

Draft WIC Goals and Objectives for FY2022

Breastfeeding Action Plan

Purpose Statement

According to the Center for Disease Control 2020 Breastfeeding Report Card, 80.2% of Iowa mothers initiated breastfeeding, 24.8% continued breastfeeding exclusively until the recommended six months, and 32.5% breastfed until one year of age in 2017. The Healthy People 2030 goals for breastfeeding include increasing the proportion of infants who are breastfed exclusively through six months of age to 42.4% and the proportion that are breastfed at one year to 54.1%. The most recent Iowa WIC Program data through January 2021 show that 72% of Iowa WIC participants initiate breastfeeding, 10% continue to exclusively breastfeed at six months, and 19% continue to breastfeed until one year of age.

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 families succeed by providing anticipatory guidance, education, and support by breastfeeding peer counselors and professionals with extended breastfeeding education, such as nurses, dietitians, or lactation consultants. Breast pumps and other breastfeeding supplies are available to ensure women are able to breastfeed longer and can meet their breastfeeding goals.

Objective

By September 30, 2022, increase the proportion of Iowa WIC participants who initiate breastfeeding, breastfeed exclusively through six months, and continue to breastfeed until one year of age, by improving breastfeeding support through partnership development and providing extended, consistent education for all WIC staff.

Lead Staff

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Nutrition and Health Services Action Plan

Objective

By September 30, 2022, the Iowa WIC Program will have a plan in place for working and collaborating with the Bureau of Family Health to receive regular updates from Iowa's Maternal Mortality Review Committee (IMMRC) on the state of maternal mortality in Iowa and relevant activities local WIC agencies can do to make a positive impact.

Purpose Statement

Experts agree that a large proportion of maternal deaths are preventable. Since WIC serves low-income pregnant and postpartum women, we already devote attention to contributing factors of maternal mortality including social determinants of health and health equity, however a more concerted and collaborative effort will help improve maternal outcomes.

Lead Staff

Nikki Davenport RDN, LD

Outreach Action Plan FFY 2022

Objective

The Iowa WIC program will implement an outreach plan aimed at increasing statewide caseload by July 1, 2022. The multifaceted plan includes initiatives to promote WIC to fathers and father figures, identify and connect with underserved people of color, and strengthen collaboration with programs internal and external to IDPH with an emphasis on assisting local agencies reopen after expiration of the USDA waiver. WIC understands that the families that participate in our programs face many barriers due to their socioeconomic status which have been exacerbated by the pandemic. By concentrating our outreach efforts at a local level to enhance their abilities to keep the increased numbers of participants that need our services now more than ever we hope to help enhance the overall health of Iowa while strengthening the local infrastructure.

Purpose Statement

1. WIC is a supplemental nutrition program for infants, children under the age of 5, pregnant women, breastfeeding women, and women who have had a baby in the last 6 months. While WIC does not provide direct benefits to men, we understand they are an integral part of many family units and play a role in children's development. According to the United States Census Bureau, there are 2.5 million single father households in this country and married couples make up 68 percent of all families with children under age 18. While these numbers are not specific to the WIC population, it can be inferred that many WIC eligible infants and children have a male influence in their life (be it a father, grandfather, step-dad, foster parent, etc.) who could participate in WIC. By promoting WIC as a family program, rather than a woman's program, we hope to not only increase caseload but also foster positive father-child relationships. For several years, local WIC agencies have been charged with closing the gap between enrollment numbers (participants that are certified within the Focus system) and participation (participants that have benefits and are actively coming to appointments). By encouraging engagement with all of parents/guardians, there is less likelihood of appointments being missed and that gap widening. Promoting WIC to men may also allow children who previously were not enrolled to benefit from the services available.
2. WIC's mission is to safeguard the health of low-income women, infants, and children who are at nutritional risk. WIC participant's socioeconomic status increases their likelihood of food insecurity and negative health outcomes. People of color experience even greater health disparities. In Iowa, over 90 percent of the general population are white. Iowa PedNSS data from 2019 indicates that 52.8 percent of children enrolled in WIC were non-Hispanic White, 14.6 percent non-Hispanic Black, 3.2 percent Asian or Pacific Islander, 0.5 percent Native American, and 7.5 percent identified with two or more race categories; 21.4 percent were Hispanic. The variation between Iowa's general population and the population WIC serves shows that we have the potential to be a leading force to overcoming those disparities. Health equity and food security are necessary to ensure positive health outcomes for Iowa families. Iowa WIC plans to continue working towards decreasing barriers for families to get them the services and resources that are present not only in their communities but within the state to promote health equity across all racial and ethnic groups to protect and improve the health of all Iowans.
3. WIC participation levels had steadily decreased over the last decade prior to the COVID pandemic. COVID-19 and its harsh economic impact did lead to an increased number of individuals utilizing WIC services over the last fiscal year. This emphasizes the growing need for programs like WIC that are essential in the current environment where hunger is known by many. Over the last year, WIC has been operating primarily remotely to provide services to families and deliver benefits while adhering to social distancing protocols, which protect staff and participant's health. It is unknown when current USDA waivers, which allow WIC to provide remote services, will expire. The state team plans to emphasize its outreach efforts this year to strengthen and enhance local agencies abilities to retain their participants once in-person appointments are required.

Lead Staff

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