

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

**2016 STATE AGENCY PLAN OF
PROGRAM OPERATION AND ADMINISTRATION**

Vermont Department of Health
Division of Maternal Child Health
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We nourish families.

Vermont WIC State Plan

2016 Goals, Objectives and Planned Activities

Vendor Management

Goal: Ensure that WIC families are able to easily purchase food benefits at the authorized grocer of their choice.

Objective 1: Provide technical assistance and support to improve vendor efficiency and customer service.

Activities:

- Continue retail grocer advisory group.
- Identify grocers needing individual support; provide technical assistance as needed.
- Work with wholesale suppliers, as needed, to ensure that grocers have adequate stock of WIC-approved products.
- Provide technical assistance to district offices to promote optimal coordination with grocers.

Nutrition Services - Nutrition Education

Goal: Improve delivery of nutrition education services to WIC participants.

Objective 1: Increase the proportion of participants who receive interactive group or individual nutrition education

Activities:

- Maintain WIC nutrition section of VDH website.
- Continue to produce print and electronic versions of the *Growing Healthy Families* quarterly newsletter
- Support district offices to set achievable goal to increase participation in 2nd nutrition activities and provide technical assistance tailored to each district as they develop and implement annual nutrition service plans. Assist districts in communicating to families that participation in nutrition activities is a WIC program benefit and expectation.
- Provide support and feedback to district office staff on quarterly and mid-cycle nutrition service plan progress reports.
- Work with individual districts to increase the number of participants who are scheduled at a specific date and time for nutrition education.
- Support district offices in promoting and tracking use of wichealth.org web-based nutrition education.

Objective 2: Improve/increase staff capacity to deliver quality nutrition services.

Activities:

- Conduct an assessment of staff knowledge, skills and training needs in the following areas: skills (counseling, critical thinking), content (nutrition, child development), technology (office automation, social media), and resources (educational materials).
- Redefine core training expectations and continuing education expectations for staff by discipline.
- Provide staff training that supports VENA practices and increases knowledge, skill development and expertise in nutrition education methods.
- Continue to support and expand training in motivational interviewing and behavior change, and provide tools for supervisors to mentor staff in improving motivational interviewing skillfulness.
- Continue to provide nutrition resources, including curriculum guides, displays, textbooks, and client education materials to VDH Staff who deliver WIC Services.

Nutrition Services – Breastfeeding

Goal: Exclusive breastfeeding to six months of age will be the norm for infant feeding in Vermont.

Objective 1: Increase to 82 percent the proportion of infants who are ever breastfed.

Objective 2: Increase to 50 percent the proportion of infants who are exclusively breastfed at 4 weeks of age.

Objective 3: Increase to 35 percent the proportion of infants who are exclusively breastfed at 3 months of age.

Objective 4: Increase to 30 percent the proportion of infants who are exclusively breastfed at 6 months of age.

Reference: Healthy People 2020 Goal MICH–21.1: Increase the proportion of proportion of infants who are breastfed to 81.9 percent

Reference: Healthy People 2020 Goal MICH–21.1: Increase the proportion of proportion of infants who are exclusively breastfed for three months to 46.2 percent

Activities:

Within VDH/WIC

- Provide ongoing technical assistance to District Health Offices and local breastfeeding coalitions to implement breastfeeding support strategies to maintain initiation rates and increase duration and exclusivity.
- Continue to support the Vermont Breastfeeding Network and annual Breastfeeding Symposium.
- Maintain contracts with local rental stations to provide hospital grade electric breast pumps to WIC participants returning to work and school.
- Monitor implementation of lessons learned from Mother-Baby study statewide.
- Coordinate training opportunities with the Vermont Lactation Consultants Association (VLCA), Home Health Agencies, Parent-Child Centers, Children's Integrated Services, Nurse Family Partnership, Head Start, EFNEP, AAP VT Chapter and medical care providers.
- Continue to support Rutland, Middlebury, St. Albans, Bennington and Burlington Peer Counseling programs to maintain trained peers and recruit replacements.
- Continue to assess the need for multi-lingual peer counselors as the immigrant and refugee communities change and grow. Add peers who speak the languages that are currently dominant in our communities.
- Provide ongoing support and training for staff and peer counselors to present the prenatal Breastfeeding class, Baby Behavior class, and the postpartum Baby Cues class.
- Maintain the *breastfeedVermont* web pages.
- Continue to work with the VDH Communications Office to ensure that publications across the department and agency have breastfeeding friendly images and messages.

With Worksites and Child Care Providers

- Continue to promote awareness of Vermont breastfeeding laws and the breastfeeding provisions of the Affordable Care Act.
- Conduct Business Case for Breastfeeding training for staff and breastfeeding coalitions
- Support trained districts to implement activities identified in Business Case for Breastfeeding in conjunction with the Maternal and Child Health Strategic Plan
- Increase the number of active local breastfeeding coalitions to assist with outreach to employers and child care providers.

With Providers

- Continue to work with community partners to promote adoption of the *10 Steps to Successful Breastfeeding* by Vermont hospitals.

- Continue to work with community partners to provide ongoing support to pediatric and family practice providers as they support their patients to maintain lactation with a focus on increasing rates of exclusivity and duration.
- Work with Medicaid and VDH/Blueprint leadership to assure lactation management services are an included benefit as part of system changes under the Affordable Care Act.
- Conduct public health “detail visits” to OB, Pediatric, and Family Practice provider offices to strengthen the collaboration between WIC and health care providers with the goal of increasing rates of exclusive breastfeeding.

Nutrition Services - Risk-Related

Goal I: Improve birth outcomes for both mothers and infants.

Objective 1: Increase to at least 75 percent the proportion of women entering WIC during pregnancy who achieve the recommended weight gain based on their pre-pregnant weight status.

Reference: Healthy People 2020 Goal MICH–13: (Developmental) Increase the proportion of mothers who achieve a recommended weight gain during their pregnancies.

Activities:

- Conduct activities identified through the MCH Strategic planning process.
- Work with MCH partners to promote Text4baby resources to women in Vermont.
- Develop effective messages for pregnant women about the impact of exceeding prenatal weight gain recommendations and the importance of returning to a healthy weight post-partum

Objective 2: Reduce to 30 percent the proportion of pregnant WIC participants who report smoking during their pregnancies.

Objective 3: Increase to 45 percent proportion of pregnant WIC participants who are smoking at WIC entry who accept a referral to a quit resource.

Reference: Healthy People 2020 Goal MICH–11.3 Cigarette smoking.

Increase the proportion of females delivering a live birth who report abstaining from smoking cigarettes during pregnancy to 98.6 percent

Activities:

- Continue to work with MCH/OLH and the Tobacco program to ensure that all pregnant women who smoke and want to quit are referred to appropriate resources.
- Participate in/work with UVM to implement incentive based smoking cessation program for pregnant women.

Goal II: Improve the health status of Vermont WIC participants.

Objective 1: Reduce to not more than 10 percent the proportion of two-, three- and four-year old children that have BMIs above the 95th percentile. Reduce to not more than 10 percent the proportion of two-, three- and four-year old children that have BMI’s between the 85th and 95th percentile.

Reference: Healthy People 2020 Goal NWS–10 Reduce the proportion of children and adolescents who are considered obese.

Activities:

- Continue to work to establish consistent physical activity messages with pediatricians, family practice physicians, other health care and child care providers.
- Work with districts, partner agencies and programs to incorporate Fit WIC activities into ongoing prevention efforts.

Objective 2: Increase the proportion of fruit and vegetable cash value benefits redeemed each month from 50% to 65%.

Activities:

- Promote cross programmatic goals with Vermont Nutrition Education Coalition partners.
- Support and provide feedback to district staff on the implementation and assessment of nutrition education activities and projects, including sharing best practices among districts.

Objective 3: Improve the oral health of WIC participants.

Activities:

- Continue to work collaboratively with the VDH Oral Health program, dentists, pediatricians and family practitioners to improve access to comprehensive oral health care for WIC participants.
- Collect, report and analyze data on referrals to dental hygienists in districts that have them on staff.
- Develop specific oral health objectives based on the completed Vermont Oral health strategic plan

Information Systems

Goal: Use available technology to improve program operations

Activities:

- Complete rollout of Ceres management information system.
- Complete conversion from home delivery to eWIC.
- Continue to participate in the Mountain Plains consortium, and use the MP Change Control Board to identify and prioritize improvements in the shared MP software.
- Develop use of data warehouse to increase the ability of state and local agency to access useful information not included in Ceres standard reports.

For a complete list of activities related to the WIC MIS-EBT project, see the project SharePoint site (login required) https://vtwic.securesites.com/Implementation/Shared_Documents/Forms/AllItems.aspx?RootFolder=%2fImplementation%2fShared%5fDocuments%2fDistributeDocumentation&FolderCTID=&View=%7b542EDFC3%2d75D5%2d44EB%2d855D%2d9778616CAD60%7d

- Continue to review and refresh all WIC information posted on the VDH web site and test all links quarterly.
- Work with the Office of Local Health to expand information available on district office web pages.
- Expand the use of social media for outreach and participant engagement

Organization and Management

Goal: Ensure that both central office and district offices have a staffing pattern which ensures that quality nutrition services can be delivered.

Activities:

- Work with Office of Local Health to develop the local vendor liaison role.
- Review staffing needs at the State agency level to adequately manage eWIC and vendor management functions.

Nutrition Services and Administrative Expenditures

Goal: Ensure that expenditures for nutrition services and administration are effective and efficient.

Activities:

- Meet regularly with VDH Business Office to continue to ensure timely and accurate reporting of NSA expenditures.

Food Funds Management

Goal: Maximize participant food benefit redemption while maintaining a reasonable food package cost.

Objective 1: Establish eWIC baseline food benefit redemption rates.

Activities:

- Monitor redemption of specific food categories.
- Monitor participant satisfaction with availability of WIC approved foods and with the brands and packaging of products on the approved products list.
- Work with grocers to promote food benefit redemption at the retail level, by providing/approving store signage and technical assistance to support customer service.

Caseload Management

Goal: Ensure that potential WIC participants have access to WIC services.

Objective 1: Maintain maximum caseload possible with available funds.

Activities:

- Continue to coordinate efforts within the Department and Agency to maximize outreach and multiple program enrollments, with special attention to SNAP/3SquaresVT outreach.
- Maintain continuity of services for current WIC participants by minimizing terminations due to missed appointments and failure to participate in nutrition education.
- Continue to work with marketing contractor to implement and evaluate ongoing outreach campaign.
- Work with Communications Office to develop and implement statewide ad placement contract to support ongoing outreach efforts with local print media.

Certification, Eligibility, and Coordination of Services

Objective 1: Maintain immunization levels of WIC participant's age 19 – 36 months to at least 90 percent, based on the 4:3:1:3 schedule.

Reference: Healthy People 2010 Healthy People 2020 IID–7: Achieve and maintain effective vaccination coverage levels

Activities:

- Continue to work with the Immunization program to monitor data collection, referral and follow-up.
- Develop additional information sharing agreements to maximize coordination of services.

Food Delivery/Food Instrument Accountability and Control

Goal: Ensure that food delivery system meets needs of Vermont participants.

Objective 1: Minimize gaps in participation resulting from system issues.

Activities:

- Continue to work with potentially eligible grocers to ensure that there are enough authorized stores to meet participant access needs.
- Continue to work with authorized grocers to ensure adequate stocking to meet demand by WIC families.

Objective 2: Assure that WIC food benefits are not diverted from WIC participants.

- **Activities:**
- Continue to monitor E-bay, Craig's list, Freecycle and Facebook for program abuse
- Follow-up with individuals who list items that could potentially be from WIC
- Work with site administrators and moderators to add site guidelines related to posting WIC benefits

Monitoring and Audits

Goal: Assure that the WIC program is administered efficiently and effectively at the state and local level.

Activities:

- Continue to provide monthly and quarterly administrative data to allow district offices to assess their own efficiency and to compare their costs and time spent to other districts.
- Provide ongoing technical assistance and monitor implementation of corrective action plans.
- Work with the Office of Local Health to implement consistent expectations for WIC services and quality assurance.
- Ensure that all districts complete a comprehensive self-evaluation between formal management reviews by program staff.
- Develop updated monitoring tools and procedures to optimize reports and data available from the Ceres management information system.

Civil Rights

Goal: Assure that all staff are aware of civil rights issues and understand how to follow up on complaints.

