

# Connections

Helping You ... Helping Others

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## Outreach & Caseload

### New Outreach Display Panels

New outreach display panels will be arriving on your clinic door steps soon!

There will be two sets of panels:

1. Participants – these panels should be used at events where you are promoting WIC to potentially eligible participants. The panels are simple, clear, and eye-catching.
2. Stakeholders – these panels were created for health care partners, legislators, or other potential WIC stakeholders. They include statistics about how WIC benefits the community.

A big thank you to staff in PHD 3 for your help in reviewing the panels! .....

### WIC Research to Practice Hot Topic: Caseload Decrease

This resource from the [National WIC Association](#) includes:

- \* Tips for participant retention and outreach activities. Examples include postcards to families who had left WIC, Public Service Announcements, posters and newspaper advertisements.
  - \* Reinforcing the fact that WIC is not only a program that supports pregnant women and infants.
  - \* Importance of understanding WHY a caseload is decreasing.
- .....

### Roadmap for Ending Hunger: Expand WIC Outreach through Advocacy Partnerships

Advocacy partnerships are essential to reach the millions of mothers and children who could benefit from WIC's healthy foods and nutrition services. This article from [Food Research and Action Center](#) includes ideas to help more families overcome barriers to WIC participation, such as:

- \* Correct common misconceptions
- \* Facilitate access to WIC
- \* Generate demand
- \* Use of Websites and Social Media



## NEW Idaho WIC Website

The Idaho WIC Website has been given a face lift! If you have not had a chance to check it out, you can access the website [here](#). The following is some helpful information to help you better navigate the new site and locate some frequently used items.

- \* The new training/guidebooks can be found on the Training page. You can find this page through the drop down links located at the top of every page.
- \* A Website Scavenger Hunt was created to help you utilize the site better. This can also be found at the bottom of the Training page, under the column titled Training Links.
- \* If you need assistance with the website or notice anything that needs to be updated or fixed, please contact the WIC Helpdesk at 1-208-334-4905 or toll free at 1-800-942-5811.



## Helpdesk Reminder

For participants categorized as I, C, B: if a Health Screen will be required, the certification staff note (automatically generated by WISPr once certified) will say “Health Screen availability range [start-end date].” Or, if no HS will be due it will say “No Health Screen required.” The categories that qualify for one year certification that are initially given a temporary certification will not show the HS dates until their certification is changed to a regular length once proof is provided.

## Helpdesk FAQs

*Q: Why does Adjunctive Eligibility (AE) not show up even though the participant states that they have Medicaid?*

A: Ensure that the participant’s date of birth is accurate and that the name is spelled correctly. This is the most common reason that AE does not appear. Another common reason is that the participant is currently in ACTIVE status. AE information can only be updated if participant is in APP or TEMP status.

*Q: Why are risk codes appearing on the participant’s care plan that no longer apply to them (or was not addressed on the participant’s assessment interview)? Ex: Risk 372: Alcohol and Illegal Drug Use is appearing on the care plan, but participant answered ‘no’ to all questions pertaining to this risk on their assessment.*

A: If a previous care plan was not saved, the risk codes from the care plan will roll over onto the current care plan. If you are confused by any risk codes that are appearing, review previous care plans and assessments. To fix this issue, you must complete a new care plan.

## New WIC Clinics

Congratulations to Public Health Districts 1, 4 & 5 for opening their new clinics!

PHD1: Clinic 111—Post Falls

PHD 4: Clinic 413—Marian Pritchett

Clinic 414—Kuna

Clinic 415—Meridian



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## Vendor Bulletin

Mead Johnson is changing packaging in March 2016. Enfacare RTF will change from a quart to 8 oz bottles in a 6-pack. WIC checks will need to be updated/changed. Some stores will have the old product packaging and some will have the new. Enfacare RTF is not frequently issued. There will be two food packages in WISPr—one with old packaging and one with new packaging. The easiest way is to call the store before issuance and then issue the appropriate package. If there is not enough time, choose a package and the RA will have to exchange the checks if they can't find the appropriate packaging. In this case, encourage participant to call the store (s) ahead of going.

## **Coming soon ...**

Similac will soon be changing the can size for Alimentum powder. Please watch for more information in the spring.

