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EVALUATION OF WIC NUTRITION EDUCATION PLAN
FY 2009-2010

WIC Agency: Lane County

Person Completing Form: Leslie Houghton, RD

Date: 3/3/2010 Phone: 541-682-4658

Return this form, attached to email to: sara.e.sloan@state.or.us by May 1, 2010

Please use the following evaluation criteria to assess the activities your agencies did for each Year Three Objectives. If your agency was unable to complete an activity please indicate why.

Goal 1: Oregon WIC staff will have the knowledge to provide quality nutrition education.

Year 3 Objective: During planning period, staff will be able to work with participants to select the food package that is the most appropriate for their individual needs.

Activity 1: Staff will complete the appropriate sections of the new Food Package module by December 31, 2009.

Evaluation criteria: Please address the following questions in your response.

- Did staff complete the module by December 31, 2009?
- Were completion dates entered into TWIST?

Response:

We did an in-service on assigning the new food packages at an all-staff meeting on July 8th 2009. The training included an over-view of changes, new screens in TWIST, and case studies on appropriate food package assignments viewed together. TWIST practice on computers was done in small groups with trainers who had attended the Special Users session at the WIC state meeting. We used materials provided by State WIC to practice on several case studies.

All staff completed the new Food Package module by 12/18/2009 except one person who was out on medical leave. She completed the module by 2/24/2010. Completion dates were entered into TWIST.

Activity 2: Staff will receive training in the basics of interpreting infant feeding cues in order to better support participants with infant feeding, breastfeeding education and to provide anticipatory guidance when implementing the new WIC food packages by December 31, 2009.

Evaluation criteria: Please address the following questions in your response.

- How were staff who did not attend the 2009 WIC Statewide Meeting trained on the topic of infant feeding cues?
- How has your agency incorporated the infant cues information into 'front desk', one-on-one, and/or group interactions with participants?

Response:

Our staff R.D.'s attended both sessions done by Jane Heinig at the Statewide WIC conference i.e. "The Secrets of Baby Behavior" and "Translating Infant Cues into the Group Setting". Using that information and information from the new Infant Feeding Module an in-service was given for all certifying staff on August 6th 2009.

Handouts on infant feeding cues were also distributed. We discussed which of these could be used in appointments and how they could be incorporated into effective counseling. One of the handouts discussed and passed out to staff was "7 Secrets of Baby Behavior"; another was "A Parent's guide to Baby Talk".

This information has also been incorporated into our classes including "Baby Bonding" "Preparation for Breastfeeding", "Breastfeeding Chat" and "Intro to solids".

Activity 3: Each local agency will review and revise as necessary their nutrition education lesson plans and written education materials to assure consistency with the Key Nutrition Messages and changes with the new WIC food packages by August 1, 2009.

Evaluation criteria: Please address the following questions in your response.

- Were nutrition education lesson plans and written materials reviewed and revised?
- What changes, if any, were made?

Our two staff RDs review Nutrition Education materials on an ongoing basis. In one-on-one training of staff and at staff meetings we regularly review appropriate handouts to use for counseling. We also regularly review material and either revise or discard out-dated materials.

We have, for example, made sure that all materials conform to the guidelines out-lined in the "Feed Me!" handouts based on the new infant feeding guidelines. We have distributed new handouts relating to the changes in the food packages including the information on whole wheat and the type of milk offered to clients.

Up to date, one-on-one training with our staff is ongoing as well. Much of our certifying staff this year has been new and inexperienced. Training on appropriate counseling, both issues and techniques, continues almost daily. In staff meetings we have addressed a myriad of training subjects including answering difficult questions such as no formula for the first month for breastfeeding babies, the benefits of whole grains, the change to low fat milk for women and children over two years, infant feeding cues, participant centered counseling and how to discuss growth.

Activity 4: Identify your agency training supervisor(s) and staff in-service dates and topics for FY 2009-2010.

Evaluation criteria: Please use the table below to address the following question in your response.

- How did your staff in-services address the core areas of the CPA Competency Model (Policy 660, Appendix A)?
- What was the desired outcome of each in-service?

