

Welcome

Kate Girard
WIC Director



Updates

- **Your Packets**
- **Travel Forms & Forms Order**
- **Conferences/Trainings this year**
 - One WIC conference
 - Breastfeeding Collaborative (June)
 - New Employee Training in Helena (June)
 - EBT training in Fall/Spring
- **Audits & Monitoring Evaluations**
 - Coming to Billings & Helena in August
- **Working on State Plan for 2016**
- **Breastfeeding Peer Counselor Expansion**
- **Food Package Changes coming in July**
 - Look out for new booklets!



Planting a Seed for Change: Key Elements of Effective Brief Interventions

Dana Sturtevant, MS, RD



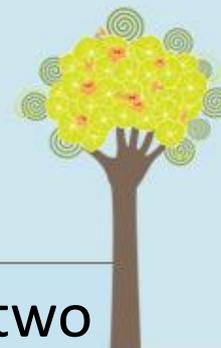
Confidence in Motivating Change



- Find a partner
- Identify speaker and listener
- Listener asks the following questions and listens to speaker's responses
- What number did you pick and why?
- Why didn't you pick a lower number?
- What would need to change/happen for you to move up a number six months from now?

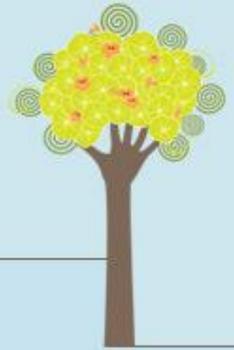
Then SUMMARIZE what you've heard your partner say

Video Debrief



- What were the some of the differences between the two clips?
- Who did most of the talking in the first video? The second?
- Who had the power/control/authority in the first video? The second?
- What did you notice about the patient's body language?
- How would you describe the relationship between the provider and the patient in the first video? The second?

The Shift



- **From...** giving information, advice and behavior change prescriptions
- **To...** exploring concerns, ambivalence, reasons for change and strategies for change.

The Shift



- From... feeling responsible for changing client's behavior
- To... supporting them in discovering, exploring, and talking about their own reasons and means for behavior change

The Paradox of Change



When a person feels accepted for who they are
and what they do

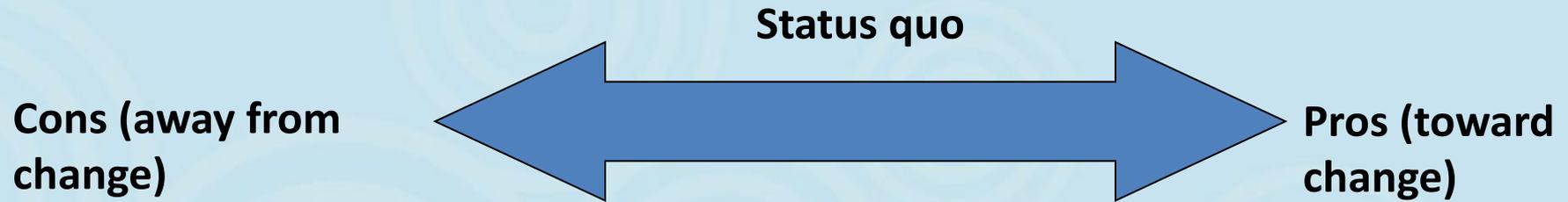
– no matter how unhealthy –

it allows them the freedom to consider change
rather than needing to defend against it.

Ambivalence

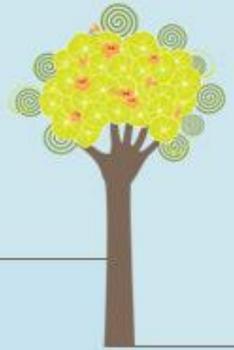


People can and do get stuck in ambivalence



When you take the side of change, your patients argue the other side and literally talk themselves out of changing.

Source: MI in Health Care



Control & Choice

Asking Permission

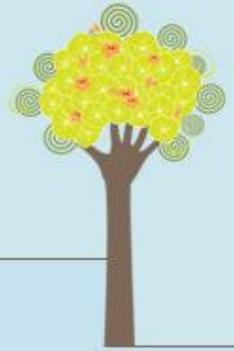


- Directly
 - “Can I share some information with you?”
 - “I have a handout you might find helpful. Would you like to go over it together?”
- Indirectly
 - “You can take or leave what I am about to say. As a nurse, I strongly encourage you to...”
 - “This may or may not work for you – some WIC moms say that ...”

Talk Less. Listen More!

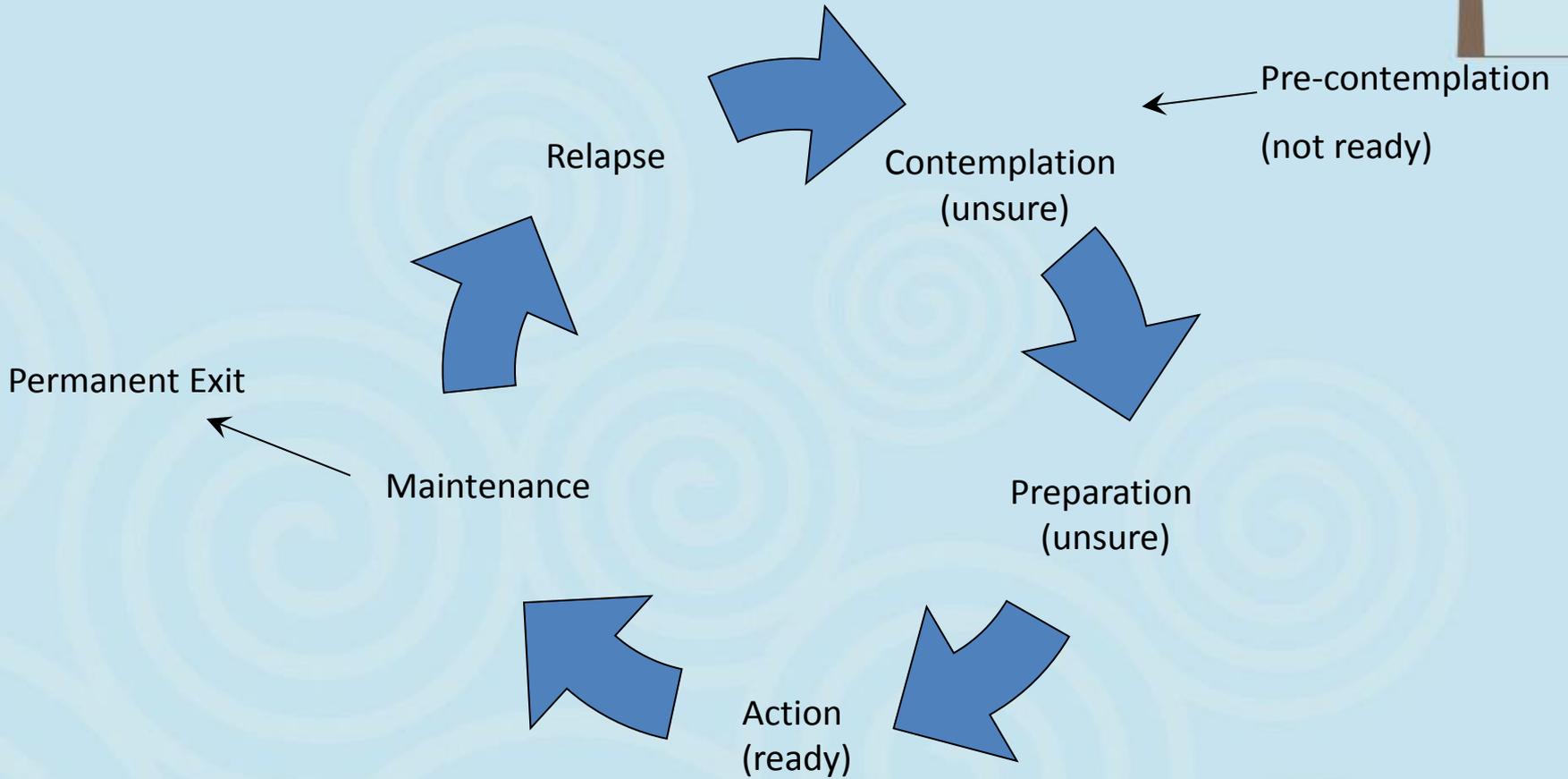


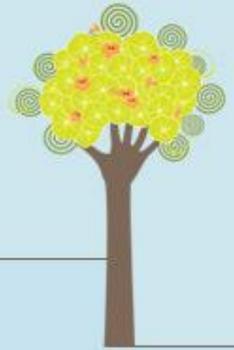
People are more influenced by what they hear themselves say than by what others say to them!



Your relationship is your
most powerful tool.

Stages of Change





How do you know when the conversation isn't
going well?

What are the signs?

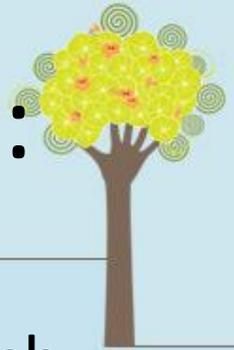
Recognizing Resistance



- Arguing
- Interrupting
- Negating
- Ignoring
- Body language

See resistance as a signal to change course.

Resistance can be generated by:



- Using a judgmental or confrontational approach
- Talking down to a client
- **Discounting the person's feelings and thoughts**
- Telling a person what to do
- Assuming an 'expert' stance
- **Appearing cold or distant (lacking empathy)**

Resistance Trap



The “Righting Reflex”

The need to...

- Fix things
- Set someone right
- Get someone to face up to reality

Activity:



Circle the resistance producing behaviors that you relate to in your own life.

Spirit: Key Components



- Understanding
- Patient-centered
- Collaborative
- Individualized
- Emphasizes freedom of choice
- Respectful/accepting
- Compassionate presence

FRAMES



- **Feedback**
- **Responsibility**
- **Advice**
- **Menu of options**
- **Empathy**
- **Self-efficacy**

Six key elements of effective interventions

Feedback



- Provide people with *personal* feedback regarding their individual status.
- Include norms, standards or historical data where appropriate.
- Be clear, brief, and non-judgmental.
 - Avoid using words of judgment – “*too big,*” “*too much*”
- Use visual materials, when possible.

Terminology about Weight



- Overweight and Obese
 - Over what weight? There is no weight over which you are definitely unhealthy.
 - Latin *obesus*, from *ob-* against + *esus*, past participle of *edere* to eat — more at
 - These terms pathologize having a certain body.
- People who live in larger bodies
- People with higher body weights

Feedback



- *“Your child drinks 32 ounces of milk a day and the recommendation is 16 ounces a day.”*
- *“This graph shows your weight change during this pregnancy. You can see how your weight gain compares to the shaded area here, which is what’s recommended. When you look at this, what comments or questions do you have?”*
- *“Your iron is ____, six months ago it was ____, the range for optimal health is ____.”*

Responsibility



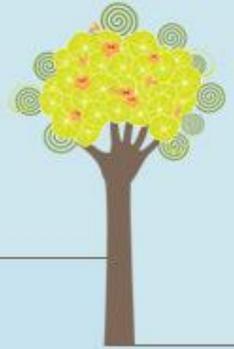
- Emphasize the person's freedom of choice and personal responsibility for their choices.

“Any changes you choose to make are completely up to you.”

“It is your choice whether or not to do this.”

“I’m not here to pressure you to do anything you aren’t ready to do.”

Advice



- Let go of educating on every risk, concern, or issue.
- Avoid overwhelming people with too much information
 - pick one or two areas to focus on

Let go of restrictive statements:



You should...

You must...

You have to...

It's important that you...

You really need to...

You can't keep...

You shouldn't...

Try using:



- *Many WIC moms say that... others find...*
- *You might consider...*
- *I strongly encourage you to...*
- *What we've noticed here is...*
- *We believe that...*
- *The World Health Organization recommends...*
- *Research shows...*

Menu of Options

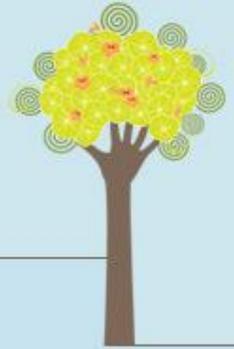


- Provide options for people to choose from.

“There are many different things parents do to wean their child from a bottle. I’d be happy to discuss these with you if you are interested.”

“There are a variety of things WIC moms do to increase their kids’ interest in fruits and veggies.”

Empathy



Empathy is not:

- Having had the same experience or problem
- Identification with the client
- Let me tell you my story

Empathy is:

- ***The ability to accurately understand the client's meaning***
- ***The ability to reflect that accurate understanding back to the client***

Empathy



- Express empathy in a warm and genuine manner; use a non-judgmental approach.

“It can be so frustrating when you spend time preparing a healthy meal only to have your children refuse to eat it.”

“Parenting is really hard.”

Self-Efficacy



- Reinforce the person's sense of self-efficacy regarding their ability to make or maintain behavioral or lifestyle changes.

"I'm sure you'll make the decision that's right for you."

"If and when you firmly decide to do this, I'm confident you'll find ways to be successful."

FRAMES Summary Statement



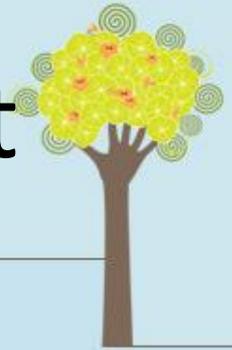
“Thank you so much for talking with me today. I encourage you to think about breastfeeding your baby. From our perspective, it is one of the best things you can do for his health (A). It sounds like you’re not sure you want to but that you do want to think about it and talk to some friends who’ve tried (F). Making decisions like these can be overwhelming (E), and I’m confident you’ll make the choice that is right for you (S/R). If you have any questions about it before or after you give birth, we are here to help you, and there are many other organizations available to support you as a new mom (M).”

Check In



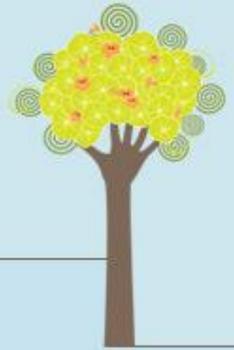
Top Three Takeaways

Weight: A normative discontent



“Most of us, fat or thin, feel discontent about our weight.”

Tiggerman & Lynch, Dev Psych, 2001



We are prescribing for fat people what we diagnose as eating disorders in thin people.

