You Do A Lot

We Help A Little

Arizona WIC Program Goals and Objectives FFY2016

CONTENTS

1. Goals and Objectives 1
1.1 Breastfeeding 3
Factors Influencing Breastfeeding 3
Healthy People 2020 Goals and Objectives 4
Performance and Outcome Status in Arizona 5
Bureau Strategies 9
Accomplishments Related to Strategies in 2015 10
1.2 Nutrition 28
Food Hardship 29
Outcome Indicators 29
Environment – Opportunities for Healthy Choices 33
Performance Indicators 35
Participant-Centered Education 37
Early Care and Education 38
Bureau Strategies 40
Accomplishments Related to Strategies in 2015 40
1.3 Physical Activity 47
Environment – Opportunities for Healthy Choices 49
Bureau Strategies 52
Accomplishments Related to Strategies in 2015 52
1.4 Obesity 54
Adults 54
Pregnancy and Weight in WIC 55
Youth 56
Children in WIC 57
Bureau Strategies 57
Accomplishments Related to Strategies in 2015 58
1.5 Administration and Management 62
Financial Administration and Management 62
Nutrition Services Administrative (NSA) Expenditures 63
Food Expenditures 64
Nutrition Education Expenditures 64
Breastfeeding Expenditures 65
Program Integrity 65

Evaluating Reach In WIC 65
Penetration 68
Enrollment Trends........ 69
Retention 71
Bureau Strategies........ 72
Accomplishments Related to Strategies in 2015 72

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; and
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 and many programs target resources towards them in pursuit of reducing disparities in outcomes.

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 attri**b**uting 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 multi-causal 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 1each 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 health, cognitive, and psychological advantages 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 illness, 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 received 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 that every facility providing maternity services and care for newborn infants should 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 6 months	50	60.6	43.5% of infants born in 2006 were breastfed at 6 months (2007-2009 NIS)
MICH-21.3	At 1 year	25	34.1	22.7% of infants born in 2006 were breastfed at 1 year (2007-2009 NIS)
MICH-21.4	Exclusively through 3 months	40	46.2	33.6% of infants born in 2006 were breastfed exclusively through 3 months (2007-2009 NIS)

Table 1.1 Healthy People Goals and Objectives on Breastfeeding *(con't.)*				
MICH Area	**Healthy People Objective**	**2010 Goal**	**2020 Goal**	**Baseline Measure (Source)**
MICH-21.5	**Increase the proportion of infants who are breastfed . . .** Exclusively through 6 months	17	25.5	14.1% of infants born in 2006 were breastfed exclusively through 6 months (2007-2009 NIS)
MICH-22	Increase the proportion of employers that have worksite lactation support programs		38	25% of employers reported providing an onsite 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 2 days of life		14.2	24.2% of breastfed newborns born in 2006 received formula supplementation within the first 2 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 initiation rates tend to be above national rates in terms of initiation and duration at six 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 29th 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 1 hour. (vaginal births)	31	*41*	50	*16*	61	*18*	74	*24*
Initial skin-to-skin contact is at least 30 minutes within 2 hours. (cesarean births)	27	*30*	41	*16*	44	*24*	62	*24*
Initial breastfeeding opportunity is within 1 hour. (vaginal birth)	32	*41*	47	*37*	56	*26*	58	*36*
Initial breastfeeding opportunity is within 2 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**	

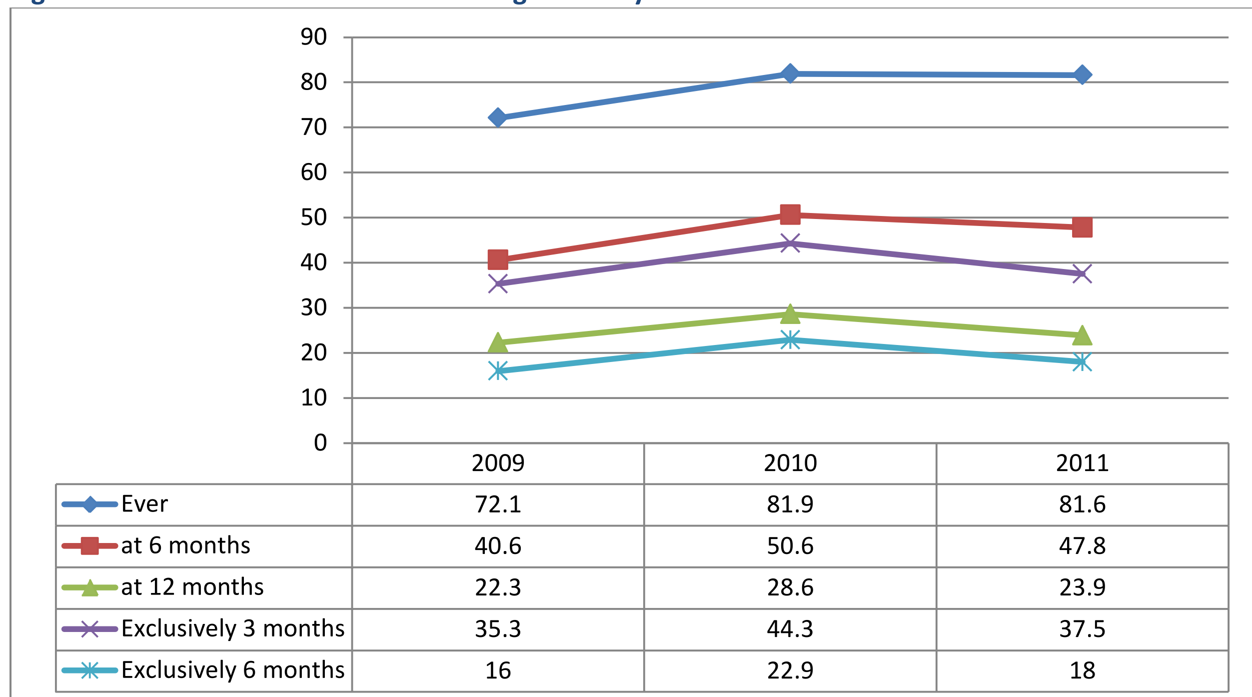
Table 1.2 Arizona mPinc Care Dimension	2007		2009		2011		2013	
Facility Discharge Care	**%**	***Rank***	**%**	***Rank***	**%**	**Rank**	**%**	***Rank***
Staff provide appropriate discharge planning.	3	50	21	31	20	41	16	49
Discharge packs containing infant formula and marketing of products are not given 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 10 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 the 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 2 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 onsite 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 six months, and breastfed at 12 months, for births to all women in Arizona from 2009 through 2011.

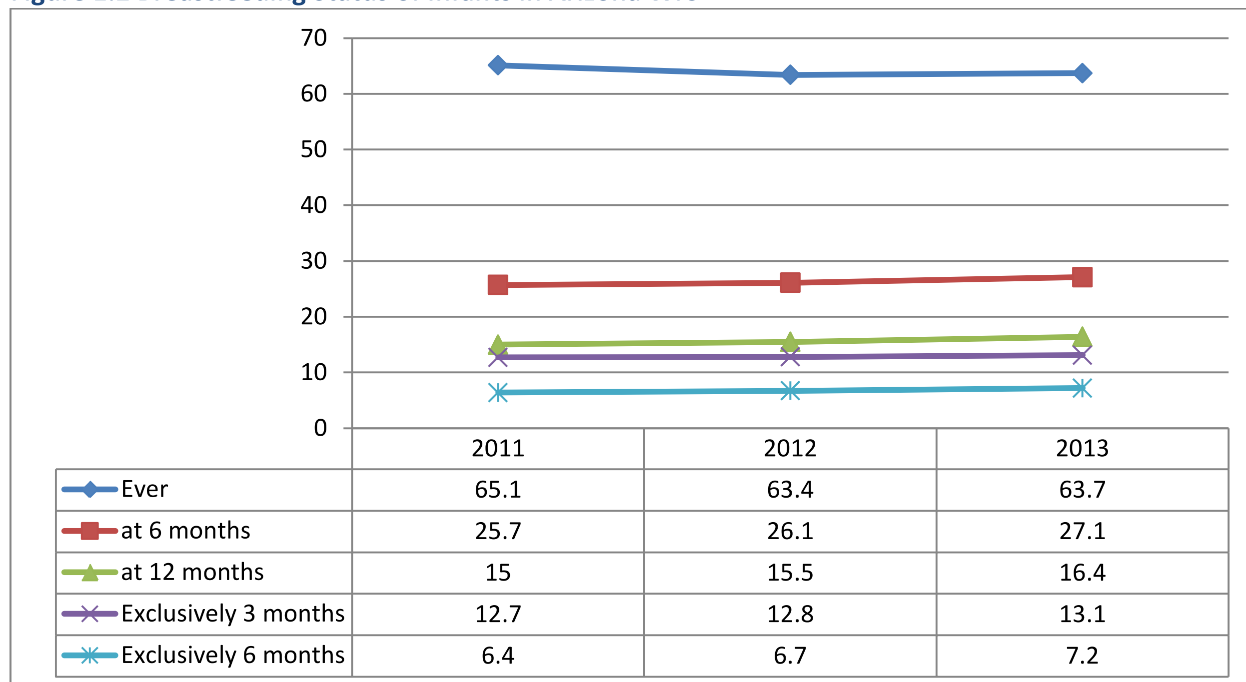
Figure 1.1 Infants in Arizona Breastfeeding Status by Year of Birth



	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 65.1 percent in 2011 to 63.7 percent in 2013. However, all measures for duration and exclusivity show steady increases over the same time period, as shown in Figure 1.2.

Figure 1.2 Breastfeeding Status of Infants in Arizona WIC



	2011	2012	2013
Ever	65.1	63.4	63.7
at 6 months	25.7	26.1	27.1
at 12 months	15	15.5	16.4
Exclusively 3 months	12.7	12.8	13.1
Exclusively 6 months	6.4	6.7	7.2

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 six months and 12 months, and who exclusively breastfeed at three months and six 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. Policy 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 Arizona**	**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 2015

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) 15, five trainings were offered, with two planned in Phoenix, one in Tucson, one in Show Low, and one in Sierra Vista. Only two trainings were held, with a total of 40 participants. One of the Phoenix trainings was cancelled due to lack of registration due to a short timeframe during which it was advertised, and the two rural location trainings, in Show Low and Sierra Vista, were cancelled due to low enrollment. In FFY16, if funded, the BNPA Breastfeeding Team would work closely with the Strong Families AZ regional coordinators to assess needs in rural locations and expand the reach by exploring alternative advertising strategies.

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 goal; pregnancy nutrition; food safety; pregnancy weight gain/loss; and other nutrition concerns. In FFY15, five trainings were planned, with two in Phoenix, one in Tucson, one in Show Low, and one in Sierra Vista. Five trainings were held, with a total of 150 participants. The Sierra Vista training was moved to Phoenix to maximize capacity. In FFY16, if funded, this training may be moved to a blended learning format, with some of the standards being addressed through online classes and then explored for applicability when face-to-face.

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 FFY15, ADHS hosted two LATCH-AZ opportunities (four events total between Phoenix and Tucson). In January 2015, Cathy Carothers presented on a number of topics related to the clinical management of breastfeeding as well as counseling/education. In August 2015, in an effort to get more medical doctors trained, ADHS partnered with Banner Health for LATCH-AZ. Dr. Nils Bergman presented on the neurological connection to breastfeeding and skin-to-skin for both full-term and preterm babies. In FFY16, if funding is available, ADHS will continue to provide this opportunity, with emphasis on the community setting in January 2016 and emphasis on the clinical setting in August 2016.

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 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 FFY15, the following topics were covered:

- The Immunological Role of Human Milk
- Key Messages for Breastfeeding Success
- Pump It Up: Supporting a Woman with Using a Breast Pump
- Early Breastfeeding Challenges
- Goldilocks and Her Milk Supply – Too Much? Not Enough? Just Right!
- Making It Work: Working and Breastfeeding
- Employers: How to Create a Successful Approach

In FFY16, 10 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 one to 90 IBCLCs. In FFY15, there are approximately 10 WIC staff and 24 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 FFY15, 111 new staff completed the course. In FFY16, 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 February 2015, the BNPA Breastfeeding Team piloted the curriculum. In April 2015, the Team conducted a train-the-trainer on the curriculum for all of the WIC Breastfeeding Coordinators so that they can train new staff at their Local Agency. In May/July 2015, for agencies that had low turnover, did not have the capacity to do the training, or wanted some training experience in a controlled environment, the BNPA Breastfeeding Team provided the training. In FFY16, the BNPA Breastfeeding Team will work with Local Agencies to build their capacity to train on the curriculum as well as actually conduct the training at least two times in a central location.

In 2012, BNPA developed a comprehensive breastfeeding course called WIC Breastfeeding Boot Camp. The course is five 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 five 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 FFY15, over 150 WIC staff attended WIC Breastfeeding Boot Camp via four classes, where three were in Phoenix and one was in Tucson. In FFY16, three classes of WIC Breastfeeding Boot Camp will be offered, with one in the Tucson area and two 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 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 our WIC island partners. In FFY15, the BNPA Breastfeeding Team conducted a train-the-trainer session for one Local Agency and two island partners. In FFY16, 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. To ensure that employers have the support they need in their community to implement a program, the BNPA Breastfeeding Team trained over 100 statewide AzNN partners and 40 WIC Directors/Breastfeeding Coordinators on the contents of the toolkit in April 2015. In May 2015, Cathy Carothers conducted a webinar, “How to Approach a Business about Lactation Accommodation.” In June 2015, the BNPA Breastfeeding Team conducted a webinar for the Arizona Healthy Worksites on “Workplace Lactation Accommodation Basics.” In September 2015, an online course will be available for employees to learn more about how their employers can support them, including tips on how to start the conversation with their employer. In FFY16, 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.

Child care standards established by the Empower Program include one to support breastfeeding. This is defined by:

- 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; and
- 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 FFY15, over 500 child care providers were trained on the how to support families who choose to breastfeed and/or provide pumped breastmilk in a bottle. In FFY16, BNPA will continue to support the efforts of the child care providers with additional training opportunities at related conferences and events.

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 FFY15, five courses are being developed to focus on:

- How milk gets from the breast to the baby;
- Helping with a feed;
- Milk supply;
- Practices that assist breastfeeding; and
- Infants and mothers with special needs.

In FFY16, 10 courses will be developed to focus on:

- Promoting breastfeeding during pregnancy;
- Protecting breastfeeding;
- Birth practices and breastfeeding;
- Special infant situations;
- If baby cannot feed at the breast;
- Maternal health concerns;
- Ongoing support for mothers;
- Communication skills;
- Making your hospital Baby-Friendly; and
- BFHI: A Part of a Global Strategy.

Also in FFY16, 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 10 BFHI maternity care practices. In FFY15, over 100 nurses successfully completed the online course. In FFY16, 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 Breastfeeding Team 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 FFY15, over 30 programs were presented to Strong Families AZ home visitors and community partners, including five in-person related to pregnancy, infant, and toddler nutrition, six in-person related to breastfeeding, 10 via webinar related to breastfeeding, and 15 breakout sessions at the Annual Conference. In FFY16, if funding continues and staffing levels stabilize, participation will continue.

Upon completion of the training opportunities, 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. Over 100 calls to the Team were taken in FFY15 and over 5,000 calls came into 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 FFY15 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 FFY16, 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 FFY15, 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 FFY16, the BNPA Breastfeeding Team will continue to support these programs, committees, and workgroups. Participation will expand to include groups associated with pharmacists 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
- 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 will begin to evaluate the usefulness and gaps of information on the website. BNPA will also be looking 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 FFY15, 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 FFY15 annual meeting was:

- Overview of the Breastfeeding Community of Support Initiatives;
- ADHS Breastfeeding Website;
- ADHS Lactation Workplace Accommodation Toolkit;
- Breast Pump Management;
- Peer Counselor Program Updates;
- Tiers of Learning for New Staff;
- Train-the-Trainer: WIC Basics.

In FFY16, 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 10 agencies to overcome staffing challenges, advise on scope of practice, assist with contacts, and monitors/approves 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 July 2015. 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 FFY15, 24 candidates were identified and completed the program. In FFY16, if funded, 15 will be identified.

The government is one of the biggest employers in the state, so special emphasis will be placed on making make sure that, at a minimum, government agencies are compliant with the workplace lactation accommodation as defined in the Affordable Care Act. In FFY15, the BNPA Breastfeeding Team developed resources (website and toolkit) for the employers. In FFY16, the BNPA Breastfeeding Team will work with Arizona Department of Administration to ensure that State agencies are aware of the resources available as well as provide technical assistance needed to change current policies.

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 FFY15, 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 FFY16, BNPA will continue to support any child care provider or program that supports child care providers.

To increase the capacity of the IBCLCs in Arizona, a centralized database will be developed that will have contact information, specialties, and payment information of IBCLCs in Arizona so that mothers, families, community partners, health care staff, insurance companies and/or the Breastfeeding Hotline can find in-person lactation support. In FFY15, a survey was conducted of the IBCLCs in Arizona to determine the feasibility/interest in participating in this database. In FFY16, focus will be on creating the database.

C. Direct Breastfeeding Support and Supplies

As the result of collaboration between the USDA WIC Program and the Maternal 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 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 5,000 calls. A majority of the calls came from WIC participants, occurred for infants seven to 14 days old, and included these topics:

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

In FFY16, 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 system. This included both a desk audit tool that could be done prior to the visit and an onsite tool. In FFY16, BNPA will continue 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. Next year, HANDS will allow Arizona WIC to 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:

- Lactina 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, orhas 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.

In FFY14, due to a backorder at Medela for Lactina kits and breastmilk storage bags, many of the Local Agencies had to move to a waiting list for these items. As a result in FFY15, 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 FFY16, this process will continue.

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 those staff need.

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 FFY15, 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 FFY16, most of the changes are related to education for new staff as related to job tasks, 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 FFY15 was on hard skills, the focus of FFY16 will be soft skills, including assessment and education.

To assure understanding and implementation of the policies and procedures, the BNPA Breastfeeding Team participates in the WIC Management Evaluation. In FFY15, 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 four 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 FFY16, 11 of the 21 Local Agencies will be evaluated for WIC breastfeeding services and six of the 10 peer counseling programs will be reviewed.

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 2015**	**Actual Performance in 2015**	**Objectives for 2016**
Strong Families AZ: (Grant from MCH – HHS)			
Basic Training 1	Provide a minimum of five trainings, reaching at least 150 Strong Families home visitors and community partners.	Provided two trainings reaching 40 Strong Families AZ home visitors/community partners.	If funded, provide a minimum of two trainings, reaching at least 50 Strong Families AZ home visitors/community partners.
Basic Training 2	Provide a minimum of three trainings, reaching at least 100 Strong Families home visitors and community partners.	Provided two trainings reaching 40 Strong Families AZ home visitors/community partners.	If funded, provide a minimum of two trainings, reaching at least 50 Strong Families AZ home visitors/community partners.
Current Trends in Breastfeeding	Provide a minimum of three trainings, reaching at least 100 Strong Families home visitors and community partners.	Provided two trainings reaching 40 Strong Families AZ home visitors/community partners.	If funded, provide a minimum of two trainings, reaching at least 50 Strong Families AZ home visitors/community partners.
Empower Home Visiting	Provide a minimum of five trainings, reaching at least 150 Strong Families home visitors and community partners.	Provided five trainings reaching 150 Strong Families home visitors/community partners.	If funded, provide one in-person training and move curriculum to a monthly webinar format.
Combined funding from WIC, WIC PC, Strong Families AZ			
LATCH-AZ	Provide a minimum of two lactation education/networking sessions, reaching at least 300 WIC staff, Peer Counselors, Strong Families home visitors and community partners.	Events held in January (Cathy Carothers) and August (Nils Bergman). Each event had over 300 attendees.	If funding is available, two events will be held, one in January and one during World Breastfeeding Week.

