WIC: NORTHEAST 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
FY2013 average monthly total participation

- Average total monthly participation for the region: **765,811**
- Over 9 million annually

New York
Massachusetts
Connecticut
Maine
Rhode Island
New Hampshire (15,679 participants)
Vermont (14,836 participants)
Seneca Nation, NY (118 participants)
Pleasant Point, ME (75 participants)
Indian Township, ME (73 participants)
In FY2013 $633,207,373 was spent in the Northeast region through WIC.
Breastfeeding rates: Great progress

<table>
<thead>
<tr>
<th>States</th>
<th>Increase (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Hampshire</td>
<td>36%</td>
</tr>
<tr>
<td>New York</td>
<td>34%</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>30%</td>
</tr>
<tr>
<td>Connecticut</td>
<td>28%</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>23%</td>
</tr>
<tr>
<td>Vermont</td>
<td>23%</td>
</tr>
<tr>
<td>Maine</td>
<td>15%</td>
</tr>
<tr>
<td>Seneca Nation</td>
<td>11%</td>
</tr>
</tbody>
</table>

VERMONT
Breastfeeding Initiation in Vermont

A PUBLIC HEALTH APPROACH
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
  ○ 2 local programs, 3 sites, 20 vendors, 2,600 participants
• Statewide Rollout in 5 phases during the month of October 2014
  ○ 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

- Fantastic! 30%
- Great 52%
- Fine 18%
- Not Good 1%
- Terrible 1%
• In what areas would better communication have helped? (check all that apply) n=161

- Guide sheets: 18%
- Helpdesk changes: 24%
- Changes to workflow: 25%
- Training plans: 27%
- Vendor stores not ready: 60%
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

- Formula: 96%
- Fruits & Vegetables: 86%
- Eggs: 83%
- Whole milk: 81%
- Juice: 75%
- Cheese/Tofu: 72%
- 1% Fat Free milk: 72%
- Cereal: 67%
- PB/Beans: 64%
- Bread/Whole Grains: 63%
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
New York: Part II
WIC Peer Counselor Expanded
Hospital Breastfeeding Project:

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

Alma Lou Brandiss MPH
WIC Program Director
Eastside WIC Program
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:

1. INITIAL CERTIFICATION
2. GROUP CLASS/FGD
3. LAST FGD BEFORE EDD
4. WARD VISIT
5. FGD/CLASS
6. POSTPARTUM CERTIFICATION
7. PC CALL 1-5 DAYS AFTER CERTIFICATION
8. PC CALL 24-48 HRS
9. WARMLINE 1-5 DAYS TO 1 MONTH AFTER CERT.
<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number</th>
<th>Prenatal</th>
<th>Record</th>
<th>Prenatal</th>
<th>Breastfeeding</th>
<th>BF Status from Ward</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tapa</td>
<td>646-659-1334</td>
<td>y</td>
<td>35485741</td>
<td>5/20/2014</td>
<td>Bellevue</td>
<td>28-Oct</td>
</tr>
<tr>
<td>Melendez</td>
<td>646-4766901</td>
<td>Y</td>
<td>48344439</td>
<td>4/22/2014</td>
<td>Bellevue</td>
<td>20-Oct</td>
</tr>
<tr>
<td>Mahmoud</td>
<td>517-943-8235</td>
<td>y</td>
<td>35442097</td>
<td>10/2/2014</td>
<td>Bellevue</td>
<td>27-Oct</td>
</tr>
<tr>
<td>Ramirez</td>
<td>646-745-7677</td>
<td>y</td>
<td>25438567</td>
<td>5/12/2014</td>
<td>Bellevue</td>
<td>5-Nov</td>
</tr>
<tr>
<td>Tapia</td>
<td>646-474-3224</td>
<td>y</td>
<td>35428290</td>
<td>6/12/2014</td>
<td>Bellevue</td>
<td>24-Nov</td>
</tr>
<tr>
<td>Seck</td>
<td>646-420-2741</td>
<td>y</td>
<td>35403931</td>
<td>3/11/2014</td>
<td>Bellevue</td>
<td>30-Oct</td>
</tr>
<tr>
<td>Delacruz</td>
<td>247-569-1076</td>
<td>y</td>
<td>25428464</td>
<td>4/3/2014</td>
<td>Bellevue</td>
<td>4-Nov</td>
</tr>
<tr>
<td>Navar</td>
<td>247-600-1225</td>
<td>y</td>
<td>24924768</td>
<td>4/1/2014</td>
<td>Bellevue</td>
<td>9-Nov</td>
</tr>
</tbody>
</table>

