WIC: NORTHEAST REGIONAL BRIEFING

MONDAY, MARCH 9^{TH} 2015 CAPITOL VISITOR CENTER

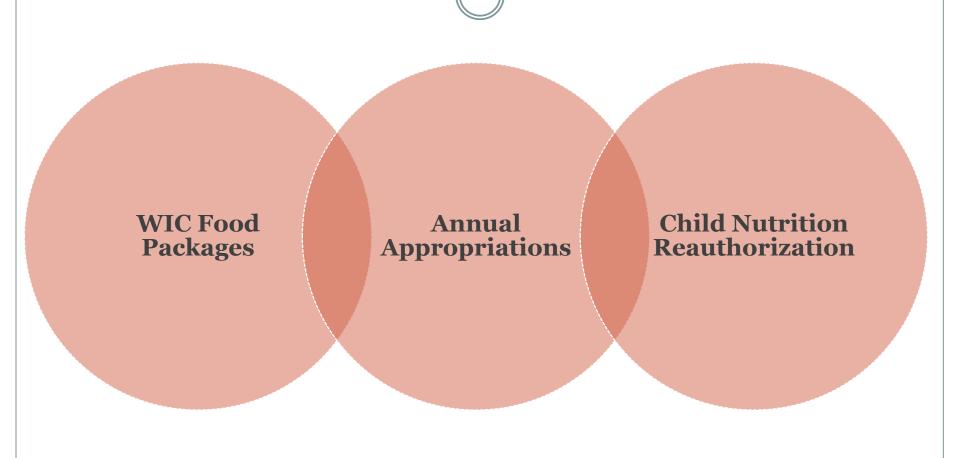


4 Pillars of WIC Service

Nutrition Education Breastfeeding Promotion and Support Referrals to Healthcare and Social Services

