

COLORADO WIC PROGRAM
FY17 LOCAL AGENCY NUTRITION EDUCATION PLAN
WORKBOOK



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1. INTRODUCTION

Federal Regulations:

Federal Regulations: CFR 246.11 d Local Agency Responsibilities

“(2) Develop an annual local agency nutrition education plan consistent with the State’s nutrition education component of Program operations and in accordance with this part and FNS guidelines. The local agency shall submit its nutrition education plan to the State agency by a date specified by the State agency.”

Colorado WIC Policy:

All Colorado local WIC agencies are required to develop their own annual nutrition education plans that are consistent with the nutrition education objectives of the FY17 Colorado WIC Program Work Plan objectives.

FY17 Colorado WIC Program Strategic Priorities:

- Increase program participation
- Improve program quality and integrity
- Grow the demand for and ease of access to healthy foods
- Enhance collaboration with organizational stakeholders

Colorado WIC Program FY17 Local Agency Nutrition Education Plan Focus Areas:

1. Performance Management and Quality Improvement
2. Program Outreach
3. Staff Competence
4. Early Childhood Obesity Prevention (ECOP)
5. Breastfeeding

The State Office developed sample Nutrition Education Plan templates for each focus areas for your consideration as you develop your FY17 Plan. Evaluation elements are also included in the spreadsheet. In the fall of 2017, you will be asked to complete and submit the evaluation information in the FY17 NEP spreadsheet. Whether and how you use these templates is up to you. You can insert agency-specific information in a chosen template or you can modify the template to accommodate your own plan. One template has been developed for each of the (5) focus areas. A blank template is also provided.

Each local agency’s FY17 LA Nutrition Education Plan must include:

- 1) Requirement #1: 1. Performance Management and Quality Improvement template - At minimum local agencies are required to complete Objective A. Objectives B and C are not required but encouraged. Should a local agency complete Objectives A, B and C, they are not required to complete a second focus area template. Local WIC agencies participating in the Local Agency Impact pilot group are required to complete Objectives A, B, and C.
- 2) Requirement #2: 2. - 5. Focus area templates - At least one additional template from another focus area is required. This can be a continuation of a plan submitted in FY16 or it can be a new plan. Either way, a plan must involve one of the above focus areas.

Performance Management and Quality Improvement:

What is performance management? Performance management is when we routinely monitor action plans to inform ongoing implementation. If we commit to reviewing our priority action plans and progress on a weekly or monthly basis, we will stay more focused and be more likely to achieve our goals. We will also learn what is getting in our way and if we need to change direction because our plan isn’t working the way we had hoped. Performance management helps us keep track of what we are doing.

What is quality improvement? Quality improvement (QI) is a set of tools and practices that we use to overcome those barriers identified when reviewing action plans. QI can help “clear the path” for implementation success. QI can also be used to understand the ingredients for success so that we can build on our future efforts for greater impact. Quality improvement helps us understand and enhance how or how well we do our work.

2. INSTRUCTIONS FOR COMPLETING YOUR FY17 LOCAL AGENCY NUTRITION EDUCATION PLAN & FY16 EVALUATION

1. Review Materials

Review the materials provided including introduction, instructions, planning guidance, and information sheet and plan templates. Nutrition education plan templates are provided to serve as a tool for agencies to use to develop their annual plan.

2. Research Local Agency Needs and Obtain Data

A needs assessment, although optional, can help identify those areas of highest need to address. You need not submit this to State Office. You may use the needs assessment example worksheet provided in this document or another method. If you use the worksheet provided, note that not all questions are relevant to every program. Disregard questions that do not apply. The questions are not intended to imply expectations rather they are simply things to consider.

3. Develop a Program Plan

Develop a timeline for completing each of the selected focus areas of your plan. The plan involves identifying intervention strategies and linking planned activities to outcomes in the plan. We recommend that you work on developing one focus area at a time. Additionally, consider how to involve your staff in the assessment and planning process. A logic model (described in Section III) is a great way to begin the program planning by capturing your program’s overall vision and making sure your strategies are clearly linked to your short, mid, and long-term intended outcomes.

4. Complete at least one FY17 Local Agency Nutrition Education Plan template

Determine the number of Nutrition Education Plans that are feasible to achieve based on staffing and resources available. Larger agencies may find it feasible to complete more than one Plan.

- 1) **Requirement #1:** 1. Performance Management and Quality Improvement Focus Area template - At minimum local agencies are required to complete Objective A. Objectives B and C are not required but encouraged. Should a local agency complete Objectives A, B, and C, they are not required to complete a second focus area template. Local WIC agencies participating in the Local Agency Impact pilot group are required to complete Objectives A, B, and C.
- 2) **Requirement #2:** 2.- 5. Focus area templates - At least one additional template from another Focus Area is required. This can be a continuation of a plan submitted in FY16 or it can be a new plan. Either way, a plan must involve one of the above Focus Areas.

