda o cocida al arroz.
Picadillo	Échale zanahorias y aji cocinados o licuados.
Empanadas de carne	Prueba las empanadas de espinaca, hongos y frijoles negros.

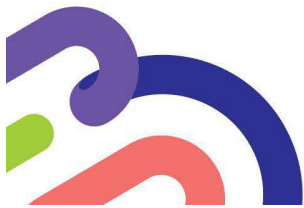
The WIC Miami-Dade County logo is visible in the bottom right corner of the image.

YouTube



Digital Media Survey

We need your help!!



Appendix L. Staff Training Agendas

HPRIL GRANT: CAS Survey

Date: 11/5/2019

Team Meeting

Time: 9am – 10:30am

Unit: Corporate Park

Meeting called by: HPRIL Project Leadership **Type of meeting:** In-person

Facilitator: Eriko Robinson, Carla Sabugo & Carol Crisafi

Attendees: See attached sign-in sheet Call Center Staff

AGENDA ITEMS

Topic	Presenter	Time allotted
✓ HPRIL Grant Overview	HPRIL TEAM	45 minutes
✓ Project Background		
✓ Innovative Tool: Integrated Media Marketing Tool		
✓ Project Goals & Objectives		
✓ CAS' Role		
✓ Draft CAS Survey		
✓ CAS Survey Process Map		
✓ Feedback & Discussion		

HPRIL GRANT: Client Engagement
Survey

Date: 11/5/2019

Time: 9am – 10:30am

Team Meeting

Unit: ALL Miami-Dade WIC Units

Meeting called by: HPRIL Project Leadership **Type of meeting:** Virtual

Facilitator: Eriko Robinson, Carla Sabugo & Carol Crisafi

Attendees: All Miami-Dade WIC Staff

AGENDA ITEMS

Topic	Presenter	Time allotted
-------	-----------	---------------

- | | | |
|--|------------|------------|
| ✓ HPRIL Grant Overview | HPRIL TEAM | 20 minutes |
| ✓ Project Background | | |
| ✓ Innovative Tool: Integrated Media Marketing Tool | | |
| ✓ Project Goals & Objectives | | |
| ✓ Unit Staff Role – Client Engagement Survey & Process | | |
| ✓ Feedback & Discussion | | |

Appendix M. Social media posting schedule/calendar



Miami / Dade Programmatic & Social Media Schedule

Responsibility	Original Production Date/Deadline	Updated Production Date/Deadline
Batch 1 layouts to client (June, July, August)	5/6/2020	
Comments due	5/13/2020	
Make Changes	5/14- 5/21/20	
Final layouts to client	5/22/2020	
Final approval due	5/26/2020	
LIVE	6/8/2020	
LIVE: WIC Es Para Todos - POST 1	6/15-7/20/20	
LIVE: WIC Welcomes Working Parents - POST 2	7/15 - 8/13/20	
LIVE: Picky Eater? - POST 3	8/25 - 9/9/20	
LIVE: Missing Meals - POST 4	9/9 - 9/22/20	
Live: Stay on WIC until your child is 5 - POST 5	9/23 - 10/7/20	

Live: Breastfeeding Specialists - POST 6	10/8 - 10/21/20	
Client to choose 6 additional posts from NWA Toolkit	9/10 -10/1/20	
Final 6 posts chosen from Toolkit	10/7/2020	
LIVE	10/17/2020	
LIVE: <i>WIC in 5 Words</i> - POST 7	10/17 - 10/31/20	
LIVE: <i>55% of Eligible Families</i> - POST 8	10/24 - 11/7/20	
LIVE: <i>WIC mom quote: Exclusive Breastfeeding</i> - POST 9	11/8-11/22/20	
LIVE: <i>Indoor Activity</i> - POST 10	11/13-11/27/20	11/15/20-11/29/20
Live: <i>WIC: NO Limit</i> - POST 11	11/21 - 12/5/20	11/30/20-12/15/20
Live: <i>WIC is here for you</i> POST 12	12/2 - 12/16/20	12/7/20-12/21/20
Batch 3 layouts to client (December, January & February 2021)	11/16/2020	11/20/2020
Comments due	11/24/2020	
Make Changes	11/30-12/4/20	
Final layouts to client	12/7/2020	
Final approval due	12/11/2020	
LIVE	12/16/2020	
MIAMI-DADE FAMILIES, WE'RE HERE FOR YOU- POST 13	12/22 - 1/5/21	
Esta Lista Para La Comida Solidas - POST 14	12/28 - 1/11/21	
Ofrecemos Informacion Nutricional - POST 15	1/12-1/26/21	
You Can get WIC Services by phone - POST 16	1/18 - 2/2/21	
Medicaid or SNAP- POST 17	1/30 - 2/13/21	

