



# Nutrition Services

New Coordinator's  
Training

November 25, 2014

ALASKA  
WIC



# Goals of the talk



- 🥕 Nutrition Service Standards
- 🥕 Chapter 2 and 3 in the Alaska WIC Policy and Procedure Manual
- 🥕 Logic Models
- 🥕 CPA Training Program



**WIC NUTRITION SERVICES  
STANDARDS**

**WIC**

**Nutrition  
Services  
Standards**

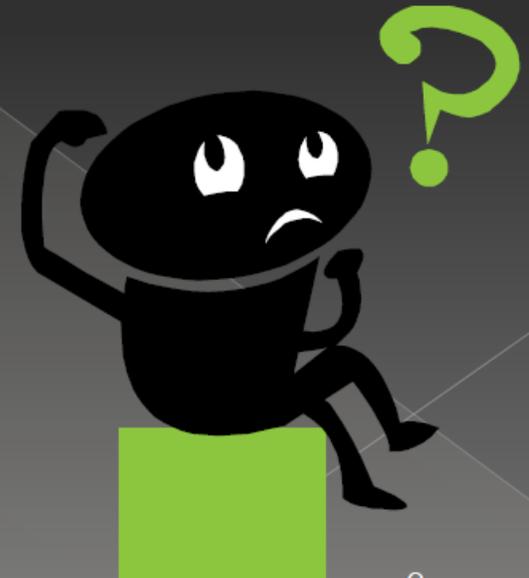


U.S. Department of Agriculture  
Food and Nutrition Service

AUGUST 2013

# Nutrition Services Standards: What are They?

- Document that Describes Quality Nutrition Services within the WIC Program
- Self-Assessment Tool for State and Local WIC Agencies



# Significant Developments Since 2001

Breastfeeding Peer Counselor Program  
*Using Loving Support to Implement Best  
Practices in Peer Counseling*





# Significant Developments Since 2001

## Value Enhanced Nutrition Assessment (VENA) In WIC



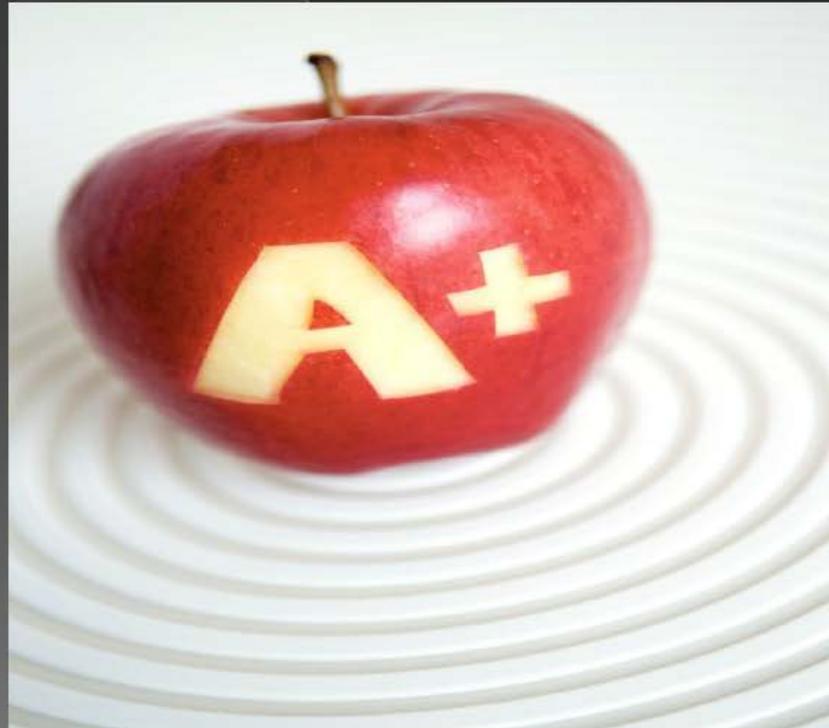
# Foundation of the NSS

- Revitalizing Quality Nutrition Services (RQNS)
  - > Enhance and strengthen Nutrition Services
  - > Meet the changing needs of participants