Nutritious Food Package

3 Policy Areas



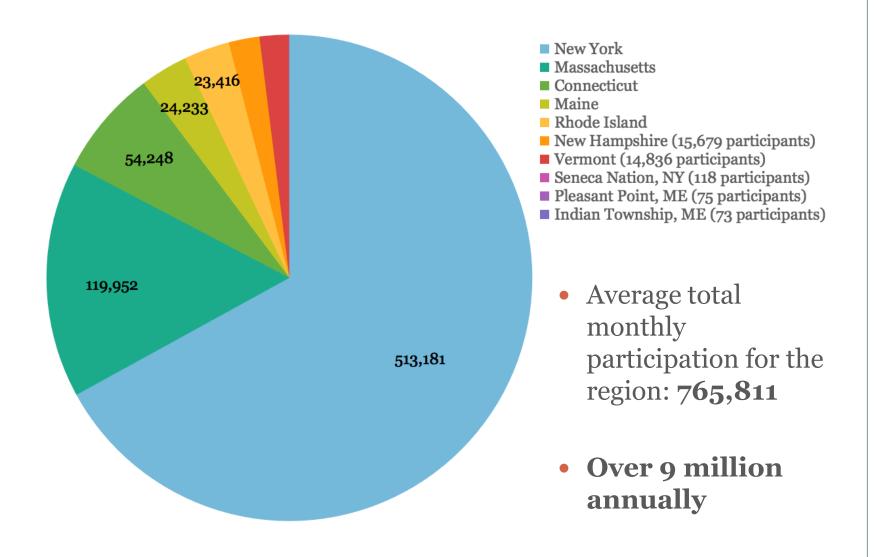
2 Main Impacts

1. Improves
Health
outcomes

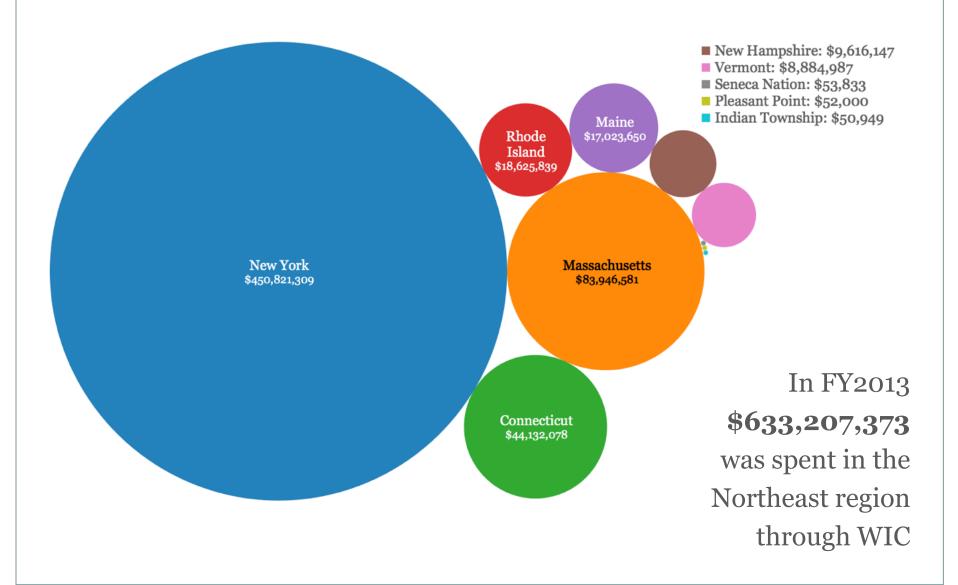
2. Decreases
Healthcare
costs



FY2013 average monthly total participation



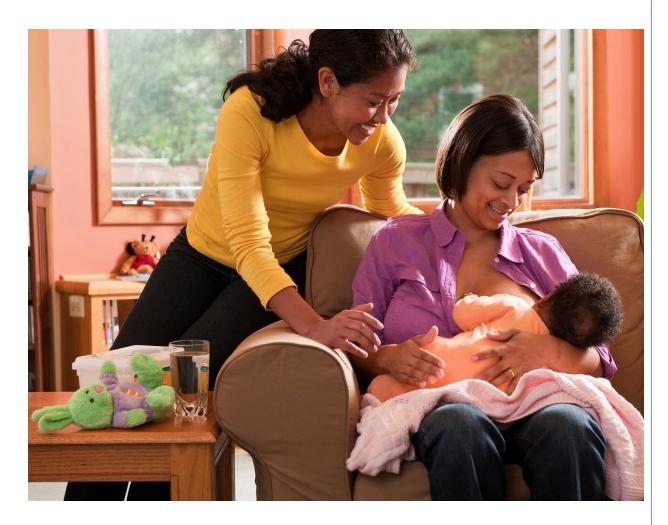
In-State Spending (FY2013)



Breastfeeding rates: Great progress

% increases in breastfeeding rate between 1998 and 2012

New	
Hampshire	36%
New York	34%
Rhode Island	30%
Connecticut	28%
Massachusetts	23%
Vermont	23%
Maine	15%
Seneca Nation	11%



