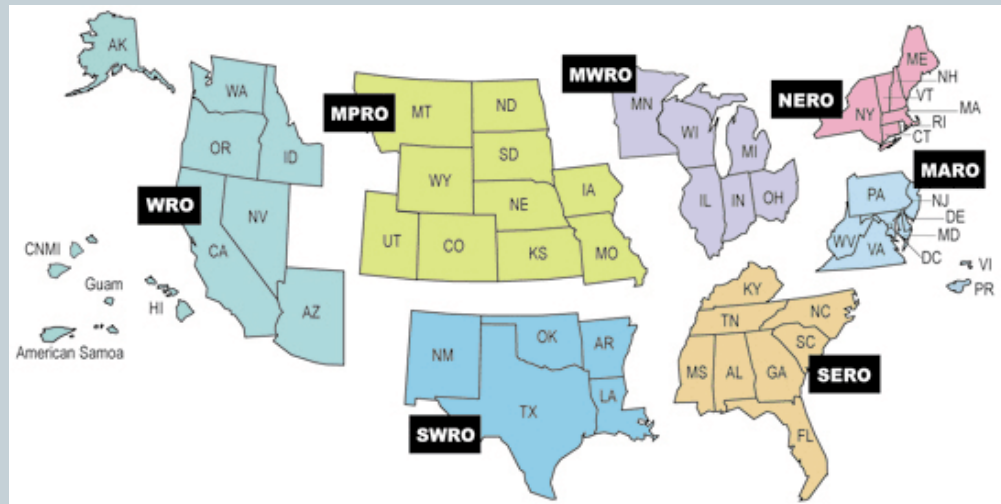


WIC: MOUNTAIN PLAINS REGIONAL BRIEFING



MONDAY, MARCH 9TH 2015
CAPITOL VISITOR CENTER



4 Pillars of WIC Service



**Nutrition
Education**

**Breastfeeding
Promotion
and Support**

**Referrals to
Healthcare
and Social
Services**

**Nutritious
Food Package**

3 Policy Areas



**WIC Food
Packages**

**Annual
Appropriations**

**Child Nutrition
Reauthorization**

2 Main Impacts