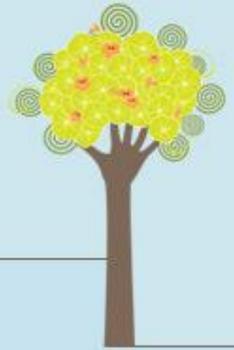
Weight-normative approach



“Emphasizes the pursuit of weight loss, despite extensive evidence demonstrating that it is not sustainable long-term for most people and weight cycling (commonly associated with weight loss efforts) is linked to adverse health.”

Tylka et al., Journal of Obesity, 2014

Weight-inclusive approach



“Instead of imagining that well-being is only possible at a specific weight, this approach considers empirically supported practices that enhance people’s health regardless of where they fall on the weight spectrum.”

Tylka et al., Journal of Obesity, 2014

Health Enhancement



If a person made changes in their food, exercise or stress management behaviors but weight didn't change, would it effect these conditions?

Condition	Food	Exercise	Stress
Diabetes			
Heart Disease			
Joint pain			
Low self-esteem			

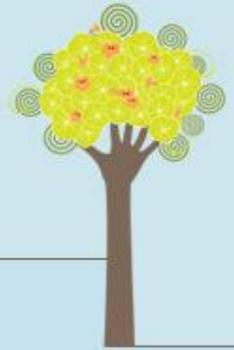
Weight-inclusive approach



“Everybody is capable of achieving health and well-being independent of weight, given access to non-stigmatizing health care.”

Tylka et al., Journal of Obesity, 2014

Health At Every Size[®] Principles



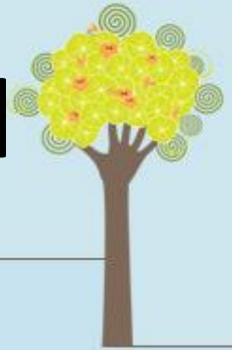
- **Weight Inclusivity:** Accept and respect size diversity
- **Health Enhancement:** Improve and equalize access to information and services, and personal practices that improve human well-being
- **Respectful Care:** Acknowledge our biases, and work to end weight discrimination, weight stigma, and weight bias.

Health At Every Size[®] Principles



- **Eating for Well-being:** Promote flexible, individualized eating based on hunger, satiety, nutritional needs, and pleasure
- **Life-Enhancing Movement:** Support physical activities that allow people of all sizes, abilities, and interests to engage in enjoyable movement

Satter Feeding Dynamics Model



“Provide, don’t deprive, then trust your child to grow up to be the size and shape that is right for him or her.”

Obesity: An Iatrogenic Condition



- Caused by the cure?

“In their efforts to do what they had been told was the right thing for their child, parents - and I – were inadvertently contributing to the children’s weight problems by restricting food intake.” - Ellyn Satter

Perspective



Children have ability to maintain energy balance and grow in predictable fashion, provided feeding relationship is appropriate.

Satter Feeding Dynamics Model

Obesity epidemic?



Is this really the first generation of children that may have a shorter life expectancy than their parents?

“Citation is an opinion paper published in the NEJM, which offers no statistical evidence to support the claim.”

- Weight Science, Bacon and Aphasor, Nutr Journal 2011

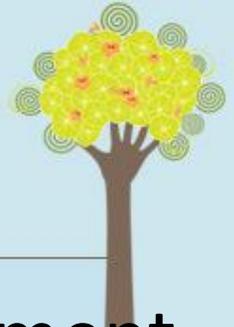
Definition of Child “Overweight”



- Weight acceleration v high weight
 - Abnormal weight divergence for individual child
- Child compared only to himself, not to statistical cut off points for population wide evaluation

Satter Feeding Dynamics Model

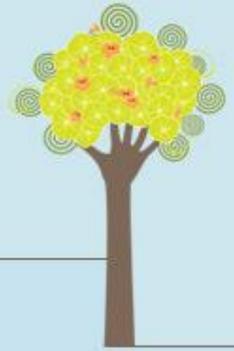
Exploring Causation



- What is happening in this child's environment to undermine his considerable ability to regulate energy balance and grow predictably?
- Not – how do we get this child to lose wt?

Satter Feeding Dynamics Model

Four Typical Causes



- Misinterpretation of normal growth
- Restrained feeding
- Poor feeding practices
- Stress

Satter Feeding Dynamics Model

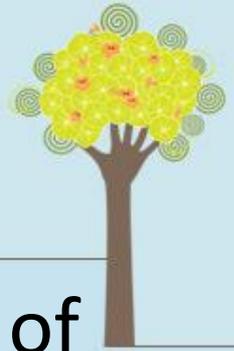
Prevention



- Optimize feeding from birth by maintaining division of responsibility (DOR)
- Maintaining a DOR in activity
- Supporting parents in accepting consistent weight, even if weight is at or above levels defined as ‘overweight’ or ‘at risk’

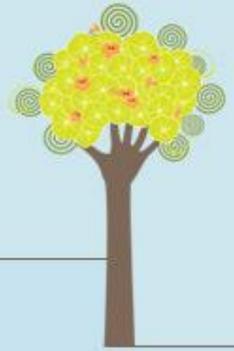
Satter Feeding Dynamics Model

Treatment



- Assess individual child to identify causes of weight acceleration
 - Treatment plan to correct those causes
- Support parents in optimizing feeding and activity
- Let child's weight establish its own level in response to above

Satter Feeding Dynamics Model



Conversation Strategies

Your Role



To explore the possibility of change;
not to ensure that it happens.

View of Success



Embrace the different possibilities,
besides “action”,
for defining a successful encounter

Where does this leave you?



- Other takeaways

- Your next steps:

What do you want to do MORE of?

What might you want to do LESS of?

Thank You!



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Monitoring

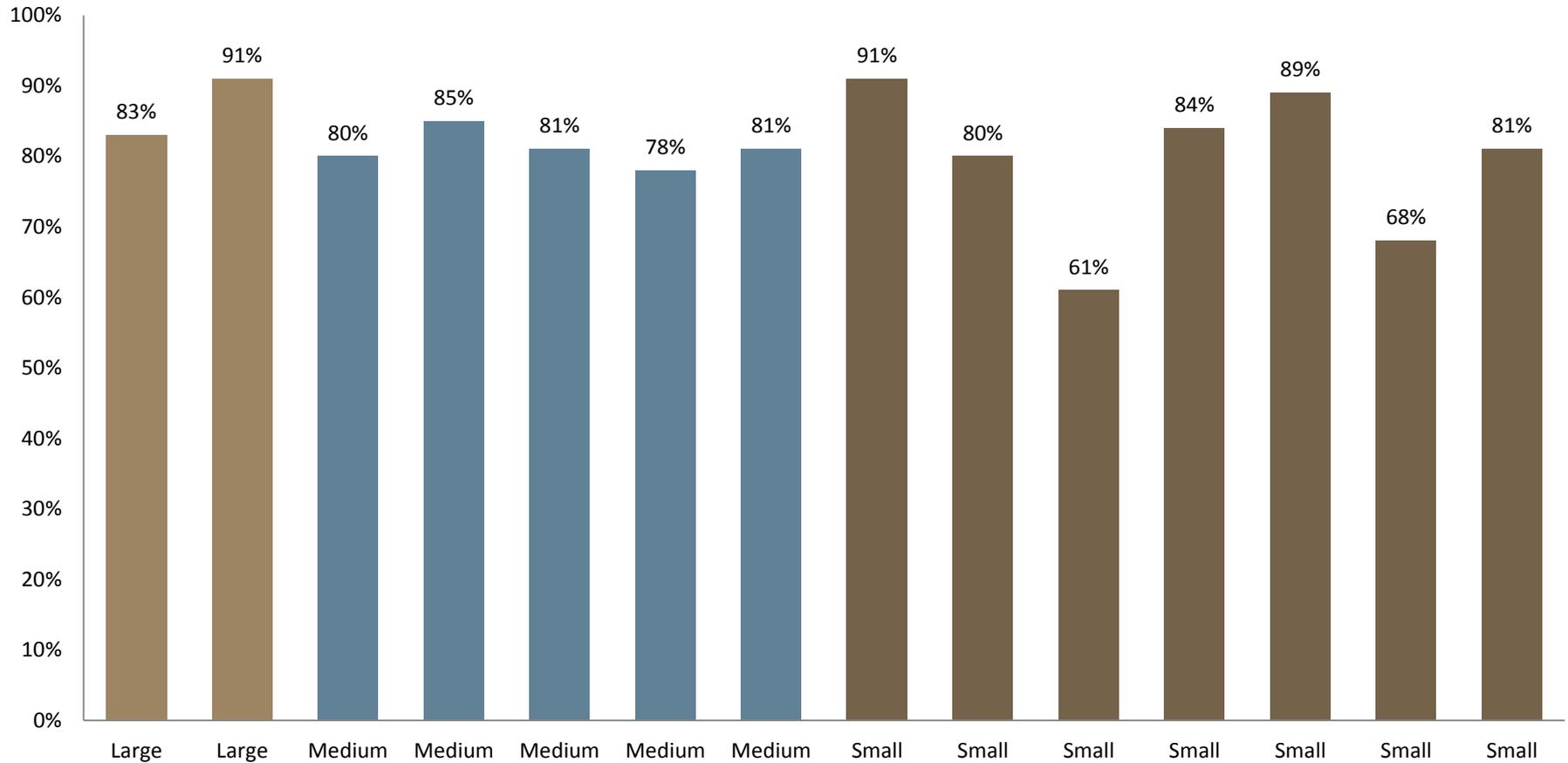
Bernadette Lahr & Chris
Fogelman



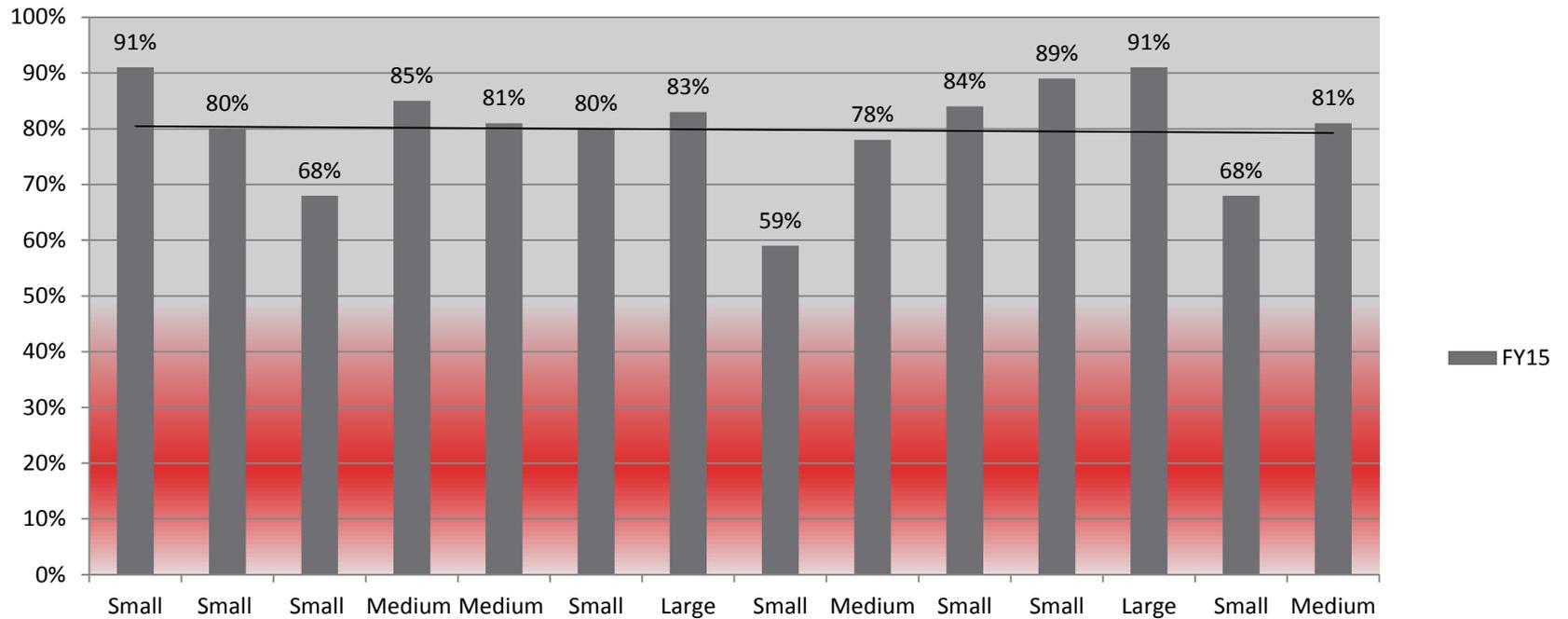
Background

- State ME required every 2 years
 - Internal review required for all as well
 - Should be a learning experience, not punitive
- Updates for 2015-2016
 - Nutrition areas changed
 - “Counting” the plan section
 - Added “observation” but not counting this go around
- Have finished first year of local agency monitoring