# Focus of the NSS

- High Quality Nutrition Services



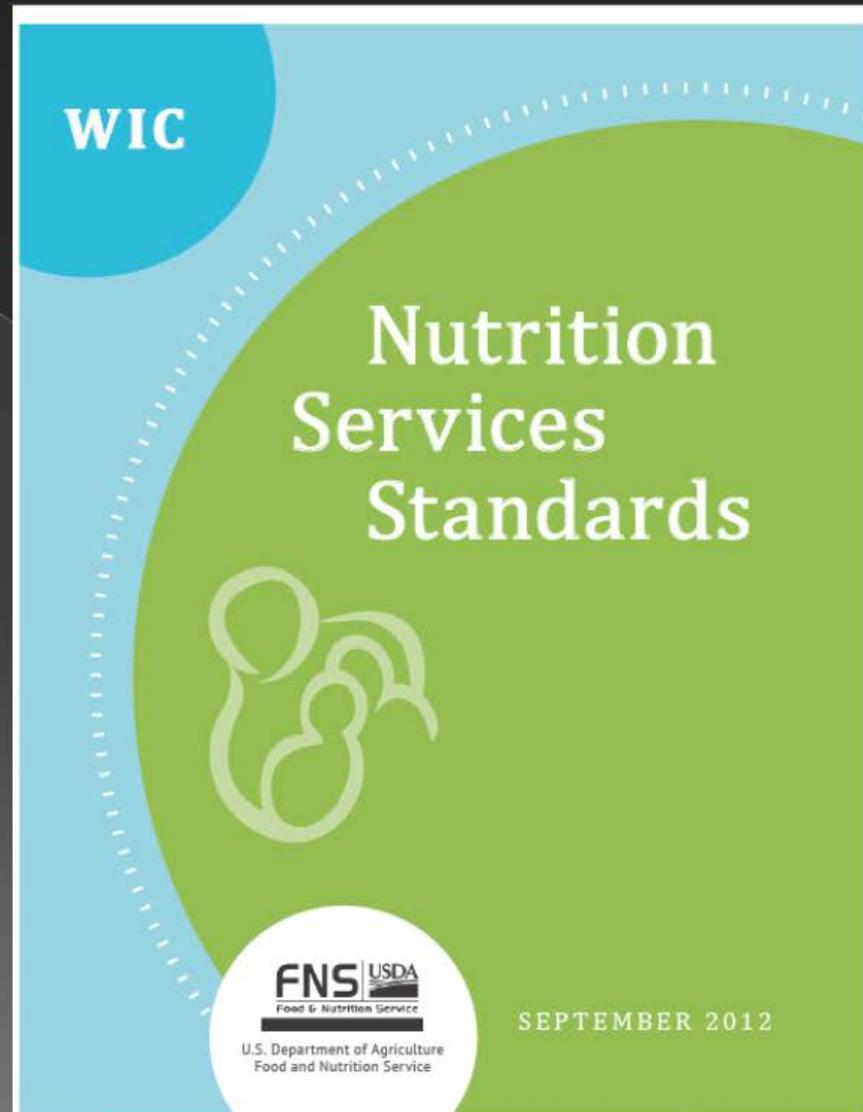
# Definition of *Standard*



“A reasonable expectation and level of quality or excellence that is accepted as the norm and by which the provision of nutrition services is assessed”

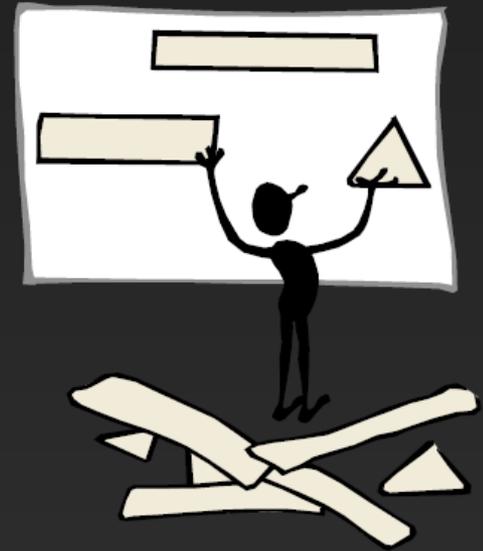


# Revised Standards



# Revised Standards

- 16 Standards in 10 Categories
- New Categories
  - > Breastfeeding Peer Counseling
  - > Documentation and Data Collection
  - > Quality Improvement
- Eliminated Category
  - > Program Outreach and Marketing



# Other Significant Changes

- Documentation Standard
- Quality Improvement Standard
- Electronic Functionality
- Self-Assessment



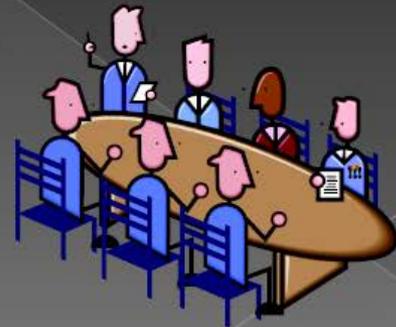
# Clinic Environment and Customer Service

## Clinic Environment and Customer Service



# Nutrition Services Staffing

- Staff Qualifications, Roles and Responsibilities
- Staffing Patterns and Staff Recruitment and Retention
- Staff Training



# Nutrition Assessment

## Nutrition Assessment



# Nutrition and Breastfeeding Education

## Nutrition Education and Counseling



# Nutrition and Breastfeeding Education

## Breastfeeding Education, Promotion and Support



# Breastfeeding Peer Counseling

Breastfeeding Peer Counseling Policies,  
Procedures, Staff Training and Support



# Program Coordination and Participant Referrals

- Program Coordination



- Participant Referrals





# Documentation and Data Collection

Nutrition Services Documentation

Breastfeeding Performance Measures  
and Data Collection



# Quality Improvement

## Quality Improvement





# Nutrition Service Standards

## Alaska WIC Nutrition Services Standards

- 🥕 Nutrition services in WIC begin with an initial screening and a Value Enhanced Nutrition Assessment (VENA) of participants' nutritional status and determination of all applicable nutritional risk. Based on VENA, a food package is prescribed and appropriate nutrition education is provided
- 🥕 VENA shifts the focus from the WIC Competent Professional Authority (CPA) finding nutrition risk to a positive client participatory Health Outcome Based approach



