You Do A Lot

We Help A Little

Arizona WIC Program State Plan FFY 2017

CONTENTS

1.Goals and Objectives 1

1.1 Breastfeeding 3
Factors Influencing Breastfeeding 3
Healthy People 2020 Goals and Objectives 5
Performance and Outcome Status in Arizona 6
Bureau Strategies 10
Accomplishments Related to Strategies in 2016 11

1.2 Nutrition 29
Food Hardship 30
Outcome Indicators 30
Environment – Opportunities for Healthy Choices 37
Performance Indicators 39
Participant-Centered Education 41
Early Care and Education 43
Bureau Strategies 44
Accomplishments Related to Strategies in 2016 45

1.3 Physical Activity 53
Environment – Opportunities for Healthy Choices 58
Bureau Strategies 61
Accomplishments Related to Strategies in 2016 61

1.4 Obesity 65
Adults 65
Pregnancy and Weight in WIC 66
Youth 67
Children in WIC 68
Bureau Strategies 69
Accomplishments Related to Strategies in 2016 69

1.5 Administration and Management 73
Financial Administration and Management 73
Nutrition Services and Administrative (NSA) Expenditures 74
Food Expenditures 75
Nutrition Education Expenditures 76
Breastfeeding Expenditures 76
Program Integrity 76
Evaluating Reach In WIC 77
Penetration 79
Enrollment Trends 80
Retention 83
Bureau Strategies 83
Accomplishments Related to Strategies in 2016 84

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1. Goals and Objectives

This section provides a framework for evaluating the strategies and activities of various programs within the Arizona Department of Health Services (ADHS) Bureau of Nutrition and Physical Activity (BNPA), in the context of its overall goals, objectives, and plans. The primary outcomes that the Bureau pursues are to:

1. Increase the initiation, duration, and exclusivity of breastfeeding
2. Improve nutrition and decrease hunger
3. Increase physical activity and reduce sedentary behaviors
4. Reduce obesity and overweight

These outcomes are pursued within a context of quality, cost-effective, efficient services that are satisfactory to clients and partners. Although BNPA seeks to improve outcomes across the state, it is known that low-income residents are at higher risk for poor health outcomes and many programs target resources towards them in pursuit of reducing these disparities.

An array of services are administered through BNPA, which include direct services, such as provision of supplemental foods, nutrition education, and peer support, as well as an increasing emphasis on policy, systems, and environmental change. Two large United States Department of Agriculture (USDA) programs - Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and Arizona Nutrition Network (AzNN) - drive many of the Bureau's strategies, but there are also other activities that are pursued through grant activities and coordination with other prevention service programs. It is important to understand that a synergy between all programs is sought in order to leverage resources towards collective impact. This synergy, while desirable, poses a challenge in evaluating long-term change in terms of attributing cause to specific programmatic activity. Consequently, long-term population change should be attributed more to the sum of all activities taken together, while process indicators and short-term outcomes are attributable to specific programmatic activities.

BNPA evaluation plans appreciate the multicausal nature of long-term change. This document seeks to show how various programs contribute to overall goals and describe how all of the programs are expected to work together without duplication. Ideally, evaluation for each of the USDA State Plans should find a home within this overall framework.

In each of the four major goal areas, relevant medium- and long-term performance and outcome measures will be presented, showing progress across all programs and over time. Accomplishments related to goals will be described, and for each strategy, a modified logic model will include specific objectives from the previous year, actual performance during 2015, and objectives for the following year. In addition to the four main goal areas, the same kind of information will be presented in a fifth area, which relates to administration and management. This area will address topics related to operations, management, accountability, efficiency, and satisfaction. Each area will also include a summary of accomplishments referencing the logic model, as well as a discussion of what went well and what barriers were encountered, gaps, and how the direction will continue or change, based on what was accomplished and/or learned.

It is clear that all of the goal areas, including those related to business practices, are interrelated. For example, it is not possible to discuss obesity and overweight interventions without discussing breastfeeding, nutrition, food security, and physical activity.

However, for the purposes of this document, the topics are separated in order to better organize discussion around strategies. Please use the following chart to locate within Section 1 each of the functional areas from the federal guidance.

USDA-Required Functional Areas in Guidance	Arizona WIC State Plan Goals and Objectives Subsection
1. Vendor and Farmer/Farmers' Market Management	1.2 Nutrition 1.5 Administration and Management
2. Nutrition Services	1.1 Breastfeeding 1.2 Nutrition 1.3 Physical Activity 1.4 Obesity
3. Information Systems	1.5 Administration and Management
4. Organization and Management	1.5 Administration and Management
5. Nutrition Services and Administration Expenditures	1.5 Administration and Management
6. Food Funds Management	1.5 Administration and Management
7. Caseload Management	1.5 Administration and Management
8. Certification, Eligibility and Coordination of Services	1.5 Administration and Management
9. Food Delivery/Food Instrument/Cash Value Voucher/Cash Value Benefit Accountability and Control	1.2 Nutrition 1.5 Administration and Management
10. Monitoring and Audits	1.5 Administration and Management
11. Civil Rights	1.5 Administration and Management

1.1 Breastfeeding

Research has consistently shown that breastfeeding provides advantages in the areas of health, cognitive, and psychological development to an infant. Breastfeeding supplies the newborn with protection against disease and a reduction in the risk of death, and may protect against infections such as gastroenteritis and diarrheal disease, respiratory illness, and otitis media. The protection offered by breastmilk also extends beyond infancy, as breastfeeding may prevent celiac disease, diabetes, multiple sclerosis, sudden infant death syndrome, obesity, diabetes, and childhood cancer. Increasing the initiation and duration of breastfeeding may provide a low-cost, readily available strategy to help prevent childhood and adolescent illnesses, including obesity. Breastfeeding also improves maternal health and is economically and ecologically sound.

Factors Influencing Breastfeeding

Breastfeeding rates differ substantially by race, socioeconomic level, and other demographic factors. For example, among children born during 1982--1993, non-Hispanic black children were less likely than non-Hispanic white children to be breastfed at birth and at six months of age, within the same socioeconomic or other demographic subgroup.

In the United States, most new mothers do not have direct personal knowledge of breastfeeding, and many find it hard to rely on family members for consistent, accurate information and guidance about infant feeding. Further, although many women have a general understanding of the benefits of breastfeeding, they lack exposure to sources of information regarding how breastfeeding is actually carried out.

Women's early experiences with breastfeeding considerably affect whether and how long they continue to breastfeed. Lack of support from professionals has been identified as a major barrier to breastfeeding, especially among African American women. Mothers often identify support from health care providers as the single most important intervention the health care system could have offered to help them breastfeed. Short maternity hospital stays have shifted the responsibility for breastfeeding support to health professionals who provide ongoing health care. Their role is to give consistent and evidence-based advice and support to help mothers effectively initiate and continue breastfeeding. Because women's social networks are highly influential in their decision-making processes, they can be either barriers or points of encouragement for breastfeeding. New mothers' preferred resource for concerns about child rearing is other mothers. For example, advice from friends is commonly cited as a reason for decisions about infant feeding. Perceived social support has also been found to predict success in breastfeeding.

Birth facility policies and practices have a significant impact on whether a woman initiates breastfeeding and how long she continues. The World Health Organization (WHO) and the United Nations International Children's Emergency Fund (UNICEF) launched the Baby-Friendly Hospital Initiative (BFHI) to encourage maternity practices that promote exclusive breastfeeding. The Ten Steps of the BFHI were identified for every facility providing maternity services and care for newborn infants to support. Research has examined the degree to which the Ten Steps are being implemented in hospital and breastfeeding outcomes. Studies have found greater initiation and longer duration of breastfeeding, even in populations less likely to breastfeed, among women giving birth in facilities adopting these practices.

In fact, women giving birth at facilities which only implemented six of the Ten Steps were far more likely to continue to breastfeed at six weeks than women giving birth at hospitals that had implemented none of the steps.

Mothers are the fastest-growing segment of the U.S. labor force. Approximately 70 percent of employed mothers with children younger than three years old work full time. One third of these mothers return to work within three months after birth and two thirds return within six months. Working outside the home is related to a shorter duration of breastfeeding, and intentions to work full time are significantly associated with lower rates of breastfeeding initiation and shorter duration. Low-income women, among whom African American and Hispanic women are overrepresented, are more likely than their higher-income counterparts to return to work earlier and to be engaged in jobs that make it challenging for them to continue breastfeeding. Given the substantial presence of mothers in the labor force, there is a strong need to establish lactation support in the workplace. Barriers identified in the workplace include a lack of flexibility for milk expression in the work schedule, lack of accommodations to pump or store breastmilk, concerns about support from employers and colleagues, and real or perceived low milk supply.

HEALTHY PEOPLE 2020 GOALS AND OBJECTIVES

Healthy People has established baselines and goals for several key breastfeeding indicators in the Maternal, Infant, and Child Health (MICH) area. From the 2007-2009 National Immunization Survey (NIS), baselines were established for Objectives 21.1 through 21.5, which relate to increasing the proportion of infants who are ever breastfed and who are exclusively breastfed at various milestones. MICH Objectives 22 through 24 relate to workplace and hospital policies that promote breastfeeding. The table below shows the Healthy People 2020 Goals and Objectives related to breastfeeding, as well as the baseline data which informed setting the targets.

Table 1.1 Healthy People Goals and Objectives on Breastfeeding				
MICH Area	**Healthy People Objective**	**2010 Goal**	**2020 Goal**	**Baseline Measure (Source)**
MICH-21.1	**Increase the proportion of infants who are breastfed . . .** Ever	75	81.9	74% of infants born in 2006 were ever breastfed (2007-2009 NIS)
MICH-21.2	At six months	50	60.6	43.5% of infants born in 2006 were breastfed at six months (2007-2009 NIS)
MICH-21.3	At one year	25	34.1	22.7% of infants born in 2006 were breastfed at one year (2007-2009 NIS)
MICH-21.4	Exclusively through three months	40	46.2	33.6% of infants born in 2006 were breastfed exclusively through three months (2007-2009 NIS)
MICH-21.5	**Increase the proportion of infants who are breastfed . . .** Exclusively through six months	17	25.5	14.1% of infants born in 2006 were breastfed exclusively through six months (2007-2009 NIS)
MICH-22	Increase the proportion of employers that have worksite lactation support programs		38	25% of employers reported providing an on-site lactation/mother's room in 2009 (Employee Benefits Survey, Society for Human Resource Management [SHRM])
MICH-23	Reduce the proportion of breastfed newborns who receive formula supplementation within the first two days of life		14.2	24.2% of breastfed newborns born in 2006 received formula supplementation within the first two days of life (2007-2009 NIS)
MICH-24	Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and their babies		8.1	2.9% of 2007 live births occurred in facilities that provide recommended care for lactating mothers and their babies (Breastfeeding Report Card, CDC, NCCDPHP)

PERFORMANCE AND OUTCOME STATUS IN ARIZONA

Arizona's breastfeeding rates tend to be above national rates in terms of initiation and duration at 6 and 12 months. By 2007, Arizona met the Healthy People 2010 goal of 75 percent of mothers giving birth in Arizona initiating breastfeeding, although not all subpopulations had attained that level.

In October 2003, the United States Centers for Disease Control and Prevention (CDC) convened an expert panel of researchers who recommended an ongoing, national system to monitor and evaluate hospital practices related to breastfeeding. In 2007, the first national survey of maternity care practices, known as Maternity Practices in Infant Nutrition and Care (mPINC), was administered to every facility that routinely provides maternity care services. The survey is now conducted every two years; it includes 34 survey items which are scored into seven maternity care practice domains and summarized in an overall score from zero to 100, with a score of 100 representing the highest level of maternity care practices and policies.

In 2013, Arizona ranked twenty-ninth on the mPINC survey among all states, scoring a composite of 75. Table 1.2 shows Arizona's scores for each mPinc care dimension, as well as Arizona's rank for each.

Table 1.2 Arizona mPinc Care Dimension	2007		2009		2011		2013	
Labor and Delivery	%	*Rank*	%	*Rank*	%	*Rank*	%	*Rank*
Initial skin-to-skin contact is at least 30 minutes within one hour. (vaginal births)	31	*41*	50	*16*	61	*18*	74	*24*
Initial skin-to-skin contact is at least 30 minutes within two hours. (cesarean births)	27	*30*	41	*16*	44	*24*	62	*24*
Initial breastfeeding opportunity is within one hour. (vaginal birth)	32	*41*	47	*37*	56	*26*	58	*36*
Initial breastfeeding opportunity is within two hours. (cesarean births)	22	*43*	36	*33*	42	*37*	68	*17*
Routine procedures are performed skin-to-skin.	6	*43*	16	*31*	24	*32*	42	*24*
Subscore:	**58**		**64**		**72**		**82**	
Feeding of Breastfed Infants	%	*Rank*	%	*Rank*	%	Rank	%	*Rank*
Initial feeding is breastmilk. (vaginal birth)	51	*48*	66	*41*	66	43	68	*45*
Initial feeding is breastmilk. (cesarean birth)	36	*48*	44	*50*	58	42	68	*35*
Supplemental feedings to breastfed infants are rare.	13	*37*	16	*35*	28	17	13	*47*
Water and glucose are not used.	77	*15*	81	*19*	90	N/R	89	*25*
Subscore:	**46**		**75**		**83**		**80**	
Breastfeeding Assistance	%	*Rank*	%	*Rank*	%	Rank	%	*Rank*
Infant feeding decision is documented in patient chart.	97	N/R	92	N/R	98	N/R	97	N/R
Staff provide breastfeeding advice and instruction to patients.	83	38	82	42	90	N/R	90	N/R
Staff teach breastfeeding cues to patients.	81	17	87	13	78	40	90	N/R
Staff teach patients to not limit suckling time.	37	25	40	29	42	32	58	23
Staff directly observe and assess breastfeeding.	89	12	84	24	93	N/R	97	N/R
Staff use standard breastfeeding assessment tool.	61	21	71	13	76	13	79	11
Staff rarely provide pacifiers to breastfeeding infants.	15	38	17	41	44	17	45	29
Subscore:	**80**		**81**		**83**		**89**	
Contact Between Mother and Infant	%	*Rank*	%	*Rank*	%	Rank	%	*Rank*
Mother-infant pairs are not separated for postpartum transition.	71	11	74	12	68	19	82	18
Mother-infant pairs room-in at night.	86	6	90	N/R	98	N/R	100	N/R
Mother-infant pairs are not separated during hospital stay.	39	11	63	7	73	4	82	4
Infant procedures, assessment and care are in the patient room.	3	25	7	9	7	11	14	16
Non-rooming-in infants are brought to mothers at night for feeding.	54	50	83	22	83	30	100	N/R
Subscore:	**75**		**82**		**85**		**89**	

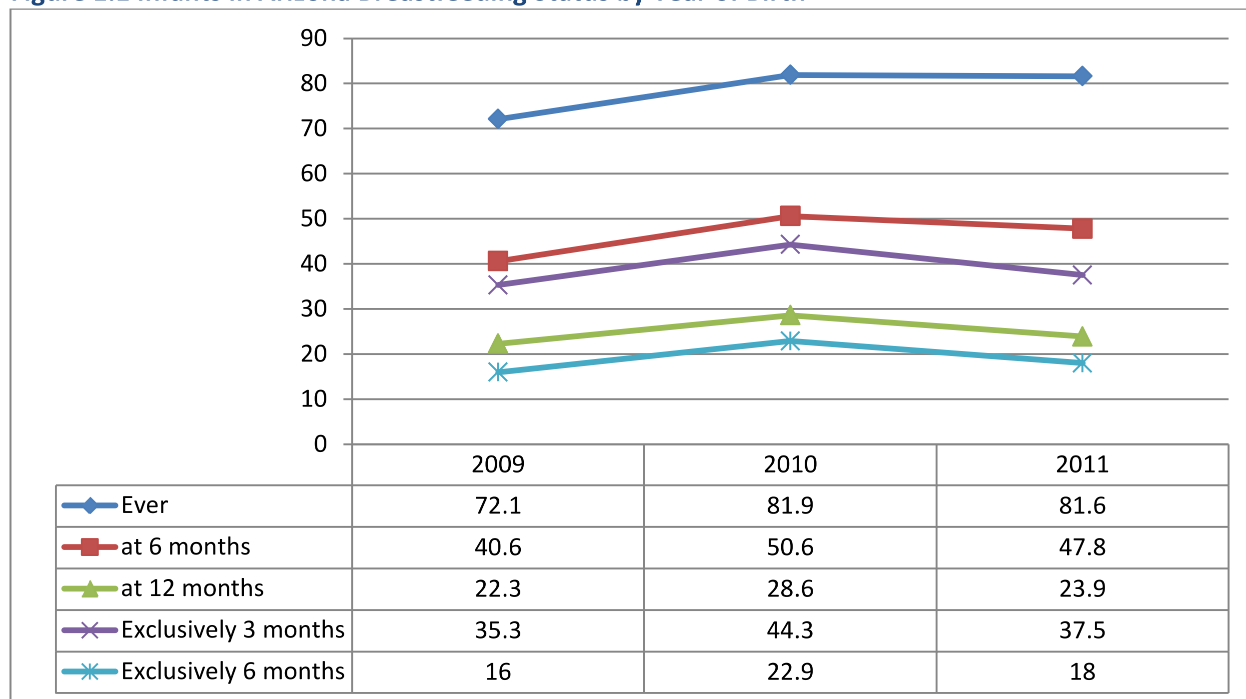
Table 1.2 Arizona mPinc Care Dimension	2007		2009		2011		2013	
Facility Discharge Care	**%**	***Rank***	**%**	***Rank***	**%**	**Rank**	**%**	***Rank***
Staff provide appropriate discharge planning.	3	50	21	31	20	41	16	49
Discharge packs containing infant formula and marketing of products are not given to breastfeeding patients.	25	23	18	40	56	19	76	24
Subscore:	**34**		**32**		**52**		**59**	
Staff Training	**%**	***Rank***	**%**	***Rank***	**%**	**Rank**	**%**	***Rank***
New staff receive appropriate breastfeeding education.	3	37	0	45	5	44	8	45
Current staff receive appropriate breastfeeding education.	25	27	14	21	34	5	21	35
Staff received breastfeeding education in the last year.	47	13	42	27	65	8	56	31
Assessment of staff competency in breastfeeding management and support is at least annual.	50	19	47	27	55	23	46	43
Subscore:	**52**		**50**		**62**		**55**	
Structural and Organizational Aspects of Care Delivery	**%**	***Rank***	**%**	***Rank***	**%**	**Rank**	**%**	***Rank***
Breastfeeding policy includes all ten model policy elements.	3	45	8	37	13	35	24	29
Breastfeeding policy is effectively communicated.	82	23	82	9	80	22	82	19
Facility documents infant feeding rates in patient population.	47	34	47	49	66	37	74	33
Facility provides breastfeeding support for employees.	57	31	65	26	75	19	70	31
Facility does not receive formula free of charge.	3	38	5	34	13	25	16	34
Breastfeeding is included in prenatal education.	81	45	89	35	98	N/R	97	N/R
Facility has designated staff member responsible for coordination of lactation care.	61	37	78	18	70	30	54	47
Subscore:	**62**		**65**		**72**		**71**	
	%	***Rank***	**%**	***Rank***	**%**	**Rank**	**%**	***Rank***
Composite mPinc Scores and Ranks	**62**	***25***	**64**	***24***	**73**	***16***	**75**	***29***

The CDC has implemented a breastfeeding report card, which includes aspects of some of the measures outlined above, plus some other factors that characterize individual, institutional, and policy support for breastfeeding. Table 1.3 shows some of the factors that can be compared between Arizona's 2013 and 2014 reports.

Table 1.3 CDC Report Card: Individual Breastfeeding Support Scores	2013	2014
Percent of live births occurring at Baby-Friendly facilities	0.9%	1.7%
Percent of breastfed infants receiving formula before two days of age	33.3%	26.6%
Number of La Leche League Leaders per 1000 live births	0.89	1.01
Number of IBCLCs per 1000 live births	3.12	3.33
State's child care regulation supports on-site breastfeeding	Yes	Yes

The CDC Breastfeeding Report Card also includes breastfeeding rates from the NIS for infants born in 2009, 2010, and 2011. These rates are based on a dual-frame sample, which includes interviews conducted via landline and cellular phones. Some of the rates may differ from rates that have been seen before for the same time period, which were based solely on landline interviews. Figure 1.1 shows the percent of infants in Arizona who were ever breastfed, breastfed at 6 months, and breastfed at 12 months, for births to all women in Arizona from 2009 through 2011.

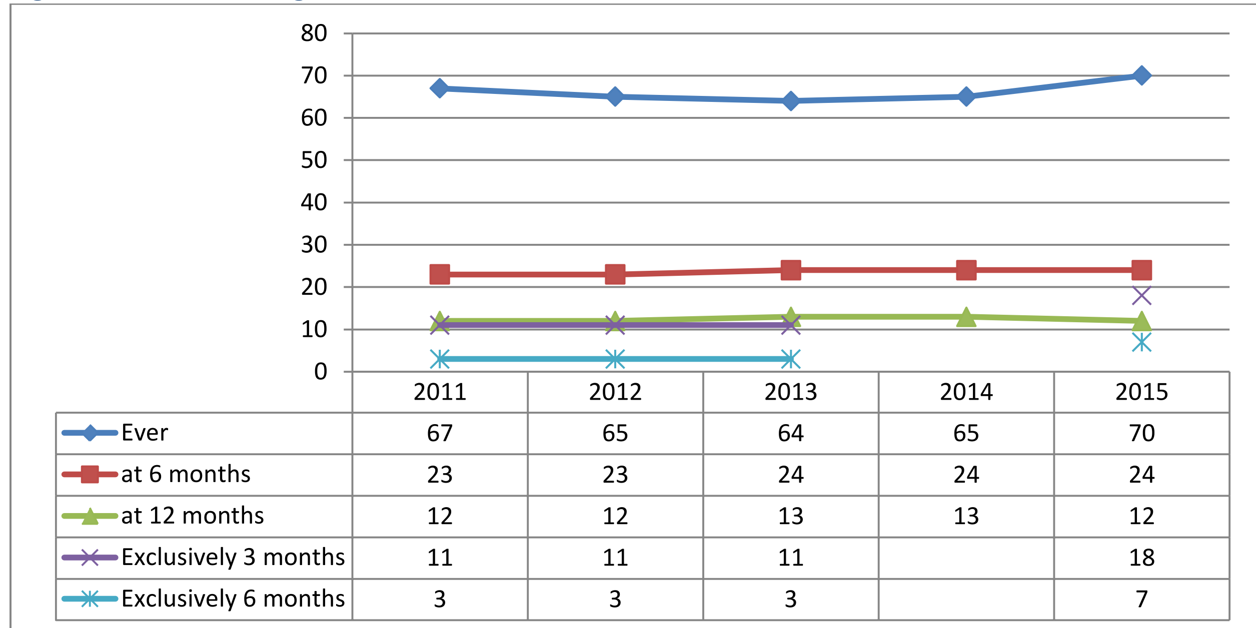
Figure 1.1 Infants in Arizona Breastfeeding Status by Year of Birth



	2009	2010	2011
Ever	72.1	81.9	81.6
at 6 months	40.6	50.6	47.8
at 12 months	22.3	28.6	23.9
Exclusively 3 months	35.3	44.3	37.5
Exclusively 6 months	16	22.9	18

In the Arizona WIC Program, the percent of infants who were ever breastfed decreased from 67 percent in 2011 to 64 percent in 2013. However, all measures for duration and exclusivity show steady increases over the same time period, as shown in Figure 1.2. Please note that exclusive breastfeeding rates between 2013 and 2015 are not comparable, due to a systems change in the way data are collected.

Figure 1.2 Breastfeeding Status of Infants in Arizona WIC



	2011	2012	2013	2014	2015
Ever	67	65	64	65	70
at 6 months	23	23	24	24	24
at 12 months	12	12	13	13	12
Exclusively 3 months	11	11	11		18
Exclusively 6 months	3	3	3		7

Bureau Strategies

The Bureau has adopted strategies that intervene on both individual and community/institutional levels, and target different segments of the population. Together, over the long term, these strategies are expected to lead to a higher proportion of babies being born to mothers in Arizona who breastfeed, and who continue to breastfeed at 6 months and 12 months, and who exclusively breastfeed at 3 months and 6 months. In other words, the Bureau will increase the state's performance on Healthy People MICH 21.1 through 21.5 by implementing strategies in four major areas: A. Training B. Technical Assistance C. Policies and Procedures and D. Direct Support Services. The following table shows how funding from various programs will contribute to a collective impact to promote breastfeeding.

Strategy by Program/Funding Source					
	WIC	WIC Peer Counseling Grant	Strong Families AZ	Arizona Nutrition Network	CDC Grant 1305
A. Training	●	●	●	●	●
B. Technical Assistance	●	●	●	●	●
C. Policy and Procedure Development and Implementation	●	●			●
D. Direct Support	●	●	●		●

Accomplishments Related to Strategies in 2016

A. Training

The Maternal, Infant, and Early Childhood Home Visiting Program, also known as Strong Families AZ, funded breastfeeding training for the home visitors and community partners that participate in/support their programs. To accommodate the pressures of managing client caseload, the content was broken up into two, two-day courses (Basic Training 1 and Basic Training 2) and a one-day course (Current Trends) that build on each other instead of offering a five-day comprehensive breastfeeding course. For content consistency, participants are required to attend them in sequential order but not within the same week. In Federal Fiscal Year (FFY) 16, two trainings were held with a total of 50 participants. In FFY17, this funding will no longer be available but efforts will be made to accommodate interested community partners into other planned breastfeeding activities.

Strong Families AZ also funded the Empower Home Visiting Training Program, which focuses on nutrition and physical activity standards for infants and young children. These standards include: infant feeding, which includes an introduction to breastfeeding; limiting screen time; oral health; toddler nutrition; limiting fruit juice; family-style meals; and food safety. In addition, in FFY15, a third one-day course for Empower home visitors was added to incorporate pregnancy standards, which include: prenatal education, including the importance of maternity care practices in reaching breastfeeding goals; pregnancy nutrition; food safety; pregnancy weight gain/loss; and other nutrition concerns. In FFY16, a greater move to a blended learning format was incorporated, with theory of the standards being addressed through online classes (average participation of 50) and then explored for applicability during one face-to-face training held in Phoenix with 50 participants. In FFY17, this funding will no longer be available.

LATCH-AZ is a statewide breastfeeding education and networking opportunity offered once or twice a year and made possible with the use of multiple funding sources. WIC staff, hospital staff, including doctors, nurses, and lactation consultants, Strong Families AZ home visitors, private lactation consultants, La Leche League leaders, and other community partners come together for a day of education and discussion on breastfeeding topics/challenges facing Arizona families. Each actual LATCH-AZ event is held twice, one day in Phoenix and the following day in Tucson. The University of Arizona Medical Center in Tucson donates a film crew so the event can be viewed via webinar throughout the state. Locations for the webinars are coordinated to facilitate the networking portion of the event.

Currently, webinars are viewed at events in Chinle, Fort Defiance, Flagstaff, Yuma, Kingman, Nogales, Tuba City, and Whiteriver. In FFY16, ADHS hosted two LATCH-AZ opportunities (four events total between Phoenix and Tucson). In January 2016, Kathleen Kendall-Tackett presented on a number of topics related to the psychology of birth and breastfeeding. In August 2016, ADHS partnered with Banner Health for LATCH-AZ. Katie Hinde, PhD, presented on how breastfeeding and breastmilk spanning the social and life sciences can translate into more personalized clinical recommendations and health optimization for mothers and their infants. In FFY17, if funding is available, ADHS will continue to provide this opportunity, with emphasis on the community setting in January 2017 and emphasis on the clinical setting in August 2017.

Monthly lactation webinars are also held for the LATCH–AZ community; their success comes from all attendees being able to contribute to topics related to gaps in education as well as utilize their expertise. Topics provide WIC staff, hospital staff, including doctors, nurses, and lactation consultants, Strong Families AZ home visitors, private lactation consultants, La Leche League leaders, and other community partners with the opportunity to increase their knowledge of evidence-based lactation education, learn ways to frame messages for their clients, and have the opportunity to ask questions of International Board Certified Lactation Consultants (IBCLCs) from their own office. In FFY16, the following topics were covered:

- The effects of medicinal marijuana on the breastfeeding dyad
- The effects of weight loss surgery and extreme diet on the breastfeeding dyad
- Using mindful practices to support the breastfeeding dyad
- The effects of birth control on the breastfeeding dyad
- The effects of jaundice on the breastfeeding dyad
- The effects of endocrine, metabolic, and autoimmune disorders on the breastfeeding dyad
- Ethics

In FFY17, ten more topics will be offered. These topics will be identified from requests received from the Local Agency WIC staff and Strong Families AZ home visitors, commonly asked questions from the Breastfeeding Hotline, and ideas received from current webinar participants.

To address the need for more advanced lactation support in Arizona, the BNPA Breastfeeding Team assists WIC staff, Strong Families AZ home visitors, and community partners to become IBCLCs. In the last 10 years, the Arizona WIC Program has gone from 1 to 90 IBCLCs. In FFY16, there are approximately 10 WIC staff and 5 home visitors sitting for the IBCLC exam. To provide extra support, BNPA provided a week-long Advanced Lactation course as well as monthly webinars covering specific exam content. In FFY16, BNPA will continue to promote the program and provide the support needed to pass the exam, with continued emphasis being placed on rural areas.

To introduce the basics of breastfeeding and specifics of the WIC Breastfeeding Program to new staff, including food packages and supplies, the Western Region WIC community has a standardized online course that is required of staff within eight weeks of hire. In FFY16, 123 new staff completed the course. In FFY17, BNPA will allocate funding and staff to update the course to reflect changes in benefits, policies and procedures, and best practices. BNPA will continue to have new staff take the class.

To facilitate breastfeeding knowledge, provide standardized education, and not overwhelm new employees, the BNPA Breastfeeding Team developed a two-day course called WIC Basic Training. The class is required within six months of hire. The focus of the class is to introduce breastfeeding education

during pregnancy and support breastfeeding in the healthy full-term infant. Common occurrences in breastfeeding are covered so that the new staff can identify when something is not common and refer the client for help. In April 2015, the team conducted a train-the-trainer for all new WIC Breastfeeding Coordinators or Coordinators that did not have the opportunity, due to turnover, to get comfortable with the curriculum. In FFY17, the BNPA Breastfeeding Team will continue to work with Local Agencies to build their capacity to train on the curriculum.

In 2012, BNPA developed a comprehensive breastfeeding course called WIC Breastfeeding Boot Camp. The course is 5 days and a minimum of 30 hours. It is required for new employees to complete within 18 months of hire and existing staff to complete every 5 years. This course focuses on how to support the client with breastfeeding education and support, from pregnancy to weaning, including breastfeeding basics, counseling techniques, and clinical issues for both mom and/or baby. In FFY16, over 150 WIC staff attended WIC Breastfeeding Boot Camp via 4 classes, where 3 were in Phoenix and 1 was in Tucson. In FFY17, four classes of WIC Breastfeeding Boot Camp will be offered, with one in the Tucson area and three in Phoenix.