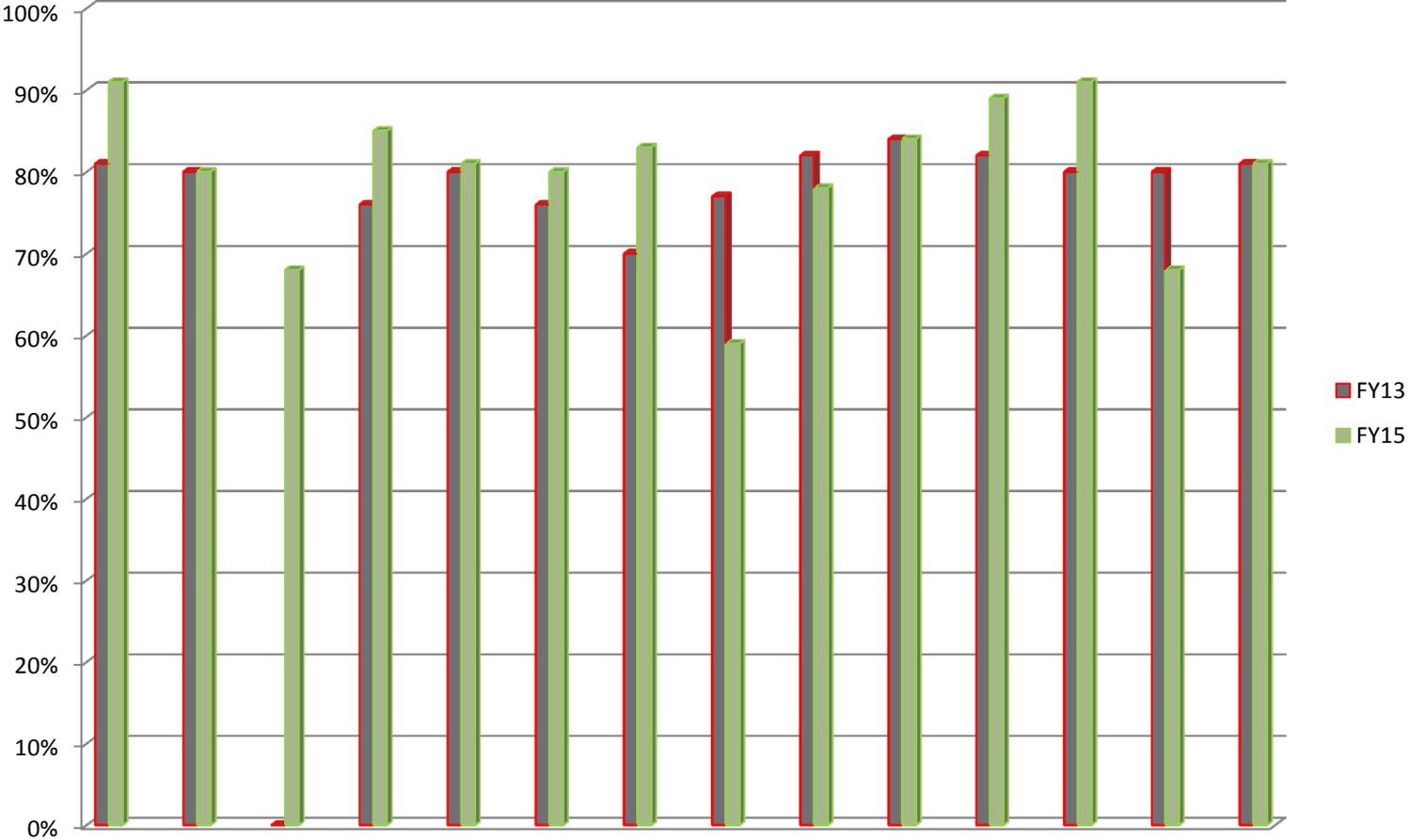
Local Agency Score by Size



Tier 1 – 80% and above



Comparison of 2013 & 2015



Self-Review

- Required for all
 - Internal Quality Improvement
 - Use our materials
- If tier 2 or 3- send to state for review
- We have found a lot of discrepancies between self-review and ours... would like to review for clarity

Admin Findings Review

- Initial Contact Date
- Civil Rights
- Participant ID
- Representative ID
- Residency
- Income
- End of Cert notice
- Benefit Issuance
- VOC Process
- Confidentiality/
Integrity

Nutrition Findings Review

- Risk Codes
- Referrals
- Core Topics
- Food Package
- Nutrition Education Contacts
- Anthros/Hgb
- Goal
- Nutrition Assessment Questions
- Plan
- Observations

SOAP and Plan Examples

- S-I have been really tired but we are doing good. I took an iron supplement yesterday thinking I might be anemic
- O-hgt/wgt, blood work results (which was good)
- A-Discussed prenatal vits and 3 meals with snacks to help with tiredness, referred to DDS for cleaning before Medicaid runs out. GOAL: have 3 meals and a couple of snacks, take prenatal vits.
- P-3 mos. quick healthy snacks, f/u on DDS, f/u on 3 meals and snacks

SOAP and Plan Examples

- S-We are doing good, nursed a couple of days then moved to formula. Using Similac Adv, eating 2 ounces every 2-3 hours
- O-length/wgt
- A-Adequate gain, reviewed grids, discussed mixing and amt of formula, ref'd to MD for 2 wk appt, taking vit D. GOAL: Feed on demand, mixing formula per instructions, delay solids to 6 mos
- P-3 mos ed on delay solids, f/u MD, monitor growth

SOAP and Plan Examples

- S-Family reapplying for SNAP and declines other ref. States IZ up to date, no concerns with growth or appetite.
- O-hgt/wgt, blood work results
- GOAL: positive feeding relationship, wean from btl
- A-Explained growth is consistent and supported goal, reviewed tips for weaning, enc 2 cups of milk/day plus mvi to get vit D requirement
- P-May ed Newsletter/display, f/u weaning, f/u mvi; Sept Mid-cert; Dec Snacking/Meal Ideas/Recipes; Feb Cert/HGB

Observation

- Added this year
- Replaces one “area” in nutrition
- Previously there was no way to “count” what we saw in clinic
- Often what is in chart and what is observed is different
- This cycle- discussion only

Observation Areas

- Customer Service
- Anthro/Hgb Technique
- Required Posters Displayed
- Confidentiality
- Outreach Plan on File
- Nutrition & Breastfeeding Plans on File
- Breast Pump Log
- Breastfeeding Orientation for New Employees

Other Observations

- Admin (1 form) & Nutrition (2 forms)
- On-Site Observation
 - Should see happening what is documented in chart
 - Will provide qualitative feedback
- Nutrition side- often see a lot of education topics selected... but not discussed
 - Please only document what you do
 - Please review “core” topics and provide that ed. at certs
- Almost everything else is BETTER in person, just need to document

SUGGESTIONS.....

- Use internal reviews for quality improvements
- Review monitoring materials
- Reference state plan regularly
- Ask questions... call us 😊

DISCUSSION



DENTAL

Assessment

FOSTERING PREVENTION



Objectives:

- SHARE RESULTS OF THE WIC ASSESSMENT
- PROVIDE DENTAL HEALTH EDUCATION
- SHARE PROTECTIVE INTERVENTIONS



WIC Mission

TO SAFEGUARD THE HEALTH OF LOW-INCOME WOMEN, INFANTS, AND CHILDREN UP TO AGE 5 WHO ARE AT NUTRITION RISK BY PROVIDING NUTRITIOUS FOODS TO SUPPLEMENT DIETS, INFORMATION ON HEALTHY EATING, AND REFERRALS TO HEALTH CARE.



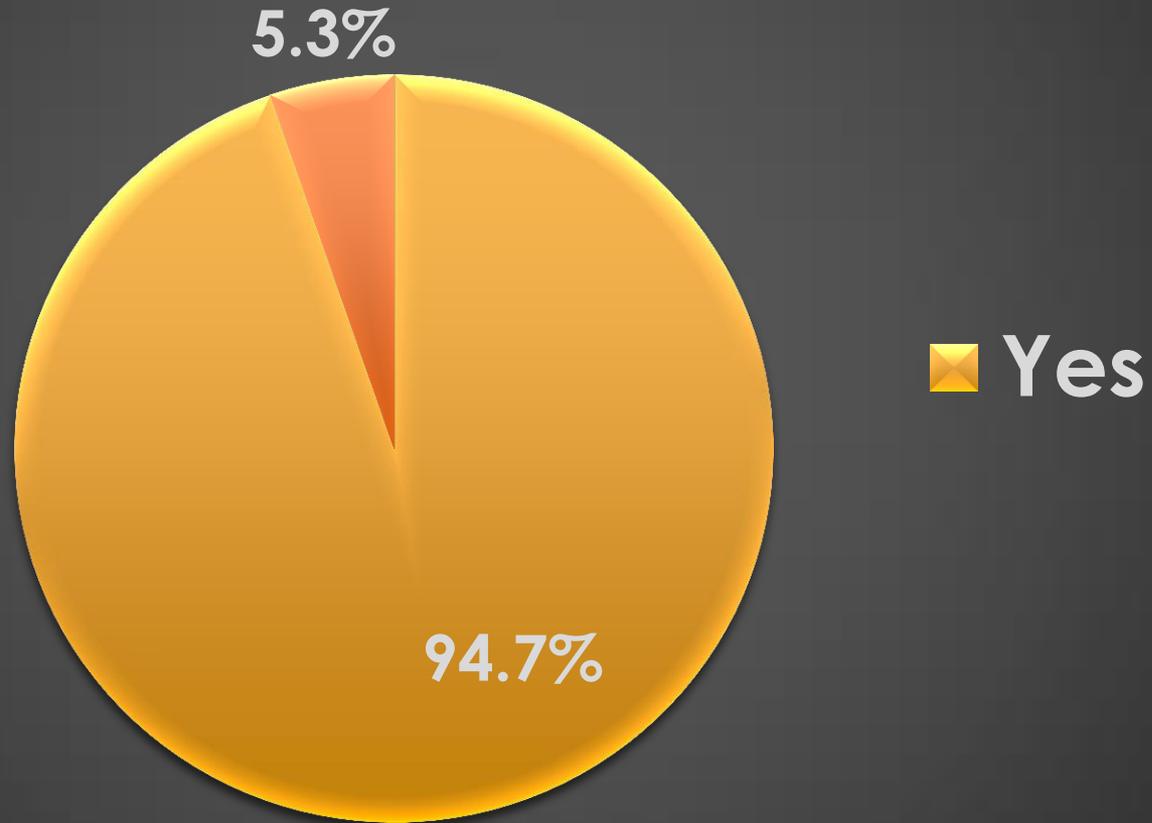


Photo courtesy of:
Ryan Larsen,
DMD
Signature
Anesthesia

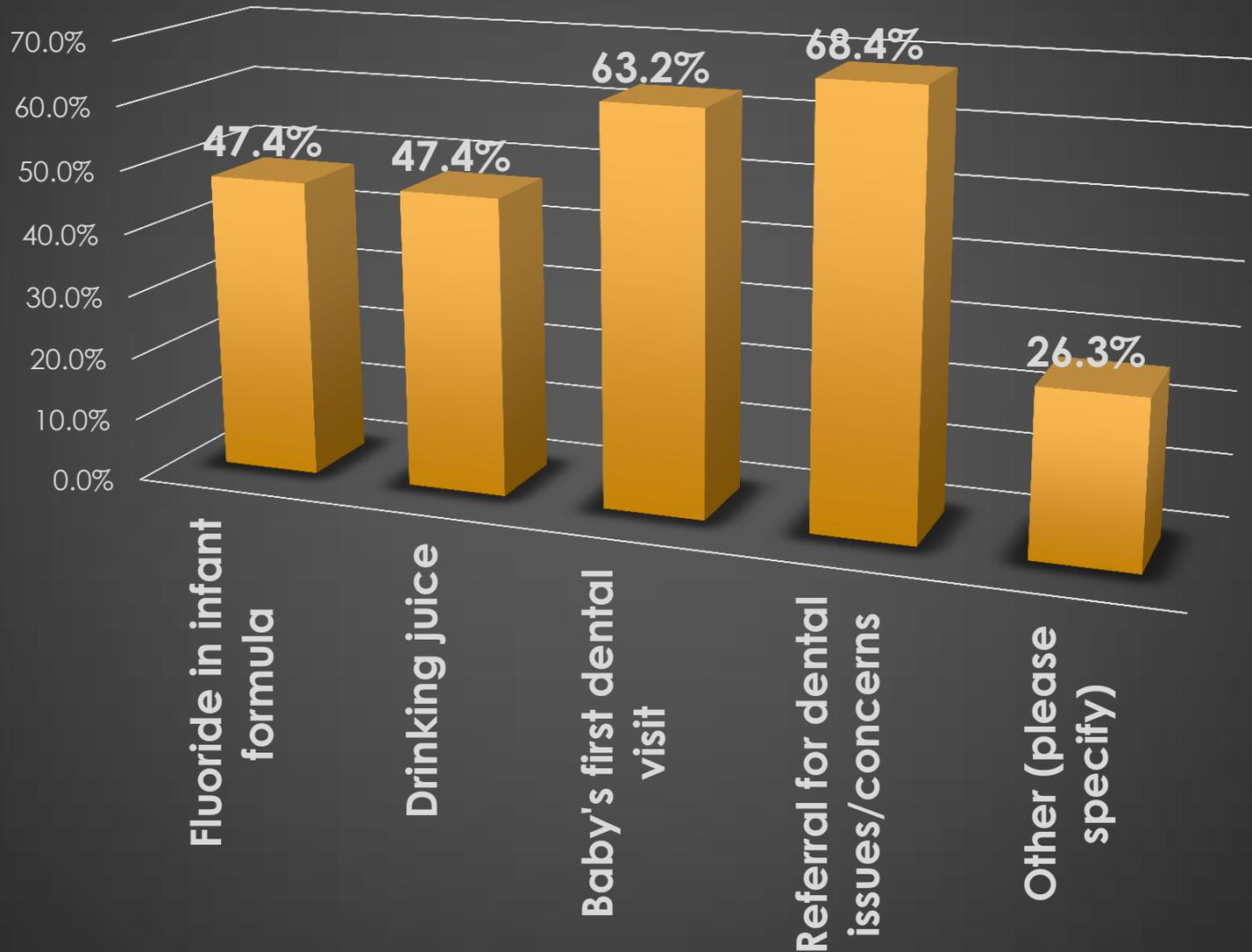
Montana WIC Oral Health Survey:



