

RD Projection for FFY 2014

January 30, 2013

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Topics to be Covered

- Review of the USDA Initiatives
RQNS and VENA
- NEW USDA requirements requiring
RD services – waived for AZ in
FFY14

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Timetable

- VENA Guidelines – May 2006
- Statewide Committee and regional trainings
August 2006 – 2009
- VENA Implementation – October 2009
(FFY 2010)

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Major Change

No More Risk 401

- VENA will discontinue use of quantitative diet histories to determine dietary risk

Replaced by

- Diet Interview

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VENA Staff Competency Areas

- Principles of Life-Cycle Nutrition
- Anthropometric and Hematological Data Collection Techniques
- Communications
- Rapport Building
- Multi-Cultural Awareness
- Critical Thinking

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Transformation Process

Formed Committee Composed of Staff from Local Agencies and State Office

A. Standardization of CNW training curricula

Phase 1 – Development of LMS courses

Phase 2 – Regional trainings for initial trainings; not “train the trainer” approach

Phase 3 – Coaching and mentoring of staff

Phase 4 – Blended Learning Guidebook

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Transformation Process

B. Relooked at staffing positions, qualifications, competencies & job descriptions – still evolving

1. Certification Specialist

2. Nutrition Education Specialist

Current:

- Clinic supervisor
- WIC Director

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Transformation Process

C. Career Pathway

- AA Degree – in process to establish pathway
- BS Degree – allowed to provide counseling to participants for some high-risk codes (medium)
- RD – WIC Dietetic Internship through Maricopa County DI program

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Transformation Process

D. Staffing

- Study on staff qualifications and salary in other states: Current salary of existing staff is comparable to other states but less qualifications but starting pay is lower.
- Less training time required if staff comes into the job with more qualifications

Recommendation: Increase qualifications and starting pay

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Transformation Process

E. Participant-Centered Services – re-look at environmental, educational, and personal services

F. Focus on influencing behavior change

- Use of projective tools and techniques to do assessment

- Use of emotion-based counseling

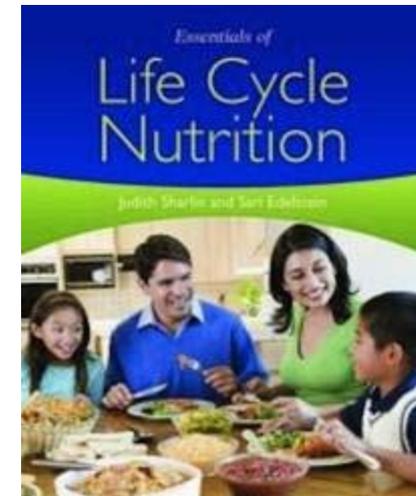
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Local Agency Roles

1. Hire qualified staff
2. Implement training plan
3. Observe
 - a) Know
 - b) Mentor
 - c) Evaluate



Other Factors

- FFY11 - New pregnancy weight gain grids by ACOG
- CDC Winnable Battle – ADHS Obesity Prevention Action Plan
- FFY12 - USDA Memo on use of WHO growth grids and RD requirement to provide weight counseling for overweight and obesity risks in FFY13
- Delayed implementation date to FFY14 (October 1, 2013)

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Strategic Plan for RD

Question: *How many do we need?*

Forecasting model: RD FTE Calculation
Assumptions using FFY12 data

- a) 2,080 hours available in one year
- b) Accounted for holiday, vacation, sick and training time

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Strategic Plan for RD

- c) Productivity is 87.5% of available time –
In a given 8-hour day, only 7 hours are used to provide client services
- d) One hour visit per certified high-risk participant
- e) RD FTE is to see clients only

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Strategic Plan for RD

Hierarchy of Logical Assumptions

1. At least one high-risk code: 132, 134, 141, 142, 302, 341, 602, 603
2. None of the above but at least one weight-related risk code: 111, 113, 115

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Strategic Plan for RD

Hierarchy of Logical Assumptions (cont'd)

4. None of the above but at least one high/medium-risk code: 101, 103, 131
5. None of the above, but anemic: 201
6. None of the above

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State Results

- 37.2 % of Arizona WIC participants are considered high-risk
- 148,438 high-risk participants will need to be referred to see an RD