**1. Improves
Health
outcomes**

**2. Decreases
Healthcare
costs**

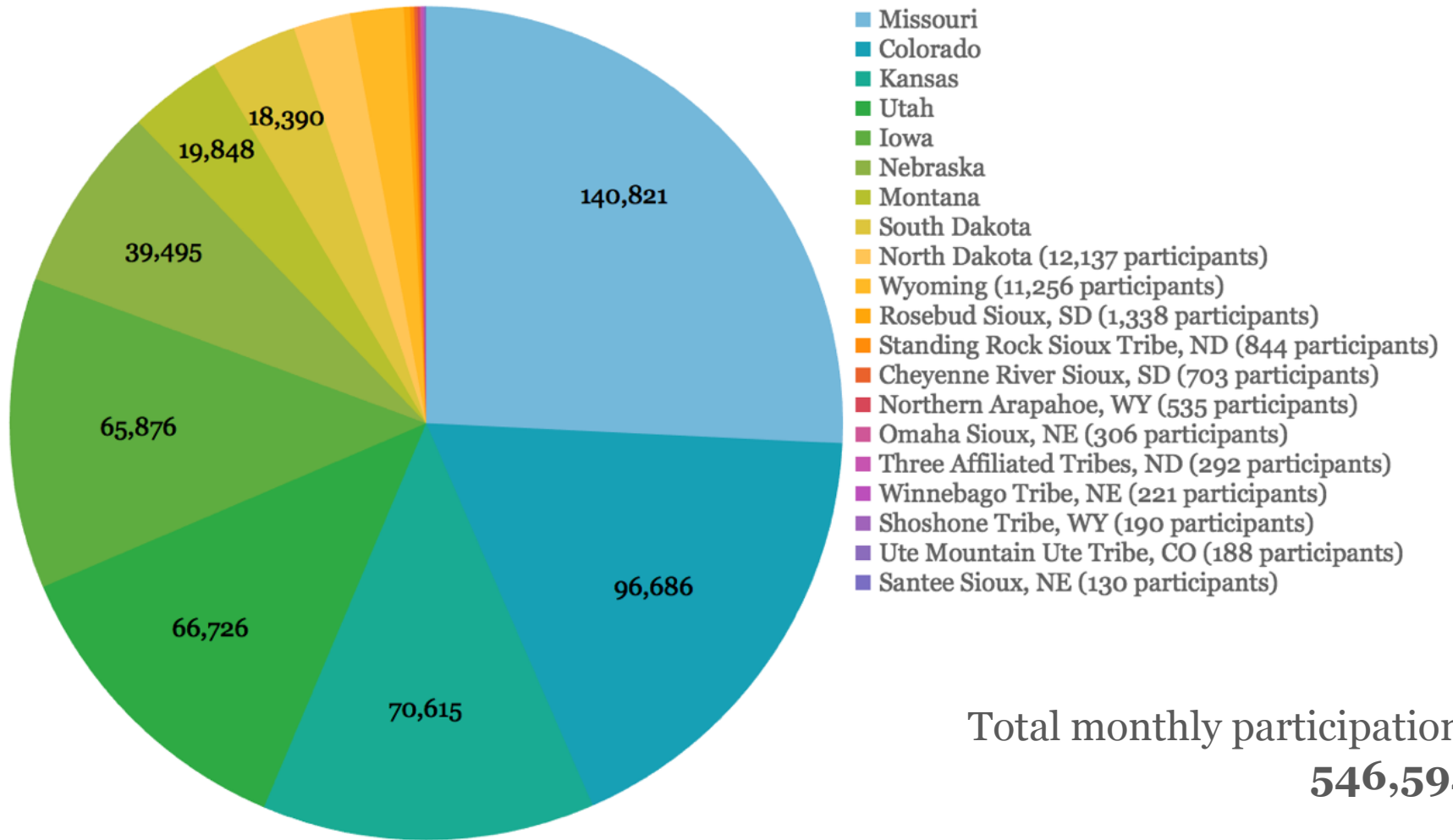


Reach and Impact: WIC Across America



- Total participation: **8,662,805**
- **\$6,347,180,780** spent in the United States through WIC.
- Breastfeeding rates increased **25%** between 1998 and 2012.
- Current national breastfeeding rate is **67%**
- **21%** of children in the United States are food insecure