Quiza puedas recibir WIC tras cambios... POST 18	2/14- 2/28/21	
Need a Helping Hand? - POST 19	3/1- 3/15/21	
WIC: We're In This Together - POST 20	3/16 -3/30/21	Click to-Call AND Engagement.
WICShopper APP - POST 21	3/31 -4/14/21	
WIC Voices: Healtier Decisions - POST 22	4/15 -4/29/21	
Peanut Butter - POST 23	4/30 -5/14/21	
WIC Eligibility - POST 24	5/15 -5/29/21	
WIC Healthy Kids_Eng ; VIDEO	3/8- 3/22/21	Kim Williams
PCastillejo_15sec_Spa ; VIDEO	3/24-4/14/21	Patricia Castillejo
TakesAVillage_Spa ; VIDEO	4/15 -5/6/21	It takes a village SPA
Welcome to WIC_15sec_Video 1_V3	5/7 -5/28/21	Welcome to WIC

Appendix N. Miami-Dade HPRIL Project Matrix

Appendix O. National WIC Association Recruitment & Retention Top Keywords

1. wic
2. wic program
3. apply for wic
4. how to apply for wic
5. apply for wic online
6. sign up for wic
7. wic program
8. wic application
9. wic benefits
10. wic online

Appendix P. Google Ads Campaign Master Keywords List

"wic"	"Estampillas"
"Food Stamps"	"Los sellos"
"EBT"	"asistencia alimentaria"
"Comida Gratis"	"kidcare"
[wic]	"WIC cerca de mi"
"alimentos gratis"	"wic online"
"low income"	"what is wic"
"SNAP"	"getting wic"
"wic appointment"	[wic food]
"medicaid"	"wic nutrition"
"wic application"	[wic for infants]
[wic program]	"beneficios de comida"
[wic miami]	"Comida gratis para ninos"
"wic program"	"apply for wic"
[wic number]	"wic food list"
"child care"	"how to apply for wic"
[wic support]	[wic public health]
"wic benefits"	"programa de nutricion"
[apply for wic]	"Alimentacion gratis"
[how to apply for wic]	"Programa de Comidas"
"application for wic"	"wic foods"
"Ayuda con Alimentos"	"wic eligibility"
"WIC phone number"	[wic locations]
"cupones de alimentos"	[wic website]
[where to apply for wic]	"wic baby food"
"how do i apply for wic"	[miami food program]
"do i qualify for wic"	"WIC alimentos"
[wic eligibility]	"WIC para bebes"
[wic classes]	"beneficios de WIC"
"wic qualifications"	"wic requirements"
[apply for wic online]	"the wic program"
"oficina de WIC"	"wic government program"
"wic telefono citas"	"wic website"
"wic formula"	"wic food"
"wic miami"	"wic for infants"
"Estampillas de Comida"	[wic classes online]
"food program"	[sign up for wic]
[the wic program]	"miami wic benefits"