The required training course for peer counselors working in the WIC Breastfeeding Peer Counseling Program is Loving Support through Peer Counseling: A Journey Together. The BNPA Breastfeeding Team trains on the curriculum in a train-the-trainer format once a year or upon request as new peer counseling managers are hired, in either a Local Agency that receives funding for peer counseling or in our WIC island partners. In FFY16, the BNPA Breastfeeding Team conducted a train-the-trainer session for four Local Agencies. In FFY17, the BNPA Breastfeeding Team will continue to provide the train-the-trainer session or refresher course upon request.

In order to help educate employers on how to accommodate workplace lactation, the CDC 1305 grant provided a comprehensive toolkit. In FFY16, over 97 toolkits were distributed to interested businesses. In FFY17, the BNPA Breastfeeding Team will continue to train and/or provide technical assistance to community partners who are working directly with employers as well as answer questions from the employers using the toolkit.

Within the Empower Program, which are child care standards established by ADHS to promote healthy early childhood habits, there is a standard to support breastfeeding. This is defined as:

- Providing a private place to breastfeed or pump that is not a bathroom, has an electrical outlet, and running water nearby
- Providing a refrigerator to store the pumped breastmilk
- Displaying a sign that lets moms know that breastmilk is accepted at the child care facility
- Making breastfeeding education materials available annually.

To aid in the success of this standard, BNPA provides training to child care providers so they have the tools they need to support breastfeeding and also have a resource to help them solve the individual family's challenges/requests. In FFY16, a website was established to provide child care providers with additional resources on how to support families who choose to breastfeed and/or provide pumped breastmilk in a bottle. In FFY17, BNPA will continue to support the efforts of Empower child care providers with additional technical assistance and training opportunities.

As indicated in the 2013 mPinc results, Arizona has one of the lower scores in the country for new/existing staff receiving appropriate breastfeeding education. To fill this gap, BNPA is in the process

of developing a series of online courses that are both evidence-based and meet the course requirements for the BFHI through UNICEF. In FFY16, ten courses were developed to focus on:

- How milk gets from the breast to the baby
- Helping with a feed
- Milk supply
- Practices that assist breastfeeding
- Infants and mothers with special needs
- Promoting breastfeeding during pregnancy
- Protecting breastfeeding
- Birth practices and breastfeeding
- Special infant situations
- If baby cannot feed at the breast

In FFY17, five courses will be developed to focus on:

- Maternal health concerns
- Ongoing support for mothers
- Communication skills
- Making your hospital Baby-Friendly
- BFHI: A Part of a Global Strategy

Also in FFY17, to supplement the learning process, guidebooks will be developed to allow managers and supervisors to check staff competency as well as provide a take-away document for the learner.

In 2012, the Arizona Baby Steps to Breastfeeding Success training was converted to an e-learning course for sustainability of the program as the grant came to an end. The course focuses on how changes in maternity care practices have a direct impact on the initiation and duration of breastfeeding, as well as the importance of prenatal and postnatal support, based on five of the Ten Steps of the BFHI maternity care practices. In FFY16, over 100 nurses successfully completed the online course. In FFY17, the course will continue to be offered.

B. Technical Assistance

To ensure consistency in messaging between WIC, Strong Families AZ home visitors and Strong Families AZ community programs, the BNPA Community Health Strategies Administrator participates in the Strong Families AZ Professional Development Committee and the Strong Families AZ Conference Planning Committee. The purpose of this first committee is to review curricula of programs that are interested in providing training or continuing education for Strong Families AZ. Also, as part of the Professional Development Committee, BNPA makes sure that evidence-based health and nutrition programs are included. In FFY16, 23 programs were presented to Strong Families AZ home visitors and community partners, including four in-person programs related to pregnancy, infant, toddler nutrition and breastfeeding, 19 via webinar and 20 breakout sessions at the annual conference. In FFY17, at least 19 evidence-based nutrition education and breastfeeding programs will be presented in recorded training offerings. Participation in conference planning will continue if funding continues and staffing levels stabilize.

Upon completion of the trainings, the BNPA Breastfeeding Team is available to Strong Families AZ home visitors and community partners to problem-solve individual breastfeeding issues identified during

home visits. Most often, the assistance results in identification of local resources that both the home visitor and the family can utilize. If a member of the Breastfeeding Team is not available, it is recommended for the home visitor to call the Breastfeeding Hotline.

ADHS has a policy that allows employees to bring their baby to work for the first six months of their life. In addition to the policy, the BNPA Breastfeeding Team is available to provide breastfeeding education and support to employees. This is done by appointment or as needed by the mother. Changes made to better support the program in FFY16 were:

- The BNPA Breastfeeding Team's office space was relocated to be directly across from one of four lactation rooms at ADHS;
- A pump kit loan/replacement program was established so that mom does not have to leave the office to go home to get a forgotten piece of equipment; and
- Privacy drapes were purchased by the Wellness Committee to allow for a mother to breastfeed or pump privately in her cubicle.

In FFY17, more emphasis will be placed on marketing the available breastfeeding services to ADHS employees outside of Prevention Services, since most of the employees that request education and/or support are from within the same division as the BNPA Breastfeeding Team.

In addition to the Strong Families AZ Professional Development Committee, the BNPA Breastfeeding Team provides technical assistance to a number of programs, committees, and workgroups. In FFY16, these included:

- Empower
- Empower Plus+
- Oral Health
- Safe Sleep Coalition
- WIC/USDA Breastfeeding Coordinators
- Postpartum Depression Coalition
- WIC Breastfeeding Coordinators
- ADHS Leadership
- Arizona Healthy Worksites
- Arizona Small Business Association

In FFY17, the BNPA Breastfeeding Team will continue to support these programs, committees, and workgroups. Participation will expand to include groups associated with physicians and hospitals, as well as others that are pertinent.

As the Breastfeeding Team expanded its scope of activities and target populations, it was identified that ADHS needed a comprehensive breastfeeding website. In FFY15, the original website was revised to be population-based. The areas included are:

- Mom/baby
- WIC staff
- Hospitals
- Health care
- Home visitors/community partners
- Insurance companies
- Child care centers

Each section is targeted to the needs and interests of the specific group. In addition to information, there are also fact sheets that can be printed and given to a client or patient. Upcoming events and resources are available for each area. In FFY16, BNPA evaluated the usefulness and gaps of information on the website, which resulted in items being moved or restructured to be more intuitive. In FFY17, BNPA will also look at the website analytics to see what the most often visited sections are so that information can be incorporated into BNPA training programs.

The WIC Program requires that both the State and Local Agencies have a designated Breastfeeding Coordinator. The WIC Breastfeeding Coordinator focuses on assuring the breastfeeding component of the program remains a priority, developing/implementing policies and procedures, staff training, and managing the breast pump program. The BNPA Breastfeeding Team works with each of the Local Agencies to strategize/problem-solve issues as well as provide guidance on the interpretation of each policy. In FFY16, the State WIC Breastfeeding Coordinator provided technical assistance and guidance to each of the agencies through phone or email, at their request, in a monthly newsletter, and at the Annual WIC Breastfeeding Coordinators Meeting. The focus of the FFY16 annual meeting was:

- Training and/or educational needs for participants/staff
- Evaluating breastfeeding materials
- Networking
- Continuing education

In FFY17, the State WIC Breastfeeding Coordinator, in conjunction with the rest of the BNPA Breastfeeding Team, will continue to provide technical assistance/guidance to all the WIC Breastfeeding Coordinators as needed, but will also begin to hold quarterly webinars and the annual in-person meeting.

Due to the complexities of the WIC Peer Counseling grant, the BNPA Breastfeeding Team works with each of the ten agencies to overcome staffing challenges, advise on scope of practice, assist with contacts, and monitor/approve the agencies' budgets.

Based on the feedback from the home visitors in the rural communities, Strong Families AZ identified the need for lactation support. To address this need, Strong Families AZ funded the BNPA Breastfeeding Team to work with home visitors to identify who would be willing and able to sit for the IBCLC exam in October 2016. After being identified, candidates filled out self-assessments as well as provided transcripts/certificates so that a thorough evaluation could be completed.

If accepted into the cohort, candidates were given several study resources, their exam fees were paid, and access to one-on-one coaching at any time. In FFY16, 15 candidates were identified and completed the program. In FFY17, if funded, 15 will be identified.

To aid in the success of the Empower breastfeeding standard, BNPA provides technical assistance to child care providers so they have the tools they need to be supportive of breastfeeding and also have a resource to help them solve the individual family's challenges/requests. In FFY16, technical assistance was provided to the Empower Plus+ participants, the ADHS Office of Child Care Licensure, Child and Adult Care Food Program (CACFP), and individual child care centers via in-person, email, or phone support. In FFY17, BNPA will continue to support any child care provider or program that supports child care providers.

C. Direct Breastfeeding Support and Supplies

As the result of collaboration between the USDA WIC Program and the Maternal and Child Health Title V block grant, the Breastfeeding Hotline was expanded in Arizona in 2006 to provide 24-hour support to all mothers statewide. The Office of Maternal and Child Health manages the calls during business hours with a certified breastfeeding counselor and the availability of an IBCLC if the call is out of her scope. During non-business hours, calls are answered by an IBCLC who is also a registered nurse. All hotline staff speak both English and Spanish, but have access to a language line if needed. In FFY15, the Breastfeeding Hotline received over 5000 calls. A majority of the calls came from WIC participants, occurred for infants 7 to 14 days old, and included these topics:

- Breastfeeding technique/sore nipples
- Pumping and hand expression
- Milk supply issues
- Medical situation/medications

In FFY17, the Arizona WIC Program will begin to distribute bookmarks on the most frequently asked topics to its participants to compliment the book *Breastfeeding: Keep It Simple* and will add talking points on the same topics to staff education. The hotline will also move to an automated system so the caller does not have to repeat her question multiple times and the information can be more easily tracked and accessed.

To support clients' breastfeeding goals, the Arizona WIC Program continues to offer hospital-grade breast pumps to its breastfeeding clients. These pumps are used to build a breastmilk supply for mothers of medically fragile babies and mothers with fluctuations in supply. In addition, they are also used to maintain the supply of mothers who have returned to work and/or school.

In FFY15, the pump program was converted from a paper-based system to an automated system within the WIC Health and Nutrition Delivery System (HANDS), Arizona's new management information system. This allows for greater control of the pumps at each clinic as well as the ability to account for pumps that are with clients that have transferred to other agencies. BNPA also updated our Management Evaluation tools to reflect the new automated system. This included both a desk audit tool that could be done prior to the visit and an on-site tool. In FFY16, BNPA continued to monitor the program and provide technical assistance to agencies that have clients whose pump contracts have expired yet the pump has not been returned. In FFY17, Arizona WIC will begin to set annual metrics for replacement and loss of this valuable resource. In addition to the hospital-grade breast pumps, the Arizona WIC Programs provides:

- Hygeia breast pump kits/hand pumps
  These kits can be used with the hospital-grade pumps but also as a hand pump if the mother prefers the control of the hand pump, does not have electricity available, or has a short-term need.
- *Breastfeeding: Keep It Simple Book*
  The Arizona WIC Program continues to give out the *Breastfeeding: Keep It Simple* books to its pregnant clients as well as breastfeeding mothers who have an issue that is addressed in the book.
- Breast pads
  In an effort to reduce yeast and make breastfeeding more comfortable and less restrictive, the Arizona WIC Program gives its pregnant and breastfeeding clients cotton reusable breast pads.

- Breastmilk storage bags
  To maintain the quality and reduce the amount of waste of the milk, the Arizona WIC Program gives out breastmilk storage bags to clients that are currently pumping.

FFY16, BNPA put more emphasis on forecasting and ordering practices. In addition to limiting the amount ordered each month by each clinic/Local Agency, the WIC Breastfeeding Logistics Coordinator now keeps a log of everything ordered and approves the order before it is shipped from the warehouse. Breast pumps can be monitored from the WIC HANDS system. If a large order of breast pumps is placed by a Local Agency and/or before a Management Evaluation, the Breastfeeding Logistics Coordinator reconciles their report to identify any gaps in their current system. Also, supply inventory has been added to the Management Evaluation tool so that large inventories can be identified and corrected before additional supplies are ordered. In FFY17, this process will continue, as well as replacing older, less reliable Lactina pumps with new Hygeia pumps.

To ensure that women have the support they need to achieve their breastfeeding goal, BNPA provides funding for WIC peer counselors to Cochise County Department of Health, Coconino County Health Department, Gila County Health Department, Marana Health Center, Maricopa County Department of Public Health, Mariposa Community Health Center, Mohave County Health Department, Mountain Park Health Center, Yavapai County Community Health Services, and Yuma County Health Services District. This funding is primarily used for personnel and the supplies needed by staff.

D. Policy Development/Standardization

The Arizona WIC Program provides guidance to the Local Agencies through the Policy and Procedure Manual. Guidance on the policies and procedures related to breastfeeding and the WIC Peer Counseling Program can be found primarily in Chapter 19. The BNPA Breastfeeding Team establishes or revises the policies and procedures to reflect federal regulations, guidance from USDA, and program goals. In FFY16, Chapter 19 of the Arizona WIC Policy and Procedure Manual was revised to include changes related to the conversion to HANDS. This directly affected information about breast pumps and the Peer Counseling Program, as both were paper-based prior to FFY15. In FFY17, most of the changes are related to education for new staff as related to job tasks, food package tailoring, and updates related to the breast pump program/Peer Counseling Program.

Upon completion of writing and/or revising the Policy and Procedure Manual, it is also the responsibility of the BNPA Breastfeeding Team to communicate the changes to the Local Agencies. Annually, this is done at the Breastfeeding Coordinators Meeting; in addition to training, it also provides an opportunity for Local Agency Breastfeeding Coordinators to discuss the implementation of the policies and procedures but also share ideas/concerns about other changes for the next year. Since much of the focus of FFY16 was focused on the delivery of the message, the focus of FFY17 will be sustaining skills, including assessment, tailoring, and education.

To assure understanding and implementation of the policies and procedures, the BNPA Breastfeeding Team participates in the WIC Management Evaluation. In FFY16, new evaluation tools were developed to better enforce Chapter 19 and monitor HANDS use. Ten of the 21 Local Agencies were reviewed for WIC breastfeeding services and 6 of the 10 peer counseling programs were evaluated. A majority of the findings were consistent with moving from a paper-based to a computer-based system. One of the improvements with the system is that program notes from WIC and the WIC peer counselor are together, which allows for a smoother transition for the participant between programs. This transition

has uncovered issues related to inconsistencies with format, abbreviations, and terms. In FFY17, 10 of the 21 Local Agencies will be evaluated for WIC breastfeeding services and 6 of the 10 peer counseling programs will be reviewed

In FFY16, in order to standardize the quality assurance/improvement (QA/I) of the Arizona WIC Peer Counselor Program, a workgroup of State and Local Agencies was formed. Together, the group was able to develop a Chart Review Form that will be used monthly for each peer counselor to evaluate at least one pregnant and one breastfeeding client, an Observation Form that will be used to evaluate at least one breastfeeding and one pregnant client each quarter for each peer counselor, a Local Agency Program Assessment Form, and a quarterly report format that better captures the information. In FFY17, each of the forms will be used and in November, the workgroup will reconvene to evaluate the usability and effectiveness of each.

A. TRAINING: TO IMPROVE THE KNOWLEDGE, SKILLS, ATTITUDES, AND BEHAVIORS OF PROFESSIONALS AND PARAPROFESSIONALS WHO WORK WITH WOMEN AND THEIR SUPPORT SYSTEM IN RELATION TO THE IMPORTANCE OF BREASTFEEDING, THE PHYSIOLOGY AND MANAGEMENT OF LACTATION, AND THE NEED FOR BREASTFEEDING COUNSELING.			
Strategy by Program Area	**Objectives for 2016**	**Actual Performance in 2016**	**Objectives for 2017**
Strong Families AZ (Grant from MCH – HHS)			
Basic Training 1	If funded, provide a minimum of two trainings, reaching at least 50 Strong Families AZ home visitors/community partners.	Provided two trainings reaching 50 Strong Families AZ home visitors/community partners.	This funding is no longer available.
Basic Training 2	If funded, provide a minimum of two trainings, reaching at least 50 Strong Families AZ home visitors/community partners.	Provided two trainings reaching 50 Strong Families AZ home visitors/community partners.	This funding is no longer available.
Current Trends in Breastfeeding	If funded, provide a minimum of two trainings, reaching at least 50 Strong Families AZ home visitors/community partners.	Provided two trainings reaching 50 Strong Families AZ home visitors/community partners.	This funding is no longer available.
Empower Home Visiting	If funded, provide one in-person training and move curriculum to a monthly webinar format.	Provided one training reaching 50 Strong Families home visitors/community partners.	This funding is no longer available.
Combined funding from WIC, WIC PC, Strong Families AZ			
LATCH-AZ	If funding is available, two events will be held, one in January and one during World Breastfeeding Week.	Events held in January (Kathleen Kendall-Tackett) and August (Katie Hinde). Each event had over 300 attendees.	If funding is available, provide a minimum of two lactation education/networking sessions, reaching at least 300 WIC staff, Peer Counselors, Strong Families home visitors and community partners.
Monthly Lactation Webinars	Based on feedback from Local Agency staff and hotline calls, ten more topics will be identified and presented.	Provided ten live webinars reaching an average of 75 WIC staff, WIC Peer Counselors, Strong Families AZ home visitors and community partners.	Continue to develop/provide a minimum of ten lactation webinars to WIC staff, Peer Counselors, Strong Families home visitors and community partners.

Strategy by Program Area	Objectives for 2016	Actual Performance in 2016	Objectives for 2017
IBCLC Mentoring Program	If funding is available, a course will be identified and offered to candidates. These sessions will be recorded; they will be made available, as well as encouraged for candidates.	In July 2015, Amanda Watkins delivered "Advanced Lactation" to 15 candidates. Two-hour study sessions were available in webinar format to address key topics on the exam, the first being held in June, then July, August and September.	If funding is available, provide at least four education sessions designed specifically for IBCLC candidates to prepare for the test.
WIC			
WIC Breastfeeding Basics E-learning	As an introduction to breastfeeding, all new staff are required to take this online class within the first month of hire.	123 people successfully completed this online class.	Continue to require the online class; Develop/implement a plan to update the information.
WIC Basic Training: 2-Day	Based on feedback from the Local Agencies, the curriculum will be updated. Changes will be discussed at the WIC Breastfeeding Coordinators Meeting in April. Training will be conducted, if necessary. Two trainings will be held.	Due to low attendance and the identified need to establish local experts in the program, WIC Basic Training was converted to a Local Agency-provided class. The State Agency will provide Train the Trainer sessions twice a year or as needed.	The State Agency will provide Train the Trainer sessions twice a year or as needed, as well as technical assistance.
WIC Boot Camp: 5-Day	A minimum of three trainings will be held, with two in Phoenix and one in Tucson.	Four classes were held, with three in Phoenix and one in Tucson. Over 180 staff were trained.	A minimum of four trainings will be held, with three in Phoenix and one in Tucson.
WIC Peer Counseling Grant			
Loving Support Train the Trainer	Training will be available upon request.	One training was conducted with four Local Agencies in attendance.	Training will be available on request or when the new curriculum is released.

Strategy by Program Area	Objectives for 2016	Actual Performance in 2016	Objectives for 2017
CDC 1305 Grant			
Workplace Accommodation	More emphasis will be placed on supporting community partners who are interested in supporting WIC participants and/or approaching businesses. Additional training will be available upon request.	Over 97 Making It Work Arizona toolkits were distributed to businesses. Each business that received a toolkit also received at least one call to provide technical assistance. Multiple trainings were conducted at workplace wellness events.	Continue to promote the toolkit as well as provide technical assistance.
Child Care Centers	Trainings will be available upon request. Due to a reduction in funding, more emphasis will be placed on technical assistance instead of training.	Due to funding limitations, a website with additional resources was established and referenced in materials.	After a referral to the resources included on the website, trainings and technical assistance will continue to be provided.
Arizona Nutrition Network			
Develop Online Training	Ten courses will be developed, as well as corresponding guidebooks.	Due to staffing and time limitations, five more courses were completed.	The final five courses will be completed, as well as the guidebooks. Depending on date of completion, marketing may begin in late summer 2017.

B. Technical Assistance: To provide support to staff at programs that provide breastfeeding education and support to women during the prenatal and postpartum period.			
Strategy by Program Area	**Objectives for 2016**	**Actual Performance in 2016**	**Objectives for 2017**
Strong Families AZ (Grant from MCH – HHS)			
Professional Development Committee	Add at least five evidence-based offerings, based on evaluations and comments of participants.	Twenty-three evidence-based nutrition education and breastfeeding programs were presented.	Assure that at least 19 evidence-based nutrition education and breastfeeding programs are presented in recorded training offerings.
Conference Planning Committee	If funded and staff levels stabilize, participation will continue.	Twenty of the 60 breakout sessions were evidence-based and health-related. Two hundred attendees were educated on health-related topics.	If funded and staff levels stabilize, participation.
Home Visitors & Community Partners	Continue with previous trainees as well as new staff.	Strong Families AZ staff in BNPA problem-solved over 100 breastfeeding-related issues with home visitors and community partners.	Continue with previous trainees as well as new staff.
Combined funding from WIC, WIC PC, Strong Families AZ			
Infant at Work	Expand services to other departments.	The program has been officially adopted by the AHCCCS Program as well as currently being piloted in other departments.	Continue to provide technical assistance to departments that are interested in starting a pilot and possibly adopting the program.
Community Partners	Continue/expand support to current groups as well as add organizations related to pharmacists and hospitals.	Participated and/or served as the subject matter expert for over ten programs/committees/workgroups as well as developed a healthcare provider toolkit that will be rolled out early 2017.	Continue to provide a presence at organizations that represent women, infants, health education, and/or breastfeeding coalitions and begin to market the healthcare provider toolkit.
Breastfeeding Website	Evaluate the changes and use analytics to enhance content.	The website was restructured to be more intuitive and to fill gaps identified by community partners.	Evaluate website analytics and market the program to appropriate audiences.

Strategy by Program Area	Objectives for 2016	Actual Performance in 2016	Objectives for 2017
WIC			
Local Agency Breastfeeding Coordinators	Quarterly calls will be added to the current system for added networking opportunities.	A monthly newsletter was developed and distributed to Local Agency Breastfeeding Coordinators as a way to announce changes to the program, upcoming training opportunities, as well as share new and exciting research.	Assist the designated Local Agency Breastfeeding Coordinator in the implementation of the policies included in Chapter 19 of the WIC Policy and Procedure Manual, provide continuing education, and conduct quality assurance of education.
Breast Pump Program	Quarterly calls will be added to the current system for added networking opportunities.	A monthly newsletter was developed and distributed to Local Agency Breastfeeding Coordinators as a way to announce changes to the program, upcoming training opportunities, as well as share new and exciting research.	Assist the designated Local Agency Breast Pump Coordinator in the implementation of policies included in Chapter 19 of the WIC Policy and Procedure Manual, reconciling the Breast Pump Tracking Report, and the return of pumps from challenging WIC participants.
IBCLC Support	Ten WIC Staff and 15 Strong Families AZ home visitors will be sitting for the exam.	Ten WIC Staff and five Strong Families AZ home visitors will receive support, education, guidance and resources in order for them to achieve the IBCLC designation.	Provide guidance and support to WIC IBCLCs to maintain their credential.
Local Agency Breastfeeding Coordinators	Quarterly calls will be added to the current system for added networking opportunities.	A monthly newsletter was developed and distributed to Local Agency Breastfeeding Coordinators as a way to announce changes to the program, upcoming training opportunities, as well as share new and exciting research.	Assist the designated Local Agency Breastfeeding Coordinator in the implementation of the policies included in Chapter 19 of the WIC Policy and Procedure Manual, provide continuing education, and conduct quality assurance of education.

Strategy by Program Area	Objectives for 2016	Actual Performance in 2016	Objectives for 2017
WIC Peer Counseling Grant			
Provide funds to Local Agencies	Support the ten Local Agencies that will receive funding.	Continued to support the ten Local Agencies that receive funding as well as established a work group to develop a standardized QA/QI Plan.	Continue to oversee appropriate use of funds (budget, manage, approval). Identify and provide guidance for Management Evaluation findings. Explore uses for vacancy savings that support program goals.
CDC 1305 Grant			
Worksite Support	Support expansion of the program to other public entities	Ninety-seven toolkits were distributed and technical assistance provided to employers that expressed interest in establishing or enhancing their worksite lactation program.	Continue to promote the toolkit to both public and private employers, update the website as needed, and provide technical assistance.
Early Care and Education (ECE) Support	Continue to support efforts as funding is reduced.	Supported childcare centers throughout the state to implement or enhance breastfeeding policies.	Provide one-on-one guidance to child care centers on creating or revising lactation policies compliant with the Empower Program.
IBCLC	Confirm interest in participation by filling out information. Launch in Spring 2016. Conduct quality assurance, then begin marketing.	None	This funding no longer available.

C. PROVIDE DIRECT BREASTFEEDING SUPPORT AND SUPPLIES: PROVIDE BREASTFEEDING EDUCATION AND SUPPORT TO WOMEN AND THEIR SUPPORT SYSTEMS TO FACILITATE THE ESTABLISHMENT/ ACHIEVEMENT OF THEIR BREASTFEEDING GOAL.			
Strategy by Program Area	**Objectives for 2016**	**Actual Performance**	**Objectives for 2017**
Combined funding from WIC, WIC PC, Strong Families AZ			
Breastfeeding Hotline	Move to an automated system to improve efficiency and accuracy in data.	Continue to receive a minimum of 400 calls a month.	Continue to provide 24-hour breastfeeding support via the Arizona Pregnancy and Breastfeeding Hotline. Use the information gathered from the calls to the Breastfeeding Hotline to guide the development of additional breastfeeding training and educational materials.
WIC			
Direct Services	Evaluate the notes to ensure that breastfeeding education/support is consistent with guidance.	Conducted chart reviews on over 50 percent of agencies to identify gaps in education and documentation.	Provide pregnant and breastfeeding women with breastfeeding education/support through 20 Local Agency WIC Programs.
Breast Pumps	Automate the contract; improve report efficiency and accuracy. Set metrics for replacement and loss.	With input from Local Agencies, transitioned to new hospital-grade pump company. Conducted the first round of QA on pumps, which included reconciling reports that showed no movement for 351 pumps in FFY15.	Provide a minimum of 3500 breast pumps to the WIC Local Agencies in order to support the breastfeeding goals of the clients. Track breast pumps for clients that are no longer participating on the WIC Program but have failed to return the pump.
Lactina Kits/Hand Pumps	Ordering process will be evaluated and revised.	With the input from the Local Agencies, transitioned to a new company for kits.	Provide Hygeia kits, which can also be used as a hand pump, to the Local Agencies to use with breastfeeding participants.
Books	Ordering process will be evaluated and revised.	Worked with the author to replace pump storage guidelines with current program storage guidelines.	Provide *Breastfeeding: Keep It Simple* books to Local Agencies for pregnant and/or breastfeeding participants.

Strategy by Program Area	Objectives for 2016	Actual Performance	Objectives for 2017
Breast pads	Ordering process will be evaluated and revised.	Using forecasting/monitoring practices, Inventory remained stable throughout the year.	Provide cotton breast pads to Local Agencies for breastfeeding participants to reduce yeast, make breastfeeding more comfortable and less restrictive.
Breastmilk Storage Bags	Ordering process will be evaluated and revised.	Using forecasting/monitoring practices, Inventory remained stable throughout the year.	Provide breastmilk storage bags to Local Agencies for breastfeeding participants to maintain the quality of pumped breastmilk.
WIC Peer Counseling Program			
Direct Services	The ten agencies will continue with level funding.	The ten agencies continued to provide services. Budget cuts were absorbed by the State Agency.	Provide peer to peer breastfeeding support to pregnant and breastfeeding women through ten Local Agencies.
WIC			
Policy and Procedure Development	Based on the findings of the FFY15 Management Evaluations, the education section of Chapter 19 will be evaluated. Local Agencies will be educated on revisions to Chapter 19 at the Annual Breastfeeding Coordinators Meeting. Continue to participate in at least five WIC Management Evaluations to confirm compliance.	Changes were made to the training protocol for inclusion with the new employee training program. Revisions were discussed at work group meetings. An IBCLC participated on seven of the ten Management Evaluations to evaluate breastfeeding initiatives.	Revise/update Chapter 19 of the Policy and Procedure Manual annually. Educate the Local Agencies on the changes to Chapter 19 of the Policy and Procedure Manual. Participate in at least five WIC Management Evaluations to confirm compliance.

Strategy by Program Area	Objectives for 2016	Actual Performance	Objectives for 2017
WIC Peer Counseling (grant)			
Policy and Procedure Development	Based on the findings of the FFY15 Management Evaluations, the education section of Chapter 19 will be evaluated. Local Agencies will be educated on revisions to Chapter 19 at the Annual Breastfeeding Coordinators Meeting. Participate in the six remaining Management Evaluations to confirm compliance.	Chapter 19 was revised to include a monthly call schedule, a QA/QI plan, and standardize forms. Local Agencies were educated on the changes at the WIC Partners' Meeting. An IBCLC participated on all four of the Management Evaluations that occurred.	Revise/update Chapter 19 of the Policy and Procedure Manual. Educate the Local Agencies on the changes to Chapter 19 of the Policy and Procedure Manual. Participate in at least five WIC Management Evaluations to confirm compliance.

1.2 NUTRITION

The Bureau of Nutrition and Physical Activity promotes the 2015-2020 Dietary Guidelines for Americans recommendations for eating and physical activity patterns that promote health and well-being.[1] These recommendations focus on a need to increase specific foods, such as fruits and vegetables, fat-free or low-fat milk, whole grains and healthy proteins, as well as physical activity. Each of these has been shown to aid in the maintenance of a healthy body weight, reduce the risk of many chronic diseases such as heart disease, type 2 diabetes and certain types of cancer, and promote overall health. More specifically, fruits and vegetables are a rich source of many nutrients that are currently low in the typical American diet, including folate, magnesium, potassium, fiber, vitamin A, vitamin C, and vitamin K. Milk and milk products are an excellent source of calcium and vitamin D, which are both important for the growth and maintenance of healthy bones. Whole grains provide nutrients such as iron, magnesium, selenium, B vitamins, and fiber.