# VENA

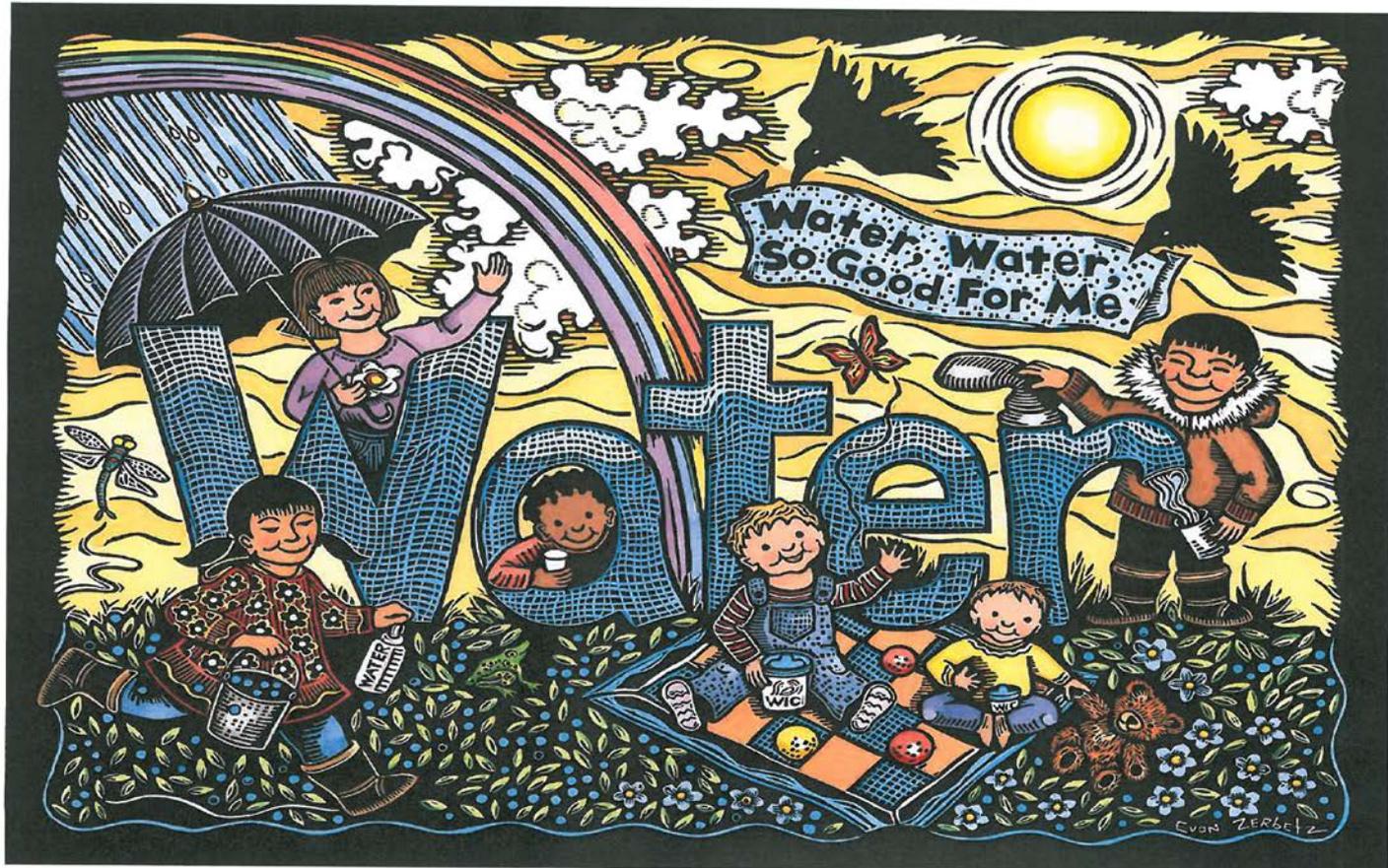


VENA competencies needed in order to reach a participant centered assessment, counseling and education approach are:

- Knowledge of principles of life-cycle nutrition
- Nutrition assessment process
- Anthropometric and Hematological data collection techniques
- Communication
- Multicultural awareness
- Critical thinking

# Nutrition Service Standards

- <http://wicnss.nal.usda.gov/>



# AK P & P Manual, Chapters 2 and 3





# Nutrition Risk Assessments



- **Nutrition Risk Assessments**

- To be certified as eligible for the program, applicants who meet the categorical, residential, identity and income eligibility requirements must also be determined to be at nutritional risk.

- 🥕 Nutrition Risk Revision 11
- 🥕 Risk Code Manual- USDA Risks
- 🥕 Cert form cheat sheet
- 🥕 Risk Manual Summary



# Risk Factors



- 🥕 Go to the [alaska.gov](http://alaska.gov), and search for “WIC Policy and Procedures”
- 🥕 At the bottom of the page, you’ll find the “**Alaska and National (USDA) Risk Code Manual**”
- 🥕 Categories:
  - 🥕 Anthropometric 100’s
  - 🥕 Biochemical 200’s
  - 🥕 Clinical/Health/Medical 300’s
  - 🥕 Dietary 400’s
  - 🥕 Other Risks 500’s



# Definition of Nutritional Risk



- A nutritional risk is any measurable indicator or circumstance that is associated with the increased likelihood of an adverse health outcome.
- The cutoff point for a nutritional risk is the point above or below which an individual is judged to be at risk.
  - This may be a numerical value such as a hemoglobin value, or a dichotomous variable (i.e., yes, the applicant has the condition; or no, he or she does not).
- A nutritional risk is determined by a risk indicator plus its cutoff point, such as a hemoglobin level of  $<11$  gms/dl in a pregnant woman in the first trimester of pregnancy.



# Definition of Nutritional Risk

- Nutritional risk is evaluated to select participants who are at risk of developing specific health problems if they do not receive WIC benefits.
- Nutritional risk indicators predict nutrition benefit and health risk reduction from participating in the WIC Program.
- A complete nutritional assessment to determine nutritional risk includes anthropometric measurements, hematological tests, a medical history and dietary assessment.
- The nutritional risk must be determined by a registered dietitian, Nutritionist or Alaska WIC Certified CPA. This determination may be based on referral data submitted by a CPA not on the staff of the Local Agency.



# Nutrition Risk Data Collection



- 🥕 Each certification or recertification requires at a minimum wt, ht or length, and Hgb test (except for infants under 6 months)
- 🥕 Can come in from other health care providers
  - 🥕 Measurements can't be more than 60 days old
  - 🥕 Hgb can't be more than 90 days old
- 🥕 Wt and ht (or length) must be plotted on growth grid



# Correct Technique



Accuracy and consistency

- 🥕 Calibration of scales
- 🥕 Weighing infants
- 🥕 LBW or VLBW
- 🥕 Length for I/C under age 2
- 🥕 Wt for children over 2 and adults
- 🥕 Ht for children over 2 and adults
- 🥕 Blood test



# Blood Test Requirements



Category	Anemia Screening Schedule
Women: Pregnant	During their current pregnancy
Postpartum	After the termination of their pregnancy
BF	After the termination of their pregnancy <sup>1</sup>
Infants	Once between the ages of 9-12 months <sup>2</sup>
Children	Once between the ages of 12-24 months <sup>3</sup> (one blood test at or before 12 months <u>cannot</u> fulfill the requirements for the infant and the 12-24 month child screening) Annually between the ages of 24-60 months <sup>4</sup>



# Blood tests



## Hematological Tests

- Each applicant must have hemoglobin or hematocrit test to screen for anemia. These tests do not directly measure iron levels or distinguish among types of anemia. Other causes of anemia are possible, but iron deficiency anemia is by far the most common cause of anemia in children and women of childbearing age.
  - 🥕 The issue is not always a low iron diet
  - 🥕 Your LA may have a policy on when a low test is repeated
  - 🥕 Iron deficiency anemia in children has been linked with growth retardation, and deficits in development and cognitive function
  - 🥕 Blood test data are necessary and important in fully assessing nutritional risk, providing nutrition education, tailoring WIC food packages, and targeting WIC benefits to those at greatest risk
  - 🥕 Universal precautions