[wic mothers]	"miami wic card"
[women infants children]	"miami wic classes"
[wic application form]	"miami wic eligibility"
"wic classes online"	"miami wic program"
"women infants children"	"nutrition programs in miami"
"sign up for wic"	"wic classes online miami"
"wic approved baby food"	[how do i apply for wic in miami]
"apply for wic online"	[miami wic application]
"wic official website"	[miami wic benefits]
"wic process"	[nutrition programs in miami]
[wic lessons]	"consejos de nutricion"
"wic program classes"	"Que necesito para inscribirme en WIC"
"can i get wic"	"Que necesito para solicitar wic"
"what do you need to apply for wic"	"asistenica de nutricion"
"what is wic program"	"ayuda de amamantar"
"wic mothers"	"comida gratuita para ninos"
[wic official website]	"departamento de ninos y familias"
[wic funding]	"pautas de WIC"
"wic program benefits"	"recursos familiares"
"application to apply for wic"	"wic locations"
[wic enrollment]	"wic enrollment"
[wic process]	"wic for children"
[getting wic]	"wic sign up"
"wic funding"	"wic child care assistance"
[wic child care assistance]	[wic module]
"EBCI wic program"	"wic application form"
"about wic"	"wic classes"
"low income WIC eligibility"	"wic online classes"
"what is the wic program"	[wic program classes online]
"wic eligible"	[wic program classes]
"wic lesson plans"	"miami wic application"
"wic new mother counseling"	"wic program classes online"
"wic school"	[wic education classes]
[EBCI wic program]	[program wic]
[low income WIC eligibility]	[what is the wic program]
[wic internet]	[about wic]
"how do i apply for wic in miami"	"program wic"
"how to apply for wic in miami"	[wic government program]
"wic lessons"	

"wic guidelines"
"where to apply for wic"
[can i get wic]
"wic program online classes"
"what do i need to apply for wic"
"wic number"
"wic public health"
"wic support"
"wic internet"
"wic education classes"
[wic classes online miami]
[wic new mother counseling]
[wic school]
"miami food program"
"miami wic"
"miami wic online classes"
[how to apply for wic in miami]
[miami wic card]
[miami wic classes]
[miami wic eligibility]
[miami wic online classes]
[miami wic program]
"apoyo familiar"
"programa comunitario"
"consejos de lactancia"
"Califico para WIC"
"Como aplicar para WIC"
"Como me inscribo en WIC"
"Requisitos de WIC"
"WIC para ninos"
"alimentos aprobados por wic"
"comida para mi nino"
"programa de WIC"

Appendix Q. Google Analytics (GA) Metrics Definitions

Metric	Definition
Pageviews	Pageviews is the total number of pages viewed. Repeated views of a single page are counted.
Pages / Session	Pages/Session (Average Page Depth) is the average number of pages viewed during a session. Repeated views of a single page are counted.
Sessions	Total number of Sessions within the date range. A session is the period time a user is actively engaged with your website, app, etc. All usage data (Screen Views, Events, Ecommerce, etc.) is associated with a session.
Number of Sessions per User	The average number of Sessions per user.
Average Ssion Duration	The average length of a Session.
Unique Pageviews	Unique Pageviews is the number of sessions during which the specified page was viewed at least once. A unique pageview is counted for each <i>page URL + page Title</i> combination.
Users	Users who have initiated at least one session during the date range.
New Users	The number of first-time users during the selected date range.
Bounce Rate	The percentage of single-page sessions in which there was no interaction with the page. A bounced session has a duration of 0 seconds

GA automatically categorizes traffic to your site into default channels based off of how people got to your site. These GA channels help you identify how people found your site, and where your content is really resonating.

Direct (direct traffic has no medium specified)

Organic Search (medium will exactly match “organic”)

Social (medium matches “social”, “social-network”, “social-media”, “sm”, “social media”, or “social network”)

Email (medium will exactly match “email”)

Affiliates (medium will exactly match “affiliate”)

Referral (medium will exactly match “referral”)

Paid Search (medium will exactly match “cpc”, “ppc”, or “paidsearch” but won’t exactly match “Content” in Google’s Ad Distribution Network – basically another variable Google brings in from paid campaigns)

Other Advertising (medium will exactly match “cpv”, “cpa”, “cpp”, or “content-text”)

Display (medium will exactly match “display”, “cpm”, or “banner” or Google’s Ad Distribution Network exactly matches “Content”)

Channel **(other)** (the session doesn’t match any of the above)

Source: the origin of your traffic, such as a search engine (for example, *Google*) or a domain (*example.com*).

Medium: the general category of the source, for example, organic search (*organic*), cost-per-click paid search (*cpc*), web referral (*referral*).