Peer Counselor Follow up after delivery:
- Delivery Date
- Ward Visit
- PC Call 24 to 48 hrs
- PC Call 1 to 5 days after cert.
- At Recert (1st Mo)
- PC S/U (after recert)
- At Recert (2nd Mo)
- BF Status from Ward
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

<table>
<thead>
<tr>
<th>Patient Name and MRN# (Use)</th>
<th>Tel. Phone Number</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEMA, MARIA</td>
<td>(917) 567-5579</td>
<td>b/c home on 9/14/14</td>
</tr>
<tr>
<td>TORRES, ISABEL</td>
<td>(347) 858-1700</td>
<td>b/c home on 9/14/14</td>
</tr>
<tr>
<td>MURACZO, MARLYNE</td>
<td>(347) 659-0605</td>
<td>b/c home on 9/14/14</td>
</tr>
<tr>
<td>RUIZ, CATHIA</td>
<td>(917) 407-3712</td>
<td>b/c home on 9/14/14</td>
</tr>
<tr>
<td>FREIRE, Yohana</td>
<td>(917) 438-1025</td>
<td>b/c home on 9/14/14</td>
</tr>
<tr>
<td>GARRADA, MADELYN</td>
<td>(917) 615-5689</td>
<td>b/c home on 9/14/14</td>
</tr>
<tr>
<td>CARRETO, ANA MARIA</td>
<td>(347) 455-6029</td>
<td>b/c home on 9/14/14</td>
</tr>
</tbody>
</table>

Note: Please fax completed form in the afternoon of all the potential discharges for the next day to the WIC Office (212) 562-3839.
PC Follow – Up on 24 Hours Discharge
Warm-Line (BF Helpline) PC Support (7-9pm)

<table>
<thead>
<tr>
<th>Name of Patient</th>
<th>MRN</th>
<th>WIC ID #</th>
<th>Telephone #</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adriana Paula</td>
<td>31341917</td>
<td>25437052</td>
<td>(347) 465-4165</td>
<td>She said that continued BF &amp; she feels men to be breast. She called a friend. I told that do hand express.</td>
</tr>
<tr>
<td>Regounda Aminata</td>
<td>3132709</td>
<td>25437981</td>
<td>(347) 920-8087</td>
<td>She continues BF, baby has more. Because she used hormones, I suggested try to continue BF trying any help you can call 347.</td>
</tr>
<tr>
<td>Syku Ania</td>
<td>3211375</td>
<td>Governor</td>
<td>(1646) 918-6453</td>
<td>N/A. Anita continued BF &amp; said she received help from another woman in Governor. She said that any help she can call 347.</td>
</tr>
<tr>
<td>Vasquez Meiba</td>
<td>1505004</td>
<td>Bronx</td>
<td>2413-7411-12491</td>
<td>PC. A. Rodriguez left via.</td>
</tr>
<tr>
<td>Holman Shanique</td>
<td>3621921</td>
<td>Bronx</td>
<td>(1917) 688-0620</td>
<td>She's knew the BMJ and she wants to use MIX.</td>
</tr>
</tbody>
</table>
## BF Progress Report Analysis

