Reinforcing WIC’s Impact: Community, Policy and Systems Changes in Loudoun County, Virginia

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NWA Leadership Conference
February 27th, 2017
Washington, DC
Loudoun County, Virginia

- Population: 379,575
  - more than doubled since 2000

- Median household income
  ~$118,000

- #1 Health Outcomes in Virginia
Loudoun County, Virginia

- 20% born outside the United States
- Increasingly diverse
  - 17% Asian
  - 14% Hispanic
    - ~40% increase in a decade
  - 7% Black
- 4% living below federal poverty line
  - 12% Hispanic / Latinos
- 9% uninsured
  - 5% of children
- 50% children at FQHC are overweight or obese
Loudoun County WIC

• 2 clinics
• ~2500 caseload

• Staffing
  • WIC Coordinator
  • Breastfeeding Coordinator
  • 2 Nutritionists
  • 2 Nutritionist Associates
  • Nutritionist Assistant
  • 2 Breastfeeding Peer Counselors
Loudoun County Health Department

• Virginia Department of Health
• Public Health Accreditation Board
• Divisions:
  Community Health
    Patient Care Services:
      WIC
      Family planning
      Immunizations
      Communicable diseases
      Dental
    Obesity and Chronic Disease Prevention
  Environmental Health
LCHD Obesity and Chronic Disease Prevention: Community Prevention

Understanding and impacting how the community affects the ability of the individual and family to prevent chronic disease and achieve optimal health

• Policy, Systems and Environmental Change approach
• Foster and sustain a culture of health
Community Partnerships for Healthy Mothers and Children (CPHMC)

**Funding**: CDC’s Division of Community Health
→ NWA + ACOG → 32 WIC agencies

**Goal**: Build and strengthen community infrastructure to implement population-based strategies to improve communities' health.

a. Access to healthy food environments
b. Access to community health management services, like WIC.
c. Build and enhance community partnerships, perform community needs assessment
LCHD CPHMC Team

Leadership Team
Project Coordinator
Physician Advisor
WIC participant

George Mason University Department of Nutrition
Loudoun Pediatric Obesity Coalition
Students – Masters practicum students from GMU and other partnering institutions
Loudoun Pediatric Obesity Coalition

• Founded 2013

• More than 55 members from over 30 organizations including:
  Loudoun County Health Department, Northern Virginia Family Services, George Mason
  University, Loudoun Hunger Relief, Connect Northern Virginia, Loudoun County Public
  Schools (School Nutrition, School Health), Safe Routes to School, Head Start, Girls on the
  Run, Loudoun Vegg, Loudoun County Home Grown Market Cooperative, HealthWorks
  (FQHC), InTotal Health …

• Meets monthly – average attendance ~20 organizations.

• Working coalition facilitating strong community multi-sector collaboration.
LCHD Obesity and Chronic Disease Prevention: Community Prevention

- Access to nutritional food and fresh produce
- Breastfeeding promotion
- Water consumption
Breastfeeding Disparities: First Food System

Employment Policies: Introducing Lactation Support Programs to the Business Community

Loudoun County Business Case for Breastfeeding Toolkit

- Based on the US Health and Human Services Business Case for Breastfeeding Toolkit

Presented to stakeholders:

- Chamber of Commerce events
- Society for Human Resource Management events
- Individual meetings with interested local businesses and government agencies
Employment Policies: Loudoun County Government as Case Study

Comprehensive Lactation Support program – first in VA

- Lactation Support Policy, effective July 1, 2016
- Educational materials include insurance benefits
- Two permanent breastfeeding rooms
Employment Policies: Loudoun County Government as Case Study

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A hospital-grade electric breast pump purchased by the county’s insurance provider
Community Resources: Engaging Multi-Sector Stakeholders

Loudoun County Chamber of Commerce

- Health and Wellness Committee.
- Incorporated comprehensive breastfeeding measures into the annual healthy business challenge.
Community Resources: Engaging Multi-Sector Stakeholders