FY 2009-2010 WIC Staff In-services

In-Service Topic and Method of Training	Core Competencies Addressed	Desired Outcome
<p>Example: Providing Advice</p> <p>Facilitated discussion during October 2009 staff meeting using the Continuing Education materials from Oregon WIC Listens.</p>	<p>Example: This in-service addressed several competencies in the core areas of Communication, Critical Thinking and Nutrition Education</p>	<p>Example: One desired outcome of this in-service is for staff to feel more comfortable asking permission before giving advice. Another desired outcome is for staff to use the Explore/Offer/Explore technique more consistently.</p>

In-service One: Food Assignment Training, July 8, 2009

The training included an over-view of changes, new screens in TWIST, and case studies on appropriate food package assignments viewed together. TWIST practice on computers was done in small groups with trainers who had attended the Special Users session at the WIC state meeting. We used materials provided by State WIC to practice on several case studies.

We wanted to give staff a basic understanding and some hands on experience with case studies so they could feel confident to use it in real situations in the clinic when the change in food packages and in TWIST screens went into effect.

In-Service Two: *Infant Feeding Cues, August 6, 2009*

Our staff RDs attended both sessions done by Jane Heinig at the Statewide WIC conference i.e. “ The Secrets of Baby Behavior “ and “Translating Infant Cues into the Group Setting”. Using that information and information from the new Infant Feeding Module an in-service was given for all certifying staff. The presentation was done in an informal presentation of information and discussion.

Handouts on infant feeding cues were also distributed. We discussed which of these could be used in appointments and how they could be incorporated into effective counseling.

Our objective was to train staff on the basics of interpreting infant feeding cues and other behavior cues in order to better support participants with feeding, caring for, understanding and bonding with their infants. This information is especially important in supporting breastfeeding dyads.

In-service Three: *Fresh Choices In-service to our Lane County Public Health Nurses, June 1, 2009*

One of our RDs presented information to the Public Health Nurses regarding the upcoming changes to medical documentation requirements, the changes to food packages and the new food lists. Topics discussed also included how the changes conform to the Dietary Guidelines, and the new categories for postpartum women and their infants and how that affects their food packages.

Our objective was to inform one of our closest community partners on what changes to expect, when to expect them and why the changes were being made. The public health nurses share many of our clients and we often work hand in hand with them on these shared clients. They work with them on a variety of health issues including feeding and nutrition issues. They also sometimes do field certifications for WIC when clients are unable to come in to the WIC clinic.

In-service Four: Participant Centered Counseling, February 4th, 2010.

A questionnaire "Feedback on Participant Centered Counseling" was distributed to our certifying staff at our December 2009 meeting. The questionnaire asked specific questions on the counseling being used, how it was working, what caused difficulties and examples of phrases/techniques/approaches that are effective. From the feedback an in-service was created and given February 4th 2010 that addressed the issues and questions that were identified. We did an overview of participant centered counseling, discussed effective techniques and phrases and generated alternatives to "5 Forbidden Phrases" from the December WIC Newsletter. A list of effective phrases and techniques for including open-ended questions, affirmation, asking permission, summarizing and time-saving techniques was compiled and distributed.

Our objective was to identify our staff's current understanding, skills and difficulties regarding Participant Centered Counseling and to further those skills for increasing our effectiveness while working with clients.

Goal 2: Nutrition Education offered by the local agency will be appropriate to the clients' needs.

Year 3 Objective: During plan period, each agency will develop a plan for incorporating participant centered services in their daily clinic activities.

Activity 1: Each agency will identify the core components of participant centered services that are being consistently utilized by staff and which components need further developing by October 31, 2009.

Evaluation criteria: Please address the following questions in your response:

- Which core components of participant centered services are used most consistently with your staff? What has made those the most easily to adopt?
- Which core components have the least buy-in? What are the factors that make these components difficult to adopt?