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

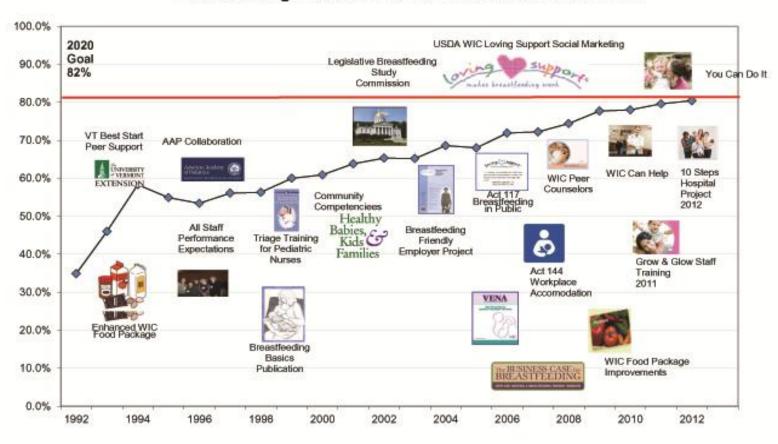


Breastfeeding Initiation in Vermont

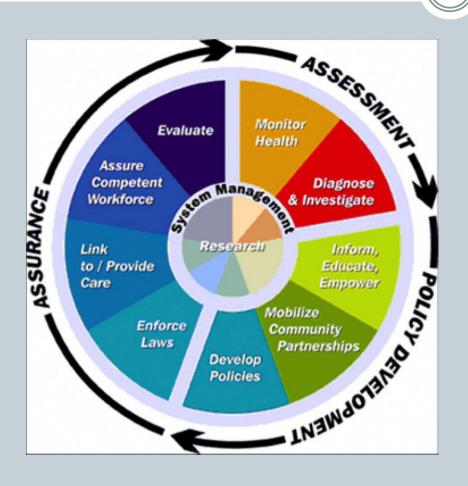


A PUBLIC HEALTH APPROACH

Breastfeeding Initiation - Vermont WIC Mothers 1992-2012



WIC & Public Health Essential Services



- Monitor health status
- Diagnose and investigate issues
- Inform, educate and empower
- Mobilize community action
- Develop policies
- Enforce laws
- Link people to care
- Assure competent workforce
- Evaluate

MASSACHUSETTS

Massachusetts

THE WIC CARD

THE GOOD FOOD PROJECT

WIC/HOSPITAL COLLABORATION FOR BREASTFEEDING

The WIC Card

- Selected FIS/CDP as the development/implementation contractor in July 2013
- Project Kickoff Meeting October 2013
 - Team concept with one goal
 - Schedule milestones
 - Open Communications
 - Accountability
- Pilot Western Massachusetts, July 2014
 - o 2 local programs, 3 sites, 20 vendors, 2,600 participants
- Statewide Rollout in 5 phases during the month of October 2014
 - o 33 local program, 117 sites, 970 vendors, 122,500 participants

Communication Mattered

- A good project manager was the key to our success
 - Weekly meetings
 - Contractor/Developers
 - Individual meetings with key units at the WIC office Operations, Vendor, Helpdesk
 - ▼ Weekly All Hands on Deck Meeting
 - Daily touch point
 - ➤ During Pilot implementation and rollout
 - Results of pre-go live visits with area vendors and local programs – No Surprises!

Post Implementation Survey Results

Goal: Our goal is to assess how well WIC Card implementation is working at both the state office and the WIC location program sites now that we have rolled out the WIC Card statewide.

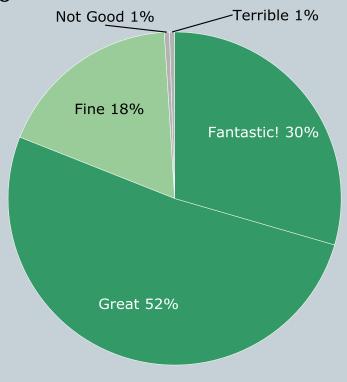
Timeline: Dec 1- Dec 4

At least one representative from 33/35 LPs completed the survey

Response rate: 33% (202 completed surveys)

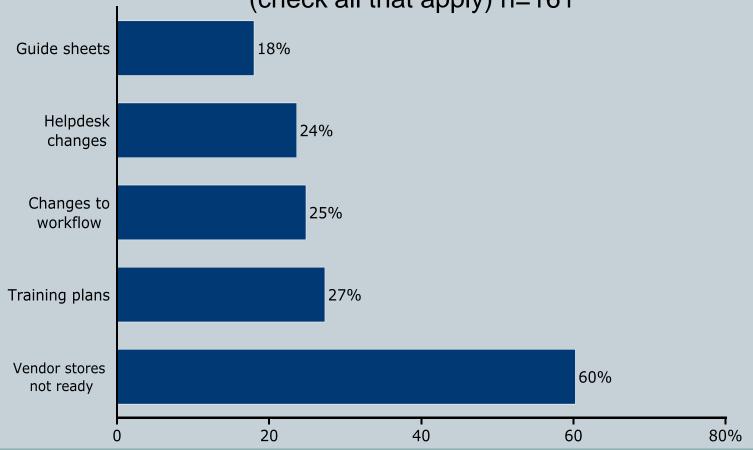
Overall, WIC Card has been well received!

