

GOALS AND OBJECTIVES FY 2016

Breastfeeding

Goals	Objectives	Activities	Outcomes
<p>1. Increase the number of mothers in the WIC population who breastfeed. *</p> <p>(Healthy People 2020 Objectives)</p> <p>Increase the proportion of mothers who breastfeed their babies:</p> <ul style="list-style-type: none"> • Initiation 81.9% • 6 months 60.5% • 1 year 34% • 3 mo exclusively 44.3% • 6 mo exclusively 23.7% 	<p>1.1 During FY2016, breastfeeding initiation rates (“ever”) will be increased from the “ever” rate of 85.0% based on VISION reports generated for the 2015 calendar year for comparison.</p> <p>1.2 During FY2016, 6 month breastfeeding rates will be increased from rate of 37.0% based on VISION reports generated for the 2015 calendar year for comparison.</p> <p>1.3 During FY 2016, 1 year breastfeeding rates will be increased from the rate of 32.0% based on VISION reports generated for the 2015 calendar year for comparison.</p> <p>1.4 Baseline data of 3 month and 6 month exclusivity rates will be increased from 34% and 22%, respectively. VISION reports will be generated for the 2015 calendar year for comparison.</p> <p>1.5 Conduct statewide training on the updated curriculum <i>Using Loving Support to Grow and Glow in WIC: Training for Local WIC Staff</i>, if available.</p> <p>1.6 Increase or maintain the total number of Breastfeeding Peer Counselors at the 2014 number</p>	<p>1.1.1. Update State Breastfeeding policies and procedures to meet or exceed USDA regulation and to promote breastfeeding.</p> <p>1.1.2. All pregnant women will be screened and counseled regarding their interests and concerns about breastfeeding. All prenatal and postpartum visits will include breastfeeding counseling and messages</p> <p>1.1.3. All local agencies will be trained on <i>Using Loving Support to Grow and Glow: Training for Local WIC Staff</i> and will use state resources to train newly hired staff.</p> <p>1.1.4. USDA <i>Loving Support WIC Peer Counselor: A Journey Together Training Program</i> will be offered, upon local agency need, and at least 2 times per year, as needed.</p> <p>1.16. Investigate the feasibility of hiring a State Peer Counselor who would receive all OPC requests not received by local OPC staff.</p> <p>1.1.7 Investigate the possibility of Obtaining reimbursement</p>	<p>1.1.1 – 1.1.7 were accomplished</p> <p>1.1 The 2015 Vision BF Prevalence Report State Totals for Ever BF increased to 87%</p> <p>1.2 The 2015 Vision BF Prevalence Report State Totals for 6 months BF decreased by 1% to 36%.</p> <p>1.3 The 2015 Vision BF Prevalence Report State Totals for 1 year BF increased to 33%.</p> <p>1.4 The 2015 Vision BF Prevalence Report State Totals for exclusively BF for 3 months and 6 months are 34% and 20% .respectively</p> <p>1.5 Two state staff have been scheduled to attend the USDA Loving Support Peer Counseling Management training in Denver In August 2016.</p> <p>1.6 Due to budget cuts, the state office can not hire a State Peer Counselor.</p> <p>1.7 Information about this model was Obtained at the Western MCH Leadership meeting in California in March 2016</p>

	of 41.		For lactation support provided In WIC clinics.	
	1.7 Increase Peer Counseling Funding.			
2. Increase or maintain the number of IBCLCs working for local WIC agencies. Maintain or increase the number of State Dept of Health employees dedicated to breastfeeding FTEs	2.1 “Up to date” breastfeeding resources will be available for staff. 2.2 All local CPA staff will receive comprehensive breastfeeding training 2.3 Work with other state health department agencies to incorporate breastfeeding policies, strategies, etc. into their programs. 2.4 Maintain or increase the 2014 number of IBCLCs (15).	2.1.1 Breastfeeding resources will be identified, purchased and distributed for staff use and training. 2.2.1 Offer 45 Hour Comprehensive Training (on sight or online) for local agency staff <u>as budget allows.</u> 2.3.1 Work with Utah Dept. of Health PANO, HUB, Maternal and Infant Health Program, Cancer, Worksite Wellness, etc. with incorporating and further strengthening breastfeeding. 2.3.2 Continue to collaborate with Utah Breastfeeding Coalition, Le Leche League of Utah, Hospitals, Baby Friendly Hospital University of Utah, and universities.		2.1A Breastfeeding Workgroup was formed to revise, update and identify breastfeeding resources. 2.2A 45 hour lactation education Course was offered in Sandy, Utah from 4/18 – 4/22 (Instructor: Amanda Watkins, PhD,RD,IBCLC). 2.3 was accomplished

