**A group of women in strollers

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**Iowa Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)**

**WIC Nutrition Education Needs Assessment (NENA) Technical Assistance Tool**

**February 2024**

**Iowa Department of Health and Human Services**

**Bureau of Nutrition & Physical Activity**

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**A person holding a baby

Description automatically generated with low confidenceWIC NENA Technical Assistance Tool**

**Section I. Overview and Introduction**

# Section I. Overview and Introduction

## Introduction

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Nutrition Education Needs Assessment (NENA) tool is a practical document designed to assist WIC agencies in conducting a holistic assessment of their Collaborative Service Area (CSA) for program service planning. The emphasis is on collecting and reviewing data and identifying priorities for nutrition education, breastfeeding promotion and support, caseload management, outreach activities, and program evaluation and reporting. This needs assessment tool guides local WIC staff through the WIC NENA process (**Figure 1**, below) and assists in the application of assessment findings to program goals and local operations.

Figure 1. Steps in the WIC Nutrition Education Needs Assessment Process

## Background and Purpose of the Needs Assessment Process

### Background

WIC is a premier public health program designed to help assure positive birth outcome, normal child growth, increase immunization rates, and improve access to health care and social services in the community. The Iowa WIC Program strives to eliminate barriers, reduce health disparities, and improve health outcomes by providing nutritious food, nutrition and health education, breastfeeding promotion and support, and referrals to other health, welfare, and social services for eligible individuals.

Local WIC agencies are committed to reach and serve priority audiences ensuring adequate accessibility and culturally and linguistically appropriate services. Sensitivity to and awareness of WIC participant satisfaction is a critical factor in participant retention. Identifying priority populations who experience a disproportionate burden related to nutrition and health issues, and understanding the existing health disparities and risks of this population along with their interests and needs, can inform the types of screenings, referrals, and support provided to participants.

### Purpose

The purpose of this tool is to assist with the identification and analyses of several data sets describing the health status and nutrition education needs of WIC participants. This tool offers several considerations to leverage existing data, plan new data collection activities, and suggestions for applying the data for program planning. The series of worksheets included in this tool will help you systematically collect key program data elements and participant and population health and behavior indicators, and then guide you through a process to assess and apply the findings to:

1. Determine communities most in need of services and their priorities.
2. Identify any demographic disparities and incorporate equity approaches.
3. Inform locally relevant program planning based on participant feedback.
4. Support local agency monitoring and evaluation of nutrition-related problems and high-risk groups within the WIC participant population and community and the effectiveness of WIC services currently provided.

### Staff Involvement

WIC coordinators are encouraged to involve all WIC staff in their agency’s nutrition education needs assessment. Each section can be printed or shared separately among staff members to accommodate this. Worksheets are also available in Microsoft Word version, from the State Office upon request, for digital sharing with your staff for the gathering of data and completing of the tables**.**

### Components of this Tool

This tool is divided into five sections:

* **Section I: Overview and Introduction** provides the background, purpose, and overview of the NENA tool.
* **Section II: Nutrition Services** discusses collecting information about the current state of your agency’s program and allows for comparisons to state averages. Data system reports such as the Participation with Benefits, Enrollment, and Appointment Summary Reports are reviewed.
* **Section III: Nutrition and Health Indicators** offers guidance to identify indicators and collect data that relate directly to WIC program services, including nutrition risk information and census community-level data (e.g., race/ethnicity, poverty, food insecurity) to help give context for the overall community. Incorporating local planning processes such as the county Community Health Improvement Plans (CHIP) and Community Health Assessments (CHA) as well as making meaningful comparisons to state (Healthy Iowans) and national (Healthy People 2030) benchmarks indicators are also discussed.
* **Section IV: Gaining Participant Feedback** describes ways to obtain participant feedback using assessment surveys and other evaluation tools.
* **Section V: Action Planning** contains information for putting it all together and applying the data collected to develop action plans for WIC program services. Integrating monitoring and evaluating steps into the plan is also discussed to ensure data collection systems are in place and progress can be measured and program modifications made if necessary.

Each section contains data sources, reports, and assessment tools that can be used to inform the NENA process and includes descriptions of these resources and suggestions for analysis and interpretation. When worksheets are presented, a completed sample worksheet is provided as an example to assist agencies in completing the worksheets for their CSA.

### The Planning Process Steps and the WIC NENA Tool

The planning process shown in **Figure 1**, above,is sequential and cyclical, incorporating findings into future program refinements, and providing baseline data points for analyzing trends over time. The box below, details the locations of the planning steps in the NENA tool. The first two steps of the planning process are covered in Sections II, III, and IV, and the last three steps are covered in Section V.

**Where are the Planning Process Steps in the NENA Tool?**

* **Collect and Analyze Data**– Sections II, III, and IV
* **Prioritize Community Priorities** – Sections II, III, and IV
* **Plan Program Implementation Strategies** – Section V
* **Evaluate Progress** – Section V
* **Refine and Reflect** – Section V

# WIC NENA Technical Assistance Tool

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**Section II. Nutrition Services**

# Section II. Nutrition Services

## Purpose

The Nutrition Services section is designed to assist local agencies in assessing their current processes for providing nutrition services. Agencies will run three Focus data system reports, review the *WIC Estimated Eligible Population County Profiles* for the counties served by the agency, and then answer questions to analyze the information and apply the findings in action plan development. Agencies can use state-level data included in the reports as a reference point for comparison to assess whether agencies and clinics are operating at, better than, or below the state average as a whole. This information will be helpful to consider when writing action plans to enhance how WIC services are provided.

## Data System Reports

There are three data systems reports that will be used to answer the questions and assess your agency’s operations in the Nutrition Services section:

1. *Participation with Benefits Report*
2. *Enrollment Report*
3. *Appointment Summary Report*

## Other Reports

The *WIC Estimated Eligible Population County Profiles* for the counties served by your agency will also be used*.*

## Directions

### Step 1: Gather Your Data

Run each of the three data systems reports for the dates listed in each report section below. Gather the *WIC Estimated Eligible Population County Profiles* for all counties served by your agency. Use the reports and profiles to answer the questions and assess your agency’s operations and to determine if service changes are needed as you develop your action plans.