 How would you rate your overall experience with WIC Card? n=200



Store readiness biggest area for improvement

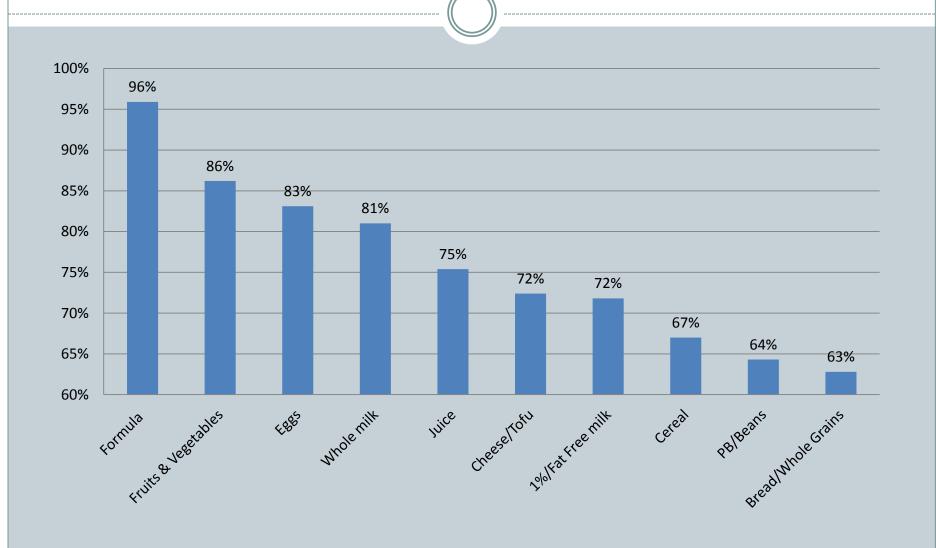
In what areas would better communication have helped?
 (check all that apply) n=161



Currently....

- Typical struggles PIN resets, forgotten passwords
- WIC Approved Foods issues "You mean I can't buy almond milk anymore?!?"
- Offering the JPMA app to help participants know their benefit balance in real time and identify WIC approved foods in the store

Redemption For November 2014



The Good Food Project



FY'14 WIC Special Project Grant

Our Proposal

Good Food and a Whole Lot More: A Recipe to Increase Child Retention and Improve Utilization of the Food Package in the Massachusetts WIC Program...a.k.a. The Good Food Project.



Offering more hands-on, varied nutrition education opportunities to better engage caregivers and children so that they are more likely to continue to participate in the program

Project Goals

Goal 1: Perform formative research

Goal 2: Design the intervention to provide training, resources, and support to local WIC programs

Goal 3: Implement the intervention with 5 pilot programs representing MA WIC's geographic/demographic diversity

Goal 4: Evaluate the impact of the intervention on child retention, participant and staff satisfaction, and utilization of the WIC benefits

Goal 5: Disseminate best practices and lessons learned

The Good Food Project

Nutrition Education Opportunities

- Recipe swaps
- Food tastings and hands-on learning through food demonstrations
- Cooking classes/groups for parents and children
- Grocery shopping tours
- Videos
- Online nutrition education
- Online presence and social media including blogs, Twitter and Pinterest







Who are our partners?

- WIC local program pilots
- WIC parents (as part of the GFP Work Group)
- Share Our Strength/Cooking Matters
- DTA/SNAP
- Market Street Research
- Additional partners TBD



WIC/Hospital Collaboration

- Ongoing partnership with CDC-funded obesity project at DPH to support hospitals to achieve Baby-Friendly designation
- Recent CDC Breastfeeding Supplement grant allowed development of free CMEs for physicians www.northeastern.edu/breastfeedingcme
- MCH Block Grant Technical Assistance project training DPH/WIC staff to support hospitals in various phases of BFHI designation
- OA project supports development of breastfeeding education materials that promote WIC and ensure consistent messaging aligned with 10 Steps



New York: Part II WIC Peer Counselor Expanded Hospital Breastfeeding Project:

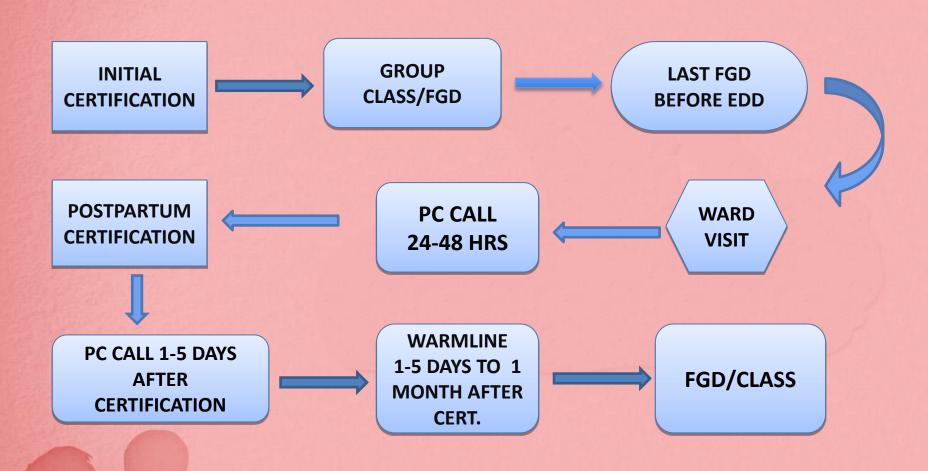
A Collaborative Between MCH/Labor and Delivery Towards Achieving Baby Friendly Designation.

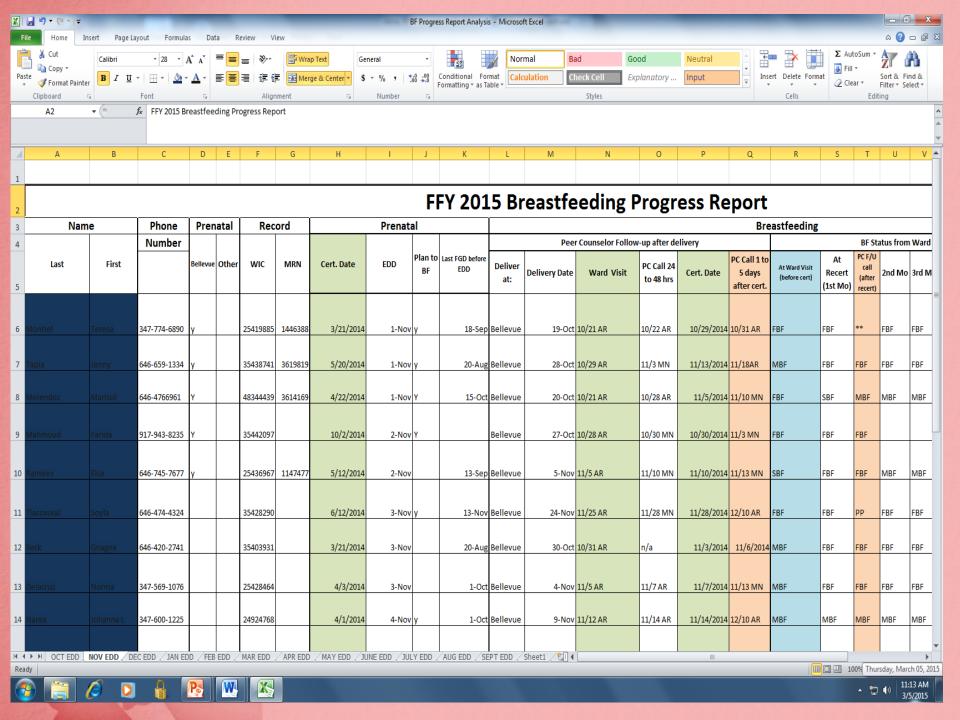


Program Overview:

The project is geared towards providing a continuum of care for WIC prenatals from certification to delivery through monitoring and support at targeted intervals.