Activities:

- Request state level civil rights training from FNS regional office, and ensure that state agency staff participate.
- Update local agency civil rights training based on federal guidance expected to be released in FFY 2016/
- Provide ongoing Civil Rights review, including monitoring of the provision of civil rights information at all WIC clinic site visits and management evaluations.
- Review reporting requirements of any potential civil rights issue with Office of Local Health central and local staff.

Vermont WIC State Plan

Report on 2015 Goals, Objectives and Planned Activities

Vendor Management

Goal: Ensure that participants receive WIC food packages on time and in good condition.

Objective 1: Provide technical assistance and support to improve vendor efficiency and customer service.

Report on Planned Activities

Vendor advisory groups

- The annual home delivery vendor in-person advisory group meeting was held on March 31, 2015, with all home delivery vendors in attendance. This was the final meeting for this group, and included a recognition ceremony for the vendors' many years of service to WIC.
- Retail grocer advisory group meetings were held by teleconference in October 2014 and January, April, and July 2015.
- We also continued to communicate with retail grocers through a list-serve managed by the Vermont Grocers Association and a blog, <http://vermontwicebt.com/>

Technical assistance

- Seven home delivery vendors had on-site meetings for technical assistance, training and initiation of closeout procedures for the end of their contracts
- All home delivery vendors received civil rights and confidentiality annual training as part of the March 2015 Advisory Group meeting
- New district office staff received training on infant formula management in Springfield and St. Johnsbury.
- Conducted interactive training for retail grocers in the eWIC pilot area (Rutland) and Group 1 rollout areas (Bennington, Brattleboro, Springfield and White River) through webinars and in-person sessions.

Secret Shoppers

- The Secret Shopper program was placed on hold while we implement eWIC.

Other Related Activities

- We conducted two eWIC store training webinars and one in-person training for Rutland pilot local agency area grocers
- In preparation for eWIC rollouts in October and November 2015, we conducted three eWIC webinars and one on person training for the Bennington, Brattleboro, Springfield and White River Junction local agency grocers.
- We developed an end of contract compensation plan to ensure that home delivery vendors continue to maintain appropriate levels of service

Nutrition Services - Nutrition Education

Goal: Improve delivery of nutrition education services to WIC participants.

Objective 1: Increase the proportion of participants who receive interactive group or individual nutrition education

Progress toward Goal

In the first three quarters of FFY 2015, districts documented 9427 interactive nutrition education contacts outside of certification visits, a significant increase over the 6695 at the same time in 2014. Although we are

not currently able to retrieve information on the unduplicated number of participants who received nutrition education contacts, we will have this type of information readily available when we complete rollout of Ceres, the Vermont implementation of the Mountain Plains SAM system.

Report on Planned Activities

Maintain WIC nutrition section of VDH website

- We continue to update breastfeeding and nutrition pages available on the public website. The Vermont Department of Health recently completed a planning process for a complete website redesign, and we hope that the new design will be implemented in FFY 2016.

Produce print and electronic newsletters

- We produced 4 issues of *Growing Healthy Families*, and mailed them to the approximately 10,000 active WIC households each quarter. The newsletter also attracts many website users. Newsletters are posted on the public website when they are mailed.

Support district offices to set achievable goal to increase participation in 2nd nutrition activities

- We established a nutrition education workgroup with broad representation from district offices to explore ways of increasing the number of community-based nutrition education opportunities for families. The final report of that group is due later this year.
- We continued to require quarterly reporting of nutrition education activities as part of the District Office Nutrition Services plan, which has been effective in improving tracking of nutrition education contacts provided outside of certification visits.
- District offices have made a concerted effort to promote wichealth.org lessons as a convenient way for families to participate in interactive nutrition education, with a significant increase in the number of lessons completed this year.

Provide support and feedback to district office staff on quarterly and mid-cycle nutrition service plan progress reports.

- We monitored nutrition services plans quarterly, which allows assigned staff to identify potential areas for technical assistance and support. The reports are posted in a shared network folder, which gives all staff the opportunity to see what is happening in other districts and to share ideas and best practices. As a result of last year's efforts to elevate the importance of the nutrition services plan with supervisors and managers, reports have been timely and informative this year.

Objective 2: Improve/increase staff capacity to deliver quality nutrition services.

Activities:

- Conduct an assessment of staff knowledge, skills and training needs in the following areas: skills (counseling, critical thinking), content (nutrition, child development), technology (office automation, social media), and resources (educational materials).
- Redefine core training expectations and continuing education expectations for staff by discipline.
- Provide staff training that supports VENA practices and increases knowledge, skill development and expertise in nutrition education methods.
- Continue to support and expand training in motivational interviewing and behavior change, and provide tools for supervisors to mentor staff in improving motivational interviewing skillfulness.
- Continue to provide nutrition resources, including curriculum guides, displays, textbooks, and client education materials to VDH Staff who deliver WIC Services.

Report on Planned Activities

- Observe staff during WIC Program ME reviews and offer support as needed.
- Offer day-to-day support to staff as needed?

- 12/16/14: Heather Wood Learning Dynamics trainer presented, *Building Leadership on the Front Line* for clerical and admin staff.
- 4/29/15: Pam McCarthy MS RD, Influence trainer presented, *Open the Door to Greater Influence*, to all WIC staff. Training provided insights into the six influence principles and how they can be used in the WIC program.
- 5/19/15 Based on staff observations during St. Albans' DO WIC Program Management Evaluation provided a training on how to assess children's growth.

Nutrition Services – Breastfeeding

Goal: Exclusive breastfeeding to six months of age will be the norm for infant feeding in Vermont.

Objective 1: Increase to 82 percent the proportion of infants who are ever breastfed.

Objective 2: Increase to 50 percent the proportion of infants who are exclusively breastfed at 4 weeks of age.

Objective 3: Increase to 35 percent the proportion of infants who are exclusively breastfed at 3 months of age.

Objective 3: Increase to 30 percent the proportion of infants who are exclusively breastfed at 6 months of age.

Reference: Healthy People 2020 Goal MICH–21.1: Increase the proportion of proportion of infants who are breastfed to 81.9 percent

Reference: Healthy People 2020 Goal MICH–21.1: Increase the proportion of proportion of infants who are exclusively breastfed for three months to 46.2 percent

Progress toward Goal

According to the CDC 2014 Breastfeeding Report Card (babies born in 2011), Vermont is one of the states that scores well on all five national Healthy People 2020 goals for breastfeeding initiation, duration and exclusivity. Nevertheless, disparities remain between WIC and non-WIC mothers and infants. However, breastfeeding rates continue to slowly improve over time.

	2014 CDC BF Report Card	VT WIC Infants Born in 2014	VT WIC Infants Born in 2013
Ever Breastfed	90.0	80.4	78.1
Breastfeeding at 6 months	66.5	39.4	34.0
Breastfeeding at 12 months	45.3	23.9	22.1
Exclusive breastfeeding at 3 months	60.5	29.7	27.0
Exclusive breastfeeding at 6 months	29.6	21.3	21.0

Report on Planned Activities

- New Mother-Baby Vermont WIC clinic protocol implemented in January 2014 with an emphasis on targeting counseling and educating about typical newborn baby behavior, using the materials from the California Baby Behavior campaign.
 - Districts continue to advertise and recruit for breastfeeding groups and baby behavior classes.
 - Collaboration with VNA Family Center (Burlington) and Northwestern Medical Center (St. Albans) provide models for other district offices. Districts are working to strengthen collaboration with Parent Child Centers and other organizations that attract young families, especially those at risk.
- Breastfeed Vermont webpages revised.
- Districts with Peer Counselors continue to explore opportunities for collaboration with the local hospitals to offer
 - Groups and classes, especially the postpartum baby cues class.
 - Peer rounds at the hospital.
- Provided two-day “Using *Loving Support* to Grow and Glow in WIC: Breastfeeding Training for Local WIC Staff” for new Vermont WIC staff.
- Supported four Vermont WIC staff to attend the NWA Biennial Nutrition Education and Breastfeeding Conference in Atlanta, GA.

With Worksites and Child Care Providers

- 2015 Breastfeeding Symposium
 - Cathy Carothers presented *The Business Case for Breastfeeding* to VDH and WIC staff, community partners, breastfeeding coalitions
 - Policies and laws protecting breastfeeding
 - Employer support for nursing mothers; creative solutions
 - Counseling mothers
 - Symposium Outreach:
 - Press release before the Symposium presentation, highlighting Vermont’s efforts.
 - Newspaper article following the Symposium presentation, highlighting the issues facing nursing mothers in the workplace and Vermont’s efforts to educate employer.
- ASTHO Breastfeeding Learning Community provided grant
 - \$15,000 grant provided 15 employers with \$1,000 mini-grants to develop or enhance a lactation space(s) for nursing employees.
 - Employers receiving grant required to implement a written policy of support.
 - Outreach work by the Office of Local Health – WIC staff, MCH Coordinators, School Liaisons, and Chronic Disease specialists conducted site visits before grant funds awarded. Networking between Health Department and employers strengthened.
 - Collaborated with the Chittenden County Breastfeeding Coalition, the only local breastfeeding coalition in Vermont with non-profit status, to administer ASTHO grant year 2 funding for 2016. This will allow us to recruit additional employers that will implement a written policy and enhance their lactation space for nursing employees.
- Office of Local Health and WIC continue to outreach to employers to join Vermont’s Breastfeeding Friendly Employer Project. As of August 2015, we have 288 employers that joined the project and provide lactation accommodations for breastfeeding employees.
- Collaborated with Infant Child Health Nurse Coordinator to provide evidence-based, up-to-date breastfeeding information and human milk storage guidelines for Childcare Provider training.

With Providers

- We offered the *Birth and Beyond Vermont: 10 Steps to Empower Mothers and Nurture Babies* train-the-trainer program at Porter Medical Center, one of two hospitals that did not participate in the 2012 10 Steps project.

- Of the 10 hospitals that participated in the 10 Steps project in 2012, two are on the Baby Friendly 4-D pathway. One hospital is on target to receive Baby Friendly recognition.
- *Improving Breastfeeding Supports in Primary Care Settings* training for health care providers recruited 15 practices in cycle 1 and an additional 7 practices in cycle 2 of the project, resulting in:
 - Significant increase in provider knowledge and comfort
 - 51 new office system strategies to support breastfeeding implemented over the 2 cycles of the project
 - Goal met for follow-up planning for mother/baby pairs with a diagnosed breastfeeding-related problem
 - Goal met for exclusive breastfeeding at 6 months of age
- A Toolkit for Providers is available at <http://www.uvm.edu/medicine/vchip/?Page=BreastfeedingToolkit.html>

Related Activities

- We prepared and submitted the manuscript *Beyond Initiation to Long-term Success: Increasing Full Breastfeeding in Low-Income Mothers with the Vermont You Can Do It Intervention* to the Journal of Human Lactation.
- Staff presented the poster session *Beyond Initiation to Long-term Success: Building Knowledge, Support, and Confidence with the Vermont WIC Mother/Baby Breastfeeding Study* at the NWA Biennial Nutrition Education and Breastfeeding Conference.
- Staff provided significant technical assistance to the New York State WIC Training Center in collaboration with Cicatelli Associates International to implement the Vermont WIC Mother/Baby Breastfeeding Project as a pilot in 12 local NY WIC Agencies.

Nutrition Services - Risk-Related

Goal I: Improve birth outcomes for both mothers and infants.

Objective 1: Increase to at least 75 percent the proportion of women entering WIC during pregnancy who achieve the recommended weight gain based on their pre-pregnant weight status.

Reference: Healthy People 2020 Goal MICH-13: (Developmental) Increase the proportion of mothers who achieve a recommended weight gain during their pregnancies.

Progress toward Goal

While we have long achieved the goal of having women gain enough weight during pregnancy (well above 75 percent since 1996), the proportion of women with greater than ideal gain remains high. Of the postpartum and breastfeeding women active in July 2015, 30 percent gained more than the recommended amount of weight during pregnancy and only 3 individuals failed to gain at least the minimum recommended amount.

Report on Planned Activities

We engaged a MSD nutrition student to assess our WIC certifiers' perceptions of second-time mothers' experience of weight gain during pregnancy, and factors that contribute to excessive weight gain during pregnancy. Using constructs of the Health Belief Model (HBM), a 13-question survey was developed and administered to 66 WIC certifiers at 12 district health offices in Vermont. Twenty-four surveys were returned, resulting in a 36% response rate. Identified themes included:

- The perceived benefits of following the IOM guidelines were "looking and feeling better" and "having more energy postpartum."
- Not having access to fruits/vegetables and eating convenience foods because of cost and being "too busy" were identified barriers to adhering to the IOM guidelines.
- Certifiers reported WIC second-time mothers regard their weight as something to be managed postpartum, and is not of immediate concern during pregnancy.