#### Participation with Benefits Report

Run the *Participation with Benefits Report* for two time periods: (1) the month of January for the current year; and (2) the month of January for the previous year.

**What is the *Participation with Benefits Report*?**

This report shows number of WIC participants by category who had an “active” WIC status AND received WIC food benefits that month.

Definitions of variables in this report:

* + **Participant Categories**: Pregnant, Fully Breastfeeding (Fully BF), Partially Breastfeeding with Food Benefits (Part BF with FB), Partially Breastfeeding with No Food Benefits (Part BF No FB), Not Breastfeeding (Not BF), Total Women, Exclusive Breastfed Infant (Excl BF), Exclusive Breast/Comp-fed infant (Excl BF/Comp), Not Exclusive Breastfed Infant (Not Excl BF), Formula-fed Infant (Formula), Total Infants, Child, Special Child, Total Child
  + **Grand Total**: All participants with a WIC status of “active” who received WIC food benefits
  + **Enrolled**: All participants with a WIC status of “active”
  + **% of Enrolled with Benefits**: All participants with a WIC status of “active” who received benefits, divided by all enrolled, multiplied by 100

#### Participation with Benefits Report: State Totals

**January 2023**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Pregnant | Fully BF | Part BF with FB | Part BF No FB | Not BF | Total Women | Excl BF | Excl BF/ Comp | Not Excl BF | Formula | Total Infants | Child | Special Child | Total Child | Grand Total | Enrolled | % of Enrolled with Benefits |
| 4,029 | 2,381 | 1,920 | 234 | 3,211 | 11,775 | 1,531 | 826 | 2,491 | 7,883 | 12,731 | 29,428 | 1,382 | 30,810 | 55,316 | 66,292 | 83.44% |

**January 2024**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Pregnant | Fully BF | Part BF with FB | Part BF No FB | Not BF | Total Women | Excl BF | Excl BF/ Comp | Not Excl BF | Formula | Total Infants | Child | Special Child | Total Child | Grand Total | Enrolled | % of Enrolled with Benefits |
| 4,366 | 2,502 | 2,163 | 308 | 4,043 | 13,382 | 1,501 | 1,049 | 2,750 | 9,200 | 14,500 | 33,415 | 1,001 | 34,416 | 62,298 | 65,563 | 95.02% |

### Step 2: Interpret Your Participation Data

After running and reviewing your agency’s *Participation with Benefits Report*, and reviewing the State Totals, answer the following questions:

1. What is your percent of enrolled with benefits for the agency for both periods? How do these compare to the state percentages?
2. Has the percentage of enrolled with benefits stayed the same, increased, or decreased over the year?
3. What activities could your staff be doing to close the gap between enrollment and participation?
4. Are there any clinic participation rates that stand out to you?
5. Are there any participant categories where participation could be improved?
6. Does anything about these data surprise you?
7. What activities are clinic staff engaging in to enhance participation rates (e.g., on-site sign-up at community fairs, coordinating with health centers and medical providers, using outreach toolkit to place advertisements on billboards or at movie theatres)?
8. What support do you need from state WIC staff to support your efforts to enhance participation rates?

#### Enrollment Report

Run the *Enrollment Report* for two time periods: (1) the month of January for the current year; and (2) the month of January for the previous year.

**What is the *Enrollment Report*?**

This report provides number of enrollees by category for all active participants by local agency and clinic.To learn what participant category makes up what percentage of your total enrollees you need to divide that participant category enrollee number by your grand total of enrollees.

Definitions of variables in this report:

* + **Participant Categories**: Pregnant, Breastfeeding, Not Breastfeeding, Total Women, Exclusive Breastfed Infant (Excl Breastfeeding), Exclusive Breast/Comp-fed infant (Excl BF/Comp), Not Exclusive Breastfed Infant (Not Excl Breastfeeding), Formula-fed Infant (Formula), Total Infants, Child, Special Child, Total Child
  + **Grand Total**: Number of total enrollees

#### Enrollment Report: State Totals

**January 2023**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Pregnant | Breast-feeding | Not BF Breast-feeding | Total Women | Excl Breast- feeding | Excl BF/Comp | Not Excl Breast- feeding | Formula | Total Infants | | Child | Special Child | Total Child | | Grand Total |
| 4,446 | 5,527 | 4,720 | 14,693 | 1,646 | 838 | 2,630 | 8,244 | 13,358 | 36,254 | | 1,987 | 38,241 | 66,292 | |

**January 2024**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Pregnant | Breast- feeding | Not Breast- feeding | Total Women | Excl Breast- feeding | Excl BF/Comp | Not Excl Breast- feeding | Formula | Total Infants | | Child | Special Child | Total Child | | Grand Total |
| 4,567 | 5,328 | 4,109 | 14,004 | 1,586 | 1,073 | 2,887 | 9,500 | 15,046 | 35,470 | | 1,043 | 36,513 | 65,563 | |

### Step 3: Interpret Your Enrollment Data

After running and reviewing your agency’s *Enrollment Report*, the *Enrollment Report* State Totals and the *WIC Estimated Eligible Population County Profiles* for the counties served by your agencies, use these reports to answer the questions below:

1. Have the numbers enrolled stayed the same, increased, or decreased over the year?
2. How do these compare to the state trends?
3. Are there any clinic enrollment rates that stand out to you?
4. Looking at the estimated eligible population by county, what percentage of people eligible for WIC are participating in the counties served by your agency?
5. What percentage of people eligible for WIC are not participating in the counties served by your agency?
6. Are there any participant categories where participation could be improved?
7. Are there specific race or ethnic groups that are eligible but not participating?
8. Which populations have the lowest participation rates?
9. Which populations have the greatest potential reach?
10. Are there community partners in these counties you could partner with to reach eligible WIC participants?

#### Appointment Summary Report

Run the *Appointment Summary Report* for two time periods: (1) the month of January of the current year; and (2) the month of January for the previous year.

**What is the *Appointment Summary Report*?**

This report shows a trend analysis of appointment types over time.