PROGRAM STAGES/ACTIVITIES:





PC WARD VISIT:

COLLABORATION WITH HEAD NURSE OF LABOR AND DELIVERY





PC Ward Visit After Delivery





Show and Tell Loving Support Platform with Surface Pro 3

Labor and Delivery Dept. Fax All Discharges To PC For 24 hrs. Follow-Up after Discharge

10/2014 1:14 FA FAA

09/15/14 9;AM Bellevue Hospital Center Maternal child Health Services WIC Breastfeeding Collaboration 24 Hour Discharge Notice List September 13 20 Faxed @ 203 pm

Note: Please fax completed form in the afternoon of all the potential discharges for the next day to the WIC Office (212) 562-3539.

*		
Patient Name and MRN# (Use	Tel. Phone Number	Comments
LEMA, MARIA 07/02/1978 F ADM: 09/11/14 MRN: 3610596 3610596-24 MRE EEEE	(917) 567-5572	b/c/home on
TORRES, ISABEL	(347) 858-1700	8/c home on
MURAZNO, MARLENE	(347) 659-0605	D/c home on
ORUZ, CATIA 1266 O4/08/1993 F ADM: 09/12/14 MRN: 3312966 3312966-125 PT 91/2014 95/0	(917) 407-3712	D/a home on 9/14/14
URENA, YERINA # 09/12/14 01/25/1987 F ADM: 09/12/14 MINN: 1080878 Billion Hospital Center Pr. \$(22014)[2]	(2) 388-1025	b/c home on
CARRANZA, MADELYN 02/06/1995 F ADN: 05/11/14 MM: 3599568 3599668-25	(917) 615-5689	De home on
GARRETO, ANA MARIA 08/28/1960 F ADM. 09/11/14 ARN: 3122764 3122764-67 Bollows Hospital Carter Pit \$113/201413-49	(347) 455-6029	De home on
		-

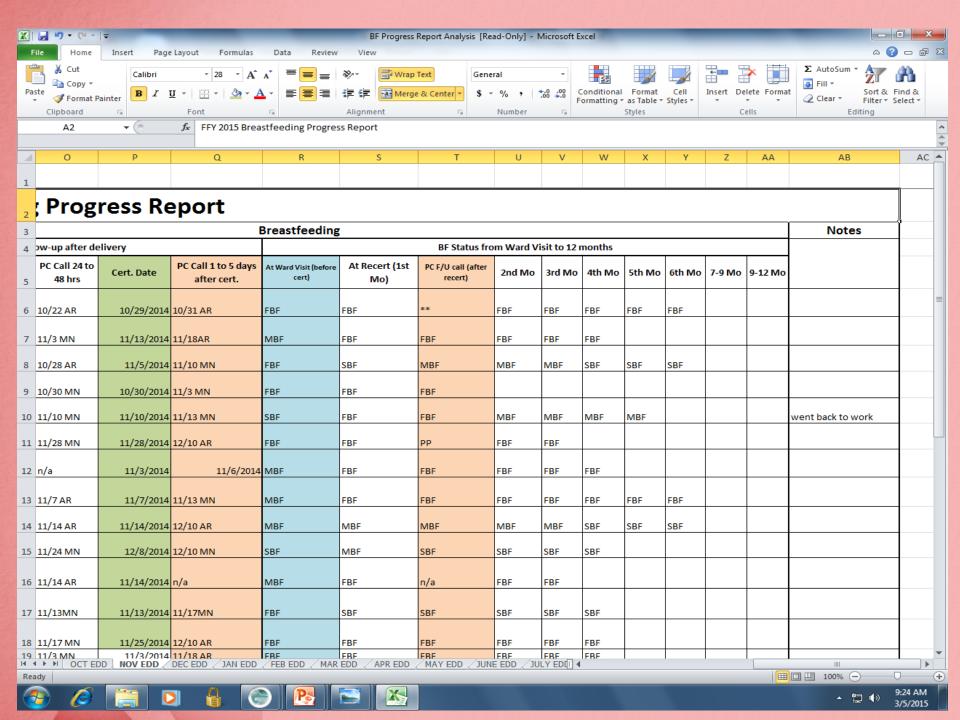
PC Follow – Up on 24 Hours Discharge Warm-Line (BF Helpline) PC Support (7- 9pm)

