Up In Smoke: The Potential Implication of Marijuana Use During Pregnancy and Breastfeeding

As the recreational and medicinal use of marijuana increases around the world, the potential for babies to be impacted by this herb during breastfeeding increases exponentially. In the United States, several states have recently legalized or are on the path to legalizing the consumption of marijuana (cannabis). This trend has led to more lactation consultants and healthcare professionals being faced with the question, “Is it safe for me to use marijuana while I breastfeed?” The answers given vary widely and this is due largely to myth, bias, and poorly conducted and accessed research. The Medications and Mother’s Milk Guide considers cannabis to be an L5, contraindicated for breastfeeding while Lactnet states that it is preferable for users to continue breastfeeding and yet minimize the baby’s exposure to smoke. These widely differing recommendations lead healthcare professionals to scratch their heads and face the knowledge that they just don’t know what to say to mothers. Additionally, there are reports of social services removing babies from homes due to mother’s marijuana use while breastfeeding. An entirely newly discovered system (the endocannabinoid system) within the human interacts with marijuana and is largely responsible for brain development, homeostasis, and much more. Discover how and why cannabis chemicals can potentially change a baby’s brain development and epigenome. This presentation looks at the most recent research and policies surrounding this controversial herb and how to have open ended communication and non biased counseling with WIC participants. How WIC staff communicate the evidence and potential implications, can have significant impact on WIC populations.

Presenter(s):
Laurel Wilson, MotherJourney

Building Meaningful Connections: The Power of Storytelling and Photography

A combination of the following abstracts:

1. The Power of Pictures: Using Images to Promote WIC Messages – Oregon’s Photo Library Project
What better way to build your brand than using images of families in your own community? That’s what one local WIC agency did and with great success. In 2016, the Josephine County WIC Program, invited WIC participant and professional photographer, Jessica Porter, to take photos of WIC families in her community. All necessary release forms were obtained and now Josephine County WIC has a fresh new photo library. The photos feature nursing moms, babies, toddlers, preschoolers and supportive friends and family members. The State WIC Program helped promote the work of Josephine County WIC, getting the Oregon Health Authority to share the story on social media and through state public health program newsletters, blogs and intranet. The photos have been used extensively in Oregon WIC outreach materials, in participant education pamphlets and in breastfeeding training presentations. With the tremendous success of this one small photo project, the state WIC Program decided to replicate the project with other local WIC agencies. In 2017, the “WIC Photo Library Project” was launched. The project focused on acquiring photos that a) fit the new NWA brand guidelines; b) are high quality and program-specific and thereby more impactful; c) reflect the population WIC serves rather than using generic, royalty-free photos; and; d) empower participants by capturing and utilizing images depicting their
strength and beauty. Five local agencies developed photo project proposals that met the project guidelines provided by the state. Project proposals focused on the following: Local World Breastfeeding Month Events, Photo sessions around town, Healthy Worksite Policies and Workplace Initiatives Staff, IBCLCs, peer counselors, Farmers’ Market, WIC shopping, clinic interactions. Photos will be used for training, marketing WIC and social media. Usage guidelines will be distributed by the State.

2. Connecting with Clients Through Storytelling

Research shows us that connection and empowerment in health settings contributes to better patient satisfaction and health outcomes. Storytelling is one way to effectively connect with patients. Humans naturally think, communicate, perceive, understand, and decide in the language of stories. This session will focus on how to communicate and connect with WIC clients through storytelling. By the end of the session, attendees will be able to: 1) describe the science behind connecting through stories, 2) list research that supports that value of storytelling in health care, 3) describe storytelling techniques and example stories for different WIC client-staff scenarios, and 4) list ways to encourage client storytelling. Storytelling as a communication tool for connection has implications for WIC client satisfaction, retention, and healthy behavior change and development.

Presenter(s):
Nhu To-Haynes, Oregon Health Authority
Martelle Esposito, Our Mothership

What Can We Learn from EBT data About WIC Participants’ Behavior?

The recent transition to the WIC EBT system provides big data and rich information for understanding WIC participants’ redemption and participation habits. This session aims to provide an overview on how to use EBT data to infer WIC participants’ benefit prescriptions, redemption, and retention behaviors. Using Virginia WIC EBT data in 2015-2016, we analyzed over 150,000 WIC participants’ behaviors. We found that the benefit prescription was not always continuous, and statistical patterns were identified for the distribution of the gap days between benefit cycles. We also examined the relationship between socio-demographics and the gap days. For redemption behaviors, we analyzed specific food items, including formula, infant foods, and fruits and vegetables benefits. Most popular food products or flavors were identified. We also examined the disparities in redemption rates across socio-demographics to understand low redemption rates in certain food products, such as breakfast cereal. Finally we applied survival analyses to examine WIC participants’ drop-out patterns, focusing on infant participants’ drop-out patterns. We used socio-demographics, benefit prescription patterns, and redemption patterns to predict the participants’ drop-out risk. In summary, EBT data mining is instrumental for policy makers and researchers to understand WIC participants’ behaviors and therefore design and implement interventions to improve redemption and retention in the WIC program.