Source/Medium

Appendix R. HPRIL Data Table A.1

HPRIL Table A.1. *Sample sizes at Miami-Dade WIC Innovation and Comparison Groups: Crude, unweighted*

	Overall T1	Overall T2	Infants T1	Infants T2	Children T1	Children T2
Innovation	6,075	5,571	2,044	1,943	4,011	3,628
Comparison	40,181	37,740	14,121	13,403	26,060	24,332

Appendix S. HPRIL Data Table A.2

HPRIL Table A.2. *Absolute Standardized Differences (ASDs) for Model A1 for infants and children separately*

	Infants: Unweighted					
	Mean	Standard Deviation	Mean	Standard Deviation	Difference in Standard Deviations	Absolute Value of Difference
	Innovation at T1		Innovation at T2			
Twins	0.0191	0.1368	0.0283	0.1659	-0.0607	0.0607
Race: American Indian/Alaska Native	0.0015	0.0383	0.0021	0.0453	-0.0141	0.0141
Race: Asian	0.0054	0.0732	0.0026	0.0507	0.0446	0.0446
Race: Black	0.0612	0.2397	0.0576	0.2331	0.0149	0.0149
Race: Native Hawaiian/Pacific Islander	0.0005	0.0221	0.0000	0.0000	0.0313	0.0313
Race: White	0.9628	0.1893	0.9645	0.1851	-0.0089	0.0089
Hispanic	0.9638	0.1868	0.9583	0.1999	0.0283	0.0283
Multiracial	0.0313	0.1742	0.0273	0.1629	0.0239	0.0239
Primary language other than English	0.7798	0.4145	0.7756	0.4173	0.0102	0.0102
Need for a translator	0.0015	0.0383	0.0021	0.0453	-0.0141	0.0141
Participates in TANF	0.0044	0.0662	0.0021	0.0453	0.0413	0.0413
Participates in SNAP	0.4555	0.4981	0.1122	0.3157	0.8232	0.8232
Participates in Medicaid	0.9486	0.2208	0.8883	0.3151	0.2217	0.2217
Average Standardized Absolute Mean Difference						0.1029

	Mean	Standard Deviation	Mean	Standard Deviation	Difference in Standard Deviations	Absolute Value of Difference
	Innovation at T1		Comparison at T1			
	Twins	0.0191	0.1368	0.0295	0.1693	-0.0679
Race: American Indian/Alaska Native	0.0015	0.0383	0.0018	0.0420	-0.0075	0.0075
Race: Asian	0.0054	0.0732	0.0108	0.1035	-0.0608	0.0608
Race: Black	0.0612	0.2397	0.3108	0.4628	-0.6774	0.6774
Race: Native Hawaiian/Pacific Islander	0.0005	0.0221	0.0017	0.0412	-0.0366	0.0366
Race: White	0.9628	0.1893	0.7025	0.4572	0.7440	0.7440
Hispanic	0.9638	0.1868	0.6969	0.4596	0.7608	0.7608
Multiracial	0.0313	0.1742	0.0278	0.1645	0.0205	0.0205
Primary language other than English	0.7798	0.4145	0.4795	0.4996	0.6543	0.6543
Need for a translator	0.0015	0.0383	0.0034	0.0582	-0.0392	0.0392
Participates in TANF	0.0044	0.0662	0.0103	0.1008	-0.0688	0.0688
Participates in SNAP	0.4555	0.4981	0.3628	0.4808	0.1893	0.1893
Participates in Medicaid	0.9486	0.2208	0.9140	0.2804	0.1374	0.1374