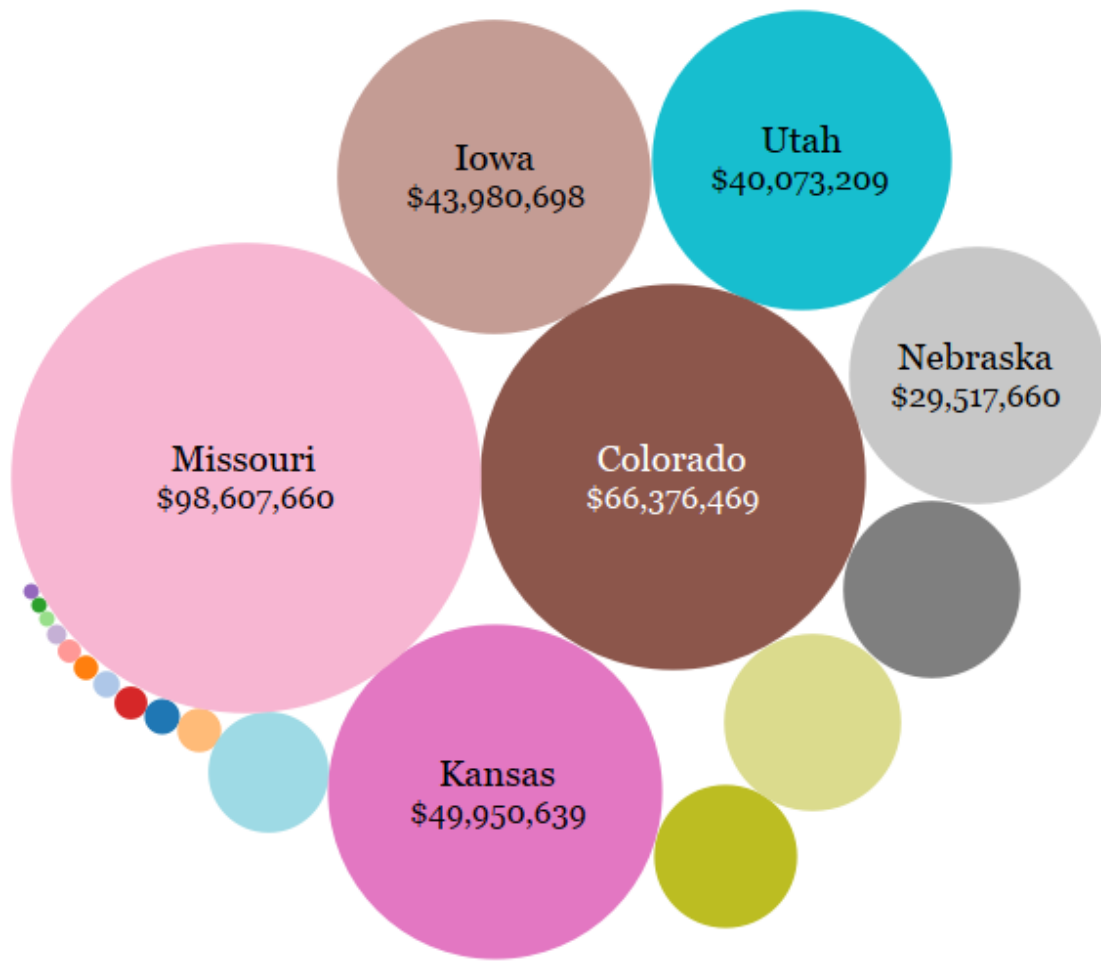
Average monthly total participation (FY2013)



Total monthly participation:
546,594

Over **6 million** women, infants and children participate annually

In-State Spending (FY2013)



- Montana: \$14,115,877
- South Dakota: \$13,994,608
- North Dakota: \$9,141,083
- Wyoming: \$6,499,714
- Rosebud Sioux: \$862,952
- Cheyenne River Sioux: \$559,654
- Standing Rock Sioux Tribe: \$485,257
- Northern Arapahoe: \$312,974
- Omaha Sioux: \$266,644
- Three Affiliated Tribes: \$242,566
- Winnebago Tribe: \$174,972
- Shoshone Tribe: \$120,230
- Santee Sioux: \$110,053
- Ute Mountain Ute Tribe: \$109,186

\$375,502,105 was spent in the Mountain Plains region through WIC.

Breastfeeding rates: Great progress

% increase in breastfeeding rate between
1998 and 2012

Nebraska	31%
Ute Mountain Ute Tribe	24%
Northern Arapahoe	23%
Missouri	21%
Kansas	19%
Utah	18%
Montana	16%
North Dakota	16%
South Dakota	15%
Wyoming	14%
Colorado	13%
Standing Rock Sioux Tribe	13%
Iowa	12%
Rosebud Sioux	12%
Cheyenne River Sioux	9%
Three Affiliated Tribes	8%
Winnebago Tribe	3%



**Average breastfeeding rate in the
Mountain Plains region is
68%**

Source: USDA 2012 WIC Participant and Program
Characteristics (PC) Report.

MISSOURI



Referral/Resource Coordinator



AN INNOVATIVE STRATEGY
LINCOLN COUNTY
MISSOURI
WIC CLINIC

WIC SCOPE OF WORK



“The Contractor shall provide to all WIC Program applicants, proxies, participants, and guardians information about and referrals to available health and social services specific to their needs”

Challenges:

- Nutritionist and Clerks do not have the time in busy WIC Clinics
- Clients needing more in-depth assistance with referrals/resources
- Clients do not follow through with a referral on their own

“Take the Client by the Hand”



- Guide
- Assist
- Self-Sustain
- Goal Setting



Needs Assessment Form



Client Needs Assessment

❖ Are there any resources or referrals you need?