Translates to: 96 RDs

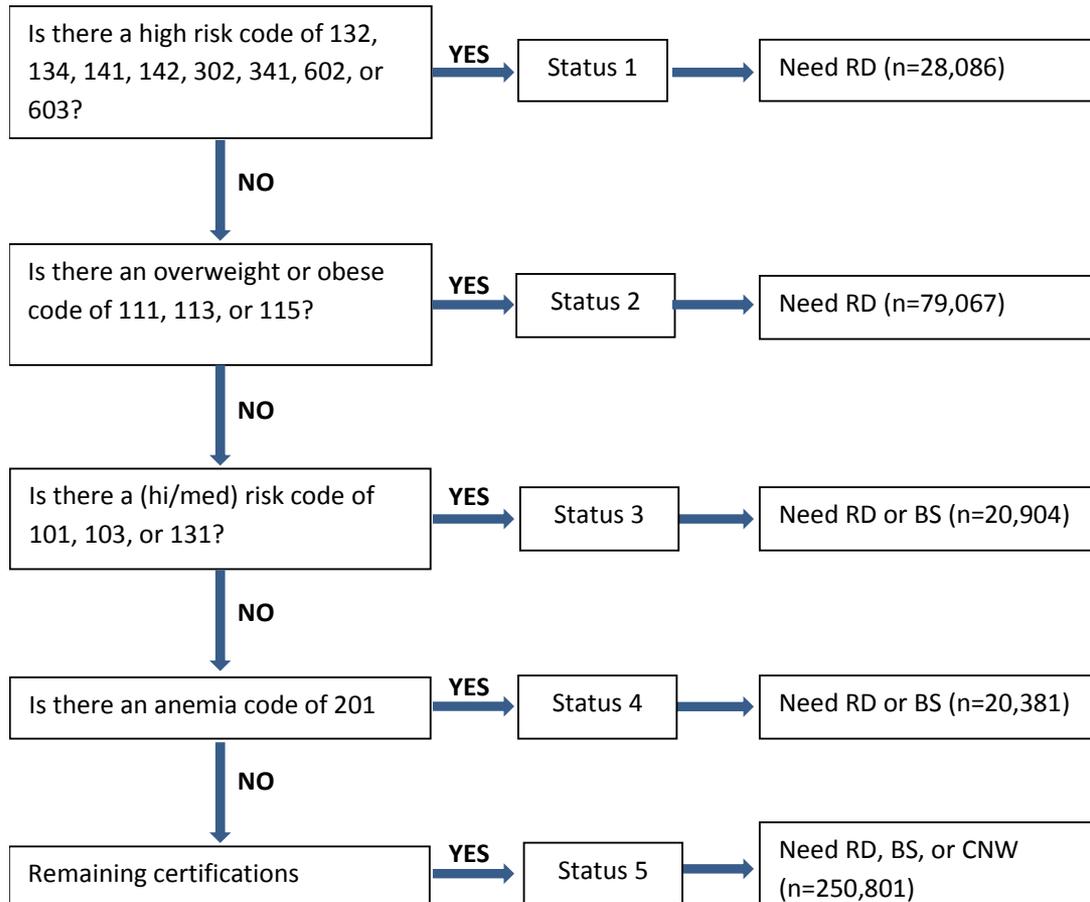
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FTE's For Risk Types

Classification of Certifications into Status for Type of Staff (n=volume in Fiscal Year Ending 2012)



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State Results

**If BS-degreed staff are hired to see medium-risk and anemia risks:
Statewide Projected Need will be**

69 RDs

27 BS Nutrition Degree

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Small Group Brainstorm

1. What are the steps within your organization that you can take as WIC Director and leader to meet the USDA requirement and best practice?
2. Apart from funding, what can the State do to help support the efforts?

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Sharing Ideas

- If there is time, each group can share their best and most impactful idea..... Please highlight on your sheet (underline or asterisk)
- We will collect, compile, and send out
- Will bring to Nutrition and Clinic Service Workgroup discussion

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THANK YOU!

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FFY 2014 Local Agency Contracts

Status as of 1/22/13

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FFY 13 Amendments

- Arizona is not serving the assigned caseload
- If funded at current participation level (165,700), Arizona will lose \$2.57M in NSA

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FFY13 Amendments

But.....

No federal budget until March 17

What we know: Last year, USDA took away funding from State agencies not serving their caseload and moved to State agencies serving their caseload

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FFY13 Amendments

- **Course of Action:** No action on contract amendments since we have no idea what the budget will be and if they will make any program changes.
- **Probability:** Our caseload participation level is what our funding will be.



FFY2014 New Contracts

- New contract – not an amendment
- Components that are changing include:
 - Scope of Work
 - Price Sheet/Funding



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Scope of Work Changes

- Updated wording so that breastfeeding and participant-centered services are Incorporated into Nutrition Services
- Requirement to complete nutrition assessment using ABCDE conversational assessment and GTHM tools
- Possible changes in performance standards and awards

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Price Sheet and Funding

- Price sheet and funding will be changed to support the additional RDs that are needed
- Unclear as to funding level or formula at this point
- RD funding will be a separate line item

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(Tentative) Timeline

March 1, 2013

- Application guidelines released

April 1, 2013

- LA contract submissions due

May 1, 2013

- Processing of new contracts begins

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Questions?



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