Monthly Lactation Webinars	Develop/provide a minimum of 10 lactation webinars to WIC staff, Peer Counselors, Strong Families home visitors and community partners.	Provided 10 webinars reaching an average of 75 WIC staff, WIC Peer Counselors, Strong Families AZ home visitors and community partners.	Based on feedback from Local Agency staff and hotline calls, 10 more topics will be identified and presented.
IBCLC Mentoring Program	Provide at least four education sessions designed specifically for IBCLC candidates to prepare for the test.	In February 2015, Nancy Mohrbacher delivered "Advanced Lactation" to 30 candidates. Two-hour study sessions were available in webinar format to address key topics on the exam, the first being held in February, then March, April, May, and two sessions in June.	If funding is available, a course will be identified and offered to candidates. These sessions were recorded; they will be made available, as well as encouraged for candidates.
WIC			
WIC Basic Training: 2-Day	Develop a train-the-trainer curriculum for Local Agency IBCLCs to use while training new WIC staff. Train at least 20 Local Agency IBCLCs on the curriculum. Provide training to at least 25 new staff at Local Agencies that do not have the capacity to provide the training.	The curriculum was piloted with five staff in February 2015. After changes were made, 40 WIC Administrators were trained. Twenty were IBCLCs. Fifteen new Local Agency staff was trained by the BNPA Breastfeeding Team.	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.
WIC Boot Camp: 5-Day	Provide a minimum of four trainings to at least 150 new and existing WIC staff.	A total of 150 staff were trained in four trainings.	A minimum of three trainings will be held, with two in Phoenix and one in Tucson.
Online Training	Provide at least one LMS Breastfeeding Education option for new WIC staff; train at least 50 staff.	A total of 111 new staff have completed the course.	Resources will be allocated to update the course.
WIC Peer Counseling Grant			
Loving Support Train-the-Trainer	Provide Loving Support Train-the-Trainer Curriculum/Training to at least three Local Agencies and island partners.	One Local Agency and three island partners were trained.	Training will be available upon request.

CDC 1305 Grant			
Workplace Accommodation	Provide at least two trainings/webinars on supporting mothers in the workplace to at least 50 WIC staff, Peer Counselors, Strong Families home visitors and community partners in order to build the capacity of support. Provide at least one webinar for Arizona Healthy Worksites on how to be compliant with the lactation accommodation requirements included in the Affordable Care Act (ACA).	Trainings were held in April and May 2015 to over 200 people. Over 100 businesses were offered training in addition to the kits.	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.
Child Care Centers	Train at least 300 child care providers on how to support the breastfeeding mother-infant/child within the center.	Over 500 child care providers were trained.	Trainings will be available upon request. Due to a reduction in funding, more emphasis will be placed on technical assistance instead of training.
Arizona Nutrition Network			
Develop Online Training	Develop seven online modules for hospitals to use with new and existing staff to support breastfeeding-friendly maternity care practices.	Due to time limitations, five courses were completed.	Ten courses will be developed as well as corresponding guidebooks.

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 2015	Actual Performance in 2015	Objectives for 2016
Strong Families AZ: (Grant from MCH – HHS)			
Professional Development Committee	Assure that at least 20 evidence-based nutrition education and breastfeeding programs are presented in training offerings.	Twenty-three evidence-based nutrition education and breastfeeding programs were presented.	Add at least five evidence-based offerings, based on evaluations and comments of participants.
Conference Planning Committee	Assure that evidence-based health topics are included at the annual conference: At least 20 breakouts will be health-related; 200 attendees will be educated on health-related topics.	Fifteen 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 will continue.
Home Visitors & Community Partners	Respond to all requests for TA from Strong Families AZ home visitors and community partners.	Breastfeeding Coordinators 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	Provide prenatal and postpartum support to ADHS employees.	Relocation of Services Pump Kit Loan Program Privacy Drapes One on One Consultation	Expand services to other departments.
Community Partners	Provide representation at organizations that represent women, infants, health education, and/or breastfeeding coalitions.	Participated and/or served as the Subject Matter Expert for over 10 programs/committees/workgroups	Continue/expand support to current groups as well as add organizations related to pharmacists and hospitals.
Breastfeeding Website	Establish a comprehensive breastfeeding website that includes information for different audiences.	Website was revamped to be population-based and include printable PDFs.	Evaluate the changes and use analytics to enhance content.

WIC			
Local Agency Breastfeeding Coordinators	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.	In addition to the WIC Breastfeeding Coordinators Meeting, also provided technical assistance via phone and/or email, and in a monthly newsletter.	Quarterly calls will be added to the current system for added networking opportunities.
Breast Pump Program	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.	In addition to the WIC Breastfeeding Coordinators Meeting, also provided technical assistance via phone and/or email, and in a monthly newsletter.	Quarterly calls will be added to the current system for added networking opportunities.
IBCLC Support	Provide guidance and support to WIC IBCLC's to maintain their credential.	Ten WIC Staff and 24 Strong Families AZ home visitors are sitting for the exam in July.	Ten WIC Staff and 15 Strong Families AZ home visitors will be sitting for the exam.
WIC Peer Counseling Grant			
Provide funds to Local Agencies	Oversee appropriate use of funds (budget, manage, approval). Audit findings. Reduce returns of unspent money.	Support the 10 Local Agencies that receive funding.	Support the 10 Local Agencies that will receive funding.

CDC 1305 Grant			
Worksite Support	Provide guidance to State/Local Agencies on the establishment of lactation programs compliant with the Affordable Care Act (ACA).	Resource Development: Website Toolkit	Support expansion of the program to other public entities
Early Care and Education (ECE) Support	Provide one-on-one guidance to child care centers on creating or revising lactation policies compliant with the Empower Program.	Reviewed policies and provided guidance to over 100 child care programs.	Continue to support efforts as funding is reduced.
IBCLC	Conduct a survey of current IBCLCs to assess interest in the establishment of a statewide database that could be used by insurance companies, health care providers, community partners, and mothers to find support. Establish/update the IBCLC database on the ADHS website. Market the database to insurance companies, health care providers, community partners, and mothers.	Completed in Spring of 2015. Due to delays in website production and staffing shortages, will be moved to FFY16. Delayed until FFY16.	Confirm interest in participation by filling out information. Launch in Spring 2016. Conduct quality assurance, then begin marketing.

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 2015	Actual Performance	Objectives for 2016
Combined funding from WIC, WIC PC, Strong Families AZ			
Breastfeeding Hotline	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.	Received over 5,000 calls.	Move to an automated system to improve efficiency and accuracy in data.
WIC			
Direct Services	Provide pregnant and breastfeeding women with breastfeeding education/support through 20 Local Agency WIC Programs.	Due to transition of computer systems, it is difficult to evaluate the consistency of the program.	Evaluate the notes to ensure that breastfeeding education/support is consistent with guidance.
Breast Pumps	Provide a minimum of 3,500 breast pumps to the WIC Local Agencies in order to support the breastfeeding goals of the clients. Develop quality assurance protocols to ensure that Local Agencies are properly tracking breast pumps through HANDS. Track breast pumps for clients that are no longer participating on the WIC Program but have failed to return the pump.	Provided over 3,500 breast pumps to clients; transitioned to automated system.	Automate the contract; improve report efficiency and accuracy. Set metrics for replacement and loss.
Lactina Kits/Hand Pumps	Provide Lactina kits that can also be used as a hand pump to the Local Agencies to use with breastfeeding participants.	Due to inventory outages, more emphasis has been placed on forecasting and monitoring supply quantities at the Local Agency/clinic.	Ordering process will be evaluated and revised.
Books	Provide *Breastfeeding: Keep It Simple* books to Local Agencies for pregnant and/or breastfeeding participants.	Due to inventory outages, more emphasis has been placed on forecasting and monitoring supply quantities at the Local Agency/clinic.	Ordering process will be evaluated and revised.

Breast pads	Provide cotton breast pads to Local Agencies for breastfeeding participants to reduce yeast, make breastfeeding more comfortable and less restrictive.	Due to inventory outages, more emphasis has been placed on forecasting and monitoring supply quantities at the Local Agency/clinic.	Ordering process will be evaluated and revised.
Breastmilk Storage Bags	Provide breastmilk storage bags to Local Agencies for breastfeeding participants to maintain the quality of pumped breastmilk.	Due to inventory outages, more emphasis has been placed on forecasting and monitoring supply quantities at the Local Agency/clinic.	Ordering process will be evaluated and revised.
WIC Peer Counseling Program			
Direct Services	Provide peer to peer breastfeeding support to pregnant and breastfeeding women through 10 Local Agencies.	Ten agencies receive funding to provide Peer Counseling services.	The 10 agencies will continue with level funding.

D. Policy Development/Standardization

Work with USDA, CDC, and other funders as well as Local Agency staff, home visitors, and community partners to develop uniform policies/standards to ensure consistent statewide services.

Strategy by Program Area	Objectives for 2015	Actual Performance in 2015	Objectives for 2016
WIC			
Policy and Procedure Development	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.	Chapter 19 was revised to reflect the changes to the Breast Pump Tracking Report. Forty Local Agency Breastfeeding Coordinators and Breast Pump Coordinators were trained on how to print, interpret, and reconcile the Breast Pump Tracking Report. Management Evaluations that included reconciling their pump inventory were conducted at 10 Local Agencies.	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.
WIC Peer Counseling (grant)			
Policy and Procedure Development	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.	Chapter 19 was revised to reflect the transition from a paper-based system to an automated system. All 10 agencies were trained on the changes at the WIC Breastfeeding Coordinators Meeting in April 2015. Management Evaluations were conducted at four of the 10 agencies.	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.

1.2 NUTRITION

The Bureau of Nutrition and Physical Activity promotes the 2010 Dietary Guidelines for Americans recommendations to follow 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 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.

---

[1] United States Department of Agriculture and United States Department of Health and Human Services. (2010, December). *Dietary Guidelines for Americans, 2010.* 7th Edition, Washington, DC: United States Government Printing Office.
[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 has increased from 17.8 in 2008 to 18.2 in 2012.[6] In Arizona, this estimate was 20.9 percent in 2012, with Arizona ranking 14th in the nation on food hardship.

OUTCOME INDICATORS

VEGETABLE AND FRUIT CONSUMPTION

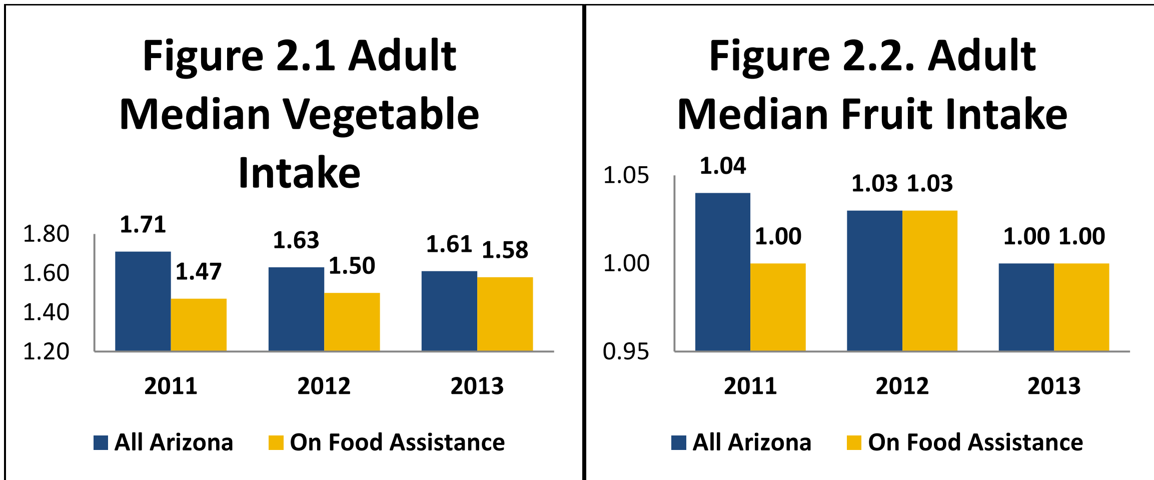
The Behavioral Risk Factor Surveillance System is useful to monitor outcomes related to vegetable and fruit consumption, which are part of the core CDC measures every other year. Arizona includes the vegetables and fruits module every year, even though it is optional during the years in which the CDC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

There was no real disparity between median vegetable and fruit consumption among those Arizonan adults in households receiving food assistance compared to all Arizona households in 2013.[7] The 2013 median consumption of fruits was 1.0 for both 'all Arizonans' and 'Arizonan adults in households that received food assistance.' The 2013 median consumption of vegetables was 1.61 for all Arizonan adults and 1.58 for Arizonan adults in households that received food assistance.

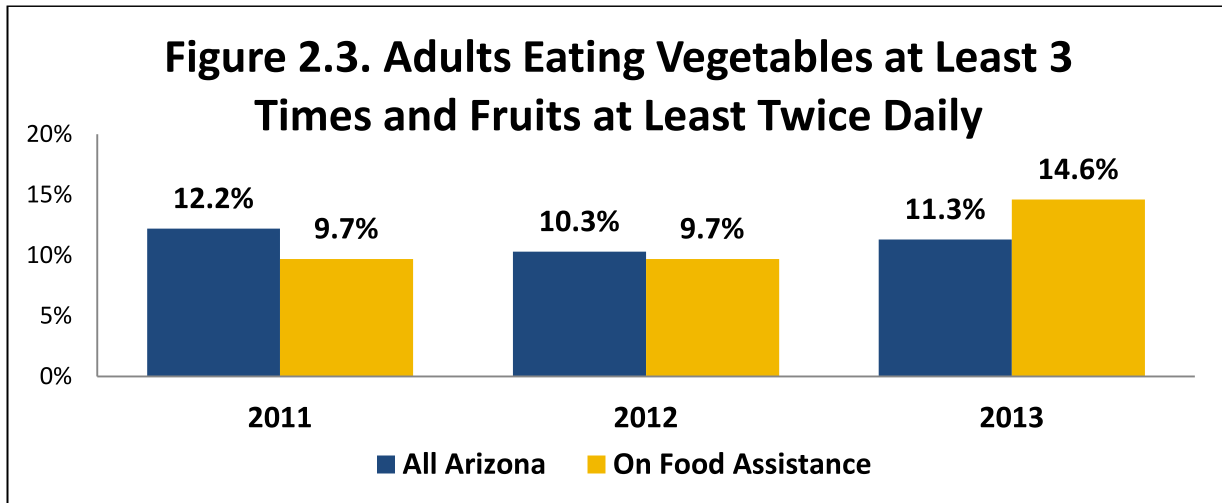
---

[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, Food Hardship in America 2012, Households with and without Children, February 2013. Retrieved 01/31/2014. Retrieved from: http://frac.org/pdf/food_hardship 2012.pdf.
[6] *Ibid*.
[7] Behavioral Risk Factor Surveillance System, Arizona (2013), Arizona Department of Health Services.

Figures 2.1 and 2.2 compare the median vegetable and fruit intake for Arizonan adults in households that received food assistance to all Arizonan adults, from 2011 to 2013.

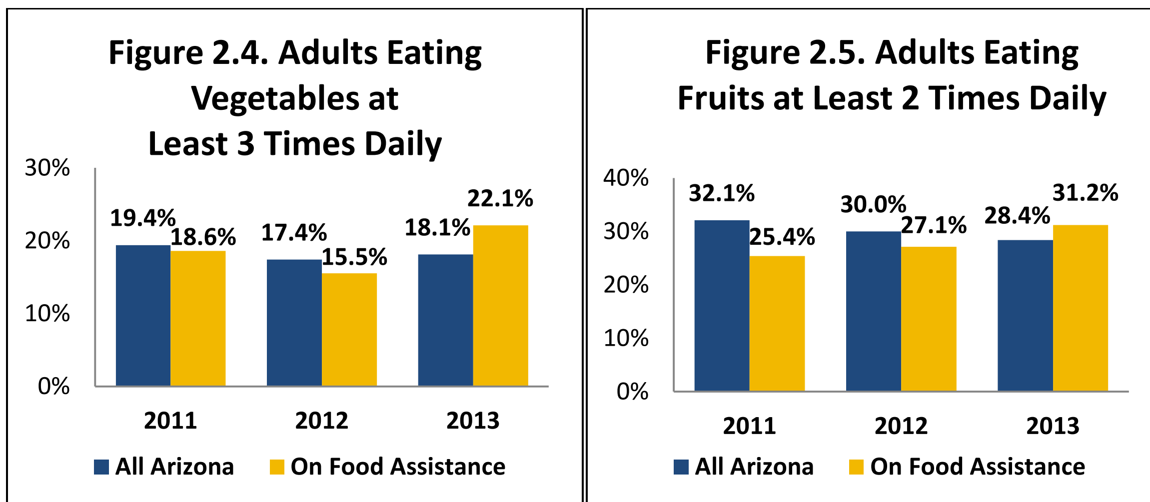


The difference between the percent of Arizonan adults who consumed fruits at least twice per day as well as vegetables at least three times per day was minimal when comparing Arizonan adults in households that received food assistance (14.6 percent) and all Arizonan adults (11.3 percent). For both groups, approximately one in 10 met recommended guidelines for adults,[8] with Arizonan adults in households that received food assistance remaining unchanged from 2011 to 2012, but increasing in 2013. See Figure 2.3.



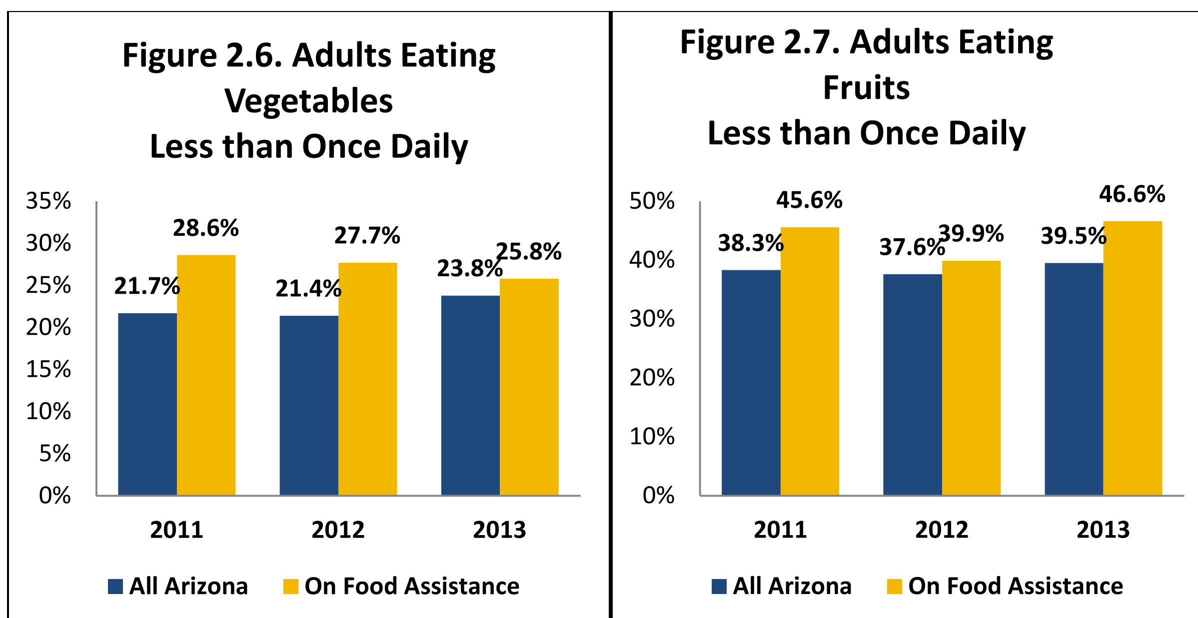
[8] Consumption of vegetables three times daily and consumption of fruits twice daily.