Presenter(s):
Harry Zhang, Old Dominion University
South Carolina WIC SoW (Services on Wheels)
In an effort to reverse the downward trend of caseload, for the retention of children participating in WIC, and to combat a common barrier of transportation issues for participants, South Carolina submitted a grant proposal to FNS and received funding for the implementation of four mobile WIC clinics to be used throughout the state. WIC Services on Wheels (SoW) used lessons learned from a successful 6-week off-site pilot project for purposes of planning for this initiative. S.C. WIC is using a strategic approach of partnering with Head Start locations on the local level to reach our target population, reaching both existing participants and potential new ones. This presentation will cover the state’s process for selecting the vans, how we went about choosing a vendor for upfitting the vans to serve as clinics on wheels – with the ability to gather weight and height measurements, check hemoglobin, and print vouchers on-site. We will also discuss ways to promote the clinic locations. We will cover how we implemented a Train-the-Trainer model for operation of the vehicles, and share our WIC SoW implementation toolkit which remains in the vans at all times and includes handy checklists and addresses frequently asked questions. Lastly, we will include strategies for evaluation efforts as well as highlight our WIC SoW launch party, attended by FNS dignitaries and media. The first day in operation, comments from mobile WIC participants included: “Love the fast and friendly service,” “excited about it,” “will tell my friends,” and “only want to use the WIC van for future appointments!”

Presenter(s):
Berry Kelly, South Carolina Department of Health and Environmental Control

FNS Management Evaluations: Recent Changes and How to Leverage Them
FNS recently revised its National Management Evaluation (ME) Guidance to increase the consistency of MEs and improve FNS oversight and support of State agencies. This session will provide an overview of the changes WIC State agencies can expect, tips for State agencies to get the most out of MEs, and a look back on past Target ME cycles.

Presenter(s):
Amy Herring, USDA Food and Nutrition Service

2:00 - 3:00 p.m.

How Behavioral Insights Can Improve WIC: Using Behavioral Science in Your Everyday Work
WIC staff do impactful work every day, from teaching mothers how to painlessly breastfeed to empowering parents with the knowledge of how to cook, eat and select portions nutritiously. Despite the WIC program's clear benefits, mothers who intend to breastfeed will stop long before a full year and some will drop out of the program before their eligibility lapses. While it may be true that families simply need more information to guide their decisions, we know that information alone is rarely enough to spark action. Instead, we turned to insights into human behavior to understand why some of these less optimal outcomes might occur and employ behavioral design to specifically address the way people actually make decisions. Our current project began in 2016 with funding from the David and Lucile Packard Foundation and continued advisory support from the WIC office within the California Department of Public Health and the California WIC Association. In this time, have used a combination of literature review, field observations, and over eighty interviews at local WIC agencies in California, to identify behavioral barriers affecting families' choices and actions within WIC. What we learned paved
MONDAY, APRIL 23, 2018

the way for new behaviorally-informed designs that we are creating and testing at two local WIC agencies in Santa Clara and Los Angeles, California. These designs are specifically focused on increasing the length of time that mothers breastfeed and the retention rate past a child’s first birthday through updated appointment activities, materials and technology use. In addition to sharing our design recommendations and preliminary testing results in this talk, we will also share the broader principles of behavioral science to help equip practitioners with a new way of thinking that can be applied at work on a daily basis. Our goal is to illuminate the theory behind behavioral science as well as how it can be applied specifically to WIC so that staff at every level are empowered to use behaviorally-informed changes to make an even greater difference in the lives of deserving WIC families around the county.

Presenter(s):
Dani Grodsky, ideas42

1000 Days in Gap City: Exploring the Relationship Between the Breastfeeding Gap and the Word Gap
The first 1000 days of a child's life is an extraordinary period of potential. Babies are born ready to learn, yet what and how much they learn depends on support from their environment at every level. Primary in this process are the parents, whose job it is to nurture and nourish. Breastfeeding provides nourishment for the body, the mind, and the spirit. Touching, talking, reading, and playing helps build vocabulary along with cognitive and literacy competence. In fact, talking is considered by early childhood experts to be “linguistic nutrition”. We know that breastfeeding rates are on the rise, but we also know that the gap in breastfeeding rates between low-income and high-income parents remains wide. By the same token, research has also shown that parents in high vs. low socioeconomic groups have enormous disparities in the amount and quality of daily verbal exchanges they have with their child. So great is the difference—reported to add up to 30 million words in the first three years—that it has come to be known as the Word Gap. Children who lack this verbal advantage struggle with language throughout their lifetime. Similarly, we know that children who are not breastfed have lower health and intellectual outcomes than children who are. So how are the breastfeeding and word gaps related? How can health workers promote breastfeeding and literacy? We know that all babies are born with the same potential and eagerness to learn. What can we do to help ensure that each baby has the very best chance to succeed in life?