Definitions of variables in this report:

* **Appointment Type Categories**: Breastfeeding Health Update (Breastfeeding HU), Certification, Child Health Update (Child HU), Follow Up, Health Update, Infant Health Update (Infant HU), Nutrition Education by Phone (NE Phone), No Appointment Reminder, Nutrition Education, Other, Recertification, WICHealth.org Follow-up (WICHealth.org f/up)

#### Appointment Summary Report: State Totals

**January 1, 2023, to January 31, 2023[[1]](#footnote-2)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Appt Type | # Kept | % Kept | # No Shows | % No Shows | # Cancelled | % Cancelled | # Rescheduled | % Rescheduled | Total Appts |
|  | 21,996 | 57.94% | 4,713 | 12.41% | 2,021 | 5.32% | 9,236 | 24.33% | 37,966 |
| Breastfeeding HU | 368 | 53.57% | 69 | 10.047% | 26 | 3.78% | 224 | 32.61% | 687 |
| Certification | 3,871 | 57.86% | 893 | 13.35% | 470 | 7.03% | 1,456 | 21.76% | 6,690 |
| Child HU | 2,441 | 47.19% | 773 | 14.94% | 251 | 4.85% | 1,708 | 33.02% | 5,173 |
| Follow up | 216 | 52.43% | 52 | 12.62% | 17 | 4.13% | 127 | 30.83% | 412 |
| Health update | 162 | 54.00% | 32 | 10.67% | 27 | 9.00% | 79 | 26.33% | 300 |
| Infant HU | 1,565 | 53.36% | 338 | 11.52% | 133 | 4.53% | 897 | 30.58% | 2,933 |
| NE Phone | 4,565 | 67.08% | 692 | 10.17% | 239 | 3.51% | 1,309 | 19.24% | 6,805 |
| No Appointment Reminder | 2,460 | 70.93% | 345 | 9.95% | 194 | 5.59% | 469 | 13.52% | 3,468 |
| Nutrition Ed | 1,594 | 51.17% | 416 | 13.35% | 255 | 8.19% | 850 | 27.29% | 3,115 |
| Other | 482 | 82.53% | 22 | 3.77% | 17 | 2.91% | 63 | 10.79% | 584 |
| Recertification | 2,703 | 51.02% | 769 | 14.51% | 237 | 4.47% | 1,589 | 29.99% | 5,298 |
| WICHealth.org f/up | 1,569 | 62.73% | 312 | 12.48% | 155 | 6.20% | 465 | 18.59% | 2,501 |

**January 1, 2024, to January 31, 2024[[2]](#footnote-3)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Appt Type | # Kept | % Kept | # No Shows | % No Shows | # Cancelled | % Cancelled | # Rescheduled | % Rescheduled | Total Appts |
|  | 22,773 | 56.92% | 4,700 | 11.75% | 2,202 | 5.50% | 10,334 | 25.83% | 40,009 |
| Breastfeeding HU | 314 | 50.00% | 69 | 10.99% | 29 | 4.62% | 216 | 34.39% | 628 |
| Certification | 4,060 | 54.51% | 855 | 11.48% | 503 | 6.75% | 2,030 | 27.26% | 7,448 |
| Child HU | 2,308 | 44.99% | 760 | 14.81% | 294 | 5.73% | 1,768 | 34.46% | 5,130 |
| Follow Up | 340 | 62.39% | 59 | 10.83% | 23 | 4.22% | 123 | 22.57% | 545 |
| Health update | 191 | 59.50% | 32 | 9.97% | 24 | 7.48% | 74 | 23.05% | 321 |
| Infant HU | 1,427 | 51.76% | 324 | 11.75% | 127 | 4.61% | 879 | 31.88% | 2,757 |
| NE Phone | 5,664 | 69.94% | 824 | 10.10% | 319 | 3.91% | 1,350 | 16.55% | 8,157 |
| No Appointment Reminder | 2,592 | 64.65% | 422 | 10.53% | 344 | 8.58% | 651 | 16.24% | 4,009 |
| Nutrition Ed | 1,435 | 51.14% | 364 | 12.97% | 141 | 5.02% | 866 | 30.86% | 2,806 |
| Other | 335 | 72.35% | 21 | 4.54% | 26 | 5.62% | 81 | 17.49% | 463 |
| Recertification | 2,747 | 49.57% | 744 | 13.42% | 255 | 4.60% | 1,796 | 32.41% | 5,542 |
| WICHealth.org f/up | 1,360 | 61.73% | 226 | 10.26% | 117 | 5.31% | 500 | 22.70% | 2,203 |

### Step 4: Interpret Your Appointment Data

After running and reviewing your agency’s *Appointment Summary Report*, and reviewing the State Totals, answer the questions below:

1. What are the no-show rates for the agency? How do these compare to state trends?
2. Has the no-show rate stayed the same, increased, or decreased over the year?
3. Have there been any changes in the cancellation rate?
4. Are there any clinic no-show rates that stand out to you?
5. Are there any clinic cancellation rates that stand out to you?
6. Are there any appointment types that have higher no-show rates?
7. Are there any appointment types that have higher cancellation rates?
8. Are there any appointment types that are difficult to reschedule?
9. Does anything about this data surprise you?
10. What are factors that contribute to individual clinic and/or your agency’s no-show rates?
11. What are the factors that contribute to the individual clinic and/or your agency’s cancellation rates.
12. What activities are clinic staff doing to decrease no-show rates (e.g., asking preferred appointment times and dates, offering extended hours)?
13. What activities are clinic staff doing to decrease cancellation rates?
14. What are some possible clinic changes and/or agency changes that you could implement to improve the no-show and cancellation rates?
15. What support do you need from state WIC staff to support your efforts to reduce no-show rates?

#### Other Nutrition Services Considerations

Thinking about your overall nutrition services, answer the following questions and consider how you could incorporate the responses to enhance program services:

1. How are secondary nutrition education contacts (e.g., one-to-one, group, online) provided to non-high-risk participants and high-risk participants? Are there challenges meeting the high-risk participants’ needs?
2. Estimate the number of non-English speaking families served by your agency. List the languages spoken and how your agency is currently serving them (e.g., translation/interpreting services).
3. Using time studies, determine the average length of time WIC participants spend in clinic at your agency. What clinic flow challenges and hours of service concerns need to be addressed?