Looking at vegetable and fruit consumption separately, higher proportions report eating either fruits at least twice per day or vegetables at least three times per day. See Figures 2.4 and 2.5.

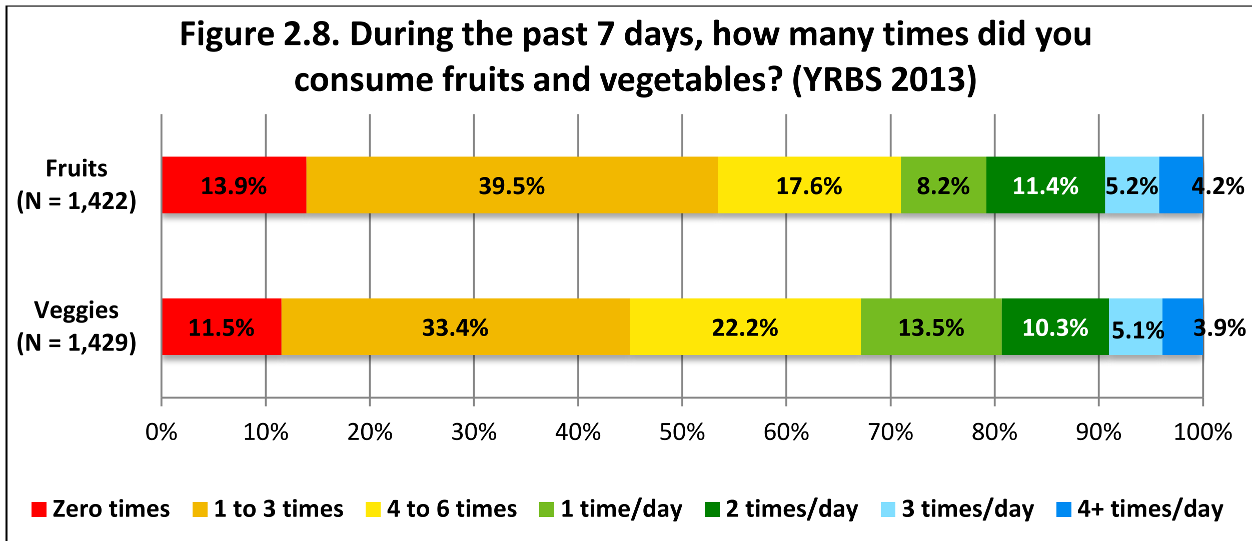


Perhaps the most noteworthy trends have to do with the large proportion of the population who do not consume vegetables and fruits even once per day. More than four in 10 Arizonan adults (46.6 percent) in households that received food assistance reported that they ate fruit less than once per day, and one in four (25.8 percent) reported eating vegetables less than once per day in 2013.

Although the disparities between those Arizonan adults in households that received food assistance compared to the general population appear to have lessened from 2011 to 2013, a large disparity remains, especially among those who eat few fruits. See Figures 2.6 and 2.7.



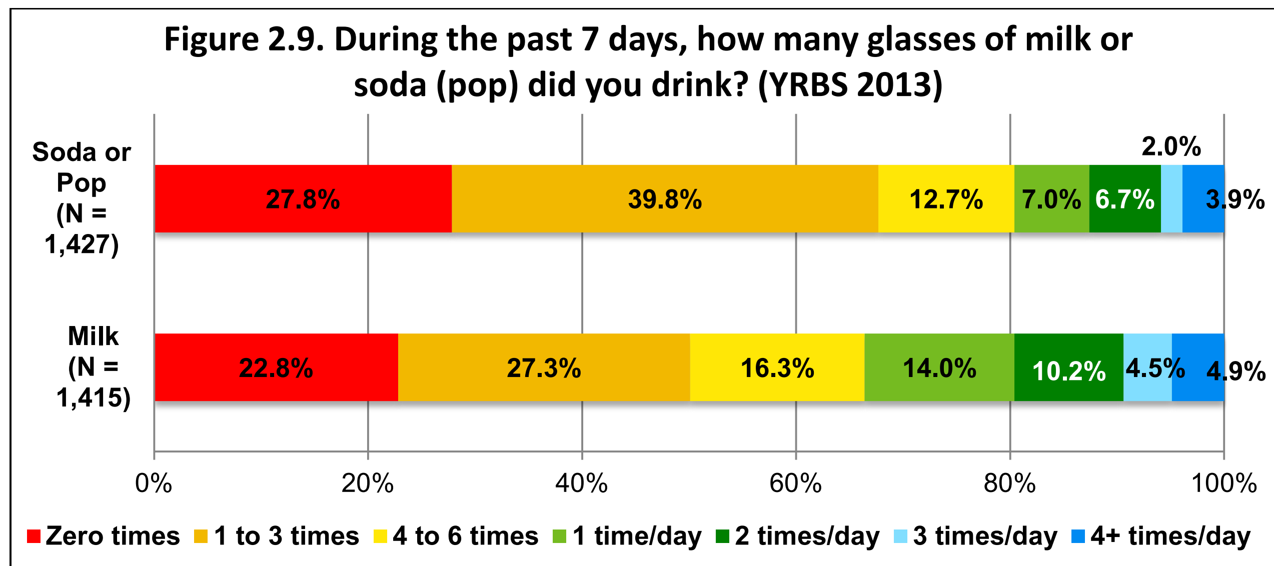
Among high school students responding to the 2013 Youth Risk Behavior Survey (YRBS) in Arizona, 13.9 percent reported consuming fruits or 100 percent fruit juice zero times in the seven days that preceded the survey and 11.5 percent reported consuming vegetables, including potatoes, zero times in the 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.



MILK AND SUGAR-SWEETENED BEVERAGES

Building strong bones during adolescence and early adulthood is a key defense against the development of osteoporosis later in life. 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 4 or more times per day in the seven days preceding the survey). A much higher percent of Arizona high school students (39.8 percent) reported drinking a can, bottle, or glass of soda or pop one to three times during the seven days before the survey in 2013.

In the 2011 YRBS, 35.4 percent of students reported drinking soda or pop one to three times per week. Figure 2.9 shows the rates of consumption of milk for all Arizona high school students in 2013.[9]



In a target population survey of low income mothers, which asked questions about many nutrition and physical activity-related behaviors, women reported having one serving of milk each day. Eighty-six percent said they drank only one kind of milk, and of those, 29 percent drank non-fat or one percent milk either always or some of the time. Reduced fat (two percent) is most commonly consumed, with 53 percent drinking it at least some of the time. (Women also averaged one serving of sugar-sweetened beverages per day.)

Whole Grain Consumption

The only estimate of whole grain consumption comes from the target population survey conducted in 2012 with 830 low income mothers. Participants were asked about their consumption of several grains, and were asked to estimate what proportion of each one tended to be whole grains. On average, women reported eating 1.3 daily servings of whole grains, with 53 percent reporting that at least half of the grains they ate were whole grains. Only one percent ate no 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.[10]

---

[9] Cans, bottles, or glasses of soda (pop).

[10] Larson, N.I., M.T. Story, and M.C. Nelson (2009). "Neighborhood Environments: Disparities in Access to Healthy Foods in the U.S.," *American Journal of Preventive Medicine*, 36(1): 74-81.e10.

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 10 miles from a supermarket or large grocery store in a rural area. One definition of a food desert is an area in which 33 percent or more of the population reports having low access to a food retail outlet. Using this definition, more than 24 percent of the census tracts in Arizona qualify as food deserts, compared to approximately eight percent nationally.[11]

HEALTHY FOODS AT SCHOOL AND WORK

School Health Profiles provide information on healthy foods, physical education, and physical activity. Comparing results from 2010 to 2012, there appears to have been progress made in the areas of health education and physical activity, but a regression in the nutrition environment. The following are highlights from the 2012 report on Arizona high schools, unless otherwise noted:[12]

Health Education

- 14% required students to take two or more health education courses.
- 43% had a health education curriculum that addresses all eight national standards for health education.
- 49% taught 14 key nutrition and dietary behavior topics in a required course (up from 41% in 2010).
- 51% taught 12 key physical activity topics in a required course (up from 42% in 2010).

School Environment

- 34% did not sell less nutritious foods and beverages anywhere outside the school foodservice program (down from 56% in 2010).
- 73% did not sell soda (pop) or fruit drinks that were not 100% juice from vending machines or at the school store, canteen, or snack bar (down from 77% in 2010).
- 3% always offered fruits or non-fried vegetables in vending machines and school stores, canteens, or snack bars and during celebrations when foods and beverages are offered (down from 10% in 2010).
- 46% prohibited all forms of advertising and promotion of candy, fast food restaurants, or soft drinks in all locations (down from 63% in 2010).
- 24% used the School Health Index or a similar self-assessment tool to assess their policies, activities, and programs in nutrition and physical activity.

---

[11] Ver Ploeg, M., Breneman, V., Farrigan, T., Hamrick, K., Hopkins, D., Kaufman, P., Lin, B.H., Nord, M, Smith, T., Williams, R., Kinnison, K., Olander, C., Singh, A., and Tuckermanty, E. (2009). "Access to Affordable and Nutritious Food – Measuring and Understanding Food Deserts and Their Consequences: Report to Congress" *Administrative Publication* No. (AP-036) 160 pp.

[12] 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.

PERFORMANCE INDICATORS

Since 2009, the WIC Program has been issuing Cash Value Vouchers (CVV), 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 2.10 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.

Figure 2.10 Cash Value Voucher Redemptions for Calendar Years 2009-2014

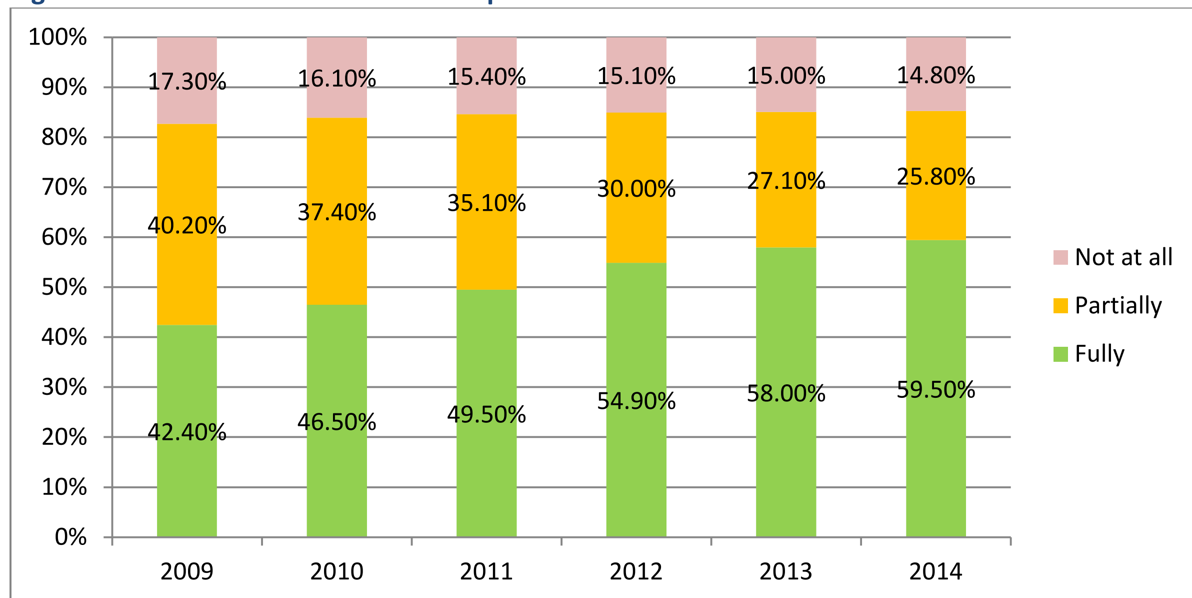


Table 2.1 shows that clients are redeeming higher proportions of the issued values than in past years, with this amount steadily rising year by year.

Table 2.1 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%

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 to expand the awareness of farmers' markets. Table 2.2 shows the number of growers and markets authorized through FMNP during the past five years in Arizona.

Table 2.2 Number of Authorized Growers and Markets		
FFY	Approved Growers	Approved Markets
2010	143	45
2011	208	42
2012	208	39
2013	132	34
2014	132	35

Table 2.3 shows activity in FMNP from 2010 through 2014, 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 2.3 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

In addition to using FMNP coupons, WIC clients are able to redeem their Cash Value Vouchers for fruits and vegetables at farmers' markets. Table 2.4 below shows the number and value of CVV coupons redeemed at farmers' markets from 2009 through 2014.

Table 2.4 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

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 a 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 10 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 2012, 2013, and 2015.

Overall, relatively high levels of satisfaction with WIC services have been found in each of the four 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, statistically significant improvements were found in the percent of respondents who report the highest levels of satisfaction in each of the following by 2013, although progress appears to have stalled in 2015:

- 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

Implementing PCS has 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 the increase in waiting times. It appears that some clinics have not fully adapted their staffing patterns and clinic flow to the changes in direct services, which is consistent with recent Management Evaluation findings.

State staff will focus more attention in the upcoming year on working with agencies on management of scheduling, staffing and clinic flow, while continuing to fully implement PCS.

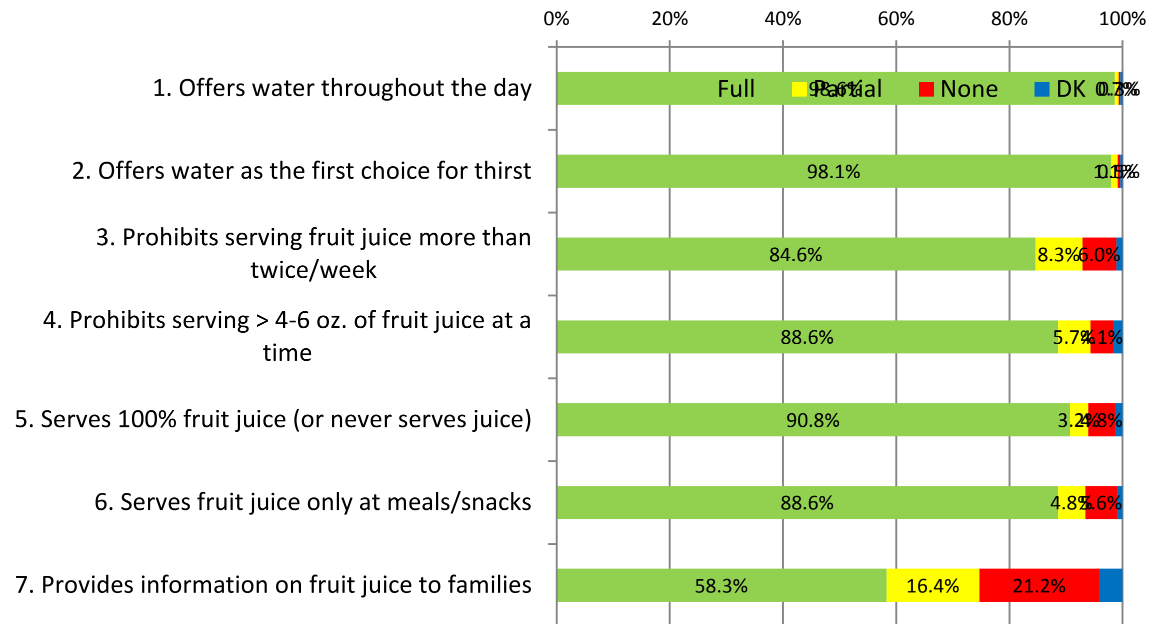
Table 2.5 Participant-Centered Education Measures Percent of Clients Reporting Highest Levels of Performance				
	2011	2012	2013	2015
Waited less than 15 minutes	76.6%	72.6%	67.6%	59.9%
Very satisfied with amount of time to wait	69.2%	68.9%	62.3%	61.6%
Counselor listened very much to concerns	92.8%	90.0%	91.3%	89.3%
Counselor very interested in how family does things	75.5%	76.7%	80.0%	78.0%
Staff cared very much	86.9%	86.6%	88.3%	85.6%
Got to talk very much about what wanted	83.8%	84.7%	87.0%	84.1%
Staff made feel very welcome	79.4%	80.0%	81.8%	77.9%
Very much like the foods can buy with WIC	82.0%	78.3%	79.7%	80.4%
Very much able to make better choices after talking to counselor	80.7%	79.4%	81.3%	79.3%
Know how to find all the WIC foods where shop	76.7%	75.3%	76.7%	73.2%

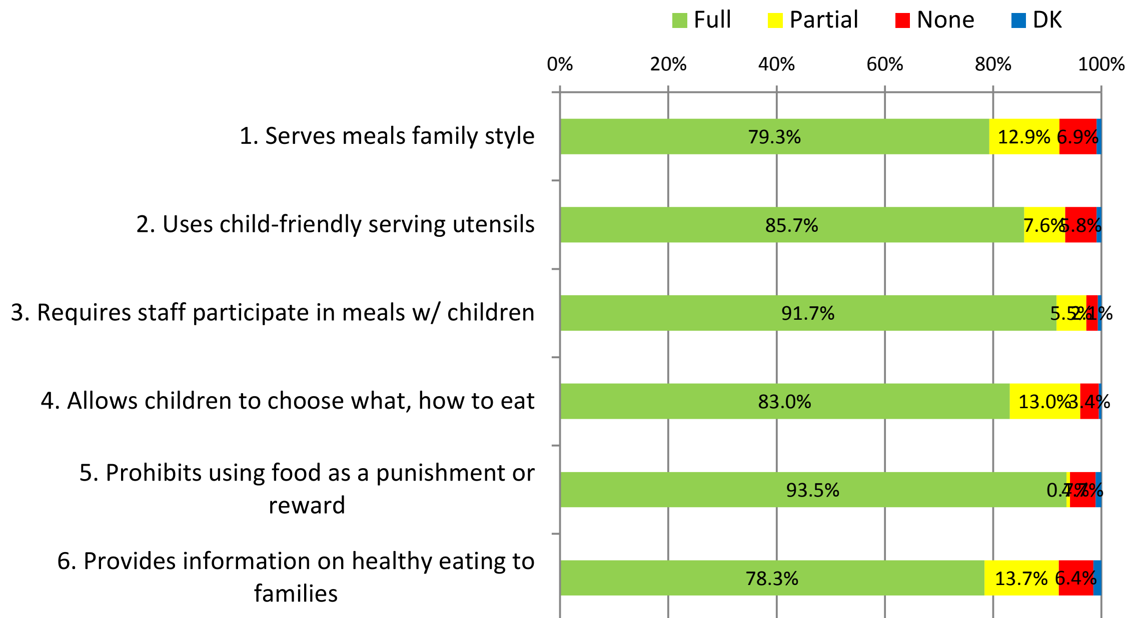
EARLY CARE AND EDUCATION

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. The first full year of data collected on Empower included all sites reviewed (n=1,483) during state fiscal year 2014 (July 1, 2013 through June 30, 2014). Three Empower Standards related to nutrition are:

- ***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 2.11 shows the percent of facilities who reported being in full, partial, or non-compliance with each component.
- ***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 2.12 shows self-reported levels of compliance with each component.

Figure 2.11 Empower Program Fruit Juice Components Level of Implementation





BUREAU STRATEGIES

The Bureau has adopted strategies that intervene on many levels, 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					
	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 should 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 focuses on the food environment, promoting farmers' markets and healthy retail, as well as early care and education and school policies. Together, over the long term, these strategies are expected to lead to greater accessibility of healthy foods and the awareness and knowledge to choose them.

The remainder of this section will focus on accomplishments related to nutrition in the WIC Program during 2015.

