The WIC Wire

UTAH DEPARTMENT OF HEALTH

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INDEX

Goal Setting 2

Electric Breast Pump 3

Resources 4

Nutrition Education Contacts – What are the requirements?

By Paola Vélez, Child Nutrition Specialist

In WIC, nutrition education is designed to improve the health status and improve lifestyle habits. The federal regulations state on page 405-406:

> ***State agency responsibilities.***
>
> (4)… ensure that nutrition education is offered to all adult participants and to parents and guardians of infant or child participants, as well as child participants, whenever possible.
>
> ***Local agency responsibilities.***
>
> (1) Make nutrition education, including breastfeeding promotion and support, available or enter into an agreement with another agency to make nutrition education available to all adult participants, and to parents or caretakers of infant and child participants, and whenever possible and appropriate, to child participants.

> **(3) Nutrition education contacts shall be made available at a quarterly rate...for a [certification] period in excess of 6 months.**

USDA understands that WIC staff have no control over whether participants keep their appointments or engage in constant rescheduling.

For audit purposes, state nutrition staff are looking for nutrition contacts that were offered or made available. In SharePoint you will find a report called *Missing Education Contacts.* This report only shows nutrition education contacts that were actually completed. The report does not take into account all nutrition education contacts that were offered or made available to the adult participants, parents or caretakers. However, this report is still valuable and may be used to help identify participants who are missing nutrition education contacts for their certification period.

To correctly identify the number of nutrition education contacts that were offered, please review the *Appointment History, Education and Care* and other participant records in VISION that show nutrition education. Remember to do this for the entire family, since every contact counts toward meeting the federal requirement of offering at least two nutrition education contacts per 6 month certifications.

Goal Setting: Keep Your Eye on the Prize

By Aubrey Dransfield, BYU Intern

What does the future hold? Nobody really knows what will happen in the future, many people have a good idea as to what *might* happen, but for the most part it is a mystery. In order to ensure a positive, successful, and happy future it is wise for individuals as well as businesses to decide exactly how they want their future to look and what they would like to see happen. The best way to do so is to set specific, realistic, and achievable goals whether they are personal or team goals. As long as every party knows what the goals are and how to reach them, a promising future will lie ahead.

Purpose of Goal Setting

The purpose of setting goals is to help promote and maintain motivation in continuing to move forward. It gives individuals something to look forward to and something to strive towards. Goals help improve self confidence and time management as they are achieved. Setting goals helps everyone to see the bigger picture and to gain a clearer view of what needs to be done in order to reach the end point. There is always room for improvement because no one or no business is perfect which is why attainable goals need to be continuously set. With increased improvement comes greater success.

Writing Goals

It is important to put time and consideration into writing out goals. If a goal is not written down it is less likely to be achieved. A study that focused on what made the difference in success or failure among various individuals with similar levels of education and background was done by Harvard Business School researchers. They found that only 3% of the study group was successful, 30% were somewhat successful, and 67% had little or no success. The reason the 3% were successful was because they made and wrote down their goals. The acronym SMART is the easiest way to write clear and effective goals no matter what type of goals they are.

Specific: The goal is precise, easy to understand, uses a concrete action verb as well as identifies actions that need to be taken to reach the overall goal.
Measurable: The goal is measured somehow through using descriptions, quantitative amounts, or other measurable forms.
Achievable: The goal is realistic and within the individual's/ team's control. The goal setter has necessary tools and resources to complete the goal.
Relevant: The goal relates to and is applicable to achieving the overall goal.
Time Framed: The goal has a specific time period that it needs to be achieved in and it needs to have a beginning and an ending date. Can include a plan to monitor progress.

How to Organize Goals

The best way to organize goals is to break them down by size & time length (both long and short term goals). Start with the large overall goals that need to be achieved or the main long term goals. These goals are going to be what all of the smaller goals are going to lead to. This large end goal could be a lifetime goal if it is personal or if it is a company goal it could be what the company needs/should look like 50+ years from now. Once the overall goal is set in place it is vital that smaller short term goals are made in order to reach this point. Short term goals include making a five year plan and then breaking it down further into one year, six month, one month, weekly, and daily goals. Both types of goals are key to achieving the overarching goal/s.