## New packaging



## Old packaging



## Participant Centered Services (PCS)

### **The Power of Affirmations**

When was the last time someone told you that you were doing a great job? How did it make you feel? Perhaps you felt appreciated, proud of yourself, and even more committed to continuing your important work. All of us want to feel good about ourselves and be the best we can be.

How often do our WIC parents/caregivers hear that they are doing a good job? In the outside world most parents receive very few affirmations for their hard work. At home they rarely hear from their children *“you know what – you’re a great mom!”*

Many traditional nutrition messages can make people feel guilty about what they do or inadequate as parents and role models. Helping moms feel good about themselves and the incredible influence they have in their children’s lives is more likely to lead to positive behavior change. It’s ironic, but sometimes just knowing someone thinks you’re fine precisely the way you are is enough to create confidence towards making positive changes in life. This is the power of affirmation.

We also have the awesome ability to help a mom feel like she is not alone, that we *“hear that worry from lots of mothers,”* and that *“it’s perfectly normal.”* The more we can affirm our moms, the more likely they will grow to feel that WIC is a safe and welcoming space – a place to come for a sense of hope, guidance, and support.

## **eWIC Update/WIC EBT**

Public Knowledge, our planning contractor, has surveyed and/or interviewed key staff and participants about implementing eWIC. Their next task is to contact a sample of retailers to gain their insight. eWIC planning is moving quickly and on schedule. Please feel free reach out with any questions you might have.



## When to Assign Nutrition Risk Criteria 601, 701 and 702

**Risk 601 Breastfeeding Mom of Infant at Nutritional Risk** and **702 Breastfeeding Infant of Mom at Nutritional Risk** are used to keep the mother/infant dyad at the same priority level. This is important for WIC eligibility purposes. Use the risk codes in the following four instances:

### **Mother**

- \* Use *risk 601* for a mother if she does not have a nutrition risk that qualifies her for WIC, but her infant does.
- \* Use *risk 601* if the mother has a lower priority risk (such as diet related), and her infant has a higher priority risk (i.e. anthropometric, biochemical, or clinical risk). This will raise the mother to the same priority level as the infant.

### **Infant**

- \* Use *risk 702* for an infant who does not have a nutrition risk that qualifies him for WIC, but his mother does.
- \* Use *risk 702* if the infant has a lower priority diet risk and his mother has a higher priority risk such as an anthropometric, biochemical, or clinical risk. This will raise the infant to the same priority level as the mother.

**Risk 701 Born to WIC Mom/Born to Potential WIC Mom** is used in two instances only:

- \* Use *risk 701* for an infant less than 6 months old, whose mother was on WIC during her pregnancy.
- \* Use *risk 701* for an infant less than 6 months old, whose mother was not on WIC during her pregnancy, but who had an anthropometric, biochemical, or clinical risk during her pregnancy which would have qualified her for WIC.

**Risks 701 and 601 should not be used together.** Using *risk 701* already connects the infant's risk with the mother, so it would be redundant to then connect the mother's risk back to the baby.

**Example:** Ethan is a healthy 2-week-old infant who is at WIC for certification and there was no nutrition risk identified during the nutrition assessment process. His mother was not on WIC during her pregnancy, but tells you she was diagnosed with anemia which has since then improved. Knowing that anemia during pregnancy would have qualified his mother for WIC, Ethan is assigned *risk 701*. Even though Ethan's mother is breastfeeding, she can't be assigned *risk 601* (unless Ethan had another risk not dependent on his mother). The mother should be assessed further for other risk(s) to certify her.

## Breastfeeding and Peer Counseling

**WIC's definition of breastfeeding:** The practice of feeding a mother's breast milk to her infant on the average of at least once a day. This includes women that are breastfeeding, pumping, or no longer breastfeeding or pumping but still feeding their infant their previously pumped breast milk.

**WIC's definition of 100% breastfeeding woman:** Must meet WIC's definition of breastfeeding and not receive any formula from WIC. This applies if a woman is not using formula or if she is acquiring formula from another source (Medicaid, purchasing, etc.). This definition will not only determine her food package, but also the percent breastfeeding that you enter into WISPr.