ACCOMPLISHMENTS RELATED TO STRATEGIES IN 2015

A. DISTRIBUTE FOOD

Each year since 2011, WIC recipients in Arizona have redeemed more than $120 million worth of healthy foods. Since January 2015, well over $50 million worth of WIC checks have been redeemed. For 2015, Arizona set a goal to increase the percent of CVVs that were redeemed (either fully or partially) to 90 percent. The most recently available data is for FFY14, in which CVV redemption increased to 85.3 percent. Also for FFY14, CVV redemption as a percent of value increased to 82.4 percent. Although BNPA continues to steadily improve on each of these measures over the long term, the goal of reaching 90 percent is not likely to be obtained in FFY15.

Focus groups conducted in the past few years have indicated that young people often do not know how to cook. Consequently, plans towards the latter part of FFY15 include distributing cookbooks with instructions on how to prepare WIC foods. Five-year trends suggest that improvements are incremental and small year to year. Ninety percent remains the long-term goal for these measures, but short-term objectives for 2016 have been restated at 87 percent of CVVs redeemed either partially or fully and 84 percent of the value. The vendor application process is currently being 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, Health and Nutrition Delivery 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 has focused on the technical aspects of how to appropriately document in the new system. Longer waiting times may have been an unintended consequence of learning the new technology and methods while continuing to operate busy clinics.

The steady progress that was previously observed from 2011 through 2013, as documented in the client satisfaction survey, appears to have stalled in 2015. The 2015 survey was conducted in April of 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 is currently underway to explore online scheduling of appointments, which would allow clients to look-up wait times before deciding whether to walk in.

C. Food Environment

Farmers' markets play an important role in the food environment, and Arizona set an objective for 2015 to increase the numbers of growers and farmers' markets authorized in underserved areas. Arizona has three-year contracts with its farmers' markets, and in FFY11, implemented a requirement for new markets to have a minimum of three growers to get FMNP approval. This requirement may have contributed to the drop in the number of farmers' markets that occurred in 2013 (see Table 2.2), when all markets became subject to the new requirement. Although the requirement may pose a continuing challenge, it is needed to ensure that a variety of fruits and vegetables are available in each market, and in the long term, should make authorized markets more viable and better able to withstand changes in market conditions.

Drought conditions have also resulted in farmers' inability to grow in certain areas of the state, and turnover of volunteer management 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. In addition, the FMNP manager resigned towards the end of 2014 and was not replaced.

D. Workforce Development/Training

Objectives for FFY15 included holding monthly Training Advisory Group (TAG) meetings with Local Agency trainers for them to provide input, develop a registered dietitian (RD) high-risk training plan, and a comprehensive training needs assessment of WIC staff. All of these objectives have either been accomplished already or are on track for completion by the end of the fiscal year. As a result of the TAG meetings, additional trainings were designed and scheduled, including four regional pilot trainings on how to handle difficult conversations with clients and a webinar for trainers on cultural competency. Although these were not part of Arizona's original training plans, all will be completed by September 30, 2015. Trainings for WIC Directors on courageous conversations were also conducted after being requested by Local Agencies. In response to the observation that many WIC Directors were retiring, a training was held for new WIC Directors, which will be continued in 2016.

In coordination with the Bureau of Women's and Children's Health (BWCH) Maternal, Infant and Early Childhood Home Visiting (MIECHV) program, a perinatal mood and anxiety disorder (PMAD) e-learning course is in development to be used by both WIC and MIECHV staff. The course will be added to requirements for WIC staff training.

A. Distribute Food			
WIC			
Strategy by Program Area	**Objectives for 2015**	**Actual Performance in 2015**	**Objectives for 2016**
Review and monitor monthly redemption reports for WIC Food Instruments and CVVs.	Increase redemption rates for WIC Cash Value Vouchers (CVV) to 90% of issuance and the proportion of redemption to 90% of CVV value.	(FFY 2014 is most recent data): CVV redemption= 85.3%; redemption as a proportion of value= 82.4%. Plans to distribute cookbook within FFY15.	Redeem 87% of CVVs, either partially or fully, and redeem 84% of value.
Authorize retailers (vendors) who meet all eligibility requirements so WIC participants have access to and receive healthy foods.	By January 31, incorporate changes to FY 2016 authorization process in Vendor Management chapter of Policy and Procedure manual.	Implemented new selection criteria in January 2015 to strengthen vendor authorization.	Incorporate eWIC language/practices into vendor policies and procedures.
	Maintain integrity of online vendor application and price survey.	Analyzed data for authorization and monitoring to ensure competitive pricing throughout Vendor Contract period.	Maintain integrity of online vendor application and price survey.
	Complete evaluation processes for vendor applications received for FY 2016 Vendor Contract.	A total of 211 applications from two chain store corporations resulted in 208 authorizations of outlets. Application packets will be sent by end of fiscal year to three currently authorized chain store corporations for FFY16, accounting for 227 outlets.	Complete reauthorization for vendor applications received for the FFY17 Vendor Contract.
	Ongoing: process grocery retailer applications received under continuous enrollment.	Processed 21 vendor applications to authorize additional stores. Five applicants authorized, three denied, one closed store, and 12 pending as of April 30, 2015.	Process grocery retailer applications received under continuous enrollment.

B. NUTRITION EDUCATION

WIC

Strategy by Program Area	Objectives for 2015	Actual Performance in 2015	Objectives for 2016
Participant-Centered Education	Increase client satisfaction and promote behavior change, with conversational approach to assessment using OARS, ABCDE, and Getting to the Heart of the Matter Tools.	No increases were found in 2015 participant satisfaction survey levels for measures related to participant-centered services.	Increase client satisfaction and promote behavioral change using motivational tools.
Provide tools for nutrition education-enhanced messages incorporating MyPlate, USDA Common Nutrition Messages and/or Baby Behavior messages.	90% 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 magnets emphasizing infant hunger/satiety cues. WIC Recipe Book using WIC foods and a MyPlate Nutrition Guide for pregnant participants will be available this year.	90% of Arizona WIC Program non-high-risk participants will have a TGIF note as documentation of their nutrition education contact.

C. Food Environment

WIC			
Strategy by Program Area	**Objectives for 2015**	**Actual Performance in 2015**	**Objectives for 2016**
Inform growers, farmers' markets, and clients about FMNP.	Provide contact information to connect growers and farmers' markets and provide ideas for promotion.	Responded to requests from growers and farmers' markets to facilitate their collaboration.	Continue to respond to requests, log contacts and establish baseline measure of numbers assisted.
Provide online resources for growers and farmers' markets for FMNP.	Update FMNP web page with client-friendly information about farmers' markets, WIC CVVs and FMNP checks. Link website to AzNN and create a unique farmers' market URL.	Website reorganization is complete. Link created from AzNN to Farmers' Market page.	Complete website reorganization.
Recruit and authorize growers and farmers' markets for FMNP.	Authorize three new farmers' markets in underserved areas	Working with potential farmers' markets to attain FMNP authorization in Ajo and Clifton.	Identify and authorize farmers' markets in three areas not currently served.
Train potential growers and farmers' markets for FMNP.	No specific objective for 2015.	Eleven trainings were held across the state.	Explore development of online training to address accessibility.

D. Workforce Development/Training

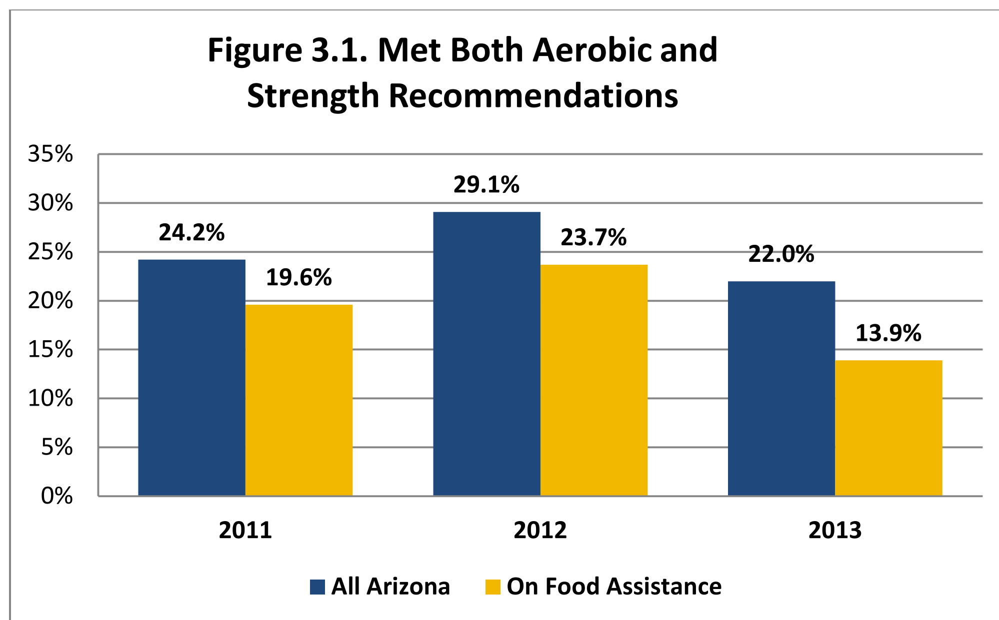
WIC			
Strategy by Program Area	**Objectives for 2015**	**Actual Performance in 2015**	**Objectives for 2016**
Provide staff training on topics based on needs identified by Training Advisory Groups (TAG).	Have monthly TAG meetings to identify and plan for trainings requested by Local Agencies.	Four regional trainings scheduled in September 2015 for 100 staff on handling difficult conversations with clients.	Based on evaluation of training, TAG will continue.
Develop RD High-Risk Training Plan.	Finish timeline and workbooks.	Timeline completed and guidebooks in development for completion this year.	Develop rubric for high-risk appointments.
Continue New Employee Training.	Continue New Employee Training Program.	Provided ongoing trainings in Anthropometrics and use of projective techniques and materials.	Develop update plan for guidebook, including priorities and planned enhancements.
Nutrition Risk Criteria		Adding risks to HANDS tables for nutrition risk and added risks in Chapter 2 to assign additional categories and provide training materials to Local Agency staff.	Implement new nutrition risk criteria from USDA on October 1, 2015.
Training Needs Assessment and Toolkit Development	Assess needs and develop in-services based on results.	Four toolkits will be completed on toddler, infant, postpartum, and pregnancy nutrition.	Develop toolkits for remaining priority areas.
Perinatal Mood and Anxiety Disorders (PMAD)	Train staff in new risk codes related to PMAD.	PMAD e-learning course is in development.	Roll out PMAD e-learning course and add as required course for staff.

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 biannual 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. Beginning 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 Arizonan adults in households that received food assistance who met both aerobic and strength recommendations for the first three years of the new measure. For each year, 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. These results should be interpreted with caution.



A higher proportion of each population met *either* the aerobic *or* strength recommendations, with higher proportions meeting aerobic recommendations than strength recommendations in both groups.

Again, disparities are pronounced between those Arizonan adults in households that received food assistance compared to all Arizonan adults. See Figures 3.2 and 3.3.

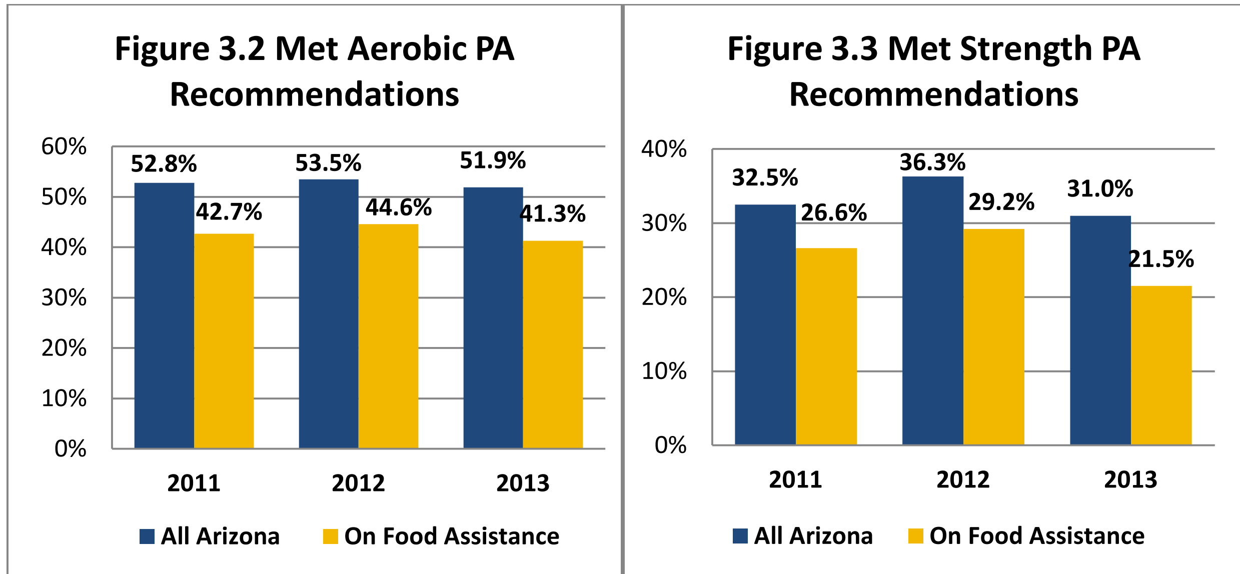
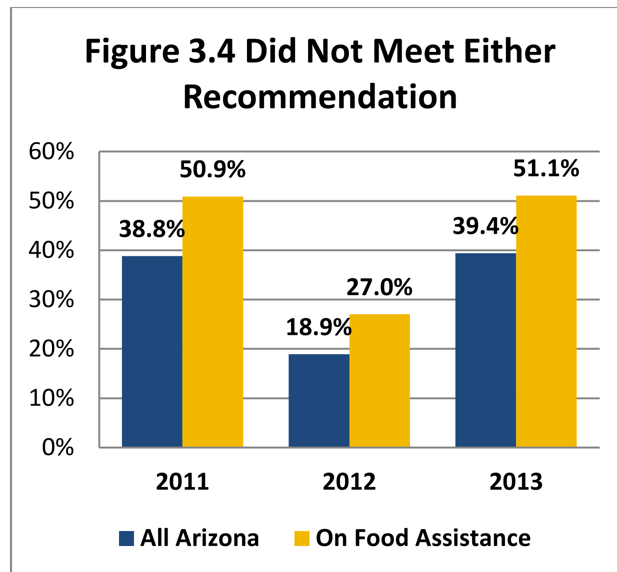


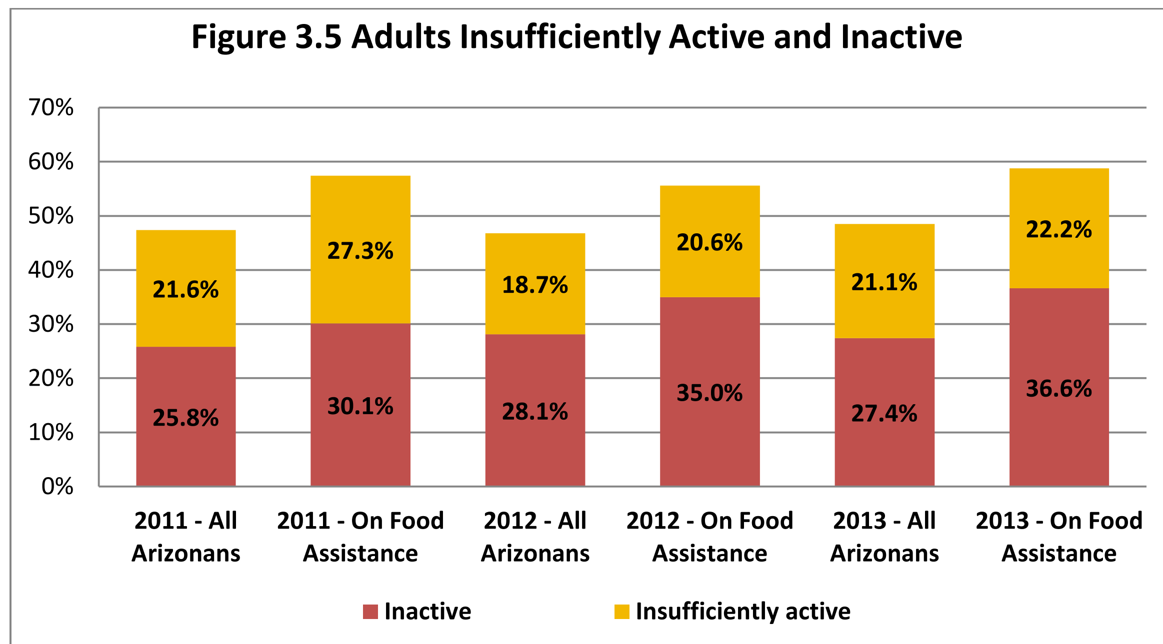
Figure 3.4 shows the proportion of Arizonan adults in households that received food assistance who did not meet either recommendation.

The apparent sharp decline 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.



Looking specifically at activity levels in 2013, more than half of Arizonan 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 Arizonan 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. See Figure 3.5 below.



The 2013 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. The majority (82.7 percent) participated in at least 60 minutes of physical activity on at least one day; however, only 41.9 percent reported being physically active at least 60 minutes per day on 5 or more days (50.4 percent of boys and 33.2 percent of girls). When asked about sedentary behaviors, 27.2 percent said they watched television three or more hours per day on an average school day, and 36.8 percent said they used computers three or more hours per day to play videos or computer games, or used a computer for something that was not school work on an average school day (37.4 percent of boys and 36.4 percent of girls).

Environment – Opportunities for Healthy Choices

Physical Activity at School and Work

In the 2011 YRBS, fewer than half (41.7 percent) of high school students reported that they attended physical education classes in an average week when they were in school (49.0 percent of boys and 34.4 percent of girls), and only 29.6 percent attended daily physical education classes (36.3 percent of boys and 23.2 percent of girls). Approximately half (50.4 percent) played on a sports team (54.8 percent of boys and 46.2 percent of girls).

School Health Profiles provide information on healthy foods, physical education, and physical activity. Comparing results from 2010 to 2012, there appears to have been progress made in the areas of health education and physical activity, but a regression in the nutrition environment.

The following are highlights from the 2012 report on Arizona high schools, unless otherwise noted:[13]

Health Education

- 14% required students to take two or more health education courses.
- 43% had a health education curriculum that addresses all eight national standards for health education.
- 49% taught 14 key nutrition and dietary behavior topics in a required course (up from 41% in 2010).
- 51% taught 12 key physical activity topics in a required course (up from 42% in 2010).

Physical Education and Physical Activity

- 57% required physical education for students (up from 52% in 2010).
- 60% offered opportunities for all students to participate in intramural activities or physical activity clubs (down from 72% in 2010).
- 60.1% said they went to physical education classes zero times per week. (source: YRBS 2013)
- 34.7% said they went to physical education classes three to five times per week. (source: YRBS 2013)

School Environment

- 34% did not sell less nutritious foods and beverages anywhere outside the school foodservice program (down from 56% in 2010).
- 73% did not sell soda (pop) or fruit drinks that were not 100% juice from vending machines or at the school store, canteen, or snack bar (down from 77% in 2010).
- 3% always offered fruits or non-fried vegetables in vending machines and school stores, canteens or snack bars, and during celebrations when foods and beverages are offered (down from 10% in 2010).
- 46% prohibited all forms of advertising and promotion of candy, fast food restaurants, or soft drinks in all locations (down from 63% in 2010).
- 24% used the School Health Index or a similar self-assessment tool to assess their policies, activities, and programs in nutrition and physical activity.

No readily available data could be found to assess work environments in Arizona in terms of their nutrition or physical activity policies and opportunities. However, the U.S. Census American Community Survey asks about transportation to work. 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).