Achieving Goals

No matter how big or small a goal is the feeling of satisfaction and confidence that comes with achieving one is very rewarding. After completing a goal it is wise to take the time to reflect on its effectiveness in achieving the end goal or if it was too simple or too difficult. Make adjustments to other goals if need be in order to reach that final point. Improvement and success will come from making and achieving goals and will lead to a bright and successful future.

CDC Survey of Maternity Practices in Infant Nutrition and Care
UTAH Results Report

The strong evidence connecting hospital routines to breastfeeding rates led CDC to create the national survey of Maternity Practices in Infant Nutrition and Care (mPINC). Every two years since 2007, all hospitals with maternity services and all free-standing birth centers in the United States are invited to participate in CDC's mPINC survey of infant feeding care processes, policies, and staffing expectations in maternity care settings. Nationwide, more than 83% of all eligible facilities choose to participate.

For every mPINC survey, CDC creates two specific types of results reports:

· ***For each participating facility***: a confidential report of their own data benchmarked to peer facilities in their state and of similar size nationwide, as well as to all other participating facilities.

· ***For partners in health departments and other agencies, health professionals and organizations, and maternal child health advocacy groups in each state***: an aggregated report of their state's facilities' data benchmarked to ideal practices and all other states.

Posted with the WIC wire is the **UTAH** Results Report from CDC's most recent mPINC survey. In recognition of your hard work to improve breastfeeding and maternity care throughout the United States we are providing these to you in advance of the upcoming web release on www.cdc.gov/mpinc. We invite you to share this reports widely with your key partners, and to use the data in these reports in your own related work. Data from this survey describe the status of maternity care and highlight the importance of improving practices, underscoring the need to take action to optimally support all mothers and babies.

Thank you for your dedication to quality improvement in this critically important area of health care delivery. To find out more information about mPINC please visit our website, and please feel free to contact us at mpinc@cdc.gov with any questions you may have.

Procedures for Electric Breast Pumps.

Electric Breast Pumps prescribed by a physician or prescriptive authority for any infant or child, including a high risk infant (FTT, prematurity and/or low birth weight) must be issued within two working days.

II. Equivalent pump types will be honored (e.g., a hospital grade, single user, etc.) Specific manufacturer brands do not have to be honored.

III. If an assessment is made that does not warrant following the prescription (i.e., not providing a hospital grade pump), the physician or prescriptive authority shall be notified.

Resources

Food Card Committee

The State WIC Office will begin reviewing foods for the 2015-2016 Authorized WIC Foods Lists in April. We will have 1-2 meetings to discuss which foods to include next year. If you are interested in being a part of this committee please contact Amber Brown at amberbrown@utah.gov.

Statement Against Paying for Human Milk Donations, from HMBANA

In response to recent news that Medolac Laboratories plans to financially compensate mothers for breast milk donations, the Human Milk Banking Association of North America has released an official statement against the practice. HMBANA maintains that collecting donations from volunteers is the most ethical way to ensure that human milk will be available for the most critically ill infants.

VISION Report-Follow Up Nutrition Risk Assessment

Description: For a selected date range this report looks at any participant with High Risk or Additional Assessment Needed for a specific clinic and category. The report will give you the person ID, participant name, endorser name, category, priority, risk factor, HR follow up and DOB.

Uses: May be used to view participants identified as high risk within a specified date range.

This report can be used to monitor if high risk participants were seen by an RD. This is done by running the report for past dates and then using the list to review individual records.

Helpful Information: This report pulls participants that either have High Risk marked in the risk panel or Additional Assessment Needed marked in the risk panel within the date specified (Risk header date must be within the date range chosen).

If you want "yes" to appear in the HR Follow Up category on the report then you have to check "High Risk Follow Up Appointment" in the nutrition education panel during the follow up appointment.

This report looks at the most recent nutrition education created after the High Risk was assigned.

The recommendation is to pull the report every 1-3 months to make sure High Risk participants are being followed by an RD.

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