

FFY 2017 New Goals, Strategies and Action Steps

Joint State/Local Goal Areas:

- 1) Breastfeeding
- 2) Nutrition-Obesity
- 3) Caseload
- 4) Diversity
- 5) Women's Mental Health

State Agency Goal Areas:

- 1) Vendor Management
- 2) EBT



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Functional Area II. Nutrition Services

Joint SA/LA Breastfeeding Goal: By October 1st, 2019, the percentage of WIC infants who are exclusively breastfed at 6 months of age, will be greater than or equal to 20%.

Data Source: Journey Breastfeeding Prevalence Report

Date	% of infants ever breastfed	% of infants exclusively breastfed at 1 week	% of infants exclusively breastfed at 3 months	% of infants exclusively breastfed at 6 months
June 2016	78%	46%	17%	9%

State Totals	Excl BF 1 Wk	Excl BF 3 mo	Excl BF 6 mo	Ever BF	1Wk	2Wk	3Wk	4Wk	5Wk	6Wk	2M	3M	6M	9M	12M
	46%	17%	9%	78%	67%	64%	60%	53%	51%	48%	40%	34%	23%	18%	18%
	4352	1252	647	1409 0	6393	5615	4840	4051	3799	3459	2902	2528	1761	1034	768

Needs Assessment:

- WIC promotes breastfeeding as the norm for infant feeding. Policy recommendations from the American Academy of Pediatrics, the World Health Organization and the CDC state: “Exclusive breastfeeding is ideal nutrition and sufficient to support optimal growth and development for approximately the first six months after birth”.
- Studies show that exclusive breastfeeding provides the most impact on long and short-term health outcomes.
- Staff support of exclusive breastfeeding, ability of staff to use effective counseling skills to help participants identify and overcome individual barriers to breastfeeding, and ability of staff to identify and manage common breastfeeding problems are essential elements to improve rates of exclusive breastfeeding and also breastfeeding duration.

JOINT STRATEGY #1: Promote and support exclusive breastfeeding for all WIC mothers and their infants.

ACTION STEPS: (what & why)	WHO:	WHEN:	SPECIAL NOTES:
1. **Coordinate with local agencies to assess their current status in breastfeeding promotion and support, i.e. success of implementation of the NWA Six Steps to Achieve Breastfeeding Goals for WIC Clinics	Narissa Scales	October 2018	
2. **Form and participate in Breastfeeding Workgroup.	Narissa Scales Breastfeeding Workgroup		
3. **State and Local agencies will increase presence of positive WIC Breastfeeding messages on social media outlets.	Narissa Scales Breastfeeding Work Group	Ongoing	<ul style="list-style-type: none"> • Twitter, Instagram, Facebook, Youtube, etc.
4. Collaborate with partners in activities that promote and support breastfeeding to ensure breastfeeding messages are consistent and to increase overall support for breastfeeding outside of the WIC environment.	Narissa Scales	Ongoing	<ul style="list-style-type: none"> • Nebraska Breastfeeding Coalition
5. Provide consistent training on motivational interviewing and counseling skills for staff to use when working with breastfeeding mothers.	Narissa Scales	April 2017	<ul style="list-style-type: none"> • <i>Local agency participation in training opportunities.</i> • <i>Annual WIC Conference</i>
6. Strengthen training plan for ensuring all WIC local agency staff receive competency based breastfeeding training.	Narissa Breastfeeding workgroup	Ongoing	<ul style="list-style-type: none"> • <i>Including continuing education opportunities.</i>
7. Identify or develop and provide educational materials for LA Staff to use with participants for education, promotion and support of breastfeeding messages.	Narissa Breastfeeding workgroup	Feb 2017 & Ongoing	<ul style="list-style-type: none"> •
8. Identify appropriate ongoing breastfeeding continuing education opportunities for local agency breastfeeding coordinators, CPA's, and peer counselors to increase and maintain breastfeeding knowledge.	Narissa Scales	Ongoing	<ul style="list-style-type: none"> • Provide staff training annually by Sept 30th.
9. Provide technical guidance and support to 10 WIC local agencies to maintain active peer counseling programs.	Narissa Scales	Ongoing	
10. Provide support to all WIC local agencies to implement and/or expand breast pump programs.	Narissa Scales	Ongoing	

JOINT STRATEGY #2: Incorporate Breastfeeding Backpack initiative to educate and encourage mothers to exclusively breastfeed for the first 6 months.

