

NWA 2018 Annual Education and Training Conference & Exhibits

Poster Abstracts

1. Can a WIC Specialist Imbedded in a FQHC Impact Child Retention? A Pilot Study

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Abstract: With declining participation WIC needs to partner with health care to improve these rates. NCHS WIC designed a pilot study to assess the impact of two interventions on WIC participation among “shared clients” that also receive pediatric services at our parent agency, NCHS.

The first intervention provided education to health center staff to raise their knowledge about WIC services, infant and child nutrition, and breastfeeding. The second intervention measured the impact of a WIC Retention Specialist (WRS) embedded in a pediatric site of NCHS on participation rates among our “shared clients.” The WRS works with pediatric staff to have face-to-face encounters with parents about enrolling in WIC, remaining in WIC, or resolving any barriers to participation. In June 2016, baseline data in the pilot site showed that 53% of WIC infants and 55.5% of WIC children were “shared clients.” After 11 months, 60.4% of WIC infants and 59% of WIC children were “shared clients” at the pilot site. This data suggests that a greater percentage of “shared infants and children” are getting WIC services as a result of a WRS contact, in addition to improved visibility of WIC services in the health center.

2. Education Choice: Offering Remote Options for Nutrition Education

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Abstract: WIC must appeal to young families in order for families to enroll and benefit from WIC services. Recent participant surveys identify transportation issues and busy schedules as common reasons why families leave WIC. Not surprisingly, participants miss appointments, have long gaps between receiving WIC benefits, or give up on WIC entirely. Colorado’s transition to eWIC, or EBT cards, creates opportunities to improve WIC’s appeal through its capacity to create more options for remote delivery of nutrition education and food benefits issuance. In April 2017, Colorado WIC coined the term Education Choice to describe options available to deliver nutrition education to participants. The second nutrition education visit can be in-person, by phone, online (wichealth.org), or by video chat. Education Choice policy was developed with local agency staff feedback along with staff training and tools to assist with statewide implementation. Statewide data is being tracked to assess adoption, utilization, successes, and challenges of Education Choice.

3. Incorporating Food Skills Education into Internet-Based Nutrition Education for WIC Clients

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Abstract: WIC nutrition education covers important topics, including breastfeeding and responsive feeding, which in turn influences the nutrition of young children. However, only

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22% of sites report using cooking demonstrations while just 7% use grocery store tours to reinforce nutrition education concepts. As WIC offers nutrition education during this pivotal time of taste and habit forming in early childhood, food skills education is of paramount importance. Through an innovative partnership, Share Our Strength's Cooking Matters and wichealth.org are working to increase access to this type of education within WIC. Cooking Matters brings 25 years of experience providing hands-on food skills education, while wichealth.org is a national program specializing in developing and delivering online nutrition education designed to propel participants toward active behavior change. We will report findings from user surveys and interviews showing demand for internet-based delivery of food skills education audience shopping and meal planning habits that informed the design of online modules, as well as initial results and lessons learned from a Cooking Matters phone app. WIC can use its status as a trusted resource to provide clients with tools and resources that advance their ability to acquire food planning, shopping, and preparation skills outside of the clinic.

4. Revitalizing Loving Support © – Steps Taken to Update the USDA National Breastfeeding Campaign

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Abstract: In 1997, the Food and Nutrition Service (FNS) of the U.S. Department of Agriculture, which administers the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), launched the Loving Support Makes Breastfeeding Work campaign, thereby incorporating breastfeeding a core

component of the services that WIC provides, into its mission to improve the health of low-income women and their children. Based on the proceedings of a public workshop and expert meeting conducted by then IOM, now known as the National Academies of Sciences, Engineering, and Medicine (NASEM), FNS is working to identify new strategies to update the campaign, while keeping up with communication tools that would be most impactful when connecting with the new generation of WIC mothers. Presently, through a cooperative agreement with Hager Sharp, Inc., FNS has completed comprehensive formative research to help inform the development of the social marketing plan and appropriately framed messaging to update the *Loving Support* © campaign. The new campaign will continue to use state-of-the-art science, communication strategies, and educational tools to address future challenges. A sneak peak of the new USDA National Breastfeeding Campaign will be visually shared as well as current activities in the plan to move forward with campaign rollout.