---

[13] 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.

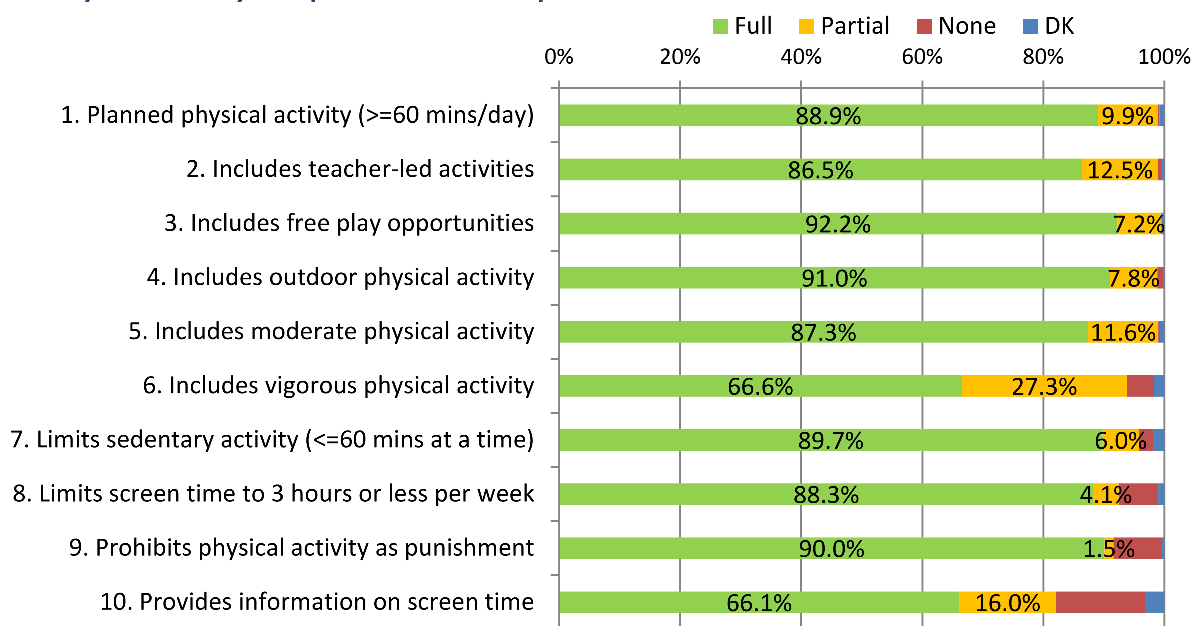
SNAP-eligible adults are more likely to bicycle (2.0 percent) or walk (4.8 percent) to work, compared to those with higher incomes, who rarely bicycle (0.9 percent) or walk (1.7 percent) to work. See Table 3.1.

Table 3.1 Transportation to Work			
	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. The first full year of data collected on Empower included all sites reviewed (n=1,483) during state fiscal year 2014 (July 1, 2013 through June 30, 2014).

Figure 3.6 shows baseline results for the 10 components related to the physical activity standard. During site reviews, ADHS licensing staff ask respondents to rate their level of implementation of each of the 10 components as either fully or partially implemented or not at all implemented. There is also an option to respond with "don't know."

Figure 3.6 Physical Activity Component Level of Implementation



Bureau Strategies

The Bureau has adopted strategies that intervene on individual and community/institutional 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 2015

The main objective for FFY15 for WIC related to physical activity was to incorporate physical activity lessons into the Nutrition Boot Camp for WIC staff. By the end of the year, pilot curricula will be developed for family members of various ages. In 2016, a pilot will be implemented and revisions will be made in response to evaluation results before rolling out the training during the second half of 2016. These activities take place in the larger context of BNPA activities.

The Empower Program promotes physical activity in early care and education policy, and AzNN improves the capacity of child care providers to provide children with opportunities for physical activity throughout the day. Capitalizing on carry-over funding, the State Active Living Specialist led the development and execution of four regional physical activity trainings with a nationally recognized expert. In one month, 87 participants were reached, representing stakeholders serving young children.

A CDC 1305 grant and AzNN together work 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 as 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.

A focus on the physical environment has included point-of-decision prompts to encourage use of stairs and designing streets and communities for physical activity. The Miami Unified School District Land-Use HIA, in collaboration with the Miami Unified School District and Gila County Health Services, will evaluate the health impacts of a proposed walking trail and school playground/park for city residents to use (e.g., adding playground and working equipment). The school district and Public Works Departments will provide in-kind contributions to this project.

A. Workforce Development, Training WIC Staff			
WIC			
Strategy by Program Area	**Objectives for 2015**	**Actual Performance in 2015**	**Objectives for 2016**
Health at Any Size - incorporate Active Living concepts into WIC.	Incorporate physical activity lessons into the Nutrition Boot Camp (NBC) for WIC staff.	Pilot curricula for the different WIC categories will be completed for the Nutrition Boot Camp which will incorporate physical activity for the family at different ages.	Implement NBC pilot, revise according to evaluation results, and roll out during the second half of 2016.

1.4 Obesity

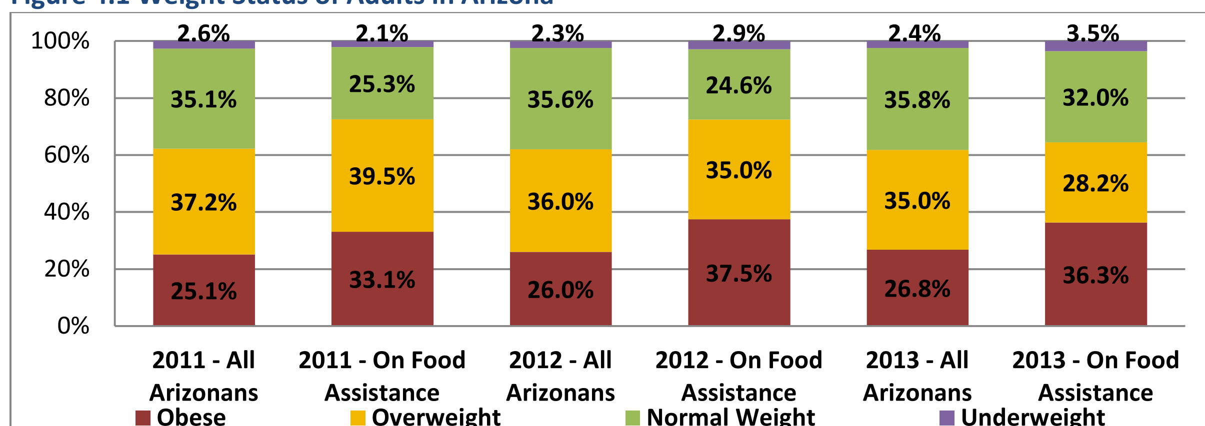
The first three sections of this document discussed strategies related to breastfeeding, nutrition, and physical activity. Each of those strategies lead to healthier weight, in addition to promoting good overall health. This section will discuss overweight and obesity trends in Arizona as well as strategies 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.[14] Adults who reported having lower incomes and lower levels of education were more likely to report heights and weights that were classified as overweight[15] or obese[16] when compared to those who reported higher income and a higher level of education.[17]

The percent of Arizonan adults in households that received food assistance and reported themselves *either* obese or overweight appears to have held steady from 2011 to 2012 (72.6 percent in 2011 and 72.5 percent in 2012), with a slight decrease to 64.5 percent in 2013.[18] It should be noted that the reason for the decrease in 2013 might be due to a reduction in BRFSS sample size from year to year in Arizona, as well as due to standard error.[19] Taking a closer look at Arizonan adults in households that received food assistance, it is apparent that a greater proportion of this group was *obese* (instead of merely *overweight*) in 2012 and 2013 when compared to 2011: 33.1 percent in 2011, 37.5 percent in 2012, and 36.3 percent in 2013. There was no large shift in the proportion of all Arizonan adults, in any weight status classification, from 2011 to 2013, indicating a weight status disparity in Arizonan adults in households that received food assistance. See Figure 4.1 for a graph comparing the weight status of all Arizonan adults to those Arizonan adults in households that received food assistance from 2011 to 2013.

Figure 4.1 Weight Status of Adults in Arizona



---

[14] 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.

[15] The term 'overweight' in adults is defined as: Respondents for whom 25.00 <= BMI.

[16] The term 'obese' in adults is defined as: Respondents for whom 30.00 <= BMI < 99.111.

[17] *Ibid*.

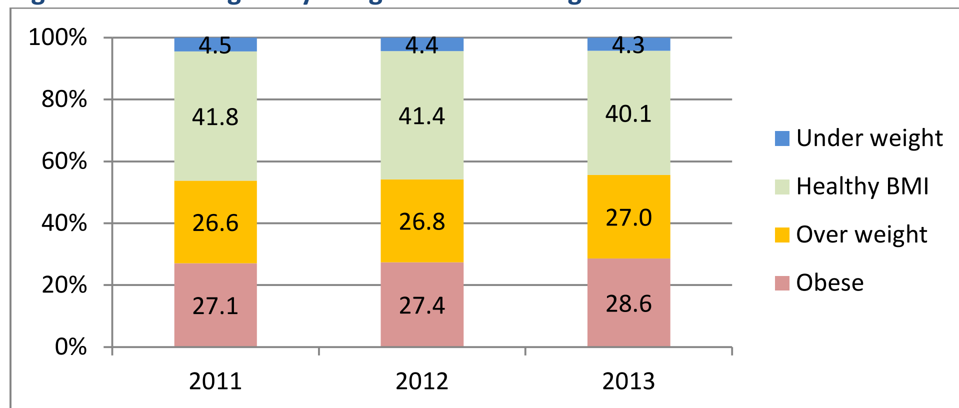
[18] Behavioral Risk Factor Surveillance System, Arizona (2013), Arizona Department of Health Services.

[19] BRFSS total sample size for Arizona state-level data was: 6,489 in 2011, 7,306 in 2012, and 4,252 in 2013.

Pregnancy and Weight in WIC

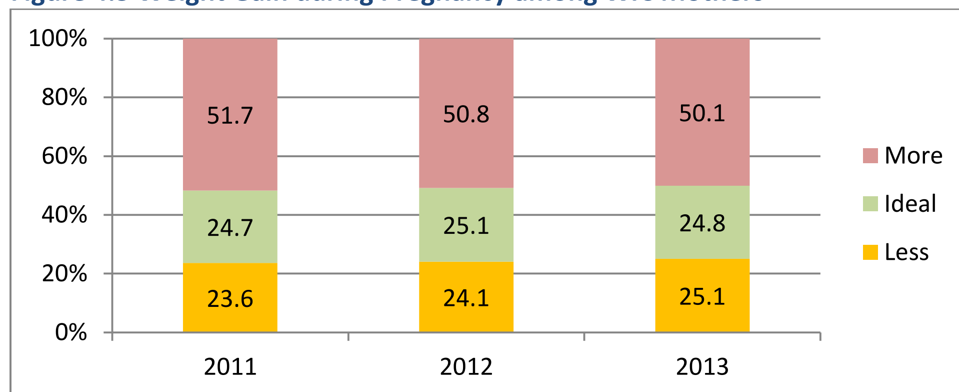
Beginning a pregnancy at a healthy weight and gaining an appropriate amount of weight are important factors for healthy birth outcomes. Women who begin their pregnancies underweight (body mass index (BMI) less than 18.5) are at greater risk for pregnancy complications, as well as having an infant who is underweight or has fetal growth problems. In addition, low pre-pregnancy weight may indicate malnourishment in the mother. Being overweight pre-pregnancy (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 the pre-pregnancy weight status among WIC mothers from 2011 through 2013.

Figure 4.2 Pre-Pregnancy Weight Status among WIC Mothers



Ideal maternal weight gains during a pregnancy are dependent upon a woman's pre-pregnancy 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 pre-pregnancy 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.

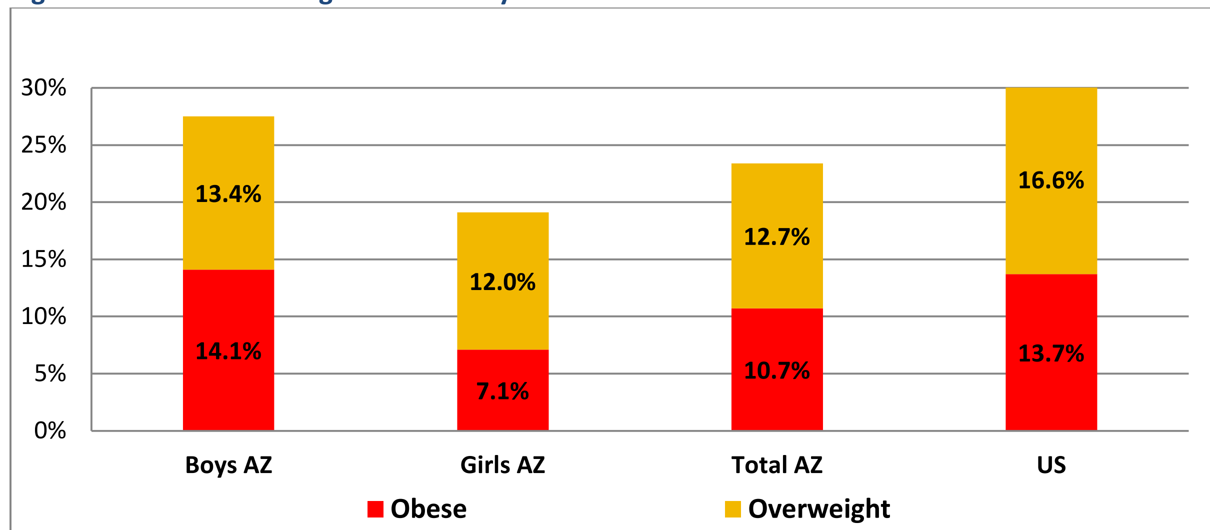
Figure 4.3 Weight Gain during Pregnancy among WIC Mothers



YOUTH

It is interesting to note the divergent perceptions and realities of adolescent girls and boys, and some of the ill-advised strategies they employ to control their weight. Among high school students responding to the 2013 YRBS in Arizona, 23.4 percent reported heights and weights that calculated as either overweight (12.7 percent) or obese (10.7 percent). Girls were more likely to describe themselves as slightly or very overweight: 31.1 percent of girls compared to 21.9 percent of boys. Girls were also more likely to report that they were trying to lose weight: 62.3 percent of girls compared to 31.1 percent of boys. Figure 4.4 shows the percent of overweight[20] and obese[21] high school students by: gender, state total, and national total. [22]

Figure 4.4 Youth Overweight and Obesity in Arizona and U.S. in 2013

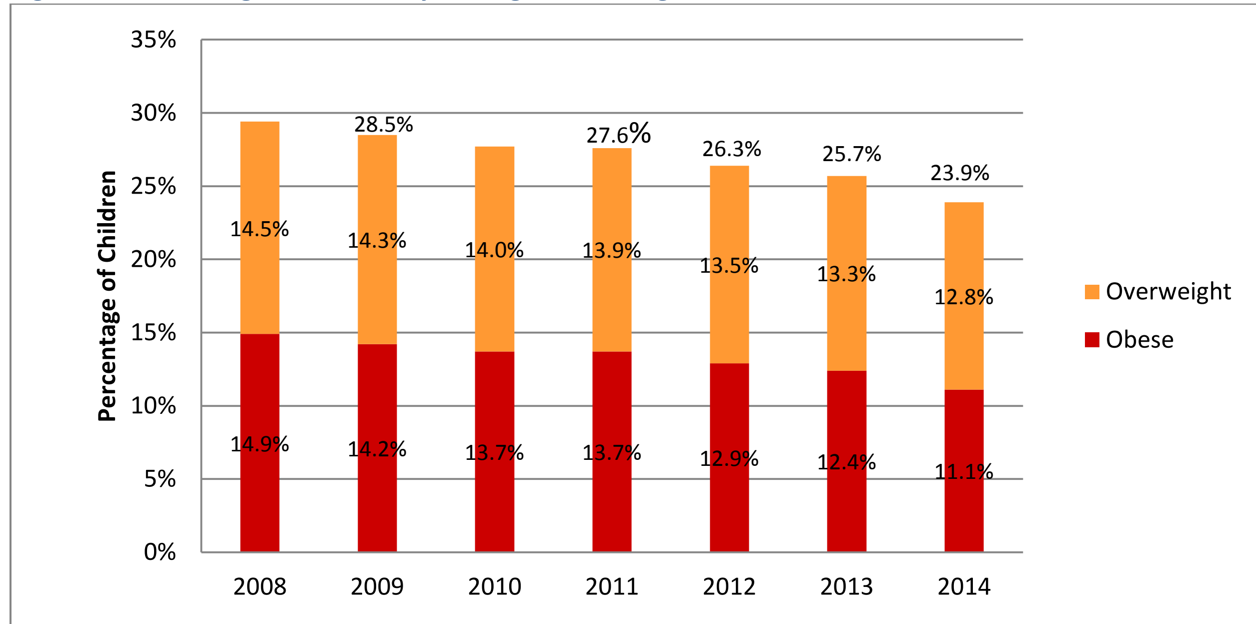


[20] The term 'overweight' in youth is defined as: at or above the 85th percentile but below the 95th percentile for BMI.
[21] The term 'obese' in youth is defined as: at or above the 95th percentile for BMI.
[22] Youth Risk Behavior Surveillance – United States, 2013. (06/13/2014). Centers for Disease Control and Prevention. Retrieved 07/01/2014. Retrieved from: http://www.cdc.gov/mmwr/pdf/ss/ss6304.pdf.

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 have been declining in recent years. 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 2015, 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 2015

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 ages two to five years old that were overweight or obese. Since 2008, the overall percent has fallen more than five percent, from 29.4 percent in 2008 to 23.9 percent in 2014. During this time period, BNPA has 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.

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 registered dietitians 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, which previously had only four slots. Since 2011, 12 WIC staff have become registered dietitians, four of whom are from rural areas. In FFY15, three of the four interns are from rural areas. A goal was set during 2015 to increase the number of slots to six to accommodate more applicants. This was achieved during 2015, when permission was granted by ACEND for the six slots for the FFY16 internship cycle. 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 2014, $2.2 million was allocated for this purpose, and in 2015, it was raised to $2.4 million.

B. Train in Participant-Centered Weight Management

Researchers at UC Davis have been working with California WIC to study behavioral Triggers of Overfeeding in Older Infants and Toddlers (TOTT), 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 e-learning training and integrate it to clinic practices.

C. Develop Interconception Interventions

Arizona has a folic acid program that is funded outside of WIC. Focus groups were conducted to determine whether the messages promoted by the folic acid program materials resonated with its target audience. Although Arizona developed an e-learning course many years ago, it did not have any topics related to interconception care. An opportunity was identified to work together 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.

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 PowerPack, which includes a 3-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, and birth spacing. In FFY16, WIC clinics will be able to order PowerMeA2Z materials and will receive monthly messages with client success stories, reminders about the availability of program materials, and an e-learning module will introduce new staff to the program.