# Hgb



Participant	Hgb Level
Pregnant, 1 <sup>st</sup> Trimester	<11.0
Pregnant, 2 <sup>nd</sup> Trimester	<10.5
Pregnant, 3 <sup>rd</sup> Trimester	<11.0
Postpartum	<12.0
<24 months	<11.0
2-5 years	<11.1



# When is Hgb Required?



The regs call for a Hgb every 12 months or less

- Every certification other than infants below 6 months:
  - Children at certification/recertification
  - PG women at certification
  - BF and Postpartum women after the end of the pregnancy
  - Women or children, at their mid-cert assessment, if their Hgb was low at the most recent cert



# Weighing infants



## Policy: Weighing infants

- 🥕 Set the scale to zero
- 🥕 Ask parent to take off child's clothes, including diaper. If the clinic staff prefer to weigh infant with a diaper on, the weight of the diaper should be subtracted from the infant's weight
- 🥕 Confirm measurement value (**weigh a second time**)
- 🥕 Please consider reviewing the module on anthros in the online CPA training to be sure that you and your staff are doing anthros accurately



# LBW and VLBW



- 🥕 All premature LBW and VLBW (up to 2 years of age) are plotted at adjusted age in SPIRIT
- 🥕 Refer to AK P & P Chapter 2 for more information



# Recumbent length



## Policy: Measuring length of child under age 2

This procedure requires two persons:

- 🥕 Remove shoes
- 🥕 One person positions the head against the headboard with child looking straight up
- 🥕 The other person then straightens the infant's legs with the toes pointing upwards and moves the heel board until it is flat against the bottom of the feet. Make sure it is against both heels
- 🥕 Record to nearest 1/8 inch
- 🥕 Confirm measurement value (**measure a second time**)



# Measuring Height



## Policy for children 2-5 years and adults

- 🥕 Have participant remove shoes
- 🥕 Have participant stand with heels, buttocks, shoulders and head against measuring board or wall with weight distributed evenly on both feet. Arms should hang freely by the sides with the palms facing the thighs. Line of vision should be straight ahead.
- 🥕 Move triangle down until it touches top of head with sufficient pressure to compress the hair. (Be sure children do not hunch down)
- 🥕 Ask client to take a deep breath and maintain a fully erect posture
- 🥕 Record measurements to the nearest 1/8 inch
- 🥕 Confirm measurement value (**measure a second time**).



# Dietary Assessment



- 🥕 Applications include the VENA Health Outcome based approaches
- 🥕 LAs are required to assess diet for all participants
- 🥕 Nutritional risk assigns priority group
- 🥕 The ranking of the priority is based on the severity of the risk. Priority I is the highest risk.
- 🥕 The lists of risks and ranking by category can be found in AK P & P Chapter 2



# VENA



VENA competencies needed in order to reach a participant centered assessment, counseling and education approach are:

- Knowledge of principles of life-cycle nutrition
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- Multicultural awareness
- Critical thinking



# High Risk Participants



Certified as HR if the assessment indicates they are at special risk of an adverse health outcome

- 🥕 Must be referred to an RD, or person holding BS or MS degree in nutrition
- 🥕 High risk care plan must be developed as soon as possible and within 2 months of certification
- 🥕 CPA can implement or follow up on the care plan
- 🥕 Examples: AK P & P Chapter 2



# HR



High Risk Code Table: Alaska WIC (Revised June 2013)

USDA	I	C	PG	BF	NBF	Risk Factor
103	☆	☆				Underweight or at Risk for Becoming Underweight
131			☆			Low Maternal Weight Gain
134	☆	☆				Failure To Thrive
141	☆					Low Birthweight ((Birth weight <5 lbs.)
142	☆					Prematurity (< 37 weeks gestation) (1 <sup>st</sup> year of life)
151	☆					Small for gestational age
201	☆	☆	☆	☆	☆	Low Hematocrit/Low Hemoglobin (Hgb <9 gms/dl or Hct, <30%)
302			☆			Gestational Diabetes
331			☆	☆		Pregnancy at a Young Age Conception (≤ 15 years, PG/BF)
335			☆	☆		Multifetal Gestation
345	☆	☆	☆	☆	☆	Hypertension (Includes Chronic and Preg Induced)
351	☆	☆	☆	☆	☆	Inborn Errors of Metabolism
353	☆	☆	☆	☆	☆	Food Allergies (HR up to 1 year of certification)
354	☆	☆	☆	☆	☆	Celiac Disease
360	☆	☆	☆	☆	☆	Other Medical Conditions
362	☆	☆	☆	☆	☆	Developmental/ Sensory/ Motor Disabilities: Feeding Problems (HR up to 1 year of certification)
382	☆	☆				Fetal Alcohol Syndrome (FAS) (HR up to 1 year of certification)
602				☆		BF Complications or Potential Comp's (Women)
603	☆					BF Complications or Potential Comp's (Infants)



# ENPR



- 🥕 ENPRs must be approved by a dietitian
- 🥕 Policy in Chapter 3 describes use of ENPR
- 🥕 Food Package III packages are reserved for the medically fragile who require the oversight of a health care provider
- 🥕 In SPIRIT, this is usually accomplished by deleting some foods in a package and adding other(s)