GOALS AND OBJECTIVES FY 2016

Nutrition Education

Goals	Objectives	Activities	Outcome
1. Reduce the prevalence of low hematocrit/ hemoglobin among children who participate in the Utah WIC Program.	1.1. During FY 2016, the percent of children who have low hematocrit/ hemoglobin will be maintained or reduced from the 2014 baseline level of 10.00% (2015 VISION Annual Report) VISION reports will be generated for the 2015 calendar year for comparison.	1.1.1 Screen all children > 12 months for low hematocrit/hemoglobin and counsel according to P&P criteria.	1.1.1-1.1.3 was accomplished 1.1 The VISION report of the prevalence of risk 201 (low hemoglobin) indicates that for the 2015 year, the 201 prevalence increased to 12.27%.
		1.1.2 Children who are determined to be at high risk for severe anemia will have a nutrition care plan documented in their file and be provided with appropriate WIC follow up and physician referral.	
		1.1.3 Research new educational resources and share with local WIC staff	
2. Reduce the percent of children in the Utah WIC Program who are overweight and at risk of overweight.	2.1 During FY 2016, the percent of children who are at risk of overweight and overweight will be maintained or reduced from the 2014 baseline level of 23.02% VISION reports will be generated for the 2015 calendar year for comparison.	2.1.1 Collaborate with the SNAC program (Food Stamps, EFNEP, and CNP) in an effort to provide consistent nutrition and physical activity education for WIC participants.	2.1.1 Was accomplished and Utah WIC had representation at meetings and review of publications that referenced WIC. For the 2015 year, the prevalence of risk 114 which is overweight or at risk of overweight was 9.8% for children and 25.30% for infants. The prevalence of risk 113 which is obesity for 2 – 5 yr old children was 5.02%. 2.1.2-2.1.-2.1.7 was accomplished. Research suggests that family mealtime increases fruit and vegetable consumption among young children. Also, modifying all environments (home, day care and school) to offer more fruits and vegetables will result in an increased consumption. Parents who role model and increase their
		2.1.2 All WIC participants who have been assigned nutrition risk factor 113 or 114 will be assisted in goal setting.	
		2.1.3 SNAPEd and EFNEP will provide the Utah WIC Program with the number of WIC participants referred to their healthy lifestyle weight management classes.	
		2.1.4 Provide monthly articles on pertinent nutrition and breastfeeding topics in the Utah WIC newsletter, WIC Wire	

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| 2.1.5 | Identify, review and consider for implementation any new obesity prevention programs | consumption of fruits and vegetables will see an increase intake in their children. |
| 2.1.6 | Offer additional WIC training courses to all local WIC staff. These training courses will enhance nutrition assessment/counseling skills. | . |
| 2.1.7 | Investigate strategies for increasing fruit and vegetable intake among WIC participants. | |

Nutrition Education Continued

Goals	Objectives	Activities	Outcome
<p>3. Expand the methods and strategies used to provide nutrition education and other related information for WIC participants.</p>	<p>3.1 New teaching strategies (Facilitated Group Discussion, Family Centered Education and Motivational Interviewing) will be offered.</p>	<p>3.1.1 Offer web-based classes to Utah WIC participants through WIC Health.org and state developed classes and trainings.</p> <p>3.1.2 Utah WIC Program will continue to collaborate with the developers of <i>wichealth.org</i> to pilot and implement an Online Peer Counselor (OPC) program in all interested local WIC agencies.</p> <p>3.1.3 Update nutrition resources.</p> <p>3.1.4 Continue to incorporate new USDA MyPlate tools into existing nutrition education resources, especially in different languages.</p>	<p>3.1.1-3.1.4 was accomplished</p> <p>3.1.2 OPC will be implemented as funds are available.</p> <p>3.1.3 More than 70 nutrition education resources including brochures, lesson plans, bulletin board topics and self-paced modules were updated.</p>
<p>4. Increase the percent of women who gain the recommended amount of weight during pregnancy.</p>	<p>4.1 More one-on-one counseling for all pregnant and postpartum women.</p> <p>4.2 Identify new materials and provide appropriate education.</p> <p>4.3 Decrease the prevalence of high Maternal weight gain at 20.75% in 2015. And, decrease the prevalence of low maternal weight gain at 15.96% in 2015. VISION reports will be generated for the 2015 calendar year for comparison.</p>	<p>4.1.1 Research potential participant lessons and modules related to managing a healthy weight during pregnancy.</p> <p>4.1.2 The Utah WIC State/Local Nutrition Education Committee will continue to identify new resources that can be used in the WIC clinics to help women stay within the IOM recommended weight gain ranges.</p>	<p>4.1-4.3 was accomplished</p> <p>4.3 The prevalence of high maternal weight gain in pregnancy decreased to 19.00% but the prevalence of low maternal weight gain increased to 22.08% The prevalence of high maternal weight gain may be falsely low due to the fact that low maternal weight gain risk must be manually assigned and this may be missed.</p>

5. Implement new nutrition risk revisions/criteria.

5.1 Incorporate new nutrition risk information for risks, 201 (Low HCT/Hgb), 211 (Elevated Blood Lead Levels), 332 (Short Interpregnancy Interval); and 425 (Inappropriate Nutrition Practice related to milk source for children), 601 (Breastfeeding infant at risk) and 602 (Breast-feeding complications).

- 5.1.1 Integrate into VISION computer system and adjust system Parameters, if necessary.
- 5.1.2 Develop local WIC staff training materials, as requested.
- 5.1.3 Develop WIC participant educational materials, as needed.

5.1 was accomplished
Risk revisions for 201, 211,332, 425, 601 and 602 are being incorporated into the FY 2017 Policies and Procedures. A training power point has been developed and will be distributed to all local WIC staff by 6/1/2016 to complete before 10/1/2016

Manual selection of these revised risks will begin as of 10/1/2016.

The automated selection of these risks will not be incorporated into the MPSC computer system until the summer of 2017.

Notes: Since the WICNU computer system was implemented in 2006, the data have been unstable until 2009). For 2009, the Utah WIC Program returned to transferring data files to the CDC Surveillance System. The last complete data set from CDC was for the 2010 year. VISION reports will also be used to track nutrition trends. * Utah WIC Program VISION Reports are used to determine prevalence of breastfeeding rates.