A. Offer Referrals to RD for Women and Children at Risk for Obesity			
WIC			
Strategy by Program Area	**Objectives for 2015**	**Actual Performance in 2015**	**Objectives for 2016**
Make RD services available in the Arizona WIC Program.	Increase the number of RDs hired by the WIC Program statewide, based on projected number of clients at risk for obesity. Of those eligible, 80% should receive RD services.	Number of Bachelor-degreed and RD positions increased in Local Agencies by 40 since FFY13 by providing additional monies and a separate line item for RDs only.	Increase the number of RDs by 4 in two agencies who identified the need for RD services.
Develop a pathway for WIC Bachelor-degreed personnel to become RDs, especially in rural areas, through the WIC dietetic internship program.	Increase slots for WIC part-time dietetic internships from four to six.	Permission granted by ACEND for six slots.	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			
WIC			
Strategy by Program Area	**Objectives for 2015**	**Actual Performance in 2015**	**Objectives for 2016**
Follow a "Health at Every Size" approach.	Incorporate this strategy into the Nutrition Care Guidelines and the Nutrition Boot Camp staff training curriculum.	This strategy was incorporated into the Nutrition Care Guidelines and will be enveloped into the Nutrition Care Guidelines.	Incorporate "Do No Harm" Health at Every Size concepts in the Nutrition Boot Camp curriculum.
Train staff on weight management assessment and counseling for infants and toddlers.	Implement TOTT. Incorporate participant-centered toddler weight management messaging into the Nutrition Care Guidelines.	TOTT study in progress.	Incorporate participant-centered weight management assessment and counseling for toddlers into the Nutrition Boot Camp curriculum.

Nutrition Care Guidelines	Finalize the Nutrition Care Guidelines so they can be used in the development of Nutrition Boot Camp curriculum.	Finalized the Nutrition Care Guidelines.	Finalize the Nutrition Boot Camp curriculum and utilize the Nutrition Care Guidelines as a staff textbook for the training.
Nutrition Boot Camp Development	Develop curriculum for Nutrition Boot Camp.	Nutrition Boot Camp curriculum is currently being developed to reflect Nutrition Care Guidelines.	Pilot Nutrition Boot Camp.

C. Develop Interconception Intervention

WIC

Strategy by Program Area	Objectives for 2015	Actual Performance in 2015	Objectives for 2016
Pilot Interconception Intervention	Develop interconception intervention pilot scope of work for FFY15 implementation with one WIC Local Agency.	Over 22,000 PowerPacks were distributed in FFY15.	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.
e-Learning Postpartum course	Align training materials based on interconception intervention.	Revised the e-learning postpartum course for new employees to include interconception care.	Add e-Learning postpartum course to required 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 increasing effectiveness. This section will focus specifically on the WIC Program.

FINANCIAL ADMINISTRATION AND MANAGEMENT

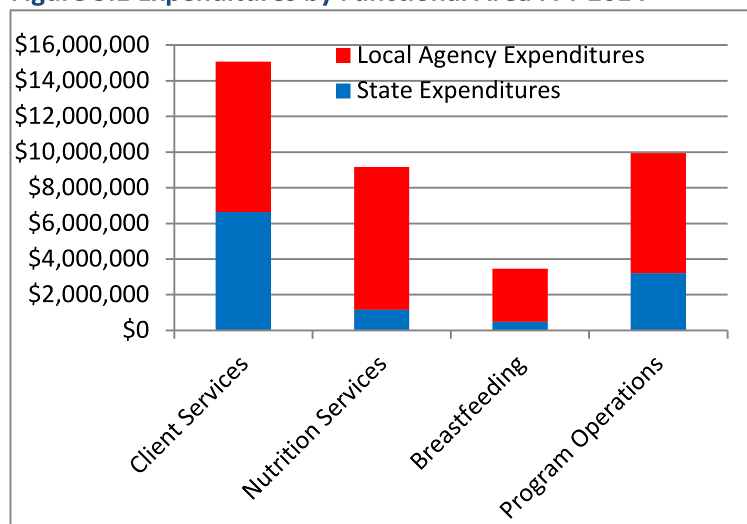
In general, Arizona has held its average monthly expenditures for food below the national average, with 2014 being the exception, when Arizona's expenditures were $.76 above the national average. Table 5.1 below shows Arizona's overall expenditures per recipient compared to national averages.

Table 5.1. WIC Program: Average Monthly Benefit (Food) Per Person Arizona WIC vs. All States and Territories					
	2010	**2011**	**2012**	**2013**	**2014**
Arizona WIC	37.68	42.14	42.17	42.96	44.41
All States and Territories	41.43	46.69	45.00	43.26	43.65
National average - Arizona	-3.75	-4.55	-2.83	-0.3	0.76

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 a $.76 increase in the average cost of the food package per participant over the national amount.

Due to the implementation of the new food package rules on April 1, 2015, and approved foods such as yogurt, the Arizona WIC Program expects some variance in the food package costs in the fourth quarter of FFY15 and FFY16. Once there are three months of closeout food data, food forecasts will be adjusted for FFY16.

Figure 5.1 Expenditures by Functional Area FFY 2014



Annually, the WIC Program collects information on Local Agency expenditures by category. More than 92 percent of the total nutrition services and administrative (NSA) funding received is used to support participant services. Figure 5.1 shows how those funds are allocated by area within Local Agencies and for the State of Arizona.

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
USDA AGP	$17.25	$18.32	$17.05	$18.73	$18.91
AGP + 10%	$18.98	$20.15	$18.76	$20.60	$20.80
Arizona's actual expenditures	$15.88	$16.23	$15.82	$17.65	$18.24
Amount Arizona is below limit	$3.10	$3.92	$2.94	$2.95	$2.57

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 year following. 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 and 2013. At the time of this writing, Arizona has applied for a waiver of the $3,482,813 penalty that could be imposed for the 2014 shortfall.

Table 5.3 Expenditures for Food

	2010	2011	2012	2013	2014
Food formula grant	$96,032,309	$91,553,319	$91,114,783	$87,897,831	$87,870,547
Threshold: food grant X 97%	$93,151,340	$88,806,719	$88,381,340	$85,260,896	$85,234,431
Arizona's actual average expenditure	$83,018,034	$89,331,448	$86,663,152	$83,378,296	$81,751,618
Shortfall	$10,133,306	n/a	$1,718,188	$1,882,600	$3,482,813
Obtained waiver	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
Actual monthly participation	183,577	176,648	171,222	161,748	153,401
Assigned monthly caseload	201,735	181,460	174,935	178,360	169,885
	91.0%	97.3%	97.9%	90.7%	90.3%

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 in the past five years. See Table 5.5.

Table 5.5 Expenditures for Nutrition Education

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

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
USDA target	$1,077,893	$978,459	$1,009,513	$1,001,979	$973,179
Arizona's actual expenditures	$3,740,011	$5,602,096	$5,318,460	$3,830,563	$3,458,309
Amount exceeding expectations	$2,662,118	$4,623,637	$4,308,947	$2,828,584	$2,485,130

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 also 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 completed by conducting compliance buys or an inventory audit 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. Later this year, the Program Integrity Team will have the ability to obtain and review background checks as part of the application process.

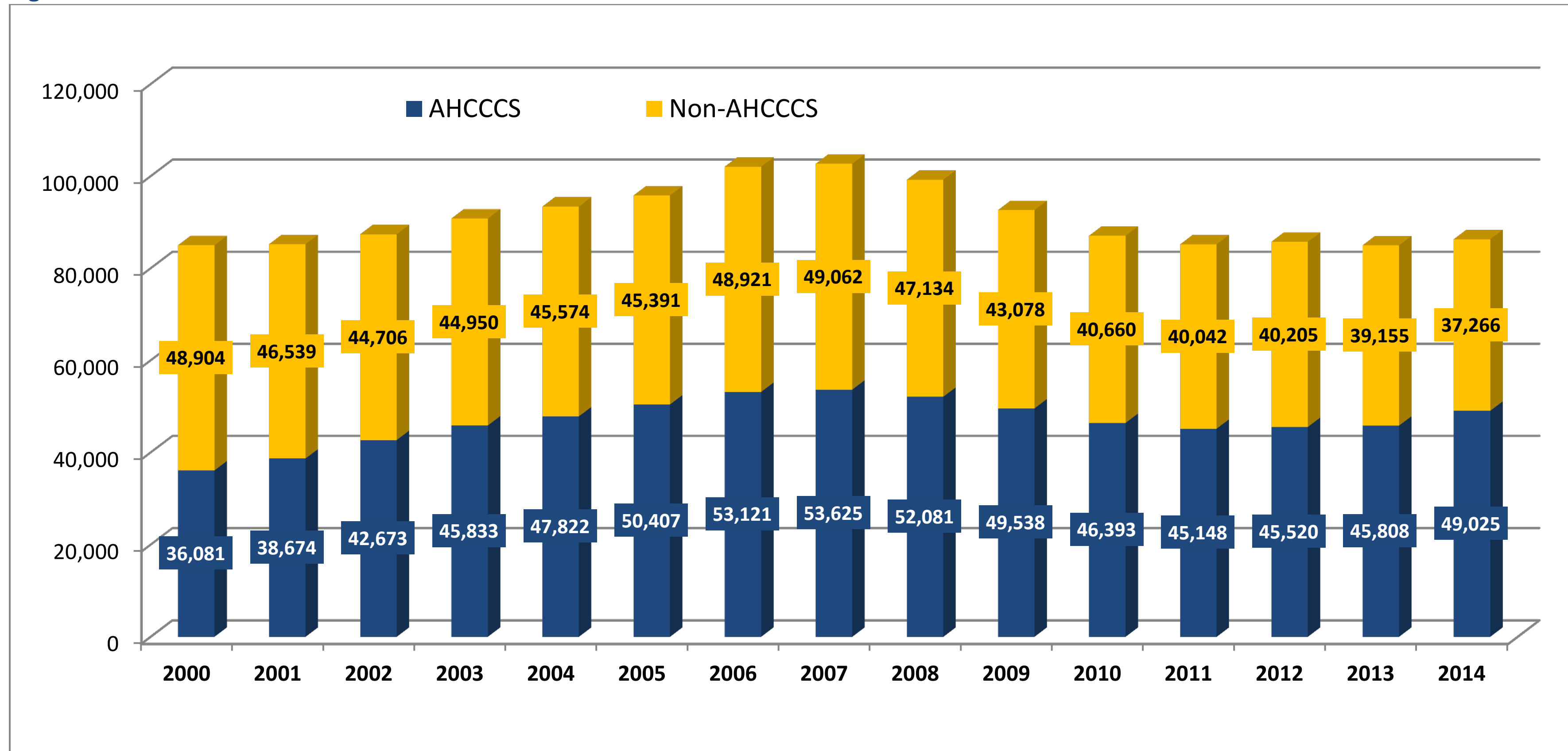
Evaluating Reach In WIC

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 Medicaid. 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 a 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 number of births to Hispanic women was much 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 and appears to have stabilized since then. Preliminary numbers for 2014 indicate that AHCCCS births may be once again increasing. See Figure 5.2.

Figure 5.2 Births in Arizona 2000-2014

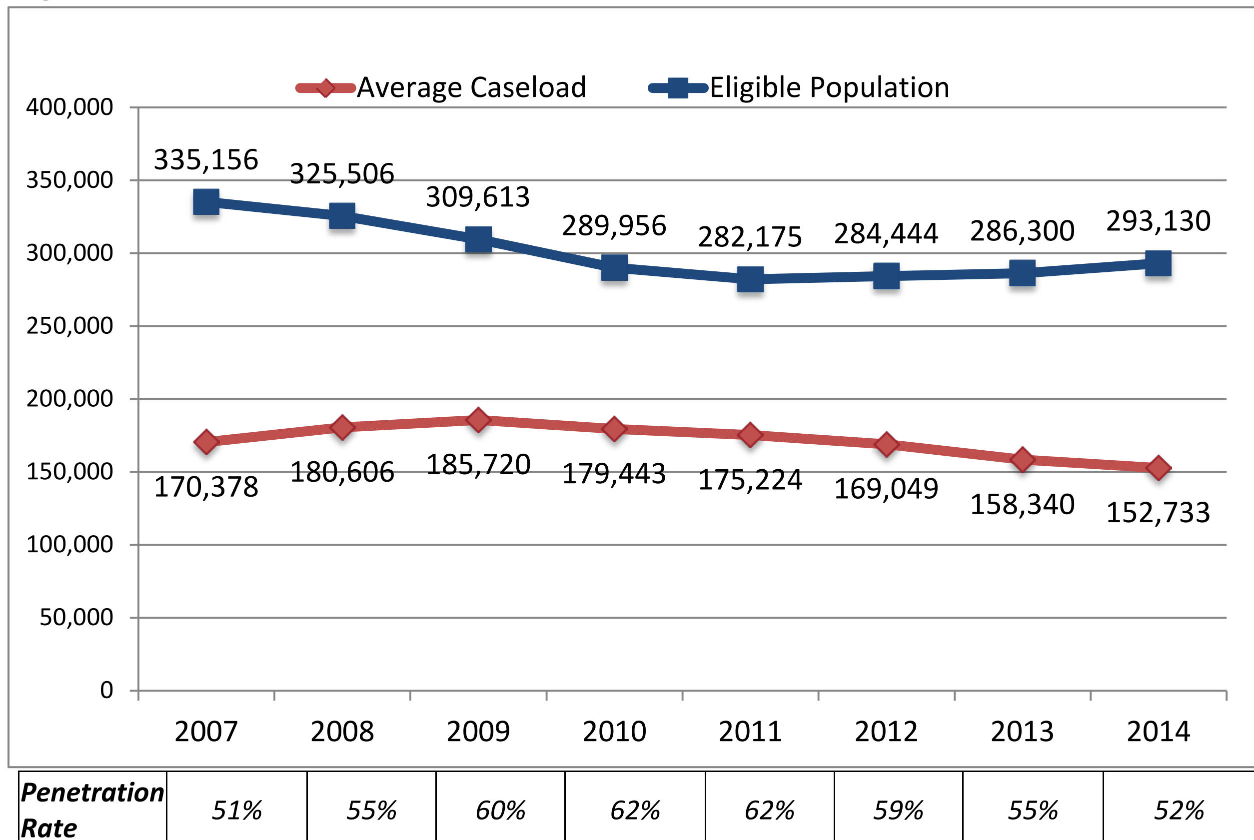


	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
All Payers	84,985	85,213	87,379	90,783	93,396	95,798	102,042	102,687	99,215	92,616	87,053	85,190	85,725	84,963	86,291
AHCCCS	36,081	38,674	42,673	45,833	47,822	50,407	53,121	53,625	52,081	49,538	46,393	45,148	45,520	45,808	49,025
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%

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.[23] Since that time, the penetration rate has been declining, with 52 percent of the eligible population served in 2014. 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



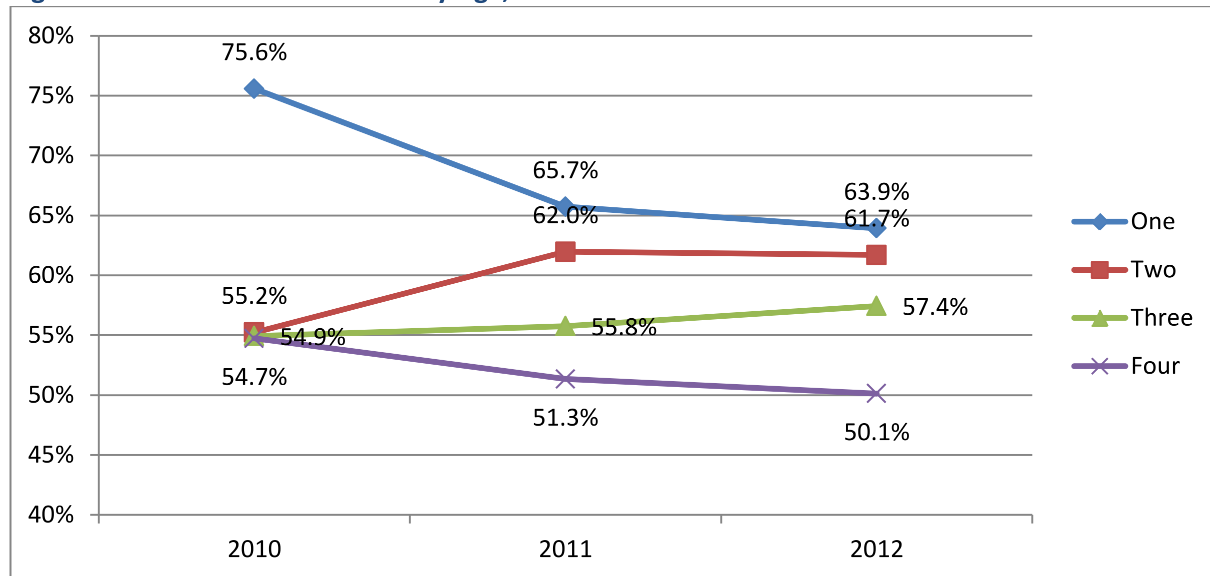
Penetration Rate	*51%*	*55%*	*60%*	*62%*	*62%*	*59%*	*55%*	*52%*

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 WIC. Consequently, while these data are not useful for analyzing penetration of services into the

[23] 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.

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.

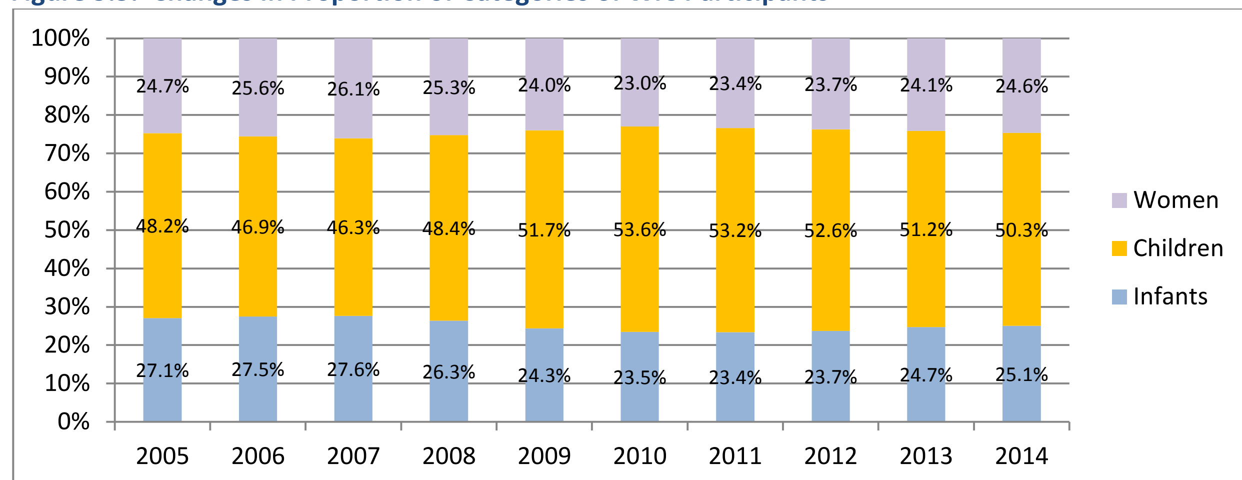
Figure 5.4 WIC Penetration Rates By Age, Estimated from Census Data



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

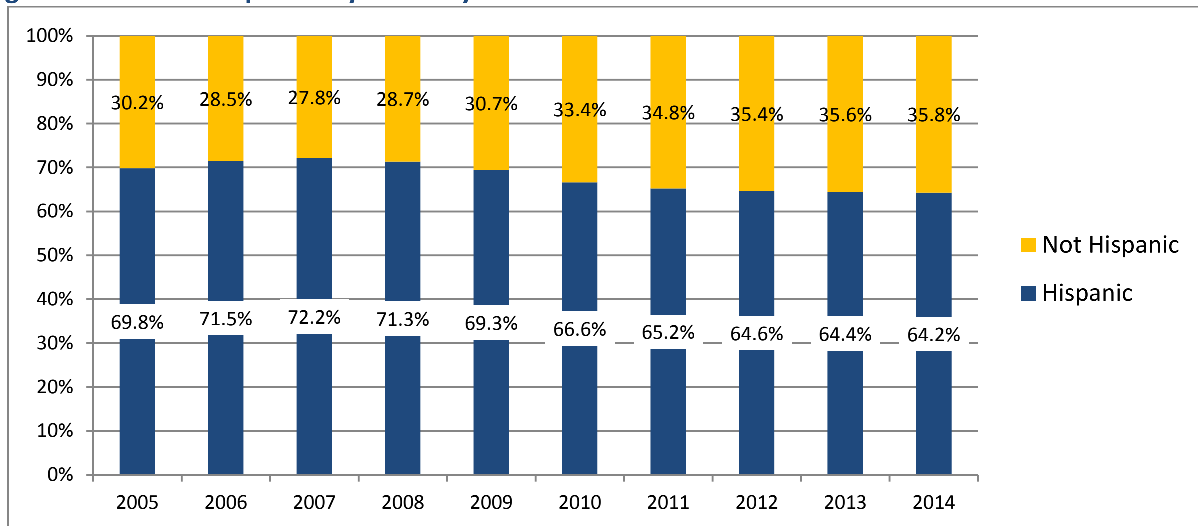


In 2005, over 90 percent of WIC enrollees were White, regardless of ethnicity. That proportion has steadily declined over the past 10 years. By 2014, 85.2 percent of enrollees were white, and proportions who were Black or African American and those listing more than one race represented larger proportions of enrollees.