Birth Control _____ Counseling _____ Clothing _____ Child Care _____

Housing _____ Special Needs _____ Transportation _____ Quit Smoking Info _____

Personal Products (soap, shampoo) _____ Support Groups _____ Hearing _____

Speech/Language _____ Other _____

❖ Are you in the Troy School District? Would you be interested in a “Free Developmental Screening” for your child ages 6 Months to 3 years at your next WIC appointment?

Screening takes 45 minutes to 1 hour

_____ YES _____ NO

❖ Name _____ Phone # _____

❖ What is the best way to contact you on the resources available? _____

Comments:

Benefits



- Aware of their needs
- Free from added stress
- Tend to follow through
- Feels someone cares
- Builds self-confidence
- Trust
- Hope

How does this Work?



- Breastfeeding Peer Counselor
 - Separate Contract
- Add more hours
- More days available to the clinic

Responsibilities Include...



- Updates the Community Resource Guide for the WIC Clinic
- “Binders of Resources”
- Involved and attends local community organizations and meets with providers of services

Client Letter



“I am a single mother of two children. I do not have any family living in the same State to help me financially or otherwise. I lost my job three months after my infant daughter became ill. I was overwhelmed, had post-partum depression, bills I could no longer pay and was being evicted from my home.

While signing up for WIC, I was introduced to Renee, the Referral/Resource Coordinator. She put me in touch with several local agencies. They found a home for my family, paid the security deposit as well as several months of rent to help me get back on my feet again.

Thanks to my RRC and the information provided by her, I am now in the process of renewing my pharmacy technical licensing and certification so I can return back to work”.

Testimony



“My name is Renee. I am the Breastfeeding Peer Counselor and the Referral/Resource Coordinator for WIC. I want to help Moms and Dads give the best to their babies, set a goal, and reach that goal. It is a true joy when a Mom or Dad asks me for help, they take my advice, and it works. You can hear in their voice how proud they are of themselves and their accomplishments.

In one week I had two prenatal clients, after we talked about the benefits to breastfeeding; ask me for help with finding a place to live and getting baby clothes. That’s when I realized I had an opportunity to help Mom’s with breastfeeding and to give them referrals for resources at the same time.

Breastfeeding is important but sometimes over ruled by other stresses in their lives. When a Mom is faced with bad living conditions, unable to pay for utilities, or need clothes, no matter how much advice I give them, they won’t be able to stick with breastfeeding no matter how hard they try”.

Testimony cont.....



“Now that I am the Referral/Resource Coordinator I am able to refer all clients to organizations who can help meet the needs of their family. In some cases I meet with clients while they are pregnant. I give them referrals so they can start working on meeting their needs before they have the baby.

I had a client who thought she couldn't breastfeed because she smoked. I was able to educate her on ways to breastfeed and to give her referrals on how to quit smoking. The two jobs work hand in hand.

I don't know which job brings me more satisfaction, helping a Mom breastfeed or helping a family better their situation. They both are very rewarding!”



Thank you!

KANSAS: Open Cup Promotion



**JEAN DETRICH, RN
DICKINSON COUNTY, KANSAS**

EMAIL: JDETRICH@DKCOKS.ORG

Dickinson County, Kansas



Open Cup Promotion



Open Cup Health Benefits



- Promote dental health
- Prevent tooth decay
- Develop critical mouth muscles
- Aid in speech development and articulation
- Discourage sippy cup usage

Start as early as 4-6 months



How to: Helpful hints



How to: Helpful hints



- Baby should be sitting up
- Use a bib or washcloth
- Start with 1 oz. plain water
- Advance to expressed breast milk or formula
- Try three times a day
- Keep practices short and easy
- Hold the cup – not a toy
- Handout

How to: Helpful hints



LEARNING TO USE AN OPEN CUP

At about 6 months, most infants develop the ability to drink from a cup with help. Some liquid will escape from their mouths until about 8 months.







Sippy cups are not recommended. These encourage frequent/constant sipping throughout the day. This can lead to tooth decay. Some experts believe use of sippy cups may prevent proper speech development.

Gradually introduce a small, open cup. Tilt the cup so a very small amount of liquid (about a mouthful) leaves the cup and your baby can swallow without hurry.