There is no limit to the number of Plans an agency may implement.

Agencies are encouraged to:

- Use the sample nutrition education plan templates provided by the State Office and insert agency-specific information in a chosen template, or
- Modify the template to accommodate your own plan, or
- Use a blank template to develop your own plan that involves one of the focus areas.

If choosing to develop your own plan, steps for completing the plan are outlined in Section 3. After completing the needs assessment, obtaining data and developing a plan, choose one of the provided goals for the focus areas your agency as selected. For each goal identify the following:

- 1-2 SMART objectives to focus the specific aims of your agency in contributing to achievement of this goal
- Lead staff for each objective
- Target population
- Criteria for success and measurement tool(s)
- Specific strategies
- Key activities necessary to complete the action steps
- Target completion date, person or group responsible and plan for monitoring progress towards that key activities:
 - ✓ If your program is currently implementing an activity that falls under any of the focus areas, you may use this continuing activity for your plan.
 - ✓ Each local agency is unique in terms of population served, staffing and resources. Thus, the scope of the activities planned by each agency will differ.
 - ✓ **Local agencies should submit plans that are realistic for them to accomplish even if the scale of the activities seems small.**

5. Timelines to submit your FY17 Local Agency Nutrition Education Plan

Submit the FY17 Local Agency WIC Nutrition Education Plan electronically to your nutrition consultant by **September 1-15, 2016**. You will receive State Office feedback on the plan no later than **September 30, 2016**. FY17 Plan implementation period is October 1, 2016 through September 30, 2017. Should **September 1-15, 2016** be unrealistic for you, determine a mutually agreeable timeline with your Nutrition Consultant.

6. Submit the FY16 Local Agency Nutrition Education Plan Evaluation

Complete the evaluation sections on your FY16 Local Agency Nutrition Education Plan and Evaluation template. Submit the evaluation to your nutrition consultant by **October 28, 2016**. Should **October 28, 2016** be unrealistic for you, determine a mutually agreeable timeline with your Nutrition Consultant.

3. NUTRITION EDUCATION PLANNING GUIDANCE

If the thought of doing a nutrition education plan intimidates you, you aren't alone. Fortunately, as a dietitian, nurse or other health professional, you already know the value of planning. A well thought-out plan identifies realistic goals and the steps most likely to lead to successful achievement. This plan can guide decisions about what to do next and the creation of monthly and/or weekly "to do lists." It helps keep team members clear and accountable for key activities or milestones.

A good plan is like a road map: it shows the final destination and usually the best way to get there.

--H. Stanley Judd

In addition to providing a road map to reach specific goals, good planning provides other benefits, such as:

- Increasing the potential to improve staff morale and support for program initiatives when staff members are included in the planning process.
- Providing the ability to both recognize and measure successes in program outcomes.

- Prioritizing resources to ensure they are used effectively and efficiently.
- Providing a concrete tool with goals, objective, strategies and key activities that help guide your program.

1. NEEDS ASSESSMENT

The needs assessment portion of your program planning is optional and an actual needs assessment worksheet does not need to be turned in to the State Office. The purpose of the assessment is to provide a broad understanding of needs, contributing factors and resources for change - in the same way that a patient assessment integrates different types of information (e.g., biochemical, anthropometric, social, cultural, educational, etc.), a program assessment includes a broad range of information. In both cases, the value of the assessment cannot be overestimated as it supplies information that is essential for planning.

In program planning, the assessment identifies the strengths and weaknesses of a program as well as the barriers and resources for making changes. A thorough assessment generally consists of both objective (hard facts, numerical data) and subjective (based on personal opinion) information. Examples of objective information include breastfeeding rates, the number of participants served and participant survey results. Subjective data sources include information gathered from focus groups, local agency surveys, and feedback collected from staff during clinic meetings. A template example for completing the needs assessment is located in Section IV. The needs assessment process should focus on the two nutrition education focus areas of the FY17 Local Agency Nutrition Education Plan. You may find that you want to continue working on goals and objectives from the previous year's plan which is perfectly acceptable.

2. DATA SOURCES

Data are crucial to program planning. It informs both the needs assessment and evaluation. Data from local sources is called program level data. This data is collected by the local entity for its own purposes, typically through Compass Reports, surveys, interviews, chart reviews, meeting minutes, employee or clinic records, etc. It may also include WIC Impact pilot group dashboard data. The advantages of program-level data are that they speak to your clinic's or your community's particular activities and performance. This is the data that should be used to measure the criteria for success activities; listed in the as measured by section of your plan. For specific Compass data requests related to your Nutrition Education Plan, please contact your Nutrition Consultant.