5. Redesigning the WIC Works Resource System for an Improved User Experience

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Abstract: Since 2000, the WIC Works Resource System (WWRS) has served as an online education, resource and training center for all levels of WIC staff. Yet with changing technology requirements and a desire to respond to user needs, WWRS has been propelled through repeated transformations. In 2016, FNS began the process of creating a user-optimized website. Site usage data and interviews with

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key WWRS stakeholders and users provided the foundation for the new design. Current content was reviewed, updated or archived. Essential components for the revitalized site include mobile-responsive design, appealing new color palette, and significantly improved search capabilities. Through every iteration of WWRS, its foundation has always been its range of WIC-relevant adaptable tools, educational materials and resources, many of which are State-agency developed. In the newly designed site, WIC staff will continue to find reliable resources for nutrition education and counseling related to maternal, infant and child health that helps them meet WIC goals. State agencies can filter their search for materials in several ways, such as by topic, by resource type, and by whom developed the resource. The newly designed and enhanced WWRS will be released in Spring 2018.

6. Developmental Milestones Project in WIC Clinics: A Statewide Expansion

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Abstract: Developmental disabilities in children are common. The Centers for Disease Control and Prevention (CDC) estimates that 1 in 6 children have a developmental disability. Children with developmental problems are at risk for poor outcomes in many areas critical to health, wellbeing, and success in life, and many are identified too late to benefit from early intervention services.

WIC providers are in a unique position to help families celebrate their child's developmental milestones and act early on developmental concerns by referring children so that they can get needed services and supports early. This presentation will highlight the free, re-



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search-based, parent-friendly resources on child development available from CDC's Learn the Signs. Act Early. Program. These materials will help WIC providers feel confident communicating with families about developmental milestones while responding to the Nutrition Questionnaire item:

Do you have concerns about your child's health, diet, feeding or development? In addition, they will provide guidance on when, how, and where to refer a child if concerned about the child's development.

Learn the Signs. Act Early. Materials have been successfully integrated into WIC clinics and specific examples will be presented.

7. Georgia WIC Policy and Procedures Manual Redesign Project

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Abstract: This project was embarked upon us as a quality improvement (QI) initiative aimed at the development of WIC policies and procedures to make them more streamlined and organized for effective workflow. The end goal was to create a web-based, user-friendly manual that effectively provides guidance on the operations and administration of the WIC Program. The project began with delving into the current (then 2015 - 2016) procedures manual to establish a framework of redefined policies which employed research and a gap analysis. The team researched other states' manuals by defining criteria and establishing benchmarks to consider for formatting and structural options and in regards to the gap analysis, the units of the State WIC Office met to determine which policies and supporting documents and forms were outdated, needing to be excluded,

and which could be combined. Policy writing involved subject matter experts (SMEs) utilizing SharePoint collaboratively, which enhanced the bridge of communication during editing. Innovative trainings provided via video conferencing throughout the state allowed the policy team to acquire constructive feedback on enhancement of policies and procedures. After reviewing internal and external policy data, it was determined that continued updates are needed to reflect changes throughout each federal fiscal year.

8. Prenatal and Breastfeeding Education in the Community

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Abstract: WHO (2017), Unicef (2015), and the United States Surgeon General (2011) have urged healthcare to promote, educate, and support breastfeeding community initiatives. Additionally, a higher rate of disparities exists among low-income, underserved, expectant mothers.

As a result, Well Child Center and Advocate Sherman Hospital partnered to provide bilingual evening prenatal breastfeeding classes. The WIC participant and their support person would attend two-hour interactive classes over three consecutive weeks as a means to change prenatal/BF education by tailoring education to the expectant mother's learning level.

266 expectant WIC mothers attended a prenatal class series from May 2016 - October 2017. 229 women delivered their infants and 97% initiated breastfeeding. (Illinois BF initiation is 76%). 54% continued breastfeeding at 12 weeks, with 24% exclusively breastfeeding. (Illinois 12-week exclusivity is 9%). 21% still breastfed at six months, with 13% exclusively breastfeeding. Overall, participants indicated satisfaction with the classes.