- One of the conclusions offered by the researchers was for CPAs to acknowledge mothers' desires for personal wellness and positive self-image to better empower women in their ability to manage weight gain.

Objective 2: Reduce to 30 percent the proportion of pregnant WIC participants who report smoking during their pregnancies.

Objective 3: Increase to 45 percent proportion of pregnant WIC participants who are smoking at WIC entry who accept a referral to a quit resource.

Reference: Healthy People 2020 Goal MICH–11.3 Cigarette smoking.

Increase the proportion of females delivering a live birth who report abstaining from smoking cigarettes during pregnancy to 98.6 percent

Progress toward Goal

Of pregnant women active on WIC in June 2015, 30% were smoking at the time of their enrollment in WIC, down slightly from 31% in 2014. Since WIC has very little influence on whether women smoke before they are pregnant, we have focused our activities on ensuring that pregnant women who smoke and wish to quit receive timely and appropriate referrals.

For the quarter ending June 30, 2015, 37% of pregnant smokers accepted a smoking cessation referral, up from 35% in 2014.

For comparison, the last Pregnancy Nutrition Surveillance report data showed that 42% of women in WIC who delivered in 2011 were smoking in the three months before they became pregnant, and 26 % of pregnant smokers accepted a cessation referral.

Report on Planned Activities

- During our bi-monthly certifier calls, the Tobacco Program 802Quits Cessation Program Manager provides data on prenatal women enrolled in WIC who smoke, feedback on referrals made, and tips for increasing the number of women who accept a cessation referral.
- The University of Vermont incentive program has expanded recruitment for the incentive based cessation program to the Barre District Office. The program now recruits pregnant smokers from Burlington, St. Albans and Barre. These three offices account for about 38% of the total WIC caseload in Vermont.

Goal II: Improve the health status of Vermont WIC participants.

Objective 1: Reduce to not more than 10 percent the proportion of two-, three- and four-year old children that have BMIs above the 95th percentile. Reduce to not more than 10 percent the proportion of two-, three- and four-year old children that have BMI's between the 85th and 95th percentile.

Reference: Healthy People 2020 Goal NWS–10 Reduce the proportion of children and adolescents who are considered obese.

Progress toward Goal

Using point in time WIC data for the month of July 2015 the percentage of all children with a risk code indicating a BMI above the 95th percentile was 8 percent. The percentage of all children with a risk code indicating a BMI between the 85th and 95th percentile was 10 percent. However, all active WIC children are included in this analysis, not just those who were age 2 or older at the time height and weight measurements

were taken. This compares to 2014 data of 10% above the 95th percentile and 8% between the the 85th and 95th percentile.

For comparison, PedNSS data for 2011 showed that 12.9 percent of Vermont WIC children age 2-5 had BMIs above the 95th percentile for age and gender, and another 15.9 percent had BMIs between the 85th and 95th percentiles.

Report on Planned Activities

- We provided nutrition education materials on request to health care provider practices.
- We continue to use Fit WIC activity lessons as part of information mailed with WIC quarterly newsletter.
- District offices are encouraged to include physical activity lesson plans for nutrition education contacts with families.

Objective 2: Increase the proportion of fruit and vegetable cash value benefits redeemed each month from 50% to 65%.

Progress toward Goal

- Redemption of monthly cash value benefits averaged about 50% through July 2015, still well below the goal.

Report on Planned Activities

- WIC Nutrition Education Workgroup
With the transition to the Vermont's e-WIC system a second nutrition education workgroup is currently developing procedures and tools/forms/templates; and crafting language to use when talking to families and community partners on Second Nutrition Education activities. The workgroup, staff from various staff positions in district offices as well as a central office nutritionist, will use a process matrix tool to track our progress and outcomes.
- WIC is one of several state agencies engaged in cross-agency planning for SNAP – Ed, including the Economic Services Division of the Department for Children and Families (the SNAP state agency), the Vermont Food Bank and HMC, a public relations firm. The goal of the group is to use consistent messaging across programs when promoting healthier eating, including increased consumption of fruits and vegetables, to shared populations.

Objective 3: Improve the oral health of WIC participants.

Progress toward Goal

Of children active on WIC in June 2014, 5% had dental disease as a WIC risk code; for women, the rate was 22%. The proportion of both women and children with dental disease increased slightly from 2014.

Report on Planned Activities

- We continue to work with district office dental hygienists to screen and refer families for assistance with oral health issues.

Information Systems

Goal: Use available technology to improve program operations

Progress toward Goal

We launched our conversion to the Mountain Plains SAM system (known as Ceres in Vermont) and eWIC in Rutland in June 2015, and submitted a request to continue to rollout on August 14, 2015.

For a complete list of activities related to the WIC MIS-EBT project, see the project SharePoint site (login required)

https://vtwic.securespsites.com/Implementation/Shared_Documents/Forms/AllItems.aspx?RootFolder=%2fImplementation%2fShared%5fDocuments%2fDistributeDocumentation&FolderCTID=&View=%7b542EDFC3%2d75D5%2d44EB%2d855D%2d9778616CAD60%7d

Report on Planned Activities

- We continue to update eWIC information posted on WIC webpage including eWIC roll out, Approved Products List and UPC data information.
- We increased our use of social media and web-based outreach to increase caseload (see Caseload Management section).

Organization and Management

Goal: Ensure that both central office and district offices have a staffing pattern which ensures that quality nutrition services can be delivered.

Report on Planned Activities

District Office Classification Review

We submitted a classification review request for all district office nutrition positions in August 2015. The following positions were established or reclassified:

- Nutrition Assistant – pay grade 20
- Health Outreach Specialist – pay grade 20
- Nutritionist I – pay grade 22
- Nutritionist II – pay grade 23
- Nutritionist III – pay grade 5

WIC Unit Classification Project

A similar process was conducted for all WIC positions at the State level, and the following positions were established or reclassified:

- Public Health Nutrition Specialist: General – pay grade 25
- Public Health Nutrition Specialist: Evaluation – pay grade 25
- Public Health Nutrition Specialist: Breastfeeding – pay grade 25
- Public Health Nutrition Program Manager – pay grade 26

A reclassification request for the current WIC Program Director – pay grade 25 position was submitted in March, 2015 with a request to reclassify to Maternal, Infant and Child Nutrition Director – pay grade 28. This request is still under review by the Department of Human Resources.

Nutrition Services and Administrative Expenditures

Goal: Ensure that expenditures for nutrition services and administration are effective and efficient.

Activities:

Report on Planned Activities

The Department of Health business office includes WIC in monthly meetings with the MCH Division Director and Division Administrator. Staff received a presentation on each of the grants that Vermont WIC currently has, and the allowed costs and reporting requirements for each grant.

Food Funds Management

Goal: Maximize client food choice, type, brand and variety while maintaining a reasonable food package cost.

Objective 1: Increase the proportion of fruit and vegetable cash value benefits redeemed each month from 50% to 65%. (See Nutrition Services – Risk Related, Objective 2)

Related Activities

As part of preparation for conversion from home delivery to eWIC, we worked with neighboring states in the region to develop an approved product list as consistent as possible with border states, as we share some authorized grocers.

- Reviewed each category and subcategory for inclusion of products that are available in Vermont.
- Ensured that a variety of acceptable options were available for each category and subcategory provided.

Caseload Management

Goal: Ensure that potential WIC participants have access to WIC services.

Objective 1: Maintain maximum caseload possible with available funds.

Progress toward Goal

Caseload continued to decline throughout FFY 2015, with an average monthly caseload through June 30, 2015 of 13,830.

Report on Planned Activities

- We planned and implemented an outreach campaign to increase awareness of eligibility and enrollment in the WIC program among eligible groups. The campaign included a mix of broadcast radio, on-line banner ads and text ad placements that utilized the Google Display Ad network, Google Search, and Facebook as mediums. Ads included a direct link to the state WIC website for more information and inquiry. Strategic print placements in local community publications further expanded the reach of the campaign.
- The campaign was supported by a media buying contract held by Vermont's Chief Marketing Office which allowed us to purchase under a statewide contract to support ongoing outreach efforts with local print media.

Related Activities

- We received an FY 2015 WIC Special Project Mini-Grant for *WIC2Five: Using Mobile Health Education Messaging to Support Program Retention*.
 - *WIC2Five* aims to increase retention through secure mobile health education messaging (texting).
 - Parents who opt-in to *WIC2Five* receive texts one to two times each week for one year, with message content that focuses on health, nutrition, physical activity and referral information.
 - *WIC2Five* participants are sub-grouped into message streams by District Office location, and by age of the child, thus allowing messages to be precisely tailored and targeted.
 - Much of the messaging has been developed and evaluated in previously funded WIC Special Projects Grants, for example *Fit WIC* and *Brighten My Life with Fruits and Vegetables*.

- Text message content will be further supported through other social media including Facebook and web.
- This project gives Vermont WIC an opportunity to further improve our nutrition services, increase child retention, and build on our reputation as the go to for reliable and meaningful nutrition information.
- We contracted with Educational Messaging Services, Inc (EMS), and trained staff to implement *WIC2Five: Using Mobile Health Education Messaging to Support Program Retention* in five VDH District Offices: Barre, Brattleboro, Burlington, Springfield, and White River Junction.

Certification, Eligibility, and Coordination of Services

Objective 1: Maintain immunization levels of WIC participant's age 19 – 36 months to at least 90 percent, based on the 4:3:1:3 schedule.

Reference: **Healthy People 2010 Healthy People 2020 IID-7:** Achieve and maintain effective vaccination coverage levels

Progress toward Goal

The most recent National Immunization Survey shows that 77.3% of Vermont of WIC participants age 19 – 36 months at the end of 2012 (the most recent year available). Due to the small sample size, the margin of error is ± 9.0 , indicating that the real rate could be as low as 68.3% or as high as 86.3%. This is slightly lower than the non-WIC population at $782.2\% \pm 7.3$.

Report on Planned Activities

District offices continue to review full immunization history for each child at each certification visits, using the Vermont Immunization Registry and/or immunization records from the child's health care provider. Those who need immunizations are referred back to their health care provider for follow-up.

Food Delivery/Food Instrument Accountability and Control

Goal: Ensure that food delivery system meets needs of Vermont participants.

Objective 1: Minimize gaps in participation resulting from system issues.

Report on Planned Activities

- District office staff continue to use a variety of methods to assist families in returning their signed proof of delivery forms, which is one of the major reasons for families leaving WIC before the end of a certification period.

Objective 2: Assure that WIC food benefits are not diverted from WIC participants.

Report on Planned Activities

- We continue daily monitoring of e-Bay, Craigslist, Freecycle and Facebook for program abuse and follow-up with individuals who list items that could potentially be from WIC. Due to our policy of immediate follow up and our work with site moderators, we rarely see WIC items posted by Vermont residents on any of these sites.

Monitoring and Audits

Goal: Assure that the WIC program is administered efficiently and effectively at the state and local level.

Report on Planned Activities

- Six district offices underwent a comprehensive management review by State staff: Brattleboro, Burlington, Middlebury, St Johnsbury, Springfield and White River Junction. This included a review of certification, documentation, office procedures, clinic space review and overall WIC Program management. Technical assistance was provided for offices to complete plans for corrective action.
- The following offices completed a self-evaluation their self-evaluation of WIC services under the guidance of State staff: Barre, Bennington, Morrisville, Newport, Rutland and St Albans. District offices were encouraged to use WIC Central Office management review forms and procedures to conduct their self-evaluations. District office reviews included certification observations, certification visit documentation, office procedures, and clinic environment/customer service.

Civil Rights

Goal: Assure that all staff are aware of civil rights issues and understand how to follow up on complaints.

Report on Planned Activities

- State agency staff updated the Civil Rights training module for local agency staff.
- All staff completed a civil rights training module as part of their annual review of policies and procedures.
- Six of twelve district offices received civil rights monitoring visits as part of biennial management

Breastfeeding Peer Counseling Project Annual Report & Plan

Vermont continues to use our very limited breastfeeding peer counseling grant to partially support breastfeeding peer counselors in the Bennington, Burlington, Rutland, Middlebury and St. Albans district offices. Grant funds support peer counseling 5 of our 12 districts.