ACTION STEPS: (what & why)	WHO:	WHEN:	SPECIAL NOTES:
1. **Investigate Breastfeeding Backpack Initiative steps and finalize implementation plan.	SA/LA Breastfeeding Backpack Committee	Oct 2016 - March 2017	
EVALUATION			
Journey reports used to evaluate progress.			

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Functional Area II. Nutrition Services

Joint SA/LA Nutrition Goal: By October 1st, 2019, the percentage of WIC children ages 2-5 who are overweight/obese will be less than or equal to 18%.

Data Source: Journey Prevalence Of Nutrition Risk Report			
Date	% of children with overweight risk	% of children with obese risk	Total % of children with Overweight/ Obese
June 2016	11.5	9.3	20.8

State Totals	Child	
Participants per Category	19,380	
Risk	w/Risk	w/Risk
OR At Risk of Overweight-Child age 1	2160	11.15%
(113) - Obese - Child age 2 to 5	1814	9.36%

Needs Assessment:

- According to WIC system reports of assigned nutritional risk criteria, 20.8% of children participating in WIC have the risk for overweight or obese. (Journey June 2016)
- According to the Centers for Disease Control, in 2011-2012 8.4% of children aged 2-5 had obesity in the United States.
- In the New England Journal of Medicine, a study found that a child who is overweight when entering kindergarten is four times more likely to become obese. Since children are on WIC between the ages of 2-5, we have a great opportunity to ensure that children enter kindergarten at a healthy weight.
- Research has shown that childhood obesity among preschoolers is more prevalent in lower income families (CDC). The 2010 White House Task Force on Childhood Obesity Report to the President, outlined several ways WIC can prevent low income children from becoming overweight and obese through breastfeeding peer counseling programs, WIC cash vouchers for fruits and vegetables and the WIC farmer’s market initiative.

JOINT STRATEGY #1: Support the role of WIC in preventing childhood overweight and obesity for WIC participants, within the ages of 2-5.

ACTION STEPS: (what & why)	WHO:	WHEN:	SPECIAL NOTES:
1. Form workgroup to investigate common practices used by parents, in the WIC program, that promote early childhood overweight and obesity, by survey or other research methodology	Narissa Scales	Feb 2017 – Oct 2017	

ACTION STEPS: (what & why)	WHO:	WHEN:	SPECIAL NOTES:
	Obesity Workgroup		
2. **Participate in workgroup to research and create an evidence-based project based on preventing early childhood overweight and obesity.	Narissa Scales Obesity Workgroup	Oct 2017 - March 2018	
3. **Pilot the evidence-based childhood obesity project.	Narissa Scales Obesity Workgroup	March 2018 - October 2018	
4. Workgroup will compile the results of the pilot and then develop a plan for the next 2 years of the goal.	Narissa Scales Obesity Workgroup		
5. Support Local agencies in providing and promoting participant education on regular physical activity as the norm for WIC families.	Narissa Scales	Ongoing	
6. Provide evidence based nutrition education materials to Local Agencies that encourage healthy eating as the norm for WIC families.	Narissa Scales	Ongoing	
7. Support Douglas County's efforts to increase the use of Farmer's Market coupons.	Narissa Scales Julieann Boyle	Annually June - October	
8. State and local agencies will increase presence of positive WIC Healthy Eating messages on social media outlets.	Narissa Scales	Ongoing	<ul style="list-style-type: none"> • Twitter, Instagram, Facebook, Youtube, etc.

STATE STRATEGY #1: Use WIChealth.org nutrition education reports to identify any correlation between topics selected by parents of overweight children.

ACTION STEPS: (what & why)	WHO:	WHEN:	SPECIAL NOTES:
1. Evaluate if there are common educational topics selected by parents of overweight children	Narissa Scales	March 2017- October 2017	

2. Provide the common nutrition education topics to the childhood obesity workgroup for use in creating a preventative childhood obesity program.	Narissa Scales	October 2017	
EVALUATION			
Journey reports used to evaluate progress.			

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Functional Area VII. Caseload Management

Joint SA/LA Caseload Management Goal: By October 1, 2019 the average State participation will be increased by 5%.

