

SECTION IV

State Agency Nutrition Education Plan

Refer to WIC Procedures Manual Section 400
WIC Operations manual Section 4

Goals 2002 Section IV Program Benefits

IV Program Benefits (Procedures - 400, Operations - 4)

Goal: To ensure that RI WIC participants have access to health care services and appropriate referrals

Year 2010 Objectives (16-6)

Objective 1: Increase to 90%, early entry (first trimester) into prenatal care.

Evaluation: More pregnant women in RI are receiving their prenatal care in the first trimester. In 1990, 86.7% of pregnant women received prenatal care in the first trimester and by 1999, the figure increased to 91.4%. (data from self-reported data on the birth certificate). However the rate of early entry into prenatal care varies among difference groups. During the five-year period 1995 – 1999, 89.9% of pregnant women received prenatal care in the first trimester. However, only 80% of African Americans and Native Americans, 81% of Asians, and 84% of Hispanics received prenatal care.

Plan: Continue screening prenatal applicants for access to prenatal services, make appropriate referrals to health care providers as necessary. Continue collaboration with the Women's Screening Program to enhance early entry into WIC for pregnant women. Continue development of new outreach initiative to educate new Rite Care prenatal providers about WIC services.

Objective 2: Increase to 90%, primary care services for children ages 18 month and younger.

Evaluation: WIC continued to monitor access to health care by obtaining proof of health care (via medical referral form), interviewing caretakers, collaborating in immunization screening at the 4 largest WIC agencies, and continued working with Kids Net program.

Plan: Continue screening child applicants for access to primary care services, make appropriate referrals to health care providers as necessary, and work with Kids Net to implementation of the health data tracking and referral system.

Healthy People 2000

Objective 1: Increase to 95%, access to primary health care.

Evaluation: As of June 2000, .94% of WIC participants were uninsured, 78.25 % were on Medicaid (managed care RITE Care Program), and 20.82 % were privately insured. 5% of the WIC participants were referred to Rite Care managed Medicaid program.

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Plan: Continue referrals to RItE Care managed Medicaid program for uninsured applicants. Develop and run report which list those WIC participants without health insurance for follow-up contact. Provide training on new Rite Care Eligibility criteria to local agency WIC staff.

WIC Objective

Objective 1: WIC association with Priority I health care agencies

Plan: As managed care continues to impact R.I. Medicaid program, Priority 1 health care agencies with WIC sites were monitored to ensure continuity of service.

As more Medicaid / WIC participants obtained health care in new settings (HMO's, PPO's), local agencies continued to encourage on-going health care. Monitoring of WIC charts for documentation of health services and referrals continued during this transition period.

Plan: Continue to monitor stability of WIC sites in Priority 1 health care agencies.

Objective 2: Participate in RItE Care planning and service integration

Evaluation: Continued working with the Family Resource Counselor program, WIC ensured that referrals to health and social services was provided. Local WIC agencies continued to provide the majority of blood screening. Collaborated with the Women's Assessment Project to ensure that pregnant women are identified and referred to WIC early in the pregnancy. Revised the blood screening schedules to more closely align with standards of practice with recommendations by the AAP and CDC and provided training for WIC staff.

Plan: Continue to collaborate in the implementation of the new Women's Assessment Project and encourage providers to completed the WIC Medical Referral Forms to reduce duplication of screenings. Monitor Local Agency WIC Programs to ensure compliance with the New Bloodwork Requirements, by reviewing DOB, date bloodwork was performed and date recorded at the WIC clinic, This will be done at Management Evaluations.

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IV

State Agency Nutrition Education Plan (Procedures - 420, Operations - 4)

Goal To ensure that quality nutrition education, which recognizes the individual needs of participants, is provided to every WIC participant or guardian in a manner consistent with federal regulations, state guidelines, and appropriate health care standards.

Provision of Quality Nutrition services

Year 2000 Objectives

Objective 1: (19-12) Reduce iron deficiency to less than 5% among children aged 1 – 2 years old, to 1% among children 2-4 years old and to 7% among women of childbearing age.

Evaluation: As of July, 2001, 8.5% of children and 13% of women on the WIC Program had low hemoglobin levels. Participants continued to receive targeted counseling re: iron rich foods and their importance using the newly developed and translated nutrition education materials.

Plan: Continue providing targeted nutrition education re: iron nutrition. Continue WIC caseload expansion (if feasible) to prevent iron deficiency by reaching more children aged one through 4. Continue Kids Net collaboration in providing lead blood level test results at WIC certification and recertification. (adequate iron nutrition is a barrier to lead poisoning). Implement the new USDA blood screening schedule which is aligned with AAP and CDC recommendations.