• Loudoun Breastfeeding Coalition
  • Breastfeeding Resource Guide

• Live Healthy Loudoun Campaign
  • Community Resource Guide
Medical Infrastructure: Training

- Baseline study of health care provider knowledge, attitudes and practices, 2014
- “Loudoun County Best Practice Breastfeeding Support Implementation Guide for the Outpatient Office Setting”
- Certified Lactation Counselor Training
Medical Infrastructure: WIC Assessment

Overall Aim:

To understand needs of the community to develop and target effective education and improvement of community resources and programs for the most vulnerable subgroups.

1. Access and Utilization of Community Resources
2. Nutrition and Physical Activity
3. Breastfeeding and Vitamin D
Breastfeeding Rates

- **Loudoun WIC**
- **Virginia (CDC Report Card, 2014)**
- **Healthy People 2020**

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<td>81</td>
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**Legend:**
- Red: Loudoun WIC
- Blue: Virginia (CDC Report Card, 2014)
- Green: Healthy People 2020
Introduction of Formula

- 91% gave some formula
- 60% gave formula within the first few days
- 43% gave formula before leaving the hospital
  - 18% at the first feeding
Survival of Never Introducing Formula

Days post-partum
Fraction of participants never introduced formula

0.01 0.1 0.3 0.5 0.7 0.9 0.99
0 0.0 0.1 0.2 0.3 0.4 0.5 0.6 0.7 0.8 0.9 1

Infant Vitamin D Supplementation: Practices

27% infants received a vitamin D supplement

- 26% of mixed feeding infants received vitamin D
- 42% of exclusively breastfed infants received vitamin D
- 14% of exclusively breastfed infants received vitamin D daily

Certified Lactation Counselor Training
Vitamin D Supplementation

The American Academy of Pediatrics recommends that a supplement of 400 IU/day of vitamin D should begin within the first few days of life and that children should continue receiving vitamin D throughout childhood. Vitamin D helps children develop strong bones, teeth, and muscle. Vitamin D deficiencies can lead to weak bones and serious bone diseases, including rickets. Vitamin D may also play a role in the prevention of other diseases. Although the sun is a source of vitamin D, infants should avoid direct sun exposure due to risk of sunburn and of skin cancer.

Vitamin D Supplements for Infants
Must contain 400 IU per dose. Should be labeled with words “Baby” or “Infant” to insure proper dosing. Available in two preparations:

- Contains 400 IU per drop. Place 1 drop onto nipple or directly into baby’s mouth. Repeat once a day.
- Contains 400 IU per 1 mL. Place 1 mL into medicinal dropper and gently squeeze inside baby’s cheek. Repeat once a day.

Breastfeeding Infants
All breastfed babies should be supplemented with 400 IU/day of vitamin D. Breastfeeding is the recommended method of infant feeding. It provides necessary nutrients and immune factors to your baby. Breast milk does not have enough vitamin D for your baby.

Partial and Non-Breastfeeding Infants
Infants consuming less than 1 liter (about 32 ounces) of infant formula per day should receive 400 IU/day of

All Women and Children 1 year and older
It is recommended that women and children over the age of 1 consume 600 IU/day of vitamin D. Fatty fish and fish oils are the best natural sources of vitamin D, but smaller amounts are found in liver, cheese, egg yolks, and milk that is fortified with vitamin D. Please discuss with your health care provider if you and your child are obtaining adequate levels of vitamin D and if a supplement is needed.

References:

This handout was prepared by the Loudoun County Health Department with funding from the National WIC Association (NWA) and the Centers for Disease Control and Prevention (CDC).
“It’s Water Time” – Head Start Program

PSE changes to affect a culture of health:
- **Policy**: Juice changed to water, curriculum adapted
- **System**: Water bottles integrated into daily schedules
- **Environmental**: Classroom environment
Thank you!

Questions?

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