Peer Counseling Program Grant funds support:

- Wages and expenses of peer counselors. All Vermont WIC Breastfeeding Peer Counselors are in temporary positions that are authorized on an annual basis through the Vermont Department of Human Resources. A Senior Breastfeeding Peer Counselor position in each district was added in 2013.
- Salary of a part-time temporary breastfeeding peer counselor trainer. In FFY 2011, this position became a full-time limited service state position.
- Salary of peer counselor supervising nutrition staff in each district office (these staff are classified as Public Health Nutritionist IIs – this position class adds the peer supervision duties in addition to those of the Public Health Nutritionist I)
- Materials and supplies used by the peer counselors in performing their duties
- Training and training materials

FY 2016 State Plan							
Estimated FFY 2016 Peer Counseling Grant							
FFY 2016 Vermont WIC State Plan Peer Counseling Budget							
% Total by District / State	22%	11%	15%	14%	21%	17%	
	Bennington	Middlebury	Rutland	St.Albans	Burlington	State	Total
Salary	\$44,118	\$22,059	\$30,081	\$28,075	\$42,113	\$34,396	\$200,842
Fringe	\$12,421	\$6,211	\$8,469	\$7,904	\$11,856	\$9,684	\$56,545
Oth Prof Reimb	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Travel	\$3,023	\$1,511	\$2,061	\$1,923	\$2,885	\$2,356	\$13,760
Supplies	\$3,780	\$3,200	\$3,740	\$2,120	\$5,660		\$18,500
Other							\$0
Training	\$500	\$500	\$500	\$500	\$500	\$500	\$3,000
Direct Total	\$50,376	\$25,188	\$34,348	\$32,058	\$48,087	\$39,275	\$229,331
Indirect Costs	\$32,966	\$16,483	\$22,477	\$20,978	\$31,468	\$25,701	\$150,073
Total Program	\$83,343	\$41,671	\$56,825	\$53,036	\$79,554	\$64,976	\$379,405
Federal Share							\$250,220

District Office Annual Peer Counseling Program Progress Reports

Peer Counseling Snap Shot – FFY 2014/15

Bennington District Office

Activity	Number		Comment
New Peers Trained (7/1/14 – 6/30/15)	0		The initial group of 13 Peer Counselors was trained February 2011 – March 2011. There have been no new trainings.
Active Peers	2011/12	13	A total of 8 Peer Counselors resigned their positions since program inception. There are currently 5 active Peer Counselors.
	2012/13	7	
	2013/14	7	
	2014/15	5	
Active Peer Counselor Caseload	2011/12	107	The average active caseload continues to grow and increased by ~ 6% over 2013/14. This was unexpected given local and statewide declining WIC Program participation. This increase may be related to serving a greater number of pregnant women applying for WIC benefits and longer rates of breastfeeding duration as a result of Peer Counselor support.
	2012/13	96	
	2013/14	113	
	2014/15	121	
<ul style="list-style-type: none"> ● Pregnant 	65		93% of pregnant clients receive peer counselor support. The remaining 7% of pregnant clients have either chosen to formula feed or are experienced breastfeeding moms declining peer counselor services.
<ul style="list-style-type: none"> ● Nursing 	56		Tracking the number of nursing moms declining peer counselor support began July 1, 2013. There are currently 12 experienced nursing mothers not receiving peer support services.
Average Caseload per Peer Counselor	23.4		Caseload per peer counselor has risen 29% over 2013/14 due to fewer active peer counselors supporting a larger caseload.
Years with Active Peer Program	4 years		First caseloads assigned May 2011.
Number of Monthly Peer Led Support Groups	0		Peer Counselor led support groups were discontinued due to lack of participation. This population cohort of moms is imbedded in a culture of social media as a platform for information exchange. There are plans to begin an online support group.
Number of Monthly Peer Led Classes	2		Peer Counselors began leading monthly <i>Prenatal Breastfeeding Classes</i> in November, 2013 based on the California Baby Behavior Campaign. In early 2014, we introduced a bimonthly <i>Baby Behavior Class</i> and bimonthly <i>Back to Work & Breastfeeding Class</i> utilizing resources from the NY and RI WIC Programs.
Staff Meetings	Monthly		Peer Counselors meet as a group once a month – first Wednesday, 6:00 – 8:00 pm with 5:30– 6:00 pm designated for optional networking. Staff meetings are lead by the Peer Counselor Supervisor. There is a continuing education component to each meeting. Meeting minutes on file. This is a mandatory meeting for all Peer Counselors.

**Continuing Education and Training – FFY 2014/15
Bennington**

DATE	TOPIC/PROGRAM	LOCATION	NUMBER PCS ATTENDING
July 2, 2014	Staff Meeting: Pregnancy, Breastfeeding & Opiate Addiction Treatment	VDH	5
July 9, 2014	MI Training Rutland	VDH	3
August 1, 2014	National Breastfeeding Coalition Conference	Washington DC	1
August 7, 2014	Webcast - "International Code of Marketing of Breastmilk Substitutes and Promoting and Supporting Exclusive Breastfeeding"	VDH	2
September 3, 2014	Staff Meeting: Paced Bottle Feeding	VDH	5
September 17, 2014	Breastfeeding Symposium The Business Case for Breastfeeding	Montpelier	5
October 1, 2014	Staff Meeting: Placenta Encapsulation Breastfeeding & Returning to Work	VDH	5
November 5, 2014	Staff Meeting: Breastfeeding and Vermont State Laws	VDH	4
January 7, 2015	Staff Meeting: Recommendations for Storing Breast Milk	VDH	4
February 7, 2015	Staff Meeting: Breastfeeding When Mom has Surgery	VDH	5
March 4, 2015	Staff Meeting: BAPT Survey Tool - Material and Recourses	VDH	5
April 23.24, 2015	VLCA Conference	Burlington	5
June 4, 2015	Staff Meeting: Nipple Shields	VDH	5

WIC Breastfeeding Environment

Built Environment

The Bennington District fosters a healthy and vibrant breastfeeding environment. Loving Support decals may be found at the building entrance and VDH office entrance. In the waiting area there is a large, professionally set poster describing how the WIC Program supports nursing mothers. A list of prenatal breastfeeding classes available in the Bennington community is featured in the display case. There is a dedicated prenatal/breastfeeding room (with rocking chair) within the Health Department available to WIC clients or any breastfeeding woman seeking a clean and comfortable place to nurse her infant. The Peer Counselor Breastfeeding Resource Center has a permanent location in office cubby space. In addition to a phone and internet access, there are a number of books and reference materials addressing all topics on breastfeeding. These resources are available to not only Peer Counselors but to all WIC staff.

Of special note, is the Loving Support Award of Excellence achieved by the State of Vermont, which took 5 out of the 6 Gold Premiere recognitions presented to local agencies across the nation. The front line support Bennington Peer Counselors give to families makes a substantial difference in the lives of mothers and their babies.

Breast Pump Support

The WIC office manages the Corporate Lactation Pump Program and maintains twenty-one loner electric pumps (3 Medela, 18 Hygeia) for moms who may not meet criteria for a Corporate Lactation or Medicaid pump but who could benefit from pumping to support continued breastfeeding. On average, 80% of loner pumps are in use at any given time. Support for moms using breast pumps is duly enhanced by the Peer Counselor Program. Peer Counselors contact moms on their caseload within 24-48 hours after she receives her pump to make certain the equipment is working properly, review proper breast milk storage practices, offer pumping tips, answer any questions and refer to a lactation specialist if necessary. Peer Counselors then follow up with each mom on a monthly basis. As a result, pumping moms are experiencing greater success and nursing longer.

Prenatal Clinic

To enhance the mom-to-mom relationship between Peer Counselor and WIC participant, Peer Counselors meet with moms during the initial prenatal WIC certification visit. During this time, Peer Counselors begin to assess a mother's knowledge and readiness around breastfeeding and describe the many ways in which breastfeeding is supported by the WIC program, Southwestern Vermont Medical Center, and the community at large. To date, 85% of prenatal participants meet with a Peer Counselor during the initial prenatal certification visit.

Prenatal Breastfeeding Classes

Monthly Peer Counselor lead prenatal breastfeeding classes, based on the Preparing for Birth and the First 10 Days Platform, are offered to all prenatal participants during the third trimester regardless of their intent to breastfeed.

WIC Team

Peer Counselors and WIC staff work together through client referrals, office visits, and team meetings to help ensure a continuum of care and services for pregnant and breastfeeding moms. Peer Counselors are considered integral members of the WIC team and a strong asset of the local WIC program.

Integrating Peer Counseling Services into WIC Clinic/Nutrition Services

Breastfeeding Peer Counseling services are an integral component of WIC clinic and nutrition services. The Bennington District Office continues to create opportunities for Peer Counselors and mothers to meet in person to expand and deepen the dimensions of breastfeeding support.

1. Initial Pregnancy Visit – The Peer Counselor Program is described to all pregnant moms during their first WIC visit as part of breastfeeding promotion. All pregnant women (with the exception of those women who must formula feed due to medical reasons, those who choose to formula feed for personal reasons and experienced nursing moms who decline

Peer Counselor services) are assigned a Peer Counselor and contacted by their Peer Counselor within 7 days of their initial pregnancy visit. Peer Counselors meet with mothers during the initial prenatal visit to give a face to Peer Counseling and help enhance awareness around breastfeeding support.

2. Postpartum/Newborn Appointment – Peer Counselors are able to meet with their moms as part of the postpartum/newborn WIC appointment to provide additional breastfeeding support. When a Peer Counselor is notified of a birth, the postpartum/newborn appointment date and time is included in the report.
3. Bump Club – Peer counseling and the benefits of breastfeeding peer support are described in more detail during the 24-28 week pregnancy follow-up group visit. Moms are shown a trifold display board which has large photos of all Peer Counselors so that a face can be attached to the name. Peer Counselors are provided with a list of moms invited to each Bump Club so that they may remind their moms to attend this important pregnancy follow-up visit where infant feeding behavior is discussed.
4. Breastfeeding Classes – Peer Counselor led monthly prenatal breastfeeding classes were initiated in November 2013, directly following the Mother/Baby Study implementation. Peer Counselors remind caseload moms via texting when breastfeeding classes are offered. Peer Counselors will attend breastfeeding classes with their moms if requested.
5. Back to Work & Breastfeeding Classes - While there are many factors impacting the initiation and duration of breastfeeding, returning to work is a major contributor to weaning earlier than recommended in the Bennington WIC population. In response, a postpartum class to facilitate the back-to-work and breastfeeding transition was developed utilizing resources from the Rhode Island Breastfeeding Coalition, New York State WIC Program, Texas Department of State Health Services and the US Department of Labor. The first Peer Counselor led class was launched February 2015 and is offered on a bimonthly basis.
6. WIC Team Meeting – Peer counseling is discussed at monthly WIC Team Meetings to help provide seamless continuity of breastfeeding information, support and WIC benefits to pregnant and post-partum moms.

Breastfeeding Environment within the Bennington Community

The breastfeeding environment in the Bennington community is progressively becoming more visible and robust with the addition of the Peer Counselor Program and a variety of Peer Counselor-supported activities to increase breastfeeding awareness. Although weekly Nurse First breastfeeding support groups were disbanded November 2013 due to sustained lack of participation, Peer Counselors continue to look for ways to connect with WIC participants in more culturally competent way that reflects how the cohort populations (Millennials and Generation Z) prefer to interact, communicate and receive information. For example, a Facebook breastfeeding support group for Bennington called Bennington Breastfeeds was launched in January 2015. Peer Counselors and moms also interact via text messaging.

MCH Coalition

Peer Counselor representation at monthly MCH Meetings continues to serve as an important liaison between the Peer Counselor Program, WIC breastfeeding support and the SVMC Women & Children's Unit to collaboratively support nursing mothers in our community.

Nurse Family Partnership

The Peer Counselors and NFP Nurse work together to support moms around breastfeeding. Each month, the Peer Counselor Supervisor reviews the NFP caseload list provided by the Nurse for shared clients. Peer counselors are made aware of which clients are enrolled in the NFP Program. Breastfeeding questions, concerns and follow-up are triaged between the NFP Nurse, Peer Counselor, and the WIC Program to provide an effective breastfeeding support system and successful breastfeeding experience for mom.