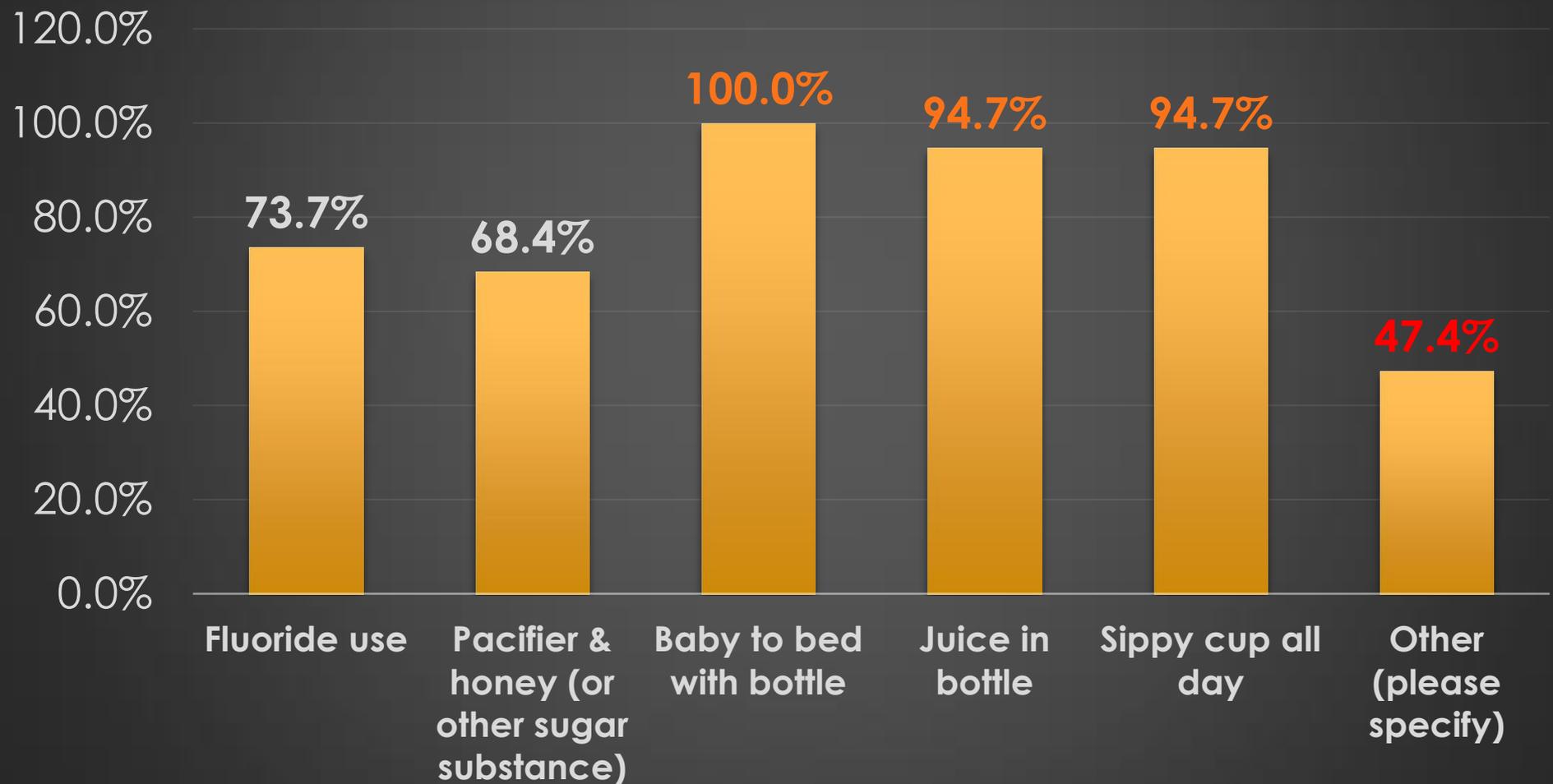
Is your WIC agency interested in additional dental/oral health training?



Training Interests



Which of the following questions are adequate for assessing dental health risk?



Weaning from the bottle

Snacking all day

Sharing pacifiers or utensils

Water availability, rural area

Anything but milk in bottle

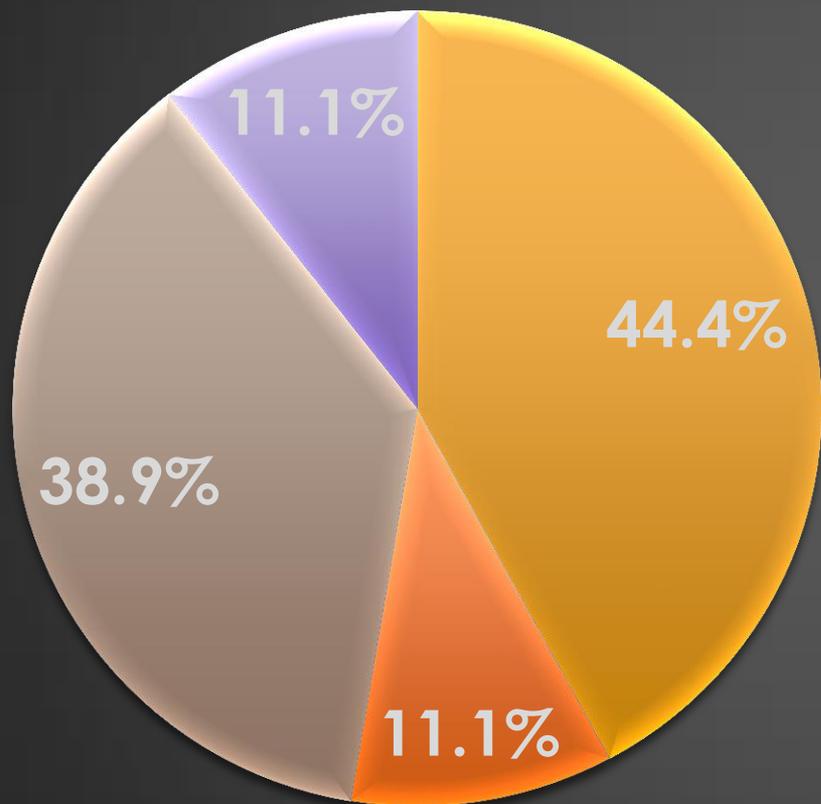
Asking guardian if they know of any dental problems

Look in the mouth

I always ask them if they are older than one year old if they have been to a DDS or if they need me to set up an appointment

Brushing Teeth

Which of the following gives you the best information about the participants need for dental referral?



- Oral hygiene habits (brushing, flossing, rinsing, etc.)
- Mothers sharing cups/silverware with child (passing germs)
- Dental pain/problems
- Other (please specify)

RISK Assessment

RISK FACTORS

PROTECTIVE FACTORS

VISUAL ASSESSMENT

Maternal and Child Health Survey Montana 2015

What is the most important
contributing factor to dental
decay?

Tooth brushing **20.8%**

Fluoride **4.2%**

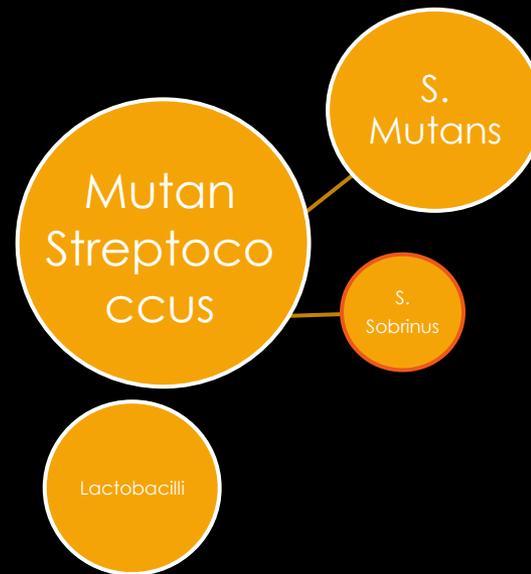
Sugar **23.6%**

Bacterial infection 16.7%

Lack of access to a dental provider **27.8%**

Risk Factors

- ▶ Mothers dental health
 - ▶ Transmission of “bad” bacteria
- ▶ Inappropriate feeding practices
 - ▶ Frequency of sugars
- ▶ Lack of tooth brushing
- ▶ Access to preventive dental care for mother and children.



Protective Factors

▶ Oral Health education

- ▶ With mothers during pregnancy; Encourage dental care to reduce bacteria and risk for transmission
- ▶ During early infancy to prevent **INFECTION** through sharing behaviors.

▶ Fluoride varnish applications

- ▶ In public health or primary care settings if barriers to dental care exist.
- ▶ High-risk children can have 6 fluoride varnish applications per year reimbursed by Medicaid
- ▶ First Tooth. First Exam

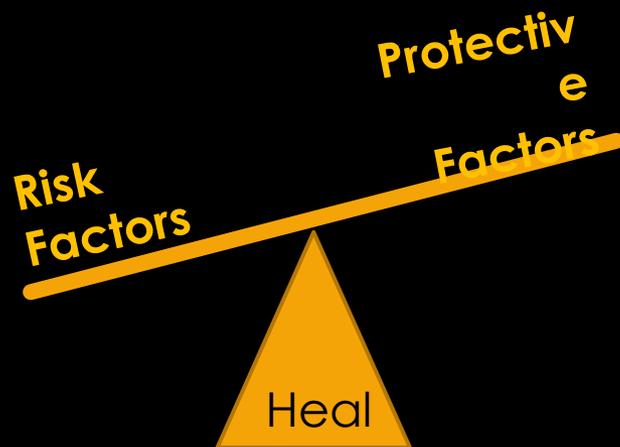
▶ Xylitol

- ▶ Reduces the number of decay-causing bacteria
- ▶ Therapeutic dose 6-10 grams per day

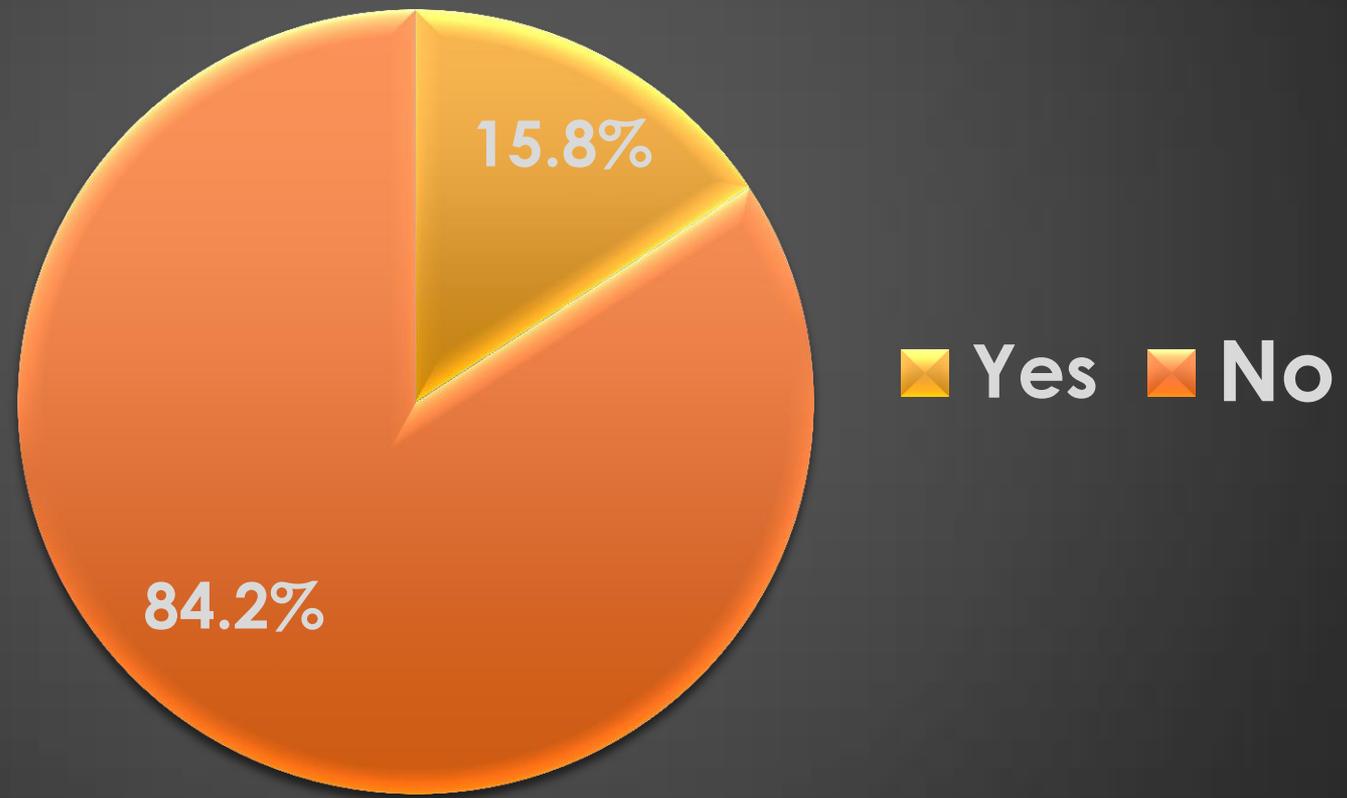


Visual Assessment

- ▶ Knee to knee assessment
- ▶ Anticipatory guidance
- ▶ Referral



Do WIC staff members at your agency have a resource sheet or website to access if they receive dental/oral health related questions from their clients?



ONLINE TRAINING:

National Maternal and Child Oral
Health Resource Center

[Open Wide](#)

[Pediatric Oral Health Management](#)

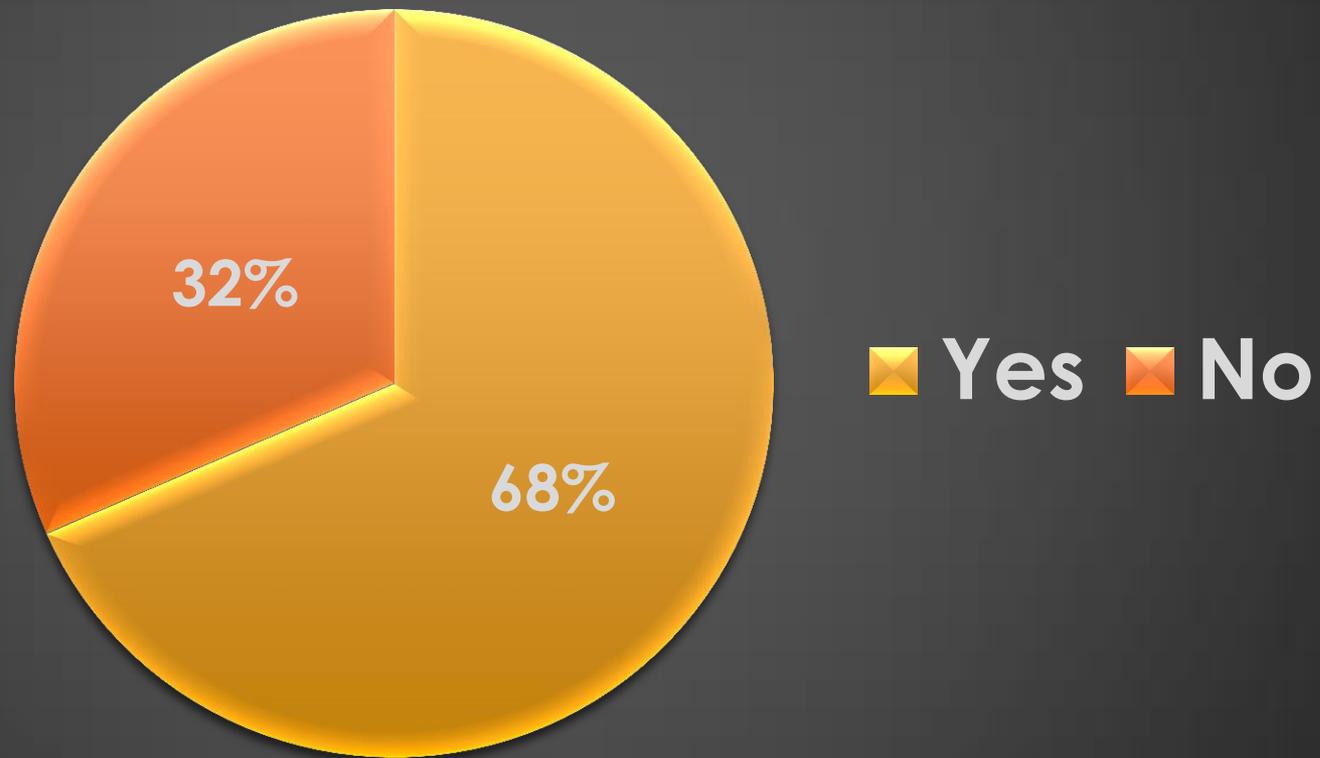
Smiles for Life

<http://www.smilesforlifeoralhealth.org>

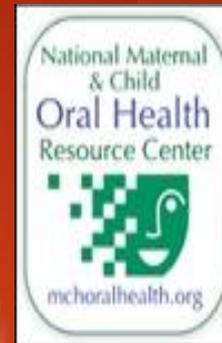
California Dental Association

http://www.cdafoundation.org/portals/0/pdfs/poh_guidelines.pdf

Does your WIC agency have dental/oral health pamphlets and/or materials for distribution to clients?