Response:

A questionnaire "Feedback on Participant Centered Counseling" was distributed to our certifying staff at our December 2009 meeting. The questionnaire asked specific questions on the counseling being used, how it was working, what caused difficulties and examples of phrases/techniques/approaches that are effective.

We really did not identify any specific component of Participant Centered Counseling that was not being used. The difficulty with using it seems to be in particular circumstances i.e. time is very short, a child is out of control in a certifiers office and it is very difficult to talk at all, or clients who just do not want to talk no matter how questions are phrased or asked. Time constraints are probably the main barrier to effective client-centered counseling. Many of our staff are very used to doing more traditional, directive, lecturing type of counseling and find this method much more time consuming. Many staff often fall back into what they are used to when stressed. What is needed is continued practice and skill development.

Activity 2: Each agency will implement at least two strategies to promote growth of staff's ability to continue to provide participant centered services by December 31, 2009.

Evaluation criteria: Please address the following questions in your response.

- What strategy has been implemented to maintain the core components of participant centered services during a time of change?
- What strategy has been implemented to advance staff skills with participant centered services?

Response:

During the above described in-service on Participant Centered Counseling, a list of effective phrases and techniques for including open-ended questions, affirmation, asking permission, summarizing and time-saving techniques was compiled and distributed. We also addressed methods on ways to use this type of counseling when under time pressure. We discussed using circle charts as a way of identifying which issues the client most wants to discuss and limiting counseling to the most pressing issues.

New staff was trained on "Oregon WIC Listens" by Vernita Reyna, State WIC RD, on August 11, 2009. This was done in a group session.

One-on-one training of certifiers continues. We observe trainees and discuss effective ways to use open ended question, reflections, and affirmations and how to open discussions and summarize.

Sample scripts were written for office assistants and certifiers to help them answer difficult questions on phones, at the front desk, and in appointments. For example a sample script was written to be used when breastfeeding mothers call in asking for formula before their baby is 1 month old.

Goal 3: Improve the health outcomes of WIC clients and WIC staff in the local agency service delivery area.

Year 3 Objective: During planning period, each agency will develop a plan to consistently promote the Key Nutrition Messages related to Fresh Choices thereby supporting the foundation for health and nutrition of all WIC families.

Activity 1: Each agency will implement strategies for promoting the positive changes with Fresh Choices with community partners by October 31, 2009.

Evaluation criteria: Please address the following questions in your response.

- Which community partners did your agency select?

- Which strategies did you use to promote the positive changes with Fresh Choices?
- What went well and what would you do differently?

Response:

One of our RDs presented information to the Public Health Nurses regarding the upcoming changes to medical documentation requirements, the changes to food packages and the new food lists. Topics discussed also included how the changes conform to the Dietary Guidelines, and the new categories for postpartum women and their infants and how that affects their food packages.

An e-mail with several attachments was sent to health care providers in Lane County who work with our clients on June 10, 2009. The attachments included an overview of the "Fresh choices" changes ("A Message to Our Partners"), an overview of WIC medical documentation requirements, a copy of the new MDF and foods provided for different categories of clients.

We also met with Headstart on December 9th, 2009, OSU Extension on January 25th 2009, Food for Lane County Food Net meeting on March 10th 2010 and the Lane County Public Health, Health Advisory Committee on October 13th 2009. In each of these meetings an overview of the WIC food package changes was given and there was discussion on how these changes have affected our WIC nutrition education messages.

Activity 2: Each agency will collaborate with the state WIC Research Analysts for Fresh Choices evaluation by April 30, 2010.

Evaluation criteria: Please address the following questions in your response.

- How did your agency collaborate with the state WIC Research Analysts in evaluating Fresh Choices?
- How were you able to utilize, if appropriate, information collected from your agency?

Response:

A bulletin board was displayed in January and February to ask clients to give feedback on the changes in WIC foods and policies brought about by "Fresh Choices".

We provided cards for feedback to the USDA. Comments could either be mailed by us or the client or made on-line (web-site provided).

Goal 4: Improve breastfeeding outcomes of clients and staff in the local agency service delivery area.