Using a cup helps your baby become independent. Switching to a cup takes a few months and may be messy. Be patient.

USING AN OPEN CUP

Steps to Easier Cup Drinking
(check when done)

-  When I am 6-7 months old, put a little water in a small cup. Hold the cup and let me take sips.
-  I need practice! Help me use the cup when I'm sitting in my highchair eating food.
-  As I get better at drinking from the cup, put a little breastmilk (or formula) in my cup.
-  Let me practice using my cup 3 times a day.
-  When I am 9-10 months old, replace my least favorite bottle with a cup of breastmilk (or formula).
-  I should be off the bottle by 1 year old.

Please do not give me juice, punch, tea, koolaid, or soda.

Open Cup Promotion



Online Ordering



- Instawares.com
- Item # 110407
- \$92 per 12-Dozen = \$.64 each

Open Cup Promotion



COLORADO





Colorado WIC

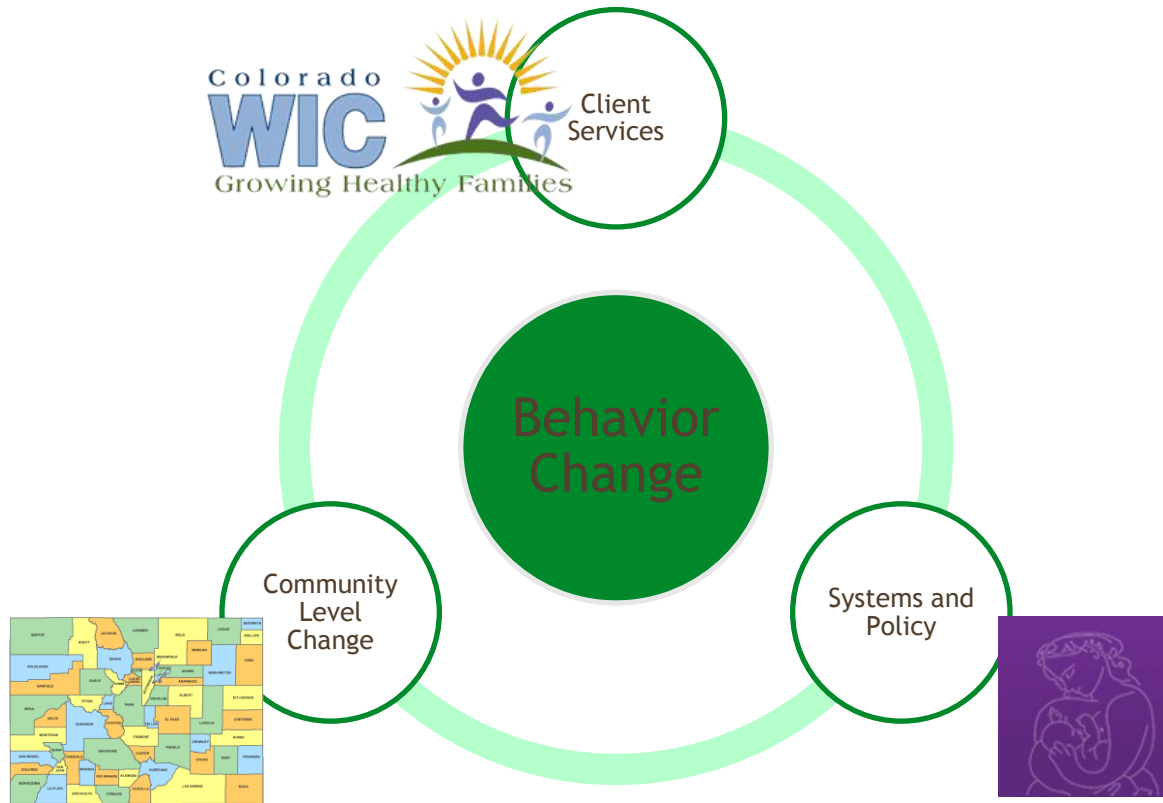
Promoting Behavior Change Using a Socio-Ecological model

