

## 130.10 Nutrition and Health Services

### Overview

#### Introduction

This section includes goals and objectives for nutrition services, health services, and breastfeeding promotion and support.

#### Goals

The goals for nutrition and health services are to:

- Provide quality nutrition education and health services to all eligible women, infant, and children in Iowa.
- Promote accurate and consistent breastfeeding information, and
- Evaluate the impact of activities.

#### Breastfeeding action plan format

A format based on results-based accountability literature is used for the breastfeeding action plans in this policy

#### Contents

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## **FY' 21 Nutrition and Health Services Action Plan**

### **Action Plan:**

Increase local agency WIC staff's knowledge of Policy, System, and Environmental (PSE) changes so they can begin incorporating PSE activities into their work activities.

### **Objective:**

By September 30, 2021 the Iowa WIC program will have begun introducing PSE activities/training with local WIC agencies on incorporating policy, system, and environmental change (PSE) approaches into the work they are doing.

### **Purpose Statement:**

WIC has proven to be an effective nutrition program that focuses on helping each individual participant achieve a positive health outcome through behavior change. However, healthy eating and active living initiatives that focus on behavior change and broader system changes realize greater impact through multidimensional programming. Individuals have a harder time initiating and maintaining healthy behavior changes, despite their motivation, if the environment in which they live doesn't support those behaviors. We have to make the healthy choice the easy choice to achieve the goals of our program.

### **Action Steps:**

- By December 31, 2020, develop a plan for introducing PSE activity/training to local WIC agencies.
- By February 15, 2021, develop a plan for including PSE in local agencies' work activities.

### **Evaluation Plan:**

Completion of the above steps

### **Resources Required:**

Staff time, possibly monetary resources if training materials have a fee associated with them.

### **Lead Staff:**

Nikki Davenport RDN, LD

## **FY'21 Breastfeeding Action Plan**

### **Purpose Statement:**

According to the Center for Disease Control 2018 Breastfeeding Report Card, 81.5% of Iowa mothers initiated breastfeeding and 51.4% continued breastfeeding until the recommended 6 months in 2015. Data from the Iowa Newborn Metabolic Report show that in 2019, 82.6% of all mothers initiated breastfeeding in Iowa, meeting and exceeding the Healthy People 2020 breastfeeding initiation goal of 81.9%. The most recent Iowa WIC Program data through January 2020 show that rates for initiation of breastfeeding have increased to 72% and rates have remained stable for breastfeeding until 6 months at 22%.

Mothers and infants participating in the WIC Program are often aware that breastfeeding is the best choice, but face barriers beyond those of the general population, including lack of support from family and friends, a need to return to work sooner, and lower confidence in their ability to breastfeed. The Iowa WIC Program strives to help breastfeeding families succeed by offering anticipatory guidance and education prior to birth, breastfeeding support by nurses, dietitians, breastfeeding peer counselors and other professionals with extended breastfeeding education after birth, and providing tools such as breast pumps and other breastfeeding supplies to ensure women can breastfeed longer and meeting their breastfeeding goals.

### **Objective 1:**

By September 30, 2021, increase the proportion of Iowa WIC participants who initiated breastfeeding from 72% to 73% and increase the number of Iowa WIC participants who continue breastfeeding for the recommended 6 months from 22% to 23%.

### **Objective 1 Action Steps:**

- By October 31, 2020, an assessment tool will be developed, distributed and analyzed by the State Breastfeeding Coordinator in collaboration with the Breastfeeding Advisory Committee for assessing breastfeeding-friendly practices at all WIC agency clinics.
- By January 31, 2021, a plan of action will be determined to improve the environment at WIC clinics, including adding/improving lactation rooms, adding breastfeeding posters to clinics/offices, etc.
- By March 31, 2021, agencies will receive guidance from the State Breastfeeding Coordinator in making improvements.
- By April 30, 2021, the results of the improvements will be summarized and shared throughout the state.
- By December 31, 2020, the State Breastfeeding Coordinator and State Breastfeeding Peer Counseling Manager will adapt a breastfeeding training module, post-test and evaluation survey for all new Iowa WIC staff to be completed upon hire to expand breastfeeding staff knowledge and support. This will include support staff that previously didn't receive breastfeeding training at the state level.
- By May 31, 2021, all new WIC employees in the state of Iowa will start completing improved training on breastfeeding via the adapted module.
- By September 30, 2021, evaluation data will be compiled regarding the new breastfeeding module.

### **Objective 1 Evaluation Plan:**

- Number of clinics in the state of Iowa documenting improvements made to WIC clinic environments in the project summary report.
- Percent of WIC clinics with environmental improvements documented.
- Number of new WIC staff completing the new breastfeeding module for training.
- Percent of new staff that completed the breastfeeding training within the first 6 months of employment as required.

### **Objective 1 Resources Required:**

- Staff time for work on projects
- Google platform for virtual calls/meetings
- Data system (Focus) reports

### **Objective 1 Lead Staff:**

Nicole Newman, RD, LD, CLC

### **Objective 2:**

By September 30, 2021, enhance services provided to WIC participants receiving peer support through the Iowa WIC Breastfeeding Peer Counseling program by increasing educational, networking, and partnership opportunities for peer program staff.