Presenter(s):
Dia Michels, Platypus Media

Situational Awareness Training for WIC Professionals
WIC professionals, like all people in potentially risky situations, need to learn awareness, prevention and actionable tactics, based on best practices, to mitigate risk and increase the probability of survival during a violent encounter or active shooter situation in the office or in the field. The program, based on the nationally used “RUN, HIDE, FIGHT campaign, provides attendees with proven and validated information and skills related to reality-based situational awareness, de-escalation tactics, personal protection and active shooter survival. Although the topic is very serious, the program is very positive, empowering, engaging and filled with relevant practical tips. You do not need to be athletic or skilled to do this program! This is NOT an amateur martial arts program, but rather a professional, high-quality, validated and reliable training session for civilians, WIC professionals, to have a higher probability of preventing or
surviving a violent and potentially life-threatening situation.

**Presenter(s):**
Michael Dunphy, Walsh University

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**A Red State Solution: WIC and the Emergency Food System**

Georgia's conservative political environment has meant that state funding for nutrition programs is limited and leaders frequently look to the faith and charitable sectors to address social problems, including food insecurity. The Atlanta Community Food Bank was created largely by congregations, and the faith community is still an essential part of its 600+ agency network. Beginning in 2015, the Food Bank initiated a partnership with the Georgia Department of Public Health and its WIC program to jointly evaluate enrollment and participation strategies and collaborate on program improvements. Institutional advocacy—stakeholders working with state and local agencies directly—to advance a policy agenda is a "red state solution" that can yield lasting benefits to people in need when support or funding from elected officials is unlikely. This session will provide an overview of the history and achievements of the public/private "Georgia WIC Working Group," as well as share findings from 2017 data analysis efforts and focus group research with Spanish-speaking and English language participants. The session will explain how Georgia, one of the first states to adopt universal Pre-K and the first to create a state Department of Early Care and Learning, is currently poised to advance WIC enrollment through robust collaboration with emergency food providers in addition to traditional channels.

**Presenter(s):**
Lauren Waits, Georgia WIC Working Group

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**Leveraging Partnerships for a Stronger WIC**

*A combination of the following abstracts:

1. **Bridging the Gap: A Partnership Between a Hospital System and WIC Breastfeeding Peer Counselors and Staff**

   Hospitals can develop partnerships with community agencies or groups that facilitate early, ongoing breastfeeding support following hospital discharge. The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) breastfeeding peer counselors are an essential source of this support in many global communities. The purpose of this concurrent session is to explore how a health system of 8 hospitals, three Health Districts WIC breastfeeding peer counseling programs, and a university collaborated to improve breastfeeding support within their communities. They established the need to develop a referral pathway that would facilitate the peer counselors' ability to offer early support by giving them access to mothers before hospital discharge. A process map and authorization forms were developed through dialogue with key stakeholders (e.g., hospital leadership, nurses, physicians, and WIC breastfeeding staff). Nurses' concerns about the presence of the peer counselors in the hospital were addressed. The WIC peer counselors received a hospital orientation that included meeting the nursing staff, touring the NICU and mother/baby units, reviewing the process maps, and scripting the initial phone call to a
mother and the hospital visit. Furthermore, mothers of late preterm infants can experience multiple challenges to establishing effective breastfeeding due to their infants’ immaturity. To ensure the continuity of information provided to families with a late preterm infant, an educational module was designed to educate peer counselors about the challenges and unique needs of breastfeeding a late preterm infant and evidence-based breastfeeding management guidelines. The primary outcome of this program was to evaluate the feasibility of the process, which was successfully implemented with no added costs. Partnerships are essential to the development of sustainable community strategies that can offer mothers of vulnerable infants access to effective breastfeeding support.

2. Up-Close and Personal Outreach with Medical and Community Partners
Context: Participation of the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) has been on a steady decline across the nation in all three participation groups for six consecutive years. Fiscal 2016 saw the fewest number of participants in 13 years, with four percent fewer than the previous year. There has been a decrease of almost 16 percent in the number of participants since the program’s peak in fiscal 2010[1]. Objective: WIC will increase the knowledge and understanding of program eligibility and benefits to medical care providers, especially pediatricians and OB/GYN practices and social service agencies, specifically the local County Assistance Office and CareerLink. Design: Using competitive WIC grant funds, the local WIC agency in Lancaster County, PA hired a medical liaison, a RN, to specialize in outreach and education of medical care providers and students. In addition, a current WIC nutritionist was co-located in four sites to provide full WIC services where possible and intensive outreach in others. Setting: Medical clinics, social service agencies and other community or health care facilities in Lancaster County, Pennsylvania. Targets: Customers receiving services, staff providing services and healthcare related college students. Outcome Measures: Contact made with a provider, staff or customer. Key Findings: In five months the medical liaison was able to speak with or present to over 75 medical providers and colleges in Lancaster County. In the year that the nutritionist was co-located, she was able to provide WIC benefits to 284 customers and made contact with 227 customers through nutrition presentations and onsite outreach. These contacts resulted in appointments being scheduled for 122 customers. Implication for WIC policy or practice: Positions that lend time to personal intensive outreach with community organizations and medical field professionals increase the knowledge and understanding of WIC and referrals to WIC, leading to an increase in participation rates.