Year 3 Objective: During plan period, each agency will develop a plan to promote breastfeeding exclusivity and duration thereby supporting the foundation for health and nutrition of all WIC families.

Activity 1: Using state provided resources, each agency will assess their breastfeeding promotion and support activities to identify strengths and weaknesses and identify possible strategies for improving their support for breastfeeding exclusivity and duration by December 31, 2009.

Evaluation Criteria: Please address the following questions in your response.

- What strengths and weaknesses were identified from your assessment?
- What strategies were identified to improve the support for breastfeeding exclusivity and duration in your agency?

Response:

Assessment of breastfeeding promotion and support activities for Lane County:

Weaknesses identified:

- 1. Over half our certifying staff and many of our office staff was new since June, 2009. They were totally untrained and had little or no knowledge regarding breastfeeding.*
- 2. Scheduling breastfeeding intervention appointments for women having problems with breastfeeding was a little confusing since appointments were made individually during office time. These office times were set aside for these types of appointments but they were not on the daily schedule. It was*

difficult to see where someone could be put in the schedule without finding individual staff people and asking if someone could get seen.

3. Many staff had problems knowing how to talk to breastfeeding clients wanting formula in the first month before formula can be issued to breastfeeding babies.

Strengths identified:

We have:

- Three types of breastfeeding classes: BF Chat, Preparation for Breastfeeding, and a group pump assessment class*
- Breast feeding phone support and intervention for all moms requesting formula, seeking help or having questions*
- Individual appts and small group sessions for breast pump assessment and instruction*
- Individual appointments for breastfeeding problems with trained certifiers, IBCLC, and RDs*

We work closely with the lactation consultants from Sacred Heart Hospital. They issue WIC pumps to WIC clients needing them while they are still in the hospital and provide the education on how to use the pumps.

Research shows that one factor in increasing duration of breastfeeding is determined by sharing information about the benefits to mother as well as baby. This information is shared with our clients in our "Preparation for Breastfeeding Class" as well as during prenatal appointments.

"Modesty" aprons were made and given out to breastfeeding clients and women who intend to breastfeed.

Letters to employers on breastfeeding law are supplied to interested clients to give to employers.

The Breastfeeding coordinator and Pump Coordinator(also an IBCLC) meet regularly to assess needs for continued effective promotion and training.

Posters and banners promoting breastfeeding are in all certifier's rooms and the front lobby.

No formula is visible to clients unless it is brought out for individuals in appointments.

All "old" staff has advanced breastfeeding training

Our agency plans to participate in our local breastfeeding coalition meetings.

We have a yearly "Breastfeeding Tea" which is a recognition tea for breastfeeding mothers.

Our clinic supported two staff members who breast fed their babies with a private, comfortable place to pump, flexible schedules that accommodated both pumping and going to feed baby by breast during the day. These staff members also had access to and used the advice, problem solving skills and knowledge of our experienced staff members.

Strategies identified to improve support for breastfeeding exclusivity and duration:

-Extensive training of new and inexperienced new staff

-Use of shared information in staff's Outlook calendars on e-mail for helping to find appointment openings for breastfeeding support and intervention. Office staff and certifiers can look into other staff's calendars on Outlook to see when breastfeeding support time-slots are available. Other notes regarding what is needed for the appointment can also be viewed.

-Educating staff on how to talk to clients wanting formula esp. in the first month

Activity 2: Each agency will implement at least one identified strategy from Goal 4, Activity 1 in their agency by April 30, 2010.

Evaluation criteria: Please address the following questions in your response.

- Which strategy or strategies did your agency implement to improve breastfeeding exclusivity and duration?
- Based on what you saw, what might be a next step to further the progress?

Response:

Implementation of Strategies

- A sample script was written for office assistants to use when breastfeeding clients request formula before their baby is 1 month of age.
- We now have shared E-mail Outlook calendars to help with making appointments for breastfeeding help for clients
- We have had extensive training of new staff including completion of the Breastfeeding Module, State WIC staff training of our new certifiers, and one-on-one training, and observation of trained staff.