### **Objective 2 Action Steps:**

- By October 30, 2020, a training on Health Equity and how it relates to breastfeeding in the WIC population will be presented by an expert on health equity, to the local WIC Peer Counseling coordinators.
- By June 25, 2021, all peer counselors will receive education on health equity and the relationship to breastfeeding through webinar, featured speakers, attending a training or conference, an online or in-person class, or through some other (meaningful) mode.

### **Objective 2 Evaluation Plan:**

- Percentage of local peer counseling coordinators that demonstrate an understanding of disparities within the population they serve and how the disparities are related to breastfeeding success.
- Percentage of local peer counseling coordinators attendees at the Health Equity presentation that express a better understanding of ways to address the barriers that effect breastfeeding rates among WIC clients.
- Percentage of local peer counselors that receive education on health equity and how it relates to breastfeeding.
- Percentage of all peer counselors that express a better understanding of the disparities facing the WIC population they serve, following education on health equity.

**Objective 2 Resources Required:**

- Staff time to organize and present education.
- Google platform for virtual presentations.

**Lead Staff:**

Jane Stockton

## Results of FY'20 Nutrition and Health Services Action Plan

To develop and use a standardized risk review process to look at the research behind the WIC nutrition risk codes Iowa uses and determine which risks will be labeled as high risk and which will be low risk.

### Objective

By September 30, 2020, the Iowa WIC Program will have researched and reviewed the evidence for each nutrition risk utilized by the program and determine if there is justification to assign it High Risk designation or not.

### Purpose Statement

Requiring nutrition risk as an eligibility criterion is a unique feature of the WIC Program. The National WIC Association (NWA) and the Food and Nutrition Services (FNS) division of the United States Department of Agriculture (USDA) make up a Risk Identification and Selection Collaborative (RISC) group that is charged with revising, adding, and in some cases, discontinuing the allowed WIC nutrition criteria. State WIC agencies are responsible for determining their nutrition risk priorities within these risks, and determining their procedure for high risk participants. Iowa currently uses the definition of high risk to be "a nutrition problem or the potential for developing a nutrition problem that requires additional assessment, intervention, monitoring and evaluation by a licensed dietitian" from the Journal of American Dietetic Association 2003; 103(6):1061-1072, but does not currently have a documented process for determining high risk codes. The codes currently listed in policy 215.62 (High-Risk Conditions) have remained the same for an indeterminate amount of time. The Iowa WIC Program could benefit from a standardized review process that looks at the current evidence to determine the nutrition risks that can be impacted the most by requiring at least one consultation with a licensed dietitian (LD) as the aforementioned policy requires. By determining who really needs to see a dietitian for a nutrition education contact, we can more efficiently utilize staff and provide better services to those participants who are most at risk with something that can be impacted by a consult with an LD.

### Action Steps

1. By October 31, 2019 the State agency will develop a standardized risk worksheet review tool for Nutrition Services Committee (NSC) members, State agency staff and nutrition/dietetic interns to use when reviewing nutrition risks currently utilized by the State of Iowa WIC Program. A High Risk Worksheet that includes High Risk Criteria questions was obtained for use in Iowa from the Utah State WIC Program. They developed it after reviewing the publication, WIC Nutrition Risk Criteria, A Scientific Assessment, 1996, IOM.
2. By January 31, 2020 Nutrition Service Committee members and State agency consultants will be assigned five nutrition risks to review the most recent evidence and research out there and complete the risk worksheet review tool. The risk assignment log that indicated which risks each staff person was responsible for researching was shared on January 31, 2020. A kickoff meeting was held February 7 to review the project and action plan and a midpoint check in meeting was held April 20, 2020.
3. By May 31 2020 all-risk review worksheets will be submitted to the State Nutrition Services Coordinator. All risk review worksheets were submitted by May 31, 2020 and

the State Nutrition Services Coordinator compiled the results. Risks that had conflicting recommendations (ex. One staff recommended the risk be a high risk and another recommended it to be low risk) were reviewed and discussed among the state nutrition consultants and over the course of two Nutrition Services Committee calls held on June 12 and July 20, 2020.

4. By July 31, 2020 any overlapping risk reviews that did not come to the same conclusion on risk level assignment will be reviewed among State agency consultants and members of the NSC team and a decision made as to weather they will be considered high or low risk in Iowa. All decisions were made by July 31, 2020 and the associated policies updated.
5. By August 31, 2020 risk level assignments will be updated for all State of Iowa utilized nutrition risks and policy will be updated to reflect what risks have been determined to be high risk. Policy 215.62 “High-Risk Conditions” was updated and submitted to the regional office. The MIS data system was also updated and information on the updates shared with local agency staff.

### **Lead Staff**

Nikki Davenport, RD, LD

### **Evaluation plan**

Completion of this action plan will be evaluated by the:

1. Completion of the steps as scheduled.
2. Updated High-Risk Conditions policy (215.62).

### **Resources Required**

The resources required will include:

1. Staff time to research and asses the evidence available on each nutrition risk.
2. Staff time to update and receive approval of the revised High-Risk Conditions policy (215.62).