Head Start



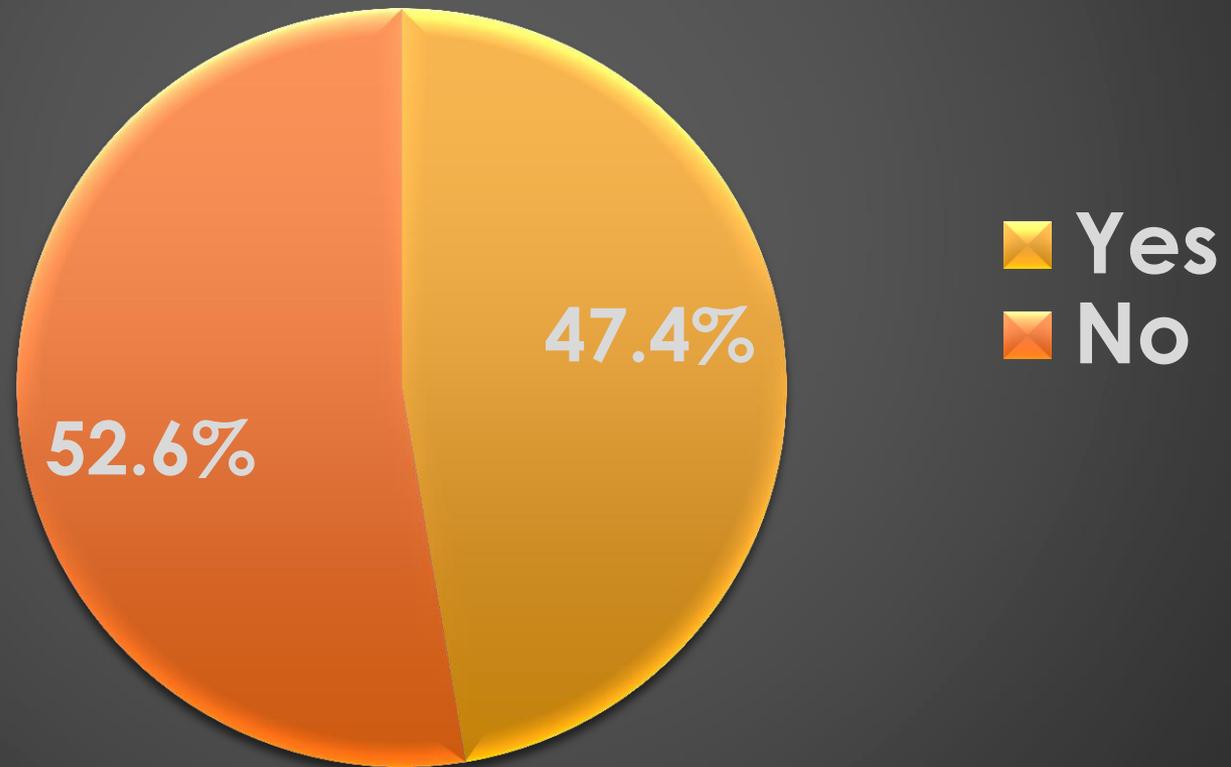
Centers for Medicare and Medicaid



[InsureKidsNow.gov](https://www.insurekidsnow.gov)

Connecting Kids to Coverage

**Do WIC staff members at your agency
direct clients to online resources for
health information?**



ONLINE

RESOURCES:

American Academy of Pediatric
Dentistry

<http://www.mychildrensteeth.org/>

Ad Council 2min2X <http://2min2x.org/>

American Dental Association

MouthHealthy.org

WIC WORKS!

Increased

probability of visiting a dentist

Decreased

emergency room visits

Increased

preventive and
restorative care

Lee, J.Y., Rozier, R.G., Norton, E.C., Kotch, J.B., Vann, W.F. (2004). Effects of WIC participation on children's use of oral health services. *American Journal of Public Health: 94(5): 772-777.*

Thank YOU!

Questions and Questionnaire

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Retail Section Intro

Leah Steinle



STATE PLAN ON THE INTERNET

Bernadette Lahr





Richard Opper, Director

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Children

Families

Seniors

Health

Medical

Assistance

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[Montana WIC/Nutrition](#)

[Local Agency Staff](#)

[Retailers](#)

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WIC provides good food and a whole lot more!

WIC is the Special Supplemental Nutrition Program for Women, Infants and Children. This public health program is designed to improve health outcomes and influence lifetime nutrition and health behaviors in a targeted, at-risk population. Nutrition education is the cornerstone of the WIC Program.



Richard Opper, Director

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[Public Health & Safety Division](#)

[Montana WIC/Nutrition](#)

[Local Agency Staff](#)

[Retailers](#)

[WIC Futures Study Group](#)

[Farm Direct](#)

[Healthcare Providers](#)

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Montana WIC's website has changed! If you are having trouble finding nutrition or breastfeeding resources for participants, it may have been moved to the [Home Page](#). This allows participants to download these resources themselves off of the website. Resources that only local agency staff use - such as administrative forms or M-SPIRIT training - is on the Local Agencies page. To provide resources to participants, use both the home page and this page.

Information for Local Agencies

Local Agency staff provides front line assistance to WIC participants through 27 Local WIC Agencies and many outlying clinics located throughout Montana.

WIC's goal is to improve health by informing families about good health practices and by providing nutritious foods to eligible participants. Every year, thousands of women, infants and children receive health screenings, nutrition assessments and health education from the Montana WIC Program. Your efforts are valued and appreciated!

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Montana WIC Refers to...

[Medicaid, SNAP, TANF](#)

[Oral Health Resources](#)

[Community Health Centers](#)

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Information for Local Agencies

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Do you have a question for State WIC staff? Use [this directory](#) to find the best person to contact.

› [Nutrition & Breastfeeding Resources](#)

› [Clinic Admin Resources](#)

› [Local Agency Retail Coordinators \(LARC\)](#)

› [Program Booklets](#)

› [Training](#)

Celebrate WIC's 40th Anniversary

[Newsletters](#)



Montana WIC Refers to...

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▶ [Nutrition & Breastfeeding Resources](#)

▼ [Clinic Admin Resources](#)

[State Plan - 2015](#)

[Local Agency Conference Call Minutes & Materials](#)

[Continuing Education Credit Approval](#)

[Complaint Forms](#)

[Computer Forms](#)

[Growth Grids](#)

[Order Forms](#)

[Participant Fraud & Abuse](#)

[Alternate Means for Signature of Benefits](#)

[Approved Abbreviations](#)

[Breast Pump Single User Release Form](#)

[Breast Pump Multi-User Loan and Release Form](#)

[Income Eligibility Guidelines](#)

[Medically Necessary Formula Request](#)

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Montana WIC

Nutrition Program for Women, Infants and Children



2015

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Search

Looking For:
assessment in the current document

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MONTANA WIC STATE PLAN & POLICY MANUAL CHAPTER FOUR

Policy Number 4.5
Local Agency Staffing
Effective Date: October 1, 2014

Title: Local Agency Staffing

Purpose

To ensure that each local agency employ or contract with adequate staff to ensure participants receive high-quality nutrition services.

Authority

7 CFR 246.6

Policy

Each Local Agency is required to have a competent professional authority (CPA) on the staff with the capabilities necessary to perform the certification procedures. Local agencies are also required to employ or contract the services of a Registered Dietitian (RD) for high-risk participant consulting.

I. Staffing

- A. Clinics should have more than one employee. If a clinic has only one employee, the State office will perform quarterly reviews of random participant files to ensure their compliance and to deter fraudulent activities.

II. WIC Director

- A. A WIC Director is responsible for overseeing the administrative aspects of the WIC Program. Typical responsibilities include fiscal management, program planning, staff supervision and serving as a contract liaison.
- B. A WIC Director is responsible for overseeing breastfeeding promotion and support activities within the local program.

III. Registered Dietitian

- A. A Registered Dietitian (RD) is responsible for providing nutrition assessment; developing a nutrition care plan and providing education to high-risk participants



Looking For:
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- WICStatePlan2015Updated.pdf
 - VI. Risk Codes A. The CPA
 - nutritional risk codes afte
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1. Incorporate the use of OARS (open ended questions, affirmation, reflective listening and summary) interviewing techniques.
2. Address the participant's stated interests and concerns.
3. Record current and accurate information.
4. Meet the language and cultural preferences of the participant.
5. Document discussion in the participant's folder.

VI. Risk Codes

- A. The CPA determines and documents nutritional risk codes after obtaining and evaluating the following information:
 1. Demographic information
 2. Current and past health data
 3. Anthropometric and hematological measures
 4. Category/age appropriate nutrition assessment questions;
 - a. Diet/Nutrition status
 - b. Substance use
 - c. Supplement intake
 - d. Diagnosed medical conditions and medications

Search



Looking For:

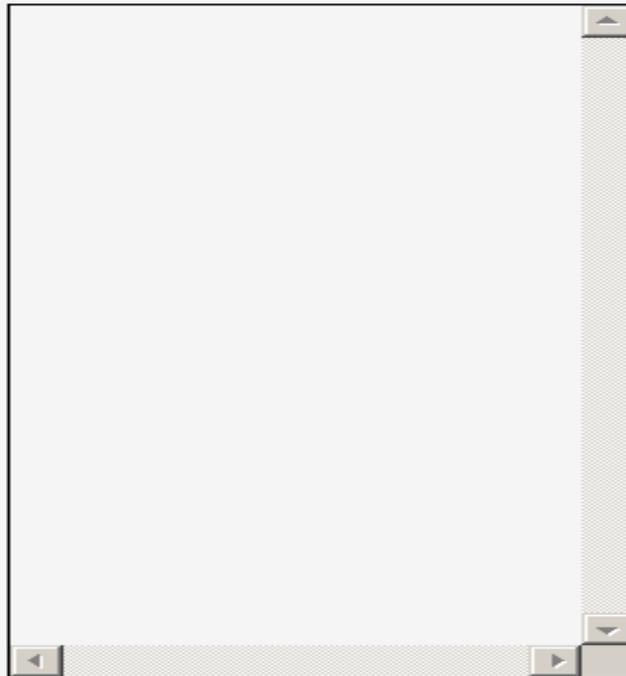
risk codes for infants in the current document

Results:

0 document(s) with 0 instance(s)

New Search

Results:



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Have fun with the State Plan
on line!

You won't believe how easy
it can be.....





Until you try!

QUESTIONS?

Retail Monitoring

Kevin Moore



Annual Retailer Monitoring

- **Monitoring philosophy**
- **New monitoring process**
- **Interactive training**



Monitoring Philosophy

Monitoring is an opportunity for education, LARCs are trainers and partners.

Monitoring Philosophy

The little things matter: Call ahead to schedule, take the stress out of education buys.



New Monitoring Schedule

Monitoring retailers every other year



Interactive Training Outline for Monitoring

USDA requires that specific topics be covered during training. The Outline of Mandatory Topics provides information on each area and supporting materials and information have also been included. The following agenda may be used to guide the training. **Please have the manager/store representative initial beside each topic to verify it was covered.**

— Purpose of the MT WIC Program

- For over 30 years, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) has been an integral part of Montana's public health system. Promoting healthy habits early, when they make the most powerful difference in the lifelong health of a child, is what WIC is all about. With each new eligible family WIC reaches, public health grows stronger and more effective in the fight against obesity and other debilitating and life threatening conditions. The Montana WIC Program serves about 20,000 participants each year.

— WIC Transaction/Redemption Procedure

- Review benefit redemption procedures
- Use packet to help guide you through the process



—WIC Foods Authorized in Montana

- Review the Approved Food List
- Review allowed size substitutions
 - the participant MAY get one 16-oz container of infant cereal in place of two 8-oz containers
 - the participant MAY get two half-gallons of milk in place of one gallon of milk
 - the participant MAY get one 8-quart box of powdered milk in place of three 3-quart boxes
 - the participant MAY get two 8-oz packages of cheese in place of a one 16-oz package

—Minimum Variety and Quantity of Stocking Requirements

- Retailers are required to stock certain authorized items at all times in sufficient quantities to meet Participant demand. Specific Montana WIC-authorized brands and sizes for WIC foods are as defined in the *Montana WIC Approved Food List (Food List)* and as shown on the WIC benefit. Your store's role in ensuring WIC participants receive only the food prescribed for them is **vital**.
- Review Minimum Stocking Requirements if violation involves stocking issues.
- All infant formula must be purchased from a vendor on the Montana WIC Infant Formula Wholesalers/Distributors/Retailers/Manufacturers list, which is located on the Montana WIC website.