Objective 2: (19-11) Increase calcium intake of persons 2 years and older so at least 75% meet dietary recommendations for calcium.

Evaluation: In July, 2001, 5.7% of children had inadequate calcium intakes, Of pregnant and breastfeeding women, 55.1% failed to meet the dietary recommendations for calcium. Women continued to receive targeted nutrition education re: calcium sources and the importance in their diet. Low and lactose-free dairy products were provided to lactose intolerant WIC participants, and new nutrition education materials were developed re: calcium nutrition. Food packages with calcium fortified orange juice were available for select women.

Plan: Continue providing targeted nutrition education re: calcium nutrition. Continue provision of alternate calcium sources (due to lactose intolerance, food or cultural preferences). Counsel WIC pregnant and lactating women on the importance of calcium in their diet and recommended daily intakes and calcium sources. Provide feedback on anticipated changes to the WIC Allowed Food Package.

Objective 3: Work towards increasing to at least 75% the proportion of parent and care

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givers who use feeding practices that prevent baby bottle tooth decay.

Evaluation: WIC nutritionists educated parents on the dangers of baby bottle tooth decay. Care givers continued to receive counseling regarding proper feeding practices that prevent baby bottle tooth decay.

Plan: Based on positive responses from local agency staff and parents, if funding allows, the sippy cup distribution project will be repeated. Continue providing caregivers with information re: proper feeding practices that prevent baby bottle tooth decay.

Objective 4: (16-17) Increase abstinence from alcohol (to 94%), cigarettes (to 98%), and illicit drugs (to 100%) among pregnant women.

Evaluation: WIC implemented the new risk criteria related to tobacco use. In July, 2001, approximately 8.3% of pregnant women on WIC smoked. Illicit drug use is rarely identified as a risk due to attached stigma and fear of discovery. WIC continued to counsel women on the implications of abusing drugs and other harmful substances. Referrals were made to community organizations with smoking cessation programs and alcohol / drug abuse treatment services.

Plan: Continue to counsel women on the implication of abusing drugs and other harmful substances. Assist local agencies in identifying community resources and referral agencies available to WIC participants which deal with substance abuse issues. Refer to community organizations with alcohol and drug abuse treatment services. Collaborate with Project Assist and Rite Care providers in to develop cohesive strategies in reducing smoking rates among WIC participants. Support NHPRI's initiative to sponsor a smoking cessation program for pregnant Rlite Ccare members.

Objective 5: Work towards increasing to at least 85 percent the proportion of mothers who achieve the minimum recommended weight gain during their pregnancies.

Evaluation: Counseled WIC mothers on the importance of proper weight gain during pregnancy and sound dietary practices and a nutritionally adequate diet. Provided customized food packages based on nutritional needs and preferences. As of July, 2001, approximately 25.1% of prenatal women on WIC were risked with insufficient wt gain (loss), while .2% of postpartum women were risked with insufficient wt gain in their last pregnancy.

Plan: Continue providing targeted counseling on desirable weight gain to pregnant women, ensuring that high risk women receive required nutrition education contacts. Increase the inventory of available food package choices that will meet the needs of high risk clients.

Healthy People 2000 Objectives

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Goal: Increase the span of healthy life for all Rhode Islanders, reduce health disparities among Rhode Islanders and achieve access to preventive services for all Rhode Islanders.

Objective 1: Increase healthy diet by reducing fat intake and increasing servings to fruits and vegetables to 5 or more servings per day, and grain products by 6 or more servings daily.

Evaluation: Counseled WIC participants on the importance of a balance diet along with the WIC foods to meet these goals, increased WIC participation in the Farmer's Market Nutrition Program to all WIC local agencies. An additional Farmer's Market was added in Foster. . Collaborated with Johnson and Wales University for "Veggin Out" cooking and nutrition education demonstrations at urban market sites. Two additional Veggin' Out locations were added this year. The Veggin' Out Recipe Book was expanded and offered at all Farmers' Market Locations.

Plan: Work to obtain additional FMNP funds for continuation and expansion of the FMNP to additional FM sites . Continue counseling participants on the importance of a balanced diet, and ways of incorporating fruits, vegetables and grains into their diets. Develop a mini-cookbook for legumes, peas and dried beans for distribution at WIC sites. Distribute 5-a -day information through WIC sites. Expansion of the "Veggin Out" cooking and nutrition education demonstrations.

Objective 2: Reduce tobacco exposure by reducing the prevalence of smoking in caretakers and reducing exposure to second hand smoke.

Evaluation: Counseled WIC participants on the dangers of exposure, coordinated WIC operations with smoking cessation programs to assist clients wishing to stop smoking, designated WIC clinics as "Smoke Free" zones.

Plan: Continue in these efforts

Objective 3: Reduce alcohol and other drug related health problems.