Tristate Breastfeeding Awareness Task Force

The Tristate Breastfeeding Awareness Task Force, created April 2014, is a community-based partnership committed to breastfeeding education and support, active families and good nutrition. Members are comprised of breastfeeding professionals and advocates in Bennington County, Northern Berkshire County, MA and Rensselaer County, NY. This group came together to plan and launch the highly successful 1st Annual Family Fun Walk for Breastfeeding Awareness/ Big Latch-On during World Breastfeeding Week in August. This is the first time such a diverse group of community members, who have never partnered in the past, came together around a shared goal and vision of promoting breastfeeding as the community norm.

Community Partners

Community partners are numerous and expanding. This list includes:

- Southwestern Vermont Medical Center
- Planned Parenthood
- CareNet Pregnancy Center
- Sunrise Family Resource Center
- Green Mountain Birth Connections
- Southern Vermont Babywearers
- Circle of Life Midwifery & Holistic Health
- Berkshire Nursing Families
- Nurse Family Partnership
- VNA/Hospice
- Obstetricians, midwives, doulas, pediatric and family practices
- Local businesses supporting breastfeeding through donations (gift cards, diapers, etc...)

Bennington Community Outreach

Peer Counselors work together as a team around outreach activities to promote breastfeeding. Below is a summary of community outreach activities for FFY2014/15. Peer Counselors develop a Community Outreach Work Plan each year with set goals, targeted events, and activities in underserved communities.

Bennington Community Outreach Activities – FFY 2014/2014

Date	Event	Location	# PCs involved
July, 2014	Pownal Community Fair – Infant Comfort Station.	Pownal Fire House	2
August, 2014	First Annual Family Fun Walk for Breastfeeding Awareness & Big Latch-On	Bennington: Willow Park	5
August, 2014	Garlic Fest – Infant comfort station. This is a 2-day event.	Bennington: Colgate Park	5
October, 2014	Breastfeeding Milestone Celebration. Luncheon/door prizes for moms reaching 3m, 6m, 9m. 1yr, and >1 yr. of breastfeeding.	Bennington VT Dept. of Health	4
November, 2014	Community Craft Fair – Infant comfort station.	Bennington Grace Christian School	2
March, 2015	Community Baby Shower – <i>Babypalooza!</i>	Bennington: VT Dept. of Health	4
April, 2015	Bennington County Child Care Association Family Fun Day – Information table	Bennington: Bennington Elementary	2
April, 2015	Northshire Day Care Health Fair – Infant comfort station	Manchester: Northshire Day School	1

Challenges and Opportunities

Prenatal Breastfeeding Class – Class attendance remains very poor (average 1 per class). Targeted mailings to moms in the 3rd trimester of pregnancy, text messaging moms about prenatal breastfeeding classes 24 hours in advance of class, and a drawing for a \$20 Price Chopper gift card at each class have all proven ineffective incentives for the client population. Attendance may change however, with the launch of Ceres and the nutrition education requirement to maintain WIC benefits between certifications.

Goal: Increase Prenatal Breastfeeding Class participation.	
Activity:	Peer Counselors will continue to text moms about prenatal breastfeeding classes each month in addition to calling moms. Will state that attending this class fulfills the nutrition education requirement.
Activity:	Continue to send target mailing to all moms in their 3rd trimester of pregnancy. State that attending this class fulfills the nutrition education requirement.
Activity:	Continue incentive for attending prenatal breastfeeding classes.
Activity:	Collaborate with Sunrise Family Resource Center to offer Prenatal Breastfeeding Classes as part of their curriculum.

Support for Nursing Mothers Returning to Work – Many nursing moms supplement with formula or discontinue nursing when returning to work.

Goal: Increase the number of mothers who continue breastfeeding after returning to work.	
Activity:	Plan and implement a breastfeeding friendly employer initiative for Bennington County: Will target local AHS departments to help create and promote a culture of breastfeeding in the workplace and messaging to normalize breastfeeding within the community.

Program Effectiveness

Although objective and measurable criteria to evaluate Peer Counselor job performance are established, currently there are no systems in place to measure effectiveness of the local Peer Counseling Program. Breastfeeding initiation and duration rates reported by the Vermont WIC Program are not readily available and often lag 12 months or more. At best, we hope to see a correlation between increased breastfeeding activity in Bennington and the Peer Counselor Program but cannot presume direct causation. The Bennington Peer Counselor Program is using its third iteration of a Client Feedback Survey (previously known as a Peer Counselor Satisfaction Survey). The survey was shortened and questions revised to provide meaningful feedback on peer counselor support. The survey is given to mom during the postpartum/newborn appointment and then scanned and emailed to the peer counselor following the WIC appointment. This immediate feedback gives Peer Counselors another opportunity to assess their clients’ needs during the early postpartum phase, adjust their approach and level of support as needed, and refer to an IBCLC as necessary.

Goal: Increase client feedback from Peer Counselor Satisfaction Surveys	
Activity:	Trial an electronic Client Feedback Survey using Survey Monkey or use Ceres survey function to gather feedback from women who have received Peer counseling services.

**Peer Counseling Snap Shot – FFY 2014/15
Burlington District Office**

Describe current peer counseling activities.

of peers trained in FFY 2015 (10/1/2014 – 6/30/2015) - 0

of active peers – 7, includes 1 senior peer

of active caseload or avg monthly caseload: 60 (25-100)

of years with active peer program - 4

of peer led support groups/month – 2

The Burlington District office lost 2 peer counselors this year. One moved out of state and our Congolese peer left for employment that could provide more hours. 5 peers became pregnant and one peer is on extended maternity leave. We have hired a retired peer to cover for her until November 2015. Our senior peer absorbed many of the high risk moms and manages over 100 moms per month. She also manages our breastpump renewals of about 80 calls per month. Our pilot with electronic records resulted in most peers preferring paper, except for our senior peer. She has developed an online charting system that will be helpful to the developers of our electronic medical records system due to debut in 3/2016. Peers continue to appreciate how their iPhone enhance their availability and contact.

Peers were trained to teach Baby Behavior classes and do targeted outreach with mailings and phone calls. Prenatal classes are offered every other month and attendance grows exponentially. Weekly support continues at Lund family center for extremely high risk moms in residential care.

•Describe your districts current breastfeeding environment; describe how peer counselors work with other staff to build upon your breastfeeding friendly clinic environment.

The Burlington district office changed to same day scheduling on 1/1/2015 which inhibits peers meeting their moms at WIC clinic. The entire staff feels this is a huge loss.

Peers have a shared work space at the local district office, but prefer their home locations, stating they can get more done at home. They use the office space to do their online required trainings and to prepare for classes and outreach activities. They communicate well by phone and email with office staff as needed.

Our senior peer participates in most WIC team meetings and some general staff meetings. Her presence and contributions make this mostly home-based program a visible part of the office environment. In July she presented our bi-annual breastfeeding designee report. All peers are welcome to attend any district staff meetings. Attendance at our monthly peer staff meetings is mandatory, and our senior peer helps with activities, trainings, agendas and minutes.

Staff and peers use the BAPT scores from the Mother/Baby study to strategize breastfeeding education. Staff is encouraged to keep the PLATFORM on their desktops to use with women. This year we replaced our winterterms that lacked sound for PCs so staff can use the educational videos on our breastfeeding platform at clinic.

•Describe how your district has incorporated breastfeeding peer counseling services into your WIC clinic/nutrition services.

All women interested in breastfeeding are told at their initial prenatal appointment they will receive contact from a peer. Women are allowed to refuse. Reasons for refusals include having confidence from breastfeeding for over a year, flat out refusals, and the rare plan to formula feed. The rate for refusals is about 20%. All refusals are reoffered peer services at pregnancy recall appointments and

new baby report calls. Some change their mind, but most don't. Some accept when meeting the peer in the hospital.

The BFPC Supervisor notes on the peer client record and on the peer database when a mom is due for prenatal recall. Peers have done a great job reminding moms to make these appointments. In fact, staff observes women are coming in regularly for their certifications; it is the children who are failing to recertify.

All WIC staff do a great job promoting peer services and clearly document interest prenatally, helpful when assigning peer caseload. Staff also diligently emails and call to update peers when pregnancy recall appointments are completed and new baby information is received.

Peers are routinely invited to meet their moms at WIC second nutrition education events such as Building Bright Futures playgroups and VNA infant massage and Everywoman classes. Peers host tables at Farm to Family distributions and community health fairs as well as infant comfort stations. Peers held their first mixer at a local birth education center. Peers recommend WIChealth.org secrets of baby behavior lessons. LLL is strong in Chittenden County and has both infant and toddler groups and peers refer moms regularly. The hospital nurses and community based physicians remind moms to call their peers.

The breast pump database used for monthly renewal phone calls and developed by our senior peer has been instrumental in strategizing our prevention team's outreach to award breastfeeding friendly businesses in our area.

Several peers attended the VDH BF Symposium and VT Lactation Consultants Association conference and shared what they learned with other peers at staff meeting.

Our VDH Breastfeeding Facebook page enjoys regular posts and likes from peers and the moms on their caseloads. Moms are attending second nutrition contacts as a result of seeing it on Facebook.

•Describe the breastfeeding environment in your Community (who are your partners, how are they involved, gaps in service)

Community partners include representatives from Lund Family Center, Visiting Nurses Association, UVM Nutrition, Head Start, VT Family Network, AALV, Building Bright Futures, Child Care Resources and LLL. VNA refers to peers and coordinates care directly with them, yielding to peer supervisor and peer mentor as needed. Burlington DO is fortunate to have the UVMHC Lintilhac breastfeeding clinic and peers routinely refer women for in-depth lactation consultation. Peers meet their moms at the Lintilhac clinic. Lund Family Center welcomes peer led groups and a peer participates on the breastfeeding task force committee. VNA Family Room (Burlington's Parent Child Center) offers infant massage classes monthly and Everywoman postpartum support groups, and both the VNA family room and Milton Family Center coordinate family support work with peers. Our Somali peer works for Building Bright Futures and so keeps us up to date about community sponsored events and playgroups. We have a peer representative on the Chittenden County Breastfeeding Coalition which has new leadership and is working with VDH and ASTHO to manage grants for improving lactation support services for businesses.

This year, the CIS bundled funds for Medicaid covered breastfeeding classes ran out. Lactation Resources of VT still offers a private free class for all moms at Affiliates in OB/GYN. Peers have identified a gap in services for lower educated moms with Medicaid. Our free 1.5 hour prenatal breastfeeding classes occur every odd month and regularly have 10-20 attendees. Support persons come with the moms and it is held the same night as a Dad's group at VNA Family Room. Evaluations are extremely positive and attendees are more likely to talk to their peers after attending the class.

UVM Medical Center started allowing peers to volunteer on the maternity floor. It immediately enhanced the community handoff by expediting birth reports and troubleshooting problems in the

early stages. Many more community referrals occurred as a result of peers on the floor. Breastfeeding class attendees also enjoy seeing their teacher (Sr. peer) doing rounds at UVMHC.

The gaps in services include:

- lack of child birth/breastfeeding education providers approved through CIS bundling..
- Lack of an ICON based peer specializing in working with infants of opiate addicted mothers (no efforts to recruit at this time, not hiring)
- Most of the Burlington peers are home based and do not have family or child care resources that allow them to attend day long trainings and events.
- VDH office based mandatory trainings are difficult for peers who can't come in to the office.
- The current paperwork system is cumbersome for large caseloads.
- Many moms prefer to text and peers are limited in content with texting.
- Using telephonic interpretation for non-english speakers is challenging.
- Many new Americans are receiving pressure from their communities to use formula. Many ask for it while still in the hospital. Many speaking women do not have a written language and cannot read formula labels.

**Peer Counseling Snap Shot – FFY 2014/15
Middlebury District Office**

Description of current peer counseling activities:

1. # of peers trained in FFY 2014 (10/2014-6/2015): 0
2. # of active peers: 6 peers
3. # of active caseload or average monthly caseload: 22 moms/ peer counselor
4. # of peer led support groups/month: 1 group per month following the school calendar (drop in nursing nook) and 4 events per year, one each quarter (baby shower celebration/support group).

Current MDO breastfeeding environment:

Breastfeeding initiation rates in MDO continue to be quite high. Of those who join WIC during their pregnancy, most of them agree to have a Breastfeeding Peer Counselor who can follow up with them throughout the pregnancy and offer them individualized breastfeeding support once their baby is born. During this year, we had one peer counselor exit the program because she decided to pursue another position. As a result of losing her position, the remaining 6 peers increased their caseloads by a few moms each. To date, each peer has on average 15 moms.