— Special Circumstances

- Problems may occur during a WIC transaction. Often, the problems arise from participant or cashier error. Most of these problems can be resolved by referring to the WIC benefit, the Montana WIC Approved Food List, or the participant's WIC ID Packet. The retail staff's high level of customer service ensures that each situation is handled with respect.
- On occasion, a Montana WIC participant may violate WIC Program requirements. If the retailer cannot resolve the conflict by informing the participant of the proper WIC procedures, then the retailer needs to report the incident on a *Participant Complaint Form*. Please complete the form with all relevant information. If possible provide the participant's name and ID number and as many details of the incident as possible as this will aid in the discussion with the participant at the clinic. WIC participants are not permitted to cause a disturbance in your store, abuse your employees or violate the procedures for redeeming benefits.

— **Violations and Sanctions**

- WIC has a system of sanctions to ensure that WIC customers receive the correct nutritious foods prescribed for them. WIC-authorized stores, as well as WIC customers, may be sanctioned if found to have committed violations abusing the Program.
- Store violations are detailed in the Retailer Reference Manual. Store sanctions range from nonpayment of a WIC benefit to disqualification from the program. The main store violations to keep in mind are:
 - Not training store staff on foods and policies,
 - Accepting unapproved food items, and
 - Not allowing the purchase of approved items.

— **Resources available if you have a question about WIC**

- The MT WIC Approved Food List (online)
- The physical WIC benefit redeemed
- The Benefit Redemption Guide (packet, Retailer Reference Manual (online))
- Your local WIC contact – The Local Agency Retailer Coordinator
- The State WIC office Retail Services staff (1-800-433-4298, option 2)

• **Other Issues**

- Discuss any other questions or items.

Review of the Interactive Training Outline

Purpose of the WIC Program

WIC Transaction/Redemption Procedures

Authorized Food List

Minimum Stocking Requirements

Special Circumstances

Violations & Sanctions

Resources Available



Compliance Buys

Glade Roos



Compliance Investigations

- **Purpose of compliance investigations**
- **Process of completing investigations**
- **Key differences between compliance investigations and routine monitoring visits**

Purpose of Compliance Investigations

- Compliance investigations are used to evaluate high-risk WIC retailers.
- All WIC authorized retailers are evaluated annually and ranked according to a set of high-risk criteria and at least the top 5% are selected for an investigation.
- A minimum of five (5) percent of all authorized WIC retailers receive a compliance investigation annually.



Process of Completing an Investigation

- A compliance investigation is conducted by completing a series of covert WIC purchases in order to verify program abuse by the retailer.
- The purchase is made with WIC benefits and is made without the knowledge of the retailer's management or staff.
- If two WIC transactions result in no program violations the case is closed and no sanctions will be imposed.
- There are always at least two compliance purchase made at a particular retailer in order to verify program compliance.



Key differences between Compliance Investigations and Routine Monitoring Visits

- Compliance investigations are made without the knowledge of the retailer.
- Routine monitoring visits are conducted with the retailer's knowledge.
- Compliance purchases are processed by the bank.
- Educational buys are cancelled at the end of the transaction and the benefit used is never sent to the bank.
- Compliance investigations verify program compliance by a retailer.
- Routine monitoring visits are training opportunities for the retailer.



Conclusion

- Compliance investigations are necessary in order to operate an efficient and effective program.
- Compliance investigations assist retailers in identifying areas of improvement.
- Compliance investigations enhance program integrity.

Common Benefit Errors

Leah Steinle
Retail Program Manager

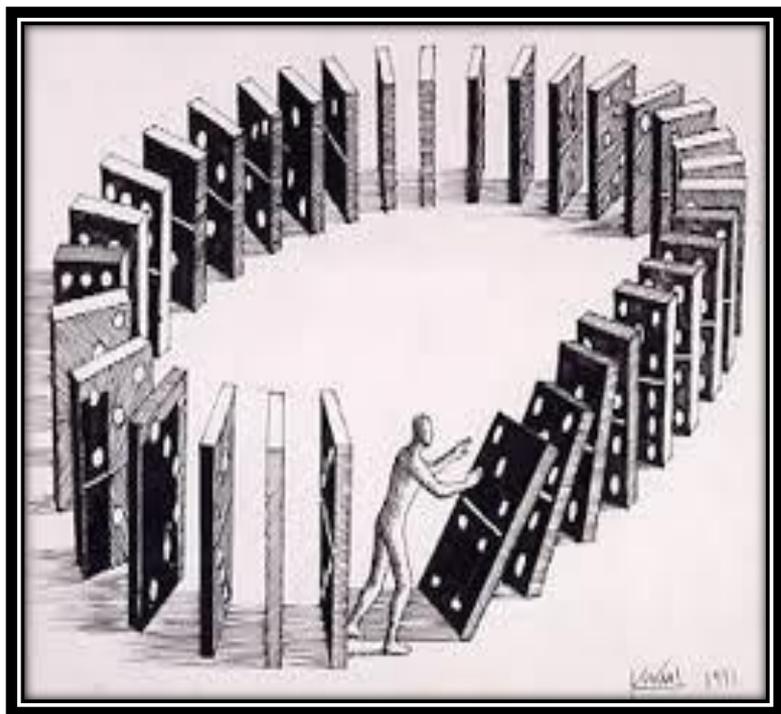


Benefit Error Process



- Review \approx 100 benefits/month
- Retailers send in benefit and receipt
 - Approve, adjust and approve or deny
- Submit file to bank, enter into M-SPIRIT, mail back to retailer
- Changes before deposit vs. changes after deposit
- Participant Fraud and Abuse

Effects of Returned Benefits



- Returned check fees
- Items/benefits not reimbursed



- Reduce F&A

Baby Food

- 4.25oz jars of baby food purchased
- Most stores sell between \$1 - \$1.50
- $16 \times 1.25 = \$20$ + returned check fee



Over Fruit and Vegetable Benefit



- Now allowed...new issue!
- WIC Customers pay the difference but cashier writes over amount on benefit
 - Education – Cashiers and Participants

No Signature!

Lead Student

Plastic vs. Frozen Concentrate



Soy Beverage

- When is it OK to purchase quarts and when is it OK to purchase half-gallons?
- If quarts are specified on the benefit (Pacific Ultra Soy)!



Tuna and Salmon



- Only light tuna packed in water
- Albacore, yellowtail, specialty tuna NOT approved

- Only pink salmon packed in water
- No red salmon (sockeye), smoked salmon





Learn and Regroup



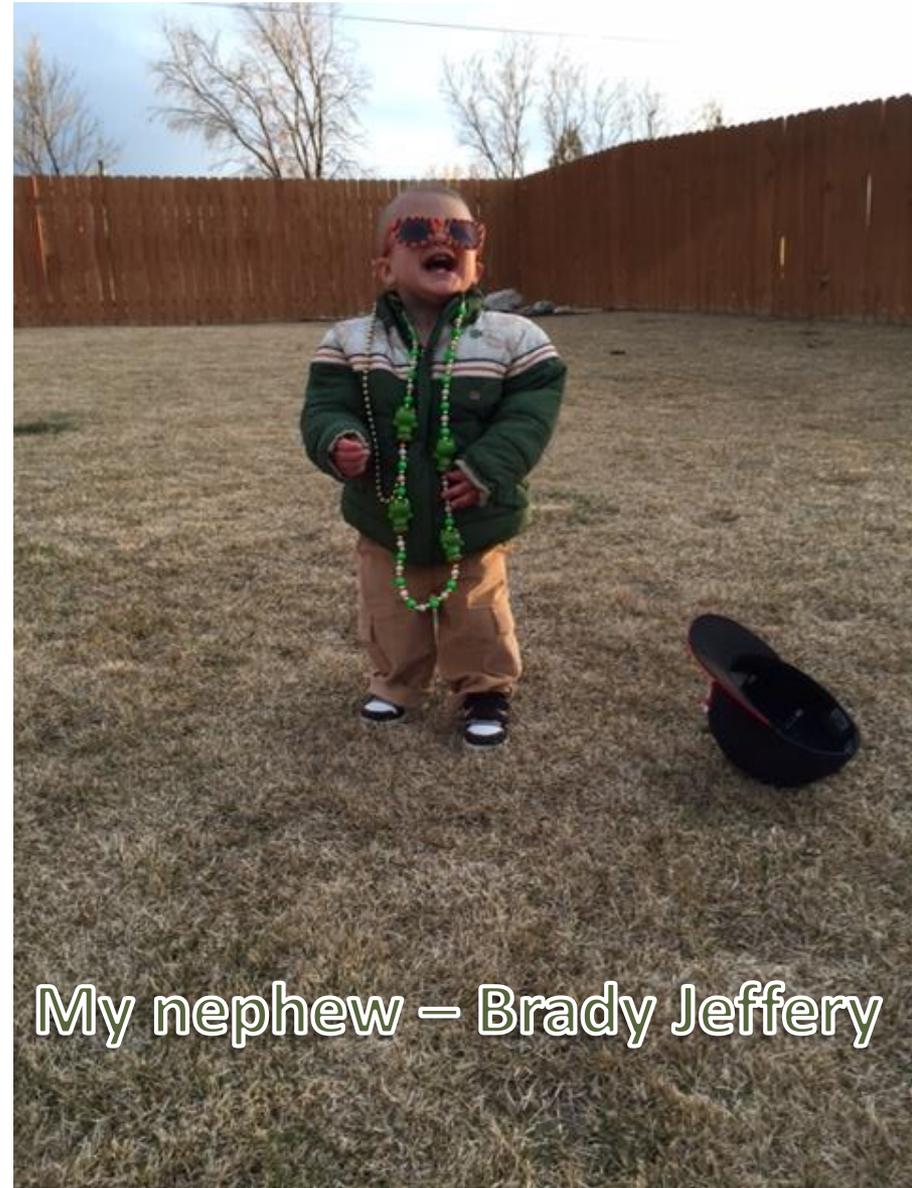
As of July 1, 2015, two major check rejection reasons will disappear!

- Frozen concentrate Minute Maid 100% Orange Juice approved!
- Any size box of WIC approved cereal is allowed!



Anticipating Issues

- What issues can you foresee with the July 1 changes?
 - White potatoes, yogurt, whole wheat pasta
- What are good ways to thwart those issues?



My nephew – Brady Jeffery

EBT - Update

Dick Michaelis
Leah Steinle



We have a Winner!

- Solutran is the apparent winner
- Solutran is our current banking contractor
- Anticipated contract start date of July 1, 2015



Where we've been...

PAST
PRESENT
FUTURE

- Scored proposals (2) in January
- Reviewed contract language – Program Staff
- Started UPC collection activities again



Where we're going....

- Solutran reviews contract and SOW (Statement of Work)
- After it's approved by program staff, FNS reviews (60 days)
- Once FNS approves...we have an EBT contractor!



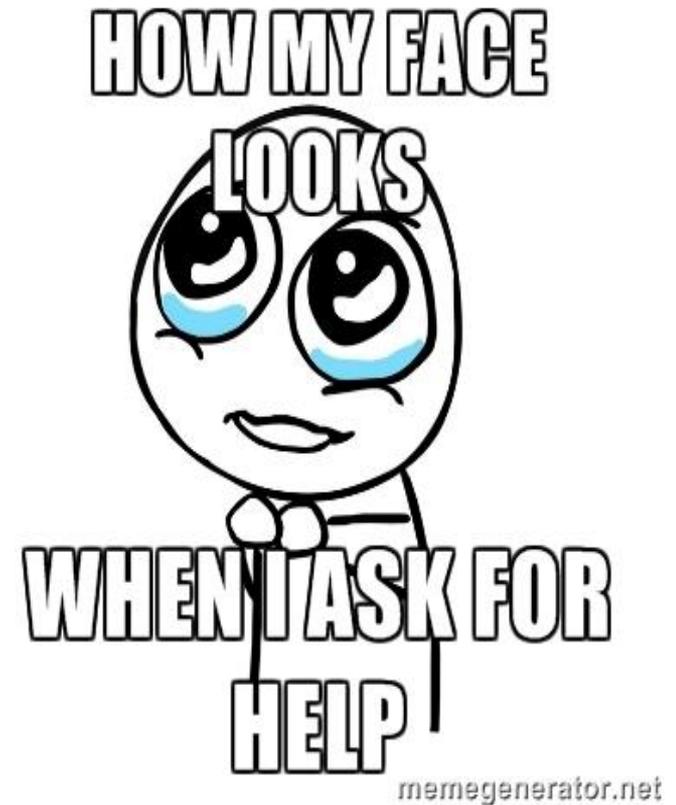
What we wish we knew...

...Timeline!



What we may ask of you...

- UPC data collection help
- “Sell” EBT to participants, retail
- Level 3 certifications
- Patience



Jeopardy!