3. Moving Food Insecurity Policy to Practice: A Partnership of New Jersey WIC Program and the New Jersey Chapter of the American Academy of Pediatrics (NJAAP)
This session will describe a collaboration designed to address WIC child retention in New Jersey. The New Jersey WIC Toolkit: Helping Pediatric Practices Help Families is a jointly developed resource distributed to Pediatric Practices in New Jersey in the Fall of 2017. The purpose of the toolkit is to facilitate routine referral of eligible participants to WIC and other resources, screen for food insecurity, support national and state policies to increase access to adequate healthy food for all children and their families. This project is timely because it builds on the following: In
2015, the American Academy of Pediatrics brought the issue of food insecurity to the forefront through its policy statement “Promoting Food Security for All Children.” The policy statement identifies short and long-term adverse health impacts of food insecurity, and recommends that pediatricians become familiar with and refer families to needed community resources, including WIC. In February 2017, the Food Resource Action Center (FRAC) published “Addressing Food Insecurity: A Toolkit for Pediatricians.” The comprehensive resource helps pediatricians and their practice teams learn the practical steps to successfully address the need. The initiative described is New Jersey’s statewide effort to create specific resources to enhance communication between pediatric practices and the NJ WIC program at the state and local level. Tools provided include posters, WIC prescription pads, and brochures. NJAAP continues to communicate with members electronically to support awareness of the initiative during and after the statewide mailing, reminding members that additional print materials are available and can be ordered online. Preliminary follow-up surveys sent to NJAPP members will be discussed as the collaboration works to create and sustain current and consistently positive WIC messages as a “go to” resource to keep young families healthy.

Presenter(s):
Cindi Bennett, St. Luke’s Health System
Cindy Galloway, Central District Health Department WIC
M. Chaplin Mazzocchi, WIC
Brittany Johnson, New Jersey Chapter of the American Academy of Pediatrics

4:00 - 5:00 p.m.

Evaluating WIC on a Shoestring Budget
Are you worried that your program can’t afford the evaluation it truly needs? Come join us and learn how to develop a great mixed-methods evaluation using the latest technology available - and do it on a budget! We will teach you how to create evaluations your staff and participants actually look forward to participating in. You will learn the methods, tools, and strategies we use to help WIC programs across the country assess and improve their programs. Our work over the past 6.5 years has been about helping WIC and other health programs develop low-cost evaluations while incorporating the latest advances in technology. Examples of our work with WIC programs and other health-related programs are highlighted. After this presentation conference attendees will be able to: Differentiate between different types of evaluations available. Set up a low cost mixed-methods evaluation. Compare the advantages of using technology vs. traditional methods to develop your next participant focus group. Select when to use a bulletin board focus group to obtain staff and participant feedback. Summarize data that can be obtained from these different methods.

Presenter(s):
Karissa Horton, Limetree Research
Jennifer Loyo, Limetree Research
Harnessing Grassroots Momentum to Champion WIC
Many of us are exhausted and frustrated by what seems like endless threats to WIC funding and policy. This session will discuss how we can keep up the momentum and keep focused on the fights that really matter. We will discuss NWA’s 2018 advocacy strategy, legislative priorities, and key strategic messages aimed at protecting and strengthening WIC. Session attendees will be trained in how to use these messages to effectively educate audiences beyond just policymakers—including the press, local partners, and the general public—about the value of WIC.
Presenter(s):
Elisabet Eppes, National WIC Association
Brian Dittmeier, National WIC Association
Alison Hard, National WIC Association

Mind the Gap: Romancing the Food
There are a variety of reasons for a client to miss out on the nutrition provided by the WIC food package, and many of them fit into one of two categories: She couldn’t find the food or she didn’t want the food. In this session Industry nutrition marketing experts will tackle the latter by revealing how current food trends can be used to get clients excited about WIC foods and ultimately improve redemption.
Presenter(s):
Melanie Hall, Kellogg