Presented by: Erin Ulric, MPH
Nutrition Services Branch Chief



COLORADO
Department of Public
Health & Environment

Creating Change



Client Services

Paraprofessional Model

Benefits of this model

- Cost-effective
- Peer Support
- Bi-lingual abilities
- Culturally competent expertise



Paraprofessional Responsibilities (Certified WIC Authority)

- Determines eligibility
- Assigns nutrition risk factors

Low Risk *High Risk - refers to WIC High Risk Counselor*

- Provides low risk nutrition education
- Issues food benefits

Community Level Change

Local Public Health Agency - Public Health Improvement Plans

- “Tackling obesity among youth and adults” is an initiative within Colorado’s 2013 State of Health Report¹
- 43 of 53 local communities have chosen to address obesity as a public health priority through stakeholder-driven public health improvement planning processes led by local public health agencies²
- Strategies are in the process of being defined



¹State of the Health Report, 2013 <http://www.coloradofederation.org/wp-content/uploads/2014/01/4-The-State-of-Health-FullReport.pdf>

²These 43 communities represent 49 counties. There are 64 counties in Colorado represented by 54 local public health agencies, one of which had not prioritized as of November 2014.

Systems and Policy Change

EARLY CHILDHOOD OBESITY PREVENTION MESSAGES
UNIFIED APPROACHES & METHODS FOR COLORADO FAMILIES

Speaking with One Voice” Campaign

- 9 Messages Developed to Support Early Childhood Obesity Prevention
- Pilot tested with target population in English and currently being trans-created into Spanish
 - Full supporting materials to be provided by summer of 2015
- Dovetails with work of 5-2-1-0 which many agencies are currently using



COLORADO

Thank you

For more information please contact me at:

erin.ulric@state.co.us

303-692-2452



COLORADO

Department of Public
Health & Environment

WYOMING: Performance Management



Performance Management is an ongoing, systematic process by which an organization involves its employees, as individuals and members of a group, in improving organizational effectiveness in the accomplishment of the agency mission and goals.

WDH's Performance Management System



- **HealthStat :**
 - Operational and Program Performance Reporting
 - Designed to track measures to answer, “how are we doing?”
 - By measuring what we are doing, we can improve service delivery, increase transparency, and increase government accountability.
 - Designed not to find fault, but to track achievement

Essential Performance Metrics



1. Program core purpose – why does your program exist?
2. Outcomes – an achieved result of your program’s activities; directly related to the core purpose; not always immediate
3. Outputs – measureable, direct products of your program’s activities using its allotted resources
4. Efficiencies – how much output is produced for a given level of input; how many resources are needed to produce a service?

Strategies to Increase Breastfeeding



- New WIC Food Package Rule
- Incorporating best practices in local agencies using NWA's Six Steps to Achieve Breastfeeding Goals
 - Creating a breastfeeding friendly environment
 - CLC training for all nutritionists & nurses
 - Access to IBCLC where possible
 - Increased Utilization of Breastfeeding Peer Counselors
- Focus on improving breastfeeding duration and exclusive breastfeeding
- Using Nutrition Services Standards to develop quality improvement strategies

Using Participant Feedback to Enhance Services



- Annual Participant Survey
- Asking for feedback after each WIC visit
 - Clinic experience
 - Shopping for WIC foods
- Follow-Up Phone Calls to Participants Dropping Off the Program