Average Standardized Absolute Mean Difference						0.2665
	Mean	Standard Deviation	Mean	Standard Deviation	Difference in Standard Deviations	Absolute Value of Difference
	Innovation at T1		Comparison at T2			
Twins	0.0191	0.1368	0.0356	0.1853	-0.1014	0.1014
Race: American Indian/Alaska Native	0.0015	0.0383	0.0019	0.0431	-0.0097	0.0097
Race: Asian	0.0054	0.0732	0.0078	0.0877	-0.0294	0.0294
Race: Black	0.0612	0.2397	0.3034	0.4598	-0.6609	0.6609
Race: Native Hawaiian/Pacific Islander	0.0005	0.0221	0.0016	0.0396	-0.0336	0.0336
Race: White	0.9628	0.1893	0.7130	0.4524	0.7204	0.7204
Hispanic	0.9638	0.1868	0.7049	0.4561	0.7428	0.7428
Multiracial	0.0313	0.1742	0.0278	0.1643	0.0210	0.0210
Primary language other than English	0.7798	0.4145	0.4699	0.4991	0.6757	0.6757
Need for a translator	0.0015	0.0383	0.0024	0.0488	-0.0210	0.0210
Participates in TANF	0.0044	0.0662	0.0036	0.0597	0.0130	0.0130
Participates in SNAP	0.4555	0.4981	0.0620	0.2412	1.0055	1.0055
Participates in Medicaid	0.9486	0.2208	0.8642	0.3426	0.2929	0.2929
Average Standardized Absolute Mean Difference						0.3329
Infants: Weighted						
	Mean	Standard Deviation	Mean	Standard Deviation	Difference in Standard Deviations	Absolute Value of Difference
	Innovation at T1		Innovation at T2			
Twins	0.0191	0.1368	0.0196	0.1388	-0.0041	0.0041
Race: American Indian/Alaska Native	0.0015	0.0383	0.0020	0.0443	-0.0121	0.0121
Race: Asian	0.0054	0.0732	0.0085	0.0920	-0.0379	0.0379
Race: Black	0.0612	0.2397	0.0449	0.2071	0.0726	0.0726
Race: Native Hawaiian/Pacific Islander	0.0005	0.0221	0.0000	0.0000	0.0313	0.0313
Race: White	0.9628	0.1893	0.9675	0.1773	-0.0256	0.0256
Hispanic	0.9638	0.1868	0.9639	0.1867	-0.0004	0.0004
Multiracial	0.0313	0.1742	0.0230	0.1499	0.0511	0.0511
Primary language other than English	0.7798	0.4145	0.8034	0.3975	-0.0581	0.0581
Need for a translator	0.0015	0.0383	0.0014	0.0375	0.0016	0.0016
Participates in TANF	0.0044	0.0662	0.0053	0.0727	-0.0131	0.0131
Participates in SNAP	0.4555	0.4981	0.4534	0.4979	0.0042	0.0042
Participates in Medicaid	0.9486	0.2208	0.9529	0.2119	-0.0199	0.0199
Average Standardized Absolute Mean Difference						0.0255
	Mean	Standard Deviation	Mean	Standard Deviation	Difference in Standard Deviations	Absolute Value of Difference

	Innovation at T1		Comparison at T1			
Twins	0.0191	0.1368	0.0192	0.1372	-0.0008	0.0008
Race: American Indian/Alaska Native	0.0015	0.0383	0.0009	0.0294	0.0176	0.0176
Race: Asian	0.0054	0.0732	0.0053	0.0726	0.0011	0.0011
Race: Black	0.0612	0.2397	0.0632	0.2433	-0.0085	0.0085
Race: Native Hawaiian/Pacific Islander	0.0005	0.0221	0.0005	0.0233	-0.0024	0.0024
Race: White	0.9628	0.1893	0.9611	0.1933	0.0088	0.0088
Hispanic	0.9638	0.1868	0.9620	0.1912	0.0096	0.0096
Multiracial	0.0313	0.1742	0.0312	0.1738	0.0007	0.0007
Primary language other than English	0.7798	0.4145	0.7728	0.4191	0.0170	0.0170
Need for a translator	0.0015	0.0383	0.0015	0.0392	-0.0019	0.0019
Participates in TANF	0.0044	0.0662	0.0039	0.0621	0.0083	0.0083
Participates in SNAP	0.4555	0.4981	0.4328	0.4955	0.0457	0.0457
Participates in Medicaid	0.9486	0.2208	0.9509	0.2160	-0.0105	0.0105
Average Standardized Absolute Mean Difference						0.0102