Data Source: Journey Participation with Benefits Report

STATE- Baseline DATA	
Year	Average Participation
2015	37,167
2016 <small>9 months data</small>	37,433

Needs Assessment:

- Demographics and reach: Total participation has been on a downward trend for several years. Nebraska (2011 – 42,911; 2012 – 42,079; 2013 – 39,495; 2014 – 38,543; 2015 - 37,167)
- Average WIC Enrollment has also decreased from 52,924 in 2011 to 48,036 in 2015.
- No major difference between Nebraska and the U.S.
- The trend is driven by child participation.
- WIC Moms have lower education levels than the general US population. Thus, outreach and education need to consider this.
- Nebraska WIC serves a greater percentage of Medicaid participants than the U.S.
- The current child bearing age women are media savvy and need different outreach techniques.

JOINT STRATEGY #1: Participate in the National WIC Association (NWA) media campaign statewide.

ACTION STEPS: (what & why)	WHO:	WHEN:	SPECIAL NOTES:
1. Develop a WIC Outreach workgroup including state staff and local agency staff.	State Administrative Operations/Outreach Coordinator	September 2016	

ACTION STEPS: (what & why)	WHO:	WHEN:	SPECIAL NOTES:
2. Review NWA Outreach media campaign materials.	State Outreach Coordinator and Outreach workgroup	October 2016	
3. Determine which parts of the NWA media campaign to use in the various parts of Nebraska.	State Outreach Coordinator and Outreach workgroup	November 2016	
4. Prepare webinar for Local Agency WIC Directors	State Outreach Coordinator and Outreach workgroup	December 2016	
5. ** LA staff will participate in webinar	State WIC Staff, L.A. WIC Directors	January 2017	
6. ** Start new WIC Media Campaign Statewide	State Staff, Outreach workgroup, Local Agencies	February – March 2017	
7. Review and determine which state WIC forms need to be revised. Work on revisions.	State Outreach Coordinator and Outreach workgroup	March 2017	
8. Add "Social Media" to "How did you find out about WIC?" on the Journey system.	State Outreach Coordinator	February 2017	
EVALUATION			
Review Journey Participation Reports monthly to monitor total participation. Use National WIC Association guidelines for additional data collection and evaluation.			

JOINT STRATEGY #2: Focus on Child Retention Ages 1-4 years.

ACTION STEPS: (what & why)	WHO:	WHEN:	SPECIAL NOTES:
1. Review options for more diversity and participant accepted foods in the Nebraska WIC approved product list.	State WIC Food Operations Coordinator	October-November 2016	
2. Develop and implement new Nebraska WIC approved product list.	State WIC Food Operations Coordinator	October 2017	
3. ** Explore and identify evidenced based, promising practices materials/campaigns on child retention, from other sources, to use in Nebraska.	State Outreach Coordinator, Outreach Workgroup.	July 2017	
4. ** Provide Child Retention Resources to NeWA (Nebraska WIC Association).	Outreach Workgroup	Fall 2017	<i>Fall meeting of NeWA</i>
EVALULATION			
Review Journey Participation Reports quarterly to check child participation statistics. Review Referral Summary Report to determine if referrals are coming from new Outreach program.			

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Functional Area VII. Caseload Management

Joint SA/LA Diversity Goal: By October 1, 2019 WIC agencies will demonstrate an increased capacity in delivering culturally competent WIC services as measured through an evidence based assessment tool.

Data Source: Use of an evidence based assessment tool.

Needs Assessment:

- WIC client makeup has become increasingly more diverse.
- Lack of translation services and interpreters for newly arrived refugees creates barriers to services.
- Clinics and the clients they serve are very diverse (rural/urban, immigrants/farm families, teens/grandparents, English/multiple languages)
- Nebraska has seen an influx of migrants and refugees in the last 10 years.
- In 2014 56% of WIC clients in Nebraska identified with a race other than White.

JOINT STRATEGY #1: Identify and implement an evidence based tool to assess culturally competent WIC services.