Program Level Data Sources State Run WIC Reports:

The Compass computer system has several helpful reports available to local agency staff members to utilize for data collection. Several reports are included here but there are others that may be helpful.

Breastfeeding Reports:

- Breastfeeding Equipment Issued: shows of breastfeeding equipment (serialized and non-serialized) by type that has been issued during the time period.
- Breastfeeding Prevalence; this report is used to evaluate exclusive breastfeeding at birth, three months, and six months of age and to evaluate the age to which breastfeeding continued during infancy and childhood.
- Exclusively Breastfeeding and Formula Issuance Report; shows trends for exclusively, primarily exclusive/no formula package and primarily exclusive/Complementary Food for breastfeeding infants through their first birthday.
- First Formula Introduced Report; shows which month formula was first introduced
- Reason Ceased Breastfeeding Report; shows the number of breastfed infants and children and the reasons why breastfeeding ceased.
- Colorado WIC Exclusive Breastfeeding and Formula Issuance report (available at www.breastfeedcolorado.com).

Program Participation Reports:

- Appointment Summary Report; shows the number of appointments kept, missed due to no show, cancelled, rescheduled and mass rescheduled.
- Participation with Benefits Report; shows the participation for the specified month and is broken down by participant category. This can be used for caseload management purposes.
- Termination by System Report; may be used to follow up with those participants that have been terminated due to not pick up food benefits, failure to provide proofs, etc.
- Processing Standards Non-Compliance Report; shows the participants that were not scheduled within the required processing standards and the reason this occurred.

Local Data Sources:

- Data from participant record reviews
- Data from county run reports
- WIC Impact pilot group dashboard data
- Questionnaires designed to collect pre/post intervention information
- Interviews
- Surveys
- Focus groups
- Staff meeting minutes
- Employee performance plans and supervision records
- Email record of communications

3. DEVELOPING A NUTRITION EDUCATION PLAN

Planning is enhanced when it involves a team of individuals. This ensures that a variety of perspectives is considered and increases ownership in the plan.

STEP 1: Choose your State Goals and Objectives

For the focus areas, the state office has developed templates with overarching goals. Local WIC agencies will complete the template for the Performance Management and Quality Improvement focus area. The WIC Impact pilot agencies will complete Objectives A, B and C. All other local agencies will complete Objective A on this template with Objectives B and C being encouraged but not required. IN addition, at least one additional template from another focus area is required for all local agencies other than the WIC Impact pilot agencies. Again, agencies may insert agency-specific information in a chosen template or modify the template to accommodate your own plan.

- 1) **Performance Management and Quality Improvement for Program Participation and Quality** - Implement performance management and quality improvement practices to improve program participation and quality.
- 2) **Program Outreach** - Increase program participation by strengthening partnerships and community outreach.
- 3) **Staff Competence** - Increase WIC staff competence through evaluation, support and accountability to improve program quality as measured by documented change on staff evaluation tool.
- 4) **Early Childhood Obesity Prevention** - Increase the number of target community-based providers and organizations that promote ECOP messages to improve program quality.

5) **Breastfeeding -**

Increase Colorado breastfeeding rate and duration by providing technical assistance and coaching to improve breastfeeding promotion and support to families in early care and education as well as the workplace settings.

STEP 2: Using a Logic Model to Plan your Intervention

A logic model is an optional step in the planning process but can be a useful tool to plan your intervention. A logic model is a visual representation linking planned activities with their intended outcomes. The purpose of the logic model is not to outline the steps needed to implement the intervention, but rather to show at a high level which interventions are expected to achieve which desired outcomes and in what order. This is illustrated by the example below where the intervention is a class on healthy eating. The diagram shows how the intervention is intended to impact the goal by first achieving intermediate outcomes that lead to the ultimate goal. But your logic model does not show the detailed work that will be involved in creating the intervention - that gets outlined in your NEP (below). Once a logic model is created, it should be discussed with others and modified as needed. The logic model becomes an important tool in developing action steps and monitoring outcomes.