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Collaboration among WIC programs and local hospitals to provide engaging prenatal and breastfeeding education at the participants, reading level and in their preferred language, promotes healthy practices such as increased breastfeeding initiation and exclusivity rates.

9. Empowering Women, Infant, and Children (WIC) Recipients

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Abstract: Many individuals and families consume foods that are of low or no nutritional value due to limited access to healthier options. When interviewing vendors, most agreed they were pleased to be able to offer foods to WIC recipients. Many vendors stated that some customers expressed frustration because they could only purchase certain items with the voucher and most vendors stated their main challenge was explaining the new rules to customers leaving them feeling as if there was a knowledge gap among customers and the new package regulations. Most agreed that further education could help to improve such concerns (Gittelsohn et. al, 2012).

The overall purpose of this proposal was to create a program that would inform, educate, and empower recipients to utilize provided resources.

During the duration of the program, a researcher administered a pre-test, provided education to recipients regarding the food package, and then administered a post-test.

After a thorough analysis, the investigator discovered that Women, Infant, and Children (WIC) recipients were comfortable utilizing their

WIC EBT card. However, the need for further education and areas of improvement were noted. Additionally, they noted that many stores had “WIC Approved” signage that was out of compliance.

10. Kentucky WIC Navigator

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Abstract: The Women, Infants, and Children (WIC) Navigator is an initiative created by Green River District Health Department (GRDHD) and the Kentucky WIC Program to address recruitment and retention in the WIC Program. This pilot initiative utilizes two WIC Navigators in the seven county district to help identify barriers to WIC participation as well as identify solutions to assist with WIC participant enrollment and retention. This initiative was born out of a need to address the issue of steadily decreasing WIC participation numbers in the district and statewide. The WIC Navigator initiative began in July 2017, with the goal of increasing WIC participation by 5% within a year through assisting eligible participants with making the transition between enrolling and staying enrolled in the WIC Program. Data is being collected, analyzed, charted and tracked quarterly for continuous quality improvement in the district, as well as to identify methodologies to share with other WIC agencies to improve

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WIC participant enrollment and retention. The preliminary findings are promising, as the Green River District Health Department WIC program saw an increase in both enrollment and participation in the first quarter after implementation of the initiative.

11. Know the Communities You Serve: Greater Understanding Leads to Better Service

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Abstract: Standard race/ethnicity categories as mandated by OMB may not be sufficient to understand the communities served by WIC. In Minnesota, for example, participants who identify as Hmong are grouped together with Vietnamese, Cambodian, Laotian, Karen, Karen- ni and Bhutanese-Nepali participants, each of whom has a distinctly different culture. Having health information by cultural identity on indicators such as anemia, breastfeeding, weight status and birth outcomes has enabled MN WIC to identify high-risk populations so that WIC services can be better tailored. Minnesota WIC has taken two approaches to collecting data on cultural identity. The first approach is for local agencies to ask individuals who identify as Black or Asian to choose a cultural identity from a list of communities served by Minnesota WIC. The second approach uses birth certificate data provided by Minnesota Vital Records. Minnesota birth certificates include information on cultural identity, in addition to mother's country of origin and other useful data not collected by WIC, such as marital status, education level, birth facility and type of insurance. Evaluation of WIC participant data by cultural identity enriches our understanding of differing health outcomes (such as breastfeeding, anemia, etc.) in ways that allow for more effective targeted services.