Of those who deliver at Porter Medical Center, nearly 94% of them left the hospital breastfeeding in the last quarter ending March 31st, 2015. In the last year, the average number of women who left Porter breastfeeding Medical Center was 94%. Both of these numbers are higher than the state average of 86%. The support within the office for breastfeeding is excellent. We have started offering walk-in lactation support from an IBCLC three times per month in our office which means that for every week of the month there is at least one day where mothers can come to either the health department or another location to receive free IBCLC services. We typically offer IBCLC support on days when we have a WIC clinic because we have found that if people are here already for a WIC appt, they will take advantage of her services more. Not only do we have the IBCLC support but we have a skilled MCH RN who serves as an excellent breastfeeding support mentor to the rest of the MDO office. The MCH RN and the Public Health Nutritionist, who also serves as the BF Peer Counselor Supervisor, share the title of Breastfeeding Designee for the office. These two individuals maintain the breast pump database and answer most breastfeeding related questions.

Describe how peer counselors work with other staff to build upon a breastfeeding friendly clinic environment:

The Breastfeeding PC's are in close contact with the office staff as they connect with their assigned mothers. The peers are kept updated about appointments so they try to make 28-week recall appointments and newly the 36-week appointments. When the peer staff is present in the office, they are extremely inviting and all are very approachable.

Describe how your district has incorporated breastfeeding peer counseling into your WIC clinic/nutrition services:

Since early this year, we see pregnant women who join in their first trimester, three or more times during their pregnancy. During the first pregnancy appointment, the certifier introduces the peer counselor program and describes it as a benefit of the WIC program and also as a connection that is completely mother-led. Because it is discussed as a benefit that all mothers can get and that they can decline at any point, most mothers accept it knowing they have control of when it stops/how they want to communicate/etc.

We started offering a 36-week appointment in addition to the 28-week appt and also a quarterly baby shower that we invite pregnant and early postpartum mothers to. As mentioned above, the peers are invited to the appointments held in the office and the showers are led by the peer counselors so they invite the mothers on their caseload and their family and friends.

Our office tries to have one peer counselor participate in the local hospital breastfeeding class each month. All peers invite their caseload mothers to groups and classes such as the monthly La Leche League meetings and the Natural Beginnings class which is led by an IBCLC Nurse and peers attend too if their mom plans to go.

Describe the breastfeeding environment in your community (partners, involvement, gaps in service):

Middlebury has substantial support around breastfeeding. Community partners who work with breastfeeding women include Porter Medical Center, Addison OB/GYN, Tapestry Midwifery, Middlebury Pediatrics and Adolescents, Rainbow Pediatrics, Addison County Parent Child Center, VNA, Le Leche League, various IBCLC's, WIC and a few other private medical providers. Each group is involved with the women/infants in various ways. The relationships between partners are very strong and information is shared in to help keep breastfeeding experiences positive and information parallel. There are support groups and follow-ups led by a number of the groups/individuals listed above which WIC/PC's are aware of and share with women.

We have a local website called Minibury.com which has been a successful way to get out information to families about breastfeeding events and supports. This site has a nice calendar of events for families with young children. We partner and share events on each other's Facebook pages so the community can stay as current as possible with breastfeeding events.

One struggle the Middlebury DO has experienced and has recently become more apparent is new mothers often leave the hospital experiencing low confidence in their breastfeeding ability. Many women report to us that they have felt the hospital support has been lacking and they are discharged feeling poorly supported by the nursing staff. It is because of this we are continuing to work with our Peer Counselors to create a relationship with their moms as early in the pregnancy as possible so the women feel like when they leave the hospital they can call their peer counselor who will be there to support her in the transition home. We also have discussed with peers and WIC staff the importance of talking with women about not being afraid to ask for help or to advocate for herself. We always encourage women to contact WIC as soon as they can after the delivery of their baby so we can offer breastfeeding support as needed or desired.

We are continuing to fill the gap in service related to women heading back to work when they are breastfeeding. In the past year we have added about 4 new businesses to our breastfeeding friendly employer initiative and one of the businesses applied and received a \$1,000 grant to help build a lactation room in their office. We plan to continue visiting employers and building our community network of support for women breastfeeding. We want our local employers to see how breastfeeding is good business for Vermont and to fully understand all the benefits of becoming breastfeeding friendly for example, reduced absenteeism, lower health care costs, and increased employee loyalty.

**Peer Counseling Snap Shot – FFY 2014/15
Rutland District Office**

•Describe current peer counseling activities.

of peers trained in 2013 (7/1/13 – 6/30/14): 0

of active peers: 4

of active caseload or average monthly caseload: Average number of active caseload is 20 - 25 participant per peer.

of years with active peer program: 10 years

of peer led support groups/month: 5

Describe your districts current breastfeeding environment; describe how peer counselors work with other staff to build upon your breastfeeding friendly clinic environment.

Rutland is very breastfeeding friendly district office. WIC certifiers strongly promote breastfeeding. WIC certifiers offer and encourage participants to accept a breastfeeding peer counselor during their pregnancy as well as postpartum. Certifiers are able to share with participants what a great benefit having a peer counselor is. Peer counselors co-lead mid-pregnancy visits with certifiers for pregnant women around 24-28 weeks. There is a Nursing Nook room in our clinic area that is used for nursing, pumping, and for peers to meet with their caseload moms. Nursing Nook is offered five times a month at different locations throughout Rutland County. WIC participants and the public are welcome at the drop-in Nursing Nooks, where peers provide ongoing support to nursing mothers.

Describe how your district has incorporated breastfeeding peer counseling services into your WIC clinic/nutrition services.

- Peer counselors are involved in WIC clinic a few different ways. Sometimes peers are present in clinic to speak with moms before or after their WIC appointment. Peers co-lead the interim mid-pregnancy visit. Peers are involved in case conferencing with certifiers for participants that need extra follow up and support.
- Senior peer counselor Lisa Velasquez is able to take on more duties with greater responsibility. Other peer counselors see her as a leader and a role model. She helps organize outreach events, does follow up on electric pumps and helps keep contact information up to date for all peers.
- Peer counselors are part of many outreach events, particularly during World Breastfeeding Month. They are involved in a cooking show, What's Cooking Rutland that airs on a local TV channel and can be streamed online. They staff an Infant Comfort Station at the Vermont State Fair and at the Sidewalk Sales and Festival. Peer counselors are involved in the local coalition the Breastfeeding Project of Rutland County. They host a baby shower for moms and new moms to be during the spring. Peer counselors do rounds at the hospital three times a week. At the hospital they see new moms and remind them of supports in the community and encourage them to call WIC and their peer counselor. They co-facilitate the breastfeeding class at the hospital with a floor nurse. They also lead a postpartum baby behavior class located at a local pediatric practice, CHRCC Pediatric.

Describe the breastfeeding environment in your Community (who are your partners, how are they involved, gaps in service)

- Partners would include the Breastfeeding Project of Rutland County, Rutland Regional Medical Center, La Leche League, Promise Lactation, CHCRR, Rutland Area Visiting Nurse Association and the Nurse Family Partnership. La Leche League provides phone counseling

for all moms in Rutland County. Promise Lactation has a free drop in clinic once a month. RAVNA and the Nurse Family Partnership work closely with peer counselors to support prenatal and postpartum moms. They help postpartum moms get breast pumps from WIC, they do co-home visits, and they help the peer counselors stay connected with moms. Mettowee Valley Family Health Care, Pawlet library, Mt Holly library, and Rutland County Parent Child Center are collaborating with the peers to offer Nursing Nook.

- Rutland Regional Medical Center is working towards becoming a Baby Friendly hospital. The associated OB/GYN office Rutland Regional Women's Health Center is working on starting to offer Centering Pregnancy as their primary form of care for pregnant women. Rutland District Office breastfeeding designee and peers counselors are working to support both RRMC and RRWHC in both these endeavors.
- A gap in service would be helping moms get support from their baby's provider. We are working with CHCRR and Middlebury practices to keep them up to date with the services that are provided for breastfeeding support in the community. As well as how moms can get an electric pump if necessary.

**Peer Counseling Snap Shot – FFY 2014/15
St. Albans District Office**

Describe current peer counseling activities.

of peers trained in FFY 2015 (10/1/14 – 6/30/15)

There were no new peer counselors trained in the past year.

of active peers

As of 8/12/2015, we have three active peers, including one senior peer counselor. We will sadly be losing one of our PCs at the end of August 2015, leaving just two.

Of our three peer counselors, one has been with us since the St. Albans program began in 2009.

of active caseload or average monthly caseload

There are currently 80 clients active in the program. Peer caseloads have ranged from 24 to 30 active clients.

of years with active peer program

St. Albans has had an active peer program for six years.

of peer led support groups/month

We have three peer led community support groups per month; one in St. Albans at the hospital, one on the Champlain Islands in Alburgh, and one in Fairfield. One is held on a Saturday, and two during the daytime.

Describe your districts current breastfeeding environment; describe how peer counselors work with other staff to build upon your breastfeeding friendly clinic environment.

The St. Albans District Office continues to employ one full time IBCLC-certified Public Health Nutritionist. In addition all certifiers are trained to provide basic breastfeeding support. On a monthly basis all WIC certifiers and peer counselors as available meet to review recent breastfeeding related case studies with the IBCLC. These case studies are reviews of actual client BF issues, and serve to strengthen and deepen the certifiers' breastfeeding knowledge.

We have a senior peer available in the office for client and certifier support as needed. She has been trained to provide breastpump education and authorizations, and serves as a great liaison between the other peer counselors and our office staff.

Outreach phone calls offering breastfeeding support to **all** of our breastfeeding clients continue. The peer counselors make these phone calls, which occur at four days post-partum or two days after we are notified of the baby's birth (for clients not already enrolled in the PC program). Calls are made to all clients regardless of whether they previously declined peer services.

Our MCH coordinator continues to round at the Family Birth Center at Northwestern Medical Center (NMC) on a daily basis. She visits all of our WIC clients. During the visit she discusses the breastfeeding support available in our community, including BFPC services and home visits from the IBCLC at Franklin County Home Health Agency (FCHHA). An additional benefit of these rounds is that our PCs get very early notification of their clients' deliveries from our MCH coordinator.

Describe how your district has incorporated breastfeeding peer counseling services into your WIC clinic/nutrition services.

The PCs teach a monthly breastfeeding class, which typically has around four attendees per class. They also teach Baby Behavior classes.

The PCs continue to meet with their clients in the community, in the hospital, and at WIC as needed/requested. They will teach one-on-one BF classes upon request.

We decided not to implement PCs rounding at our local hospital due to budget constraints. Since our MCH coordinator already conducts rounds daily, this was not an essential outreach piece.

Our community breastfeeding support groups are currently in transition. Two of the three have been poorly attended for some time. In August 2015 we will phase out these two unsuccessful groups, and add a new group in partnership with NMC. This new group will be co-hosted by a PC and the IBCLC from NMC. It will take place at the hospital and we hope will be promoted widely by the hospital. We will continue our BF group in the Champlain Islands which is co-hosted by a PC and Visiting Nurse Association (VNA) nurse. The VNA nurse holds a baby massage session during the group.

The PCs staffed our infant comfort station at four outreach events during this report year. Two of these events were three days long.

Describe the breastfeeding environment in your Community (who are your partners, how are they involved, gaps in service).

The St. Albans District Office partners very closely with the Family Birth Center at NMC; the Nurse Family Partnership (NFP); FCHHA; and our main OB provider – Northwestern OB/GYN. Representatives from each of these providers along with our MCH coordinator, breastfeeding designee and senior peer counselor continue to meet monthly at a community MCH meeting. Other partners that are at the table include Northwestern Counselling and Support Services (NCSS) and other services as needed. Over the past year the group has been supporting NMC on its path to Baby Friendly Hospital designation, and we jointly hosted a community wide annual Baby Shower.

The hospital continues to employ a per diem IBCLC. The OB/GYN office continues to offer a modified version of the Centering Pregnancy model of care where patients of the same weeks gestation meet once per trimester in a group setting with the MDs. This has been working well. WIC staff attends the third trimester visits to teach a Baby Behavior class every two weeks. Patients receive breastfeeding education from the OB office throughout their pregnancy, built in to visits each trimester.