Goal: Colorado WIC families consume healthier foods and beverages

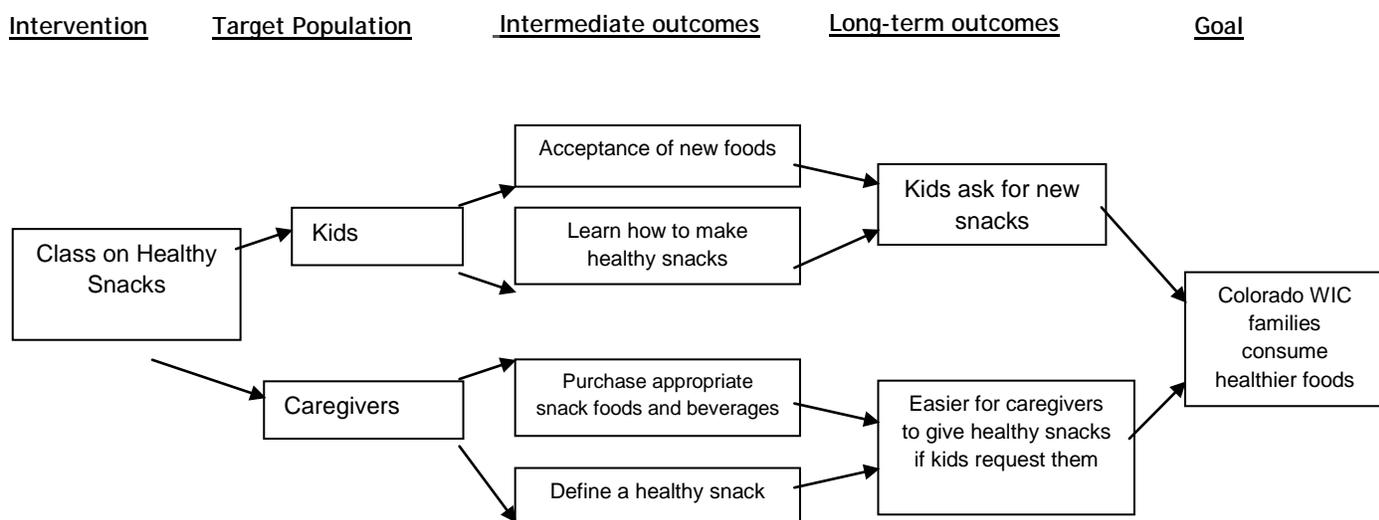
Intervention: Have a WIC class for caregivers and children where children learn to make healthy snacks.

Target Population: WIC children age 2-5 and their caregivers.

Intermediate Outcome: Increase the knowledge of WIC participants regarding healthy snacks for children.

Long-Term Outcomes: By getting children involved and teaching them about healthy snacks they will be more likely to ask for healthy snacks.

Diagram 1: Logic Model for WIC Agency



STEP 3: Developing SMART Objectives

The SMART objectives you create are the anchor of your nutrition education plan and represent the incremental changes your agency needs to achieve in order to accomplish the stated goal (from above). Objectives are specific and measurable steps or outcomes that lead to the goal. In crafting your objectives, translate the

intermediate outcomes from your logic model into 1-2 objectives for each focus area of the plan. Remember that objectives are **achievements**, not strategies, activities or tasks. They are the “what” not the “how”. They define the change you want to see from your work, in clear and specific terms. A lead staff must be assigned to oversee the work on each objective.

You can have process or outcome objectives. **PROCESS** Objectives are about a change in how you conduct your program and accomplish your strategies. Example: Increase attendance at breastfeeding classes by 20% from January 2016 to September 2016. **OUTCOME** Objectives are about changing a specific outcome (knowledge learned, behaviors modified, conditions improved). Example: At least 80% of new moms score at least 8 out of 10 on Breastfeeding True/False Checklist.

SMART Objectives are the “big steps” a program will take to attain its goal. They should be:

- **Specific** (who, what, and where -describe!), if change is desired, include both the current “level” and desired “level”
 - ✓ from X→Y
 - ✓ Increase exclusive breastfeeding rate from 30 days to 45 days
- **Measurable** (how many, how much, to what quality standard),
 - ✓ This is the **EVALUATION** part
 - ✓ Identify a system of method of tracking
 - ✓ Existing data collection method or develop one
 - ✓ Example: Run the Exclusively Breastfeeding and Formula Issuance Report monthly
- **Achievable** (attainable with resources available),
 - ✓ Consider resources and potential obstacles
 - ✓ Set yourself up for success
- **Relevant** (achieving this adds value & progress toward goal),
 - ✓ Important to your organization
- **Time-bound** (by when),
 - ✓ Clearly state the target date

Example: By September FY17 Faraway WIC will have increased the exclusive breastfeeding rate of breastfeeding from 30 days to 45 days for at least 80% of WIC participants.

STEP 4: Completing the FY17 Nutrition Education Plan Template

Once you have chosen your goals and developed 1-2 Smart objectives for each goal, you are ready to complete your FY17 Nutrition Education Plan. The remainder of the plan requires you to define a target population, criteria for success, data source, strategies and key activities.