### FFY 2015 Breastfeeding Progress Report

<table>
<thead>
<tr>
<th>PC Call 24 to 48 hrs</th>
<th>Cert. Date</th>
<th>PC Call 1 to 5 days after cert.</th>
<th>At Ward Vis [before cert]</th>
<th>At Recert (1st Mo)</th>
<th>PC F/U call (after recert)</th>
<th>BF Status from Ward Visit to 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>BF Status from Ward Visit to 12 months</td>
</tr>
<tr>
<td>6</td>
<td>10/22 AR</td>
<td>10/29/2014</td>
<td>FBF</td>
<td>FBF</td>
<td></td>
<td>FBF, FBF, FBF, FBF, FBF, FBF, FBF, FBF</td>
</tr>
<tr>
<td>7</td>
<td>11/3 MN</td>
<td>11/13/2014</td>
<td>MBF</td>
<td>FBF</td>
<td>FBF</td>
<td>FBF, FBF, FBF, FBF, FBF, FBF, FBF, FBF</td>
</tr>
<tr>
<td>8</td>
<td>10/28 AR</td>
<td>11/5/2014</td>
<td>MBF</td>
<td>SBF</td>
<td>MBBF</td>
<td>SBF, SBF, SBF, SBF, SBF, SBF, FBF, SBF</td>
</tr>
<tr>
<td>9</td>
<td>10/30 MN</td>
<td>11/30/2014</td>
<td>FBF</td>
<td>MBF</td>
<td>MBBF</td>
<td>SBF, SBF, SBF, SBF, SBF, SBF, FBF, SBF</td>
</tr>
<tr>
<td>10</td>
<td>11/10 MN</td>
<td>11/10/2014</td>
<td>SBF</td>
<td>FBF</td>
<td>FBF</td>
<td>MBF, MBF, MBF, MBF, MBF, MBF, SBF, SBF</td>
</tr>
<tr>
<td>11</td>
<td>11/28 MN</td>
<td>12/10/2014</td>
<td>FBF</td>
<td>FBF</td>
<td>PP</td>
<td>FBF, FBF, FBF, FBF, FBF, FBF, FBF, FBF</td>
</tr>
<tr>
<td>12</td>
<td>n/a</td>
<td>11/3/2014</td>
<td>MBF</td>
<td>FBF</td>
<td>FBF</td>
<td>FBF, FBF, FBF, FBF, FBF, FBF, FBF, FBF</td>
</tr>
<tr>
<td>13</td>
<td>11/7 AR</td>
<td>11/7/2014</td>
<td>MBF</td>
<td>FBF</td>
<td>FBF</td>
<td>MBF, MBF, MBF, MBF, MBF, MBF, MBF, MBF</td>
</tr>
<tr>
<td>14</td>
<td>11/14 AR</td>
<td>12/10/2014</td>
<td>MBF</td>
<td>MBF</td>
<td>MBF</td>
<td>MBF, MBF, MBF, MBF, MBF, MBF, SBF, SBF</td>
</tr>
<tr>
<td>15</td>
<td>11/24 MN</td>
<td>12/10/2014</td>
<td>MBF</td>
<td>MBF</td>
<td>MBF</td>
<td>MBF, MBF, MBF, MBF, MBF, MBF, SBF, SBF</td>
</tr>
<tr>
<td>16</td>
<td>11/14 AR</td>
<td>11/14/2014</td>
<td>SBF</td>
<td>MBF</td>
<td>SBF</td>
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</tr>
<tr>
<td>17</td>
<td>11/13 MN</td>
<td>11/17 MN</td>
<td>MBF</td>
<td>MBF</td>
<td>MBF</td>
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</tr>
<tr>
<td>18</td>
<td>11/17 MN</td>
<td>11/25/2014</td>
<td>MBF</td>
<td>MBF</td>
<td>MBF</td>
<td>MBF, MBF, MBF, MBF, MBF, MBF, SBF, SBF</td>
</tr>
<tr>
<td>19</td>
<td>11/2 MN</td>
<td>11/1/2014</td>
<td>MBF</td>
<td>MBF</td>
<td>MBF</td>
<td>MBF, MBF, MBF, MBF, MBF, MBF, SBF, SBF</td>
</tr>
</tbody>
</table>

Notes: went back to work
# Measuring Program Success: Data Analysis/Interpretation

## Present Status of BF Women Being Monitored by the Program Who Delivered from Oct-Nov 2014

<table>
<thead>
<tr>
<th>Participant Status</th>
<th>Ward Visit (Oct-Nov 2014) Post-Delivery</th>
<th>Initial Certification BF/Infant</th>
<th>Present Status (February 2015)</th>
<th>% Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some Breastfeeding</td>
<td>14</td>
<td>15 (+7.1%)</td>
<td>18 (+20.0%)</td>
<td>26.1%</td>
</tr>
<tr>
<td>Mostly Breastfeeding</td>
<td>26</td>
<td>23 (-11.6%)</td>
<td>19 (-017.4%)</td>
<td>27.5%</td>
</tr>
<tr>
<td>Fully Breastfeeding</td>
<td>29</td>
<td>31 (+7.0%)</td>
<td>28 (-9.7%)</td>
<td>40.6%</td>
</tr>
<tr>
<td>Changed to Postpartum from Mostly Breastfeeding</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1.4%</td>
</tr>
<tr>
<td>“No Shows” from Fully Breastfeeding</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>4.4%</td>
</tr>
<tr>
<td>Total</td>
<td>69</td>
<td>69</td>
<td>69</td>
<td>100.</td>
</tr>
</tbody>
</table>

**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

- (1) 1.4%
- (3) 4.4%
- (18) 26.1%
- (28) 40.6%
- (19) 27.5%

- SOME BF
- MOSTLY BF
- FULLY BF
- CHANGED TO PP
- NO SHOW/TRANSFER
“WHILE BREASTFEEDING MAY NOT SEEM THE RIGHT CHOICE FOR EVERY PARENT, IT IS THE BEST CHOICE FOR EVERY BABY.”

- AMY SPANGLER