**WIC NENA Technical Assistance Tool**

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**Section III. Nutrition and Health Indicators**

# Section III. Nutrition and Health Indicators

## Purpose

The Nutrition and Health Indicators section is designed to help you gather, interpret, and use nutrition risk and breastfeeding data for program planning. The worksheets below include directions on how to export data from Focus related to nutrition risk and breastfeeding prevalence. After you complete the worksheets, there are a set of guiding questions to help you interpret the data and use it to plan program improvements.

## Data System Reports

There are two data system reports that you will need to access:

1. *Prevalence of Nutrition Risk by Local Agency (LA) and County Report*
2. *Breastfeeding Prevalence Report*

## Directions

### Step 1: Gather Your Data

Download the data system reports needed using the directions below.

#### Prevalence of Nutrition Risk by Local Agency (LA) and County Report

Run the *Prevalence of Nutrition Risk by LA and County Report* for your agency in Focus. Focus calculates the prevalence of all nutrition risks based on the number of active WIC participants with those nutrition risks at the time the report is run (i.e., it is only point in time data). **Use the last day of the fiscal year (September 30) of the previous year to run the report so that you can make comparisons to state-level data.**

**What is the *Prevalence of Nutrition Risk by LA and County Report*?**

This report provides the frequency of risks by category of all active participants by local agency and clinic.

Definitions of variables in this report:

* **Total Participants**: All participants with a WIC status of “active”
* **Participants per category**: All participants with a WIC status of “active” and Participant Category = Pregnant, Breastfeeding, Not Breastfeeding, Infant or Child
* **# Participants with Risk (for each category)**: All participants with a WIC status of “active” and Participant Category = Pregnant, Breastfeeding, Not Breastfeeding, Infant or Child and have the specified risk
* **% Participants with Risk (for each category):** All participants with a WIC status of “active” and Participant Category = Pregnant, Breastfeeding, Not Breastfeeding, Infant or Child and have the specified risk, divided by Participants per category, multiplied by 100

#### Breastfeeding Prevalence Report

Run the *Breastfeeding Prevalence Report* for your agency in Focus. Focus calculates the prevalence of exclusive and “ever” breastfed rates at the time the report is run (i.e., it is only point in time data). **Use the last day of the fiscal year (September 30) of the previous year to run the report so that you can make comparisons to state-level data.**

**What is the *Breastfeeding Prevalence Report*?**

This report provides the prevalence of breastfeeding at the state, local agency and clinic levels.

Definitions of variables in this report:

* **Excl BF 1 Wk**: Exclusively breastfed for 1 week
* **Excl BF 3 Mo**: Exclusively breastfed for 3 months
* **Excl BF 6 Mo**: Exclusively breastfed for 6 months
* **12M**: Breastfed at 12 months
* **Ever BF**: Ever breastfed

### Step 2: Identify the Top Risks for Each Participant Type

Use the *Prevalence of Nutrition Risk by LA and County Report* to complete the worksheet on pages 17 and 18 for the risks indicated. These risks have been identified as the risks with the highest prevalence at the state level.

### Step 3: Identify Breastfeeding Prevalence

Use the *Breastfeeding Prevalence Report* to complete the worksheet on page 18 for the breastfeeding indicators listed.

### Step 4: Interpret Your Data

Complete the Questions for Interpretation section of the worksheet on page 19 to help review and interpret your data.

#### Prevalence of Nutrition Risk Worksheet

1. Nutrition Risks Amongst Pregnant Women

|  |  |  |
| --- | --- | --- |
| Federal Risk Codes and Indicators | State Prevalence (%) | Agency Prevalence (%) |
| (111) Overweight - Women BMI > or = 25.0 | 67.64% |  |
| (332) Short Inter-pregnancy Interval | 22.76% |  |
| (331B) Pregnancy at a Young Age - LMP at age 16 thru 20 | 15.99% |  |
| (361) Depression | 14.77% |  |
| (371) Nicotine and Tobacco Use | 10.69% |  |

1. Nutrition Risks Amongst Postpartum Breastfeeding Women

|  |  |  |
| --- | --- | --- |
| Federal Risk Codes and Indicators | State Prevalence (%) | Agency Prevalence (%) |
| (601A) Pregnant or BF Mother of a Priority 1 Infant | 59.73% |  |
| (111) Overweight - Women BMI > or = 25.0 | 52.20% |  |
| (133) High Maternal Weight Gain | 31.73% |  |
| (201) Low Hemoglobin / Low Hematocrit | 16.11% |  |
| (332) Short Inter-pregnancy Interval | 14.86% |  |

1. Nutrition Risks Amongst Postpartum Non-Breastfeeding Women

|  |  |  |
| --- | --- | --- |
| Federal Risk Codes and Indicators | State Prevalence (%) | Agency Prevalence (%) |
| (111) Overweight – Women BMI > or = 25.0 | 47.96% |  |
| (133) High Maternal Weight Gain | 30.40% |  |
| (361) Depression | 20.02% |  |
| (201) Low Hemoglobin / Low Hematocrit | 19.09% |  |
| (601A) Pregnant or BF Mother of a Priority 1 Infant | 17.56% |  |

1. Nutrition Risks Amongst Infants

|  |  |  |
| --- | --- | --- |
| Federal Risk Codes and Indicators | State Prevalence (%) | Agency Prevalence (%) |
| (701) Infant up to 6 mos old of WIC mother or WIC eligible mother | 58.26% |  |
| (702A) BF Infant of Mother at Nutr Risk Priority 1 | 33.77% |  |
| (114) Overweight or At Risk of Overweight (Infants and Children) | 28.20% |  |
| (142B) Early Term Delivery | 20.07% |  |
| (121B) Short Stature – Infant or Child | 11.05% |  |