Contact Information



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Montana WIC

Nutrition Program for Women, Infants and Children



KATE GIRARD, MHS, RD, CLC
MONTANA WIC DIRECTOR



Montana Highlights

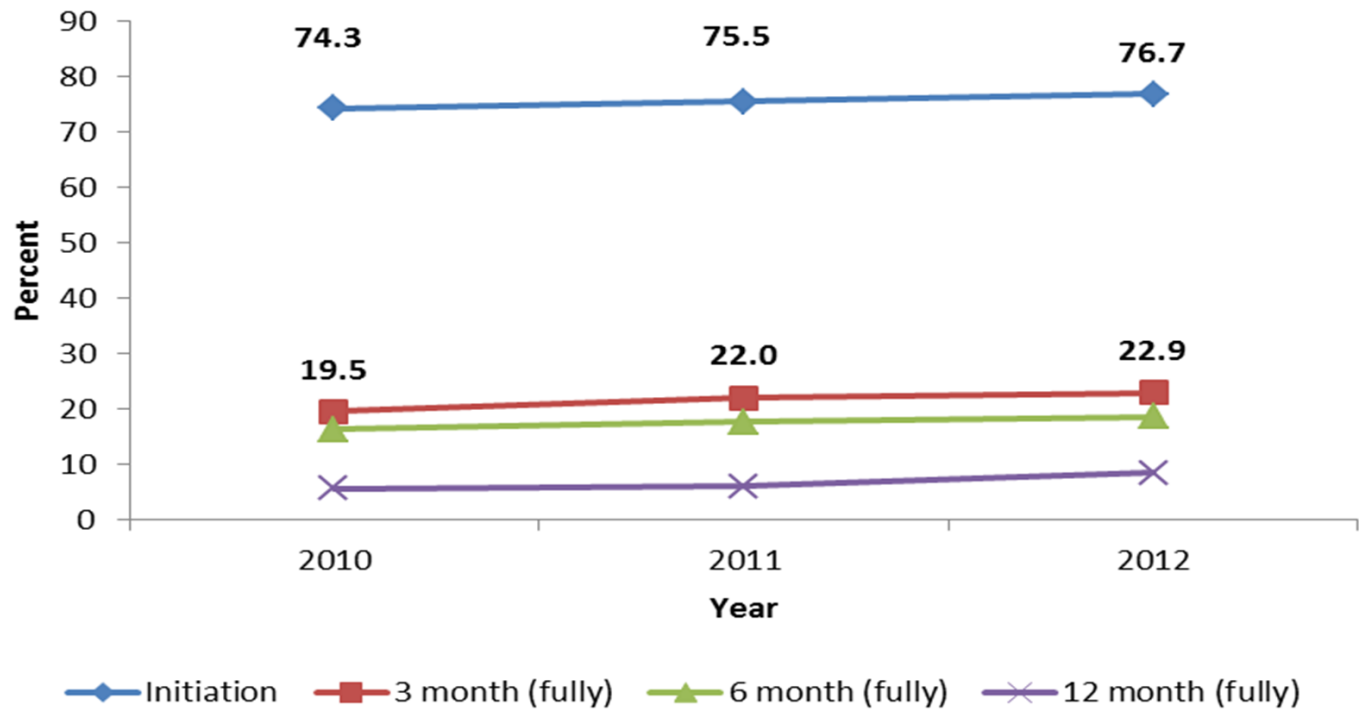


- Using social media and Pandora radio for current outreach
- Working toward EBT, plan to roll out in 2016
- 89% redemption rate in Farmers Market Program!
- WIC is working toward using program data to drive our program (part of accreditation)
 - Breastfeeding
 - Child BMI
 - Smoking Cessation in Pregnancy