	Mean	Standard Deviation	Mean	Standard Deviation	Difference in Standard Deviations	Absolute Value of Difference
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	Innovation at T1		Comparison at T2			
Twins	0.0191	0.1368	0.0194	0.1380	-0.0024	0.0024
Race: American Indian/Alaska Native	0.0015	0.0383	0.0034	0.0578	-0.0385	0.0385
Race: Asian	0.0054	0.0732	0.0063	0.0791	-0.0121	0.0121
Race: Black	0.0612	0.2397	0.0573	0.2323	0.0165	0.0165
Race: Native Hawaiian/Pacific Islander	0.0005	0.0221	0.0003	0.0160	0.0121	0.0121
Race: White	0.9628	0.1893	0.9622	0.1907	0.0031	0.0031
Hispanic	0.9638	0.1868	0.9648	0.1844	-0.0052	0.0052
Multiracial	0.0313	0.1742	0.0293	0.1688	0.0115	0.0115
Primary language other than English	0.7798	0.4145	0.7847	0.4110	-0.0118	0.0118
Need for a translator	0.0015	0.0383	0.0014	0.0380	0.0006	0.0006
Participates in TANF	0.0044	0.0662	0.0076	0.0868	-0.0413	0.0413
Participates in SNAP	0.4555	0.4981	0.4716	0.4992	-0.0324	0.0324
Participates in Medicaid	0.9486	0.2208	0.9493	0.2195	-0.0029	0.0029
Average Standardized Absolute Mean Difference						0.0146

Children: Unweighted						
	Mean	Standard Deviation	Mean	Standard Deviation	Difference in Standard Deviations	Absolute Value of Difference
	Innovation at T1		Innovation at T2			
Twins	0.0305	0.1720	0.0270	0.1621	0.0209	0.0209
Race: American Indian/Alaska Native	0.0025	0.0498	0.0014	0.0371	0.0251	0.0251

Race: Asian	0.0052	0.0720	0.0058	0.0759	-0.0078	0.0078
Race: Black	0.0747	0.2629	0.0631	0.2432	0.0456	0.0456
Race: Native Hawaiian/Pacific Islander	0.0002	0.0158	0.0000	0.0000	0.0223	0.0223
Race: White	0.9553	0.2066	0.9581	0.2004	-0.0136	0.0136
Hispanic	0.9648	0.1844	0.9631	0.1886	0.0092	0.0092
Multiracial	0.0382	0.1917	0.0284	0.1661	0.0547	0.0547
Primary language other than English	0.8355	0.3708	0.7897	0.4076	0.1176	0.1176
Need for a translator	0.0047	0.0685	0.0033	0.0574	0.0222	0.0222
Participates in TANF	0.0131	0.1139	0.0110	0.1044	0.0194	0.0194
Participates in SNAP	0.6366	0.4810	0.6282	0.4834	0.0174	0.0174
Participates in Medicaid	0.9677	0.1767	0.9666	0.1796	0.0062	0.0062
Category child 1	0.4006	0.4901	0.4096	0.4918	-0.0182	0.0182
Category child 2	0.3409	0.4741	0.3206	0.4668	0.0431	0.0431
Average Standardized Absolute Mean Difference						0.0294

	Mean	Standard Deviation	Mean	Standard Deviation	Difference in Standard Deviations	Absolute Value of Difference
	Innovation at T1		Comparison at T1			
Twins	0.0305	0.1720	0.0370	0.1887	-0.0357	0.0357
Race: American Indian/Alaska Native	0.0025	0.0498	0.0012	0.0350	0.0291	0.0291
Race: Asian	0.0052	0.0720	0.0085	0.0919	-0.0401	0.0401
Race: Black	0.0747	0.2629	0.3081	0.4617	-0.6214	0.6214
Race: Native Hawaiian/Pacific Islander	0.0002	0.0158	0.0022	0.0471	-0.0563	0.0563
Race: White	0.9553	0.2066	0.7066	0.4553	0.7036	0.7036
Hispanic	0.9648	0.1844	0.7003	0.4581	0.7573	0.7573
Multiracial	0.0382	0.1917	0.0269	0.1617	0.0640	0.0640
Primary language other than English	0.8355	0.3708	0.5259	0.4993	0.7040	0.7040
Need for a translator	0.0047	0.0685	0.0054	0.0736	-0.0103	0.0103
Participates in TANF	0.0131	0.1139	0.0155	0.1234	-0.0195	0.0195
Participates in SNAP	0.6366	0.4810	0.5669	0.4955	0.1426	0.1426
Participates in Medicaid	0.9677	0.1767	0.9447	0.2286	0.1130	0.1130
Category child 1	0.4006	0.4901	0.4160	0.4929	-0.0313	0.0313
Category child 2	0.3409	0.4741	0.3144	0.4643	0.0563	0.0563
Average Standardized Absolute Mean Difference						0.2256