If using the plan template provided by the State Office the remainder of the plan requires you to insert and/or modify agency-specific information, indicate who will be the lead for each objective, and the anticipated date of completion for each key activity and who will be responsible.

1. Target Population

The target population is the group or groups your plan directly impacts through the defined objective. This can be all WIC participants or a select category that you identify.

2. Criteria for Success and Measurement

The criteria for success and measurement are the evaluation components of the plan. They bring the spotlight on the “S” and “M” part of your smart objective. They should always be stated as specifically as possible.

Criteria for Success → Briefly describe what will be observed if the objective is met successfully
As Measured By → Briefly describe how the criteria will be measured

Examples:

Criteria for Success → Collected data shows that 80% of community partners are interested in implementing a breastfeeding coalition.

As measured by (Data Source) → Results from survey to community partners

Criteria for Success → Collected data shows that 100% of appointments meet processing standards

As Measured by (Data Source) → Compass Processing Standards Non-Compliance Report

3. Strategy

Enter the strategy developed from your planning and/or logic model that addresses the stated objective. A strategy that includes an overall approach or type of effort to achieve one's objective. It should state the program's method or intervention that will achieve this increased awareness. Each strategy will include more than one key activities or steps to complete the strategy.

Example:

Educate and build awareness among WIC participants about the benefits of breastfeeding.

4. Key Activities

After the intervention strategy is identified, the key activities to implement the intervention are outlined. Key activities outline the specific activities that must be accomplished to achieve each strategy.

Examples of Key Activities:

Using the example of developing a class on healthy eating, some of the activities that could be written are:

- ✓ Get input from caregivers regarding interest in a class, best times, ideas for content/design, etc.
- ✓ Develop a curriculum for the class
- ✓ Purchase (or get donations of) food and other supplies for the class
- ✓ Explore community linkages to provide resources
- ✓ Additional examples of strategies and key activities can be found in Section V of this document

5. Monitoring Plan

The monitoring portion of the implementation plan includes the target completion date, the responsible person or groups and the monitoring plan itself.

- ✓ **Target Completion Date** → Choose a reasonable completion date for each key activity. Some dates may be dependent upon earlier dates. It is best to list the earlier steps first in the plan. You should consider if there are any external factors that may affect the target completion date.
- ✓ **Responsible Person/Group** → Key activities are best completed with a clear indication of who is responsible for the activity.
- ✓ **Monitoring Plan** → Briefly describe how you will monitor progress on this activity. Examples include tracking forms, report out at staff meetings, surveys and spreadsheets.

4. EVALUATING ACHIEVEMENT OF FY16 LOCAL AGENCY NUTRITION EDUCATION PLAN

Submit the FY16 Nutrition Education and Evaluation template with completed evaluation sections for the past year's (FY16) plan by **October 28, 2016**. Evaluation involves the systematic assessment of objectives and key activities. The evaluation is an extension of a few key areas of your NEP: the criteria for success, the as measured by, and the monitoring plan. A good evaluation addresses two important questions: 1) Were you able to accomplish your objectives and 2) What barriers were encountered and what were the resulting changes that were made as a result. Two common categories of outcomes in public health are learning and behavior change outcomes.

1. Evaluating Learning Outcomes.

The purpose of evaluating is to identify whether or not the key activities were implemented as planned and whether the objective was accomplished. Evaluating the accomplishment of objectives can be a rich source for learning since unmet objectives indicate the presence of unforeseen barriers that may require modification of methods.

Evaluating Learning Outcomes

Learning Outcome Objective Categories	Underlying questions addressed by the evaluation	Possible Methods for Evaluation
Increase awareness	Do people know more about the issue as a result of the intervention?	Surveys (pre/post) can compare two different groups; ask people if they think their awareness has changed.
Change attitude	Did people's attitudes change? How much did they change?	Survey pre/post (Comparing pre and post requires a valid instrument), can compare two different groups, ask people if they think their attitude is different, retrospective self-report
Increase knowledge	Do people know what they need to know? Did the intervention increase knowledge?	Test of knowledge (pre/post), or just post if you are only interested in knowing if people meet a particular standard
Teach a skill	Can the person perform the task?	Observation, peer-to-peer observation, self-evaluation check list

2. Evaluating Behavior Change

Behavior change outcomes differ from learning outcomes because they focus on behaviors that are exhibited. Examples of behavior change outcomes are: stopping smoking, eating more fruits and vegetables, exercising, etc. Behavior change outcomes can be evaluated in a variety of different ways. The list below contains a few different examples of the underlying questions that could be used in an evaluation. There are two things to notice about this list, first each question requires a different data source and collection strategy and second, the underlying question needs to carefully define what is being measured. The actual evaluation methods chosen for a project will be influenced by both validity issues as well as availability of data.