Lean meat and poultry, seafood, eggs, beans, soy products, nuts, and seeds are healthy sources of protein. They also provide a number of micronutrients, including B vitamins, vitamin E, iron, zinc, and magnesium. Seafood provides omega-3 fatty acids to the diet, which are associated with a lowered risk of heart disease and improved visual and cognitive health in infants whose mothers consume seafood during pregnancy and while breastfeeding. Finally, regular physical activity is important for achieving energy balance, reducing the risk of chronic diseases, and maintaining a healthy body weight. All of these behavioral and lifestyle characteristics are of particular importance in assessing needs because they are modifiable with clear evidence-based guidelines that lead to improved health and well-being.[2]

Arizona asks three questions about food assistance in the Behavioral Risk Factor Surveillance System (BRFSS) questionnaire to identify respondents who live in households receiving WIC, Supplemental Nutrition Assistance Program (SNAP), or free and reduced-price lunches, which allows tracking of behaviors in our target population compared to other Arizona adults, and how these change over time. However, comparability of BRFSS trends was disrupted in 2011 when CDC changed its sampling methodology. Consequently, baselines were reestablished for 2011, and progress will be tracked using two kinds of measures: 1) Progress over time among the target population (people receiving food assistance); and 2) Disparity between households receiving food assistance and the state's general population, which is helpful in identifying opportunities where the disparity between target population households and the general population is large. Although 2014 BRFSS data has been included for the state of Arizona as a whole, data comparing outcome indicators among adults in households that received food assistance is not available for 2014. This was due to a split sampling methodology that was used in 2014, in which the three food assistance questions were not part of the core questions in 2014. In future years, care will be taken to ensure that any respondent who is asked the questions on fruits and vegetable will also be asked the food assistance questions.

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[1] U.S. Department of Health and Human Services and U.S. Department of Agriculture. 2015 – 2020 Dietary Guidelines for Americans. 8th Edition. December 2015. Available at http://health.gov/dietaryguidelines/2015/guidelines/.
[2] *Ibid*.

Food Hardship

Food security is defined as access by all people at all times to enough nutritious food for an active, healthy life. In order for a population to be considered healthy and well-nourished, it must have adequate food security. [3] Along with the risk of poor nutritional status associated with food insecurity, studies have shown that there may be a link between a lack of food security and obesity.

Although a causal relationship has not been consistently shown in research, there are certain risk factors for obesity that are associated with poverty, such as limited resources for food, limited access to healthy food choices, fewer opportunities for physical activity, high stress, less access to health care, cycles of food deprivation and overeating, as well as increased exposure to marketing for unhealthy foods.[4] Food and nutrition assistance programs, such as SNAP and SNAP-Ed, help to increase food security in Arizona by increasing access to food for low-income individuals and promoting a healthful diet through nutrition education.

Food hardship is measured by asking, “Have there been times in the past 12 months when you did not have enough money to buy food that you or your family needed?”[5] The Food Research and Action Center reported that nationally, the proportion of households who responded “yes” to this question slightly decreased from 18.2 percent in 2012 to 17.2 percent in2014.[6] In Arizona, this estimate was 19.9 percent in 2014, with Arizona ranking thirteenth in the nation on food hardship (compared to 20.9 percent, ranking fourteenth in 2012).

A question on food hardship was also included in a survey targeting low-income mothers who were eligible for SNAP in 2015. Six in ten (62 percent) of them said that in the past 12 months, they often or sometimes worried about running out of food before they got money to buy more. Half (51 percent) of them said that in the past 12 months, the food they bought often or sometimes did not last and they did not have money to get more.

Outcome Indicators

Vegetable and Fruit Consumption

The Behavioral Risk Factor Surveillance System is useful to monitor outcomes related to vegetable and fruit consumption, which are part of the core CDC measures every other year. Arizona includes the vegetables and fruits module every year, even though it is optional during the years in which the CDC does not include them in the core set of questions.

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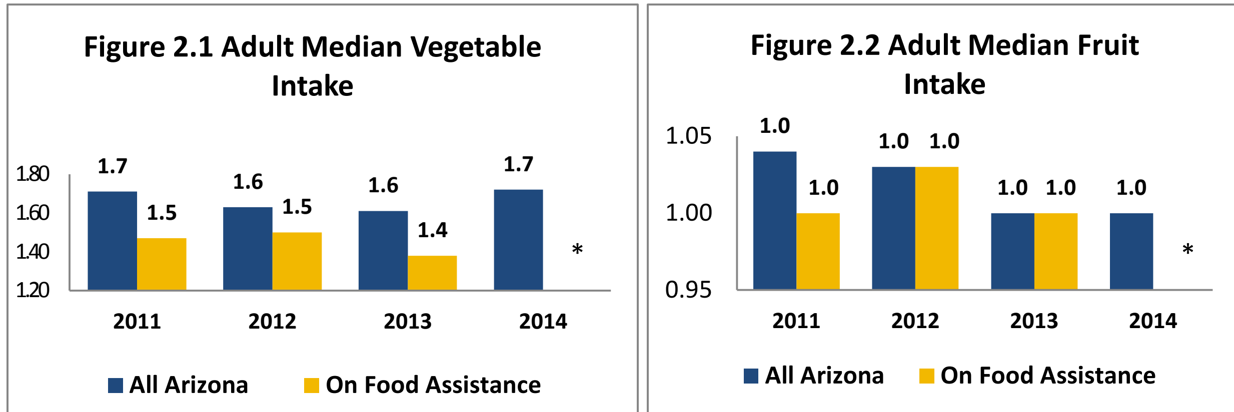
[3] Coleman-Jensen, A., Nord, M., Andrews, M., and Carlson, S. (2011). “Household Food Security in the United States in 2010” United States *Department of Agriculture, Economic Research Report Number 125.*

[4] Hartline-Grafton, H. (2011). “Food Insecurity and Obesity: Understanding the Connection” *Food Research and Action Center,* Retrieved 06/05/2012. Retrieved from: http://frac.org/pdf/frac_brief_understanding_the_connections.pdf.

[5] Food Research and Action Center, How Hungry is America? FRAC’s National, State and Local Index Food Hardship, February 2015. Retrieved 02/25/2016. Retrieved from: http://frac.org/pdf/food_hardship_2014.pdf.

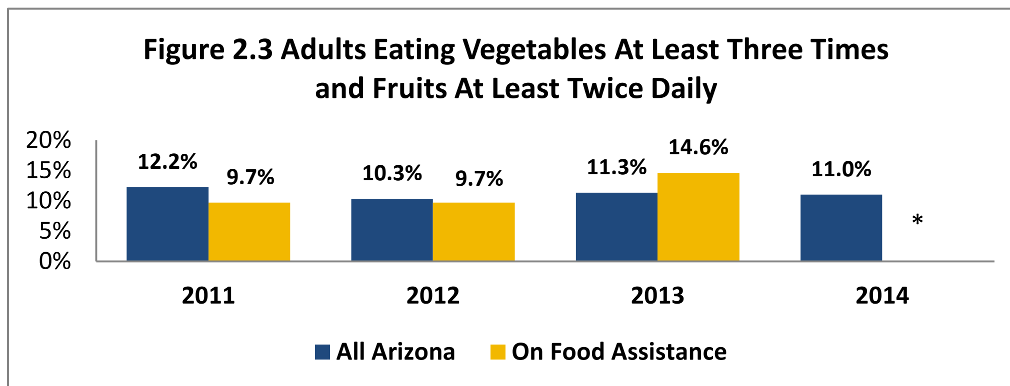
[6] *Ibid*.

There was no real disparity between median vegetable and fruit consumption among those Arizona adults in households receiving food assistance compared to all Arizona households in 2013.[7] The 2013 median consumption of fruits was 1.0 for all adults as well as adults in households that received food assistance. The 2014 median consumption of vegetables was 1.7 for all Arizona adults. Figures 2.1 and 2.2 compare the median vegetable and fruit intake for Arizona adults in households that received food assistance to all Arizona adults, from 2011 to 2014.



***2014 data unavailable for Arizona adults in households that received food assistance**

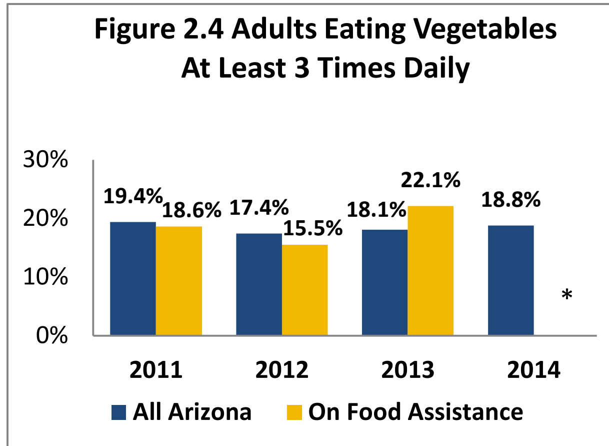
The percent of adults who consumed vegetables at least three times per day as well as fruits at least twice per day did not change much from 2013 (11.3 percent) to 2014 (11.15 percent). The difference between the percent of Arizona adults who consumed vegetables at least three times per day as well as fruits at least twice per day was minimal when comparing adults in households that received food assistance (14.6 percent) and all adults (11.3 percent) between 2011 and 2013. For both groups, approximately one in ten met recommended guidelines for adults,[8] with the percent meeting the standard in households that received food assistance remaining unchanged from 2011 to 2012, but increasing in 2013. See Figure 2.3.

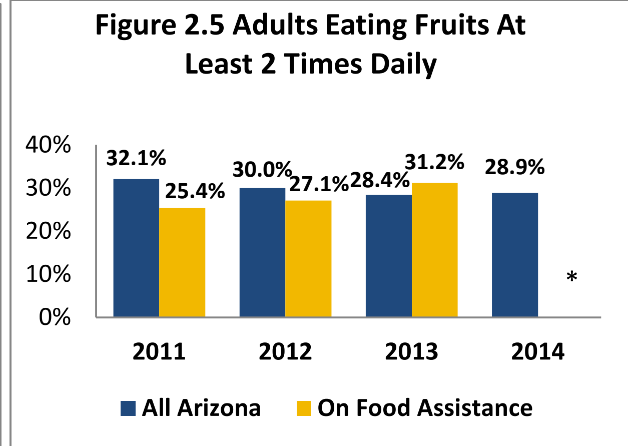


***2014 data unavailable for Arizona adults in households that received food assistance**

[7] Behavioral Risk Factor Surveillance System, Arizona (2014), Arizona Department of Health Services.
[8] Consumption of vegetables three times daily and consumption of fruits twice daily.

Looking at vegetable and fruit consumption separately, higher proportions report eating either vegetables at least three times per day or fruits at least twice per day across all years. Consumption of vegetables at least three times a day remained relatively constant from 2013 (18.1 percent) to 2014 (18.8 percent) for all Arizona adults. Consumption of fruit at least twice a day among adults also remained relatively constant from 2013 (28.4 percent) to 2014 (28.9 percent). See Figures 2.4 and 2.5.

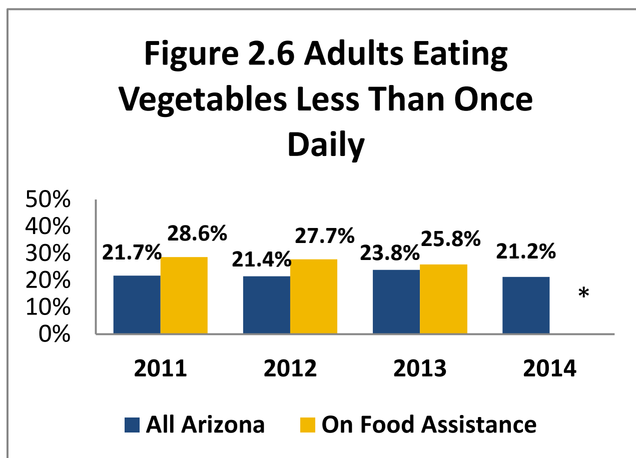


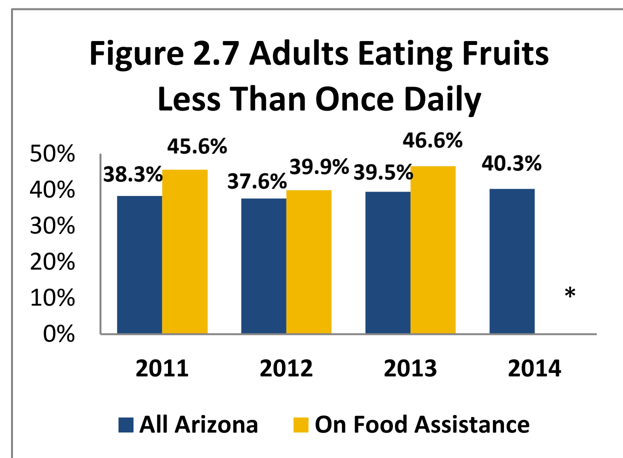


***2014 data unavailable for Arizona adults in households that received food assistance**

Perhaps the most noteworthy trends have to do with the large proportion of the population who do not consume vegetables and fruits even once per day. Of the total Arizona adults, 21.2 percent reported that they ate fruit less than once per day, and 40.3 percent reported eating vegetables less than once per day in 2014. More than four in ten Arizona adults (46.6 percent) in households that received food assistance reported that they ate fruit less than once per day, and one in four (25.8 percent) reported eating vegetables less than once per day in 2013.

Although the disparities between those Arizona adults in households that received food assistance compared to the general population appear to lessen from 2011 to 2013, a large disparity remained, especially among those who eat few fruits. Due to the unavailability of data in 2014, no results are available for adults in households that received food assistance in 2014. See Figures 2.6 and 2.7.

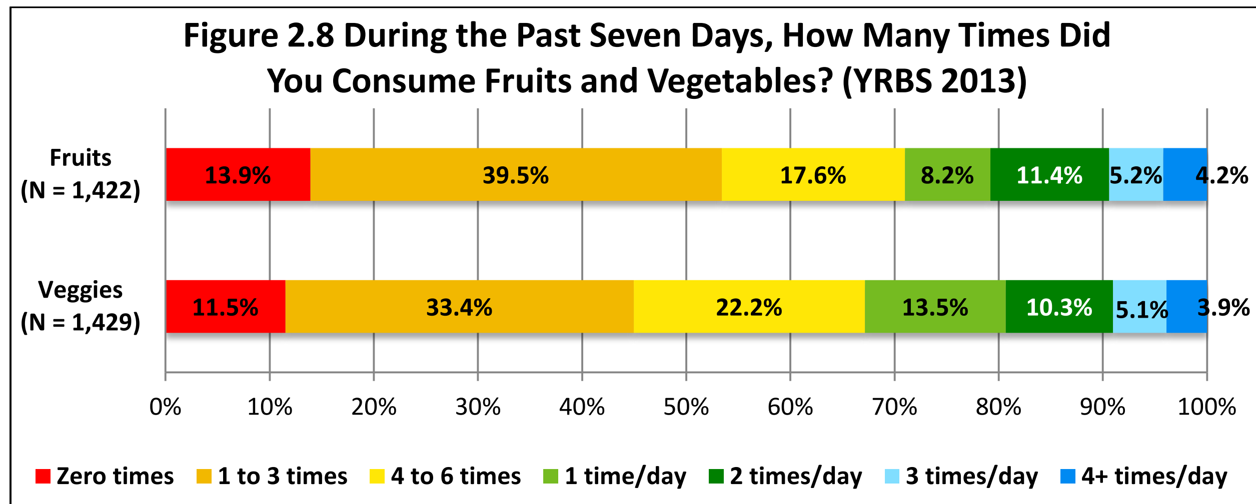




***2014 data unavailable for Arizona adults in households that received food assistance**

There were questions related to vegetables and fruits on both the 2013 and 2015 Youth Risk Behavior Survey (YRBS). However, due to changes in the way the question was asked, it is not possible to compare some consumption rates between 2013 and 2015. Consequently, each year is presented separately here.

Among high school students responding to the 2013 YRBS in Arizona, 13.9 percent reported consuming fruits or 100 percent fruit juice zero times in the seven days that preceded the survey and 11.5 percent reported consuming vegetables, including potatoes, zero times in the seven days prior. Only 9.4 percent of high school students ate fruit or drank 100 percent fruit juice three or more times per day in the seven days prior to the survey (5.2 percent for three times per day and 4.2 percent for four or more times per day). Only nine percent of high school students ate vegetables, including potatoes, three or more times per day in the seven days prior to the survey (5.1 percent for three times per day and 3.9 percent for 4 or more times per day). Figure 2.8 shows the rates of consumption of vegetables and fruits for all Arizona high school students in 2013.



Among high school students in 2015, 6.7 percent reported consuming fruits or 100 percent fruit juice zero times in the seven days that preceded the survey and 7.1 percent reported consuming vegetables, including potatoes, zero times in the seven days prior; additionally, 30.1 percent of high school students reported consuming fruits or 100 percent fruit juice two or more times per day in the seven days prior to the survey, and 26.7 percent of high school students ate vegetables, including potatoes, two or more times per day. Table 2.1 and 2.2 shows the rate of consumption of vegetables and fruits for all Arizona high school students in 2015.

Table 2.1 Percentage of High School Students Who Did Not Eat Fruit or Drink 100% Fruit Juices and Who Ate Fruit or Drank 100% Fruit Juice One, Two, or Three Times a Day, During the Seven Days Before the Survey (YRBS 2015)				
	None	**≥ 1 per day**	**≥ 2 per day**	**≥ 3 per day**
Percent	6.7	60.5	30.1	18.5
N	2,489	2,489	2,489	2,489

Table 2.2 Percentage of High School Students Who Did Not Eat Vegetables and Who Ate Vegetables One, Two, or Three Times a Day, During the Seven Days Before the Survey (YRBS 2015)				
	None	**≥ 1 per day**	**≥ 2 per day**	**≥ 3 per day**
Percent	7.1	59.1	26.4	14.7
N	2,432	2,432	2,432	2,432

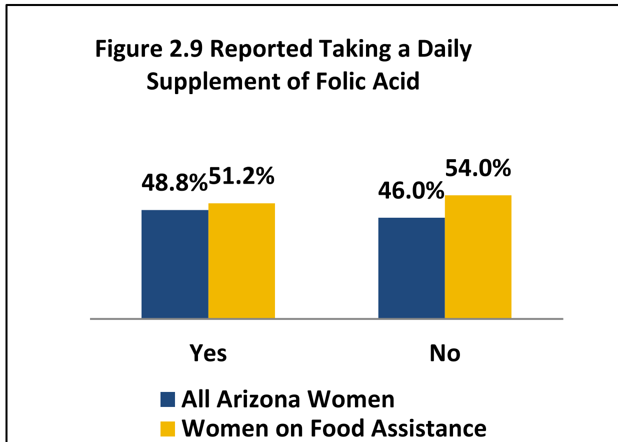
N=number of students in this subgroup. Vegetables include green salads, potatoes (excluding French fries, fried potatoes, or potato chips), carrots, or other vegetables

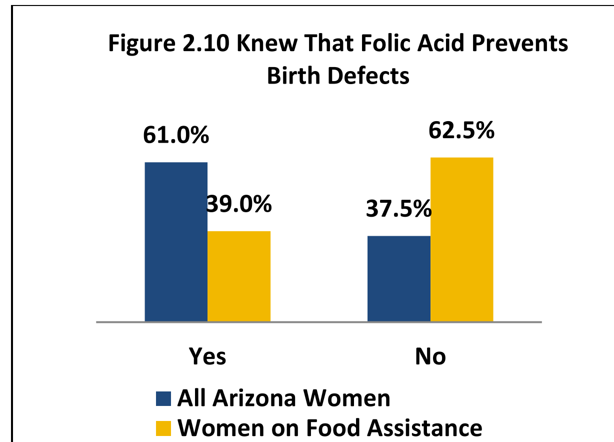
Folic Acid

Folic acid is a B vitamin and can help prevent some major birth defects. The United States Preventive Services Task Force (USPSTF) recommends that all women who are planning to or can potentially become pregnant take a daily supplement containing 400 micrograms of folic acid.[9] To build healthy new cells that the body makes daily, every woman needs to get enough folic acid each day, even if they are not planning to become pregnant. Women can get folic acid through foods such as breads, pastas, rice, and cereals. In addition to getting 400 micrograms of folic acid from supplements, women should eat a diet rich in folate that includes beans, peas, lentils, oranges, asparagus, and dark leafy green vegetables.[10]

The Behavioral Risk Factor Surveillance System has questions to monitor women's use of vitamins with folic acid and their knowledge of the role of folic acid in preventing birth defects. All Arizona women between the ages of 18-44 were asked these questions. Figure 2.9 below shows the percent of all women and those in households that received food assistance who reported taking a daily supplement of folic acid in 2014. Barely a majority (51.2 percent) of all women took a folic acid supplement daily, while a majority of those on food assistance (54.2 percent) did not.

[9] https://www.cdc.gov/ncbddd/folicacid/index.html
[10] http://www.cdc.gov/features/folicacidbenefits/

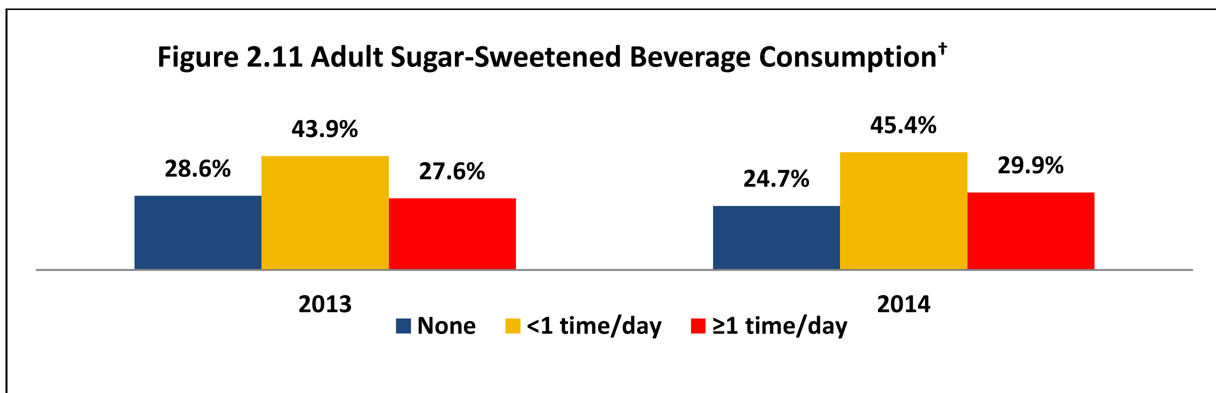




Women of childbearing age who lived in households receiving food assistance were less likely to know that folic acid can prevent some birth defects (43.6 percent vs. 67.0 percent). Figure 2.10 shows the percent of women that are aware of the benefits of folic acid in the prevention of birth defects.

Sugar-Sweetened Beverages

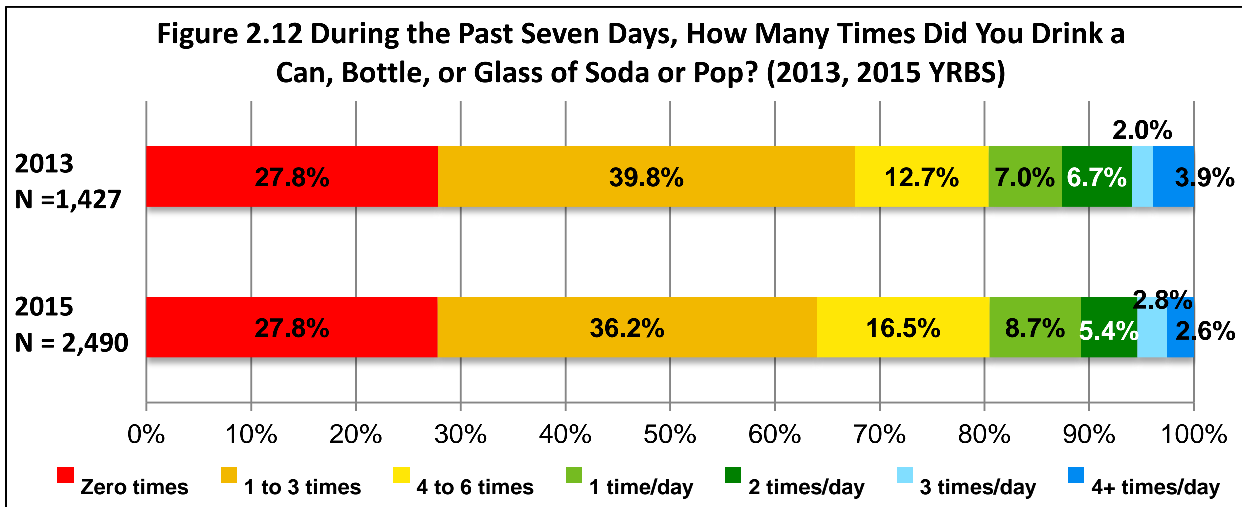
Sugar-sweetened beverages are significant sources of added sugars among adults in the United States.[11] Since 2013, a sugar-sweetened beverage module has been included in the BRFSS related to regular soda and other types of sugar-sweetened beverages (fruit drinks, sweet tea, and sports or energy drinks).[12] These questions were part of the core set of questions in 2013. Arizona included the sugar-sweetened beverage module in 2014 and 2015. In 2014, 24.7 percent of Arizona adults reported drinking zero sugar-sweetened beverages, compared to 28.6 percent in 2013. A higher percent of adults reported drinking sugar-sweetened beverages at least once daily in 2014 (29.9 percent) than in 2013 (27.6 percent). Figure 2.11 shows the prevalence of sugar-sweetened beverage consumption among Arizona adults in 2013 and 2014.



[11] Park S, Xu F, Town M, Blanck H. Prevalence of Sugar-Sweetened Beverage Intake Among Adults—23 States and the District of Columbia, 2013. MMWR Morb Mortal Wkly Rep 2016;65(7):169-174
[12] *Ibid*.

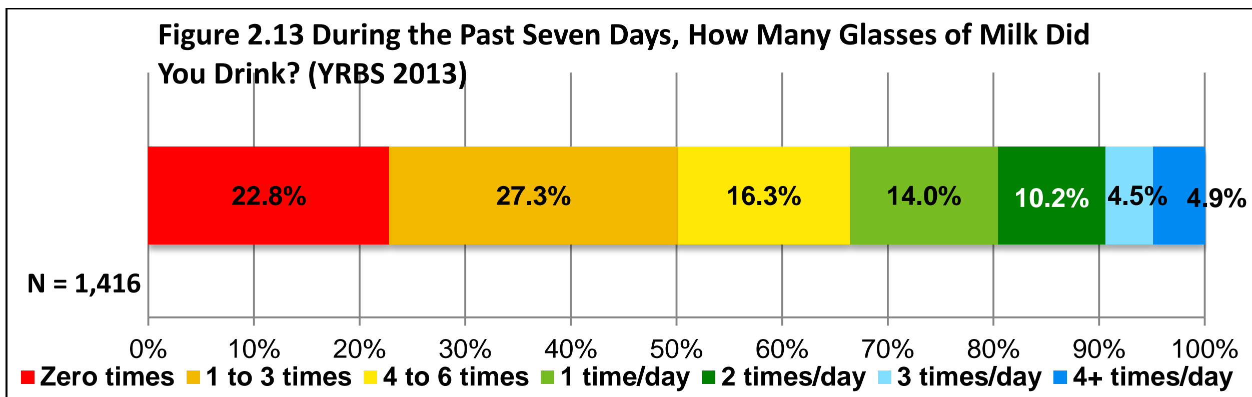
A target population survey of low-income women asked questions about sugar-sweetened beverages in 2012 and 2015. Fewer low-income women reported drinking sugar-sweetened beverages in 2015 than in 2012 – 70 percent and 87 percent, respectively.

Among Arizona high school students responding to the 2015 YRBS, 36.2 percent reported drinking a can, bottle, or glass of soda or pop one to three times during the 7 days before the survey, compared to 39.8 percent in 2013.[9] Figure 2.12 below shows the percentage of all Arizona high school students in 2013 and 2015 who reported drinking a can, bottle, or glass of soda or pop at various frequency levels.



DAIRY

Building strong bones during adolescence and early adulthood is a key defense against the development of osteoporosis in later life. Although questions about milk were not included on the YRBS in 2015, in 2013, 22.8 percent of Arizona high school students reported drinking milk zero times in the seven days preceding the survey, 27.4 percent of students reported drinking milk one to three times per week, and 9.4 percent of students reported drinking milk three or more times per day (4.5 percent for three times per day and 4.9 percent for four or more times per day) in the seven days preceding the survey. Figure 2.13 shows the percent of high school students who reported drinking milk in the seven days preceding the survey in 2013.



In a target population survey of low-income mothers in Arizona conducted in both 2012 and 2015, questions were included about milk and dairy. Low-income mothers reported having, on average, one serving of milk each day. In 2015, nine of ten women (91 percent) who drank milk indicated they drank only one type of milk, with 2 percent milk being consumed by the greatest number of women (31 percent), closely followed by drinkers of non-fat or 1 percent milk (28 percent) and whole milk (26 percent). Compared to 2012, more women reported drinking non-fat or 1 percent milk (25 percent to 31 percent) and fewer women reported drinking sugar-sweetened beverages in 2015 (70 percent to 87 percent).

Whole Grain Consumption

Any food made from wheat, rice, oats, cornmeal, barley, or another cereal grain is a grain product. Bread, pasta, oatmeal, breakfast cereals, tortillas, and grits are examples. Grains are divided into two subgroups, whole grains and refined grains. Whole grains contain the entire grain kernel — the bran, germ, and endosperm. People who eat whole grains as part of a healthy diet have a reduced risk of some chronic diseases.[13]

The only estimate of whole grain consumption comes from the target population survey of low-income mothers conducted in 2012 (n=830) and 2015 (n=1196). In both years, participants were asked about their consumption of several kinds of grains and were asked to estimate what proportion of each one tended to be whole grains. Sixty-two percent of low-income women reported that half of the grains they eat are whole grains in 2015, similar to 59 percent reporting in 2012. They reported eating an average of 1.2 servings of whole grains daily in 2012 and 1.3 servings in 2015. When comparing the percentage of each type of food, cereal and bread top the list, with 81 percent of cereals and 75 percent of breads being consumed as whole grains.

Environment – Opportunities for Healthy Choices

Access to Grocery Stores and Supermarkets

Households in lower-income neighborhoods often have less access to places that sell healthy foods at lower prices, such as large grocery stores and supermarkets. The majority of studies that have examined the relationship between store access and dietary intake find that better access to a supermarket or large grocery store is associated with healthier food intake.

A resident is defined as having low access to a food retail outlet if they are more than one mile from a supermarket or large grocery store in an urban area, or more than ten miles from a supermarket or large grocery store in a rural area. Having access to stores that sell fruits and vegetables and other healthier foods may increase the consumption of fruits and vegetables among adults in Arizona.[14] The percentage of census tracts without at least one healthier food retailer (supermarket, supercenter, larger grocery

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[13]http://www.choosemyplate.gov/ten-tips-make-half-your-whole-grains-whole#sthash.