Results from the WIC Infant and Toddler Feeding Practices Study (ITFPS-2): Findings through Age 2!
The WIC Infant and Toddler Feeding Practices Study (ITFPS-2) is a longitudinal study of 3,777 infants followed from prenatal or infant WIC enrollment to their 5th/birthday. Recruited from 80 WIC sites located in 27 states and US territories, the babies have turned two! Come learn how WIC recipients from around the US are feeding, eating, growing and developing. Topics will include the influences of returning to work, school and childcare on breastfeeding outcomes; complementary feeding practices; developmental progressions in self-feeding; food and nutrient intake; and child growth patterns. As WIC ITFPS-2 is designed to follow children to age five regardless of whether they continue to participate in WIC, the study will also provide some insight into program retention. Results from the previously released prenatal and infant year WIC ITFPS-2 reports have provided exciting updates to what we know about WIC program participants. Results through age 2 promise to be equally compelling!
Presenter(s):
Shannon Whaley, PHFE WIC

WIC Nutrition Services and Administration (NSA) Funds
FNS allocates available food and NSA funding to State agencies using the WIC funding formula. This session will provide an overview of the WIC funding formula, regional operational adjustment funds, quarterly allocations of appropriated grant funds and reallocations of unspent prior year funds, and the NSA spending options, including conversion, back spend, and spend forward.
Presenter(s):
Hayes Brown, USDA Food and Nutrition Services
Streamlining the WIC Shopping Experience

A combination of the following abstracts:

1. **Trends in Retailer Technology That Will Reshape WIC**
   There is new retailer technology already in market -- with more coming online -- that will irrevocably alter the in-store experience for WIC clients. Ongoing retailer adoption of several advanced tools promises to bring immediate, measurable benefits to these shoppers as well as WIC administrators and strategic partners. Therefore, it is essential that WIC stakeholders understand how retailers currently employ technology, recognize the changes underway at checkout and be aware of the operational and experiential enhancements that will result from the eventual deployment of other technology now in development. This session will examine key technological advancements being made in three areas: 1) transaction/nutrition scoring, 2) approved-product list management and 3) product-level fraud monitoring. Focus will be given as to how this functionality will, collectively, improve the shopping experience for WIC clients, provide greater insight into client shopping behavior and help reduce potential fraud and/or the unintended misapplication of benefits. The presentation will explore strategies for capturing critical transaction data that will enhance the auditing process along with the delivery of nutritional data to WIC clients for informing healthier-product selection and the planned creation of a continuously-maintained universal master product list for automated, benefits/product matching at checkout; the advent of real-time, UPC-level fraud mitigation capabilities. The session will also include a top line look at the future of point-of-sale (POS) technology and the anticipated mobile payment models that will eventually enable card-less application of WIC benefits. Program attendees will come away with actionable insight into 1) how this technology is being sourced, 2) the relative availability of these capabilities, 3) the benefits WIC clients will derive from this technology, and 4) the positive effect these advancements will have on WIC operations and administration.

2. **Vendor Innovations: WIC Shelves! Improving WIC Benefit Redemption and Participant Satisfaction**
   The WIC Electronic Benefit Transfer (EBT) system was created to optimize food benefit delivery and facilitate participant access to nutritious foods. In November of 2014, the Florida Department of Health in Miami-Dade County (DOH-MD) WIC program transitioned from paper benefits to EBT. Despite the successful transition, WIC participants do not always redeem all the benefits they are entitled to. One reason for this is because they struggle to find qualifying WIC items that meet their needs at the grocery store/vendor. Data from August 2016 shows that almost two
years after initial EBT implementation, Miami-Dade WIC continues to have redemption issues. In 2016, approximately 95% of infant formula and WIC nutritionals were redeemed while only 72% of all other food items were redeemed. Contributing factors for this discrepancy include participant lack of knowledge of available WIC items and the disordered and sometimes confusing distribution of WIC items throughout the store of which significantly hinders the WIC shopping process. A recent survey conducted by Miami-Dade WIC revealed that participants feel the WIC shopping process is confusing and time consuming, and that having WIC items displayed in a centralized/quick to access location would increase their likelihood of redemption. In September 2016, the DOH Miami-Dade WIC Program partnered with strategically selected WIC vendors to pilot an innovative and convenient system to display and sell WIC items called "WIC Shelves". Participating vendors provide two consecutive store shelves in which qualifying WIC items are strategically located to ensure that the average WIC participant can find all non-refrigerated prescribed WIC items for the entire family. Eye catching visuals identify the WIC shelves which are usually located in the baby aisle of the supermarket. Generally, one shelf displays WIC nutritionals and infant items and the shelf adjacent to it displays items for women and children. The brand and variety of displayed items varies per size and location of Vendor. Determining factors include demographics, pricing, store promotions, space availability and restocking needs. DOH-MD WIC initially piloted this project with four vendors. Because of its success, this initiative has gained popularity among independent and small-medium sized chain supermarkets. Currently 16 vendors, distributed all over Miami-Dade County, have incorporated the WIC-Shelves at their stores, and at least 11 more vendors are in the process of implementation. Participating vendors have reported increased levels of satisfaction among store employees and their clients. The participating stores report that staff spend less time helping patrons find qualifying WIC items which translates into a faster and more efficient shopping/checkout process that benefits all clients (including non-WIC recipients). Stores also report that WIC participants favor the WIC-Shelves because they can find most, if not all, WIC items in a convenient and timely manner. Satisfied participants are more likely to return to the same vendor and we hypothesize that the "WIC Shelves!” initiative may encourage improved retention in the WIC program. Further research is needed to verify the impact of this program on retention rates and redemption; However, initial qualitative feedback supports improved WIC participant satisfaction at the vendor level.