- What percentage of people exposed to the program (or who completed the program) met their behavior change goal(s)?
- What was the average amount of change people made (e.g., eating 1 more fruit/day, walking 10 minutes a day, etc.).

Example:**Evaluating behavior change objectives in WIC County.**

The primary outcome of the healthy snack classes is that children will eat healthier snacks. This outcome can be evaluated using the same questionnaire mentioned above. In addition to asking questions to assess the participant's awareness of healthy snack options, participants could also be asked to list the snacks that were eaten during the last 3 days. Again, comparing answers given before and after the class would show if there were any changes in behavior as a result of the class.

3. Evaluating Changes in Health

Changes in health are both the most significant and most elusive evaluation measures. They are significant because interventions are typically designed to improve health. But they are elusive because health outcomes are often difficult to evaluate because they can be affected by many different factors, so it can be very difficult to know if a change in health happened purely due to the intervention, or some combination of other reasons.

Example:**Evaluating health outcome data in WIC County.**

The health outcome purpose of the healthy snack classes in WIC County was to reduce the percentage of overweight children aged 2-5. Clinic level data showing the percentage of overweight children would be available, however, it is unlikely to be sensitive to the changes that resulted from the class since only a small number of participants attended the class. Furthermore, there is likely to be a gap between the time the classes occurred and when weight would be affected. A more sensitive way to measure the impact of the classes on children's weight would be to track the weights of the cohort of children who attended the classes. This would take more time, but would yield potentially better results. Although clinic level data may not be the best way to evaluate the impact of this particular intervention, this data would be useful to track overtime, particularly if the clinic continues to make efforts to prevent overweight and obesity.

5. EXAMPLE: NEEDS ASSESSMENT WORKSHEET**Breastfeeding Promotion and Support****STATE GOAL:**

Increase Colorado breastfeeding rates and duration by providing technical assistance and coaching to improve breastfeeding promotion and support to families in early care and education as well as workplace settings.

Data review: What are your local agency's breastfeeding prevalence rates?

Breastfeeding Prevalence; this report is used to evaluate exclusive breastfeeding at birth, three months, and six months of age and to evaluate the age to which breastfeeding continued during infancy and childhood.

Review the lists below. Indicate with a checkmark the items that your clinic is already implementing.

Section A. Colorado WIC Breastfeeding Standards

(Reference Local Agency Breastfeeding Promotion, Education and Support section in Program Manual)

- Clinic area is free from all formula company materials, trademark images, office supplies (pens, water bottles, cups, etc.), formula samples, and other formula incentives.
- Inform pregnant women about the benefits and management of breastfeeding at initial certification and subsequent visits.
- Provide formula for breastfeeding infants only when requested by the mother and only after thorough counseling to ensure mother is making an informed decision.
- Designate a staff person as Breastfeeding Coordinator.

- All High Risk Counselors are lactation management specialists able to respond to breastfeeding high risk factors.
- Prepare mother to communicate effectively with hospital staff about her breastfeeding decision.
- Ensure that breastfeeding mothers receive information about the potential impact of formula supplementation on lactation before any formula is given.
- Provide breastfeeding women with a list of local breastfeeding support resources (LaLeche League, support groups, breastfeeding classes, etc.).
- Have an established system of referral resources for breastfeeding women who may need more specialized support or management (IBCLC, breastfeeding clinic or others).

Section B. Best Practices for Breastfeeding Promotion and Support

- Display breastfeeding promotion material and posters in waiting rooms and clinic areas.
- Have one or more staff trained as lactation management specialists.
- Implement a peer counselor program.
- Loan electric breast pumps to participants.
- Provide manual breast pumps to participants, as appropriate.
- Discourage the early use of bottles, pacifiers and artificial nipples with infants who breastfeed.
- Teach new mothers to recognize and respond to their infant's hunger and satiety cues.
- Provide mothers with information on maintaining breastfeeding while separated from their infant.
- Provide a dedicated lactation room for breastfeeding moms (both participants and staff).
- Participate in World WIC Breastfeeding Week with special activities to promote breastfeeding.
- Actively participate in or initiate a community breastfeeding coalition.
- Write breastfeeding support policies and routinely communicate them to all staff and volunteers.
- Provide orientation to all new employees regarding breastfeeding support policies.
- Provide regular classes on breastfeeding management and support for clients.
- Inform pregnant women of the risks and costs associated with formula feeding.