ACTION STEPS: (what & why)	WHO:	WHEN:	SPECIAL NOTES:
1. Convene a workgroup made up of state and local agency staff to identify a measurement tool.	Marge and Liz	August 2016	<i>Status: Workgroup members determined 10/2016</i>
2. Workgroup will develop criteria to use to select a tool	Marge, Liz, Workgroup	October 2016	<i>Consider purpose of tool, ease of data collection and reports produced.</i>
3. Possible tools will be identified for evaluation by the workgroup	Liz and Marge	August 2016	<i>Status: Tools identified to present to workgroup: 10/2016</i>
4. Group applies criteria to identified tools and makes a final selection	Workgroup	October 2016	

ACTION STEPS: (what & why)	WHO:	WHEN:	SPECIAL NOTES:
5. Training will be identified or developed to train local agencies on use of the chosen tool.	Marge, Liz, Workgroup	November 2016	
6. ** Tool is provided to local agencies along with instructions and/or training for use	State Staff	November 2016	
7. ** State Agency and all Local Agencies complete individual agency assessment using measurement tool.	State Staff, Local Agency Staff	November 2016 - January 2017	
8. Results of state and local agency assessments will be compiled for the workgroup to use to identify priority areas needing improvement.	State Staff, Workgroup	January - February 2017	
9. The results of the assessment will be used to target the content of a session at the WIC-CSFP Conference held in Spring 2017.	Marge	Spring 2017	
10. Using the results of the assessments the workgroup will develop a timeline for the next two years of the goal.	Marge, Workgroup	May 2017	<i>Timeline will be used to develop additional strategies and action steps for the remaining two years of the goal.</i>
EVALUATION			
Re-evaluate state agency and individual local agencies using the evidence based assessment tool.			

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Functional Area VIII. Certification, Eligibility and Coordination.

Joint SA/LA Goal: By October 1, 2019, increase the percentage of mental health referrals by 25%.

Needs Assessment:

- According to WIC system reports of assigned nutritional risk criteria, 16.9% of women participating in WIC have the risk for diagnosed depression. (Journey June 2016)
- Nebraska Pregnancy Risk Assessment Monitoring System (PRAMS) information sheet:
 - 2011 PRAMS data shows that 1 out of 10 Nebraska mothers report depression or sadness.
 - Nationwide – Post Partum Depression is estimated to occur among 10-15% of mothers who have recently given birth.
 - Research shows that the experience of mental illness in the household may effect a child’s brain development.
 - “Mothers with PPD are less likely to engage in healthy parenting behaviors, compromising mother-infant bonding and attachment. In extreme cases, mothers have harmed themselves or their babies.”
 - “All new mothers should be screened for PPD. However, some Nebraska mothers are particularly ‘at risk’ for PPD: teens, those with fewer years of education, those who experienced stressful life events, racial/ethnic minorities, uninsured, insured by Medicaid, WIC recipients, those living in poverty, tobacco users”

ACTION STEPS: (what & why)	WHO:	WHEN:	SPECIAL NOTES:
1. ** Create a work group to identify maternal mental health issues and address related needs.	Narissa	February 2017 & Ongoing	
2. ** Research and select appropriate evidence based maternal mental health screening too.	Workgroup	Feb 2017-Oct 2017	
3. ** Implement use of mental health screening tool as part of the WIC assessment.	State and LA’s	November 2017	<i>All Local Agencies</i>
4. Offer annual training opportunities covering women’s mental health topics to increase staff knowledge base on these issues.	State Staff	May 2017 & Ongoing	Incorporate mental health topics into State WIC Conference 2017
5. Create and maintain a referral list of mental health agencies in the community.	State and Workgroup	Jan 2017 & Ongoing	
6. ** Create Journey referral codes for mental health provider in order to identify baseline referral percentages and monitor progress on goal.	State WIC Staff	Oct 2016	<i>All LA’s provide referral sources to SA and utilize referral codes</i>

Evaluation:

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State Agency Goal Areas:

- Vendor Management
- EBT

Functional Area I. Vendor and Farmer Management

State Agency Vendor Management Goal: By October 1st, 2017, the percentage of the total rejected checks will be reduced to 0.63% on a consistent monthly basis.

Data Source: Solutran Monthly Banking Reports

STATE – Baseline DATA

Date	Total number of WIC checks Processed	Total Number of WIC Checks Rejected	Percentage
Jan. 2016	97,603	777	0.80
Feb. 2016	94,364	698	0.74
Mar. 2016	103,333	656	0.63
Apr. 2016	93,921	755	0.80
May 2016	94,415	598	0.63
June 2016	102,416	751	0.73

Needs Assessment:

- ACH reimbursement for checks rejected for over the dollar amount was implemented July 1st, 2015. An evaluation of monthly reports and check review by local agency vendor managers indicates a need to focus on reducing common transaction errors at point of purchase.
- This focus will strengthen program integrity of the vendor management component of the WIC Program.
- Training is provided annually as required, with program updates sent out quarterly or as needed via email. The data below indicates a need for additional training and alternative training methods than the current procedure.
- Providing additional store training by WIC staff will aid in store staff being better informed in WIC transactions and reduce errors at the point of purchase.
- A review of our stores by Altarum, indicates a potential need to review and redefine the criteria of the current peer grouping system. A review of the peer grouping system could potentially allow for increased accuracy in determining maximum allowable reimbursement levels thus reducing the volume of returned checks.