Bellevue Hospital Center New York, New York

BHC/MCH/BF Collaboration Follow-up on 24 Hours Discharge

Transmitted: _____ Date received: 5-28-14 - Date Follow-up: 05-30-14

MRN	WIC ID #	Telephone #	Notes
31 34 917	25437052	(347) 465-4165	she said that continuo f.B.f. But she feel pain, 1s he breast the Product is he brilly. I fold that co hand express.
3132709	25437981	(341) 720-8087	She continuo FBF. Baby has colic. Because she Use formed I mowaged try to continuo Bf. Frequent any help. you can call as:
3211395	Covenceur	(1646) 918 - 6453	MS Anita continuo F.B.f. and she received Help feet couns vious in Governoor I fold that any help. Bhe eqn (all as.
1505004	Bnoklyn	C41-1491	PO. A. Rodriguez lett U/M.
3621921	Broom	(1917)	She's know the BM Bonetit And she want is to USC MIX-
19.7			100 n
			,
	313 4 917 3132709 3211395 1505004	3134917 25437052 3132709 25437981 3211395 Governeeur 1505004 Bnokiyn	3134917 25437052 (347) 465-4165 3132709 25437981 (341) 720-8087 3211395 Governeeur (1646) 918-6453 1505004 Bnokign (1917)



MEASURING PROGRAM SUCCESS: DATA ANALYSIS/INTERPRETATION

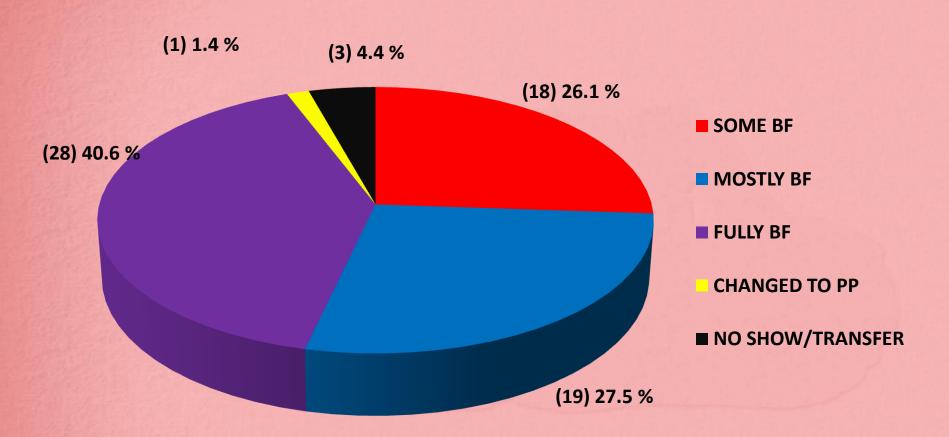
PRESENT STATUS OF BF WOMEN BEING MONITORED BY THE PROGRAM WHO DELIVERED FROM OCT-NOV 2014

PARTICIPANT STATUS	WARD VISIT (OCT-NOV 2014) POST-DELIVERY	INITIAL CERTIFICATION BF/INFANT	PRESENT STATUS (FEBRUARY 2015)	% SHARE
SOME BREASTFEEDING	14	15 (+7.1%)	18 (+20.0%)	26.1 %
MOSTLY BREASTFEEDING	26	23 (-11.6%)	19 (-017.4%)	27.5 %
FULLY BREASTFEEDING	29	31 (+7.0%)	28 (-9.7%)	40.6 %
CHANGED TO POSTPARTUM FROM MOSTLY BREASTFEEDING	0	0	1	1.4 %
"NO SHOWS" FROM FULLY BREASTFEEDING	0	0	3	4.4 %
TOTAL	69	69	69	100.

NOTE: At present status, 1 MBF mom changed to PP, 2 MBF changed to SBF.

3 FBF moms were "No Shows"

PRESENT STATUS AFTER 4 MONTHS



"WHILE BREASTFEEDING MAY NOT SEEM THE RIGHT CHOICE FOR EVERY PARENT, IT IS THE BEST CHOICE FOR EVERY BABY."

- AMY SPANGLER