Next steps

- We plan to send two more staff to an advanced breastfeeding training.
- We will have continued meetings of our Breastfeeding Coordinator and our Pump Coordinator (IBCLC) to continue assessment of our need for training and improvement in breastfeeding support in our clinic.
- A new class will be developed i.e. a baby play group for breast feeding mothers and babies. During the class babies could be weighed, infant feeding and breastfeeding could be discussed and questions could be addressed in an informal and supportive atmosphere.
- We will be having breastfeeding friendly spaces in our new building. Our new space has been designed to have two infant feeding rooms adjacent to the lobby that are breastfeeding friendly.

FY 2010 - 2011 WIC Nutrition Education Plan Form

County/Agency: Lane County

Person Completing Form: Leslie Houghton, MS,RD

Date: 4/9/2010

Phone Number: 541-682-4658

Email Address: leslie.houghton@co.lane.or.us

Return this form electronically (attached to email) to: sara.e.sloan@state.or.us
By May 1, 2010
Sara Sloan, 971-673-0043

Goal 1: Oregon WIC Staff will continue to develop their knowledge, skills and abilities for providing quality participant centered services.

Year 1 Objective: During planning period, staff will learn and utilize participant centered education skills and strategies in group settings.

Activity 1: WIC Training Supervisors will complete the Participant Centered Education e-Learning Modules by July 31, 2010.

Implementation Plan and Timeline:

RDs, and 2 certifiers (Tammy Johnson and Leticia Ibarra) will complete the Participant Centered Education e-learning Module by July 31, 2010.

Activity 2: WIC Certifiers who participated in Oregon WIC Listens training 2007-2009 will pass the posttest of the Participant Centered Education e-Learning Modules by December 31, 2010.

Implementation Plan and Timeline:

All certifying staff will pass the posttest of the Participant Centered Education e-learning Modules by August, 2010. We intend that all certifying staff will be attending the Group Participant Centered Education training in the fall of 2010.

Activity 3: Local agency staff will attend a regional Group Participant Centered Education training in the fall of 2010.

Note: The training will be especially valuable for WIC staff who lead group nutrition education activities and staff in-service presentations. Each local agency will send at least one staff person to one regional training. Staff attending this training must pass the posttest of the Participant Centered Education e-Learning Modules by August 31, 2010.

Implementation Plan and Timeline including possible staff who will attend a regional training:

All certifying staff will attend the fall 2010 meeting as all certifying staff teaches classes.

Goal 2: Oregon WIC staff will improve breastfeeding support for women in the prenatal and post partum time period.

Year 1 Objective: During planning period, each agency will identify strategies to enhance their breastfeeding education, promotion and support.

Activity 1: Each agency will continue to implement strategies identified on the checklist entitled "Supporting Breastfeeding through Oregon WIC Listens" by March 31, 2011.

Note: This checklist was sent as a part of the FY 2009-2010 WIC NE Plan and is attached.

Implementation Plan and Timeline:

-Send two "new" certifier staff to advanced breastfeeding training the next time it is offered.

-A new class will be developed i.e. a baby play group for breast feeding mothers and babies. During the class babies could be weighed, infant feeding and breastfeeding could be discussed and questions could be addressed in an informal and supportive atmosphere. Class will be developed by March 31, 2011.

-In the month after the regional Group Participant Centered Education training we will revamp the breastfeeding preparation and prenatal nutrition classes to incorporate state information on evidence-based concepts.

-We will be developing new handouts on breastfeeding topics e.g. low milk supply, galactologues, and mastitis, engorgement, and fussy baby. At least one handout will be developed by January 31, 2011.

Activity 2: Local agency breastfeeding education will include evidence-based concepts from the state developed Prenatal and Breastfeeding Class by March 31, 2011.

Note: The Prenatal and Breastfeeding Class is currently in development by state staff. This class and supporting resources will be shared at the regional Group Participant Centered Education training in the fall of 2010.

Implementation Plan and Timeline:

In the month after the regional Group Participant Centered Education training we will revamp the breastfeeding preparation and prenatal nutrition classes to incorporate State information on evidence-based concepts.