Presenter(s):
Pauletta Warfford, Inmar
Isabel Martin, Florida Department of Health
Food Consumption Patterns of Participants in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC): New Findings from the 2016 Feeding Infants and Toddlers Study (FITS)

Key issue addressed: WIC is instrumental in ensuring nutritional adequacy among young children. FITS 2008, presented at the 2017 NWA conference, indicated there was room to improve the diets of infants and toddlers in WIC. This included a need to further increase breastfeeding, and to increase consumption of iron-rich foods, vegetables, fruits and whole grains. WIC food packages were last updated in 2009 to help improve dietary patterns; however, nationally representative data measuring the impact of these changes on consumption is limited.

Approach to addressing the issue: FITS 2016 is the first national survey of its size focused on dietary intake of infants and toddlers since the 2009 WIC food package changes. 3,145 caregivers of children 0-4y (1,161 WIC participants), completed 24-hour dietary recalls and household surveys. This presents a unique opportunity to measure progress since FITS 2008 (pre food package update), and compare to data available from NHANES and other studies.

Key findings: Dietary patterns emerge during infancy and are fairly set by two years. Breastfeeding prevalence has improved for young WIC infants. Consumption of iron-rich foods is a concern, with a significant number of WIC infants falling below recommended iron intakes. More WIC infants now consume vegetables than lower income non-participants. The prevalence of juice consumption by WIC infants has declined, but is greater than non-participants. Continued increase in the prevalence of vegetable and fruit consumption is needed for all ages. More WIC 2-4y participants drink low- and non-fat milks than non-participants.

Implication for WIC policy or practice: Some noteworthy success has been achieved in dietary patterns since 2008; however, additional progress is needed to ensure young children are receiving optimal nutrition for growth and development. This new data offers unique evidence on the impact of the revised food packages and is timely given the recent proposed changes by the National Academy of Sciences, Engineering and Medicine, as well as for the WIC Staff who are on the front line engaging and inspiring families to make healthy eating choices.

Presenter(s):
Erin Quann, Gerber Products Company

Using Data Analysis and Technology to Improve WIC Retention

We have been using statistical analysis to determine which of our WIC families are most likely to need help staying on WIC. We will be sharing that analysis and information about the tools we developed to use that analysis to improve retention. This includes WIC online education and messaging, but also getting risk factors and solutions in front of our employees for each WIC family to allow them to make a difference.

Presenter(s):
Mike Whaley, PHFE WIC
2018 NWA Annual Education and Training Conference & Exhibits
Concurrent Sessions

TUESDAY, APRIL 24, 2018

Session TBD

**Shopper Apps**
Shopper Apps are prevalent in many WIC EBT States. USDA FNS will present the national picture of these apps, what they provide, and how States have utilized them for more than just shopping for participants.

**Presenter(s):**
Jerilyn Malliet, USDA Food and Nutrition Service

2:00 - 3:00 p.m.

**Mastering Challenging Participant Interactions**
WIC staff often enjoy pleasant interactions and the ability to meet participants’ needs without difficulties or conflict. Unfortunately, difficult conversations are also part of delivering outstanding participant service, so employees and supervisors need to know how to do it well. This session takes attendees through the entire customer service, service recovery, and relationship building process. Rather than avoiding these conversations, attendees will come to understand how to engage in them to resolve concerns and ultimately build participant loyalty. WIC-specific case studies enhance the relevance and value of this session.

**Presenter(s):**
Charles Frazier, Learning Dynamics

**Moving WIC Forward: A Case Study for Expanding WIC Access and Improving Community Health Through Wholesale Distribution and Mobile Markets**
Responding to a need for greater food access and WIC-approved grocery stores in a low-income urban area, a community health collaboration emerged between public health non-profits, local businesses, a community design center, and the Wyandotte County, Kansas WIC office. From that collaboration, new opportunities for leveraging WIC to increase food access and reduce health disparities have emerged, including the development of a mobile grocery store. This presentation will present the research, strategies, methods, and outcomes of working to move WIC forward.