We have five IBCLCs working in our community – one in WIC, one at FCHHA, one with the NFP, and two at the hospital. Our community also continues to benefit from the FCHHA IBCLC being our Medicaid and WIC breastpump rental agent/vendor.

We are working with NCSS to create another breastfeeding support group. We hope to tag this group onto the end of a Family Center playgroup, and make it a craft group also. A place where pregnant and breastfeeding moms can meet and knit, crochet, etc.

At the beginning of the year, La Leche League started up in Franklin County. Unfortunately, there was no attendance at the meetings and they discontinued services in June. It really is a challenge getting families to attend these groups and classes.

All pediatricians and family practice physicians with privileges at the hospital have undertaken a two hour breastfeeding training, as required by the Baby Friendly Initiative. We are seeing some progress with a few 'less supportive' physicians. Incidences where the physician has suggested pumping rather than formula supplementation for example!

Local birth certificate data shows our breastfeeding initiation rates at NMC have steadily increased from 76% in Q2 2014 to 83% in Q1 2015. As with the rest of the population, more work must be done to increase duration and exclusivity.

We have had good success in 2015 recognizing local businesses as Breastfeeding Friendly. We have had nine employers complete the application so far this year.

Estimate of Potentially Eligible Population

- A. Eligible Individuals and Current Participation – see chart.
- B. Assumptions
 1. The number of women 3-9 months pregnant, plus those 0-6 months postpartum, is equal to the number of births in any given year.
 2. The proportion of infants enrolled in WIC is taken from county tables in the PNSS reports for the most recent year.
 3. Breastfeeding initiation and duration rates by county are taken from three year average county tables in the 2011 PedNSS report.
- C. Error Factor

No error factor has been included in these calculations.
- D. Cautions – This data is not completely reliable for several reasons.
 1. Data covers different time periods and is from different sources (see footnote for columns A, B, C, and G on chart).
 2. Due to the low population, there are statistical problems commonly associated with small numbers.
 3. Estimates are based on income levels only, and do not include those who may have incomes above 185% of poverty but who are deemed financially eligible due to participation in the Medicaid program. Nor are we able to estimate how many people might be eligible for Medicaid but not yet enrolled. Because infants and children are eligible for Medicaid at 300% of poverty and pregnant women are eligible at 200%, these estimate seriously under-represent the number of people financially eligible for WIC in Vermont.

ESTIMATE OF POTENTIALLY ELIGIBLE POPULATION - STANDARD METHOD

COUNTY	CHILDREN BELOW 185% POVERTY		WOMEN			TOTAL		
	A NUMBER	B PERCENT	C TOTAL BIRTHS	D TOTAL BIRTHS UNDER 185% POVERTY	E WOMEN ESTIMATED BREASTFEEDING 6-12 MOS. PP	F TOTAL POTENTIAL ELIGIBLE INDIVIDUALS	G NUMBER PARTICIPATING 6/2015	H % SERVED
Addison	598	38.0%	321	122	191	753	726	96.5%
Bennington	863	46.0%	333	153	257	1041	1001	96.1%
Caledonia	794	46.0%	279	128	223	956	938	98.2%
Chittenden	2284	29.0%	1597	463	654	2841	2502	88.1%
Essex	165	65.0%	51	33	58	205	214	104.2%
Franklin	1413	47.0%	557	262	295	1706	1321	77.4%
Grand Isle	204	64.0%	57	36	44	245	130	53.4%
Lamoille	688	46.0%	251	115	179	833	641	76.9%
Orange	545	37.0%	271	100	184	667	598	89.5%
Orleans	918	65.0%	264	172	223	1118	973	87.0%
Rutland	1473	52.0%	537	279	384	1791	1338	74.7%
Washington	1266	41.0%	546	224	327	1533	1078	70.4%
Windham	1031	48.0%	423	203	304	1266	885	69.9%
Windsor	1122	42.0%	471	198	250	1351	987	73.1%
STATEWIDE	13364	41.3%	5958	2489	3586	16305	13332	81.8%

Source of Information/Explanation of Columns:

- A = Vermont population estimates (2013)
- B = Hunger Free Vermont Statistics by County
- C = MCH Quarterly Report for year ending December 2014, produced from preliminary VDH Vital Records
- D = C multiplied by B
- E = Percentage of D by county (estimate)
- F = Sum of A + D + E
- G = "WIC Participation by County" July 31, 2015
- H = G divided by F

STATISTICAL RANKING OF COUNTIES

COUNTY	1. INFANT MORTALITY	2. ADJUSTED INDEX	3. BIRTHS <2500 GRAMS	4. ADJUSTED INDEX	5. BIRTHS TO WOMEN < 20 YEARS	6. ADJUSTED INDEX	7. ENTRY INTO PRENATAL CARE > 6 TH MONTH	8. ADJUSTED INDEX	9. ADJUSTED TOTAL	10. RANK
Addison	2.38	0.53	61.33	0.93	60.81	0.95	28.13	1.17	0.90	9
Bennington	8.95	2.01	71.94	1.10	71.10	1.11	30.17	1.26	1.37	1
Caledonia	4.23	0.95	56.29	0.86	56.99	0.89	20.91	0.87	0.89	12
Chittenden	3.38	0.76	69.33	1.06	66.65	1.04	16.66	0.70	0.89	11
Essex	0.00	0.00	54.43	0.83	72.43	1.13	56.45	2.36	1.08	6
Franklin	3.54	0.79	65.29	0.99	61.57	0.96	16.53	0.69	0.86	13
Grand Isle	0.00	0.00	35.44	0.54	46.98	0.74	22.66	0.95	0.56	14
Lamoille	4.57	1.02	61.90	0.94	54.25	0.85	21.68	0.91	0.93	10
Orange	5.58	1.25	65.49	1.00	66.60	1.04	28.55	1.19	1.12	5
Orleans	2.76	0.62	74.94	1.14	70.48	1.10	21.18	0.88	0.94	8
Rutland	5.45	1.22	49.93	0.76	54.71	0.86	32.22	1.35	1.05	7
Washington	7.12	1.60	65.81	1.00	60.61	0.95	33.52	1.40	1.24	2
Windham	5.34	1.20	67.41	1.03	68.89	1.08	30.19	1.26	1.14	4
Windsor	6.44	1.44	75.65	1.15	68.66	1.08	22.11	0.92	1.15	3
STATEWIDE	4.46		65.67		57.02		23.95			

NOTES:

- a. Rates in column 1, 3, 5 and 7 are four-year averages (Column 1, 2007-2010; Columns 3,5 and 7, 2011-2014). All figures are rates per 1,000 live births. Source of all rate information is the State of Vermont Vital Statistics Report and MCH quarterly reports published by the Division of Public Health Statistics.
- b. The adjusted index figures in columns 2, 4, 6 and 8 are obtained by dividing the county rate by the statewide rate.
- c. Index total (column 9) is the average of columns 2, 4, 6 and 8.
- d. Rank 1 (column 10) is that county with the highest level of relative need based on the index total.

The Vermont Department of Health operates the WIC Program statewide.

Counties have been ranked in order of need based on four indicators: infant mortality, low birth weight, teen birth rate, and rate of late entry to prenatal care. Because the numbers are so small that small differences in the number of events causes a large variation in rates, the rank order is based on a four-year average indexed to the state rate for each indicator.

Expansion of caseload to new areas of the state is geographically impossible. All areas of the state are served by one of the twelve Vermont Department of Health district offices. All offices are currently serving all priorities. Outreach statewide is targeted to high risk groups, towns where Medicaid enrollment of infants and children exceeds WIC participant, and to the general population.

Reductions in caseload have not been necessary since 1991. If caseload reductions become necessary, they will be managed statewide by the implementation of the priority system as outlined in the regulations.

Description of Services to Special Populations

Migrants:

The only significant population in Vermont that meets the USDA definition of migrants is a group of workers from Jamaica who pick apples for 2-3 weeks each fall. Their families generally do not accompany them.

In recent years an increasing number of families working on dairy farms have been identified by the State as migrant workers, although they do not meet the USDA definition of migrants. Dairy workers generally live on the farm where they work for extended periods of time. Currently, the farms employing these workers are scattered, with the largest populations in the Middlebury, St. Albans and Newport Districts. We work with the University of Vermont's Migrant Education Project and other outreach groups to identify and enroll families as soon as they are known to us. We have also increased outreach to the free health clinics that serve a large share of farm workers. Vermont's dairy farm workers are not in-stream migrants and generally have not been enrolled in WIC in another state.

The Vermont WIC Program makes every effort to enroll migrant workers into the program as soon as the individual presents his/her Verification of Certification (VOC) Card (FNS or other) identifying him/herself as a participant from another state. Food orders are processed as described in the section on the Food Delivery System.

Vermont accepts an in-stream migrant farm worker's VOC card as proof of income if that card has had an income determination within the past 12 months. Any determination that members of an in-stream farm worker's family have met the income standard, either in the migrant's home-base area before the migrant entered the stream for a particular agricultural season, or in an in-stream area during the season, shall satisfy the income criteria for any subsequent certification while the migrant is in-stream during the 12-month period following the original determination.

If an increased need to serve in-stream migrant farm workers becomes evident, the state will conduct clinics at hours and in locations convenient to families. Thus far, we have been able to reach out to, and enroll families through existing clinics as the numbers are small and families are dispersed geographically.

Native Americans:

Vermont's Abnaki nation is made up of several related bands dispersed throughout the State. None have achieved federal recognition, but four tribes (The Nulhegan Abenaki Band, the Elnu Abenaki Band, the Koasek of the Koas Abenaki; and the Abenaki at Missisquoi) were recognized by the State legislature in the 2011-2012 session. At this time, it appears that WIC services are adequate.

Homeless Individuals:

A significant minority of people using homeless shelters in Vermont are families with children. All shelters, safe homes, soup kitchens, and emergency food shelves have been informed of the availability of WIC benefits to their clients. Because the population is small and rapidly changing, food delivery is arranged on an individual basis. All shelters allow individual WIC participants to have food deliveries made at the shelter site.

Availability of Program Benefits

I. Publicity about the availability of the WIC Program.

Poster/Flyer Campaign

The Vermont WIC Poster/Flyer continues to be displayed in key sites such as grocery stores, coin laundries, public and private health and welfare agencies, the Vermont Department for Children and Families offices, and other similar locations frequented by the public. In addition, copies are mailed periodically to each pediatrician, family practice physician, obstetrician, school nurse, child care provider, home health agency, Community Action Agency, food shelf, community kitchen, state college, town clerk, county clerk and librarian in Vermont.

Public Announcements

Vermont WIC makes formal announcements of program benefits and eligibility through posters, flyers and mass mailings on a periodic basis. Purchased ads are placed annually in *The Parents Home Companion*, a publication provided to the parents of every newborn in the state, and in *Kids Vermont*, a statewide monthly events and advice publication for families with young children.

District Office Effort

District offices of the Vermont Department of Health are responsible for promoting community awareness and involvement at the local level. Outreach workers involved in the EPSDT program distribute information and applications to clients. In addition, information is provided to local health and social service providers, particularly home health agencies and parent child centers that provide home visits and center based services to new parents and families with young children. Personnel meet periodically with their counterparts in private health agencies to

inform them about, or to coordinate programs and services. Vermont's size and local spirit make these efforts particularly effective outreach tools.

II. Outreach Network

The Vermont WIC Program has an extensive outreach network that includes the aforementioned groups as well as community action program agencies, soup kitchens, emergency food shelves, safe homes, temporary shelters, private physicians, teachers of childbirth and prenatal classes, the UVM Extension Service and Vermont businesses.

The Agency of Human Services continues efforts to collocate departments. Such collocation has occurred with Health Department District Offices most of our 12 districts. In all areas of the state, Health Department District Directors are in frequent communication with peers in the Department for Children and Families to share programmatic information and develop local interdepartmental referral systems. Intradepartmental coordination is facilitated by integration of all Health Department programs into a single administrative unit at the local level.

In addition, WIC is included in the statewide 211 telephone and web-based information system. A small, but growing, number of potentially eligible people now contact us through these systems or directly from the VDH website.

III. Program Referrals

Through our link with Vermont Department for Children and Families Economic Services Division via the EPSDT Program, staff members are well aware of Reach Up (TANF) services and the 3SquaresVT (SNAP) program. Families who do not receive 3SquaresVT or Reach Up and who are potentially eligible are provided information about and referred to those programs. We receive a monthly electronic list of new Medicaid/Dr. Dynasaur and 3SquaresVT clients for each Health Department District Office, and staff contacts clients with information about EPSDT, WIC, Immunization and Lead Screening and other Health Department services.