Staff Input:

Discuss with staff the barriers to breastfeeding initiation and continuation in the populations you serve. Describe any breastfeeding promotion activities that you would like to work on over the coming year.

6. EXAMPLE: STRATEGIES AND ACTIVITIES

Strategies and Activities:

This section includes suggestions of possible strategies and key activities to give local agencies ideas on how a plan should be completed. You may develop your plan from these suggestions or you may already have ideas.

Possible strategies and activities for each topic area include:

Breastfeeding:

- A. Leverage the strengths and assets of partners to design programs that improve breastfeeding rates.
 - Identify a core group of individuals selecting people concerned with breastfeeding to begin the process of reach out to the community.
 - Select diverse perspectives for your community coalition (health care professionals, lactation experts, hospital staff, employers, charity organizations, food banks, child care providers, faith communities, fathers, mothers, grandparents, policy makers, tribal councils, cultural-interest groups, organizations with similar health missions, youth).
 - Define your community (it needn't be just one county, consider joining with other county/ies)
 - Investigate and evaluate sources of breastfeeding data collected by local organizations
 - Work with Nurse Family Partnership to promote breastfeeding among teen moms
- B. Educate and build awareness of how to encourage Breastfeeding Supportive Workplaces
 - Create awareness and provide guidance to employers for how to accommodate breastfeeding employees.
 - Provide sample employer policies and programs. Establish a lactation policy and place within your organization

- Inform employers about state and federal legislation, through hosting a training through the chamber of commerce or individually
 - Educate on the benefits to employers and employees using the US Department of Health and Human Services Business Case for Breastfeeding.
 - Provide links to resources
 - Publicly recognize employers who follow the laws and support breastfeeding employees.
- C. Strengthen health care professional skills and knowledge
- Provide electronic copies of the Breastfeeding Update newsletter to all MCH health care providers in the community to spread timely breastfeeding information, training and resources. Share the link to CDC's health care provider action guides with health care providers.
<http://www.cdc.gov/breastfeeding/promotion/healthcare.htm>
 - Encourage local hospitals, birth centers, health departments, and group practice clinicians to provide lactation training for all local health care providers (physicians, nurses and other health care professionals). Consider cosponsoring training.
 - Assess types of training required focusing on provider needs (e.g., level of promotion and intervention, and maternal population served- prenatal, early postpartum, late postpartum, infant)
 - Research provider preferred training methods (face to face, on-line, self paced, seminar, etc)
 - Offer and/or recommend lactation training and breastfeeding curricula available
 - Ensure there are International Board certified Lactation Consultants in the community practicing within the local public health agency, the hospital, in a clinic, or privately
 - Offer ABM clinical protocols to providers
- D. Educate and build breastfeeding support in the community to meet the needs of all mothers
- Organize a mom to mom peer breastfeeding support group through a church, a hospital, a clinic, the local public health agency, the library,
 - Educate parents using the Joint Commission's Speak Up materials
 - Develop and distribute a community breastfeeding resource lists to include where to get help with breastfeeding, where to purchase breastfeeding supplies, breastfeeding friendly employers, child care providers, etc
 - Investigate ways to provide breastfeeding supportive services (e.g., electric breast pump rentals through unique settings (e.g., pediatricians or other health care providers). Develop community wide referral systems.
 - Partner with hospitals to include breastfeeding promotion and education as a part of hospital birthing classes, distribute the Colorado Can Do 5! crib cards
 - Partner with hospitals to set up a WIC electric breast pump loan program
 - Work as a community to ban the provision of formula samples by health care providers
 - Provide training to child care providers on infant feeding and how to be a breastfeeding friendly child care.
 - Establish a local public health agency specific lactation policy

Early Childhood Obesity Prevention:

The following healthy weight promotion ideas vary greatly in target, intent, complexity and timeline. Some may be complete in one year, while others may be nutrition education plan activities for multiple years.

- A. Educate and build awareness of the importance of interconception care
- Incorporating special care activities for mothers (and fathers too if appropriate) after the birth of a child.
 - Promote reproductive life planning (planned pregnancies and child spacing). The following topics can become part of this special care just for mom:
 - ✓ Healthy Relationships
 - ✓ Future Dreams and Goals
 - ✓ Financial Security
 - ✓ Emotional Health
 - ✓ Family Planning
 - ✓ Pregnancy Prevention
 - ✓ Health goals for the coming years, if a child is planned in the future or not (well woman exams, healthy eating, active living, taking vitamins, oral health, family health risks)
- B. Educate and build awareness of low cost physical activity programs for WIC participants in the community and assess community barriers to healthy eating and active living
- Increasing access to healthy foods or opportunities for community physical activity.
 - Connect WIC participants to the community opportunities through marketing and/or incentives.
 - Conduct survey to determine what barriers exist with physical activity
 - Conduct interview with participants about what they are purchasing with fruit and vegetable vouchers
 - Identify community or regional initiatives intended to increase community opportunities for physical activity