1. Nutrition Risks Amongst Children

|  |  |  |
| --- | --- | --- |
| Federal Risk Codes and Indicators | State Prevalence (%) | Agency Prevalence (%) |
| (401) Failure to Meet Dietary Guidelines for Americans | 24.26% |  |
| (114) Overweight or At Risk of Overweight (Infants and Children) | 13.75% |  |
| (113) Obese – Child age 2 to 5 | 9.01% |  |
| (428) Risk Associated w/Complimentary Feeding age 4-23 mos | 8.02% |  |
| (201) – Low Hemoglobin / Low Hematocrit | 7.31% |  |

#### Breastfeeding Prevalence Worksheet

1. Breastfeeding Prevalence

|  |  |  |
| --- | --- | --- |
| Indicators | State Prevalence (%) | Agency Prevalence (%) |
| Excl BF 1 Wk | 45% |  |
| Excl BF 3 Mo | 40% |  |
| Excl BF 6 Mo | 34% |  |
| 12M | 51% |  |
| Ever BF | 69% |  |

#### Questions for Interpretation

##### Prevalence of Nutrition Risk

1. For each risk, how does your agency compare to the state-level prevalence?
   1. Why do you think your agency’s rates are higher or lower than the state levels?
2. Do any of the risks or prevalence rates surprise you?
   1. If so, why?
3. Do you think any risks are missing that are prevalent for your agency? Or for any of your clinics?
   1. If so, which one(s) and what is the prevalence rate?
4. Which risk(s) are you already addressing through your current program plans?
   1. Do you feel like this programming is helping improve the risk rates? If not, what could you change?
5. Which risk(s) are you not currently addressing through your program plans?
   1. How could you help address these risks in your future program plans?

##### Breastfeeding Prevalence

1. How do your agency and clinics compare to the state level for breastfeeding prevalence?
   1. Why do you think your agency’s rates are higher or lower than the state level?
   2. Are there any clinics with rates that are higher or lower than expected? If so, why do you think this is?
2. How are you addressing breastfeeding prevalence through your current program plans? Consider initiation and duration or length of breastfeeding.
   1. Do you feel like this programming is helping to improve breastfeeding rates? If not, what could you change?
3. Are there any other opportunities where you could incorporate programming into your future program plans that would support breastfeeding rates?

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**Section IV. Gaining Participant Feedback**

# Section IV. Gaining Participant Feedback

## Purpose

The Gaining Participant Feedback section provides ways to collect, interpret, and utilize input from WIC participants. Program participants can provide valuable feedback about their WIC experiences and offer input for the development of the nutrition education work plan. Considering participant opinion, and incorporating their feedback, may also lead to increased interest in the nutrition services and referral activities provided. Participant satisfaction with WIC services and ensuring operations and service delivery are carried out successfully is critical for WIC to continue to positively impact the lives of Iowan families.

## Tools Used

There are numerous ways you can collect information from WIC participants, including:

1. Iowa *WIC Participant Satisfaction Survey*
2. Feedback from *Suggestion Boxes*
3. *Iowa WIC Food Security Survey*

### Step 1: Collect Your Data

Gather the responses from the feedback tools described below.

#### WIC Participant Satisfaction Survey

Iowa WIC has developed a survey for all local agencies to use to collect participant’s thoughts and experiences about WIC. The survey will be administered electronically during the month of October in the even years and the month of November in the odd years. Iowa WIC will share the survey link for local agencies to provide to participants. At the end of the month, the state will analyze the results and share the findings with local agencies. A copy of the survey is provided in **Appendix A**.

**What is the *WIC Participant Satisfaction Survey*?**

This newly revised survey, to be administered once a year, provides local agencies the opportunity to gain participant feedback in the following programmatic areas:

* Communication
* WIC Appointments
* WIC Clinic Environment
* WIC Staff
* eWIC Cards
* Overall Comments

#### Suggestion Boxes

Suggestion boxes are an easy, inexpensive, safe, and anonymous way for WIC participants to share ideas to improve program operations on an ongoing basis. Recommendations to increase participant’s comfort in using suggestion boxes include:

* Locate in a place where it will be seen.
* Ensure there is paper and pens and the area is clean and inviting.
* Read suggestions on a regular basis.
* Develop a process to review and act on the suggestions.
* While it should be anonymous, provide an option for participant to be contacted for follow-up if they so desire.

#### Iowa WIC Food Security Survey

The *Iowa WIC Food Security Survey* is conducted periodically to assess food security status, participation in other food assistance programs, and various demographic information about WIC participants. The survey also includes open-ended question about participants’ experiences in WIC (e.g., “Is there anything else you would like to share with us today about your family or your experience with WIC?”). The state will provide the survey link for local agency staff to share with participants through mailings, text messaging, social media posts, and during WIC appointments.

The state will share the findings from this survey, including specific comments from agency participants. Results from the survey, particularly the food insecurity rates, food assistance participation, and any common themes that emerged from the responses relating to participants’ experiences should be considered for relevance to program planning.

### Step 2: Analyze Your Data

Complete the *Questions for Interpretation* section below:

#### Questions for Interpretation

1. What are the findings from the *Iowa WIC Food Security Survey* or local *WIC Participant Satisfaction Survey* that pertain to nutrition and health services?
2. How do your agency’s food security rates compare to the state rates?
3. What findings or feedback has your agency obtained through other surveys or comment systems?
4. Are there common themes among all of these feedback sources?
5. What opportunities are there for you to incorporate programming into your future program plans that would address identified priorities or concerns?

**WIC NENA Technical Assistance Tool**

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**Section V. Action Planning**

# Section V. Action Planning

## Purpose

This final section of the NENA tool, Action Planning*,* provides guidance on determining priorities for nutrition education, breastfeeding promotion and support, and outreach activities for Iowa WIC local agencies, and for developing the strategies and action steps to address these priorities.

In the previous sections of this tool, you gathered and reviewed data about your agency’s current processes for providing nutrition services, analyzed participant nutrition and health indicators, and collected participant feedback. The next step is to incorporate all of this information and to develop action plans with strategies, short-, intermediate-, and long-term goals and activities to address the nutrition, breastfeeding, and outreach related priorities identified. The action plans can be used as roadmaps or blueprints to guide program operations – nutrition education, breastfeeding promotion and support, caseload management, outreach activities, and program evaluation and reporting.