[14] National Center for Chronic Disease Prevention and Health Promotion State Indicator Report on Fruits and Vegetables 2013, retrieved 03/25/2016. Retrieved from: http://www.cdc.gov/nutrition/downloads/State-Indicator-Report-Fruits-Vegetables-2013.pdf

store, warehouse club, or fruit and vegetable specialty store) was 28.7 percent in Arizona, compared to 30.3 percent nationally in 2012.[15]

HEALTHY FOODS AT SCHOOL AND WORK

The School Health Profiles is a system of surveys assessing school health policies and practices in states, large urban school districts, and territories.[16] School Health Profiles provide information on healthy foods, physical education, and physical activity. Table 2.3 shows highlights of the school environment presented in Arizona's School Health Profiles in 2010, 2012, and 2014.

Table 2.3 School Environment

	2010	2012	2014
Percentage that did not sell less nutritious food and beverages (salty snacks, candy, soda (pop), fruit drinks, and sports drinks) from vending machines or at school store, canteen, or snack bar.*	56.2	57.3	56.3
Percentage that offered fruits or non-fried vegetables in vending machines, school stores, canteens or snack bars, and during celebrations when food and beverages are offered.	10.1	6.9	31.3*
Percentage that prohibited all forms of advertising and promotion of candy, fast food restaurants, or soft drinks in all locations.	63.0	55.7	57.6
Percentage that used the School Health Index or a similar self-assessment tool to assess their policies, activities, and programs in nutrition and physical activity.+	17.7	22.6	16.5°

*Only includes fruits or non-fried vegetables at school celebrations.
+Includes tobacco-use prevention.
° Includes HIV, STD, and teen pregnancy prevention.

Table 2.4 presents information about health education in schools from the 2010, 2012, and 2014 reports on Arizona students in grades 6 -12, unless otherwise noted:[17] [18][19]

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[15] *Ibid*.

[16] DC Adolescent and School health School Health Profiles, retrieved 03/23/2016. Retrieved from: www.cdc.gov/healthyyouth/data/profiles/index.htm

[17] National Center for Chronic Disease Prevention and Health Promotion Division of Adolescent and School health, Profiles 2012 – Chronic Disease Prevention – Arizona Secondary Schools, Retrieved 02/05/2014. Retrieved from: http://www.cdc.gov/healthyyouth/yrbs/pdf/obesity/az_obesity_combo.pdf.

[18] National Center for Chronic Disease Prevention and Health Promotion Division of Adolescent and School health, Profiles 2010 – Chronic Disease Prevention – Arizona Secondary Schools, retrieved 03/23/2016. Retrieved from: www.cdc.gov/healthyyouth/profiles/2010/profiles_report.pdf.

[19] National Center for Chronic Disease Prevention and Health Promotion Division of Adolescent and School health, Profiles 2014 – Chronic Disease Prevention – Arizona Secondary Schools, retrieved 03/23/2016. Retrieved from: http://www.cdc.gov/healthyyouth/data/profiles/pdf/2014/2014_profiles_report.pdf

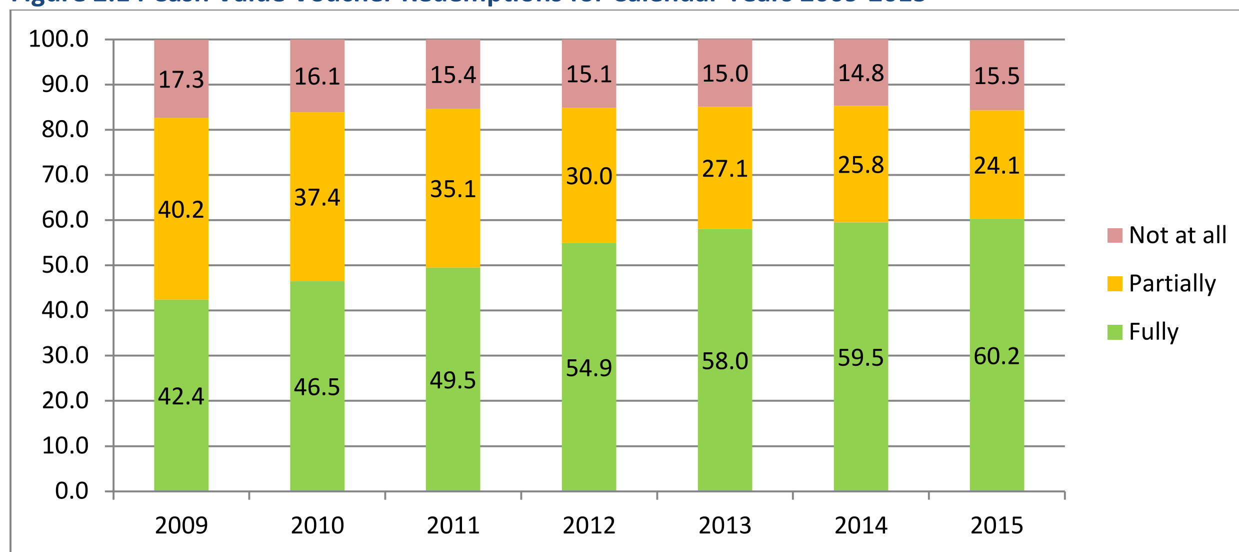
Table 2.4 Health Education			
	2010	**2012**	**2014**
Percentage that required students to take two or more health education courses.	18.5	16.8	15.3
Percentage that had a health education curriculum that addresses all eight national standards for health education.	37.2	30.8	31.2
Percentage that taught all 14 key nutrition and dietary behavior topics in a required course.[20]	40.5	37.4	27.7*

*2014 included 20 nutrition and dietary behavior topics.

Performance Indicators

Since 2009, the WIC Program has been issuing Cash Value Vouchers (CVVs), which can be redeemed for fruits and vegetables. One indicator of this program's success is to monitor the extent to which vouchers that were issued were actually redeemed, and if they were redeemed, whether it was for their full dollar value. Figure 2.14 shows that there is a clear trend over time for WIC clients not only to use their vouchers, but, more often, to use them at their full value. However, in 2015, although more vouchers were redeemed for their full values, there was a higher percentage of vouchers that were not redeemed at all than in any year since 2010.

Figure 2.14 Cash Value Voucher Redemptions for Calendar Years 2009-2015



[20] 20 Nutrition and behavior topics in required course 2014 http://ghbraddock.dadeschools.net/files/2014ResultsHETeachers.pdf

Table 2.5 shows that clients are redeeming higher proportions of the issued values than in past years, with this amount steadily rising year by year through 2014 and down slightly in 2015.

Table 2.5 Value of CVV Redemptions as a Proportion of Their Value			
Calendar Year	**Value of CVVs Issued**	**Value of CVVs Redeemed**	**% of Value Redeemed**
2010	$11,483,065	$9,120,962	79.4%
2011	$11,282,094	$9,059,126	80.3%
2012	$10,789,517	$8,749,169	81.1%
2013	$10,010,942	$8,165,230	81.6%
2014	$10,790,972	$8,890,269	82.4%
2015	$11,320,492	$9,284,526	82.0%

The Farmers' Market Nutrition Program (FMNP) was established by Congress in July 1992 to provide fresh, nutritious, unprepared, locally grown fruits and vegetables to WIC participants and seniors, and to expand the awareness of farmers' markets. Table 2.6 shows the number of growers and markets approved for FMNP during the past six years in Arizona.

Table 2.6 Number of Approved Growers and Markets		
FFY	Approved Growers	Approved Markets
2010	143	45
2011	208	42
2012	208	39
2013	132	34
2014	132	35
2015	141	36

Table 2.7 shows activity in FMNP from 2010 through 2015, including the number of clients who received coupons, the number of coupons issued, the full value of the coupons, the amount redeemed, and the number of growers who redeemed coupons each year.

Table 2.7 FMNP Coupons Issued, Cashed, and Redeemed					
FFY	Clients Receiving Coupons	Number of Coupons Issued	Value of Coupons	Value Redeemed	# of Approved Growers with Redemptions
2010	11,373	113,730	$341,190	$164,067	114
2011	10,834	108,340	$325,020	$153,201	119
2012	10,051	100,510	$301,530	$144,741	101
2013	14,013	140,130	$420,390	$180,585	91
2014	14,631	146,310	$438,930	$178,725	77
2015	15,546	155,480	$466,440	$189,138	70

In addition to using FMNP coupons, WIC clients are able to redeem their Cash Value Vouchers for fruits and vegetables at farmers' markets. Table 2.8 below shows the number and value of CVV coupons redeemed at farmers' markets from 2010 through 2015.

Table 2.8 CVVs Redeemed at Farmers' Markets		
Calendar Year	Number Redeemed	Dollars Redeemed
2010	846	$4,670
2011	812	$4,445
2012	664	$3,565
2013	571	$3,071
2014	313	$1,834
2015	597	$3,702

Participant-Centered Education

In recent years, the Arizona WIC Program introduced a new approach to nutrition education and WIC services known as Participant-Centered Services (PCS). With PCS, the educator provides counseling and advice, while listening to and guiding the participant around nutrition-related decisions and behaviors. This contrasts with the traditional didactic WIC assessment and education model in which the counselor is an authority figure from whom the participant simply receives information and direction. Successful implementation of PCS requires consideration of policies that enhance or impede customer service, clinic processes and their effect on participant interactions, and WIC staff's interpersonal skills for delivering WIC services in a customer-focused manner.

To measure numerous aspects of client satisfaction as they relate to the principles of PCS, a standardized set of ten questions was designed. Survey protocol required WIC clinic staff to invite each client who came into the clinic to fill out a computer-based questionnaire after the nutrition counseling portion of the visit. Clients could choose to take the survey in either English or Spanish, but no

identifying information about them was collected and clients were assured that their responses are strictly confidential. The survey was implemented for the first time in 2011, and baseline measures were established and shared with Local Agencies. The survey was repeated using the same methodology in April of the following years: 2012, 2013, 2015, and 2016.

Overall, relatively high levels of satisfaction with WIC services have been found in each of the years that surveys have been conducted. In 2013, state-level results indicated that one area of concern is emerging. Lower proportions of clients are saying that they are waiting less than 15 minutes for their appointment, and satisfaction levels related to wait times have decreased. On the other hand, improvements have been noted in the percent of respondents who reported the highest levels of satisfaction in each of the following:

- Counselor listened to their concerns
- Counselor's interest in how their families do things
- How much staff care about them and their families
- How much they got to talk about what they wanted to talk about
- How welcome the staff made them feel
- How much they liked the foods that they could buy with their WIC checks
- Ability to make better decisions after talking with their counselor
- Finding WIC foods in the store

Over time, implementing PCS seems to have resulted in increased client satisfaction, with clients noting the more family-centered focus and discussions that are more tailored to their individual needs, in spite of an increase in wait times. Overall, results in 2016 appear to be improving again, after losing ground in 2015.

Table 2.9 Participant-Centered Education Measures
Percent of Clients Reporting Highest Levels of Performance

	2011	2012	2013	2015	2016
Waited less than 15 minutes	76.6%	72.6%	67.6%	59.9%	66.3%
Very satisfied with amount of time to wait	69.2%	68.9%	62.3%	61.6%	67.0%
Counselor listened very much to concerns	92.8%	90.0%	91.3%	89.3%	92.3%
Counselor very interested in how family does things	75.5%	76.7%	80.0%	78.0%	81.2%
Staff cared very much	86.9%	86.6%	88.3%	85.6%	88.8%
Got to talk very much about what they wanted	83.8%	84.7%	87.0%	84.1%	87.9%
Staff made them feel very welcome	79.4%	80.0%	81.8%	77.9%	81.5%
Very much like the foods they can buy with WIC	82.0%	78.3%	79.7%	80.4%	81.1%
Very much able to make better choices after talking to counselor	80.7%	79.4%	81.3%	79.3%	82.3%
Know how to find all the WIC foods where they shop	76.7%	75.3%	76.7%	73.2%	76.7%

EARLY CARE AND EDUCATION

The Empower Program was developed by ADHS to influence healthy behaviors in Arizona's licensed child care facilities. The program requires child care facilities to follow standards related to nutrition, physical activity, sun safety, oral health and smoke-free facilities in return for a discount on their annual licensing fees. New Administrative Rules went into effect on July 1, 2013. During site reviews, ADHS licensing staff ask respondents to rate their level of implementation of each of the ten Empower standards as either fully or partially implemented or not at all implemented. There is also an option to respond with "don't know." The first full year of data collected on Empower included all sites reviewed (n=1483) during state fiscal year 2014 (July 1, 2013 through June 30, 2014). Data are now also available for state fiscal year 2015 on three Empower standards related to nutrition:

- ***Determine whether site is eligible for the United States Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP), and participate if eligible.*** Sixty-one percent of facilities had a written policy requiring determining eligibility for CACFP.
- ***Limit serving fruit juice to no more than two times per week.*** The fruit juice standard requires a commitment to supporting children in establishing lifelong healthy eating and drinking habits, and includes seven components as shown in the chart below. Figure 2.15 shows the percent of facilities who reported being in full, partial, or non-compliance with each component within the first two years.
- ***Serve meals family style and do not use food as a reward.*** The family-style meal standard requires facilities to subscribe to six components. Figure 2.16 shows self-reported levels of compliance with each component.

Figure 2.15 Empower Program Fruit Juice Component Level of Implementation Years 1 and 2

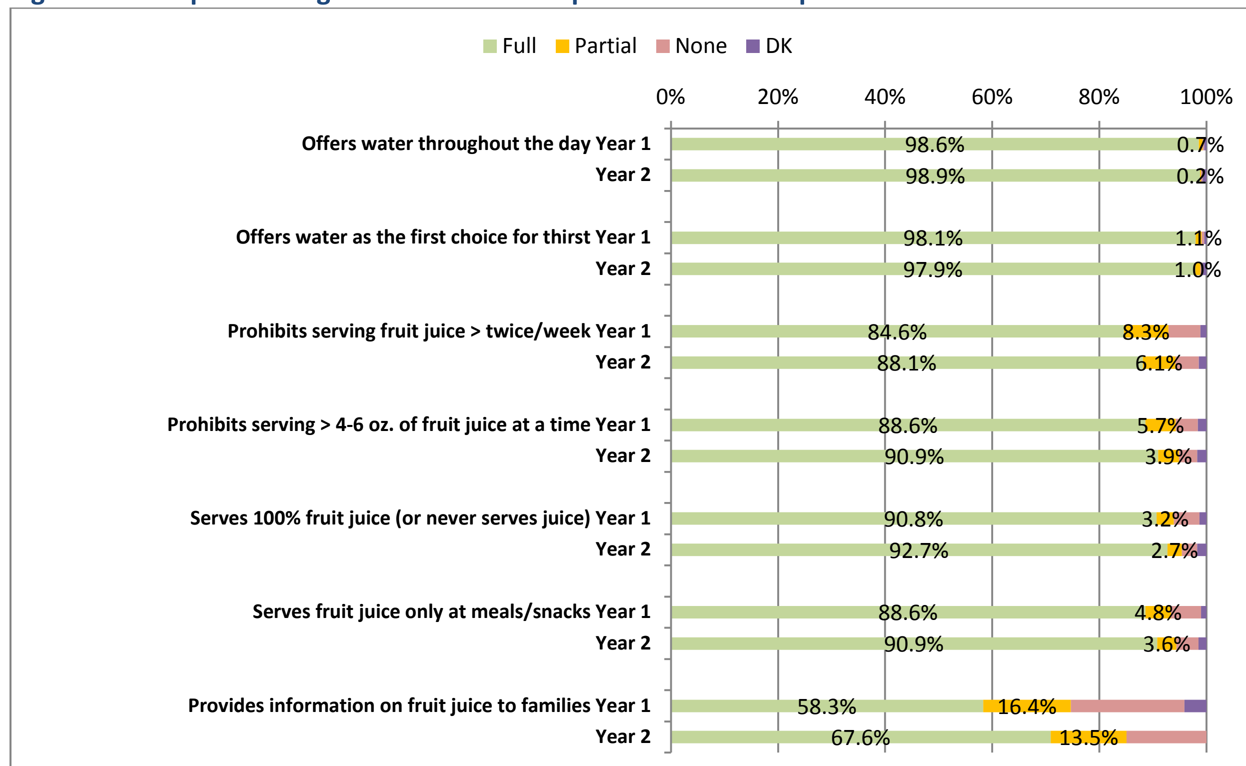
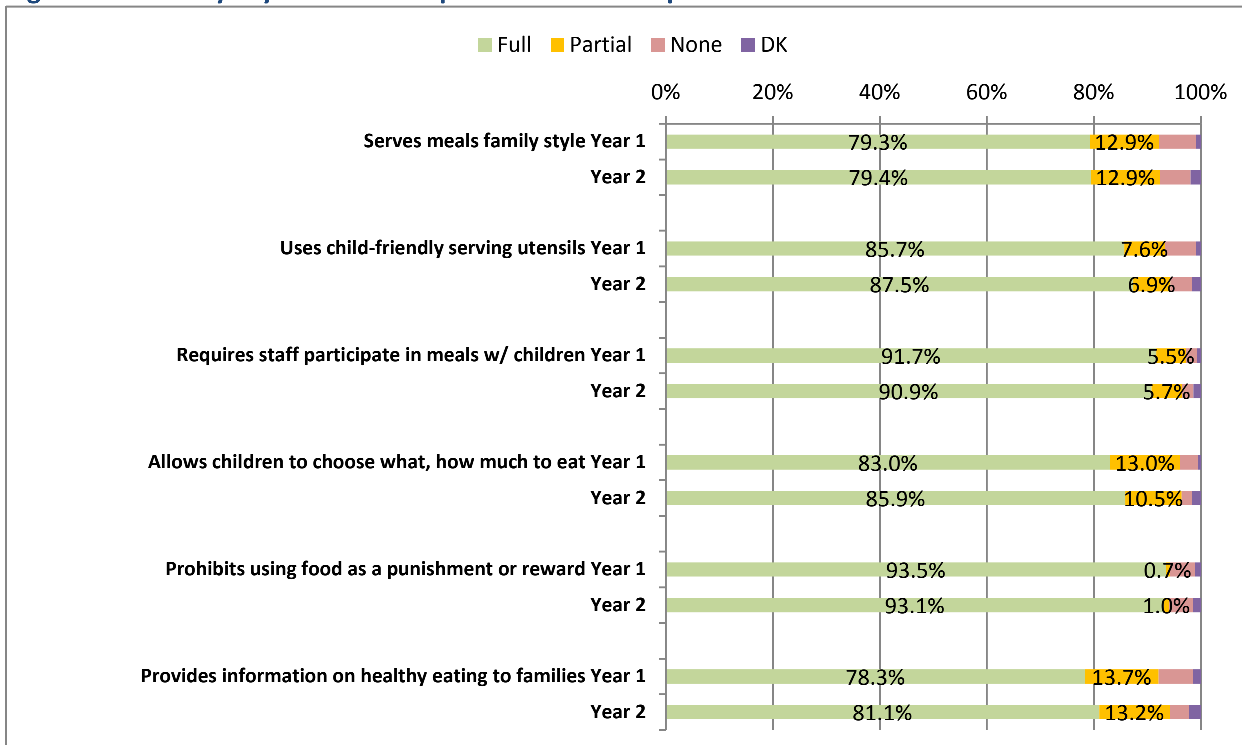


Figure 2.16 Family-Style Meals Component Level of Implementation – Years 1 and Year 2



Bureau Strategies

The Bureau has adopted strategies that intervene on many levels, ranging from distributing healthy foods to at-risk populations to changing the food environment to make healthy foods more accessible, and promoting policy change. Together, over the long term, these strategies are expected to lead to greater accessibility of healthy foods and the knowledge to choose them. The table below shows how various Bureau strategies work to collectively impact nutrition in Arizona.

Strategy by Program/Funding Source Strategy by Program/Funding Source

	WIC	CSFP	Arizona Nutrition Network	CDC 1305 Grant	Empower
A. Distribute Food	●	●			
B. Nutrition Education	●	●	●		
C. Food environment (e.g. farmers' markets, healthy retail)	●		●	●	
C. Workforce Development/ Training	●				●
E. Early Care and Education and School Policy			●	●	●

Although accomplishments only related to the WIC Program will be detailed in this section, it is important to understand that there are other programs and initiatives that also have a collective impact to improve long-term nutrition outcomes in Arizona. For example, the Commodity Supplemental Food Program (CSFP) provides food and nutrition education to seniors in Arizona. The AzNN provides nutrition education and healthy messaging to raise awareness related to healthy food choices and promotes policies to create healthy food environments. A CDC grant to prevent and manage chronic conditions (CDC 1305) that is currently in place in the Division of Public Health Prevention Services focuses on the food environment, promoting farmers' markets and healthy retail, as well as early care and education and school policies.

The remainder of this section will focus on accomplishments related to nutrition in the WIC Program during 2016.

Accomplishments Related to Strategies in 2016

A. Distribute Food

Each year since 2011, WIC recipients in Arizona have redeemed checks for more than $120 million worth of healthy foods. Since January 2016, more than $48 million worth of WIC checks have been redeemed. For 2015 and 2016, Arizona set a goal to increase the percent of CVVs that were redeemed (either fully or partially) to 90 percent. In FFY14, 85.3 percent were redeemed, and in FFY15, only 84.2 percent were redeemed. However, CVV redemption as a percent of value increased from 82.4 percent in FFY14 to 82.7 percent in FFY15.

Focus groups conducted in the past few years have indicated that young people often do not know how to cook. Consequently, plans made in the latter part of FFY15 included distributing cookbooks with instructions on how to prepare WIC foods. The WIC cookbook development is taking longer than anticipated and will be ordered towards the end of FFY16. Five-year trends suggest that improvements in the use of CVVs are incremental and small from year to year. Ninety percent remains the long-term goal for these measures, but short-term objectives for 2017 have been restated at 87 percent of CVVs redeemed either partially or fully and at 84 percent of the value. The vendor application process has been adapted to integrate with HANDS. The process of accepting new applications to increase the number of food retail outlets being authorized for WIC purchases continues.

B. Nutrition Education

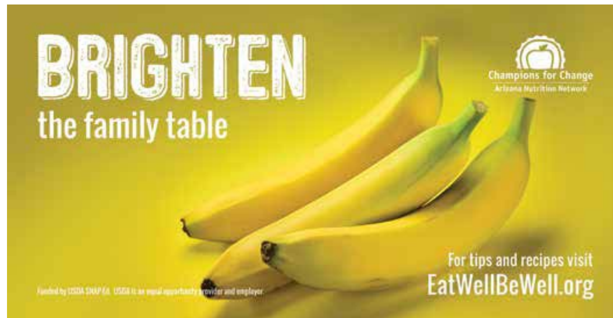
Much of the push for participant-centered education occurred when Value Enhanced Nutrition Assessment (VENA) was first implemented. The concept of WIC certification and education has since evolved to expand beyond education to PCS.

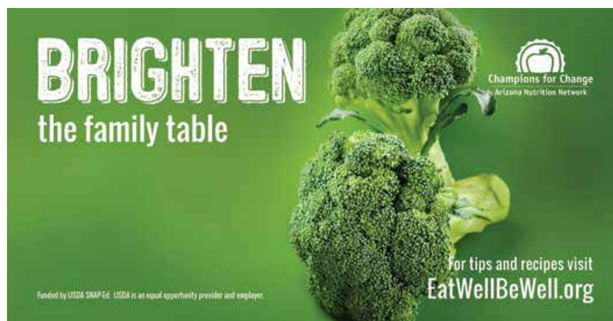
In the process of implementing PCS, the management information system, Arizona in Motion (AIM), was identified as a barrier to full PCS implementation. The new system, HANDS, was designed to facilitate staff in using PCS. The system was changed from a series of structured questions to a more conversational, open-ended approach. In 2014 and 2015, training focused on the technical aspects of how to appropriately document in the new system. Longer wait times may have been an unintended consequence of learning the new technology and methods while continuing to operate busy clinics. Management evaluations of agencies reviewed to date are encouraging, as a review of staff notes and

observations include notes indicating that participant nutrition education is being provided at certification. Staff is becoming more comfortable with the new system.

The steady progress that was previously observed from 2011 through 2013, as documented in the client satisfaction survey, appeared to have stalled in 2015, but has since returned, with 2016 results improving over 2015 on every measure. The 2015 survey had been conducted in April 2015, during a time when staff was implementing HANDS in their clinics and learning the new technology. In addition, Maricopa County, the largest Local Agency, changed their appointment scheduling system to accommodate only walk-ins, which resulted in longer waiting times. Since then, they have moved back to a mixture of appointment methods so that participant preference is now considered when determining whether to schedule an appointment or allow walk-ins. A feasibility study was conducted to explore online scheduling of appointments, which would allow clients to look up wait times before deciding whether to walk in. Upon completion of that study, it was concluded that development costs were too high to pursue.

AzNN continues to provide direct education and utilizes evidence-based nutrition education. They have also begun to build capacity to implement healthy eating policy at the community level. Beginning in the fall of 2015, AzNN launched a targeted social marketing campaign "Brighten Your Family Table," including paid television, radio, online, and out-of-home ad placements. The campaign was targeted to low-income mothers with children ages 2-11, and coordinated with the direct education provided by AzNN contractors for a multilevel intervention.





C. Food Environment

Farmers' markets play an important role in the food environment by increasing the availability of fresh fruits and vegetables to individuals in underserved areas. Arizona set an objective for 2016 to increase the number of growers and farmers' markets approved in underserved areas, as well as maintain open communication among all stakeholders. Monthly Farmers' Market Nutrition Program (FMNP) trainings were scheduled for the entire FFY16 in order to get more growers and markets approved throughout the year instead of during only a few months of the year. A quarterly phone call was also set up to inform stakeholders of any changes to the program and to address any questions stakeholders might have about the program. Also, in the efforts to increase the availability of fresh fruits and vegetables to individuals in underserved areas, the department has also added three new rural WIC agencies to receive WIC FMNP caseload. The three agencies are Desert Senita Community Health Center WIC, Navajo County WIC, and Mariposa WIC. All three of these agencies are located within food deserts and will greatly benefit from the FMNP program and FMNP voucher distribution. Also, in order to increase redemption within urban areas, an outreach flyer for both Maricopa and Pima counties was developed. The purpose of the promotional flyer is to get WIC clients to visit authorized farmers' markets to use both FMNP and WIC Cash Value Vouchers (CVV).

Drought conditions have resulted in farmers' inability to grow in certain areas of the state, and turnover of volunteer personnel has posed a significant barrier. Although Arizona receives funds to administer the FMNP, funds for administration are set at 17 percent of food redemptions. Actual administrative expenses related to FMNP far exceed funding, as farmers require more support through the application and redemption process than other vendors. Most are not oriented towards business practices that one might expect from other types of vendors.

D. Workforce Development/Training

Objectives for FFY16 included holding monthly Training Advisory Group (TAG) meetings with Local Agency trainers for them to provide input, pilot the registered dietitian (RD) high-risk training plan, revise and develop a plan to evaluate the New Employee Training Plan and guidebooks, and provide both in-person trainings and in-service training resources designed to meet the priorities identified in the FFY15 Training Needs Assessment. One of these trainings includes the pilot of Nutrition Boot Camp. Most of these objectives have either been accomplished already or are on track for completion by the end of the fiscal year. The one exception is the evaluation of the New Employee Training Plan. The work began and revisions were made to one component; however, upon assessment, it was discovered that other considerations, such as adult learning needs, foundational knowledge structure, and staff needs were not considered. As a result, we are seeking to partner with a university to provide a more in-depth evaluation.

Several toolkits have been developed and posted online or are in the pilot phase. Early results indicate that they have been well received.

A. DISTRIBUTE FOOD			
Strategy by Program Area	**Objectives for 2016**	**Actual Performance 2016**	**Objectives for 2017**
WIC			
Review and monitor monthly redemption reports for WIC Food Benefits and CVVs.	Redeem 87 percent of CVVs, either partially or fully, and redeem 84 percent of value.	Not met – only 84.2 percent were partially or fully redeemed Not met – 82.7 percent of value redeemed	Redeem 87 percent of CVVs, either partially or fully, and redeem 84 percent of value.
Authorize retailers (Vendors) who meet all eligibility requirements so WIC participants have access to and receive healthy foods.	Incorporate eWIC language/practices into Vendor policies and procedures.	Incorporated initial eWIC language/practices into Vendor redemption policies and procedures.	Work with eWIC team to expand appropriate Vendor Management policies and procedures related to eWIC in preparation for pilot and subsequent rollout.
	Maintain integrity of online Vendor application and price survey.	Reviewed all submitted applications and price surveys for compliance with selection criteria for authorization.	Maintain integrity of online Vendor application and price survey.
	Complete reauthorization for Vendor applications received for the FFY17 Vendor Contract.	A total of 228 applications from three chain store corporations resulted in 228 authorizations of outlets for FFY16. Application packets were sent to 101 currently authorized independent owners for FFY17, accounting for 131 outlets.	Complete reauthorization for Vendor applications received for the FFY18 Vendor Contract.
	Process grocery retailer applications received under continuous enrollment.	Processed 43 Vendor applications to authorize additional stores. Twenty-eight applicants authorized, eight denied, and seven pending as of May 31, 2016.	Process grocery retailer applications received under continuous enrollment.

B. NUTRITION EDUCATION			
Strategy by Program Area	**Objectives for 2016**	**Actual Performance 2016**	**Objectives for 2017**
WIC			
Participant-Centered Education	Increase client satisfaction and promote behavioral change using motivational tools.	All ten measures of client satisfaction increased over 2015.	Continue to increase client satisfaction measures.
Provide tools for nutrition education-enhanced messages incorporating MyPlate, USDA Common Nutrition Messages and/or Baby Behavior messages.	Ninety percent of Arizona WIC Program non-high-risk participants will have a TGIF note as documentation of their nutrition education contact.	Measure to be calculated at end of the fiscal year. Distributed Nutrition for Pregnant Participants and Nutrition for Breastfeeding Moms that feature MyPlate and USDA nutrition messages. Also made available Baby Behaviors Booklets that emphasizing infant hunger/satiety cues. A WIC Recipe Book using WIC foods will be made available this year.	Ninety percent of Arizona WIC Program non-high-risk participants in 90 percent of local agencies that have received Management Evaluations in FFY2017 will have a TGIF note as documentation of their nutrition education contact.

C. Food Environment			
Strategy by Program Area	**Objectives for 2016**	**Actual Performance 2016**	**Objectives for 2017**
WIC			
Inform growers, farmers' markets, and clients about FMNP.	Continue to respond to requests, log contacts, and establish baseline measure of numbers assisted.	Established quarterly FMNP calls with growers, farmers' market managers, and WIC Local Agencies. Developed and distributed flyer to participants to promote FMNP and WIC CVV use at farmers' markets. WIC clinics are currently still issuing FMNP checks; will establish baseline measure of numbers assisted at end of year.	Continue quarterly FMNP calls and establish a biannual FMNP newsletter for growers, farmers' market managers, and WIC Local Agencies.
Provide online resources for growers and farmers' markets for FMNP.	Complete website reorganization.	Completed and kept website updated, including market lists and participant guide. FMNP manual also made available online for growers. By the end of the year, will post a listing of approved growers on the website for market manager reference.	Explore online FMNP application options for farmers' markets.
Recruit and authorize growers and farmers' markets for FMNP.	Identify and authorize farmers' markets in three areas not currently served.	Authorized new farmers' market in rural community of Ajo, AZ. Currently working with Navajo County to establish a farmers' market in Show Low, AZ. Providing training to farmers' market in Greenlee County.	Continue to work with Greenlee County to establish an authorized farmers' market and provide FMNP caseload to Greenlee WIC clinics.
Train potential growers and farmers' markets for FMNP.	Explore development of online training to address accessibility.	Provided 14 in-person trainings offered across the state. Provided FMNP training via Skype to one grower.	Explore development of online training to address accessibility.