**Presenter(s):**
Matthew Kleinmann, University of Kansas School of Architecture and Design
Nancy Sanchez, Unified Government Wyandotte County Public Health Department
TUESDAY, APRIL 24, 2018

Get Your WIC Agency on TV... for Free
News media outlets reach thousands, sometimes millions of people a day. Businesses featured in news stories often get boosts in sales or interest without spending any advertising dollars. WIC offices can benefit from this phenomena too. This training will show you how to get news outlets to carry WIC messages through news stories. The training will show you how to approach different media outlets, how to write a press release, and how to make a WIC message or event newsworthy.

Presenter(s):
Melanie Smith, Texas WIC

Does Purchasing Behavior of WIC Participants Align with Recommendations for the WIC Food Package Revision?
The WIC food package provides an important benefit for mothers and children. Since 1974 the food package had not undergone any major revision until 2009, when it was revised to align with the Dietary Guidelines for Americans (DGA) and Healthy People 2020 goals. Congress now mandates that the food package be revised every decade. Recently, USDA commissioned an expert committee of the National Academies of Sciences, Engineering and Medicine (NASEM) to review the current food package and provide recommendations for the next cycle of revision. Recommendations by the committee include increasing the dollar amount of the cash value voucher (CVV) along with the addition of fish in order to improve alignment with the recent DGAs. The committee also recommended supporting cultural preferences and requiring states to offer additional options for various food categories, such as substitution of the CVV in place of juice and requiring additional forms of fruits and vegetables (FV). The current study was undertaken in 2016 to explore how participants choose WIC foods during the shopping experience. In-person interviews were conducted with 204 participants from five ethnic groups and in four languages at WIC sites around Southern California. This session will present detailed information about what participants shared about their purchasing behavior for WIC foods. For example, over two-thirds of all participants reported looking at the prices of FV, and 80% reported using their own money to buy more FV. Eighty percent reported preferring higher CVV amounts for FV instead of a check for juice. Across all ethnic groups, when asked which WIC foods participants would like more of, FV were the most frequently requested. Vietnamese and Chinese participants also preferred more fish. These results and many others suggest recent NASEM recommendations will further improve the acceptability of the food package, particularly among ethnic minority participants.

Presenter(s):
Loan Kim, Pepperdine University

Session TBD
Presenter(s): TBD
Beyond the Clinic: Using Social Media to Stay Engaged

Want to learn how you can use social media to interact with WIC your participants and attract WIC-eligible families to your program? Social media is now woven into the fabric of our daily lives. People turn to social media everyday, multiple times a day, to connect with individuals and organizations. Research we conducted in 2011 found that WIC parents want to use social media to interact with WIC. In recent years, many WIC agencies have started using social media to communicate with their participants. This presentation will highlight the planning, implementation, and results of our social media project with the Inter Tribal Council of Arizona WIC program. After attending this presentation, participants will know how to: Initiate conversations regarding social media use at their local agency. Draft and change policies to allow for social media use. Create a strategic planning process to develop their own social media strategy. Develop, generate, and schedule social media content to post frequently and with ease using the three most popular social media outlets: Facebook, Instagram and Twitter.

Presenter(s):
Karissa Horton, Limetree Research
Jennifer Loyo, Limetree Research
Sara Najafi, Inter Tribal Council of Arizona WIC

“Learn the Signs. Act Early”: Statewide expansion of the WIC Developmental Milestones Program

For the past seven years, Missouri’s Women, Infants, and Children Special Supplemental Nutrition Program (WIC) has worked with the University of Missouri to promote earlier identification of developmental delays among children from low-income families. Starting with a pilot program in eastern Missouri and supported by research results, the WIC Developmental Milestones Program is now expanding through WIC agencies across the state. This program addresses the needs of young children served by WIC, who may lack access to developmental screening services and miss the opportunity to benefit from critically important early intervention services. It is based on key messages of the CDC’s “Learn the Signs. Act Early.” public health campaign for parents: learn the signs of healthy child development; act early if there’s a concern; and talk to your child’s doctor. WIC staff members use a set of brief checklists and family-friendly wall and floor graphics to increase parents’ awareness of typical child development. If a checklist suggests that a child is not reaching his or her age-specific developmental milestones, WIC staff members refer that child to the doctor for screening and further assessment, just as they refer for other health concerns. The program helps WIC staff know when to refer for suspected delays and how to support families. It has the potential to serve as a national model for WIC agencies in other states. This presentation will provide background information about this promising practice, describe methods used to make it accessible across Missouri, and share evaluation data about the success of the expansion. The program is funded by an innovative partnership between the Centers for Disease Control and Prevention (CDC) and the Missouri Department of Health and Senior Services.