Montana Breastfeeding Data



Breastfeeding rates among Montana WIC participants, 2010-2012



Montana Breastfeeding Data



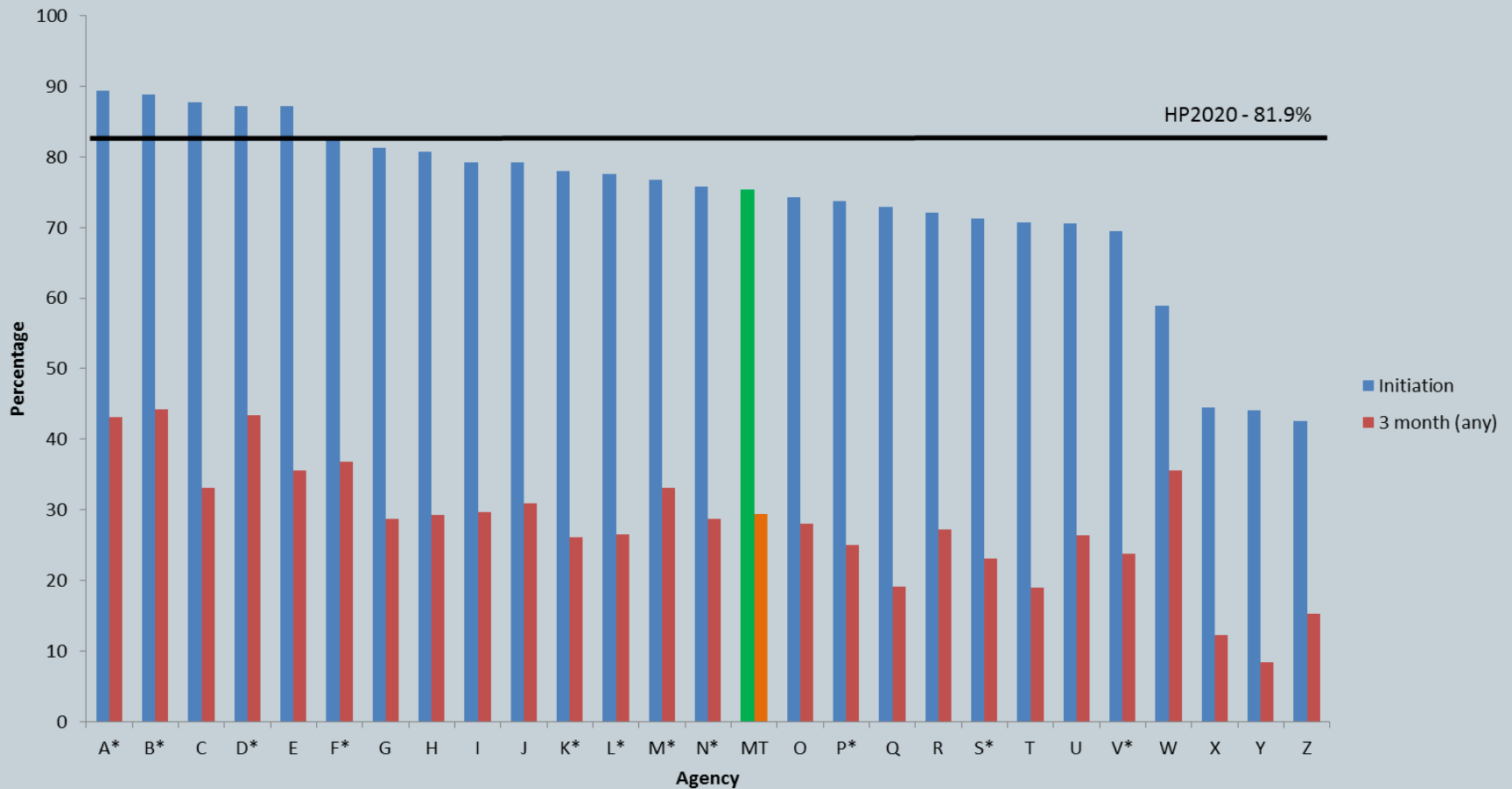
Breastfeeding among WIC participants in **medium** agencies with and without peer counselors

	PC		No PC		MH Chi square (PC v No PC)	p-value
	n	%	n	%		
Initiation	2092	78.2	2240	60.3	226.9	<0.0001
3 months (fully)	505	21.9	488	14.5	52.2	<0.0001
6 months (fully)	434	17.6	432	12.2	34.1	<0.0001
12 months (fully)	183	7.5	140	4.0	32.6	<0.0001

Montana Breastfeeding Data



Breastfeeding rates for Montana WIC participants, by agency, 2010-2012



Montana Breastfeeding Data



- Plan to expand Breastfeeding Peer Counselor Services statewide
- Will use annual local agency breastfeeding plans to target improving 0-3 month duration rates
- Have co-sponsored an annual “Breastfeeding Collaborative” with the Nutrition and Physical Activity Program

UTAH



Utah: WIC leads to positive outcomes...



- I would like to share a story about Chiara and her four children...



UTAH | WOMEN, INFANTS & CHILDREN

Mom Chiara and her four children – Paul, Maryn, Conner and Ashlyn



- WIC was critical to this family... day of the funeral.