Bernadette Lahr



MAWA Meeting



Welcome

Kate Girard
WIC Director



Video Clip: Saving Brains

- <https://www.youtube.com/watch?v=vw0TkwjjpZU>

Hungry for Love

Equipping WIC staff to tap into relational forces
impacting family mealtime environments

Charlie Slaughter, MPH, RD



Outreach & Participation



HUNGRY IN MONTANA: 2014 CLIENT HUNGER SURVEY



CLIENT HUNGER SURVEY 2014

- Surveyed more than 200 clients across 8 sites:
 - Billings
 - Great Falls
 - Hardin
 - Browning
 - Havre
 - Dillon
 - Libby
 - Miles City



CLIENT HUNGER SURVEY 2014

- More than 87% of households included **vulnerable population**
 - 43% included children
 - 33% included seniors
 - 44% included adult unable to work due to disability
- 18% of households had more than one family **living together** for financial reasons
 - 28% of reservation clients

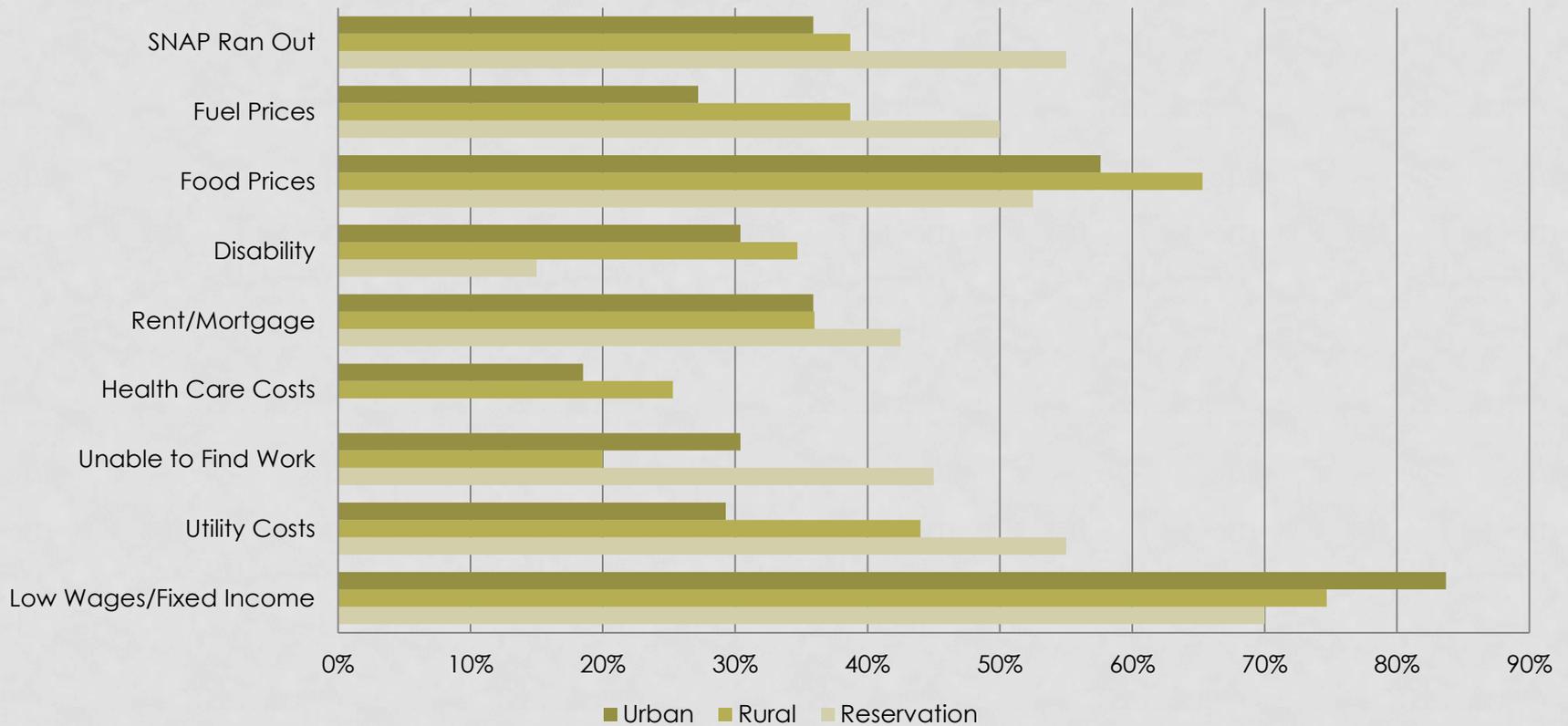
"I live here with my three grandkids but others come and go; I take people in when they need help. Right now we have a household of seven."

Charity, 53, Busby



CLIENT HUNGER SURVEY 2014

Reasons Needing Food Assistance the Day of the Survey (2014)



CLIENT HUNGER SURVEY 2014

- Poverty

- Nearly 75% of respondents living below **poverty** line
 - 92% of reservation households in poverty
 - Nearly 90% of households with children
- Nearly 1 in 3 respondents were living in **deep poverty**, below 50% of the poverty line
 - 62% of reservation households in deep poverty
 - 57% of households with children

I'm on the waiting list for housing assistance. Right now I get a total of \$740 between SSDI and SSI and pay \$450 in rent.

Ron, 41, worked in roofing until a back injury left him disabled, Billings

2014 Federal Poverty Guidelines (Monthly, 48 Contiguous States)			
Persons in Household	50% of Poverty	100% of Poverty	130% of Poverty
1	\$486	\$972	\$1264
2	\$655	\$1310	\$1703
3	\$825	\$1649	\$2144
4	\$994	\$1987	\$2583
Each add'l person, add:	\$169	\$338	\$440

CLIENT HUNGER SURVEY 2014

- Employment

- More than 68,000 job seekers in Montana and only 16,000 jobs
 - 8 job seekers for every 1 job that pays a living wage for a single individual (\$13.92/hr)
- **Underemployment:** Accommodation and food service jobs make up nearly a quarter of employment in Montana
 - 37% of households were working
 - Of these, 65% were working in PT, seasonal, or temporary jobs
- 63% of households were **unemployed**
 - Primary reasons included disability or poor health, unable to find work, or retired

"We are down to one piece of meat in the freezer. My husband has been out of work, he was laid off from the sugar beet refinery. He finally found a new job and has been there for a week. We are waiting for that first paycheck."

Sandy, mother of two, Billings

CLIENT HUNGER SURVEY 2014

- Living with Food Insecurity
 - Nearly half of the households reported that adults **skip meals**, many on a daily or weekly basis
 - 58% of households had to choose to pay for some **other necessity instead of food** (housing, utilities, fuel, medical care)
 - More than 55% of respondents had to **delay medical care** and/or filling prescriptions because they were unable to afford it
 - **Reduced nutrition**
 - Limited fresh produce, difficulty affording meat
 - Feel healthy options are more expensive
 - Difficulty getting to a store

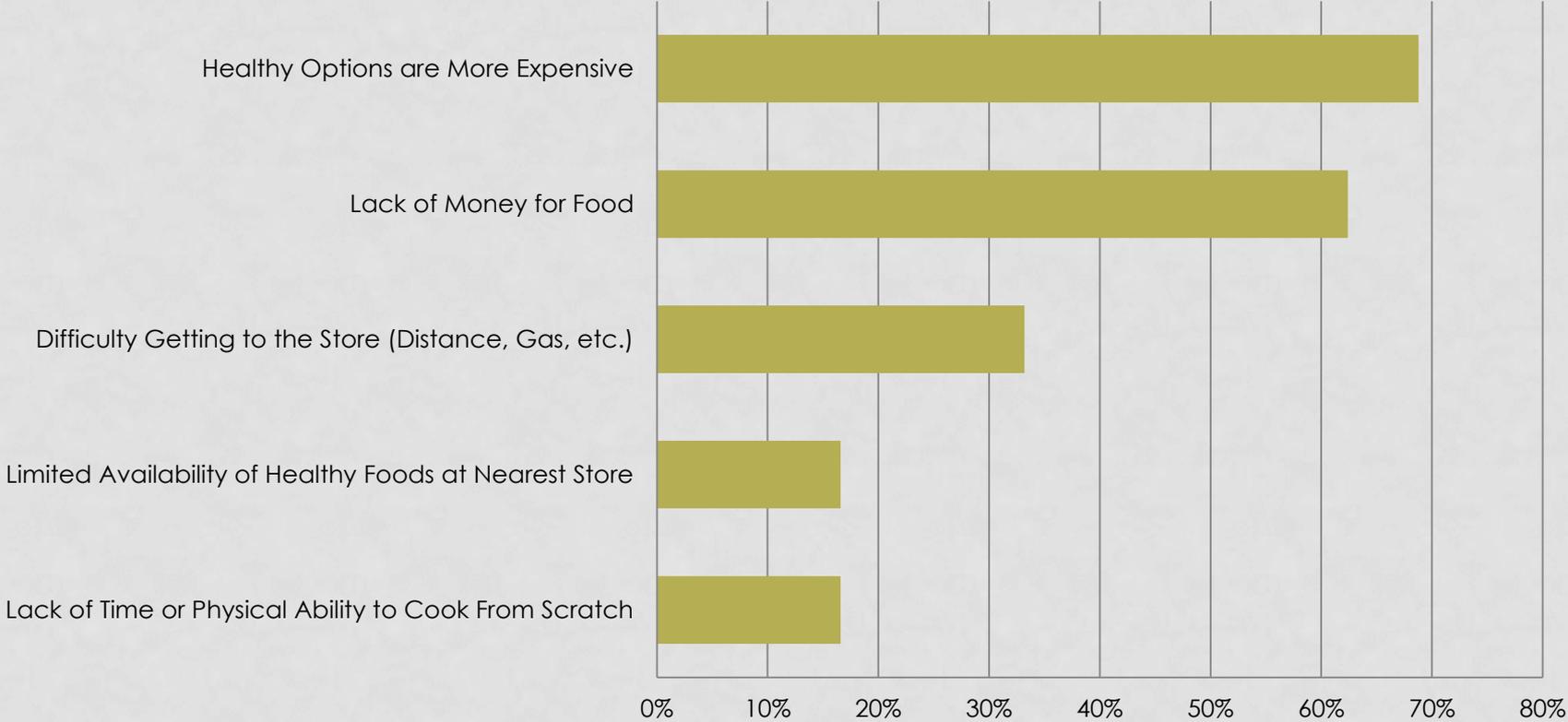
"We just eat a snack when we're hungry. We've been skipping dinner every day because I don't have money for food."

Catherine, 47, just moved to Great Falls with her daughter, looking for work



CLIENT HUNGER SURVEY 2014

Challenges to Eating a Healthy Diet (2014)



CLIENT HUNGER SURVEY 2014

- Supplemental Nutrition Assistance Program
 - 58% of all households were receiving SNAP benefits
 - 90% of respondents had incomes below 130% of poverty
 - An additional 8% reported being in the process of applying
 - Of households not receiving benefits, most common reasons:
 - Did not know may be eligible
 - Prefer to come to food pantry
 - Application process is too long and complicated

"I don't like to use the program (SNAP) but when the kids need food, I have to swallow my pride and get some help."

Floyd, disabled and unable to work, helping raise two grandchildren



CLIENT HUNGER SURVEY 2014

- WIC

- 56% of households with children under age 5 or pregnant household member were on WIC
 - An additional 16% reported being in the process of applying
 - Participation rates highest among clients living on a reservation
- Most participants had very positive feedback
 - 77% didn't have anything they disliked or struggled with
 - 10% reported difficulty making it to appointments
- Of those not participating, most thought it was too difficult to make it to appointments

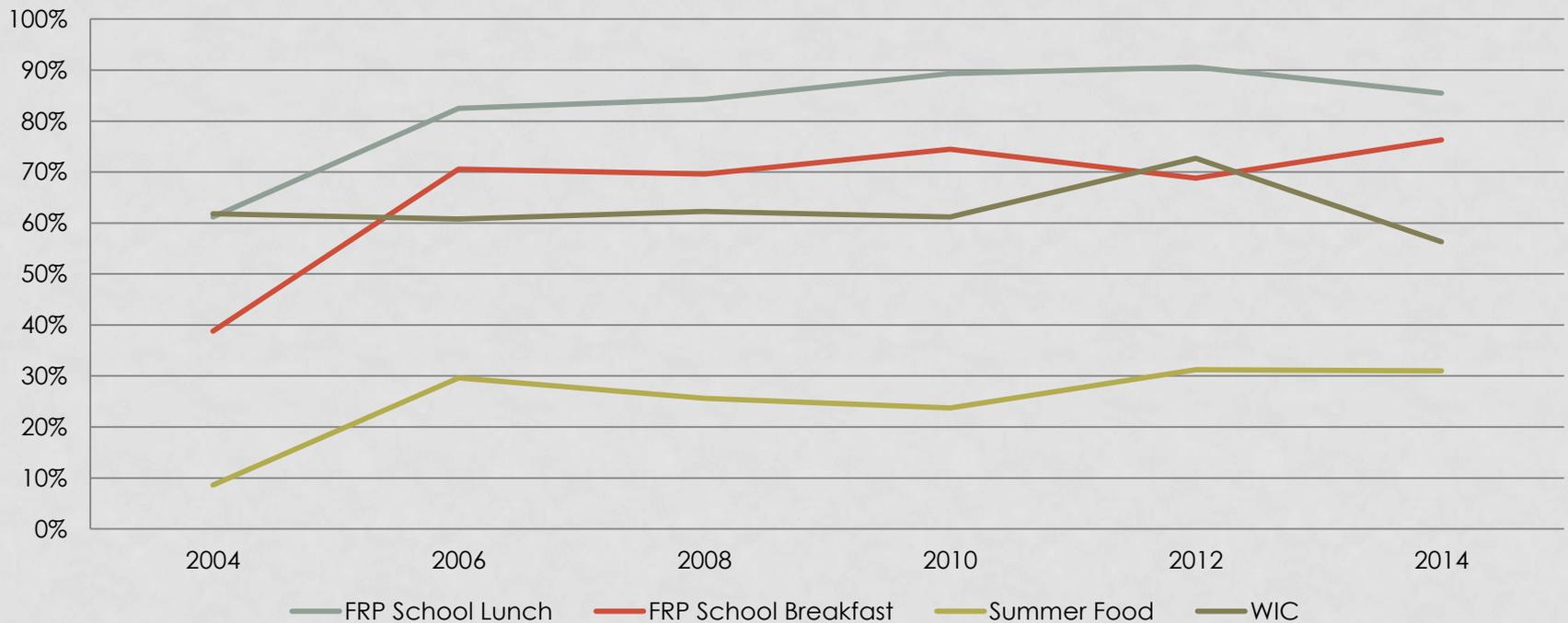
"All of the services WIC provides are really valuable. It is a great program."

Food pantry client, recently laid off



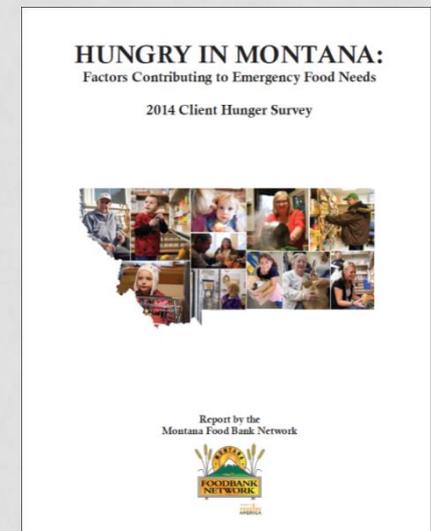
CLIENT HUNGER SURVEY 2014

Participation in Free or Reduced Price School Meals, Summer Food, and WIC Among Households with Eligible Age Children (2004-2014)



WHAT DOES THE REPORT TELL US?