D. WORKFORCE DEVELOPMENT/TRAINING			
Strategy by Program Area	**Objectives for 2016**	**Actual Performance 2016**	**Objectives for 2017**
WIC			
Provide staff training on topics based on needs identified by Training Advisory Group (TAG)	Based on evaluation of training, TAG will continue.	Provided two TAG webinars based on requested topics: follow-up on Conflict Management training and Cultural Competency. Posted a series of in-services online for use at in-services in Local Agencies to meet training needs. Pilot of Nutrition Boot Camp late in FY16.	Continue release of in-services, adjust curriculum for Nutrition Boot Camp based on pilot, and develop implementation plan for Nutrition Boot Camp for 2017 and 2018 based on TAG input and feedback. Complete 2017 Training Needs Assessment.
Develop RD High-Risk Training Plan	Develop rubric for high-risk appointments.	Piloted High-Risk Training Plan, Guidebooks, and Rubric.	Develop Formula Guidebook.
Continue New Employee Training	Develop updated plan for guidebook, including priorities and planned enhancements.	Updated Basic Nutrition and piloted new competency-based pre-/posttest.	Based on results, adjust remaining notebooks and identify partner for larger systematic review, including evaluation of adult learning needs and trauma-informed care.
Nutrition Risk Criteria	Implement new nutrition risk criteria from USDA on October 1, 2015.	Released PMAD e-learning course to all staff. Updated Assessment Course to be included in Training Plan.	Establish prerequisite activities for Assessment e-learning course involving risk criteria.
Training Needs Assessment and Toolkit Development	Develop toolkits for remaining priority areas.	Released series of four in-services based on needs assessment.	Continue release of tool-kits planned and conduct 2017 Needs Assessment.
Perinatal Mood and Anxiety Disorders (PMAD)	Roll out PMAD e-learning course and add as required course for staff.	Released to all staff. Guidebook in development.	Release accompanying Guidebooks.

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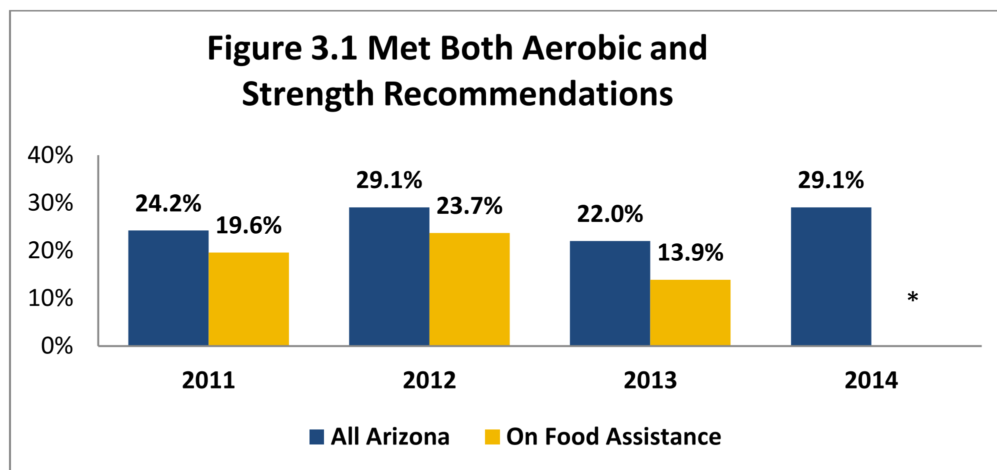
1.3 PHYSICAL ACTIVITY

Every other year, the national Behavioral Risk Factor Surveillance System (BRFSS) contains questions about physical activity. In Arizona, these questions are included every year, which allows annual tracking of trends as well as biennial comparisons between Arizona and the nation. However, in 2011, the CDC changed both its sampling methodology and its questions related to physical activity, making prior estimates incomparable to later estimates.

The new CDC measures track the percent of adults who meet aerobic and strength recommendations. In 2011, the physical activity questions were changed to obtain a more accurate representation of those meeting and not meeting national physical activity recommendations. The recommendation for aerobic physical activity for adults is at least 150 minutes of moderate activity or 75 minutes of vigorous activity per week, and the muscle-strengthening recommendation is to participate in muscle strengthening activities at least twice per week. In Arizona, these questions will be asked every year, which will allow for annual tracking of trends from 2011 forward.

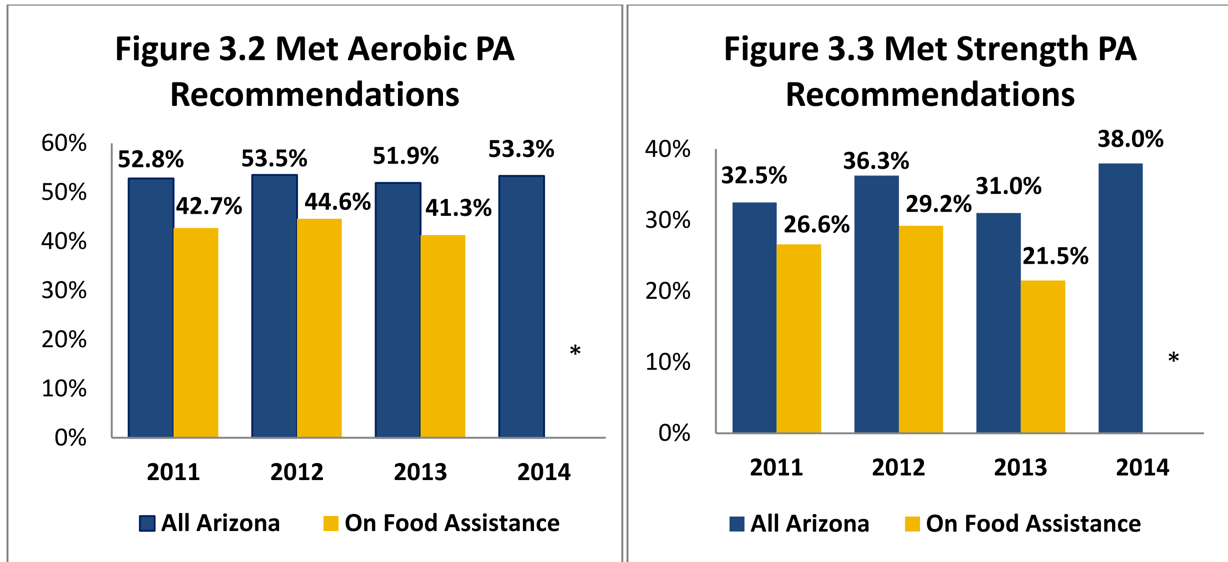
Figure 3.1 below shows the percent of Arizona adults who met both aerobic and strength recommendations for the state as a whole from 2011 through 2014, and for those that lived in households where someone received food assistance in 2011 through 2013. Physical activity data is not available for households that were on food assistance in 2014 due to a sampling methodology that split the sample into two separate groups. In 2014, the three food assistance questions were not included in the same sample group as the physical activity questions. In future years, care will be taken to ensure that respondents who are asked the physical activity questions will also be asked the food assistance questions.



***2014 data unavailable for Arizona adults in households that received food assistance**

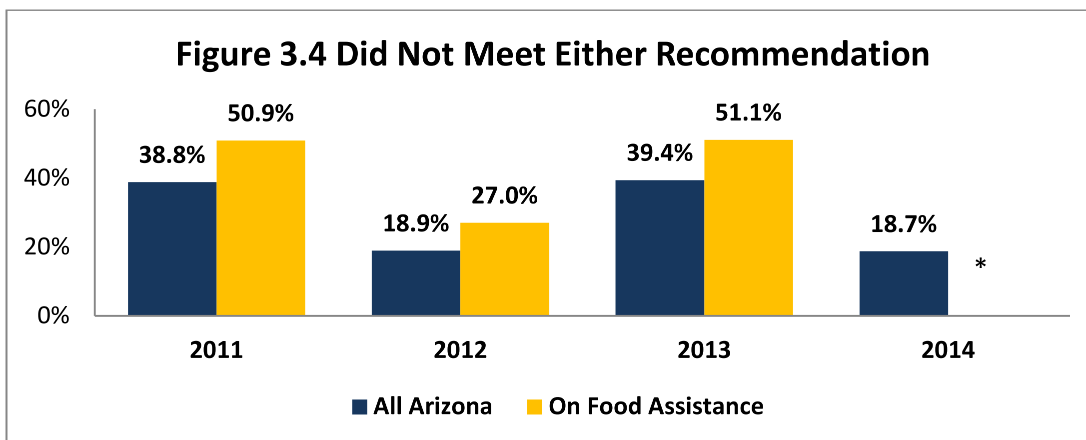
In each year for which data is available to compare the food assistance population to the general population, adults in households receiving food assistance tend to be less likely than the general population to meet recommendations. Results for 2012 appear to be an anomaly, since the progress that was apparently made between 2011 and 2012 was reversed in 2013 and reappeared in 2014. These results should be interpreted with caution.

Higher proportions of adults met *either* the aerobic *or* strength recommendations, with higher proportions meeting aerobic than strength recommendations among all adults as well as those in households on food assistance. In 2014, 53.3 percent of Arizona adults met the aerobic physical activity recommendations and 38.0 percent met the strength physical activity recommendations. Arizona adults in households that received food assistance were less likely to meet either recommendation than all adults in each year for which data is available. See Figures 3.2 and 3.3.



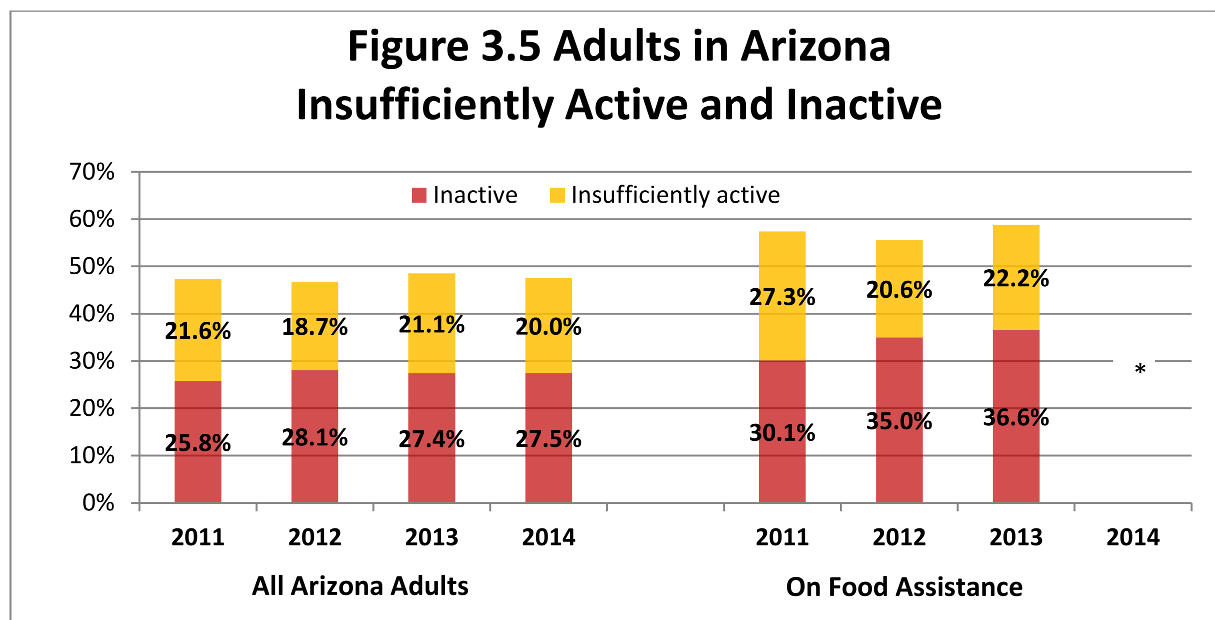
***2014 data unavailable for Arizona adults in households that received food assistance**

Figure 3.4 shows the proportion of Arizona adults who did not meet either physical activity recommendation. Again, these data are not available for 2014 for adults in households that received food assistance. The apparent sharp decline in the percentage of adults who did not meet either recommendation in 2012 that appears to have reversed itself by 2013 should be interpreted with the same caution as the increase in those meeting both recommendations, which was mentioned for Figure 3.1.



***2014 data unavailable for Arizona adults in households that received food assistance**

Looking specifically at activity levels in 2013, more than half of Arizona adults in households that received food assistance (58.8 percent) reported activity levels that were either inactive (36.6 percent) or insufficiently active (22.2 percent). Although the overall percent of Arizona adults in households that received food assistance and reported *either* inactive *or* insufficient activity levels did not greatly change from 2011 to 2013, a higher proportion of those who received food assistance were *inactive* in 2013: 36.6 percent in 2013 compared to 30.1 percent in 2011. In 2014, 27.5 percent of Arizona adults reported activity levels that were inactive and 20.0 percent reported activity levels that were insufficient. See Figure 3.5 below.



***2014 data unavailable for Arizona adults in households that received food assistance**

The 2013 and 2015 YRBS asked high school students about physical activity that increased their heart rate and made them breathe hard during the seven days before the survey. In 2015, 46.4 percent of students reported participating in at least 60 minutes of physical activity on five or more days and 26.0 percent on all seven days. In 2013, 41.9 percent of students reported participating in at least 60 minutes of physical activity on five or more days and 21.7 percent on all seven days. In both years, males reported more physical activity in the last seven days. Table 3.1 compares the proportion of students who were physically active at least one day, five or more days or throughout all seven days during the seven days before the survey.

Table 3.1 Percentage of Students Who Were Physically Active Seven Days Before the Survey, by Gender (YRBS 2013 and 2015)

	At least 1 day			5 or more days			All 7 days		
Year	**Total (%)**	**Boys (%)**	**Girls (%)**	**Total (%)**	**Boys (%)**	**Girls (%)**	**Total (%)**	**Boys (%)**	**Girls (%)**
2013	19.8	14.9	17.3	41.9	50.4	33.2	21.7	27.8	15.5
2015	15.9	14.5	17.3	46.4	52.8	40.0	26.0	32.1	19.3

Approximately half of high schools students reported playing on one or more sports teams during the past 12 months in 2015, which is unchanged from 2011 and 2013. Table 3.2 shows the percentage of high school students who played on one or more sports teams during the past 12 months, by gender.

Table 3.2 Percentage of Students Who Played on One or More Sports Teams During the Past 12 Months, by Gender (YRBS 2011, 2013, 2015)

Year	Total (%)	Boys (%)	Girls (%)
2011	50.4	54.8	46.2
2013	50.5	53.7	47.3
2015	49.2	52.4	45.8

In 2015, fewer than half (40.9 percent) of high school students reported that they attended physical education classes on one or more days in an average week when they were in school (47.3 percent of boys and 34.0 percent of girls), and only 26.3 percent attended daily physical education classes (30.6 percent of boys and 21.5 percent of girls). The percentage of students that attended one or more days of physical education and the percentage of students who attended physical education classes daily did not change greatly from 2011 to 2014. Table 3.3 shows the percentage of high school students who attended physical education classes on one or more days in an average week when they were in school and the percentage of students who attended physical education classes daily in an average week when they were in school, by gender.

Table 3.3 Percentage of Students Who Attended One or More Days of Physical Education Classes and the Percentage of Students Who Attended Physical Education Classes Daily, by Gender (YRBS 2011, 2013, 2015

	Attended one or more days in an average week when they were in school			Attended daily in an average week when they were in school.		
Year	Total (%)	Boys (%)	Girls (%)	Total (%)	Boys (%)	Girls (%)
2011	41.7	49.0	34.4	29.6	36.3	23.2
2013	39.9	48.1	31.3	23.0	27.7	18.5
2015	40.9	47.3	34.0	26.3	30.6	21.5

Table 3.4 shows the percentage of high school students that said they went to physical education classes zero times per week and the percentage of high school students that said they went to physical education classes three to five times per week in the YRBS.

Table 3.4 Physical Education and Physical Activity (YRBS)			
	2011	**2013**	**2015**
Percentage of high school students that said they went to physical education classes zero times per week.	58.3	60.1	59.1
Percentage of high school students that said they went to physical education classes three to five times per week.	37.6	34.7	35.7

When asked about sedentary behaviors in 2015, 24.7 percent of students said they watched television three or more hours per day on an average school day, compared to 27.1 percent in 2013. In 2015, 40.5 percent of students said they used computers three or more hours per day to play video or computer games, or used a computer for something that was not school work on an average school day, compared to 36.9 percent in 2013. Table 3.5 shows the percentage of students who watched three or more hours per day of TV on an average school day and percentage of students who played video or computer games or used a computer for something that was not school work three or more hours per day on an average school day, by gender.

Table 3.5 Percentage of Students Who Watched Television and Percentage of Students Who Played Video Games or Used a Computer for Non-School work, by Gender (YRBS 2013, 2015)						
	Watched television 3 or more hours per day			**Played video or computer games or used a computer 3 for non-school purposes or more hours per day**		
Year	**Total (%)**	**Boys (%)**	**Girls (%)**	**Total (%)**	**Boys (%)**	**Girls (%)**
2013	27.1	26.6	27.7	36.9	37.4	36.5
2015	24.7	22.8	26.2	40.5	39.6	41.5

Environment – Opportunities for Healthy Choices

Physical Activity at School and Work

The School Health Profiles is a system of surveys assessing school health policies and practices in states, large urban school districts and territories.[1] School Health Profiles provide information on healthy foods, physical education, and physical activity. The following are highlights from the 2010, 2012 and 2014 reports on Arizona students in grades 6-12, unless otherwise noted:[2] [3] [4]

Table 3.6 School Health Profiles			
	2010	2012	2014
Percentage that required students to take two or more health education courses.	18.5	16.8	15.3
Percentage that had a health education curriculum that addresses all eight national standards for health education.[5]	37.2	30.8	31.2
Percentage that taught all 12 physical activity topics in a required course.[6]	41.7	37.8	38.9+
Percentage that required physical education for students.	78.0	71.8	*
Percentage that offered opportunities for all students to participate in intramural activities or physical activity clubs.	72.1	64.1	65.8
Percentage that used the School Health Index or a similar self-assessment tool to assess their policies, activities, and programs in nutrition and physical activity.+	17.7	22.6	16.5°

+2014 included 13 physical activity topics.
*Data not available for 2014.
° Includes HIV, STD, and teen pregnancy prevention.

No data were readily available to assess work environments in Arizona in terms of their physical activity policies and opportunities. However, the U.S. Census American Community Survey asks about transportation to work. An analysis of census data for 2012 showed that in Arizona, the vast majority of people drives a car, truck, or van to work (88.9 percent of those with higher incomes and 80.1 percent of those in SNAP-eligible households). SNAP-eligible adults are more likely to bicycle (2.0 percent) or walk (4.8 percent) to work, compared to those with higher incomes, who rarely bicycle (0.9 percent) or walk (1.7 percent) to work. See Table 3.7.

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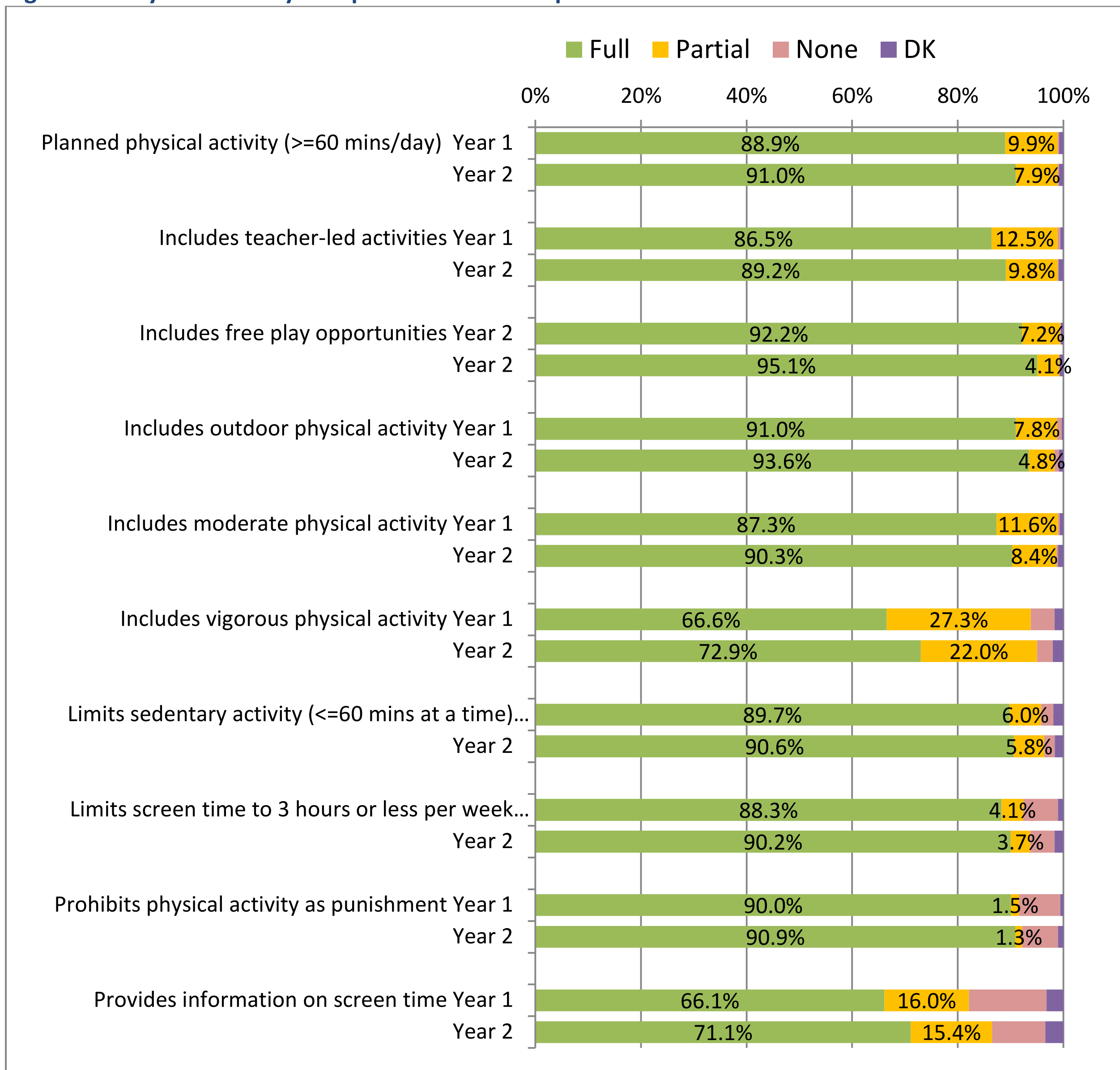
[1] CDC Adolescent and School health School Health Profiles, retrieved 03/23/2016. Retrieved from: www.cdc.gov/healthyyouth/data/profiles/index.htm
[2] National Center for Chronic Disease Prevention and Health Promotion Division of Adolescent and School health, Profiles 2010 – Chronic Disease Prevention – Arizona Secondary Schools, retrieved 03/23/2016. Retrieved from: www.cdc.gov/healthyyouth/profiles/2010/profiles_report.pdf.
[3] National Center for Chronic Disease Prevention and Health Promotion Division of Adolescent and School health, Profiles 2012 – Chronic Disease Prevention – Arizona Secondary Schools, retrieved 03/23/2016. Retrieved from: www.cdc.gov/healthyyouth/profiles/2012/profiles_report.pdf
[4] National Center for Chronic Disease Prevention and Health Promotion Division of Adolescent and School health, Profiles 2012 – Chronic Disease Prevention – Arizona Secondary Schools, retrieved 03/23/2016. Retrieved from: www.cdc.gov/healthyyouth/data/profiles/pdf
[5] National standards for health education http://ghbraddock.dadeschools.net/files/2014ResultsHETeachers.pdf
[6] List of 13 physical activity topics required in 2014 http://ghbraddock.dadeschools.net/files/2014ResultsHETeachers.pdf

Table 3.7 Transportation to Work (2012)			
	Higher-Income Population (%)	**SNAP-Eligible Population (%)**	**All Arizona (%)**
Car, truck, or van	88.9%	80.1%	87.7%
Bus or trolley bus	1.3%	5.2%	1.8%
Streetcar or trolley car	0.1%	0.1%	0.1%
Motorcycle	0.6%	0.5%	0.6%
Bicycle	0.9%	2.0%	1.1%
Walked	1.7%	4.8%	2.1%
Worked at home	5.6%	4.8%	5.5%
Other method	0.8%	2.4%	1.1%
Total	**100.0%**	**100.0%**	**100.0%**

The Empower Program was developed by ADHS to influence healthy behaviors in Arizona's licensed child care facilities. The program requires child care facilities to follow standards related to nutrition, physical activity, sun safety, oral health, and smoke-free facilities in return for a discount on their annual licensing fees. New Administrative Rules went into effect on July 1, 2013. During site reviews, ADHS licensing staff ask respondents to rate their level of implementation of each of the ten Empower standards as either fully or partially implemented or not at all implemented. There is also an option to respond with "don't know." The first full year of data collected on Empower included all sites reviewed (n=1483) during state fiscal year 2014 (July 1, 2013, through June 30, 2014). The first and second full year of data are shown in Figure 3.6 below, showing the level of implementation for each of the ten components related to the physical activity standard. Each component shows a slight increase in the percent of facilities reporting full implementation from year 1 to year 2.

Figure 3.6 Physical Activity Component Level of Implementation Years 1 and 2



Bureau Strategies

The Bureau has adopted strategies that intervene on many levels and target different segments of the population. The table below shows how various Bureau strategies work together to collectively impact the goal of increasing physical activity.

Strategy by Program/Funding Source				
	WIC	Arizona Nutrition Network	CDC 1305 Grant	CDC 1407 Grant
A. Workforce development (training WIC, ECE)	●	●		
A. Early Care and Education policy		●	●	
B. School policy		●	●	
C. Worksite policy		●	●	
D. Direct education	●	●		
F. Built environment or places for physical activity in the community. In AzNN, they call the section with these types of activities 'Active Living.'		●	●	●

Accomplishments Related to Strategies in 2016

Arizona's WIC's main objective for FFY15 related to physical activity was to incorporate physical activity lessons into the Nutrition Boot Camp for WIC staff. Nutrition Boot Camp implementation was delayed due to redesign; however, in-service toolkits designed for staff training were released to Local Agencies. The pilot of Nutrition Boot Camp will occur in September 2016.

The Empower Program promotes physical activity in early care and education policy and implementation, focusing on adult-led and free play experiences, active play inside and outside, at least 60 minutes throughout the day for children over age one, as well as tummy time for infants. AzNN builds the capacity of child care providers to allow children opportunities for physical activity throughout the day. Using short-term funding (2015-2017) from the Avandia drug settlement, funds were awarded to ADHS to focus on children from birth through age five, who are cared for in a child care group home (CCGH) setting of no more than ten children. Training, technical assistance, and resource kits are provided to provide support physical activity and other wellness activities. A day-long capacity building physical activity training was provided by Dr. Diane Craft in March 2015, with over 80 stakeholders in attendance.

The CDC 1305 grant and AzNN work together on school policy, and are working with local education agencies on development, implementation, and evaluation of comprehensive school physical activity programs (CSPAP). Both the CDC 1305 grant and AzNN are promoting the adoption of physical education and activity in worksites, identifying and assessing worksites that will work on comprehensive worksite wellness policies, and contractors in AzNN may select worksites in their community with which to work.

AzNN continues to provide direct education and includes evidence-based active living education. They have also begun to build capacity to implement active living policy at the community level and by community organizations, and promote participation in and use of area physical activity resources. In May 2016, AzNN launched a targeted social marketing campaign "Put a Little Play Into Your Day," including paid television, radio, online, and out-of-home ad placements. The campaign targets low-income mothers with children ages 2-11, and is coordinated with the direct education provided by AzNN contractors for a multilevel intervention.

Billboards/School Buses

Bus Benches

Floor Graphics

Transit Shelters

Three Health Impact Assessment (HIA) trainings were completed in May and June of 2015 in Navajo, Coconino, and Cochise counties with a total of 61 participants. The objectives of the training included: understanding the six-step HIA process, identifying suitable projects, identifying key stakeholders to involve, and talking to decision-makers about HIA recommendations.

Three HIA projects were also completed during this time in Ganado/Burnside, Verde Valley, and Miami, Arizona on topics of traffic circulation, a multimodal transportation plan, and a walking trail/school playground. Recommendations were generated to inform decision makers of the health consequences (positive and negative) if the project or policy were to be implemented.

A. WORKFORCE DEVELOPMENT, TRAINING WIC STAFF			
WIC			
Strategy by Program Area	**Objectives for 2016**	**Actual Performance in 2016**	**Objectives for 2017**
Health at Any Size - incorporate active living concepts into WIC.	Incorporate physical activity lessons into the Nutrition Boot Camp (NBC) for WIC staff.	Implementation of Boot Camp was delayed; however, in-service toolkits related to physical activity were released to Local Agencies. Pilot of curriculum will occur in Sept 2016.	Adjust Boot Camp curriculum based on pilot, develop and implement rollout statewide in 2017 and 2018.

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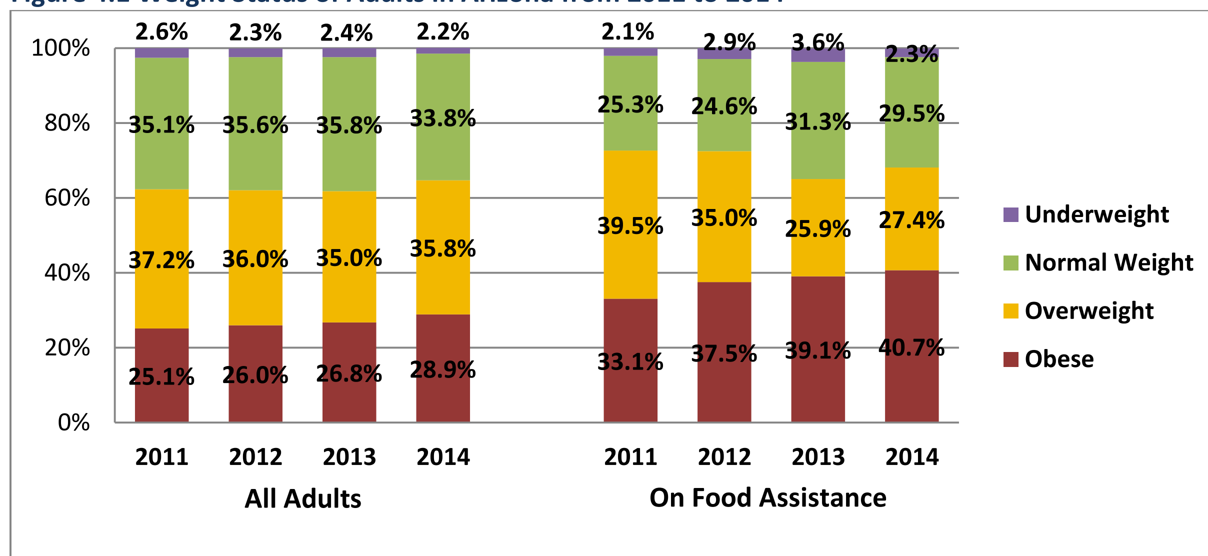
1.4 Obesity

The first three sections of this document discussed strategies related to breastfeeding, nutrition, and physical activity. Each of those strategies lead to healthier weight, in addition to promoting good overall health. This section will discuss overweight and obesity trends in Arizona, as well as strategies which directly address this topic that were not included in the previous sections.