## Review Data and Answers to Questions for Interpretation

In this Action Planning section, we will be using all of the data systems reports and worksheets along with the answers to the inquiry questions that were completed in the previous sections.

Collect the following Information:

### *Section II:*

1. *Participation with Benefits Report* and the responses to the participation data interpretation questions.
2. *Enrollment Report* and the responses to the enrollment data interpretation questions.
3. *WIC Estimated Eligible Population County Profiles* for the counties served by your agency*.*
4. *Appointment Summary Report* and the responses to the appointment data interpretation questions.
5. Responses to the *Other Nutrition Services Considerations* inquiry questions.

### *Section III:*

1. *Prevalence of Nutrition Risk Worksheet* and the responses to the prevalence of nutrition risk interpretation questions.
2. *Breastfeeding Prevalence Worksheet* and the responses to the breastfeeding prevalence interpretation questions.

### *Section IV:*

1. *WIC Participant Satisfaction Survey* – use findings from the most recent survey and review the past two years to identify any recurring trends.
2. Findings from clinic suggestion boxes.
3. Findings from the most recent Iowa *WIC Food Security Survey.*

## Determining Your Program Priorities

This form summarizes your assessment of program needs based on nutrition and health indicators, program participation, and participant feedback. The form is a summary of pertinent data on the needs of each WIC participant category: pregnant women, breastfeeding women, postpartum women, infants, and children.

## Directions

Review the Prevalence of Nutrition Risk and Breastfeeding Prevalence Reports and client feedback collected. Using this data and the answers to the inquiry questions below, identify a minimum of two priorities for each WIC participant category. From these, identify the priorities to address in your action plans. Record these priorities in the Program Priorities Worksheet provided in **Appendix B**.

***Inquiry***

Answer the following questions:

1. What are the nutrition education priorities for pregnant women, breastfeeding women, postpartum women, infants, and children?
2. What common themes emerge from participant feedback that relates to the nutrition education, breastfeeding, and outreach needs assessment?
3. Given all these nutrition-related problems and nutrition education and breastfeeding needs, which priorities will be addressed in an action plan?
4. What were your outreach-related priorities identified?
5. Are there other data available to support the priority or create a data indicator set?

## Developing Action Plans

After you have determined what the priorities are, the next step is to create goals, strategies and activities. This is an action plan, which when detailed and well written keeps the process focused and organized. An Action Plan Template is provided in **Appendix C**, and a sample completed action plan for Outreach/Caseload Management and for Breastfeeding Promotion and Support is provided in **Appendix D and Appendix E**, respectively.

The components of an action plan may include:

* **Goals** – Goal statements are defined as clear, concrete, and precise with a measurable outcome. They indicate what will result when the goal is accomplished. Goals can be short-, intermediate-, and long-term. Consider using SMART + IE goals (Strategic, Measurable, Ambitious, Realistic, Time-Bound, Inclusive, and Equitable). A good resource is: [From SMART to SMARTIE: How to Embed Inclusion and Equity in Your Goals – The Management Center](https://www.managementcenter.org/resources/smart-to-smartie-embed-inclusion-equity-goals/).
* **Strategies** –A strategy statement describes how the goal will be accomplished; strategies are action-oriented.
* **Activities** – Activities or action steps break up the strategy into individual tasks which have distinct and independent purposes. The descriptions may include proposed methodologies to be used in the interventions, assessments, and evaluations.
* **Target Population** – Who are your activities intended to reach or impact?
* **County or Clinics** – List the counties or clinics involved in each action plan.
* **Staff Responsible** – Identify who is responsible for carrying out the action steps.
* **Timeline** – Each step should include the timeframe when the activities will be conducted.
* **Community Partners** – Identify partners in the community who should be involved in the action plans.
* **Evaluation measures** – Provide an objective determinant of how you are doing in accomplishing your goal. See the Monitoring and Evaluation section below.

## Monitoring and Evaluation

As you develop your action plans, one component that will be needed is to select evaluation measures that will allow you to track progress and completion of your goals as part of monitoring and evaluation. Depending on the type of actions, a variety of monitoring and evaluation strategies can be used, and these strategies will inform you on successes, barriers, and any mid-course corrections that might be needed to accomplish your goal. Monitoring and evaluation strategies may include:

* Review of plan activities for timeliness, completion, and effectiveness
* Data from the NENA
* Data from chart reviews
* Data from existing reports in Focus
* Questionnaires for participants targeted in the strategies (e.g., internal agency survey)
* Manual data collection forms designed for use at specific points in the intervention (pre-test/post-test)

### Selecting Your Measures

For many action plans, the first step is to identify baseline data. Consider the questions below to identify your baseline data and data you will use to track progress:

1. What data did you use from Sections II, III, and IV to help select your goal?
   1. Can you use the same data to track progress over time? Things to consider include how often the data is updated and if it is easily accessible to you.
2. Are there other data sources outside of those you used to complete Sections II, III, and IV that would help you track progress on your goal?
   1. How often are these data sources updated? Are they easily accessible to you?
3. Is there data that you could collect easily to help track progress on your goal?
   1. Who would you need to collect this data from? Can you or your staff analyze the data in the way you would need to report on your goal?
4. Are there any administrative or process-oriented data that could help track progress on your goal?
5. If you are unable to identify data that already exist or a low-burden way to collect data needed to track progress on your goals, consider making an adjustment to your goal.

## Tracking Your Progress

Regardless of the evaluation techniques used, evaluation and monitoring should be done at regular intervals depending on the activity and data availability. At a minimum, a six-month evaluation should be conducted to determine if the action plans need adjustments.

As you track your progress using your select measures, additional questions to consider include:

1. Were the activities carried out as planned? Within the timelines?
2. Were you able to collect data using the planned collection methods?
3. Was there an increase or decrease from baseline data?
4. What barriers were encountered? How will the barriers be resolved?
5. What parts of the plan went well?
6. What, if any, are the needed plan adjustments?