Table 5.1 Race of WIC Participants 2004-2014						
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%

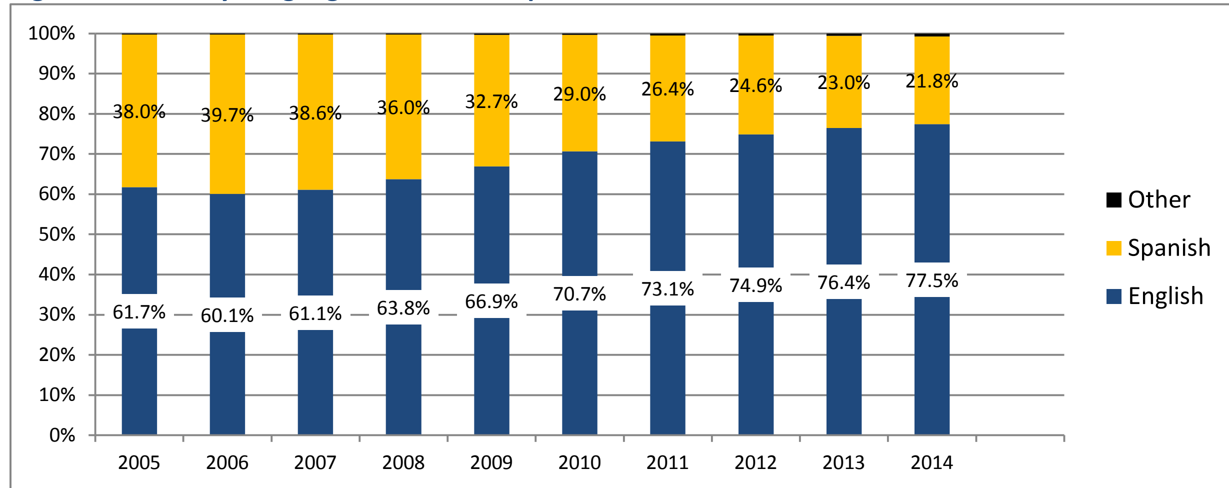
The rise in the proportion of WIC enrollees who were Hispanic peaked in 2007, and subsequently declined, although the decline in the Hispanic participation in WIC is not as steep as the decline in Hispanic births between 2007 and 2009 in Arizona. See Figure 5.6.

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



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 have been declining slightly over the past few years in each age category. Infants tend to have the highest retention rates (72.3 percent), while one-year-olds tend to have the lowest.

Table 5.2. Retention of Infants and Children During Calendar Years 2011-2014 By Age Group of Earliest Participation Each Year Percent of Actual Months Out of Possible Months				
Age Group	**2011**	**2012**	**2013**	**2014**
Infants	74.6	73.0	72.3	70.9
Age One	69.5	67.6	66.8	66.9
Age Two	71.7	69.5	68.8	68.7
Age Three	72.7	70.5	69.4	69.4
Age Four	71.2	69.1	69.1	67.9
Total	72.5	70.7	70.0	69.2

Overall, children who were prescribed special formula (which can be quite expensive) are 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, allow walk-ins or open-access scheduling, are open after 5:00 p.m. or before 9:00 a.m., and had Saturday hours.

Bureau Strategies

WIC uses the following strategies to administer and manage its WIC grant:
A. Financial Administration and Management
B. Case Management
C. Outreach
D. Civil Rights Monitoring and Training
E. Information Technology Systems Development
F. Monitoring Vendor and Staff Compliance
H. Cost Containment

Accomplishments Related to Strategies in 2015

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. In FFY13, rebate payments supported 23 percent of participants, and it is essential that both NSA costs and monthly food costs are managed to ensure WIC services are available to all presenting potentially eligible women, infants, and children throughout Arizona.

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 7, 2015, a new AFIS will be turned on and WIC staff will begin 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, WIC Financial staff manage 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 project 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 Section III); and
- Completed all financial processes for the coming year, such as contracts, inter-governmental 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 FPRS.

Annually, more than 92 percent of the total NSA funding received is used to support participant services. The assigned 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 review 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 established goals, objectives, and business plan.

During a fiscal year, the business plan is adjusted according to the grant cycle. If additional funding is available for allocation, the Arizona WIC Program will apply and then award additional funding to Local Agencies to increase services as needed. However, during the past two years, reallocation funding has been needed to achieve the base level to meet all operating needs. Figure 5.8 shows how Arizona spent its FFY14 NSA grant. At the Local Agency level, the majority of funds are used for personnel to provide nutrition education and breastfeeding support, as shown in Figure 5.9.

Figure 5.8 NSA Total Expenditures FFY14

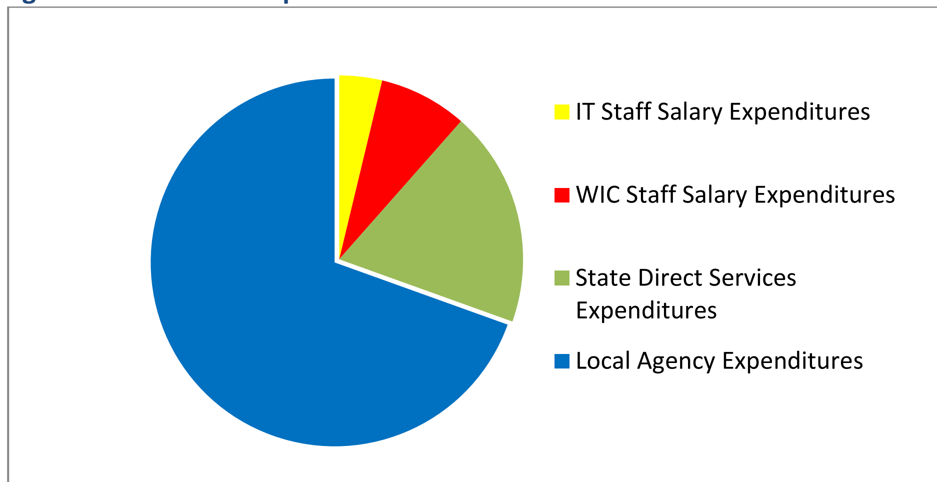
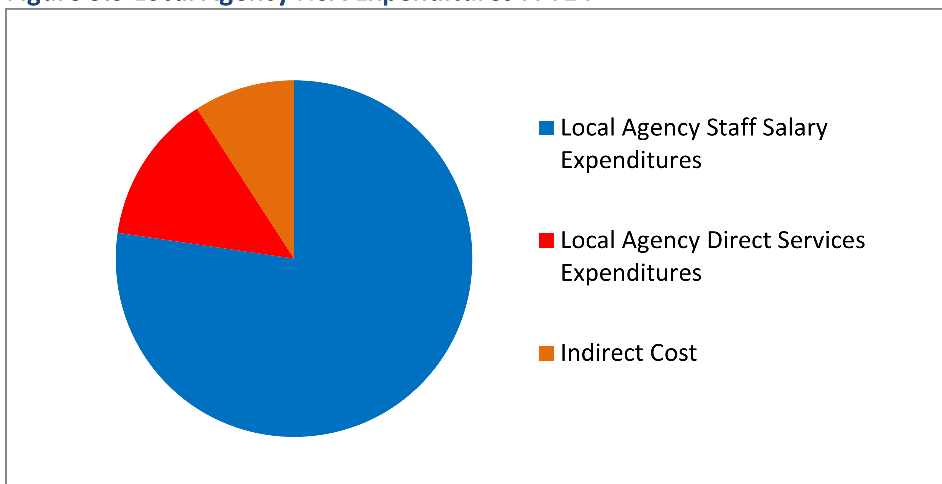


Figure 5.9 Local Agency NSA Expenditures FFY14



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 2015. 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 coding tagging and automated readers to assist in managing more than 5,000 pieces of equipment in more than 108 different clinic sites. Each May, technicians perform preventive maintenance on all management information services equipment and then reconcile physical inventory. The results of the visits and assessments are used to determine our replacement needs for the coming year, and forecast the lifecycle of equipment based upon its condition.

B. Manage Caseload

Although it is a goal to continuously increase penetration of services into the eligible population, both penetration and caseload have recently declined. Arizona is not unique in this regard, as the USDA has published a report, "WIC Experienced Largest Decrease in Participation in Program's History in 2014."[24]

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 and breastfeeding education was a barrier. Arizona applied for and received a three-year USDA special project study grant to explore a new and innovative method of nutrition education delivery. Nutrition education will be offered through facilitated online nutrition education group discussion sessions (ONEDS) to WIC participants. The goal is to increase retention of children in the WIC Program by reducing identified barriers to participation, including the perception of social stigma associated with participation in WIC, the hassles of participation, such as time constraints, lack of transportation, and the amount of time that is perceived as "wasted" waiting to be seen at the clinic. Skype was chosen as the technology platform of choice for the ONEDS because it is free of charge and is popular among WIC participants.

Intervention and control sites were assigned randomly among the sites that volunteered. Intervention clinic staff will be trained in facilitation as well as in five group discussion curricula for children. They will offer ONEDS in addition to regular client services while control clinics will continue to conduct business as usual. Since participants will be allowed to enroll at any time during the year of implementation, a dose-response relationship between the number of online nutrition education sessions and retention rates can be established and evaluated. If proven to be successful, ONEDS will allow clients to receive participant-centered nutrition education and food benefits remotely once e-WIC (Electronic Benefit Transfer {EBT}) is implemented. This has the potential to increase participation without increasing congestion in the clinic.

It is anticipated that the ONEDS initiative, together with the TOTT study described in the previous section, will give families a reason to rely on WIC for information that they value in helping them with children's behavior, which should help with both obesity rates and retention. Focus group studies have revealed that families are looking for information beyond what they can research on their own using the internet.

With the implementation of Arizona's new information system HANDS, Arizona was able to implement one-year certification periods, which its previous system could not accommodate. It is too early to evaluate whether this change will positively impact caseload and retention, but staff feel that it will help Arizona WIC to retain our children.

How staff communicate to the authorized representative who cares for a child is also very important to their continued participation in WIC. It was discovered that some clients misinterpreted information that their children could be certified for one year as meaning that eligibility would cease at the end of that year. In order to dispel that misunderstanding, a Local Agency piloted a program to send out birthday card reminders to all infants. Based on results from that pilot, the State is making birthday card reminders for all Local Agencies to mail to participants' families at their one-year birthdays to remind them to recertify and assure them that their child is eligible to continue to participate in WIC.

---

[24] [24] 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.

HANDS also has a reminder system embedded, which allows Local Agencies to send clients who have given permission a text or email reminder message for their upcoming appointment. This new messaging system was designed to remind a client of their upcoming visit, and it is hoped that it will encourage clients to also recertify their children.

An online appointment scheduling approach is under evaluation to determine whether it would improve access to services. Many clients are discouraged by long waiting periods for walk-in appointments. A consultant has been hired, and by September 30, 2015, results of both evaluations - WIC appointment options and commercial scheduling system – should be available. A determination will be made whether online scheduling would help to provide on demand services and better manage clinic flow so that clients can get the experience that they desire, which is a wait time in the clinic of less than 15 minutes.

C. Outreach

In FFY14, the planned WIC outreach campaign to boost participation and increase retention of children was delayed due to the federal government shutdown and delays in funding. The WIC Outreach Marketing Plan has been extended from three years to four to include FFY13-16.

In 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 for the WIC outreach campaign is "Visit AZWIC.gov or call 1-800-252-5942 today to find out if you're eligible." Campaign elements include:

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

Results from the first three weeks of the campaign showed that the campaign is being implemented as planned, with an audience reach of nearly 3 million impressions each week and website visits averaging 5,000 to 6,000 per week.

Since the start of the campaign, which was April 20, through May 22:

- More than 16,000 people have visited www.azwic.gov compared to just over 8,000 visitors during the month of March before the campaign was launched.
- Page views have more than doubled, from about 11,000 per week to more than 20,000 each week.
- Visitors are viewing more pages (increased from 2.05 pages/session in March to 4.77 pages/session since campaign implementation).
- Number of new visitors has increased from about one third (35%) in March to more than half (51%) since campaign began.
- Since the start of the campaign, more young women (ages 18-34) are visiting the website.

The WIC outreach messages have been placed in more than 300 large grocery stores, smaller stores, and other locations such as laundromats. The ads may be on carts, floor clings, shelf talkers, banners in stands, framed posters, or vinyl clings. Placements vary by store and may include more than one type of placement (for example - shelf talker, floor cling, and carts or just on carts). Ads are in all counties except for La Paz, which is served by the Inter Tribal Council of Arizona, Inc.

The redesign of the WIC website to be mobile-friendly has been a very important step. Before the website was redesigned, the usual “bounce rate” (number of people that stay on the site less than 10 seconds) was over 50 percent. In May, that number fell to less than one percent. Not only are there more visitors to the website, but more visitors are accessing information to find out if they are eligible or locate a clinic near their home.

Outreach efforts in FFY16 will continue to feature the media activities, with expansion of interactive social media as well as messages and materials for secondary audiences of public health nutrition program staff, food assistance program staff, hunger advocates, health care providers, vendors, or other stakeholders.

D. Civil Rights

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's 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 training. The remainder of State and Local Agency will complete the course by August 31, 2015. 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

Transition from AIM to HANDS

On March 10, 2014, State staff began HANDS User Acceptance Testing (UAT) that included State-level functionality. On March 24, 2014, State staff, HANDS Consortium, and Local Agency staff began UAT of clinic-level functionality. All UAT testers utilized Microsoft Team Foundation Server (TFS) to complete test cases and report bugs. UAT was successfully completed on schedule in May 2014.

Beta and Pilot continued through the summer 2014. The statewide rollout began in October 2014 and was completed in December 2014. The rollout consisted of not only the Arizona WIC Program, but Arizona also trained and rolled out HANDS to CNMI, Guam, American Samoa, and Navajo Nation WIC Programs during that two-and-a-half month period. ADHS and clinic staff continued to report bugs throughout HANDS Beta, Pilot, and statewide rollout.

One gap identified during the HANDS testing process was load testing. The UAT environment was unable to simulate scenarios with several hundred users logged into and using HANDS at one time. During statewide rollout, there were hundreds of users logged into HANDS simultaneously, causing application slowness. The application slowness was resolved by modifying various components of HANDS. Performance improvement continues to be a priority, and in June, BNPA completed an update of the software platform.

In order for the HANDS project to stay on schedule, it was necessary to defer validation of the standard reports until after the HANDS rollout. The reports were developed, just not validated. Reports validation did not begin until December 2014 and is currently in progress. As each report is validated, it will be released to production and available to State and Local Agencies.

One of the lessons learned from the HANDS rollout was the complexity of maintaining two separate systems, AIM and HANDS. During HANDS rollout, it was necessary to synchronize AIM and HANDS data nightly. There were instances in which client data did not synchronize properly and data needed to be fixed manually. It is possible to mitigate this risk in future projects by further condensing the rollout schedule. However, given the staffing, rollout five State agencies in two and a half months during the year-end holidays was as fast as Arizona was able to manage.

HANDS Training and Rollout

The HANDS training approach was multifaceted. Arizona WIC developed a guidebook to assist learners in understanding the changes from AIM to HANDS. Trainers from each State and Local Agency were brought in for a train-the-trainer session and then sent back to their own State and Local Agencies to train on the system and incorporate their own State/Local policies into the staff training.

On October 1, 2014, American Samoa, CNMI, and Guam WIC clinics went live on HANDS. ADHS provided each of the island partners two staff who supported rollout for two weeks. Prior to the week of the island partners' rollout, ADHS staff members were on-site to conduct a review session. After the review session, clinics went live on HANDS with ADHS staff on-site to answer questions and/or fix hardware and software problems.

From October 27 to December 19, 2014, ADHS staff provided on-site rollout support to all Arizona Local Agencies. During the start of each agency's rollout week, ADHS staff members were on-site to conduct a two or three day system review, depending on the needs of the agency. After the system review, clinics went live on HANDS with ADHS staff on-site for the remainder of the week to answer questions or fix hardware and software problems.

Navajo Nation clinics went live the week of December 15, following a week-long intensive training. CMA staff provided the on-site support for Navajo Nation during the rollout week.

Closeout of AIM

ADHS utilized servers in the Phoenix and Tucson data centers to operate Citrix and provide user access to AIM. On April 10, 2015, ADHS removed the servers from the Tucson data center. ADHS will remove most of the servers from the Phoenix data center by the end of April 2015. The AIM central database will continue to exist at the Phoenix data center. The MIS-Quality Assurance (QA) Team still utilizes the AIM database and will log into AIM to compare functionality to HANDS. AIM has been set to read-only so that data cannot be changed.

There was a slight delay in closing AIM since the Vendor Web 1.0 application was still linked to AIM. AIM could not be closed until Vendor Web 1.0 was upgraded to Vendor Web 2.0. Vendor Web 2.0 was successfully implemented in March 2015.

Electronic Benefit Transfer (EBT) Development

ADHS provided the EBT Implementation scope of work (SOW) to ADHS procurement in March 2014. However, ADHS procurement was unable to complete the first draft of the EBT implementation request for proposal (RFP) until July 2014 due to its complexity. ADHS provided the EBT quality assurance (QA) SOW to ADHS procurement to develop into a RFP in September 2014. ADHS procurement developed the first EBT QA RFP draft in October 2014. Procurement's delays and extended internal document reviews resulted in delays in the completion of both the EBT Implementation and QA RFPs.

On January 29, 2015, ADHS submitted the finalized EBT Implementation and QA RFPs to USDA for approval. On March 18, 2015, USDA provided questions and clarification requests to ADHS. On March 20, 2015, ADHS sent USDA the responses to the RFP questions and clarification requests. On April 10, 2015, USDA provided ADHS with formal approval to release the RFP for bid. The RFP was released for bid on May 1, 2015.

Based on the current projected schedule, ADHS plans to award the EBT Implementation and QA RFPs in February 2016. The Pilot is scheduled to begin February 2017.

F. Monitor Vendor and Staff Compliance

The Program Integrity Team and ADHS auditors are on target to meet FFY15 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 seven more before the end of FFY15. The MEs started a little later this fiscal year due to the rollout of HANDS, in which the Program Integrity Manager and Local Agency Program Integrity Specialist assisted.

From October 1, 2014, through April 30, 2015, the Program Integrity Team received a total of 292 complaints; 35 were on WIC staff, 57 on WIC vendors, and 200 on WIC clients. The complaints received on WIC staff were usually related to customer service issues, and were passed on to Local Agencies as appropriate. The complaints received on vendors were also related to customer service issues, and the Program Integrity Team followed up with each store. The majority of the complaints on clients were related to the online formula sales. The 200 complaints on clients resulted in 64 disqualifications and 13 written warnings being sent.