Presenter(s):
Kathy Mertzlufft, Missouri Department of Health and Senior Services
Janet Farmer, University of Missouri
Quality Improvement and Performance Management in the WIC Clinic: Improving Customer Service and Staff Performance

As more public health agencies pursue and earn PHAB (Public Health Accreditation Board) Accreditation, Quality Improvement (QI) and Performance Management (PM) become part of the work culture. For some WIC clinics, this may be very normal and already routine but for others, it could be something new and perhaps intimidating. As one of the first twenty-two health departments in the country to be accredited, the Licking County Health Department has been working on integrating QI and PM throughout the agency. Our WIC staff was challenged with identifying a topic for a QI project. During a brainstorming session, it was mentioned that some families seem to be at the clinic “forever”. That one comment lead to a more thorough discussion about clinic flow and ultimately lead to our current journey. We began with Process Mapping an appointment and have worked through multiple data collection tools. We use pivot tables to analyze the thousands of data points we collect each month and are now using this information to monitor/assess clinic flow and even as a part of staff evaluations. What began as a QI project related to clinic flow has grown into a PM project looking not only at clinic flow but also staff performance and ultimately customer service. WIC is accustomed to working with lots of acronyms and QI and PM will soon be part of our daily conversations. Change can be difficult, but I’ve often heard it said the C in WIC stands for change. Quality Improvement and Performance Management may at first be intimidating but the potential benefits they offer in customer service and staff performance is worth the time and effort and change.

Presenter(s):
Todd Kirkpatrick, Licking County Health Department

WIC Participant and Program Characteristics 2016

Since 1988, FNS has produced biennial reports on participant and program characteristics in WIC. This information is used for general program monitoring as well as for managing the information needs of the program. FNS uses this regularly updated WIC information to estimate budgets, submit civil rights reporting, identify research needs, and review current and proposed WIC policies and procedures. This presentation provides an overview of WIC PC data collection, key findings for 2016, and changes from 2014. WIC PC data are collected from the 90 WIC State agencies, with a record for each person certified as eligible to participate in WIC. The data submissions contain information on participants' local agencies; certification categories and dates; demographic, economic, and health characteristics; and food package contents. The data are tabulated and results are presented in two reports: the 2016 Participant and Program Characteristics Report and the 2016 Food Package Report. Key findings of the study include: Three-quarters of WIC participants reported also participating in Medicaid, SNAP, or TANF; the percentage receiving Medicaid increased from 68.8 percent in 2014 to 71.0 percent in 2016. /Average income among WIC participants increased by 7.2 percent from 2014 to 2016; the average WIC household earned $18,626 in 2016. /Almost two-thirds (65.6 percent) of WIC participants lived in poverty in 2016, a decrease of 1.8 percentage points from 2014. /The breastfeeding initiation rate reported for 6-to-13 month old infants and children increased from 69.8 percent in 2014 to 71.0 percent in 2016. /Two new foods have been authorized since 2014; more than half of pregnant and fully breastfeeding women and children were prescribed yogurt, and whole-wheat pasta was allowed in about three-quarters of whole
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grain prescriptions. WIC PC data provides valuable information about WIC participants. In addition to the published reports, FNS makes available a nationally representative dataset for interested researchers.

**Presenter(s):**
Betsy Thorn, Insight Policy Research

Peer Support Counseling Programs Advance Health Equity
Breastfeeding is recognized as a public health imperative and key preventive health intervention. WIC participants experience lower rates of breastfeeding initiation and duration in comparison to the general population. Some racial and ethnic groups face social, economic and structural barriers which result in persistent disparities in breastfeeding rates among these groups. Communities which cannot successfully sustain breastfeeding shoulder the burden of increased health care and other costs for mother, child and community. The Minnesota WIC program conducted an evaluation of the WIC Peer Breastfeeding Support Program and its association with breastfeeding initiation and continuation in Minnesota WIC’s diverse populations. A retrospective analysis of observational data included WIC participants who gave birth in 2012 and accepted a Peer Counseling (PC) program referral prenatally (n = 2219). Multivariate logistic regression and Cox regression models examined associations between peer services and breastfeeding initiation and continuation of any breastfeeding. Among women who accepted referral into a PC program, odds of initiation were significantly higher among those who received peer services than those who did not receive services (Odds Ratio (OR): 1.66; 95% CI 1.19–2.32), after adjusting for confounders. Women who received peer services also were more likely to continue to breastfeed from birth through 12 months postpartum than women who did not receive services. (Hazard Ratio (HR) month one: 0.45; 95% CI 0.33–0.61; months two through twelve: 0.33; 95% CI 0.18–0.60). The positive association of peer counseling with improved breastfeeding outcomes was similar across women of differing races, ethnicities and countries of origin. The WIC Peer Breastfeeding Support Program has the potential to help women from diverse communities to achieve higher rates of breastfeeding initiation and duration, and reducing the health disparities experienced by disadvantaged communities.

**Presenter(s):**
Joni Geppert Minnesota Department of Health
Patricia Faulkner Minnesota Department of Health