## Reporting

Agencies will be reporting progress made on their action plans as required by the state office.

# Appendix A. Iowa WIC Participant Satisfaction Survey

On a scale of 1–5 (with 1 being “strongly disagree” and 5 being “strongly agree”), please rate your experience with the Iowa WIC Program.

If any statement does not relate to your experience with Iowa WIC, select N/A.

|  |
| --- |
| **Communication** |
| When I contact the WIC office about an appointment, WIC staff is friendly  **Strongly Disagree 1     2     3     4     5 Strongly Agree**  **N/A** |
| When I contact the WIC office with questions, WIC staff is friendly  **Strongly Disagree 1     2     3     4     5 Strongly Agree**  **N/A** |
| If I leave a message with the WIC office, my call is returned in a timely manner  **Strongly Disagree 1     2     3     4     5 Strongly Agree**  **N/A** |
| **WIC Appointments** |
| It is easy to make a WIC appointment that fits my schedule  **Strongly Disagree 1     2     3     4     5 Strongly Agree**  **N/A** |
| The amount of time spent at a WIC appointment is okay  **Strongly Disagree 1     2     3     4     5 Strongly** Agree  **N/A** |
| **WIC Clinic Environment** |
| When I arrive at clinic, WIC staff are friendly and welcoming  **Strongly Disagree 1     2     3     4     5 Strongly Agree**  **N/A** |
| The WIC clinic environment is welcoming and clean  **Strongly Disagree 1     2     3     4     5 Strongly Agree**  **N/A** |
| The WIC clinic is a place I feel comfortable and safe  **Strongly Disagree 1     2     3     4     5 Strongly Agree**  **N/A** |
| **WIC Staff** |
| WIC staff members introduce themselves and tell me what we will be doing during the appointment  **Strongly Disagree 1     2     3     4     5 Strongly Agree**  **N/A** |
| WIC staff are respectful and positive when asking me health and nutrition questions  **Strongly Disagree 1     2     3     4     5 Strongly Agree**  **N/A** |
| WIC staff provide breastfeeding information and support in a positive and respectful way  **Strongly Disagree 1     2     3     4     5 Strongly Agree**  **N/A** |
| WIC staff explained that peer counselors are available to assist with breastfeeding support  **Strongly Disagree 1     2     3     4     5 Strongly Agree**  **N/A** |
| WIC staff seem genuinely interested in my concerns  **Strongly Disagree 1     2     3     4     5 Strongly Agree**  **N/A** |
| WIC staff ask permission to share information and do not lecture  **Strongly Disagree 1     2     3     4     5 Strongly Agree**  **N/A** |
| WIC staff offer referrals to other programs and services when needed (e.g., dental, medical, educational, food)  **Strongly Disagree 1     2     3     4     5 Strongly Agree**  **N/A** |
| WIC staff explain things clearly  **Strongly Disagree 1     2     3     4     5 Strongly Agree**  **N/A** |
| WIC staff helps me make a plan and set goals around what I am interested in to improve my or my child’s nutrition  **Strongly Disagree 1     2     3     4     5 Strongly Agree**  **N/A** |
| **eWIC Cards** |
| WIC staff clearly explained how to use my eWIC Card (New Clients Only)  **Strongly Disagree 1     2     3     4     5 Strongly Agree**  **N/A** |
| WIC staff ask if I have questions about my food package and respond to my needs or concerns  **Strongly Disagree 1     2     3     4     5 Strongly Agree**  **N/A** |
| I feel confident using my eWIC card to purchase WIC foods  **Strongly Disagree 1     2     3     4     5 Strongly Agree**  **N/A** |
| **Overall Experience** |
| My overall experience with WIC is good  **Strongly Disagree 1     2     3     4     5 Strongly Agree** |
| I would recommend the WIC Program to others  **Strongly Disagree 1     2     3     4     5 Strongly Agree** |
| **Additional Questions** |
| I have a smartphone phone  **Yes No** |
| I use the WICShopper app on my phone  **Yes No** |
| I use the WICShopper app to see what I can buy with my WIC benefits  **Yes No** |
| I receive text message reminders for my WIC clinic appointments  **Yes No** |
| I have a vehicle  **Yes No** |
| Stores near me accept my WIC benefits  **Yes No** |
| **Additional Comments or Recommendations** |
| What WIC clinic location do you go to? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Place a check next to each person in your family currently receiving WIC benefits (check all that apply):  **\_\_\_ Pregnant woman**  **\_\_\_ Breastfeeding woman**  **\_\_\_ Postpartum woman**  **\_\_\_ Infant**  **\_\_\_ Child** |

# Appendix B. Nutrition Education Priorities Worksheet

Record the priorities determined after reviewing the Prevalence of Nutrition Risk and Breastfeeding Prevalence Reports and client feedback collected. Determine if these priorities are current WIC program priority areas.

|  |  |
| --- | --- |
| **Participant Category** | **Program Priorities** |
| Pregnant Women | 1.)  2.) |
| Breastfeeding Women | 1.)  2.) |
| Postpartum Women | 1.)  2.) |
| Infants | 1.)  2.) |
| Children | 1.)  2.) |

### Inclusion in Action Plan

Which of these priorities do you plan to include in your action plan for the coming year(s) and why?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Appendix C. Action Plan Template

Agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Action Plan: **□** Nutrition Education

□ Outreach/Caseload Management

□ Breastfeeding Promotion and Support

□ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Goal**  **Indicate if Short, Intermediate, or Long-term** | **Target Pop.** | **Counties/ Clinic** | **Strategies and Activities** | **Staff Responsible** | **Timeline** | **Community Partners** | **Evaluation Measures** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