- Attend community meeting to learn about proposed projects for parks, open space and activities for children
- Learn about what local public school program are implementing regarding health eating and physical activity
- Participate in local obesity prevention coalitions
- C. Provide effective and consistent messaging during WIC appointments
 - Utilize 9 Ways to Grow Healthy Colorado Kids messages to promote in WIC, and in collaboration with least one community partner.
 - Include a new message at each staff meeting for staff to learn
 - Provide one page handouts messages at WIC appointments
 - Conduct chart reviews to see if new message are consistently being provided
 - Encourage Wellness Coordinator to provide information on new messages
- D. Encourage and support staff training in early childhood obesity prevention:
 - Provide staff training to improve knowledge of the most recent evidence and recommendations related to healthy weight in early childhood.
 - Participant in the *Wellness Coordinator System*, a strategy to bring state and local WIC agencies together in addressing early childhood obesity through WIC services in Colorado.
 - The Early Childhood Obesity Prevention webpage, provides a summary of additional resources and recommendations <https://www.colorado.gov/cdphe/ecop-additional-resources>
 - Include a training on Motivational Interviewing training for staff
 - Provide a training on 5210 concepts
- E. Incorporate cooking, shopping and nutrition education resources into WIC appointments
 - Conduct a grocery tour and promote healthy foods and beverages
 - Provide information on My Plate and 5210 educational resources
 - Conduct a cooking demonstration one day per week at the WIC Clinic
 - Provide Cooking Matters, Shopping Matters, Snap-Ed, or Expanded Food and Nutrition Education Program (EFNEP), or other nutrition-related courses for families
 - <http://cookingmatters.org/>
 - <http://www.fns.usda.gov/snap/snap-ed>
 - <http://www.ext.colostate.edu/esba/>
- F. Educate and build awareness of the importance of collaboration with Farm to Family and community garden programs
 - Bring WIC and local farmers together for better health.
<http://www.coprevent.org/search?q=wic+farm+to+family#!/2012/10/wic-farm-to-family-pilot-offers-healthy.html>
 - Link WIC participants to community gardens and take a tour

Increase Program Participation:

- A. Conduct classes to decrease appointment wait time see a larger number of participants.
 - Certification prenatal classes
 - Follow-Up appointments for children
 - Breastfeeding classes
 - Infant feeding classes
 - Healthy Weight Classes
 - Topic-specific classes such as "Sugar-Sweetened Beverages"
- B. Educate and build awareness of strategies for reminding participants of their appointments
 - Participate in state-wide texting program
 - Develop a system to conduct reminder telephone calls
 - Develop a system to send reminder email messages
 - Print Appointment Reminder and give to participant for next visit
 - Send Appointment Reminder printouts in the mail
 - Encourage participants to call the clinic if they misplaced their envelope and/or forget their next appointment
 - Obtain updated contact information at each appointment: recertification, follow up, mid-certification
 - Obtain two sources of telephone contact information for each endorser
 - Conduct a survey to see how participants wish to receive appointment reminders
 - Run Appointment Summary Report to determine missed appointments due to no show
 - Improve outgoing telephone messages at clinics
- C. Build awareness of way to set up the clinic schedule to make appointment as efficient and flexible as possible

- Identify alternative methods for nutrition education based on participant preference (video chat, phone, WICHealth.org).
 - Minimize the length of appointment visits as much as is feasible.
 - Identify probably flexible times when clients can be seen.
 - Set aside appointment slots for new prenatal appointments.
 - Open the clinic one Saturday a month and rotate staff coverage.
 - “Lean” your work environment and clinic processes to assist with improvement in time management and to limit distractions.
 - Set up an afternoon for follow up missed appointments only
 - Run monthly Processing Standards Non-Compliance report to check on Processing Standards
 - Provide staff training on use of current software technology to increase computer skills and efficiency
- D. Educate and build awareness of strategies to maintain or increase caseload
- Conduct an assessment of staff to client caseload ratios to increase productivity
 - Consider assigning caseload to each WIC staff to determine productivity
 - Run monthly Termination by System Report to follow up with those participants that have been terminated due to not picking up benefits
 - Develop outreach strategies for internal referrals within the local agency programs
 - Advertise the WIC Program in the local newspaper
 - Advertise the WIC Program with the local radio station
 - Attend health fairs and other community events to promote the WIC Program
 - Provide training to local agency partners included on the Rights and Responsibilities form on how to refer to the WIC Program