As of October 1, 2014, Arizona had 688 authorized vendors on the program. Of the 688 vendors, 162 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 on 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, 2014 - April 30, 2015, 40 Compliance Buy (CB) cases have been completed and 42 inventory audits (IA) have been completed on high-risk vendors (49 percent of 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, 2014 - April 30, 2015, 131 VSRs have been completed at 115 individual vendors (each received at least one vendor site review), which is 16.7 percent of the total number of authorized vendors**.** A total of 55 written warnings were issued to vendors as a result of the VSRs and 29 sanctions were issued. In addition, the Program Integrity Team conducted monitoring visits at four WIC approved farmers' markets. Five more farmers' markets are scheduled for monitoring visits later this fiscal year. From October 1, 2014 through April 30, 2015, $6,174.75 has been collected in civil money penalties, and $5,600 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, one vendor received a status change from regular to A50. 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 FFY15 reauthorization process, Arizona evaluated 211 applications from two chain store corporations, which resulted in 208 outlets being reauthorized. Vendor Contracts were executed for a three-year term and became effective on October 1, 2014.

In preparation for this year's process, the Arizona WIC Program will distribute vendor application packets to three currently authorized vendor owners, which account for 227 outlets. The evaluation process will begin June 1, 2015, for FFY16. 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, 2015, through September 30, 2018. Also in preparation for the reauthorization, representatives from 227 currently authorized WIC vendor outlets have been invited to attend an interactive preauthorization training for the FFY16 Vendor Contract. The training sessions will be offered regionally in June 2015 and are mandatory.

In November 2014, Arizona WIC amended the Vendor Contract for approximately 168 retailer owners, which represent 687 vendor locations, to incorporate new language for multiple locations and introduce Attachment A: Multiple Locations Attachment, which will reflect all additions or deletions of store locations for retailers that seek authorization of multiple outlets.

As a result of Arizona's Management Evaluation and specific information contained in its recent WIC vendor cost containment system analysis, Arizona implemented a lower maximum allowable reimbursement level (MARL) in an effort to strengthen cost containment in Arizona.

Vendor Web

The Arizona WIC Program, in conjunction with CMA Consulting Services, Inc., 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. Specifically, 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 leisure. Arizona provided new user names and initial passwords to all existing users and developed and distributed an in-depth (step-by-step) user guide in an effort to assist with transition to the new site.

Vendors receive improved notifications of their submissions, including initial access requests, enhanced on-screen messaging, and new confirmation emails. Arizona developed enhanced screening questions for new applicants to ensure only viable businesses apply. In July 2013, Arizona began authorizing store/house brands of milk, cheese, and eggs to reduce food package costs. Vendors are required to declare their store or house brand items as part of the authorization process. With the implementation of the new Vendor Web, this manual process is now automated and will decrease the processing time for both vendors and WIC staff.

Finally, in an effort to comply with updated cost containment best practices, Arizona's cost containment measures are strengthened in the new application. With the removal of published maximum allowable reimbursement levels, all vendors only have access to statewide averages. The statewide averages were retained in an effort to ensure this access remains in effect for A50 vendors, whose payments are not a result of marketplace pricing. Also, the calculations completed to assess cost containment for applicants and authorized vendors has been strengthened by introducing a reduction in the standard deviation factor utilized from three standard deviations to one standard deviation.

G. Cost Containment

The Arizona WIC Program continues to manage it 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.

During FFY15, the plan to update all staff resources and prescription forms with current standard and specialty contract formulas is on hold until a contract for the new soy formula is completed by the WSCA lead negotiator, the state of Washington. To date, no information regarding those contracts has been provided.

Arizona held its percent of formula-fed infants on non-contract formulas (excluding those on special formulas) to no more than three-tenths of one percent, and policies, procedures, and food lists based on the final rule were implemented by April 1, 2015, ahead of the deadline.

A. FINANCIAL ADMINISTRATION AND MANAGEMENT			
Strategy by Program Area	**Objectives for 2015**	**Actual Performance in 2015**	**Objectives for 2016**
WIC			
Annually develop and implement a cost-based budget.	Utilizing financial information, develop a budget by functional area and monitor quarterly through ad hoc reporting.	In FFY15, WIC hired a new Financial Manager who developed and implemented the budget and reporting process.	Utilize the new Arizona Financial Management System (new AFIS) to load grant award, enter NSA, food, and rebate budgets, and print standardized financial reports for the management and monitoring of expenditures.
Improve financial reporting and monitoring.	Implement HANDS financial reporting by October 31, 2015.	HANDS financial reports were printed from system for October after November 15, 2015, and utilized to prepare the monthly FNS 798 report.	Continue to improve automated forecasting projections and production of an automated FNS 798 report. Finalize all documentation of the system and training manual.
Convert to new SAAM/state accounting system on July 7, 2015.	Develop new financial codes, Bureau policies and procedures for management of WIC funding using new AFIS tools.	Initial mapping of the financial systems and cash flow have been submitted and approved by the CFO. Awaiting additional guidance from Accounting and Grants Management. Completed physical inventory of WIC equipment, entered all data into new AFIS. Serving as ADHS pilot site for fixed assets.	Continue to evaluate the new AFIS, refine our internal controls, and update all desk manuals to reflect new operating financial policies and procedures. Train all accounting personnel on new policies and procedures for: Financial Management- new AFIS Inventory Management – Fixed Assets
Convert to state grants management system on July 7, 2015.		Completed draft of WIC financial policies and procedures with Grants Management Team.	Train all accounting personnel on new policies and procedures for: Grant Management - eCivis

Automate all procurement functions using ProcureAZ.	Implement all features of ProcureAZ, including the electronic Purchase Requisition.	In May, fully implemented the electronic system and all requests are handled electronically, allowing for stronger internal controls between the Bureau, Accounting, and other entities such as Information Systems Management and the PHPS business team.	Fully implement the conversion of ProcureAZ functionality into new AFIS through training, and coaching of BNPA, WIC staff.
Automate Personnel Activity Reports within the State Electronic Time Recording System.		Revised the Personnel Activity Report to include the four functional areas. All WIC staff now reports their time within the four functional areas.	Continue to promote the integration of an electronic personnel activity reporting system.

B: MANAGE CASELOAD			
Strategy by Program Area	**Objectives for 2015**	**Actual Performance in 2015**	**Objectives for 2016**
WIC –			
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.	Assign and maintain WIC participation rate for Local Agencies to 97% or more of contracted amount.	As of end of April, the monthly average participation is 146,119 or 89% of the assigned caseload.	Assign and maintain WIC participation rate for Local Agencies to 97% or more of contracted amount.
Online Nutrition Education Discussion Sessions (ONEDS)	Increase child retention in WIC by breaking down barriers based on outreach focus group results.	Received a special FNS grant in November 2014 to provide facilitated online nutrition education group sessions to increase retention of children. Contracted with a research group to provide and evaluate the project; identified intervention and control clinics; developed group education curricula targeted towards children; developed policies and procedures for the project; identify technology; recruit clients to participate in ONEDS.	Continue providing services and collecting data for the project in 2016.
Provide one-year certification to children in HANDS.	Extend six-month certification to one-year for children with rollout of HANDS.	One-year certification for children has now been rolled out throughout the state of Arizona as of December 31, 2014.	Evaluate if retention increases for children.
Provide WIC birthday cards to infants turning one-year-old to remind their authorized rep to come in to be certified for the next year.	Provide a birthday card to infants turning one-year-old.	WIC birthday cards have been designed and are in the process of being printed.	Evaluate if retention increases for one-year-olds.

C: OUTREACH			
Strategy by Program Area	**Objectives for 2015**	**Actual Performance in 2015**	**Objectives for 2016**
WIC			
WIC Outreach Campaign - Mixed Media Plan (web, print, radio, social media) to promote WIC services.	Increase the number of indirect contacts provided through the media, internet, or other sources promoting participation in the Arizona WIC Program. (Baseline 2014: Web Users-115,407, Page Views-642,167 New Visits-39%, Bounce Rate 55%; Media Impressions-0)	Multicomponent outreach campaign using tagline "You Do a Lot. WIC Helps a Little" launched on April 20, 2015, with doubling of visitors and page views since that date. New mobile-compatible website (www.azwic.gov created to support outreach campaign. Year-to-Date Performance (10/1-05/31): Web Users-66059, Page Views-434,214; New Visits-40%, Bounce Rate 46%; Media Impressions -41,278,000	Increase utilization of the azwic.gov website. (Baseline 2014: Web Users-115,407, Page Views-642,167 New Visits-39%, Bounce Rate 55%) Increase the number of media impressions achieved through the WIC outreach campaign. (Baseline: FFY14 - 0).
	Decrease the percentage of WIC clients at risk for food insecurity.	Arizona Nutrition Network is conducting a Target Population Survey of Behaviors in FFY15 which includes measurement of food insecurity.	Increase percent of infants continuing participation in the Arizona WIC Program past one year of age. Increase percent of children, one to four years of age, who continue participation in the Arizona WIC Program.

WIC Materials and Messages	By December 31, 2014, reassess which WIC materials (ID Folder, Food List, etc.) are effective, based on user acceptability, and revise materials for FFY15.	Utilizing formative research results conducted in FFY14, WIC ID Folder, Food List, and outreach materials have been redesigned and distributed with messages and graphics matching the "You Do a Lot. WIC Helps a Little" outreach campaign materials.	Increase the percentage of WIC clients indicating they can make better choices about feeding their families. Increase the 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) Create selected 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 Training and Monitoring			
Strategy by Program Area	**Objectives for 2015**	**Actual Performance in 2015**	**Objectives for 2016**
WIC			
Enroll and track new employee completion of training within 30 days of hire.	100% of new employees trained within 30 days of hire.	68 of 68 new employees were trained within 30 days of hire.	100% of new employees trained within 30 days of hire.
Enroll and track all current employees in training.	100% of current employees complete civil rights training by 100%.	For FFY14, all employees completed training by the end of the fiscal year. FFY15 still open.	100% of current employees complete civil rights training by 100%
Investigate allegations of discrimination.	Investigate allegations within 90 days. File within 180 days of incident. Issue letters within 90 days.	No complaints filed.	100% notification of findings. 100% follow-up with corrective action.

E. Information Systems Development			
Strategy by Program Area	**Objectives for 2015**	**Actual Performance**	**Objectives for 2016**
WIC			
Test HANDS software and projections.	By 9/30/2014, complete testing of software and validate that results are accurate food fund projections.	ADHS completed HANDS UAT in May 2014.	N/A
Develop financial reports in HANDS.	By 11/15/2014, complete first month of FFY15 financial reports in HANDS. By 11/30/2014, complete HANDS development and produce 798 report from HANDS.	The financial reports are complete but not all financial reports have been validated. Key financial reports, like rebate and caseload, have been validated and are used regularly.	N/A
HANDS Rollout Training.	Develop online training videos and a train-the-trainer program for HANDS rollout, including workbook, activities and on-site intensive review and support.	Training materials developed. Training evaluations indicate overall training was well received and successful. Staff are able to use HANDS software to certify and serve WIC clients	By September 2015, identify HANDS training needs, train on bug fixes, system improvements and enhancements.

Rollout HANDS	By 10/1/14, begin statewide production rollout and partner rollout. By 12/30/2014, CNMI and American Samoa on HANDS. By 3/14/2015, all five Consortium Partners on HANDS.	Arizona began statewide rollout on 10/27/14 and completed on 12/19/14. American Samoa, CNMI, and Guam completed statewide rollout on 10/1/14. Navajo Nation completed rollout on 12/19/14.	N/A
Closeout AIM	By 3/30/2015, closeout AIM when HANDS is implemented for all five Consortium Partners.	AIM Citrix servers were removed from the Tucson and Phoenix data centers in April 2015.	N/A
Reports			Identify key ad hoc reports used frequently and develop those into standardized reports in HANDS.
HANDS Maintenance			Maintain HANDS software and identify enhancements that will assist users to better serve clients.
e-Learning: Nutrition Assessment	By 12/1/14, review focus group results and implement Nutrition Assessment e-learning course. By 1/1/2015, incorporate courses into learning plan for new and current employees.	Due to changes in HANDS, the assessment course need to be updated to incorporate HANDS and beta course provided to focus groups for comments. This will be completed by September 2015.	By October 1, 2015, review focus group results and implement Nutrition Assessment e-learning course. By 4/1/2016, incorporate courses into learning plan for new and current employees.
e-Learning: Finance	Convert FNS-conducted financial training video into e-learning course. By 10/1/2015, incorporate courses into learning plan of WIC Directors.	Course was videotaped but the plan to turn it into an e-learning course was abandoned.	Due to pending new legislation for the Child Nutrition Act and potential changes, there will be no objectives with regards to e-learning module development on finance.
e-Learning: HANDS	Complete Phase I (storyboarding) of developing e-learning course for HANDS through reviewing, revising and approving the storyboard.	Completed assessment of staff on e-learning expectations and the high-level design. Beta introductory course will be completed by September 30, 2015.	Focus group test the beta LMS course on Introduction to HANDS and finalize course to roll out to new employees by September 30, 2016.
e-Learning Postpartum Course	Revise postpartum course to include interconception care information.	Revised postpartum course to include interconception care information and has been rolled out to new employees.	

EBT Development - Pilot	By 10/1/2014, release EBT Implementation RFP for bid if USDA funding is available. By March 2015, select contractor. By April 2015, award contract.	The EBT Implementation RFP has been approved by USDA with an expected release date of May 1, 2015.	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.

F: MONITOR VENDOR AND STAFF COMPLIANCE AND INVESTIGATE COMPLAINTS			
Strategy by Program Area	**Objectives for 2015**	**Actual Performance**	**Objectives for 2016**
WIC			
Monitor vendors for contract compliance, fraud, and abuse.	Conduct a vendor site review (VSR) at least 5% of authorized vendors.	Completed vendor site reviews at 19% of authorized sites. (October 1, 2014 - April 30, 2015)	Conduct a vendor site review (VSR) of at least 5% of authorized vendors.
Monitor high-risk vendors.	Investigate and/or conduct inventory audits and compliance buys of at least 5% of high-risk vendors.	Conducted 42 inventory audits and 40 compliance buys, which is 49%.	Define new procedures and requirements for inventory audits upon receipt of guidance from USDA.
Identify high-risk vendors through system-generated reports.		Identified 162 vendors with high redemption amounts, but relatively low amounts of food benefits.	Develop new criteria for identifying high-risk vendors.
Issue written warnings.	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 55, representing 100% of those meeting criteria. (October 1, 2014-April 30, 2015)	Continue to 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 meeting sanction criteria in Vendor Manual.	Imposed sanctions to all 29 cases that met sanction criteria.(October 1, 2014-April 30, 2015)	Impose sanctions to all cases that meet sanction criteria in Vendor Manual.
Terminate contract of non-compliant vendors and disqualify them from WIC participation.	Terminate 100% of non-compliant vendors.		Terminate 100% of non-compliant vendors.
Recover funds.	Collect 100% of civil money penalties or claims for program-related violations.	Collected 100% of $6,174.75 in civil money penalties and $5,600 in program-related violations. (October 1, 2014-April 30, 2015)	Collect 100% of civil money penalties or claims for program-related violations
Monitor farmers' markets and growers for compliance with federal FMNP rules.	Visit 10% of markets (n=31).	Completed four visits. (October 1, 2014-April 30, 2015)	Continue to do site visits to monitor compliance as required.

Monitor trends and patterns of staff at Local Agencies.	Identify staff suspected of fraud based on unusual patterns and investigate 100%.	Identified one staff to investigate.	Identify staff suspected of fraud based on unusual patterns and investigate 100%. Develop sanction criteria and schedule.
Conduct biennial Management Evaluations on Local Agencies.	Complete biennial Management Evaluation at 11 Local Agencies.	Completed four Management Evaluations between October 1, 2014-April 30, 2015.	Complete biennial Management Evaluation at 10 Local Agencies.
Investigate complaints.	Investigate 100% of complaints against WIC staff, vendors and clients.	Investigated 100% of complaints against 35 WIC staff, 57 vendors, and 200 clients. (October 1, 2014-April 30, 2015)	Investigate 100% of complaints against WIC staff, vendors and clients.
Levy appropriate sanctions to clients.	Issue written warnings or appropriate sanctions to 100% of clients found to be in violation of program rules.	Issued 13 warnings and 64 disqualifications. (October 1, 2014-April 30, 2015)	Issue written warnings or appropriate sanction to 100% 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.	By April 1, 2015, complete annual analysis of all authorized vendors to determine status (Regular or A50 vendor) to comply with vendor cost containment regulations.	The annual assessment was completed on February 24, 2015. One vendor received a status change from Regular to A50.	Complete an annual analysis of all authorized vendors to determine status (Regular or A50 vendor) to comply with vendor cost containment regulations.
	Ongoing, complete an assessment of all newly authorized vendors to determine status (Regular or A50 vendor) within their initial six months to comply with vendor cost containment regulations.	Assessments have been completed for six newly authorized vendors as of April 30, 2015; no status changes were required as a result of these assessments.	Ongoing, complete an assessment of all newly authorized vendors to determine status (Regular or A50 vendor) within their initial six months to comply with vendor cost containment regulations.
Provide a web-based technical solution that allows 24/7 access for vendors to submit pertinent information to WIC in a secure environment.	Throughout FFY15, maintain integrity of the Arizona WIC Program Vendor Web to provide web access to the retail grocer community.	In 2015, Arizona developed and implemented a new Vendor Web application that has brought various improvements and strengthened cost containment measures to the site.	Throughout FFY16, maintain integrity of the Arizona WIC Program Vendor Web to provide web access to the retail grocer community.

Ensure vendors are provided with important information and updates in a consistent manner.	Monthly, oversee publication and distribution of the Arizona WIC Program bulletin/newsletter to keep vendors abreast of new information and changes and provide technical assistance and clarification on a multitude of areas that affect the WIC purchase.	In 2015, two Arizona WIC Alerts were developed and distributed to approximately 700 vendors and applicants.	Oversee publication and distribution of the Arizona WIC Program bulletin/newsletter to keep vendors abreast of new information and changes and provide technical assistance and clarification on a multitude of 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.	In 2015, Arizona hosted three Partnership meetings (October, January, and April) to discuss various topics, such as the revised vendor selection criteria, contract amendments, April food package changes, and eWIC.	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.

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.	This is on hold until contract for new soy formula is completed by the WSCA lead negotiator, the state of Washington. To date, no information regarding the soy contract formula has been provided.	Update all staff resources and prescription forms with current standard and specialty contract formulas by implementation date.
Assist with calls for permission to issue non-contract formula and build specialty packages as needed.	Limit the percent of formula-fed infants (excluding those on special formulas) on non-contract formulas to no more than 3%.	The percent of formula-fed infants (excluding those on special formulas) on non-contract formulas is 0.3%	Limit the percent of formula-fed infants (excluding those on special formulas) on non-contract formulas to no more than 3%.
Update Food List, policies, and procedures to adapt to new food package rules.	By 11/30/2014, revise Food List and Chapters 3 (Food Package) and 17 (Vendor) of the Policy and Procedure manual.	Policies and Procedures and the Food List were approved prior to April 1, 2015, and implemented statewide.	None for FY2016
Update materials, train staff and vendors, counsel participants on full implementation of new WIC food package.	Fully implement changes based on final rule.	Final rule fully implemented by April 1, 2015, ahead of deadline.	None for FY2016
Review contracts using new USDA Conflict of Interest Guidelines.	By 1/30/2015, develop revised tools. Quarterly provide feedback on reviews to BNPA managers.		Report findings of 21 reviews to USDA.