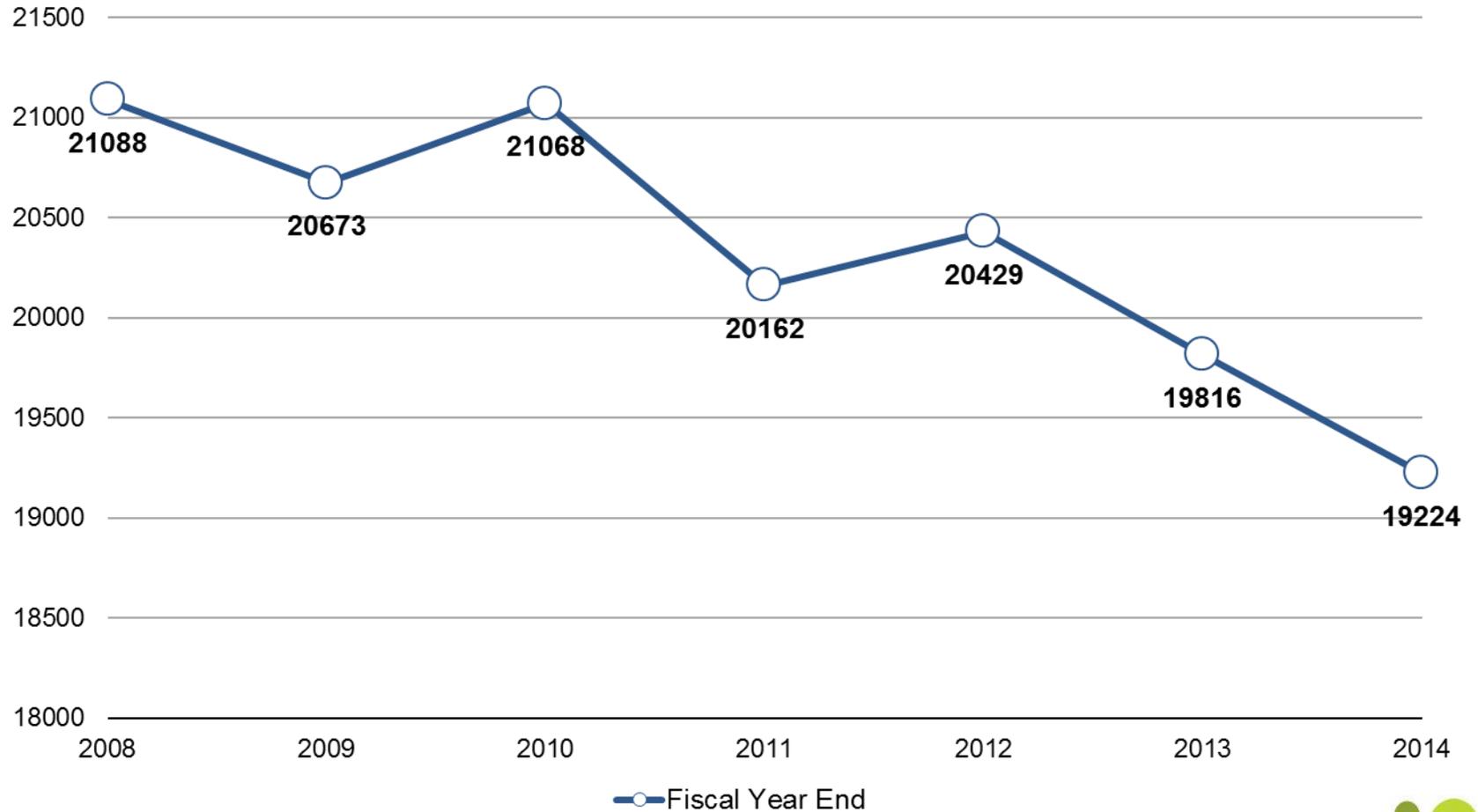
- Need to educate and improve understanding of the issue of hunger
 - What does it mean to be hungry? Share client stories and voices
 - Long term costs of hunger
 - Public and policy makers
- Identify policy priorities to protect and strengthen public food programs
- Illustrate importance of public-private partnership
- Recognize that food insecurity does not happen in isolation
- Need to address root causes of hunger, work toward long term solutions
 - But in the meantime – it is critical that families have access to adequate amounts of healthy food



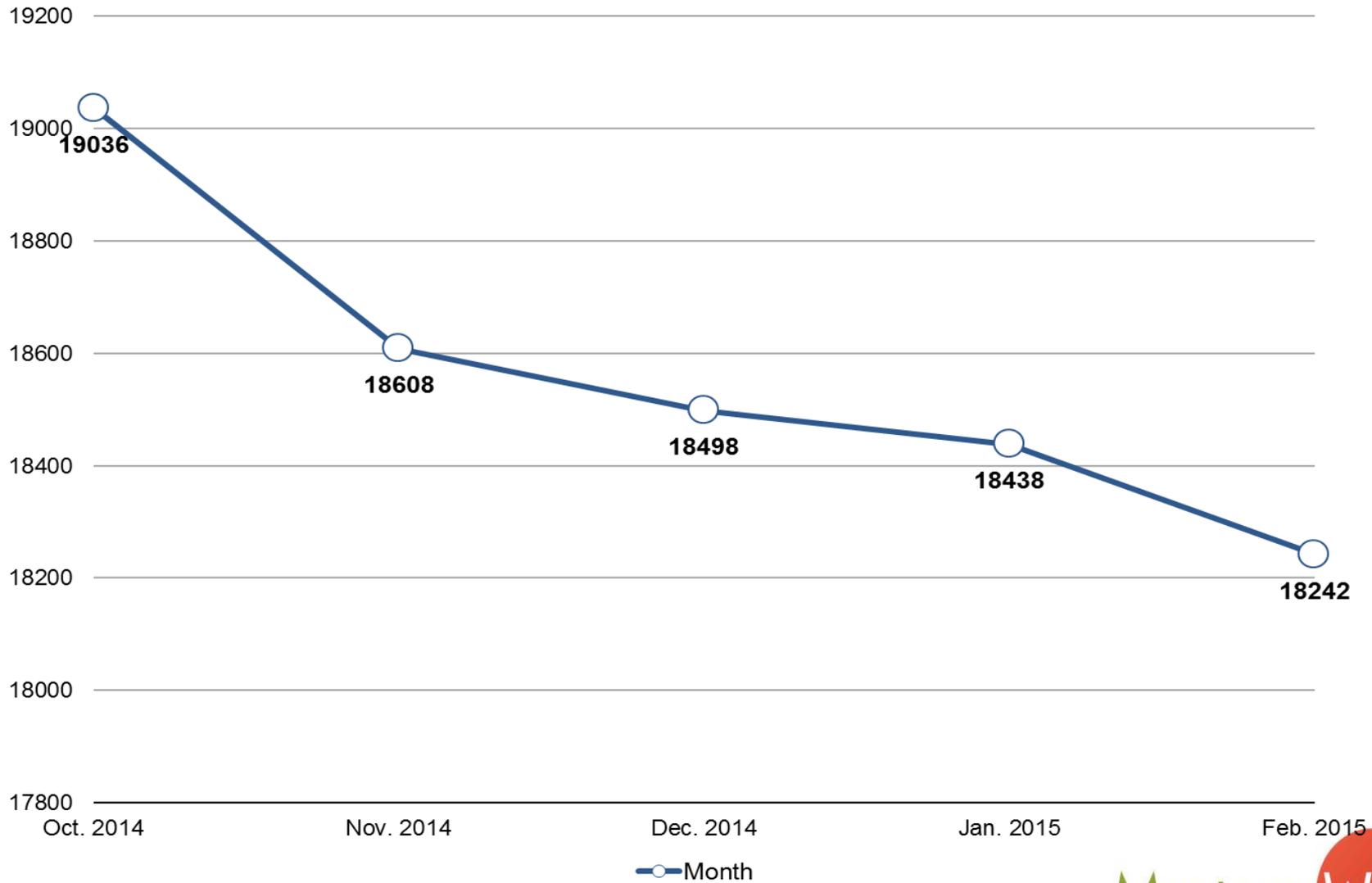
QUESTIONS?



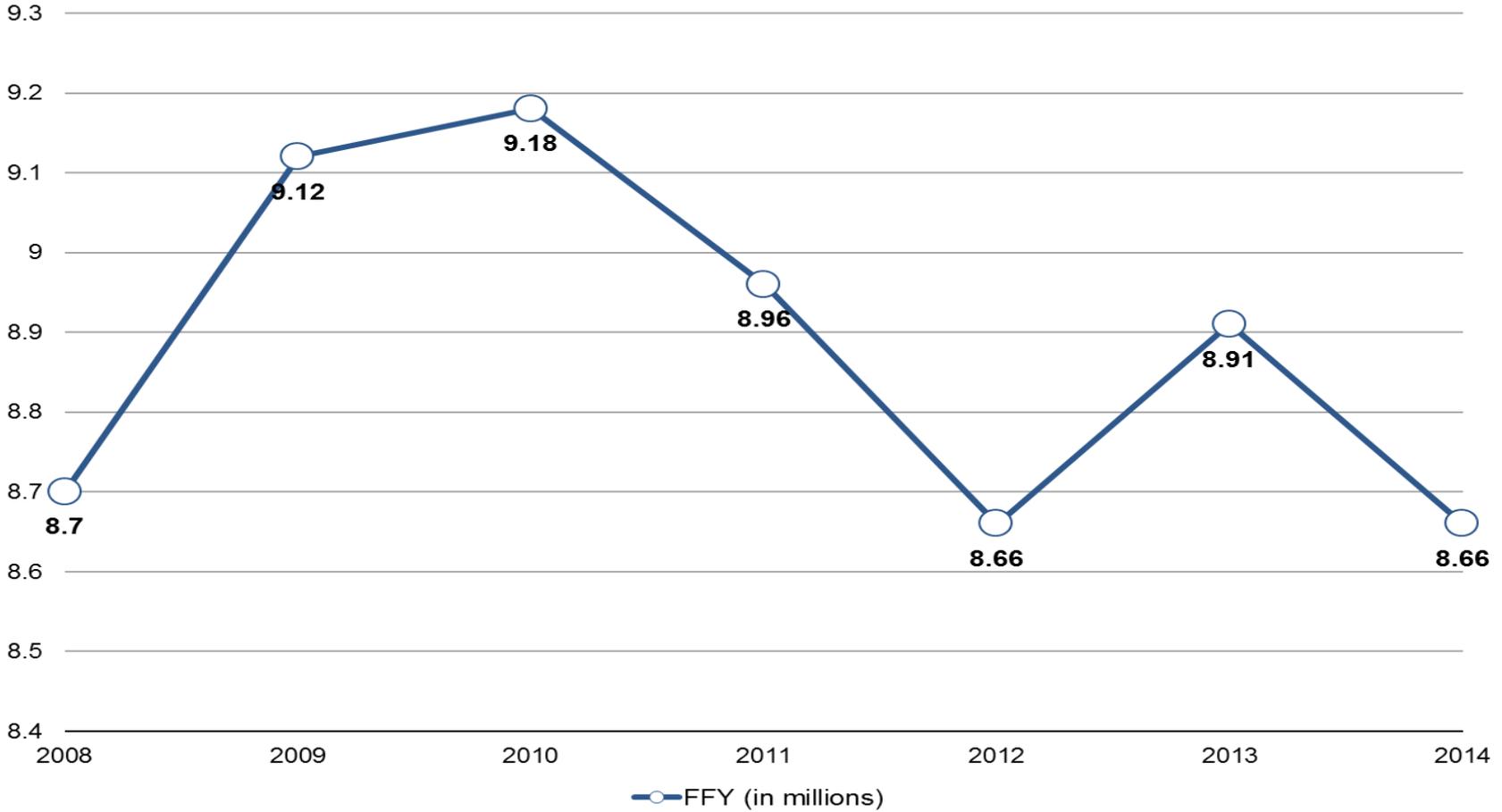
Montana WIC Participation: FFY 2008-2014



Montana WIC Participation: FFY 2015



National Participation 2008-2014



Current State Efforts

- Media campaign
- Retailer training/outreach
 - Monitoring more frequently
- Focus on outreach plans (written and submitted)
- Utilities report to identify who “dropped off”
- Tip of the month in newsletter
- Collaboration with other programs (IZ, Home Visiting...)

Future Plans

- Statewide texting for appt. reminders
- Coordinate with interns and FSC
- EBT will be popular- do media campaign around that
- Improved food package (yogurt, pasta, fresh fruits and veggies for babies)
- Refer from Medicaid/TANF/SNAP site to WIC



Local Agency Efforts

- Jackie Cenis – Ravalli WIC Director
- Nicole Hungerford– Hill WIC Coordinator



Working with Dietetic Interns

- Project interns can focus on next year
- Time in April for special project
- Ideas?
 - Social media?
 - Research what works in other states?
 - ...

Discussion

- At your tables
 - 3 top “state” ideas to affect participation
 - 3 top “local” ideas to affect participation
 - 3 Ideas for interns (2015-2016 class project)
- Sharing as a group

State Outreach: Ideas/Sharing

- More new employee training
- Texting (appt reminders)
- EBT
- Media ads – radio ads – public service
- Sending notices with SNAP and Medicaid cards
- Public transit ads
- Outreach to providers
- Giveaway items ? (My Plate)
- Sippy cup with WIC logo
- Tag team with Medicaid and MCH-V to do referrals



Local Outreach

- Community outreach and collaboration with other orgs.
- Retail relationships (esp. with larger stores)
- Buckle up (coordinating with)
- Orientations with Head Start or Kindergarten
- Team up with Northwest Community Health Center – summer camp with nutrition focus
- Streamlining appointment time – user group
- Health Fairs
- Public Service announcements
- News articles



Intern Projects

- Help with updating VENA questions – making WIC experience more effective
- Improving Clinic experience – QI projects
- Work with retail side of things – training, etc. purpose of WIC (“in-service” _
- EBT
- Marketing and advertising – social media
- Surveys
- Recycle baby jars – think of new ideas
- Changing messaging (empowering parents, weight management)

Intern Projects

- Revisiting My Plate handouts
- Wish list for interns – give them choices based on areas of expertise
- Prepare idea to be used throughout the state
- Make use of media technology – social media
- Set up survey monkey, etc.
- Liaison with retailers