	Mean	Standard Deviation	Mean	Standard Deviation	Difference in Standard Deviations	Absolute Value of Difference
	Innovation at T1		Comparison at T2			
Twins	0.0305	0.1720	0.0343	0.1820	-0.0214	0.0214

Race: American Indian/Alaska Native	0.0025	0.0498	0.0019	0.0434	0.0126	0.0126
Race: Asian	0.0052	0.0720	0.0089	0.0938	-0.0438	0.0438
Race: Black	0.0747	0.2629	0.3078	0.4616	-0.6206	0.6206
Race: Native Hawaiian/Pacific Islander	0.0002	0.0158	0.0025	0.0500	-0.0609	0.0609
Race: White	0.9553	0.2066	0.7067	0.4553	0.7033	0.7033
Hispanic	0.9648	0.1844	0.6965	0.4598	0.7659	0.7659
Multiracial	0.0382	0.1917	0.0276	0.1637	0.0596	0.0596
Primary language other than English	0.8355	0.3708	0.5141	0.4998	0.7305	0.7305
Need for a translator	0.0047	0.0685	0.0047	0.0686	-0.0002	0.0002
Participates in TANF	0.0131	0.1139	0.0149	0.1212	-0.0150	0.0150
Participates in SNAP	0.6366	0.4810	0.5547	0.4970	0.1674	0.1674
Participates in Medicaid	0.9677	0.1767	0.9459	0.2262	0.1077	0.1077
Category child 1	0.4006	0.4901	0.4126	0.4923	-0.0244	0.0244
Category child 2	0.3409	0.4741	0.3182	0.4658	0.0481	0.0481
Average Standardized Absolute Mean Difference						0.2254

Children: Weighted

	Mean	Standard Deviation	Mean	Standard Deviation	Difference in Standard Deviations	Absolute Value of Difference
	Innovation at T1		Innovation at T2			
Twins	0.0305	0.1720	0.0300	0.1707	0.0028	0.0028
Race: American Indian/Alaska Native	0.0025	0.0498	0.0026	0.0505	-0.0015	0.0015
Race: Asian	0.0052	0.0720	0.0044	0.0661	0.0119	0.0119
Race: Black	0.0747	0.2629	0.0763	0.2656	-0.0063	0.0063
Race: Native Hawaiian/Pacific Islander	0.0002	0.0158	0.0000	0.0000	0.0223	0.0223
Race: White	0.9553	0.2066	0.9549	0.2075	0.0021	0.0021
Hispanic	0.9648	0.1844	0.9695	0.1719	-0.0268	0.0268
Multiracial	0.0382	0.1917	0.0391	0.1940	-0.0049	0.0049
Primary language other than English	0.8355	0.3708	0.8379	0.3686	-0.0065	0.0065
Need for a translator	0.0047	0.0685	0.0044	0.0661	0.0048	0.0048
Participates in TANF	0.0131	0.1139	0.0131	0.1138	0.0003	0.0003
Participates in SNAP	0.6366	0.4810	0.6363	0.4811	0.0006	0.0006
Participates in Medicaid	0.9677	0.1767	0.9666	0.1797	0.0065	0.0065
Category child 1	0.4006	0.4901	0.3988	0.4897	0.0037	0.0037
Category child 2	0.3409	0.4741	0.3422	0.4745	-0.0028	0.0028
Average Standardized Absolute Mean Difference						0.0075