Goal 3: Strengthen partnerships with organization that serve WIC populations and provide nutrition and/or breastfeeding education.

Year 1 Objective: During planning period, each agency will identify organizations in their community that serve WIC participants and develop strategies to enhance partnerships with these organization by offering opportunities to strengthen their nutrition and/or breastfeeding education.

Activity 1: Each agency will invite partners that serve WIC participants and provide nutrition education to attend a regional Group Participant Centered Education training fall 2010.

Note: Specific training logistics and registration information will be sent out prior to the trainings.

Implementation Plan and Timeline:

We will invite OSU extension NEP (Nutrition Education Program) staff to attend a regional Group Participant Centered Education training in fall of 2010. NEP staff teach a number of our classes each month.

Activity 2: Each agency will invite community partners that provide breastfeeding education to WIC participants to attend a Breastfeeding Basics training and/or complete the online Oregon WIC Breastfeeding Module.

Note: Specific Breastfeeding Basics training logistics and registration information will be sent out prior to the trainings. Information about accessing the online Breastfeeding Module will be sent out as soon as it is available.

Implementation Plan and Timeline:

We will invite community partners that provide breastfeeding education to WIC participants to attend a Breastfeeding Basics training and/or complete the online Oregon WIC Breastfeeding Module. We will reassess who will be invited as we get more information on these trainings. We will likely invite the Public Health Nurses and staff from Healthy Start. Other people who may be interested are from Well Mama (Pregnancy and Postpartum Support Services), LaLeche League and possibly local pediatricians and other medical staff.

Goal 4: Oregon WIC staff will increase their understanding of the factors influencing health outcomes in order to provide quality nutrition education.

Year 1 Objective: During planning period, each agency will increase staff understanding of the factors influencing health outcomes.

Activity 1: Local agency staff will complete the new online Child Nutrition Module by March 31, 2011.

Implementation Plan and Timeline:

All certifying staff will complete the new online Child Nutrition Module by March 31, 2011.

Activity 2: Identify your agency training supervisor(s) and projected staff quarterly in-service training dates and topics for FY 2010-2011. Complete and return Attachment A by May 1, 2010.

Agency Training Supervisor(s):

*Leslie Houghton, RD
Jackie Lucas, RD*

See Appendix A for list of planned in-services

Attachment A

FY 2010-2011 WIC Nutrition Education Plan

WIC Staff Training Plan – 7/1/2010 through 6/30/2011

Agency:

Training Supervisor(s) and Credentials: Staff Development Planned

Based on planned program initiatives, your program goals, or identified staff needs, what quarterly in-services and or continuing education are planned for existing staff? List the in-services and an objective for quarterly in-services that you plan for July 1, 2010 – June 30, 2011. State provided in-services, trainings and meetings can be included as appropriate.

Quarter	Month	In-Service Topic	In-Service Objective
1	<i>August 2010</i>	<i>Group Completion of PCE on-line Module</i>	<i>All certifiers will complete the PCE e-learning Modules as a group at an in-service</i>
2	<i>October 2010</i>	<i>In-service on Developmental Screening for certifiers</i>	<i>RDs will be reviewing normal and delayed development, what to look for, and what questions to ask for appropriate referrals and follow-up</i>
3	<i>November 2010 January 2011 March 2011</i>	<i>Certifier-centered education covering issues that arise throughout the year</i>	<i>We will address several issues in 3 mini in-services. These in-services will be designed to enhance group and individual counseling performance. They may include presentations from Women's space on domestic violence (awareness,</i>

			<i>referral and counseling); DHS, housing groups, and/or reviews of specific risks i.e. correct assignment and counseling.</i>
4	<i>December 2010</i>	<i>Group Participant Education</i>	<i>Consolidating the information learned at the regional Group Participant Centered Education training and discussing ways to make our classes more participant centered.</i> <i>To reinforce information learned at the regional meeting, a discussion and review of evidence-based breastfeeding information is planned for staff meeting.</i>