12. Moving Food Insecurity Policy to Practice: A Partnership of the New Jersey WIC Program and the New Jersey Chapter of the American Academy of Pediatrics (NJAAP)

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Abstract: In 2015, the American Academy of Pediatrics issued a policy statement, "Promoting Food Security for All Children," recommending that pediatricians universally screen children for food insecurity. The statement cites evidence of the short and long-term adverse health impacts of food insecurity on the health and development of children. Representatives from the NJ WIC state and local Programs, the NJ WIC Advisory Council, and NJ Chapter, American Academy of Pediatrics (NJAAP) collaborated to develop "The New Jersey WIC Toolkit: *Helping Pediatric Practices Help Families*" for use state-wide. The toolkit includes a letter endorsing use of "The Hunger Vital Sign™" screening tool and promotes the value of WIC services for children and families. The mailing includes sample materials with order forms for posters, brochures, and WIC Rx Pads and provides suggestions for use. Planned follow-up to this initiative includes surveying a subset of toolkit recipients on the WIC Toolkit's utility and usage. This collaboration works to sustain consistent, positive messages of WIC as a "go to" resource to keep young families healthy. This poster will provide more information on our collaboration, the AAP policy statement on food insecurity, and planned next steps, following the distribution of the Toolkit. Samples of the toolkit will be exhibited.

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13. Increasing Access to and Demand for Nutritious Foods in Rural Food Pantries

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Abstract: Many WIC families rely on local food pantries to extend household food budgets. Local WIC agencies possess skills and knowledge allowing them to engage in, and even lead, activities to improve food environments in which WIC participants may be making food decisions.

This project sought to increase the inventory of, and demand for, healthy food items in food pantries in a rural NY county and was undertaken as an objective in the local WIC Program's *Com-*

munity Partnerships for Healthy Mothers and Children action plan, overseen by the National WIC Association. Through multiple evaluation and promotion activities, a better understanding of the food pantry client experience emerged.

Analysis of collected data has identified significant inconsistencies in the availability and amounts of healthier items across the county. Client surveys revealed pantry users are interested in healthy foods; three out of four respondents reported they would select healthier items either most, or all, of the time if they were available. Pilot nudges have confirmed this direct feedback, resulting in as much as a 300% increase in selection of healthier items.

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14. Using a Modified Delphi Technique to Develop, Validate, and Assess First-Ever Competencies for Core WIC Staff in New York State

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Abstract: The New York State (NYS) Training Center for the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), CAI developed, validated, and assessed a first-ever set of competencies for several WIC positions: Director/Coordinators; Competent Professional Authorities + (CPA+s); and Support Staff. These competencies will define and measure knowledge, skills, and attitudes (KSAs) required for staff to successfully perform key job functions.

CAI developed competencies based on a comprehensive review of literature and national best practices by drafting initial competency sets organized by domains, sub-areas, and individual KSAs. For each WIC role, CAI convened an expert panel comprised of knowledgeable WIC staff. Each panel validated and improved the competencies using the Delphi technique, a consensus-building process, over three rounds of feedback that took place in-person and online. CAI assessed staffs' competencies throughout NYS to identify training gaps and needs.

Developing competencies for core staff will set clear work expectations, inform hiring processes, and enhance supervision. Targeted trainings

based on competency needs will ultimately serve to drive meaningful outcomes for WIC participants.

15. Redesigning WIC Services and Infrastructure at a Large Urban Local Agency

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Abstract: Since 2013 the WIC program in Portland, Oregon experienced decreasing case-loads and the associated reduction in resources, while being expected to do more to reach the most vulnerable families. We determined through a data-driven and community-focused process that we needed to reinvent our WIC program and make services more relevant to today's families. To successfully redesign, we utilized outside-the-box thinking, used the technologies that today's families use to manage their lives, improved coordination with other educational, health, and social services, and removed barriers in WIC systems that throw off the cost-benefit ratio of services. The redesign was implemented through enhancing WIC clinic operations, strengthening and growing community partnerships, defining future site needs, using technology for communications and WIC services, and centralizing staffing models. Evaluation was a key element in the redesign. In an effort to improve services to our most vulnerable populations, WIC partnered with Multnomah County Health Department's Health Equity Initiative to facilitate meetings with community coalitions that serve communities of color, ethnic and racial minorities, and immigrants and refugees, to develop guiding principles for making decisions at WIC. It was important to manage organizational change through team building that ensures staff are resilient and ready for change.

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16. Developing an Effective Vendor Peer Group System as a Voucher State Using USDA Guidance

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Abstract: Tennessee's peer group (PG) system had been operating without comprehensive reassessment for two decades. In 2017, USDA released the *WIC Vendor Peer Group Study*, but results only included EBT states. For voucher states, the methodology required additional considerations. Tennessee followed the study to develop more effective PGs, adjusting methods for vendor data limitations.