# Appendix D. Sample Action Plan – Outreach/Caseload Management

Agency: Sample WIC Agency

Type of Action Plan: Outreach/Caseload Management

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Goal**  **(S, M, L)** | **Target Pop.** | **Counties/ Clinic** | **Strategies and Activities** | **Staff Responsible** | **Timeline** | **Community Partners** | **Evaluation Measures** |
| Increase the percentage of eligible pregnant women participating in WIC by 1% (short-term) | Pregnant women | County 1  County 2 | Strategy:  Conduct outreach activities to inform potential participants, particularly historically underserved populations, of WIC services.  Activities:   1. Utilize broadcast media for outreach activities such as: newspapers, radio, billboards, television, and social media. 2. Provide orientation and referral/outreach materials to community partners serving WIC eligible populations. 3. Collaborate with other programs and health care providers to ensure referrals are being made and certification information is provided. 4. Participate at community events to inform potential participants about WIC services. | Staff 1  Staff 2  Staff 3 | Q 1 and 2 and ongoing | Local radio show, local television stations, local newspapers, and social media sites  Community-based organizations such as food banks and Head Start programs  Health and medical organizations, hospitals, clinics, social service agencies, and foster care organizations | Percent of eligible pregnant women participating in WIC |
|  | Pregnant women | County 1 | Strategy:  Conduct outreach activities to inform potential participants, particularly historically underserved populations, of WIC services.  Activities:   1. Develop a cooperative agreement with   the local hospital to advise potentially  eligible women that receive inpatient or  outpatient prenatal or maternal  services of the availability of WIC  services. | WIC Coordinator | Q 3 and 4 | Local hospital | Percent of eligible pregnant women participating in WIC |
|  | Pregnant women | All clinics | Strategy:  Conduct outreach activities to inform potential participants, particularly historically underserved populations, of WIC services.  Activities:   1. Staff will contact each pregnant woman who misses her first appointment to apply for WIC to reschedule the appointment. | Agency Clinic Staff |  |  | New enrollment  reschedule rates |
| Increase retention of children over 1 year by 5% (short-term) | Children | All clinics | Strategy:  Conduct outreach activities to retain WIC participants on WIC.  Activities   1. Monitor no-show rate by running Focus reports on a weekly basis and conducting follow-up calls. 2. Provide drop-in opportunities for missed appointments. 3. Conduct participation satisfaction surveys to gather feedback on participation, experience at appointments, communications (text and app), and shopping at stores. | Agency Clinic Staff | Ongoing |  | Child participation rates |
| Monitor and maintain caseload at contracted levels between 97% and 103% (medium-term) | All categories | All clinics | Strategy:  Conduct outreach activities to recruit and retain WIC participants.  Activities   1. Increase the number of available appointments and the accessibility to program services such as additional extended clinic hours on weekends, evenings, early mornings, or lunch times. 2. Identify specific month, time of day, or type of appointment most likely to be missed and making adjustments accordingly to increase show rates. | Agency Clinic Staff | Ongoing | Outreach materials distributed to: health and medical orgs., hospitals and clinics, welfare and unemployment offices or social service agencies  Head Start, food banks, shelters, migrant orgs., Indian and Tribal agencies, homeless, faith and community-based orgs. in low-income areas | Clinic participation rates |

# Appendix E. Sample Action Plan – Breastfeeding Promotion and Support

Agency: Sample WIC Agency

Type of Action Plan: Breastfeeding Promotion and Support

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Goal** | **Target Pop.** | **Counties/ Clinics** | **Strategies and Activities** | **Staff Responsible** | **Community Partners** | **Evaluation Measures** |
| Provide breastfeeding education to WIC staff by end of fiscal year  (short-term) | WIC staff | All clinics | Strategy:  Provide breastfeeding education to WIC staff.  Activities   1. Begin providing breastfeeding education as part of WIC employee orientation. 2. Provide staff opportunities for continuing education on breastfeeding promotion and support. | Breastfeeding Coordinator | Local Breastfeeding Coalition | Orientation checklist  Staff training agendas |
| Increase agency breastfeeding initiation rates by 5%  (medium-term) | Pregnant women | All clinics | Strategy:  Increase participant connections to trained local agency Peer Counselors and Designated Breastfeeding Experts (DBEs).  Activities   1. Peer Counselors will contact prenatal participants to encourage breastfeeding and offer peer support. 2. Peer Counselors will offer early support to postpartum breastfeeding women. 3. Referrals will be made to Local Agency Breastfeeding Expert as needed. | Peer Counselor  Local Agency  Breastfeeding Expert |  | Peer Counselor logs  Local Agency Breastfeeding Expert logs  Breastfeeding Prevalence Reports |
| Increase agency breastfeeding duration rates at 6 months by 2%  (short-term) | Breastfeeding women | All clinics | Strategy:  Increase participant connections to trained local agency Peer Counselors and DBEs.  Activities:   1. Offer remote access to breastfeeding staff for problem solving. | WIC Coordinator  Local Agency Breastfeeding Expert |  | Appointment Summary Reports |
| Strengthen breastfeeding peer counseling program by holding on-going training  (long-term) | Pregnant and breastfeeding women | All clinics | Strategy:  Increase participant connections to local agency Peer Counselors and DBEs  Activities   1. Recruit and train new breastfeeding peers. 2. Hold quarterly peer meetings for skill development, mentoring, and case study opportunities. 3. Conduct Peer Counselor monitoring and quality assurance. Provide education and support as needed. | Breastfeeding Coordinator | Local Breastfeeding Coalition | Training checklist  Quarterly meeting agendas and minutes  Peer Counselor quality control review forms |
| Support mothers by maintaining breast pump loan program  (long-term) | Breastfeeding women | All clinics | Strategy:  Increase participant access to breast pumps  Activities:   1. Train WIC staff on the proper use of breast pumps. 2. Breast pumps and supplies will be distributed according to state policies and procedures. | Agency Clinic Staff | Local Breastfeeding Coalition | Breast pump logs and inventory sheets |

1. Minor differences may be noted in this Appointment Summary State Totals Report compared to a report pulled from your agency’s management information system, due to potential changes that local agency staff may have made to appointment statuses since this data was collected. [↑](#footnote-ref-2)
2. Minor differences may be noted in this Appointment Summary State Totals Report compared to a report pulled from your agency’s management information system, due to potential changes that local agency staff may have made to appointment statuses since this data was collected. [↑](#footnote-ref-3)