JOINT STRATEGY #1: Increase store training and education.

ACTION STEPS: (what & why)	WHO:	WHEN:	SPECIAL NOTES:
1. Develop a store training work group to determine training methods for store staff that will be effective for the variety of WIC authorized retailers across the state.	State Agency staff and local agency vendor managers	September 2016	
2. Evaluate the training methods determined by the work group and select method.	State Vendor Management Coordinator & Training Work Group	October 2016	
3. Evaluate current training materials and develop/select additional materials as needed to support retailer training.	State Vendor Management Coordinator and Training Work Group	November 2016	
4. Train all local vendor managers on new training methods and materials via webinar technology.	State Vendor Management Coordinator and Training Work Group	December 2016	
5. Implement store training focusing on staff involved with WIC transactions, for those WIC authorized stores with a corrective action plan as a result of either an educational buy, monitoring visit, or check review process.	Local Agency Vendor Mangers	January 2017 and ongoing	
6. Train all vendor mangers to perform educational buys as a part of store training.	State Vendor Management coordinator	October 2016	
EVALUATION			

ACTION STEPS: (what & why)	WHO:	WHEN:	SPECIAL NOTES:
Reevaluate on a monthly basis after implementation of new training methods banking reports to evaluate a reduction in check rejection.			

STATE STRATEGY #2: Redefine peer group criteria.

ACTION STEPS: (what & why)	WHO:	WHEN:	SPECIAL NOTES:
1. Using data published in the Altarum Vendor Risk Reduction Study, analyze current redemption and price list survey data to revise peer grouping structure.	State Vendor Management coordinator	November 2016	
2. Reevaluate and update current policy and procedure for determining vendor peer groups.	State Vendor Management coordinator		
3. Provide training to Local Agency Vendor Mangers at time of store reauthorization to include new peer grouping criteria	State Vendor Management coordinator	February 2017	
4. Implement at time of reauthorization October 1, 2017	State Vendor Management Coordinator and Local Agency Vendor Management	October 2017 or sooner	
EVALUATION			
Evaluate the total percent of rejected checks for over maximum dollar amount on a monthly basis to determine effectiveness.			

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Functional Area III. Management Information Systems (MIS)

State Agency EBT Goal: By October 1, 2019 **Nebraska will successfully implement EBT by 2020 in compliance with Federal Regulations.**

Needs Assessment:

- All states must have implemented EBT by 2020 as mandated in the Healthy, Hunger-Free Kids Act of 2010.
- EBT has been shown to provide tremendous benefits to WIC participants, WIC approved retailers, and WIC program staff.

STATE STRATEGY: Work cooperatively with retailers, local WIC agencies and other stakeholders to implement an EBT system.

ACTION STEPS: (what & why)	WHO:	WHEN:	SPECIAL NOTES:
1. Utilize detailed implementation process and activities as found in approved IAPD.	DHHS EBT Coord. & SA staff	2017-18	Revised IAPD to be submitted to USDA in August 2016.
2. Work with EBT Implementation Contractor to implement EBT Project Activities according to workplan.	DHHS EBT Coord. & SA staff	2018-18	
3. Complete EBT project initiation activities	DHHS EBT Coord. & SA staff	2017-18	
4. Pilot EBT in Nebraska to assure stability and functionality of system.	DHHS EBT Coord., SA staff, Pilot LA & Contractor	February 2018	
5. Expand EBT across Nebraska following rollout schedule.	DHHS EBT Coord., SA staff, LA staff & Contractor	2018	
6. Attend national and/or regional EBT conferences and user group meetings to remain current on EBT policy, strategies and information.	Julieann Boyle Vince Rea	Ongoing as needed	<ul style="list-style-type: none"> • Next Gen EBT November 2016 • EBT User Group Meeting

EVALUATION

- Statewide successful implementation of EBT as measured by:
 - IAPD Milestones met
 - QA Contractor Deliverables completed; Positive outcomes in Final Report
 - Project closeout completed