# ENPR



## Food Package III Qualifying Conditions

Participant Category	Non-qualifying Conditions	Qualifying Medical Conditions
<p>Infants (up to 12 months)</p>	<ul style="list-style-type: none"> <li>• Non-specific formula or food intolerance</li> <li>• Only condition is a diagnosed formula intolerance or food allergy to lactose, sucrose, milk protein or soy protein that does not require an exempt infant formula</li> </ul>	<ul style="list-style-type: none"> <li>• Premature birth</li> <li>• Low birth weight</li> <li>• Failure to thrive</li> <li>• Inborn errors of metabolism</li> <li>• Metabolic disorders</li> <li>• Gastrointestinal disorders</li> <li>• Malabsorption syndromes</li> <li>• Immune system disorders</li> <li>• Life threatening disorders, diseases and medical conditions that impair ingestion, digestion, absorption or utilization of nutrients that could adversely affect the participant's nutrition status</li> </ul>
<p>Children (up to five years of age)</p>	<ul style="list-style-type: none"> <li>• Solely for the purpose of enhancing nutrient intake or managing body weight without an underlying condition</li> <li>• Lactose intolerance</li> <li>• Participant preference</li> </ul>	<ul style="list-style-type: none"> <li>• Premature birth</li> <li>• Low birth weight</li> <li>• Failure to thrive</li> <li>• Inborn errors of metabolism</li> <li>• Metabolic disorders</li> <li>• Gastrointestinal disorders</li> <li>• Malabsorption syndromes</li> <li>• Immune system disorders</li> <li>• Life threatening disorders, diseases and medical conditions that impair ingestion, digestion, absorption or utilization of nutrients that could adversely affect the participant's nutrition status</li> </ul>
<p>Women</p>	<ul style="list-style-type: none"> <li>• Solely for the purpose of enhancing nutrient intake or managing body weight without an underlying condition</li> <li>• Lactose intolerance</li> <li>• Participant preference</li> </ul>	<ul style="list-style-type: none"> <li>• Inborn errors of metabolism</li> <li>• Metabolic disorders</li> <li>• Gastrointestinal disorders</li> <li>• Malabsorption syndromes</li> <li>• Immune system disorders</li> <li>• Life threatening disorders, diseases and medical conditions that impair ingestion, digestion, absorption or utilization of nutrients that could adversely affect the participant's nutrition status</li> </ul>



# ENPR



- Participants medically fragile enough to require FP3 must also require formula; children and women receive a food package in addition to formula
- In addition, the AK ENPR covers infant foods for children and women (in place of the fruit and vegetable voucher); extra formula in lieu of foods for infants 6-11 months; and infant cereals for children or adults (in lieu of regular cereal)
  - Infant foods for children and women still require approval if the USDA- until the next version of SPIRIT rolls out

**Alaska WIC Nutrition Program Enteral Nutrition Prescription Request Form**

State of Alaska Department of Health & Social Services/Public Assistance

Please Fax to \_\_\_\_\_

Prescription must be completed by Health Care Provider (must be eligible to write prescriptions in AK)

Client Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent's/Caregivers Name \_\_\_\_\_ Address: \_\_\_\_\_

Medicaid Eligible?  No  Yes Medicaid # \_\_\_\_\_ End date \_\_\_\_\_

Current Measurements (if available): Medical date \_\_\_\_\_ Ht = \_\_\_\_\_ in/cm Wt = \_\_\_\_\_ lbs/kg

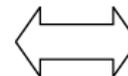
<p align="center"><b>Infant</b></p> <p>FORMULA _____</p> <p><i>PRESCRIBED AMOUNT OF FORMULA:</i>  <input type="checkbox"/> MAXIMUM ALLOWABLE OR <input type="checkbox"/> _____ OUNCES                  (RD can calculate, based on current weight)</p> <p>Was another Formula Tried <input type="checkbox"/> Yes <input type="checkbox"/> No                  Formula Tried _____</p> <p align="center"><b>INFANTS 6-11 MONTHS</b></p> <p><i>Check foods to avoid:</i>  <input type="checkbox"/> Infant Cereal  <input type="checkbox"/> Infant Fruits/Vegetables</p> <p><input type="checkbox"/> PROVIDE NO INFANT FOODS, AND INCREASE FORMULA AMOUNT</p> <p>DURATION: <u>12 MONTHS</u> OR _____ MONTHS</p>	<p align="center"><b>CHILD/ WOMEN</b></p> <p>FORMULA _____</p> <p><i>PRESCRIBED AMOUNT OF FORMULA:</i>  <input type="checkbox"/> MAXIMUM ALLOWABLE OR <input type="checkbox"/> _____ OUNCES  <input type="checkbox"/> WHOLE MILK IN ADDITION TO FORMULA</p> <p><i>FOOD PRESCRIPTION (check one)</i>  <input type="checkbox"/> Allow Age appropriate WIC foods.                  Exceptions specify: _____</p> <p><input type="checkbox"/> No solid foods: offering solids is contraindicated at this time, provide medical formula only.</p> <p><input type="checkbox"/> Infant cereal  <input type="checkbox"/> Infant fruits and vegetables  <input type="checkbox"/> Allow WIC registered dietitian to prescribe supplemental WIC foods</p> <p>DURATION: <u>12 MONTHS</u> OR _____ MONTHS</p>
--	--

**CHOOSE AT LEAST ONE DIAGNOSIS OR WRITE IN SPACE PROVIDED**

(QUALIFYING CONDITION – MEDICAL DIAGNOSIS WITH ICD-9 CODE)

Growth issues	Medical issues	Development issues	
Failure to Thrive (783.41)	Severe gastrointestinal issue (536.9)	Developmental sensory/motor delays (783.4)	
Inadequate growth (783.40)	Malabsorption syndromes (579.9)	Fetal Alcohol Spectrum (760.71)	
Prematurity (765.10)	Genetic-congenital disorders (740-759)	<b>Pregnancy issues</b>	
Low birth weight (765.10)	Metabolic disorders/Inborn errors of amino acid metabolism (277.9)	Low maternal weight gain (646.8)	
	Food allergies (693.1)	Maternal weight loss during pregnancy (783.2)	
<b>Blood issues</b>	Celiac disease (579.0)	Multifetal gestation (783.2)	
Anemia (281.9)	Heart/circulatory/respiratory diseases (390-519)	<b>Vegan diet</b>	
	Persistent dermatological condition (692.9)	Vegan Diet	
<b>Other medical diagnosis</b> (some conditions may not qualify for special formula through WIC)			
			ICD-9 code _____

Signature \_\_\_\_\_ Date \_\_\_\_\_



Medical Provider Address & Phone

Medical Provider Name \_\_\_\_\_ Provider Medicaid ID # \_\_\_\_\_



# Year Long Certs



- 🥕 Children in Alaska receive year long certs
- 🥕 Mid –cert assessments (MCAs) are required for all categories with certifications longer than 6 months
  - 🥕 Infants certified before 6 months
  - 🥕 Children
  - 🥕 BF women
- 🥕 A regular nutrition assessment is required at the MCA
- 🥕 Policy went out recently on how to follow up with rural clients