### **Results of FY'20 Breastfeeding Action Plan**

Increase FY'20 Breastfeeding rates at initiation and at six months.

### **Purpose Statement**

The most current data from the CDC Breastfeeding Report Card in 2018 indicates that breastfeeding is initiated in 81.5% of the general population and by six months that number drops to 51.4% in the state of Iowa. Breastfeeding initiation and duration rates for Iowa WIC participants have generally been at least 10 percent lower than the initiation and duration rates from the entire population. This trend may be partially explained by Iowa’s high rates of women with young children in the work force and the general lack of breastfeeding support. Despite the increasing knowledge of the benefits of breastfeeding, mothers continue to face many barriers. Often times they lose confidence in their ability to succeed and lack support from their families, social networks, employers and from many health professionals, including hospital and physician office staff, to continue breastfeeding. Support for breastfeeding mothers through WIC’s Breastfeeding Peer Counseling Program, offered in more than half of the WIC agencies throughout the state, has significantly impacted breastfeeding initiation and duration rates.

**Objective 1**

By September 30, 2020, increase the proportion of Iowa WIC participants who breastfeed from 71% to 72% at birth and from 22% to 23% at 6 months

**Action Steps**

The following activities are planned:

1. By September 30, 2020, WIC agencies will expand on the partnerships developed in FY 2019 with at least one birthing hospital within their service area, and potentially expand to other area hospitals as well.
2. By September 30, 2020, WIC breast pump issuance policy updates will expand access to electric breast pumps equally for breastfeeding mothers across the state of Iowa.
3. By September 30, 2020, provide training on revised USDA Breastfeeding curriculum to all WIC staff.

**Evaluation Plan**

The table below describes the evaluation plan:

<b>How much did we do?</b>	<b>How well did we do it?</b>
59 birthing hospitals approached to develop a partnership with WIC.	91.5% of birthing hospitals actively participating in a partnership with WIC.
# of WIC staff invited to training on the revised USDA breastfeeding curriculum. - 0 (USDA training has not yet been made available to states so this was n/a)	% of WIC staff in attendance at training on the revised USDA breastfeeding curriculum. - 0 (USDA training has not yet been made available to states so this was n/a)
<b>Who is better off?</b>	
13 local agencies with increased breastfeeding initiation rates.	65% local agencies with increased breastfeeding initiation rates.
12 local agencies with increased duration rates at 6 months.	60% local agencies with increased duration rates at 6 months.
20 local agencies reporting increase in number of breast pumps available to WIC participants.	45% local agencies reporting increase in number of breast pumps issued to WIC participants. (COVID-19 impacted need for breast pumps by WIC participants as several families are not working or leaving babies)
	% of WIC staff that report increased knowledge related to the USDA breastfeeding curriculum. n/a (USDA training has not yet been made available to states)



**Resources Required**

- Staff time for program assistance, education, and evaluation.
- Data system (Focus) reports.

**Lead Staff**

Nicole Newman, RD, LD, CLC

**Results of FY’20 Objective 2 Action Plan**

By September 30, 2020, expand and enhance services provided to WIC participants receiving peer support through the Iowa WIC Breastfeeding Peer Counseling program by increasing educational, networking, and partnership opportunities for peer programs.

**Action Steps**

The following activities are planned:

1. By August 1, 2020, provide Quality Improvement training for Peer Counseling Coordinators.
2. By September 30, 2020, provide training on revised USDA Breastfeeding curriculum for all Peer Counseling Coordinators.
3. Through September 30, 2020, provide ongoing technical assistance to include education and program management to all peer counseling programs, including at least one onsite visit to also evaluate program status and compliance with required program components and policies.
4. Through September 30, 2020, provide resources to Peer Counseling programs to assist them with partnership development with local birthing hospitals.

**Evaluation Plan**

The table below describes the evaluation plan:

<b>How much did we do?</b>	<b>How well did we do it?</b>
11 Peer Counseling Coordinators invited to training on the revised USDA breastfeeding curriculum.	100% Peer Counseling Coordinators in attendance at training on the revised USDA breastfeeding curriculum.
11 Peer Counseling Coordinators invited to QI training.	100% Peer Counseling Coordinators in attendance at QI training.
<b>Who is better off?</b>	
12 Peer counseling coordinators who report new or enhanced partnership activities with a birthing hospital(s) in their WIC service area.	100% Peer Counseling programs that report improved services to WIC clients as a result of partnering with a local birthing hospital(s).

11 Peer Counseling Coordinators in attendance reporting increase in knowledge of QI.	100% Peer counseling Coordinators in attendance at QI training who report a plan to implement knowledge gained.
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\*\*\* Three of us were trained on the revised draft curriculum but there has been a delay in USDA approving the final curriculum and distributing to state programs. Coordinators, at a meeting, were updated on the proposed content of the revised WIC Breastfeeding training platform. In addition, a plan was developed for training Peer Counselors in the interim, until the final Curriculum is released.

**Resources**

Staff time for program assistance, education, and evaluation.

**Lead Staff**

Jane Stockton, RN, CLC