Adults

Over the last decade, there was a steady increase in the percent of obese adults in the United States, as measured by the national-level BRFSS.[1] Adults who reported having lower incomes and lower levels of education were more likely to report heights and weights that were classified as overweight[2] or obese[3] when compared to those who reported higher income and a higher level of education.[4]
Between 2011 and 2014 in Arizona, there was a steady increase in the proportion of adults who are overweight and obese. Adults in households that received food assistance are generally more likely to be either overweight or obese, with an increasing trend towards higher obesity rates.[5] Figure 4.1 shows the weight status of all Arizona adults and those in households that received food assistance from 2011 to 2014.

Figure 4.1 Weight Status of Adults in Arizona from 2011 to 2014



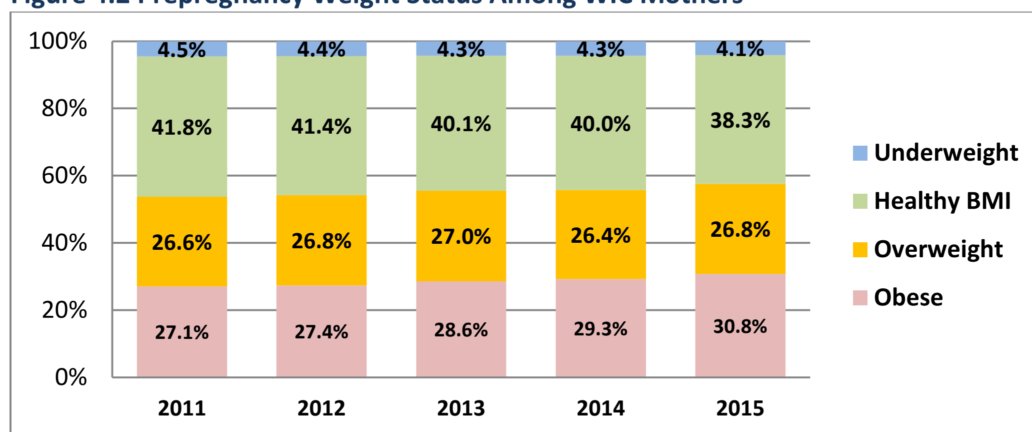
[1] Centers for Disease Control and Prevention (CDC). *Behavioral Risk Factor Surveillance System Survey, 2013 National-level Data*. Atlanta, Georgia: U.S. Dept of Health and Human Services, Centers for Disease Control and Prevention.

[2] The term 'overweight' in adults is defined as: Respondents for whom BMI is greater than or equal to 25.
[3] The term 'obese' in adults is defined as: Respondents for whom BMI is greater than or equal to 30.
[4] *Ibid*.
[5] Behavioral Risk Factor Surveillance System, Arizona, 2011-2014, Arizona Department of Health Services.

Pregnancy and Weight in WIC

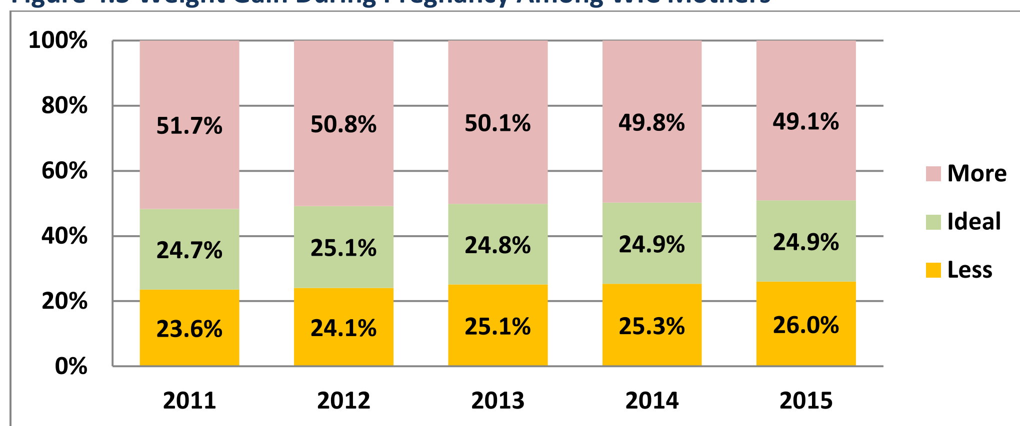
Beginning a pregnancy at a healthy weight and gaining an appropriate amount of weight are important factors for healthy birth outcomes. Women who begin their pregnancies underweight (body mass index (BMI) less than 18.5) are at greater risk for pregnancy complications, as well as having an infant who is underweight or has fetal growth problems. In addition, low prepregnancy weight may indicate malnourishment in the mother. Being overweight prepregnancy (BMI between 25.0 and 29.9) is a risk factor for prenatal weight gain and postpartum weight retention, and obesity prior to pregnancy (BMI greater than or equal to 30) is a risk factor for developing gestational diabetes. In addition, women who are obese prior to pregnancy may experience problems during birth such as shoulder dystocia. Figure 4.2 shows that the proportion of WIC mothers with a prepregnancy weight status of either overweight or obese rose from 2011 through 2015.

Figure 4.2 Prepregnancy Weight Status Among WIC Mothers



The amount of maternal weight that is considered to be ideal during a pregnancy is dependent upon a woman's prepregnancy weight status. In the WIC Program, weight gains are classified relative to this ideal as either within, less than, or greater than the recommended amount based on her prepregnancy weight status. Low maternal weight gain is a determinant of fetal growth and is associated with low birth weight and increased risk of delivering an infant with fetal growth restriction. Greater than ideal weight gain is associated with higher rates of cesarean deliveries and neonatal complications. Figure 4.3 shows maternal weight gain in WIC relative to the ideal gain.

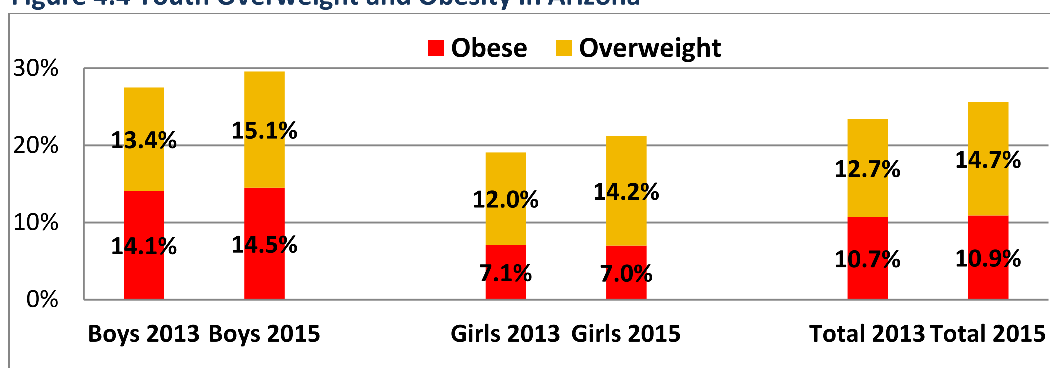
Figure 4.3 Weight Gain During Pregnancy Among WIC Mothers



YOUTH

Among high school students responding to the 2015 YRBS in Arizona, 14.7 percent reported weights and heights that calculated to be overweight and 10.9 percent were obese (compared to 12.7 percent overweight and 10.7 obese in 2013). In each of the two years, boys were more likely to be overweight or obese than girls. Figure 4.4 shows the percent of overweight and obese high school students by gender and state total in 2013 and 2015.[6]

Figure 4.4 Youth Overweight and Obesity in Arizona



Even though boys were more likely to be overweight, girls were more likely to describe themselves as overweight: 35.0 percent of girls compared to 26.1 percent of boys in 2015. Girls were also more likely to try to lose weight, with well over half of them (62.3 percent) compared to 37.7 percent of boys reporting that they were trying to lose weight. Table 4.1 shows the percent of high school students who described themselves as overweight, were trying to lose weight, and some of the ill-advised strategies they used to lose weight, by gender.

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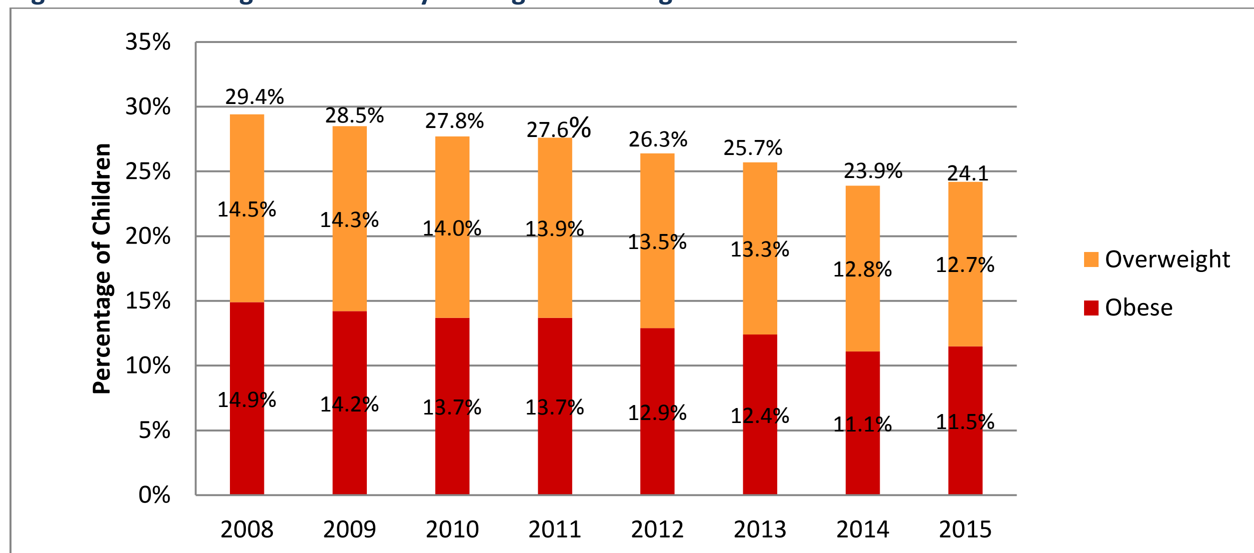
[6] Arizona Department of Education Youth Risk Behavior survey, 2015 summary tables. Retrieved 03/25/2016. Retrieved from: http://www.azed.gov/prevention-programs/resources/data/yrbs/

Table 4.1. Perceptions of Weight and Attempts to Lose or Avoid Gaining Weight Among High School Students (YRBS 2015)						
	Total		**Girls**		**Boys**	
	2013	**2015**	**2013**	**2015**	**2013**	**2015**
Described themselves as slightly or very overweight	26.6%	30.4%	31.2%	35.0%	21.9%	26.1%
Trying to lose weight	46.5%	48.5%	62.3%	61.1%	31.1%	36.4%
Went without eating for 24 hours or more during the past 30 days	15.6%	15.2%	21.1%	20.6%	10.3%	9.4%
Vomited or took laxatives to lose weight or to keep from gaining weight during the past 30 days	8.8%	8.3%	9.8%	9.7%	7.6%	9.7%
Took diet pills, powders, or liquids without a doctor's advice during the past 30 days	7.6%	8.3%	9.0%	9.7%	6.1%	6.9%

Children in WIC

Childhood obesity can lead to high blood pressure and high cholesterol, which, in turn, can lead to heart disease. Obese children are more likely to develop breathing problems, asthma, type 2 diabetes, gallstones and poor self-esteem. Obesity rates in WIC had been declining in recent years, although the progress appears to have stalled in 2015. See Figure 4.5.

Figure 4.5 Overweight and Obesity Among Children Ages 2-5 in WIC



BUREAU STRATEGIES

Strategies related to breastfeeding, nutrition, and physical activity all collectively impact obesity. Charts showing the interrelated strategies for each of these are presented within each of the previous subsections. WIC has some programmatic activities that specifically relate to obesity beyond those strategies already presented. The remainder of this section will focus on accomplishments related to obesity and overweight in the WIC Program during 2016, in relation to the following three broad strategies:

A. Offer referrals to registered dietitians
B. Train in participant-centered weight management
C. Develop interconception interventions

ACCOMPLISHMENTS RELATED TO STRATEGIES IN 2016

Several efforts by nutrition and physical activity programs sponsored by ADHS and its partners have led to the collective impact of a steady decrease in the percent of low-income children in WIC ages two to five years old that were overweight or obese. Between 2008 and 2015, the overall percent fell from 29.4 percent to 24.1 percent. During this time period, BNPA introduced a new WIC food package with fruits, vegetables, low-fat or fat-free dairy products, and whole grain breads, pastas, and tortillas.

The Breastfeeding and Peer Counseling programs were also expanded, and changes were made in nutrition education and clinic services in WIC. The two-year Champions for Change: Communities Putting Prevention to Work program was completed, and the Empower Program was introduced, with incentives to licensed child care centers for more than 200,000 children. In addition, the Empower Plus project, funded by Nemours and CDC, was launched in 75 child care programs with enhanced obesity prevention activities. Although the portion of the project that included learning collaboratives and the 75 child care facilities ended in September 2015, Nemours funded three-quarters of a position in FFY2016 for sustainability-related activities, including an Empower newsletter, sharing of training resources, and technical assistance.

The remaining pages in this section will describe WIC strategies and how they have contributed to these accomplishments.

A. OFFER REFERRALS TO REGISTERED DIETITIANS

Those at risk for overweight and obesity must be offered an appointment with a registered dietitian in WIC. This has been a challenge in Arizona due to a shortage of registered dietitians, especially in rural areas. Arizona has been working to increase the number of registered dietitians through a WIC part-time dietetic internship program. Since 2011, 16 WIC staff have become registered dietitians, five of whom are from rural areas. A goal was set during 2015 to increase the number of slots from four to six to accommodate more applicants. This was achieved during 2015, when permission was granted by Accreditation Council for Education in Nutrition and Dietetics (ACEND) for six slots for the FFY16 internship cycle. Six interns are currently set to complete the dietetic internship in 2016, one being from a rural area. Arizona began to dedicate funding specifically for registered dietitians over and above the funding formula. This is provided as an incentive to hire more registered dietitians. In 2016, $2.4 million was allocated for this purpose.

B. Train in Participant-Centered Weight Management

Researchers at UC Davis have been working with California WIC to study Triggers of Overfeeding in Older Infants and Toddlers (TOTT) that are related to behavior, which built upon its Baby Behavior training. These California training programs were conducted face to face, which presented a challenge when many staff that had previously been trained in Baby Behaviors were no longer working for the WIC Program. This was a significant challenge, since TOTTs was intended to build on the previous Baby Behavior training.

Arizona developed a Baby Behavior e-learning course, which was based on the UC Davis curriculum. This course is part of Arizona's new employee training requirements. It provides a foundation upon which Arizona can potentially build e-learning modules for TOTTs. During 2015, Arizona received Operational Adjustment funding to continue the TOTT study in Arizona. Two intervention sites and two control sites were enrolled and are preparing to implement the study. WIC staff continue to utilize Baby Behavior messaging with caregivers of infants, and this strategy has been incorporated into the Nutrition Care Guidelines and will also be incorporated into the Nutrition Boot Camp curriculum, which is currently in development. Curriculum will be designed to be a five-day training for WIC staff that will include interactive activities to reinforce the e-learning training and integrate it to clinic practices.

In 2016, Arizona applied for an Operational Adjustment, which was not approved by Western Region. The intervention will end in December of 2017.

C. Develop Interconception Interventions

Arizona has a state-funded folic acid program that targets Arizona women ages 18 to 45, with a focus on younger women ages 18 to 25, because they are in their childbearing years. Program evaluation results show that the program touches all areas of the state, is utilized by multiple ethnicities within the target age range, leads to recipients taking the vitamins more regularly than before receiving the free vitamins, and that participants are learning about various health topics from the program. It was also found that the messages promoted by the folic acid program materials resonate with its target audience; the messages are on target with their concerns and participants are motivated to visit the program's website to learn more about the program and order free vitamins.

Although Arizona developed a postpartum e-learning course several years ago, it did not cover interconception care. An opportunity was identified to work with the state's Maternal Child Health program to leverage resources towards making a collective impact to change behaviors related to interconception care, including weight management. The postpartum course was revised to include information on the importance of folic acid to prevent neural tube defects in subsequent pregnancies.

WIC clinic staff promote the Power MeA2AZ folic acid program through posters, brochures, lapel pins they wear, and talking points. They educate women on the importance of folic acid in preventing neural tube defects and refer them to www.powermea2z.org where they can order a free PowerPack, which includes a three-month supply of multivitamins with folic acid and a health magazine. On the website, they can also find interconception health information, such as achieving a healthy weight, eating healthy, being active, birth spacing, and reducing stress, among other topics. In FFY16, WIC clinics were able to order PowerMeA2Z materials and WIC Directors received monthly messages with client success stories and reminders about the availability of program materials. The e-learning module introduces new staff to the folic acid program.

A. Offer Referrals to RD for Women and Children at Risk for Obesity			
Strategy by Program Area	**Objectives for 2016**	**Actual Performance in 2016**	**Objectives for 2017**
WIC			
Make RD services available in the Arizona WIC Program.	Increase the number of RDs by four in two agencies who identified the need for RD services.	The number of RD positions in Maricopa County WIC increased by three FTEs. The agency identified a lack of RD coverage for services.	Support employment of registered dietitians by continuing to provide additional monies and a separate line item for RDs only.
Develop a pathway for WIC bachelor-degreed personnel to become RDs, especially in rural areas, through the WIC dietetic internship program.	Maintain and continue to attract RD-eligible candidates to work for the WIC Program, especially in rural areas.	Accepted six interns into the WIC part-time dietetic internship, including one from a rural agency. All WIC interns from 2015 passed the RD exam in 2016.	Maintain and continue to attract RD-eligible candidates to work for the WIC Program, especially in rural areas.

B. Train in Participant-Centered Weight Management and Raise Awareness and Sensitivity to Weight Discrimination and Weight Bias			
Strategy by Program Area	**Objectives for 2016**	**Actual Performance in 2016**	**Objectives for 2017**
WIC			
Follow the "Health at Every Size" approach.	Incorporate "Do No Harm" Health at Every Size concepts in the Nutrition Boot Camp curriculum.	Draft curriculum and pilot in 2016.	Edits made in final Boot Camp curriculum to be implemented in 2017 and 2018.
Train staff on weight management assessment and counseling for infants and toddlers.	Incorporate participant-centered weight management assessment and counseling for toddlers into the Nutrition Boot Camp curriculum.	TOTT study in progress. Best practices incorporated into Nutrition Boot Camp and discussed at RDN Conference.	Edits made in final Boot Camp curriculum to be implemented in 2017 and 2018.
Nutrition Care Guidelines	Finalize the Nutrition Boot Camp curriculum and utilize the Nutrition Care Guidelines as a staff textbook for the training.	Versions have been edited for use in Boot Camp curriculum. Pilot in late 2016.	Edit based on results of pilot, bind for printing during Boot Camp. Implementation in 2017 and 2018.
Nutrition Boot Camp Development	Pilot Nutrition Boot Camp.	Adjusted due to feedback from Local Agencies and funding concerns. Curriculum drafted and will be piloted in Sept 2016.	Edit final curriculum based on pilot results. Finalize for implementation in 2017 and 2018.

C. DEVELOP INTERCONCEPTION INTERVENTION			
Strategy by Program Area	**Objectives for 2016**	**Actual Performance in 2016**	**Objectives for 2017**
WIC			
Pilot interconception intervention.	WIC clinics will be able to order PowerMeA2Z materials, will receive monthly messages about program with client success stories and reminders about availability of program materials.	Provided reminders to WIC clinics regarding the availability of program materials. WIC clinics have and continue to order the PowerMeA2Z materials for use with their WIC participants.	Continue to have and encourage WIC clinics to order PowerMeA2Z materials, will receive monthly messages about program with client success stories and reminders about availability of program materials.
Postpartum e-learning course	Add Postpartum e-learning course to required training.	The Postpartum e-learning course is required for new WIC employees as part of the New Employee Training Plan.	Continue to require Postpartum e-learning course as part of new employee training.

1.5 Administration and Management

The Bureau of Nutrition and Physical Activity has several programs and initiatives intended to reach at-risk segments of the population, including two major programs that are funded by the USDA, the Arizona Special Supplemental Nutrition Program for Women, Infants and Children (WIC) and the Arizona Nutrition Network (AzNN). The Bureau strives to responsibly administer all services through sound financial management and program monitoring, and in leveraging technology wherever possible to reduce costs and increase effectiveness. This section will focus specifically on the WIC Program.

Financial Administration and Management

In general, Arizona held its average monthly expenditures per person for food below the national average until 2014, when Arizona's expenditures were $0.76 above the national average. In 2015, Arizona exceeded the national average by $2.57 per person. Table 5.1 below shows Arizona's overall expenditures per recipient compared to national averages.

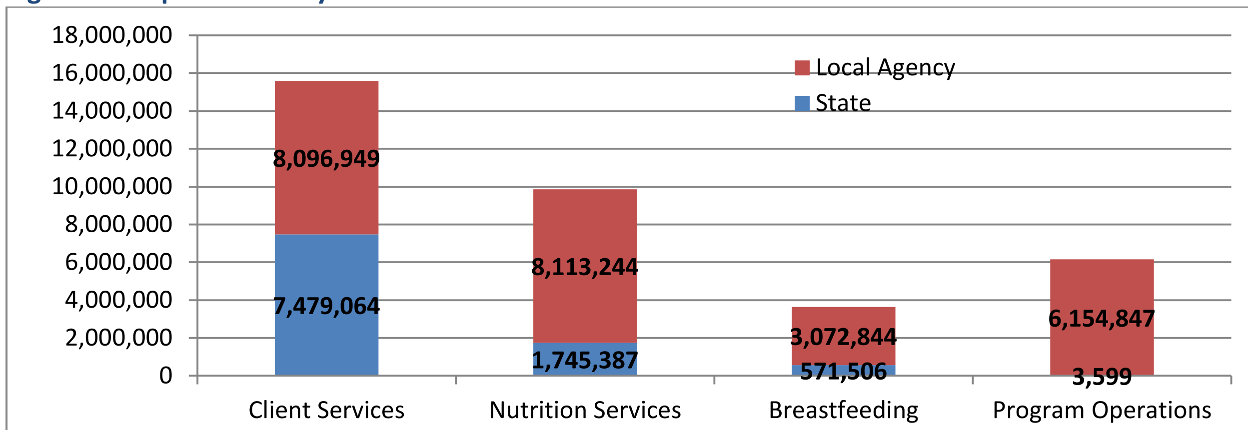
Table 5.1 WIC Program: Average Monthly Benefit (Food) Per Person Arizona WIC vs. All States and Territories

	2010	2011	2012	2013	2014	2015
Arizona WIC	37.68	42.14	42.17	42.96	44.41	45.92
All States and Territories	41.43	46.69	45.00	43.26	43.64	43.35
Arizona – National Average	-3.75	-4.55	-2.83	-0.3	0.76	2.57

In FFY14, the Arizona WIC Program food package costs increased above the national average for the first time in several years due to various factors. In May 2014, Arizona increased the value of the CVV for children from $6 to $8, there were changes in infant formula packaging, and there were multiple price increases on both rebate and exempt formulas, which increased the cost of formula-fed infant food packages, even though the rebates per unit increased incrementally. Arizona also chose, for the first time in three years, to purchase breast pumps with food funds, which were reported on the closeout FNS 798 report. The net effect was an increase to $0.76 over the national amount in the average cost of the food package per participant. In 2015, Arizona's average cost of food per participant was $2.57 over the national average, during which time the food list was expanded to include yogurt, as well as more cereal and whole grain options, including whole wheat pasta. Arizona also increased the allotment of cash value vouchers for fruits and vegetables for women from $10 to $11.

Annually, the WIC Program collects information on Local Agency expenditures by category. Figure 5.1 shows how those funds are allocated by area to Local Agencies and for the State Agency of Arizona.

Figure 5.1 Expenditures by Functional Area FFY 2015



To ensure that resources are allocated properly, the USDA has set several administrative standards related to the amount of expenditures in certain categories:

- Nutrition services and administrative expenditures must not exceed 110 percent of the average grant per person (AGP).
- Must spend at least 97 percent of food grant each year.
- Spend an amount at least equal to one sixth (or 17 percent) of its NSA expenditures on nutrition education.
- Spend an amount at least equal to the breastfeeding target set by USDA annually.

Nutrition Services and Administrative (NSA) Expenditures

Nutrition services and administrative expenditures must not exceed 110 percent of the average grant per person (AGP). The table below shows that Arizona consistently remains below these limits.

Table 5.2 Nutrition Services Expenditures

	2010	2011	2012	2013	2014	2015
USDA AGP	$17.25	$18.32	$17.05	$18.73	$18.91	$19.27
AGP + 10%	$18.98	$20.15	$18.76	$20.60	$20.80	$21.20
Arizona's actual expenditures	$15.88	$16.23	$15.82	$17.65	$18.24	$19.30
Amount Arizona is below USDA limit	$3.10	$3.92	$2.94	$2.95	$2.57	$1.90

Part of the reason that Arizona's nutrition services and administrative expenses have remained well below the limits set by the USDA is that Arizona frequently is not able to fill vacant positions.

FOOD EXPENDITURES

Arizona is required to spend 97 percent of its projected food grant each year. If less is spent, a penalty equal to the amount of the unspent money (or shortfall) is imposed, unless a waiver application is submitted and granted in the following year. The threshold is calculated by multiplying the amount that is granted by 97 percent. This is the target amount that must be spent each year to provide services at or above the federally projected monthly participation level.
In 2011, Arizona successfully spent 97 percent of its food grant, and received waivers in 2010, 2012, 2013, and 2014. At the time of this writing, Arizona has applied for a waiver of the penalty that could be imposed for the 2015 shortfall.

Table 5.3 Expenditures for Food						
	2010	**2011**	**2012**	**2013**	**2014**	**2015**
Food formula grant	$96,032,309	$91,553,319	$91,114,783	$87,897,831	$87,870,547	$91,218,524
Threshold: food grant X 97%	$93,151,340	$88,806,719	$88,381,340	$85,260,896	$85,234,431	$88,481,968
Arizona's actual average expenditure	$83,018,034	$89,331,448	$86,663,152	$83,378,296	$81,751,618	$81,665,666
Shortfall	$10,133,306	n/a	$1,718,188	$1,882,600	$3,482,813	$6,816,302
Obtained waiver	Yes		Yes	Yes	Yes	

In order to facilitate spending 97 percent of its food allocation each year, Arizona has set a goal to maintain its caseload at 97 percent of the contracted amount for its Local Agencies. Table 5.4 shows Arizona's actual participation as a percent of assigned caseload over the past five years.

Table 5.4 Monthly Participation as a Percent of Assigned Caseload						
	2010	**2011**	**2012**	**2013**	**2014**	**2015**
Actual monthly participation	183,577	176,648	171,222	161,748	153,401	148,208
Assigned monthly caseload	201,735	181,460	174,935	178,360	169,885	164,985
	91.0%	97.3%	97.9%	90.7%	90.3%	89.8%

Nutrition Education Expenditures

The USDA requires that states spend at least one sixth (or 17 percent) of their budget on nutrition education. Arizona typically exceeds this requirement, spending between 21.9 percent and 29.2 percent of its budget on nutrition education in the past six years. See Table 5.5.

Table 5.5 Expenditures for Nutrition Education						
	2010	**2011**	**2012**	**2013**	**2014**	**2015**
Total expenditures	$39,731,105	$39,044,070	$38,900,844	$39,147,742	$38,043,519	$38,829,704
Nutrition education	$8,683,852	$8,584,752	$8,650,705	$11,426,030	$9,161,587	$9,858,631
As a percent of total	21.9%	22.0%	22.2%	29.2%	24.1%	25.4%
Percent exceeding 17%	4.9%	5.0%	5.2%	12.2%	7.1%	8.4%

Breastfeeding Expenditures

Arizona receives a target from the USDA annually defining its expectations for minimum expenditures related to breastfeeding. Table 5.6 shows the target set by the USDA for Arizona breastfeeding expenditures and Arizona's actual expenditures, which far exceed expectations each year.

Table 5.6 Expenditures for Breastfeeding						
	2010	**2011**	**2012**	**2013**	**2014**	**2015**
USDA target	$1,077,893	$978,459	$1,009,513	$1,001,979	$973,179	$970,228
Arizona's actual expenditures	$3,740,011	$5,602,096	$5,318,460	$3,830,563	$3,458,309	$3,644,350
Amount exceeding expectations	$2,662,118	$4,623,637	$4,308,947	$2,828,584	$2,485,130	$2,674,122

Program Integrity

The BNPA Program Integrity Team, in collaboration with the ADHS financial auditors, ensures the integrity and accountability of WIC and the Farmers' Market Nutrition Program (FMNP).

Both the Program Integrity Team and the financial auditors conduct biennial program and financial monitoring of the Local Agencies. The financial audit team provides input to Local Agencies regarding financial management, cost compliance with appropriate statutory guidance, and determines whether they meet financial reporting requirements. During the biennial program monitoring visit, the Program Integrity Team conducts on-site reviews at a minimum of 20 percent of the WIC offices in each Local Agency or one clinic, whichever is greater. During the site visits, the team observes the certification and enrollment process, which includes income eligibility and nutrition risk determination, nutrition and breastfeeding education, food package issuance, as well as the coordination of certification activities with other health and social services.

In addition, the Program Integrity Team monitors authorized vendors and farmers' markets to ensure compliance with their WIC contracts. The Program Integrity Team is required to conduct compliance investigations on five percent of authorized vendors each fiscal year. Compliance investigations are when compliance buys or inventory audits are conducted using a contracted investigation company. State staff conducts vendor site visits to monitor vendor compliance, such as with minimum stock requirements, verifies price stock reporting, and provides training as needed.