# Goals



- 🥕 Every participant needs to set a goal at certification
  - 🥕 Goal must be set by participant, and relate to a risk factor (unless the client has another interest, in which case that needs to be documented in the chart)
  - 🥕 Assisting with goal setting takes practice and active listening
- 🥕 The goal is to be revisited at the quarterly education
  - 🥕 If the client completes [wichealth.org](http://wichealth.org), a follow up call can be made and documented in the chart
  - 🥕 Or, follow up can occur at the next certification and documented in the chart



# Quarterly Nutrition Ed Contact



AK P & P Manual, Chapter 2

- 🥕 Required for each family member receiving WIC
- 🥕 Interactive- not newsletters or bulletin boards
- 🥕 Follow up on risk factor(s)
- 🥕 At least two documented attempts must be made to reach rural clients before checks are sent (preferably on separate days, and in the afternoon if possible)
- 🥕 Document in the client's note, or on the family page



# Quarterly Nutrition Ed



## Video-teleconferencing

- 🥕 Required for 20% of participants not seen face to face
- 🥕 Reported on the quarterly report
- 🥕 Brings us into alliance with USDA requirement to see our participants face to face



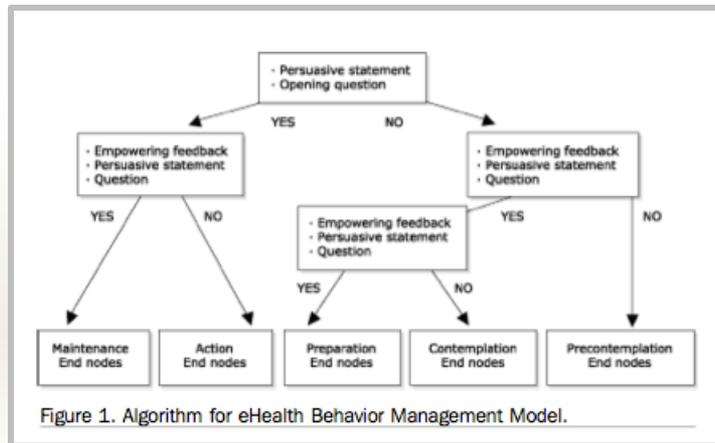
# What is wichealth.org?

- Stage-based, client-centered, behavior change nutrition education for WIC clients
- 26 lessons available
- Available for English and Spanish speaking clients





# Theories behind wichealth.org



- Stages of Change
- Persuasive Communication
- Behavior Intent

# Stages of change

## **Pre-Contemplation (PC)**

Not interested in changing; not aware of risks of the behavior

## **Contemplation (C)**

Interested in changing

## **Preparation (P)**

Ready to start taking steps to change the behavior

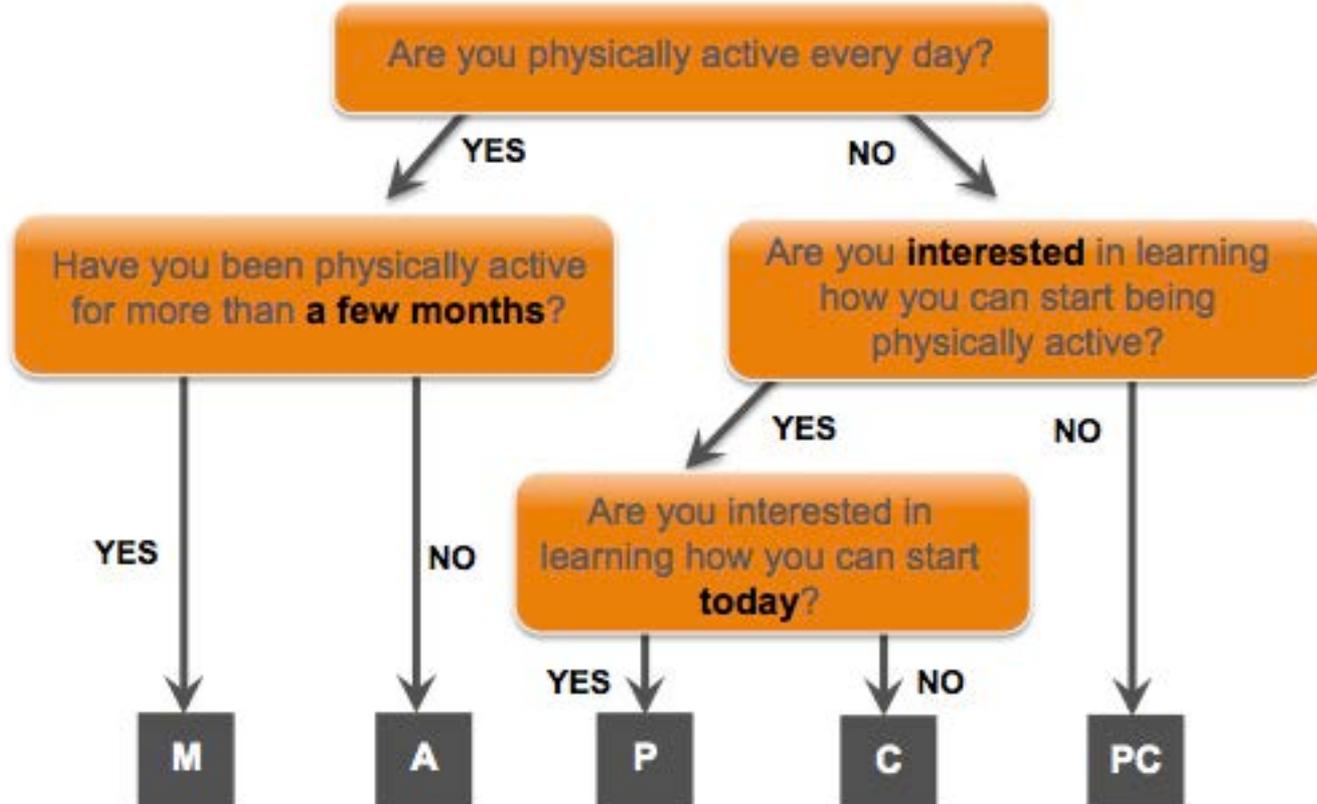
## **Action (A)**

Has recently changed the behavior

## **Maintenance (M)**

Has engaged in a healthy behavior for more than a few months

# Applying the stages of change





# Nutrition Ed. Plans



## Purpose

- To describe the requirements that goals and objectives must be included in the Local Agency's Nutrition Education Plan.