The VDH Division of Alcohol and Drug Abuse Programs provides each District Office with copies of a statewide directory of approved substance abuse treatment programs to facilitate appropriate referrals.

IV. Informing Network Participants

Human services agencies are informed of program requirements and changes as outlined above. For other agencies, staff is in regular contact to maintain open communications. When there are major changes, such as change in income guidelines or in food packages, material is sent to all interested parties.

Service Coordination

Vermont Department of Health District Offices provide not only WIC, but a number of other programs which serve WIC participants; these programs include but are not limited to Early Periodic Screening, Diagnosis, and Treatment (EPSDT), maternal and child health services, lead poisoning prevention, immunization screening, communicable disease surveillance, and health education.

Collocation of Department of Health District Offices and other Agency of Human Services departments facilitates a mutual sharing of information and interdepartmental referral for programs offered by the Departments for Children and Family, Vocational Rehabilitation, and Mental Health.

Working Persons and Rural Residents:

The Vermont WIC Program assures access for working people and residents of areas by:

- Providing clinic services at more than 50 sites around the state, so that no applicant has to travel a great distance to obtain services.
- Allowing participants to attend any clinic site within the boundaries of each Agency of Human Services district, so that a working participant may choose a clinic site near her workplace or near her residence.
- Scheduling appointments for all participants.
- Offering working participants early morning, lunch time, late afternoon or early evening appointments to accommodate work schedules.
- Coordinating appointments to promote or allow carpooling and access to multiple programs at each visit.
- Permitting caretakers other than parents to attend certification visits for children.

Drug-Free Workplace

Each employee receives a written description of the state of Vermont's drug-free workplace policy, which includes the provisions described in 7CFR 3017, as part of orientation to state service.

Public Comment

Public comment is solicited both formally and informally for suggestions on the development of the annual WIC State Plan. The formal procedure consists of sending a letter requesting comments for all interested parties, including vendors, women's organizations, advocates for low-income people, members of the medical community and other organizations.

Comments are also formally solicited on a periodic basis from members of the WIC vendor community as a regular part of on-going vendor meetings/training sessions. Less formal public comments consist of reviews of correspondence received during the year, comments, complaints and suggestions received on the toll-free hotline and through our website, informal discussions with agencies and individuals providing services to the WIC-eligible population, and comments received on our participant survey.



State of Vermont

Department of Health

108 Cherry Street - PO Box 70
Burlington, VT 05402-0070 (fax)

healthvermont.gov

Agency of Human Services

(phone) 802-863-7333
802-863-7229

REQUEST FOR PUBLIC COMMENT: 2016 WIC STATE PLAN

MEMORANDUM

TO: Interested Parties

FROM: Donna Bister, Director
Vermont WIC Program
1-800-649-4357, Ext. 7333

SUBJECT: WIC State Plan

The Vermont WIC Program (the Special Supplemental Nutrition Program for Women, Infants, and Children) is seeking public comment in preparation for submitting its annual State Plan to the U.S. Department of Agriculture. WIC is federally funded and administered by the Vermont Department of Health, Agency of Human Services. We would like to hear your comments, opinions and suggestions about the way WIC operates. Please share this request with your colleagues.

If you would like to review the previous WIC State Plan, please let me know and I will forward an electronic copy to you.

The Vermont Department of Health invites your comments. If you have questions or comments about the WIC program, please write or e-mail the WIC program at wic@state.vt.us or call WIC administration at the address listed above.

Thank you for your interest in the Vermont WIC Program.

(The list of recipients of this letter begins on the next page.)

Abenaki Self-Help 48 Merchants Row Swanton, VT 05488	Addison County Home Health & Hospice PO Box 754 Middlebury, VT 05753	Addison County Parent/Child Center PO Box 646 Middlebury, VT 05753
Vermont Partnership for Fairness and Diversity 18 Town Crier Drive Brattleboro, VT 05301	ALANA Student Organization ALANA Student Center, Blundell House Redstone Campus Burlington, VT 05405	American Academy of Pediatrics Vermont Chapter PO Box 1457 Montpelier, VT 05602
Austine School for the Deaf 209 Austine Dr Brattleboro, VT 05301	AWARE PO Box 307 Hardwick, VT 05843	Bennington Area Home Health Agency 100 Hospital Dr Suite 126 Bennington, VT 05201
Bennington Coalition for the Homeless PO Box 835 PO Box 835 , VT 05257	Bennington-Rutland Opportunity Council, Inc 60 Center St Rutland, VT 05701	Burlington Emergency Shelter 89 North St Burlington, VT 05401
Caledonia Home Health Care & Hospice Box 383 Sherman Dr St Johnsbury, VT 05819	Center for Cultural Pluralism 461 Main St, Allen House University of Vermont Burlington, VT 05405	Central Vermont CAC, Inc 195 US Route 302 Berlin Barre, VT 05641-2267
Central VT Home Health & Hospice 600 Granger Road Barre, VT 05641	Champlain Island Parent/Child Center 114 South St South Hero, VT 05486-4917	Champlain Valley Office of Economic Opportunity 255 South Champlain Street, Suite 9 Burlington, VT 05401
Chittenden Emergency Food Shelf 228 N Winooski Ave Burlington, VT 05401-3621	Committee on Temporary Shelter PO Box 1616 Burlington, VT 05402	Community Health Center, Inc 617 Riverside Ave Burlington, VT 05401
Cooperative Extension Service 19 Roosevelt Highway Suite 305 Colchester, VT 05445	Dorset Nursing Association PO Box 549 Dorset, VT 05251	Early Education Services of Windham County 130 Birge St Brattleboro, VT 05301
Family Center of Northwestern Vermont 130 Fisher Pond Rd St Albans, VT 05478-5058	Family Center of Washington County 383 Sherwood Drive Montpelier, VT 05602	Family Place 319 US Route 5 South Norwich , VT 05055-9431
Franklin County Home Health Agency 3 Home Health Circle Suite 1 St Albans, VT 05478	Good Neighbor Health Clinic 70 N Main St White River Junction, VT 05001	Good Samaritan Haven 105 N Seminary St Barre, VT 05641

Green Mountain Lao Association
328 Little Ascutney Road
Perkinsville, VT 05151

Lamoille Family Center
480 Cady's Falls Rd
Morrisville, VT 05661

Manchester Health Services
PO Box 1224
Manchester Center, VT 05225

Migrant Education Project
55 Seymour Lane, Suite 11
Newport, VT 05855

Morningside Shelter
81 Royal Road
Brattleboro, VT 05301

NE Kingdom Community Action
70 Main St
Newport, VT 05855

Open Door
29 Hill Street
Danville, VT 05828

Orange County Parent/Child Center
361 Vermont Route 110
Chelsea, VT 05038

People's Health and Wellness Clinic
553 North Main
Barre, VT 05641-2525

Rutland Area Visiting Nurse Association &
Hospice
PO Box 787
Rutland, VT 05701

Japan-America Society of Vermont
123 Ethan Allen Ave
Suite 306
Colchester, VT 05446

Lamoille Home Health & Hospice
54 Farr Ave
Morrisville, VT 05661

Migrant Education Project
28 Catherine Street
St. Albans, VT 05478

Migrant Education Project
617 Comstock Road, Suite 5
Berlin, VT 05602

Mountainside House
20 Mill St
Ludlow, VT 05149

NEKCA/Parent Child Center North
32 Central St
Newport, VT 05855

Open Door Clinic
100 Porter Drive
Middlebury, VT 05753

Orleans Essex VNA & Hospice
46 Lakemont Rd
Newport, VT 05855

Planned Parenthood
183 St Paul St
Burlington, VT 05401

Rutland City Rescue Mission
31 Park St
Rutland, VT 05701

Joint Urban Ministry Project
38 South Winooski Avenue
Burlington, VT 05401

Lund Family Center
76 Glen Rd
PO Box 4009
Burlington, VT 05402-4009

Migrant Education Project
3625 Case St.
Middlebury, VT 05753

Milton Family Community Center
PO Box 619 23 Villemaire Lane
Milton, VT 05468

Vermont Multicultural Alliance for
Democracy
1 Mill Street
Burlington, VT 05401

NEKCA/Parent Child Center South
115 Lincoln St
St Johnsbury, VT 05819

Open Door Mission
31 Park St
Rutland, VT 05701

Our Place Drop In
6 Island St
Bellows Falls, VT 05101

Putney Walk-In Clinic
PO Box 463
Putney, VT 05346

Rutland County Parent/Child Center
61 Pleasant St
Rutland, VT 05701

Rutland Free Clinic
145 State St
Rutland, VT 05701

Samaritan House Inc
24 Kingman St
St Albans, VT 05479

Sara Holbrook Center
66 North Ave
Burlington, VT 05401

John W. Graham Emergency Shelter
68 Main St
Vergennes, VT 05491

Southeastern Vermont Community Action
91 Buck Dr
Westminster, VT 05158

Southwestern Vermont Health Care
100 Hospital Dr
Bennington, VT 05201

Springfield Area Parent Child Center
6 Main St
North Springfield, VT 05150

UVM Student Center for Health and Well-Being
425 Pearl St
Burlington, VT 05401

Sunrise Family Resource Center
PO Box 1517
Bennington, VT 05201

Tibetan Association of Vermont
PO Box 414
Burlington, VT 05402

Two Hundred Four Depot
204 Depot
Bennington, VT 05201

Upper Valley Haven
713 Hartford Ave
White River Junction, VT 05001-8037

Valley Health Connections
268 River Street
Springfield, VT 05156

Voices for Vermont's Children
PO Box 261
Montpelier, VT 05601

Vermont Coalition of Clinics for the Uninsured
PO Box 655
Bellows Falls, VT 05101

American Diabetes Association Vermont Affiliate
77 Hegeman Avenue
Colchester, VT 05446

Vermont Foodbank
33 Parker Road
Wilson Industrial Park
South Barre, VT 05670

Vermont Association of Hospitals and Health Systems Attn: MCH
148 Main St
Montpelier, VT 05602

Vermont Low Income Advocacy Council
8 Railroad Ave
Brandon, VT 05733

Vermont Nurses Association
100 Dorset St
Suite 13
South Burlington, VT 05403-6241

Vermont Refugee Resettlement
462 Hegeman Ave
Colchester, VT 05446

Visiting Nurse Assoc. & Hospice of VT & NH
66 Benning St. Suite 6
Weat Leabanon, NH 03784

VNA/Maternal Child Health Services
1110 Prim Rd
Colchester, VT 05446

VT Assembly of Home Health Agencies
10 Main St
Montpelier, VT 05602

Hunger Free Vermont
38 Eastwood Drive Suite 100
South Burlington, VT 05403

Windsor Community Health Clinic
Mt. Ascutney Hospital and Health Center
289 County Rd
Windsor, VT 05089

Health Connections at Gifford Medical Center
38 S. Main Street
Randolph, VT 05060

FFY 2016 Vermont WIC State Plan NSA Budget

Estimated FFY 2016 NSA Grant \$4,260,520

	Program		Nutrition	Breastfeeding	
State Agency	Management	Client Services	Education	Promotion and	Total
				Support	
Salary	\$139,810	\$0	\$56,549	\$55,252	\$251,611
Other direct	\$193,793	\$272	\$67,895	\$123,258	\$385,219
Allocated	\$156,093	\$0	\$47,634	\$50,300	\$254,026
Clinic direct	\$0	\$0	\$32,544	\$0	\$32,544
Clinic Allocated	\$0	\$0	\$13,938	\$0	\$13,938
				Breastfeeding	
Local Agencies	Management	Client Services	Education	Promotion and	Total
				Support	
Salary	\$193,827	\$458,468	\$339,969	\$174,457	\$1,166,721
Other direct	\$283,430	\$367,835	\$313,496	\$255,946	\$1,220,706
Allocated	\$216,401	\$347,911	\$286,372	\$158,819	\$1,009,504
Clinic direct	\$0	\$583,258	\$195,655	\$0	\$778,913
Clinic Allocated	\$0	\$236,324	\$83,796	\$0	\$320,120
Total Statewide	\$693,657	\$1,993,796	\$1,219,288	\$589,222	\$4,495,964

Assumptions: FFY 2016 base grant = FFY2015 formula grant plus reallocations
 Distribution of costs between State Agency and Local Agencies will be stable