The Program Integrity Team also assists the Vendor Management Team in reviewing applications for new vendors. The Program Integrity Team now has the ability to obtain and review background checks as part of the application process.

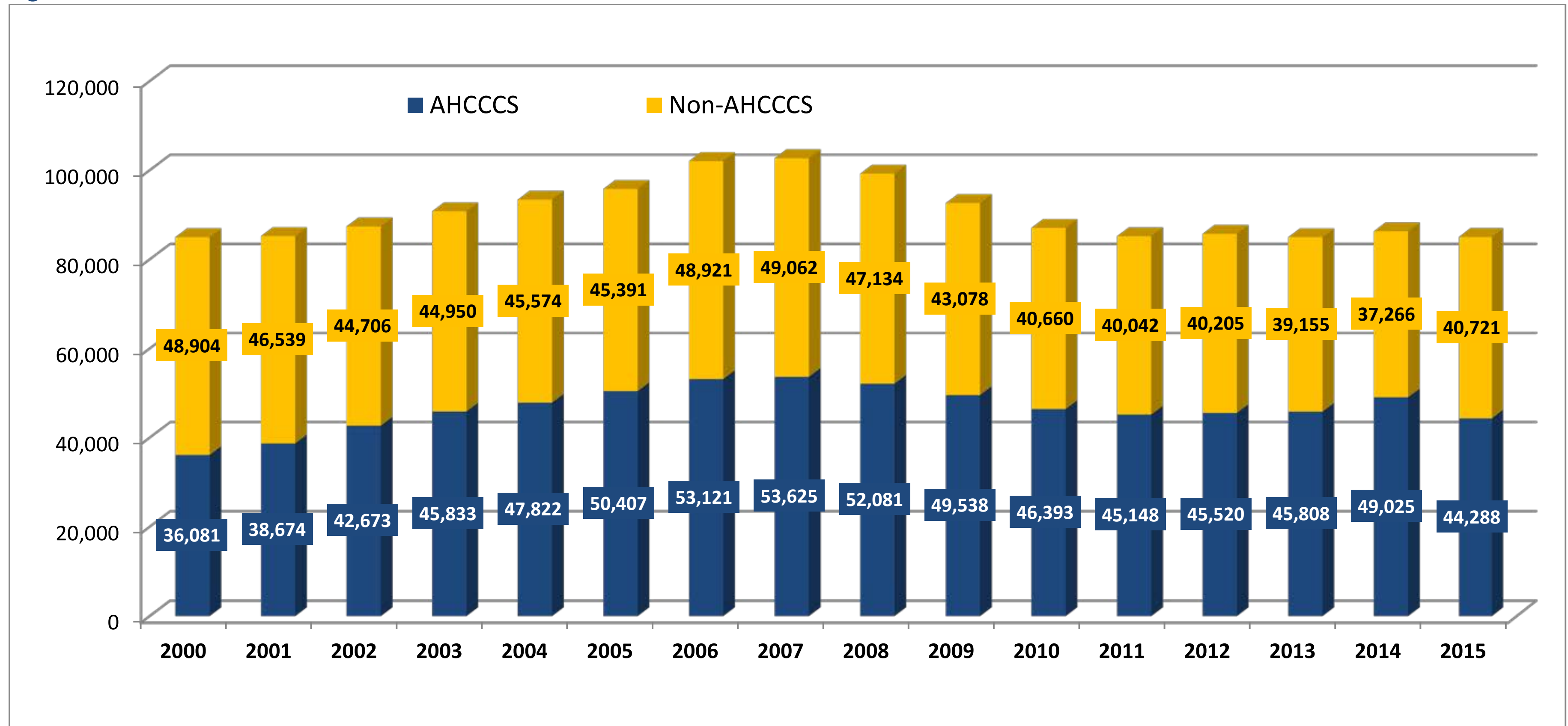
Evaluating Reach In WIC

Pregnant and postpartum women, infants, and children under age five are eligible for WIC if they live in households with incomes below 185 percent of the Federal Poverty Level (FPL) or are enrolled in adjunctive programs (e.g., Medicaid, Temporary Assistant to Needy Families, Supplemental Nutrition Assistant Program, Food Distribution Program on Indian Reservations, and Section 8 Housing). All postpartum women meeting these requirements are eligible for six months after the end of a pregnancy, while those who are breastfeeding remain eligible for one full year after birth. To evaluate how well the WIC Program is meeting the needs of its intended target, this section will look at penetration of services into the eligible population, retention of participants, and the mix of clients served.

To understand changes in WIC caseload over the last several years, it is important to understand some larger demographic trends. Arizona's population had been on a steady increase for many years. The number of births to Arizona resident women increased from 84,985 in the year 2000 to a high of 102,687 in 2007. The proportion of births in which the Arizona Health Care Cost Containment System (AHCCCS- Arizona's Medicaid program) was the payer also increased during this same time period, from 42.5 percent to 52.2 percent of all births. These two trends together accounted for a growing number of WIC-eligible women, infants, and children. See Figure 5.2.

After 2007, economic trends began to impact birth rates, both in Arizona and in the nation. Between 2007 and 2009, there was a 10 percent decline in births, and even though the proportion of births that were paid for by AHCCCS continued to increase, the absolute number of AHCCCS births declined by 8.3 percent, and the decline continued into 2010. The decrease in the number of births to Hispanic women was even sharper (18.5 percent from 2007 to 2009), and the number of births to Hispanic women that were paid for by AHCCCS decreased by 18.2 percent, more than double the decline of AHCCCS births generally. By 2011, the number of AHCCCS births reached a low of 45,148, appeared to have stabilized, and then dropped in 2015 to a 13-year low of 44,288. See Figure 5.2.

Figure 5.2 Births in Arizona 2000-2015

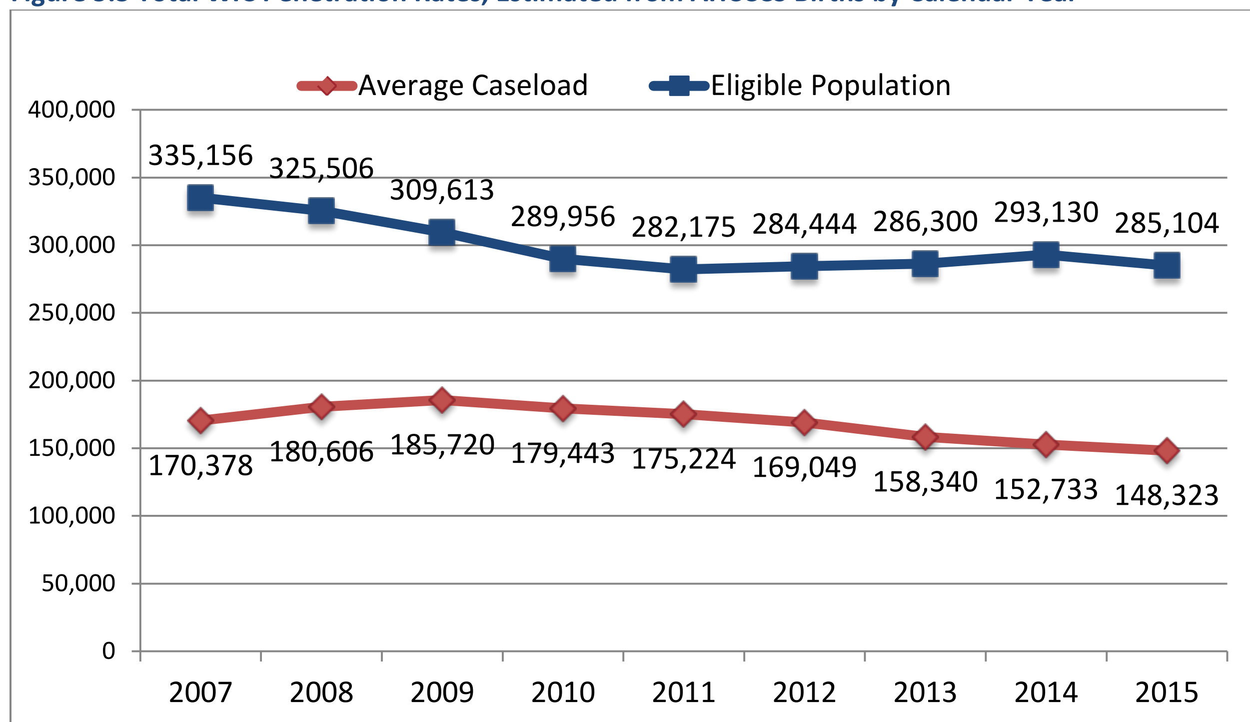


	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
All Payers	84,985	85,213	87,379	90,783	93,396	95,798	102,042	102,687	99,215	92,616	87,053	85,190	85,725	84,963	86,291	85,009
AHCCCS	36,081	38,674	42,673	45,833	47,822	50,407	53,121	53,625	52,081	49,538	46,393	45,148	45,520	45,808	49,025	44,288
AHCCCS as % of All Births	42.5%	45.4%	48.8%	50.5%	51.2%	52.6%	52.1%	52.2%	52.5%	53.5%	53.3%	53.0%	53.1%	53.9%	56.8%	52.1%

Penetration

The penetration of WIC services into the eligible population steadily increased from 2007 to 2011, even as the eligible population declined. During calendar years 2010 and 2011, approximately 62 percent of eligible recipients were served.[1] Since that time, the penetration rate has been declining, with 52 percent of the eligible population served in both 2014 and 2015. It is important to understand that two other state-level WIC agencies also provide services in Arizona. The Navajo Nation and the Inter Tribal Council of Arizona, Incorporated (ITCA) WIC Programs both serve Native American populations throughout the state. It is estimated that these two agencies serve an additional eight percent of those included in estimates of the eligible population. Since there is no way to reliably remove Arizona residents served by those other agencies, these penetration rates should be seen as underestimates. See Figure 5.3.

Figure 5.3 Total WIC Penetration Rates, Estimated from AHCCCS Births by Calendar Year



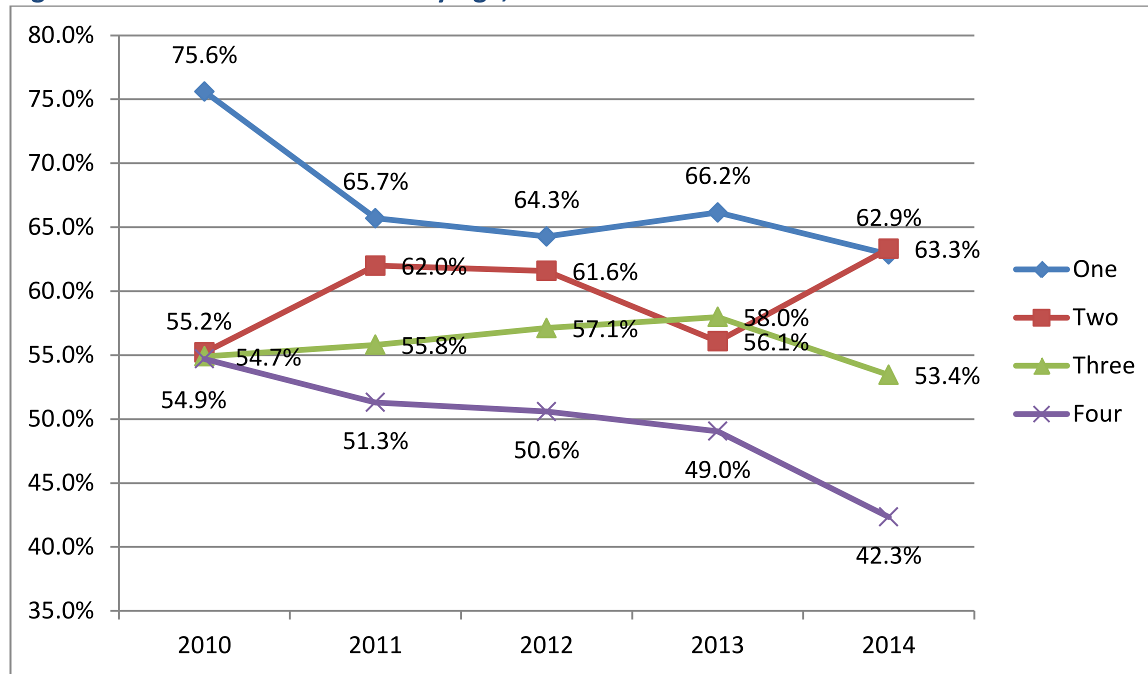
Penetration Rate	*51%*	*55%*	*60%*	*62%*	*62%*	*59%*	*55%*	*52%*	*52%*

Another method for evaluating penetration rates uses data from the U.S. Census American Community Survey. The U.S. Census annually provides data files on a sample of residents which contain records at a detailed level, including the number and age of everyone in the household, household income as a percent of the FPL, and whether or not a woman has given birth during the past year. The survey does not ask women whether or not they are pregnant, nor does it ask whether anyone in the family is on

[1] Penetration calculated as average caseload during a calendar year divided by the estimated eligible members. Eligible members are estimate based on the number of AHCCCS births.

WIC. Consequently, while these data are not useful for analyzing penetration of services into the population of women eligible for services, it is quite useful for looking back at an estimation of penetration rates of WIC services into the eligible child population within each age group separately. Figure 5.4 shows that, in general, the likelihood of being served by WIC varies inversely with the age of the child. In other words, older eligible children are less likely to be served than younger eligible children, although in 2014, the percent of eligible two-year-olds who were served by WIC increased for the first time to a level higher than one-year–olds.

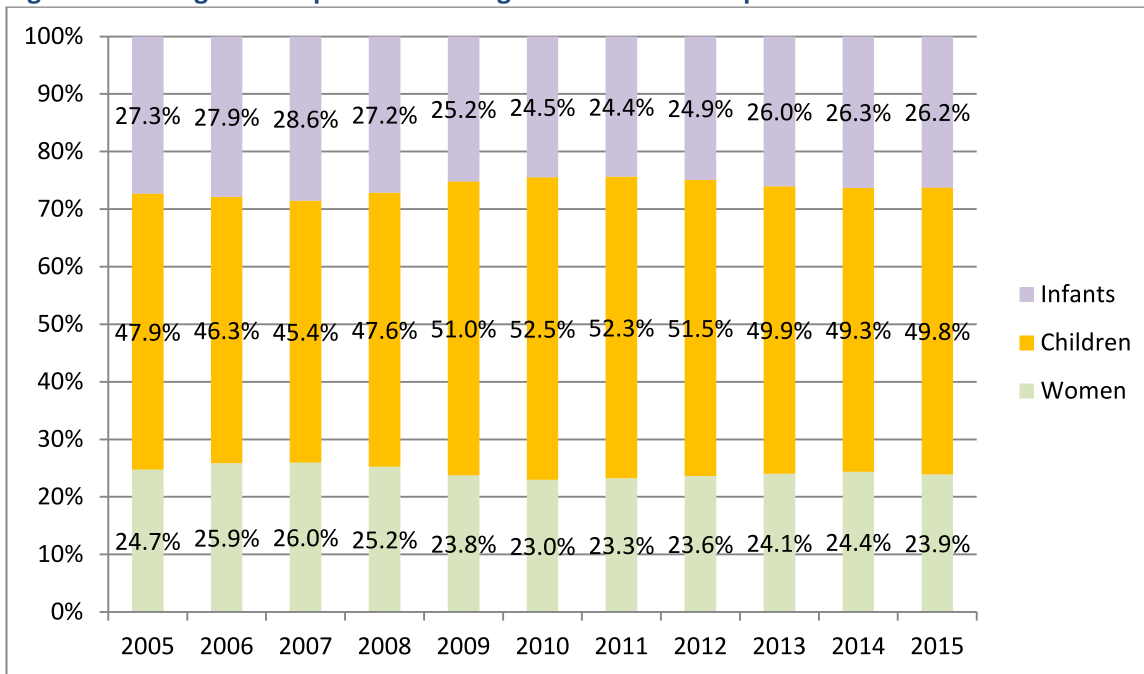
Figure 5.4 WIC Penetration Rates by Age, Estimated from Census Data



ENROLLMENT TRENDS

The distribution of WIC participants in the various enrollment categories has fluctuated over the years. See Figure 5.5. Overall, the trend in declining birth rates between 2007 and 2011 appears to have resulted in lower proportions of infants, pregnant, and postpartum women compared to children. As birth rates stabilize, there may be a return of children as a proportion of enrollees decreasing to previous levels. However, other forces also influence these proportions, as penetration and retention rates vary by category.

Figure 5.5 Changes in Proportion of Categories of WIC Participants



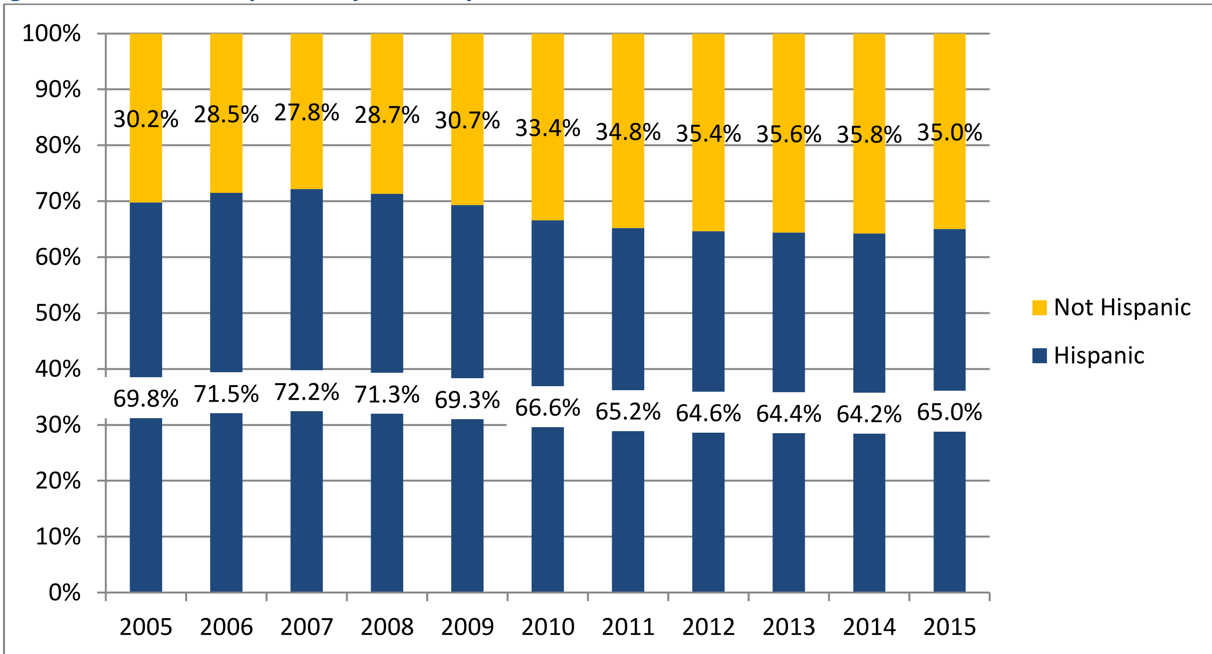
In 2005, over 90 percent of WIC participants were white, regardless of ethnicity. That proportion has steadily declined over the past ten years. By 2015, 84.5 percent of participants were white, and proportions who were black or African American and those listing more than one race represented larger proportions of enrollees.

Table 5.7 Race of WIC Participants 2004-2015

Calendar Year	White	Black or AA	IA or Native Alaskan	Asian	Native Hawaiian or PI	More than One Race
2005	91.9%	4.5%	2.1%	0.9%	0.2%	0.5%
2006	90.8%	4.5%	2.2%	0.8%	0.3%	1.4%
2007	90.1%	4.6%	2.1%	0.8%	0.3%	2.1%
2008	89.4%	4.9%	2.1%	0.8%	0.3%	2.4%
2009	88.8%	5.2%	2.1%	1.0%	0.4%	2.6%
2010	87.6%	5.7%	2.2%	1.1%	0.4%	3.0%
2011	86.9%	5.9%	2.4%	1.2%	0.5%	3.2%
2012	86.3%	6.2%	2.3%	1.3%	0.5%	3.3%
2013	85.8%	6.6%	2.3%	1.4%	0.5%	3.4%
2014	85.2%	7.1%	2.3%	1.4%	0.5%	3.6%
2015	84.5%	7.3%	2.4%	1.5%	0.5%	3.9%

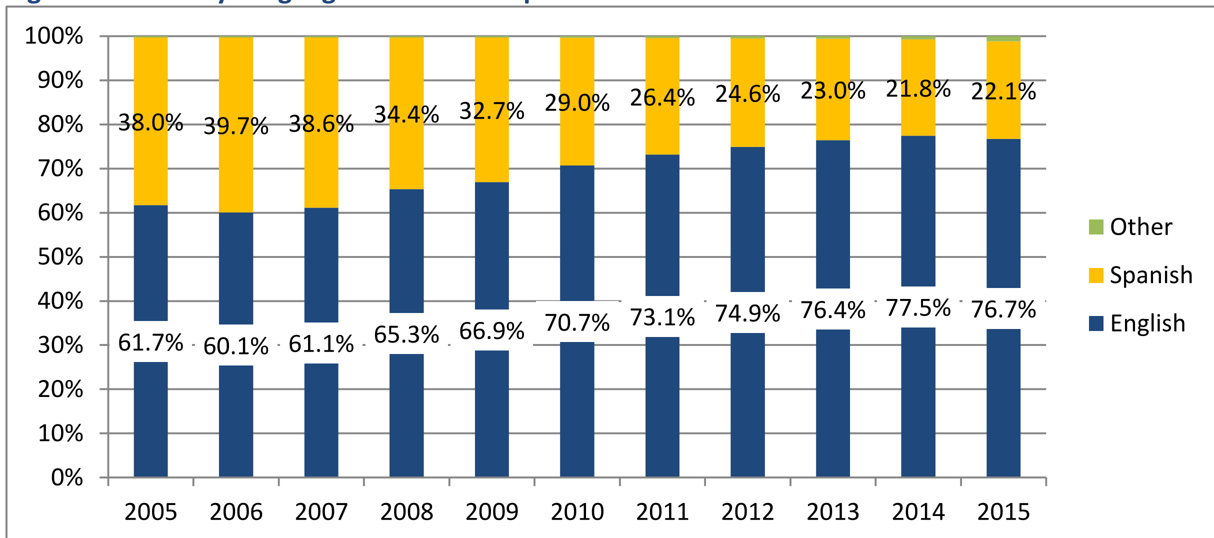
The rise in the proportion of WIC enrollees who were Hispanic peaked in 2007 and subsequently declined, although the decline in Hispanic participation in WIC is not as steep as the decline in Hispanic births between 2007 and 2009 in Arizona. See Figure 5.6.

Figure 5.6 WIC Participation by Ethnicity



Likewise, the proportion of WIC participants who speak Spanish as their primary language has decreased. See Figure 5.7.

Figure 5.7 Primary Language of WIC Participants



In recent years, a number of refugees from Somalia settled in Arizona and, therefore, a growing number of WIC clients speak Somali. During 2015, there were 1647 WIC clients in families in which Somali is the primary language spoken. Those clients are counted in Figure 5.7 in the Other category.

RETENTION

An analysis of WIC retention looked at the percent of months that infants and children were retained as participants out of the potential months that they could have participated. In general, retention rates in each age category had been declining slightly in the first part of the decade. An analysis during FFY14 showed that children who were prescribed special formula (which can be very costly) were more likely to be retained as participants than others. Some variance by clinic characteristics was also observed. In general, higher levels of retention were found in clinics that were open more hours, allowed walk-ins or open-access scheduling, were open after 5:00 p.m. or before 9:00 a.m., and had Saturday hours.

Efforts to increase retention during FFY15 appear to have been successful, as retention rates in 2015 increased for each age group. Overall, retention rates in 2015 were 27.5 percent higher than in 2014 (see Table 5.8).

Table 5.8 Retention of Infants and Children During Calendar Years 2011-2015
By Age Group of Earliest Participation Each Year
Percent of Actual Months Out of Possible Months

Age Group	2011	2012	2013	2014	2015
Infants	74.6	73.0	72.3	70.9	90.3
Age One	69.5	67.6	66.8	66.9	87.8
Age Two	71.7	69.5	68.8	68.7	87.8
Age Three	72.7	70.5	69.4	69.4	88.0
Age Four	71.2	69.1	69.1	67.9	84.7
Total	72.5	70.7	70.0	69.2	88.2

BUREAU STRATEGIES

WIC uses the following strategies to administer and manage its WIC grant:
A. Financial Administration and Management
B. Caseload Management
C. Outreach
D. Civil Rights Monitoring and Training
E. Information Technology Systems Development
F. Monitoring Vendor and Staff Compliance
H. Cost Containment
Each of these areas will be discussed in further detail.

Accomplishments Related to Strategies in 2016

A. Financial Administration and Management

WIC is a discretionary grant, which is appropriated by Congress each year to support a targeted number of participants, based upon the funding needed to support a projected level of monthly participants. However, more than 20 percent of the national caseload is supported by infant formula rebate funding.

Arizona manages the WIC and all USDA BNPA program grants according to the State of Arizona Accounting Manual (SAAM: https://gao.az.gov/publications/saam) using an automated system called Arizona Financial Information System (AFIS). For the past year, WIC staff has been involved in a process called Business Re-Engineering Arizona (BREAZ). The BREAZ project is a statewide initiative to transform Arizona's current business processes.

On July 1, 2015, a new AFIS was turned on and WIC staff began using the new integrated business system. BREAZ modernized the state's central accounting system, and incorporated an Inventory Management system called Maximo, and a facilities management system called TRIRIGA. The existing state procurement system, ProcureAZ, and the human resources system, HRIS, were also integrated into the new AFIS. As a result of the project, there is a new draft SAAM, which corresponds to the new guidelines and policies and procedures listed above.

At the Bureau level, the WIC Financial Team manages the WIC grant using the approved budget and an accrual-based accounting system. While the State of Arizona's financial year begins each July 1 and ends June 30, WIC is managed on the federal fiscal year cycle of October 1 through September 30. The Arizona WIC business process begins annually in April for the coming year. Shortly after the announcement of the President's budget recommendations, the Arizona WIC Director and Financial Manager begin to utilize financial data to estimate the Arizona WIC grant for the coming year.

Based upon the analysis, the program forecasts a grant level for NSA and food, and projects both the possible carry-forward amount and vendor recoveries, to develop a preliminary business plan for the coming year.

In FFY16, the WIC Program:

- Established the maximum monthly caseload that can be supported based upon available food funds and projected rebate payments;
- Determined the cost-based projection of providing Local Agency services to maintain caseload and provide nutrition and breastfeeding services;
- Developed a cost-based operating budget for state level services for the coming year (see Arizona WIC Program Budget in Section III);
- Requested applications for service providers according to the estimated eligible population by county;
- Allocated Local Agency funding using the Arizona WIC funding formula, and developed an approved annual budget for the assigned monthly caseload (see FFY16 Budget for Local Awards in State Plan Section III); and
- Completed all financial processes for the coming year, such as contracts, intergovernmental agreements, amendments, purchase orders, and notices of termination of contracts, such as vendor agreements, 60 days prior to the end of the federal fiscal year.

Numerous accounting reports and ad hoc queries are used to monitor daily draws and expenses as described in the WIC Policy and Procedure Manual, Chapters 13 and 14. Each month, on the tenth day of the month following the report month, the WIC accountant prepares and then submits the FNS 798 report according to the approved Desk Manual. The supporting documents and draft FNS 798 are then reviewed by the Financial Manager and approved by the WIC Director. Following entry, the controller reviews and approves the FNS 798 in Food Programs Reporting System (FPRS).

Annually, more than 92 percent of the total NSA funding received is used to support participant services. Each Nutrition Services Team member reviews their contractors' expenditure reports monthly for accuracy and to determine if the reported expenditures are in alignment with the Local Agencies' approved WIC budgets. Once they are reviewed and approved, they can be submitted to accounting for payment. In addition, the State Financial Team prepares Budget Progress Report (BPR) documents for the managers by functional area, which are used by team managers to monitor their progress and use of federal funding according to the business plan and established goals and objectives.

Throughout the fiscal year, the business plan is adjusted according to the grant cycle. If additional funding is available for allocation, the Arizona WIC Program applies and then awards additional funding to Local Agencies to increase services as needed. However, during the past two fiscal years, reallocation funding has been needed to meet all operating needs.

As described above, the new accounting system has an inventory management system. The BNPA Arizona WIC Program participated in piloting the new system. The annual physical inventory of all WIC assets in the Local Agencies was completed in May 2016. The Financial Management Team then uploaded all of the data into the new AFIS system. WIC anticipates better management of its equipment (e.g., computers, printers, scanners, routers, etc.) using the automated system. WIC is also exploring the use of bar code tagging and automated readers to assist in managing more than 5000 pieces of equipment in more than 108 different clinic sites. Each year in May, technicians perform preventive maintenance on all management information system equipment and then reconcile physical inventory. The results of the visits and assessments are used to determine replacement needs for the coming year, and forecast the lifecycle of equipment based upon observed conditions.

B. Caseload Management

Although it is a goal to continuously increase penetration of services into the eligible population, both penetration and caseload had declined in recent years. Arizona is not unique in this regard, as the USDA published the report "WIC Experienced Largest Decrease in Participation in Program's History in 2014."[1]

Focus groups revealed that women were often most comfortable in their own homes using technology to connect. For some, having to come into a clinic site for nutrition or breastfeeding education was a barrier. Arizona applied for and received a three-year USDA special project study grant during FFY15 to explore a new and innovative method of nutrition education delivery. As part of this grant, nutrition education is offered through facilitated online nutrition education group discussion sessions (ONEDS), now called WIC Online, to WIC participants. The goal is to increase retention of children in the WIC

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[1] USDA Economic Research Services, "WIC Experienced Largest Decrease in Participation in Program's History in 2014" retrieved on 6/9/2015 from http://ers.usda.gov/amber-waves/2015-june.

Program by reducing identified barriers to participation, including the perception of social stigma associated with participation in WIC, and the hassles of participation, such as time constraints, lack of transportation, and the amount of time that is perceived as wasted while waiting to be seen at the clinic. Skype was chosen as the technology platform of choice for WIC Online because it is free of charge and is popular among WIC participants.

During FFY15, sites that volunteered were randomly assigned to intervention and control groups, and staff were trained in facilitation skills as well as in group discussion curricula for children. After a pilot period, recruitment began in December of 2015 and WIC Online classes started in March 2016 in intervention clinics. Survey data are currently being collected from both intervention and control participants, with questions being asked about the clients' experience with WIC as well as questions about their knowledge related to nutrition topics. These will be analyzed to determine if having the choice to participate in WIC Online leads to higher retention rates and client satisfaction with WIC.

With the implementation of Arizona's new management information system, HANDS, Arizona was able to implement one-year certification periods, which its previous system could not accommodate. In addition, HANDS has an embedded reminder system to send email and/or text reminder messages for upcoming appointments to clients who have given permission. This new messaging system was designed to remind a client one day prior to their WIC appointment and also to encourage them to recertify their children.