## Resources

All Idaho WIC clinics now have access to [\*Medications and Mothers' Milk\*](#) online. This website allows you to look-up specific medications to see the relative safety for use in breastfeeding moms. This resource should not take the place of a doctor, but can be used as a resource to educate the mom. Additionally, you can provide her with a print out she can bring to her doctor. For more information, speak with your agency's Breastfeeding Coordinator.

The Breastfeeding and Peer Counseling WISPr Quick Reference Cards (QRC's) have been updated and are available on the new Idaho WIC website under Staff/Training. There are three different guides that address the most common breastfeeding issues you will encounter in WISPr:

- \* [Breastfeeding Equipment \(WSCA\) Guide](#)
- \* [Breast Pump Rental \(RFNS\) Guide](#)
- \* [Breastfeeding Peer Counseling Guide](#)

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## LMS Training Guidebooks

Guidebooks are now available and can be located on the [WIC Website](#). The Guidebooks correspond with the [LMS TRAIN website](#).

The guidebooks were developed with a primary focus towards training new WIC CA staff. Use with other new staff and existing staff is being assessed and will be determined by Local Agency lead staff and the State office.

The Breastfeeding, Baby Behaviors, and Principles of Influence LMS Courses may must be accessed via the WIC Website (if unable to access in The TRAIN LMS by using the TRAIN Work Around QRC) and the Baby Behaviors online course and guidebooks are coming soon.

Some guidebooks have additional resources, located under the drop down links on the WIC Website where the Guidebooks are found.

Thank you to local agencies and those who presented input, as well as Arizona WIC for working with us.



## Customer Service Recognition Louisa Lohrmann

Clinical Assistant / Lead Peer Counselor

North Central Public Health



*“The rapport that she has with participants is outstanding, in that she remembers everyone's name and treats them all with respect and care.”*

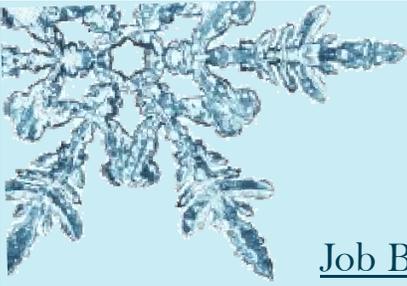


*“She is willing to take on extra work with eagerness.”*

*“She is an excellent listener, has great work ethic, and is self-sufficient.”*

Louisa's tip for great customer service:

***“Good customer service means being flexible and tailoring your approach to fit each participant's needs.”***



# Wellness Corner

## Job Burnout: How to Spot It and Take Action

According to Mayo Clinic Staff, “job burnout is a special type of job stress — a state of physical, emotional, or mental exhaustion combined with doubts about your competence and the value of your work” (2015). There are several indicators that point towards job burnout, possible causes, and consequences of job burnout. Fortunately, job burnout can be reversed and you can go back to life before the tumultuous experience.

### Indicators

- \* Cynical or critical at work
- \* Having to drag yourself to work and trouble getting started
- \* Irritability or impatience with co-workers, customers, or participants.
- \* Lack of energy resulting in inconsistent productivity
- \* Feeling disillusioned about your job
- \* Using food, drugs, or alcohol to feel better or not feel at all
- \* Change in sleep habits or appetite
- \* Unexplained headaches, backaches, or other physical ailments

### Possible causes

- \* Lack of control
- \* Unclear about job expectations
- \* Dysfunctional workplace dynamics
- \* Mismatching values
- \* Poor job fit
- \* Extremes of activity
- \* Lack of social support
- \* Work-life imbalance

### Consequences

- |                              |                              |
|------------------------------|------------------------------|
| * Excessive stress           | * Heart disease              |
| * Fatigue                    | * High cholesterol           |
| * Insomnia                   | * Diabetes                   |
| * Spillover in personal life | * Stroke                     |
| * Depression & anxiety       | * Obesity                    |
| * Substance abuse            | * Vulnerability to illnesses |

### What to do about job burnout

- \* Manage stressors that contribute to job burnout
- \* Evaluate your options
- \* Adjust your attitude
- \* Seek support
- \* Assess your interests, skills, and passions
- \* Exercise more
- \* Sleep more

Thank you for all you do to support and promote the health of women, infants and children in Idaho!

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The Idaho WIC Program is an equal opportunity provider.