Evaluation: Counseled WIC participants of the dangers of substance abuse and coordinated WIC operations (when possible) with alcohol and drug treatment services.

Plan: Continue in these efforts

Objective 4: Reduce children's blood lead levels by reducing the prevalence of levels exceeding 10 mcg/dl by 50% and exceeding 20 mcg/dl by 75% among children through age 5 years.

Evaluation: Assisted in screening children, or referring for lead poisoning when possible, counseled WIC care givers on ways to prevent lead poisoning through dietary

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interventions, environmental interventions and screenings, worked with Lead Program to ensure that lead burdened children were referred to WIC through distribution of WIC outreach materials to families of lead burdened children. WIC/Lead materials were developed by HEALTH's communications unit and are in the process of being tested with focus groups in the community.

Plan: Continue with these efforts. Coordinate with Kids Net to provide lead screening results at WIC sites to determine the WIC lead risk status.

Objective 5: Improve oral health by preventing dental caries.

Evaluation Care givers continued to receive counseling regarding proper feeding practices that prevent baby bottle tooth decay.

Plan: If funding is available, re-institute sippy cup distribution project. Training will be offered to Nutritionists and Support Staff on Oral Health. Continue to counsel care-givers re: proper feeding practices which prevent baby bottle tooth decay. Refer WIC participants to dental care providers as needed.

Objective 6: Reduce poor birth outcomes by reducing the incidence of low birth weight infants, reducing tobacco and illicit substance use by pregnant women.

Evaluation: As of 7/01, 12.7% of infants on the WIC program were premature or low birth weight infants. WIC counseled WIC pregnant women on the effect smoking and drug use has on the birth outcome and referred participants (when appropriate) to abuse treatment centers and/or smoking cessation programs, instructed clients on optimal weight gain during pregnancy, and monitored high risk participants for optimal weight gain during their pregnancy.

Plan: Continue to analyze data in more detail. Continue with WIC referrals, counseling and monitoring

R.I. WIC Objectives

Objective 1: Nutrition Education Plans, Quality Assurance Reviews and Self Monitoring

Evaluation: Reviewed and evaluated FY 2000 Nutrition Education Plans submitted by the 13 local WIC agencies; ensured their consistency with federal and state rules and regulations and emphasized the development of quality assurance systems to monitor the provision of nutrition education to WIC clients. During Management Evaluations, are reviewing the quality assurance program used as a local agency self evaluation systems. The results of the self assessment component have been incorporated into the Nutrition Education Plan to allow quick/consistent feed back to the agency. A 2 year nutrition education plan was developed which will allow strategic planning to span 2 years, with the ability to evaluate and revise at a 1 year mid-point.

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Plan: Continue with review and evaluation of Nutrition Education Plans, monitoring quality assurance and self-monitoring systems.

Objective 2: Provision of training programs for local agency staff.

Evaluation: Provided series of nutrition meetings and training for nutritionists (quarterly), breastfeeding peer counselors (quarterly and new peer counselor training), WIC coordinators (bi-monthly), local agency support staff series (3 times per year), and new staff training offered monthly. The annual meeting addressed civil rights, program integrity, and customer service and program procedures. Topics for trainings were based on staff requests and surveys, needs identified through management evaluations, policy and procedural changes, latest research.

WIC support staff received training in the provision of second nutrition education contacts, enabling them to provide low-risk participants with specific nutrition education based on topics pre-selected by the CPA.

Plan: Training will be provided based on needs identified through management evaluations, surveys of local agency nutritionists regarding their training needs/interests, and training which covers new information/research in nutrition and implementation of new policies and procedures.

WIC support staff will be provided training in low-risk nutrition education contacts (SNEC). SNEC training will be revised and competencies will be reviewed at Local Agency Management Evaluations.

As expansion funding becomes available, training additional breastfeeding peer counselors for placement at under served WIC sites.

Objective 3: Interview a random sample of WIC participants to ascertain their views of the benefits of nutrition education and nutrition services provided; and to make recommendations based on these findings.

Evaluation: WIC parent consultants conducted participant interviews related to access to WIC services, and client satisfaction /rights and responsibilities surveys as part of the Management Evaluation process. Focus groups were conducted with select WIC participants to improve access and quality of WIC services. Local WIC agencies surveyed their participants in the annual WIC Participant Survey and through the FMNP participant survey. The results were used to reduce barriers to service, improve WIC services can be better provided, and the quality of services provided.

Plan: Continue annual WIC participant and FMNP survey, and the use of WIC parent consultants in obtaining participant information regarding WIC services they

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receive. HEALTH's communications unit plan to conduct focus groups with WIC eligible families, who have not received WIC benefits, to look at barriers to services.