Continued participation in WIC depends on WIC staff clearly communicating the concept of recertification to authorized representatives who care for children that are on WIC, as some clients mistakenly thought that their children would be ineligible for WIC after one year. In order to clarify that misunderstanding, a Local Agency piloted a program to send out birthday cards to infants with a reminder to their caregiver to have them recertified. Based on results from that pilot, the State Agency began making birthday card reminders for all Local Agencies to mail to participants' families for their first birthdays to remind them to recertify and assure them that their child is eligible for continued participation in WIC.

The cumulative effect of all of these changes was an increase in retention in every age category in 2015 over 2014. A study regarding an online appointment scheduling system to help manage clinic flow determined that the costs of implementing such an approach would be prohibitive.

C. Outreach

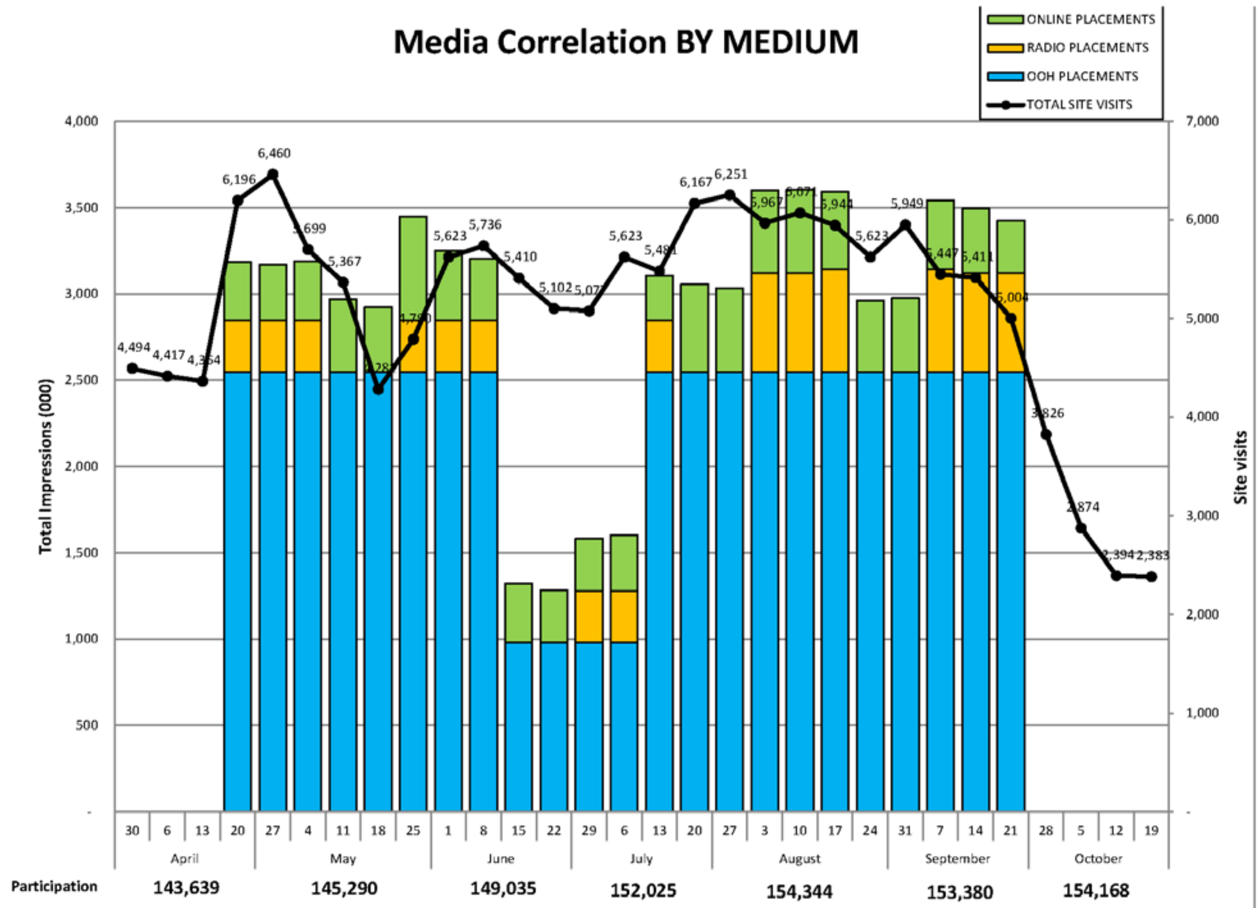
On April 20, 2015, the WIC outreach campaign was launched with the message of “You Do a Lot. We Help a Little.” The call to action of the WIC outreach campaign was “Visit AZWIC.gov or call 1-800-252-5942 today to find out if you’re eligible.” Campaign elements included:

- A new mobile-friendly website – www.azwic.gov
- Messages placed in grocery stores, laundromats, on the radio, in online ads, on outreach materials
- New Food List and ID Folder
- Social media

The campaign, conducted in English and Spanish, resulted in more than 67 million media impressions. During the campaign, performance of the azwic.gov website included:

- 128,144 visits
- 53.2% new sessions
- 71.63% increase in sessions over previous time period
- 130.66% increase in users over previous time period
- Visitors from all over Arizona

Monthly participation levels increased by nearly 10,000 during the campaign (April 2015 - 143,639; September 2015 - 153,380). This increase was sustained into FFY16, with participation of 154,168 in October 2015. The paid campaign elements were discontinued in October 2015 due to funding. Participation increases seen during the campaign were not sustained, with monthly participation declining to 139,918 in April 2016. Online ads resumed in December 2015 and, with decreased funding from the previous year, the campaign resumed in May 2016 to include radio, online, and out-of-home ads.


Media Correlation BY MEDIUM
ONLINE PLACEMENTS
RADIO PLACEMENTS
OOH PLACEMENTS
TOTAL SITE VISITS
Total Impressions (000)
Site visits
April
May
June
July
August
September
October
Participation
143,639
145,290
149,035
152,025
154,344
153,380
154,168

Outreach efforts in FFY16 included interactive social media as well as messages and materials for secondary audiences, such as public health nutrition program staff, food assistance program staff, hunger advocates, health care providers, vendors, and other stakeholders. Between October 1, 2015, and June 10, 2016, azwic.gov saw 82,768 users in 145,106 sessions, with 55% being new to the website.

D. Civil Rights Monitoring and Training

The Arizona WIC Program has a federal requirement that all new WIC employees complete civil rights training within the first month of employment and all existing WIC employees complete refresher training annually. The Arizona WIC Program provides an online civil rights course and tracks training completion through ADHS' Learning Management System (LMS). The LMS tracks all existing State and Local Agency WIC staff as they complete the annual mandatory civil rights training.

To date, all new State and Local WIC employees have completed the online civil rights training within one month of hire. The majority of existing State and Local Agency WIC staff have completed the civil rights refresher training. The remainder of State and Local Agency staff will complete the course by August 31, 2016. The Arizona WIC Program submitted one civil rights complaint to the USDA Office of Civil Rights, who determined the complaint was not a civil rights issue.

E. Information Technology Systems Development

HANDS

After the HANDS rollout to Arizona, Guam, American Samoa, Navajo Nation, and CNMI WIC Programs was completed in December 2014, the focus changed to "cleaning up" HANDS. Validation of many reports was deferred until after the HANDS rollout, so that has received a lot of attention. At this time, over 80 reports have been validated and released in HANDS for use by the HANDS Consortium. There are approximately 20 reports remaining, which will be finished in the next few months, but none of which are high priority. As reports are finished, they are pushed to the production environment,making them available for use by the HANDS Consortium. Additional data that are currently being pulled via ad hoc queries have been identified by the HANDS Consortium as needing to be developed into standard reports. The ADHS HANDS team has been working on the development of reports, which has increased the progress of the report validation process.
Bug fixes have been another large part of the clean-up activities. The HANDS Consortium reports all issues to the WIC Service Desk. The issues are then sent to the testing team for review, and if the issue is deemed a bug, it is sent to CMA Consulting Services, Inc., to be fixed by development staff.

Releases to fix identified bugs were occurring on a monthly or bimonthly basis for the first ten months after rollout. ADHS has slowed down the releases to every three to five months since there are not as many bugs and the development teams are working on large enhancements.

In addition to bug fixes, in the past year ADHS and the CMA team have completed numerous enhancements that users have requested, such as the ability to format notes to make them easier to read. The Integrity Profile (TIP) report, data archiving, and emergency management operations have also been developed and released into HANDS.

HANDS Training

In FFY16, HANDS training efforts focused on system changes and creation of a sustainable e-learning course for new HANDS users. The workbook that was used during rollout is updated two times per year and posted to the website for Local Agencies to use with new and existing staff. In addition, with each HANDS release, information is sent to trainers in a newsletter called "Heads Up HANDS UP" where training areas are outlined. In addition, the HANDS e-learning course has gone through further review and updates based on feedback and HANDS releases, and modules 1 – 3 will be released this fiscal year and serve as training for new employees.

Electronic Benefit Transfer (EBT) Development

ADHS awarded the Implementation contract to CDP in March 2016 and the Quality Assurance Contract was awarded to Maximus in April 2016. The kickoff meeting with the HANDS Consortium and contractors was held in April 2016, and the Arizona Vendor kickoff meeting was held shortly thereafter in May 2016.

Design meetings are being held with CMA to determine what changes need to be made in the HANDS system to enable EBT to fully function and provide the needed flexibility for food package assignment, tailoring, and issuance.

Arizona WIC and the HANDS Consortium are working together to select the vendor stand-beside equipment as well as the clinic PIN selection and card reader devices. Weekly meetings are being held with CDP and Maximus.

The schedule for rollout is being finalized, but it is expected that the pilot will be late spring/early summer 2017.

F. Monitoring Vendor and Staff Compliance

The Program Integrity Team and ADHS auditors are on target to meet FFY16 federal requirements for monitoring of Local Agencies, farmers' markets, and vendors. The Program Integrity Team has completed four Management Evaluations (MEs) and is scheduled to complete six more before the end of FFY16.

From October 1, 2015, through April 30, 2016, the Program Integrity Team received a total of 254 complaints; 23 were for WIC staff, 55 for WIC vendors, and 176 for WIC clients. The complaints received for WIC staff were usually related to customer service issues and were passed on to Local Agencies as appropriate. The complaints received for vendors were also related to customer service issues, and the Program Integrity Team followed up with each store. The majority of the complaints for clients were related to the online formula sales.

As of October 1, 2015, Arizona had 675 authorized vendors on the program. Of the 675 vendors, 141 were identified as high risk. They were identified as being high risk by using a system-generated report which shows vendors with high redemption amounts but relatively low amounts of food benefits redeemed. In addition to the system-generated report, some of the complaints received about vendors included tips and other information about possible fraud. These vendors are considered high risk as well. Per federal regulations, the Program Integrity Team is required to complete compliance investigations with at least five percent of high-risk vendors each fiscal year. A compliance investigation can include compliance buys and inventory audits. Between October 1, 2015 and April 30, 2016, 68 Compliance Buy (CB) cases were completed and 35 inventory audits (IA) were completed on high-risk vendors.

The Program Integrity Team also conducts routine vendor site reviews (VSRs) on vendors to ensure compliance with the WIC contract. From October 1, 2016 to April 30, 2016, 137 VSRs were completed at 54 individual vendors (each received at least one vendor site review), which is 8 percent of the total number of authorized vendors**.** A total of 70 written warnings were issued to vendors as a result of the VSRs. In addition, the Program Integrity Team conducted monitoring visits at three WIC-approved farmers' markets. More farmers' markets are scheduled for monitoring visits later this fiscal year. From October 1, 2015, through April 30, 2016, $1,505.50 was collected in civil money penalties, and $3,900 in program-related sanctions.

The Arizona WIC Program completed its annual assessment of vendor redemptions to determine vendor status (above-50-Percent (A50) or regular). As a result, 11 vendors were determined to require a status change from regular to A50. Correspondence was developed and distributed and vendors have 30 days to appeal. WIC also completed a six-month assessment of all newly authorized vendors; no status changes were required as a result of these assessments.

The Arizona WIC Program has a staggered vendor contract system; hence, all authorized vendors are on one of three distinct contract terms. Therefore, each year, one third of the authorized vendor community is required to complete the reauthorization process. For the FFY16 reauthorization process, Arizona evaluated 228 applications from three chain store corporations, which resulted in 228 outlets being reauthorized. Vendor contracts were executed for a three-year term and became effective on October 1, 2015.

In preparation for this year's process, the Arizona WIC Program will distribute vendor application packets to 101 currently authorized vendor owners, which account for 131 outlets. The evaluation process will begin June 1, 2016, for FFY17. Upon completion of the process, vendors that meet all of the selection criteria will receive a three-year vendor contract, which will be effective October 1, 2016, through September 30, 2019. Also in preparation for the reauthorization, representatives from 131 currently authorized WIC vendor outlets have been invited to attend an interactive preauthorization training for the FFY17 vendor contract. The training sessions will be offered regionally in June 2016 and are mandatory.

Vendor Web

The Arizona WIC Program, in conjunction with CMA, developed and implemented a new Vendor Web application that has brought various improvements to the site, such as increased security features and an enhanced home page that is inviting, interactive, and provides more user-friendly access. This technical solution allows 24/7 access for vendors to submit applications, provide documentation, complete price surveys, and retrieve information necessary to maintain compliance in a secure environment and at their convenience. Arizona continues to maintain the website and has made numerous improvements over the last year to increase the application's efficiencies.

G. Cost Containment

The Arizona WIC Program continues to manage its food package costs through the following strategies, as outlined in Section III of the WIC State Plan:

1. Carefully selecting foods in larger packaging and use of store-specific brands for certain foods, such as milk, which provide nutrition integrity and are less expensive.
2. Disallowing organic food products.
3. Securing an infant formula rebate for milk- and soy-based formulas.
4. Appropriately tailoring the food package to the needs of the participant.
5. Appropriate vendor selection, monitoring, and sanctioning.
6. Encouraging participants to shop in a manner that meets their needs, where they may purchase only what they need or want in all packages except infant formula.
7. Carefully monitoring redemptions through an automated system, which has established maximum reduction amounts by vendor peer groups and food instrument types.

Arizona has held its percent of formula-fed infants on non-contract formulas (excluding those on special formulas) to no more than four-tenths of one percent of all formula-fed infants since October 1, 2015.

A. Financial Administration and Management			
Strategy by Program Area	**Objectives for 2016**	**Actual Performance in 2016**	**Objectives for 2017**
WIC			
Annually develop and implement a cost-based budget.	Utilize new Arizona Financial Information System (AFIS) to load grant award, enter NSA, food, and rebate budgets, and print standardized financial reports for the management and monitoring of expenditures.	Began utilizing AFIS to load grant award, enter NSA, food, and rebate budgets, and print standardized financial reports for the management and monitoring of expenditures.	Continue to track WIC grant expenditures in AFIS.
Improve financial reporting and monitoring.	Continue to improve automated forecasting projections and production of an automated FNS 798 report. Finalize all documentation of the system and training manual.	Not yet completed.	Complete automation of FNS 798 report. Finalize all documentation of the system and training manual. Implement comprehensive module in HANDS.
Utilize the new SAAM/state accounting system implemented in July 2015.	Evaluate AFIS, refine internal controls, update desk manuals to reflect new operating financial policies and procedures, and train all accounting personnel on new policies and procedures for financial management- (new AFIS) and inventory management (fixed assets).	Evaluated new AFIS, refined internal controls, and updated all desk manuals to reflect new operating financial policies and procedures. All accounting personnel were trained on new policies and procedures.	Track one full year of inventory management in the new accounting system.
Utilize the new state grants management system implemented in July 2015.	Train all accounting personnel on new policies and procedures for Grant Management – eCivis.	The Finance Manager received training on new policies and procedures for Grant Management – eCivis.	Train Bureau Chief and Office Chief for Nutrition Services, Training, and Breastfeeding Services.
Automate all procurement functions using ProcureAZ.	Fully implement the conversion of ProcureAZ functionality into new AFIS through training and coaching of BNPA staff.	Successfully transitioned the conversion of ProcureAZ functionality into new AFIS through training, and coaching of BNPA staff.	Transition to the new procurement system with a "go live" date in 2017.

Strategy by Program Area	Objectives for 2016	Actual Performance in 2016	Objectives for 2017
Automate Personnel Activity Reports within the state electronic time recording system.	Continue to promote the integration of an electronic personnel activity reporting system.	The Finance Manager successfully facilitated electronic personnel activity reports to include electronic signatures and electronic process workflows.	Work with ADHS Chief Financial Officer to fully integrate Personnel Activity Reports into electronic time recording system.

<table>
<tr><th colspan="4">B: Caseload Management</th></tr>
<tr><th>Strategy by Program Area</th><th>Objectives for 2016</th><th>Actual Performance in 2016</th><th>Objectives for 2017</th></tr>
<tr><th colspan="4">WIC</th></tr>
<tr><td>Review and monitor monthly participation reports and analyze based on previous year’s data. Reallocate caseload, as needed, based on participation level of the Local Agencies.</td><td>Assign and maintain WIC participation rate for Local Agencies to 97 percent or more of contracted amount.</td><td>As of end of May, average participation is 145,814. Assigned caseload is 164,985. Participation rate was maintained at 88.4 percent of caseload.</td><td>Assign and maintain WIC participation rate for Local Agencies to 97 percent or more of contracted amount.</td></tr>
<tr><td>Online Nutrition Education Discussion Sessions (ONEDS, now called WIC Online)</td><td>Continue providing services and collecting data for the project in 2016.</td><td>Trained on recruitment, facilitation, and content of group nutrition education classes for intervention clinics. Developed email system for control clinic participants to provide feedback. Tested Skype for group setting on mobile devices. Transitioned evaluation to BNPA Research and Evaluation Team. Recruited for and began WIC Online classes.</td><td>Provide incentives to WIC Local Agencies to increase referrals and participation for WIC Online and provide periodic reports with regards to their performance; Analyze results from surveys of intervention and control groups.</td></tr>
<tr><td>Provide one-year certification to children in HANDS.

Send WIC birthday cards to infants turning one to remind their authorized rep to have them recertified for the next year.</td><td>Evaluate if retention increases for children.</td><td>Retention in every age category increased from 2014 to 2015.

<table><tr><th></th><th>2014</th><th>2015</th></tr><tr><td>Infants</td><td>70.9%</td><td>90.3%</td></tr><tr><td>Age 1</td><td>66.9%</td><td>87.8%</td></tr><tr><td>Age 2</td><td>68.7%</td><td>87.8%</td></tr><tr><td>Age 3</td><td>69.4%</td><td>88.0%</td></tr><tr><td>Age 4</td><td>67.9%</td><td>84.7%</td></tr><tr><td>Total</td><td>69.2%</td><td>88.2%</td></tr></table></td><td>Maintain higher retention rates.

Evaluate if retention increased specifically for infants as they turn one-year-old.</td></tr>
</table>

C: OUTREACH			
Strategy by Program Area	**Objectives for 2016**	**Actual Performance in 2016**	**Objectives for 2017**
WIC			
WIC Outreach Campaign - Mixed Media Plan (web, print, radio, social media) to promote WIC services.	Increase utilization of the azwic.gov website over 2015: Users – 118,697 Sessions – 259,094 Page Views – 667,835 New visits – 44.7 percent	Utilization of updated and mobile-friendly azwic.gov website continues to increase. 2016 YTD (Oct 1-June 10): Users – 82,768 Sessions – 145,106 Page Views – 279,424 New visits – 55.3 percent	Increase utilization of the azwic.gov website to include at least 50 percent new users.
	Increase the number of media impressions achieved through the WIC outreach campaign over 2015: 67,519,975	Full outreach campaign implemented April 20 to September 30, 2015. Online ads initiated in December 2015, with full campaign implementation delayed due to funding; launched in May 2016. Media impressions in 2016 YTD (Dec – May): 14,571,452	Maximize number of media impressions promoting participation in the Arizona WIC Program provided through paid ads or other media outlets based on available funds.
	Increase the percentage of WIC clients indicating they can make better choices about feeding their families to more than the 79.3 percent observed in 2015.	Increased percentage of clients indicating they can make better choices about feeding their families from 79.3 percent in 2015 to 82.3 percent in 2016.	Increase the percentage of WIC clients indicating they can make better choices about feeding their families to more than the 82.3 percent observed in 2016.
	Increase percentage of WIC-eligible women who recognize BNPA common messages for healthy eating and active living to prevent obesity. (FFY15: TBD from Arizona Nutrition Network Target Population Survey)	88 percent of women surveyed reported seeing logos used in BNPA common messages for healthy eating and active living. (Arizona Nutrition Network Target Population Survey)	Increase the percentage of WIC-eligible women who recognize BNPA common messages for healthy eating and active living to prevent obesity.

Strategy by Program Area	Objectives for 2016	Actual Performance in 2016	Objectives for 2017
	Create specific WIC outreach materials for secondary target audiences such as public health nutrition program staff, food assistance program staff, hunger advocates, health care providers, WIC vendors, or other stakeholders.	Materials in development, due to budget limitations, will be produced in FFY17.	Distribute specific WIC outreach materials for secondary target audiences such as public health nutrition program staff, food assistance program staff, hunger advocates, health care providers, WIC vendors, or other stakeholders.

D: Civil Rights Monitoring and Training			
Strategy by Program Area	**Objectives for 2016**	**Actual Performance in 2016**	**Objectives for 2017**
WIC			
Enroll and track new employee completion of training within 30 days of hire.	100 percent of new employees trained within 30 days of hire.	87 of 87 new employees were trained within 30 days of hire.	100 percent of new employees trained within 30 days of hire.
Enroll and track all current employees in training.	100 percent of current employees complete civil rights training with a score of 100 percent.	For FFY15, all employees completed training by the end of the fiscal year. FFY16 still open until September.	100 percent of current employees complete civil rights training with a score of 100 percent.
Investigate allegations of discrimination.	100 percent notification of findings and 100 percent follow-up with corrective action.	No complaints filed.	100 percent notification of findings. 100 percent follow-up with corrective action.

E. Information Technology Systems Development			
Strategy by Program Area	**Objectives for 2016**	**Actual Performance**	**Objectives for 2017**
WIC			
HANDS Rollout Training	By September 2015, identify HANDS training needs, train on bug fixes, system improvements and enhancements.	HANDS rollout training is complete; however, we are continuing HANDS training updates and establishing sustainable new employee training.	Release second component of the HANDS New Employee Training.
Reports	Identify key ad hoc reports used frequently and develop those into standardized reports in HANDS.	Five reports were identified and the Local Agency work group designed the reports to be developed into standard HANDS reports.	Develop the five identified reports into standard HANDS reports.
HANDS Maintenance	Maintain HANDS software and identify enhancements that will allow users to better serve clients.	There have been multiple releases to fix software bugs and enhance the users' experience. Examples include adding a feature to facilitate scheduling blocks of time within existing templates and allowing notes to be formatted.	HANDS will continue to be maintained and enhancements identified to improve the system to allow users to better serve the clients.
E-Learning: Nutrition Assessment	By October 1, 2015, review focus group results and implement Nutrition Assessment e-learning course. By April 1, 2016, incorporate courses into learning plan for new and current employees.	The course went through additional revisions but will be released by September 30, 2016. Learning modules were also added that would periodically reinforce key concepts at preset time intervals.	Create and implement a Guidebook for the Nutrition Assessment Course in addition to learning modules set at periodic time intervals.
E-Learning: HANDS	Focus group-test the beta e-learning course on Introduction to HANDS and finalize course to roll out to new employees by September 30, 2016.	The course has been focus group-tested, edited, and will be released by September 30, 2016.	Phase II will be completed, focus group-tested, and released by September 30, 2017.
EBT Development - Pilot	Award the EBT Implementation and QA contracts by February 2016 and begin the process of preparing for EBT pilot. See IAPD on file with WRO USDA for more information.	The EBT Implementation and QA contractors were awarded in March 2016. CDP is the processor and Maximus is the QA contractor.	Pilot EBT by late spring/early summer 2017. Rollout will begin late summer/early fall, with full rollout expected by November 2017.

F: MONITORING VENDOR AND STAFF COMPLIANCE			
Strategy by Program Area	**Objectives for 2016**	**Actual Performance**	**Objectives for 2017**
WIC			
Monitor vendors for contract compliance, fraud, and abuse.	Conduct a vendor site review (VSR) of at least five percent of authorized vendors.	Completed vendor site reviews at eight percent of authorized sites. (October 1, 2015-April 30, 2016)	Conduct a vendor site review (VSR) at least five percent of authorized vendors.
Monitor high-risk vendors.	Define new procedures and requirements for inventory audits upon receipt of guidance from USDA.	Conducted 35 inventory audits and 68 compliance buys, which is 73 percent.	Investigate and/or conduct inventory audits and compliance buys of at least five percent of high-risk vendors.
Identify high-risk vendors through system-generated reports.	Develop new criteria for identifying high-risk vendors.	Identified 141 vendors with high redemption amounts, but relatively low amounts of food benefits.	
Issue written warnings.	Continue to issue written warnings to all violators meeting criteria in Vendor Manual, excluding those in which a warning would jeopardize an open investigation.	Issued written warnings to 70, representing 100 percent of those meeting criteria. (October 1, 2015-April 30, 2016)	Issue written warnings to all violators meeting criteria in Vendor Manual, excluding those in which a warning would jeopardize an open investigation.
Impose sanctions.	Impose sanctions to all cases that meet sanction criteria in Vendor Manual.	Imposed sanctions to all 57 cases that met sanction criteria. (October 1, 2015-April 30, 2016)	Impose sanctions to all cases meeting sanction criteria in Vendor Manual.
Terminate contracts of non-compliant vendors and disqualify them from WIC participation.	Terminate 100 percent of non-compliant vendors.	All 13 of the non-compliant vendors identified between 10/1/2015 and 4/30/2016 were disqualified.	Terminate 100 percent of non-compliant vendors.
Recover funds.	Collect 100 percent of civil money penalties or claims for program-related violations	Collected 100 percent of $1,505.50 in civil money penalties and $3,900 in program-related violations. (October 1, 2015-April 30, 2016)	Collect 100 percent of civil money penalties or claims for program-related violations.
Monitor farmers' markets and growers for compliance with federal FMNP rules.	Continue site visits to monitor compliance as required.	Completed three visits. (October 1, 2015-April 30, 2016)	Visit ten percent of markets.

Strategy by Program Area	Objectives for 2016	Actual Performance	Objectives for 2017
Monitor trends and patterns of staff at Local Agencies.	Identify staff suspected of fraud based on unusual patterns and investigate 100 percent. Develop sanction criteria and schedule.	Identified two staff to investigate.	Identify staff suspected of fraud based on unusual patterns and investigate 100 percent. Develop sanction criteria and schedule.
Conduct biennial Management Evaluations on Local Agencies.	Complete biennial Management Evaluations at ten Local Agencies.	Completed four Management Evaluations between October 1, 2015-April 30, 2016.	Complete biennial Management Evaluations at 11 Local Agencies.
Investigate complaints.	Investigate 100 percent of complaints against WIC staff, vendors, and clients.	Investigated 100 percent of complaints against 23 WIC staff, 55 vendors, and 176 clients. (October 1, 2015-April 30, 2016)	Investigate 100 percent of complaints against WIC staff, vendors, and clients.
Levy appropriate sanctions to clients.	Issue written warnings or appropriate sanctions to 100 percent of clients found to be in violation of program rules.	Issued 5 warnings and 50 disqualifications. (October 1, 2015-April 30, 2016)	Issue written warnings or appropriate sanctions to 100 percent of clients found to be in violation of program rules.
Identify vendors that derive more than 50 percent of their annual food sales revenue from WIC food instruments to ensure vendor cost containment.	Analyze all authorized vendors to determine status (Regular or A50 vendor) to comply with vendor cost containment regulations.	Assessment completed in April 2016. Eleven vendors identified to receive status change from Regular to A50. Provided opportunity to appeal. Correspondence sent via certified mail.	Complete an annual analysis of all authorized vendors to determine status (Regular or A50 vendor) to comply with vendor cost containment regulations.
	Assess newly authorized vendors to determine status (Regular or A50 vendor) within their initial six months to comply with vendor cost containment regulations.	Assessments completed for 15 newly authorized vendors as of May 12, 2016; no status changes required as a result of assessments.	Complete assessments of newly authorized vendors to determine status (Regular or A50 vendor) within their initial six months to comply with vendor cost containment regulations.

Strategy by Program Area	Objectives for 2016	Actual Performance	Objectives for 2017
Provide a web-based technical solution that allows 24/7 access for vendors to submit pertinent information to WIC in a secure environment.	Maintain integrity of the Arizona WIC Program Vendor Web to provide web access to the retail grocer community.	Implemented numerous improvements to increase application's efficiencies.	Maintain integrity of the Arizona WIC Program Vendor Website to provide online access to the retail grocer community.
Ensure vendors are provided with important information and updates in a consistent manner.	Oversee publication and distribution of Arizona WIC Program bulletin/newsletter to keep vendors apprised of new information and changes, and provide technical assistance and clarification in several areas that affect the WIC purchase, as needed.	Four Arizona WIC Alerts, four eWIC-related surveys and informational documents, and one eWIC Grant Funds Vendor Reimbursement Agreement were developed and distributed to all authorized vendor owners, which account for approximately 650 vendor outlets.	Oversee publication and distribution of Arizona WIC Program bulletin/newsletter to keep vendors apprised of new information and changes, and provide technical assistance and clarification in several areas that affect the WIC purchase, as needed.
	Meet quarterly with the Arizona Food Marketing Alliance (AFMA), Inter Tribal Council of Arizona, Inc. (ITCA), Navajo Nation, and Local WIC Agencies to improve service through increased communications.	Arizona hosted two partnership meetings (October 2015 and June 2016) and one eWIC kickoff meeting to discuss various topics and share valuable information.	Meet quarterly with Arizona Food Marketing Alliance (AFMA), Inter Tribal Council of Arizona, Inc. (ITCA), Navajo Nation, and Local WIC Agencies to improve service through increased communications.

G. COST CONTAINMENT			
Strategy by Program Area	**Objectives for 2015**	**Actual Performance**	**Objectives for 2016**
WIC			
Update resources for transition to new formula contract (including WIC Q&A staff handout, WIC Q&A physician handout, picture flyers with old and new compatible contract products.	Update all staff resources and prescription forms with current standard and specialty contract formulas by implementation date.	Communications and resources were sent out to all stakeholders. Rolled out new soy formula to local agencies with minimal disruption in WIC clinics and medical community.	None.
Assist with calls for permission to issue non-contract formula and build specialty packages as needed.	Limit the percent of formula-fed infants on non-contract formulas (excluding those on special formulas) to three percent.	The percent of formula-fed infants on non-contract formulas (excluding those on special formulas) is 0.4 percent since the beginning of FY2015.	Limit the percent of formula-fed infants on non-contract formulas (excluding those on special formulas) to three percent.