## Policy

- **Nutrition Education Plan Goals and Objectives**
- Objectives should be outcome oriented statements that are measurable and quantifiable. They are used to measure progress toward goals.
- Objectives should:
  - describe realistic, achievable and measurable outcomes;
  - define the period of time required for implementing or completing the objective;
  - illustrate a solution to, or an improvement of, a specific situation or condition; and
  - define the criteria that will be used to measure progress, including statistical information, and changes in prevalence in certain risk factors
- For example: “The prevalence of breastfeeding at the postpartum visit will increase from 50% to 70% of participants as indicated on SPIRIT Report ”



# Nutrition Ed. Plan Requirements

## At a minimum, the plan must include:

- 🥕 A needs assessment of the Local Agency area's demographic, geographic, cultural, and other factors which may affect the provision of nutrition education. For example, a high percentage of Hispanics may indicate the need for classes conducted in Spanish, or a high incidence of baby bottle tooth decay may indicate nutrition education on dental health as a high priority;
- 🥕 A list of Local Agency goals and measurable objectives for nutrition education processes and procedures;
- 🥕 A description of how nutrition education will be provided to all adult participants, parents/caretakers of infant and child participants and wherever possible, child participants; and
- 🥕 A description of a system for integrating, where possible, the services of community resources such as the Expanded Food and Nutrition Education Program or Head Start with the nutrition education services provided to the participants
- 🥕 Logic Model incorporating PCS



# Logic Models



 **What's your experience?**



# Logic Models



- 🥕 Logic model can be a useful tool for reaching your goals
- 🥕 Once you determine what you want to achieve, a Logic Model will form a step by step framework that you can reference to monitor your progress
- 🥕 Your agency already has a LM, and if you need a copy please let me know
- 🥕 LM follow up is a part of each quarterly report
- 🥕 Also, I'm calling all LAs periodically to see how things are going



# Logic Models



- The Alaska Department of Health and Social Services (DHSS) is moving towards outcome based performances that can measure how our efforts impact Alaska citizens. The **Logic Model** is a tool to help with the development and evaluation of an outcome based Nutrition Services and Education Plan. It can be thought of as a picture of how your organization does its work. The logic model links outcomes (both short- and long-term) with the processes necessary to achieve them. The logic model process facilitates thinking, planning, and communications about program objectives and actual accomplishments. It acts as a road map for your program, highlighting what activities need to come before others, and how desired outcomes are achieved.



# Logic Models

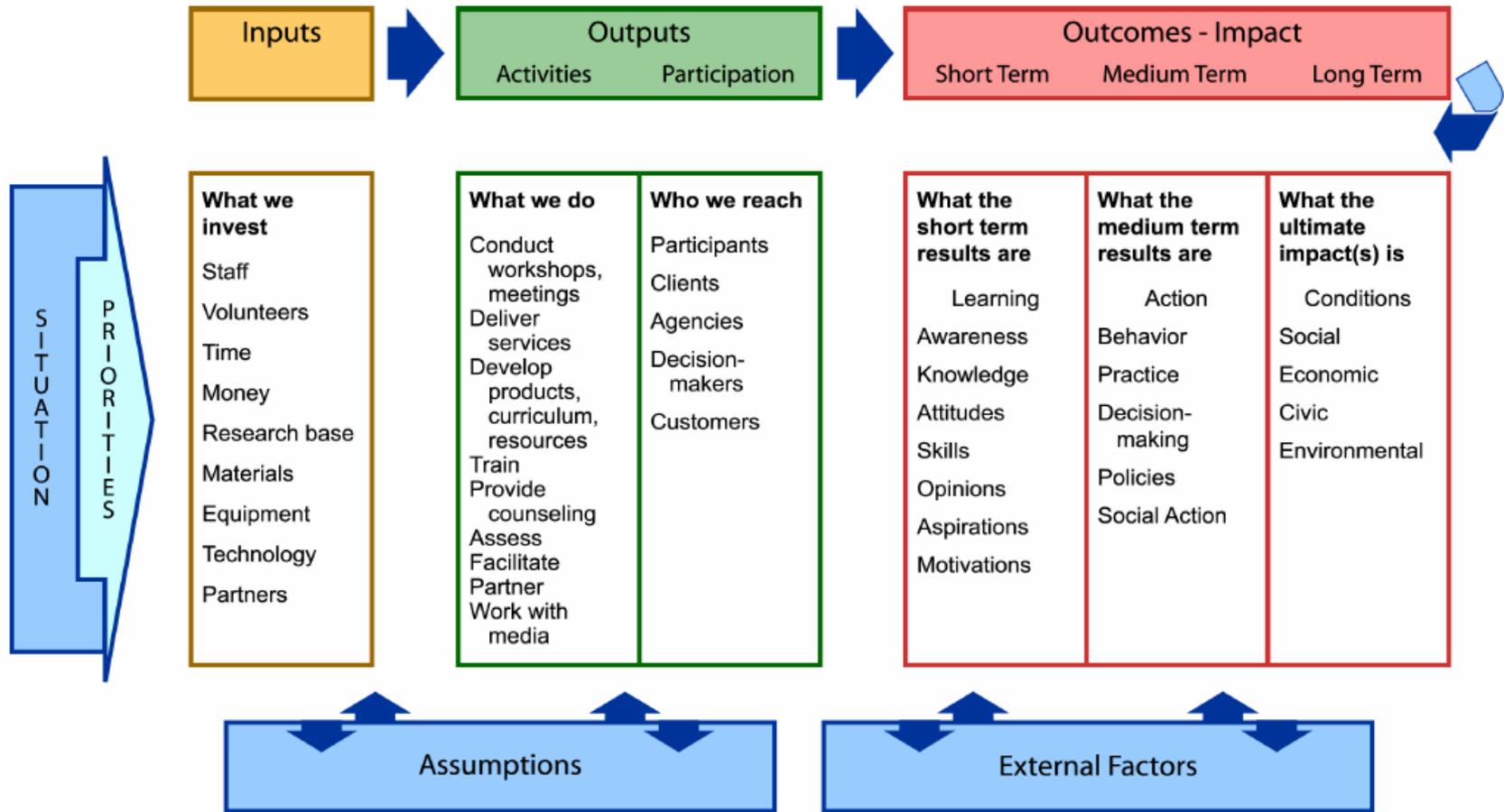


- The Alaska WIC goal area for FY 15 is:

## **Participation (Caseload building)**

- Alaska Department of Health and Human Services focus is on supporting results, not activities. The emphasis is on accurately measuring efficiency (making the best use of resources) and effectiveness (how well were services delivered) by each department. The DHSS priorities are (1) Health and Wellness Across the Life Span, (2) Health Care Access, Delivery and Value, and (3) Improve the Health Status of Alaskans.
- In an effort to align the impact of WIC outcomes with the priorities of the DHSS, we have chosen to address the first priority, “Health and Wellness across the Lifespan,” and using it to evaluate the first goal area of WIC, “Participation.”
- Using the basic instructions on page 2, please complete the template on page 3 with inputs, participation and outputs specific to your local agency. All activities chosen should be measurable.
- Please complete the evaluation on page 4. Define the performance measures that will be used to measure progress towards meeting the outcomes. A performance measure is usually a collection of data that demonstrates a change of the lack of change in a targeted condition, and evaluates progress toward reaching the short-term, intermediate-term, and long-term outcomes. Chose performance measures that are achievable and measurable. Give an indication of the time line.

# Logic Model





# Logic Models



- Program: \_\_\_\_\_ (name) \_\_\_\_\_ Logic Model
- Priority: Health and Wellness Across the Life Span

Inputs	Outputs		Outcomes -- Impact		
	Activities	Participation	Short	Medium	Long
	1. 2. 3.	Staff	<b>Learning, Knowledge, Skills</b>  Staff know how to best serve partner agency  Staff aspire to enjoy serving client and feel satisfied with their work	<b>Action, Behavior, Practice</b>  Regular outreach to partner agencies  Staff deliver good customer service	<b>Ultimate Impacts</b>  Everyone eligible for WIC receives WIC education and food benefits
	1. 2. 3.	Clients	People know who to call and where clinics are located  Participants are motivated to make healthy choices  Other:	Low income eligible people come to WIC when they have nutrition challenges	
		Other:			

### Assumptions

- (Core Service) Protect and promote the health and wellness of Alaskans
- (Core service) Improve health status of Alaskans
- Parents want to provide the best nutrition for their children
- People generally know healthy and unhealthy eating behaviors.
- Continuing the status quo will not produce a new result.

### External Factors

- Clinics are busy and there are many activities to accomplish
- Clients are busy with many demands on their time
- Hard to make good food choices with conflicting health messages
- "Big advertising" competes with healthy food messages, and makes it harder to make healthy choices



# Nutrition Themes



Found on the Website under “Nutrition Education”

<http://dhss.alaska.gov/dpa/Pages/nutri/wic/wiceducation.aspx>

- 🥕 Water, water
- 🥕 Playtime
- 🥕 Family Mealtime and Breastfeeding
- 🥕 Fruits and Vegetables



State of Alaska • DHSS • Division of Public Assistance • Family Nutrition Program (WIC) • Supplemental Nutrition Education and Obesity Resource Center for Parents and Children • Southeast Regional Health Consortium • Tanana Chiefs Conference • Valdez Cordova Copper Center Region • Yakon Kuskokwim Health Corporation • USDA is an equal opportunity provider



# CPA Training Program Overview



- 🥕 Self-paced modules (online)
- 🥕 Preceptor supervised experiences (Skills Checklists)
- 🥕 Final knowledge exam and practical exam





# CPA Training



- Getting New Trainees Started
- Have the training read the WIC CPA Training Policy and Procedure Manual
- Decide on the appropriate preceptor for the trainee
- Complete and email the CPA Training Application and Learning Agreement to UAA
- After receiving the application and learning agreement, UAA will send the trainee information to set up a training account on the State of Alaska Learning Management System (LMS)
- The trainee will need to check out a WIC CPA training kit and each kit has everything needed for the training program
- The training is available for preceptors to view using the Preceptor Training Access-see document “Access Alaska WIC Training” (all of the training is available to view except for quizzes and tests)
- There are skills checklists for most modules and they are required to be signed by the preceptor. Once they are signed they will need to be scanned and saved as a PDF so that the training can upload them into the training program. It will then be approved by training staff and become part of their training record.



# BFPC Training



- Breastfeeding Peer Counselor Training
- Read and have trainee read the **Breastfeeding Peer Counselor Training Guide**
- Complete and email BFPC Learning Agreement to UAA
- After receiving the BFPC learning agreement, UAA will send the trainee information to set up a training account on the State of Alaska Learning Management System (LMS)



# BFPC Training



- The trainee will need to check out a training kit and each kit has everything needed for the training program with the exception of the required DVDs. If your clinic has more than one BFPC training kit only the first kit contains the required DVDs.
- The training program contains 13 self-paced modules (online)
- The training is available for preceptors to view using the Preceptor Training Access- see document “Access Alaska WIC Training” (all of the training is available to view except for quizzes)
- Preceptor supervised experiences (Skills Checklists). There are skills checklists for all of the modules and they are required to be signed by the preceptor. Once they are signed they will need to be scanned and saved as a PDF so that the training can upload them into the training program. It will then be approved by training staff and become part of their training record.



# CPA And BFPC



## How Can You Help Trainees

- Allow training time
- Serve as preceptor or choose an appropriate preceptor for your trainee
- Assist with technology issues as able or contact us or your IT department for help
- Allow access to email and internet as able
- Let us know if problems arise
- Be encouraging and positive!



# CPA And BFPC



- Continuing Education
- 12 hours per year of continued education related to CPA competencies with no more than 3 hours from one competency area
- Coordinator tracks continuing education
- Continuing education tracking form available online



# CPA Training



- <http://wictraining.uaa.alaska.edu>
- Our website has training program applications and information. There is also information for accessing the CPA Training program courses with guest access.
- Danielle Rybicki
- Office: (907) 786-4936
- Fax: (907) 786-1436
- Email: [drrybicki@uaa.alaska.edu](mailto:drrybicki@uaa.alaska.edu)



# Thank You!