Objective 5: Develop and test pilot group nutrition education contacts for WIC participants, to maximize nutrition education time.

Evaluation: Several Breastfeeding Peer Counselors have implemented group contacts (as space permits in local agencies) to promote and support breastfeeding.

Plan: Continue to support expansion of group nutrition education contacts.

Breastfeeding Promotion

Goal Increase breastfeeding initiation and duration

Year 2000 Objective

Work towards increasing to at least 75% the proportion of WIC mothers who breastfeed their babies in the early postpartum period and to at least 50% the proportion who continue breastfeeding their 5 to 6 month old babies.

Objective 1: To continue TLC project which promotes breastfeeding by offering in-hospital counselors, with follow-up support services to WIC participants.

Evaluation: Hospital based support services were available 7 days per week. Referrals are made by WIC TLC Counselors to WIC Breastfeeding Peer Counselors for follow-up after hospital discharge.

Plan: Improve two-way communication methods between hospital based TLC Counselors and agency based Breastfeeding Peer Counselors regarding referrals.

Objective 2: To develop computer generated reports which provide information on the incidence and duration of breastfeeding. The breastfeeding rate will be determined as the total number of breastfeeding women divided by the total number of infants.

Evaluation: Reports have been generated on a monthly basis to provide overall WIC breastfeeding rates both at the local agency level and state level.

Plan: If funds allow, develop a computer generated report that will determine breastfeeding *duration* rates at the local agency and state level for 3 months, 6 months, 9 months, and 12 months.

Objective 3: To expand and improve the effectiveness of the Breastfeeding Peer Counseling Program ("Mother to Mother") .

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Evaluation: The Peer Counselor Program has expanded to include funding for Peer Counselors at 22 WIC sites. Breastfeeding training was provided to all staff, helping them to identify barriers to breastfeeding specifically related to WIC. Statewide WIC breastfeeding rates have increased steadily over the past year from 11.6% (9/99) to 13.3% as of 9/01..

Plan: Continue to monitor WIC breastfeeding rates on a monthly basis. Develop a comprehensive standardized Peer Counselor Manual to include both training materials and operational policies and procedures. Provide quarterly trainings for peer counselors offered by State WIC Staff and offer other training opportunities outside of WIC. Implement and evaluate the effectiveness of Breastfeeding Classes designed for all prenatal participants as a breastfeeding promotion method.

Objective 4: All local agencies will designate a WIC nutritionist to serve as the Local Agency Breastfeeding Coordinator.

Evaluation: All local WIC sites designated a Breastfeeding Coordinator

Plan: Ensure that Breastfeeding Coordinators are conduits for sharing of breastfeeding support and promotion information, clinical updates, and breastfeeding data sharing.

Objective 5: Assist in development and support of statewide infrastructure which support and promote breastfeeding.

Evaluation: Participated and supported the on-going efforts of the RI Breastfeeding Coalition in the support-promotion of breastfeeding by attending monthly meetings and assisting in special projects. Developed the revised 2000 Breastfeeding Resource Directory for Health Care Professionals. Partnered with several agencies and organizations for the 2000 WIC World Breastfeeding Week Event. Conducted statewide needs assessment for improving breastfeeding rates in RI with the assistance of Trainor Assoc. and the Division of Family Health. Worked in development of RI Breastfeeding Support and Promotion Strategic Plan.

Plan: Continue support and participation of R.I. Breastfeeding Coalition, distribution of latest edition of the Breastfeeding Resource Guide, promotion of World Breastfeeding Week and provide leadership for implementation of a 3-year statewide strategic plan to increase breastfeeding rates in RI.

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IV Supplemental Foods (Procedures - 420, Operations - 41)

Goal: To provide nutritious supplemental foods to all WIC participants according to nutritional need and federal regulations within the financial means of the Program.

Objective 1: Review and modify the WIC Allowed Foods List and Food Packages

Evaluation: Began a review of the WIC Allowed Food List, and revised as needed the procedures for selection of WIC allowed foods. Included cost consideration, market availability, funding restrictions, local agency and WIC client input. Included review of private label cereal for inclusion on WIC allowed food list. Held focus groups with WIC participants, Parent Consultants, Vendors and WIC Local Agency staff to have input about the acceptability of the new food package. Starting programming to expand selection of food packages on the QWIC system.

Plan: Complete food package programming. Add to WIC food package tailoring guide those packages that meet program and client needs. Complete the review of WIC Allowed Food List evaluation

Objective 2: Add calcium fortified juice to select food packages

Evaluation: Calcium fortified juice is available to women's food package.

Objective 3: WIC Nutrition Risk Criteria

Evaluation: Implemented the WIC Nutrition Risk Criteria (UDSA/FNS memo 98).