	Mean	Standard Deviation	Mean	Standard Deviation	Difference in Standard Deviations	Absolute Value of Difference
	Innovation at T1		Comparison at T1			
Twins	0.0305	0.1720	0.0316	0.1748	-0.0060	0.0060

Race: American Indian/Alaska Native	0.0025	0.0498	0.0020	0.0443	0.0110	0.0110
Race: Asian	0.0052	0.0720	0.0058	0.0761	-0.0084	0.0084
Race: Black	0.0747	0.2629	0.0734	0.2608	0.0048	0.0048
Race: Native Hawaiian/Pacific Islander	0.0002	0.0158	0.0002	0.0150	0.0014	0.0014
Race: White	0.9553	0.2066	0.9547	0.2080	0.0031	0.0031
Hispanic	0.9648	0.1844	0.9635	0.1875	0.0068	0.0068
Multiracial	0.0382	0.1917	0.0364	0.1873	0.0095	0.0095
Primary language other than English	0.8355	0.3708	0.8319	0.3740	0.0098	0.0098
Need for a translator	0.0047	0.0685	0.0050	0.0703	-0.0036	0.0036
Participates in TANF	0.0131	0.1139	0.0129	0.1127	0.0024	0.0024
Participates in SNAP	0.6366	0.4810	0.6329	0.4820	0.0076	0.0076
Participates in Medicaid	0.9677	0.1767	0.9671	0.1783	0.0035	0.0035
Category child 1	0.4006	0.4901	0.4022	0.4904	-0.0032	0.0032
Category child 2	0.3409	0.4741	0.3369	0.4727	0.0083	0.0083
Average Standardized Absolute Mean Difference						0.0060
	Mean	Standard Deviation	Mean	Standard Deviation	Difference in Standard Deviations	Absolute Value of Difference
	Innovation at T1		Comparison at T2			
Twins	0.0305	0.1720	0.0300	0.1706	0.0029	0.0029
Race: American Indian/Alaska Native	0.0025	0.0498	0.0023	0.0483	0.0029	0.0029
Race: Asian	0.0052	0.0720	0.0055	0.0741	-0.0043	0.0043
Race: Black	0.0747	0.2629	0.0741	0.2619	0.0023	0.0023
Race: Native Hawaiian/Pacific Islander	0.0002	0.0158	0.0003	0.0179	-0.0042	0.0042
Race: White	0.9553	0.2066	0.9548	0.2078	0.0027	0.0027
Hispanic	0.9648	0.1844	0.9638	0.1869	0.0054	0.0054
Multiracial	0.0382	0.1917	0.0372	0.1893	0.0053	0.0053
Primary language other than English	0.8355	0.3708	0.8306	0.3751	0.0133	0.0133
Need for a translator	0.0047	0.0685	0.0046	0.0675	0.0020	0.0020
Participates in TANF	0.0131	0.1139	0.0124	0.1105	0.0070	0.0070
Participates in SNAP	0.6366	0.4810	0.6309	0.4826	0.0117	0.0117
Participates in Medicaid	0.9677	0.1767	0.9669	0.1789	0.0049	0.0049
Category child 1	0.4006	0.4901	0.4024	0.4904	-0.0036	0.0036
Category child 2	0.3409	0.4741	0.3419	0.4744	-0.0022	0.0022
Average Standardized Absolute Mean Difference						0.0050

Appendix T. HPRIL Data Table A.3

HPRIL Table A.3. *Sample sizes for DID analyses in Miami-Dade WIC Innovation and Comparison Groups*

	Overall	Infants	Children
Crude, unweighted – Recert	89,567	31,511	58,056
Crude, unweighted – Retention	89,567	31,511	58,056
Crude, unweighted – Benefit issuance	89,567	31,511	58,056
Recertification Model A1	89,567	31,511	58,056
Recertification Model A2	89,481	31,490	57,992
Retention Model A1	89,567	31,511	58,056
Retention Model A2	89,481	31,490	57,992
Benefit issuance Model A1	89,567	31,511	58,056
Benefit issuance Model A2	89,481	31,490	57,992