

GOALS AND OBJECTIVES FY 2017

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 FY2017, breastfeeding initiation rates (“ever”) will be increased from the “ever” rate of 87.0% based on VISION reports generated for the 2016 calendar year for comparison.</p> <p>1.2 During FY2017, 6 month breastfeeding rates will be increased from rate of 36.0% based on VISION reports generated for the 2016 calendar year for comparison.</p> <p>1.3 During FY 2017, 1 year breastfeeding rates will be increased from the rate of 33.0% based on VISION reports generated for the 2016 calendar year for comparison.</p> <p>1.4 Baseline data of 3 month and 6 month exclusivity rates will be increased from 34% and 20%, respectively. VISION reports will be generated for the 2016 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>1.1.1. 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>1.1.5. Send 2 state staff to the USDA Loving Support updated Peer Counseling management training in Denver (8/2016)</p>	

	1.6 Expand Peer Counselor Program with increased USDA funding	1.6.1. Investigate the feasibility of hiring a State Peer Counselor who would support local programs 1.6.2. Increase funding to all local Peer Counselor Programs
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 2016 number of IBCLCs (18).	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, and MCH Block Grant, 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.

GOALS AND OBJECTIVES FY 2017
Nutrition Education

Goals	Objectives	Activities	Outcome
<p>1. Reduce the prevalence of low hematocrit/ hemoglobin among children who participate in the Utah WIC Program.</p>	<p>1.1. During FY 2017, the percent of children who have low hematocrit/ hemoglobin will be maintained or reduced from the 2015 baseline level of 12.27% (2016 VISION Annual Report) VISION reports will be generated for the 2016 calendar year for comparison.</p>	<p>1.1.1 Screen all children > 12 months for low hematocrit/hemoglobin and counsel according to P&P criteria.</p> <p>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.</p> <p>1.1.3 Research new educational resources and share with local WIC staff</p>	<p>.</p>
<p>2. Reduce the percent of children in the Utah WIC Program who are overweight and at risk of overweight.</p>	<p>2.1 During FY 2017, the percent of children who are at risk of overweight and overweight will be maintained or reduced from the 2015 baseline levels: 114- 9.8% for children and 25.3% for infants 113-5.02%</p> <p>VISION reports will be generated for the 2016 calendar year for comparison.</p>	<p>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.</p> <p>2.1.2 All WIC participants who have been assigned nutrition risk factor 113 or 114 will be assisted in goal setting.</p> <p>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.</p> <p>2.1.4 Provide monthly articles on pertinent nutrition and breastfeeding topics in the Utah WIC newsletter, WIC Wire</p>	

- 2.1.5 Identify, review and consider for implementation any new obesity prevention programs
- 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 Continue to 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. Support education for increasing customer satisfaction and participant retention statewide.</p>	<p>3.1 New teaching strategies (Facilitated Group Discussion, Family Centered Education and Motivational Interviewing) will be offered.</p>	3.1.1 Offer web-based classes to Utah WIC participants through WIC Health.org and state developed classes and trainings.	
		3.1.2 Utah WIC Program will implement an Online Peer Counselor (OPC) program in all interested local WIC agencies as funding allows.	
	<p>3.2 Expand outreach activities to increase participant caseload.</p>	3.1.3 Update nutrition resources.	
		3.1.4 Continue to incorporate new USDA MyPlate tools into existing nutrition education resources, especially in different languages.	
		3.2.1 Assess, promote, expand, and monitor WIC services in the state of Utah.	
		3.2.2 Provide WIC outreach materials to collaborative organizations within Utah	
		3.2.3 Develop and implement outreach strategies for government, community, public organizations and events.	
		3.2.4 Research and explore effective outreach tactics in a literature review.	

4. Increase the percent of women who gain the recommended amount of weight during pregnancy.	<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 19.00% in 2016. And, decrease the prevalence of low maternal weight gain at 22.08% in 2015. VISION reports will be generated for the 2016 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>
5. Implement new nutrition risk revisions/criteria.	5.1 Incorporate new nutrition risk information for USDA risk revisions.	<p>5.1.1 Integrate into VISION computer system and adjust system Parameters, if necessary.</p> <p>5.1.2 Develop local WIC staff training materials, as requested.</p> <p>5.1.3 Develop WIC participant educational materials, as needed.</p>

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.