With USDA guidance, Tennessee PGs are based on statewide prices. Other voucher states may benefit from Tennessee's modified methods of PG evaluation. Lessons learned will be applied for future PG adjustments once EBT is implemented.

17. Reducing No-Shows Among Millennials

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Abstract: Most WIC patients fully intend to attend their appointments but life gets in the way. They forget, have additional commitments come up, or are confused about when their appointment is. Recent professional studies show that sending a visual reminder 24 to 48 hours prior to the appointment prevents a large portion of these clients from not showing up for their appointment. We will take a look into two recent studies on how these no-shows tremendously affect the bottom line and how to extend reach to the millennial population.

18. Estimates of WIC Eligibility and Program Reach

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Abstract: Accurately determining the number of individuals eligible for WIC and the percentage participating is critical for predicting funding needs, measuring WIC program performance, and identifying potentially unmet nutrition assistance needs. This paper presents estimates of the numbers of women, infants, and children eligible for WIC during an average month in 2015. Estimates are provided by WIC participant category at the national, regional, and state levels. Estimates are based primarily on 2016 Current Population Survey data.

In an average month in 2015, 15.1 million individuals were eligible for WIC; 62 percent were children aged 1 to 4, 17 percent were infants, and 22 percent were women. Of the 15.1 million WIC-eligible individuals, 7.9 million received benefits, resulting in a national coverage rate of 53 percent. Coverage rates were highest for infants (77 percent) and lowest for children aged 1 through 4 (44 percent). Coverage rates varied substantially by state, from a high of 65 percent in California and Vermont to a low of 37 percent in Utah.

The findings from this paper highlight the enormous need for WIC benefits, but also show that not all potentially-eligible individuals participate in WIC. It highlights differences in coverage rates by participant category and state.

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19. Using EBT Data to Monitor WIC Program Activities

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Abstract: State agencies that issue benefits through EBT can use transaction data to measure and assess program activities. This poster explores some of the types of analyses state agencies can do with their EBT data, with a focus on (1) the shopping patterns of participants, (2) product selections, and (3) food choices. The study team used 7 months of data from 2016 in Wyoming to explore uses of EBT data. The dataset contained all redemptions from all vendors across the state.

20. In-Store Shopping Tools: Contributions to Redemptions and WIC Shopping Experience

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Abstract: Good nutrition starts with smart choices in the grocery store. Unfortunately, WIC grocery shopping can be overwhelming, often resulting in families not fully redeeming their food benefits.

Through a pilot program with a national market chain, the West Virginia WIC Program placed a variety of aisle and lane visual shopping aids in 28 stores. The evaluation explored whether the in-store tools would decrease the number of eWIC void transactions as well as increase redemption of WIC benefits compared to other stores. It also investigated whether the in-store tools decreased arguments at checkout

and contributed to a smoother shopping experience as reported by surveyed store personnel and WIC participants.

This poster session aids in furthering the understanding of characteristics which increase WIC redemptions and contribute to a successful shopping experience in WIC authorized retail locations. Additionally, it has provided insight into the use of in-store tools by customers and store employees for WIC transactions. This is important for understanding the contribution WIC Agencies can make at authorized vendor locations in improving the WIC shopping experience, and hence WIC food benefit redemption.

21. Incorporating Focus Groups into a WIC Setting to Understand Nutrition and Dietary Practices of Karen Families with Refugee Status

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Abstract: Within the last two decades, there has been a large influx of refugees from present day Myanmar to Wisconsin. In 2017, the Milwaukee Health Department WIC Program conducted focus groups to assess current nutrition practices of refugees who have emigrated from Myanmar and Thailand. The ethnic group of focus was the Karen people. Participants were asked questions relating to dietary practices, child feeding practices, WIC benefit and service knowledge, and language & technology. The ultimate goal of these focus groups was two-fold: improve nutrition services provided to families with refugee status and increase cultural competency within WIC staff.