

FY 2022 PERFORMANCE PLAN

Women, Infants & Children (WIC)		PHD/CHSB	Therese Panagis x1271
Program Purpose	<ul style="list-style-type: none"> • Ensure healthy weight and good nutrition for young children 		
Program Information	<ul style="list-style-type: none"> • Federally funded by U.S. Department of Agriculture; administered by Virginia Department of Health, Division of Community Nutrition. • Serves pregnant, breastfeeding and postpartum women; infants; and children up to age five. • Maximum income is 185% of Federal Poverty Level (\$51,338) gross annual income for a family of four). Arlington residency not required. • Provides vouchers for supplemental nutritious food, nutrition and breastfeeding education and counseling, and referrals for health care and social services. • Average benefit for supplemental food is \$175/month for family of four. • Clients receive services at three-month intervals. Those with certain high risk conditions (major categories are underweight, overweight, and low hemoglobin) receive services monthly. • Operates on the Federal Fiscal Year (FFY): October 1 to September 30 • Partners: Virginia Hospital Center; Pediatric Medicaid Providers including Virginia Hospital Center Pediatrics; Arlington Head Start, Early Head Start & Healthy Families; Virginia Cooperative Extension. • Approximately \$138,716 in WIC benefits were issued monthly to participants in FY 2022. 		
Service Delivery Model	<ul style="list-style-type: none"> • Changes due to COVID: All eligibility determination, risk assessment, and nutrition counseling services are performed over the phone, and benefits are issued remotely. USDA has waived the physical presence requirement. USDA increased Cash Value Benefits to purchase fruits & vegetables from \$9-\$11/month to \$35/month per participant. • Maternity Clinic clients are currently receiving services in-person, as they are already at the clinic site. • Return to in-person services will be determined by VDH and is tentatively scheduled for spring 2023. Services are expected to be offered on a hybrid model. 		
PM1: How much did we do?			
Staff	<p>Total 6.83 FTEs:</p> <ul style="list-style-type: none"> • 4.0 Nutrition Assistants • 1.5 FTEs WIC Nutritionists • 0.33 FTE Maternal Child Health Nutritionist • 1.0 FTE Supervisor <p>Total Contracted Staff:</p> <ul style="list-style-type: none"> • 1.0 Receptionist • 1.0 Nutrition Assistant • 1.0 Breastfeeding Peer Counselor 		

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Customers and Service Data	Categories of Service	Monthly Average # of Active Clients			
		FY 2019	FY 2020	FY 2021	FY 2022
	Infants < 1 year	479	442	441	463
	Children 1 year to < 5 years	1,010	1,000	1,225	1,218
	Pregnant women	199	172	179	179
	Postpartum women, Non-Breastfeeding	82	68	63	56
	Breastfeeding women	243	230	247	287
	TOTAL	2,013	1,912	2,155	2,202
PM2: How well did we do it?					
2.1	Customer satisfaction				
2.2	Eligibility processing timeliness				
PM3: Is anyone better off?					
3.1	Underweight or overweight children ages 2 to 5 moving towards a healthier weight				
3.2	Clients meeting Healthy People 2020 breastfeeding goals				

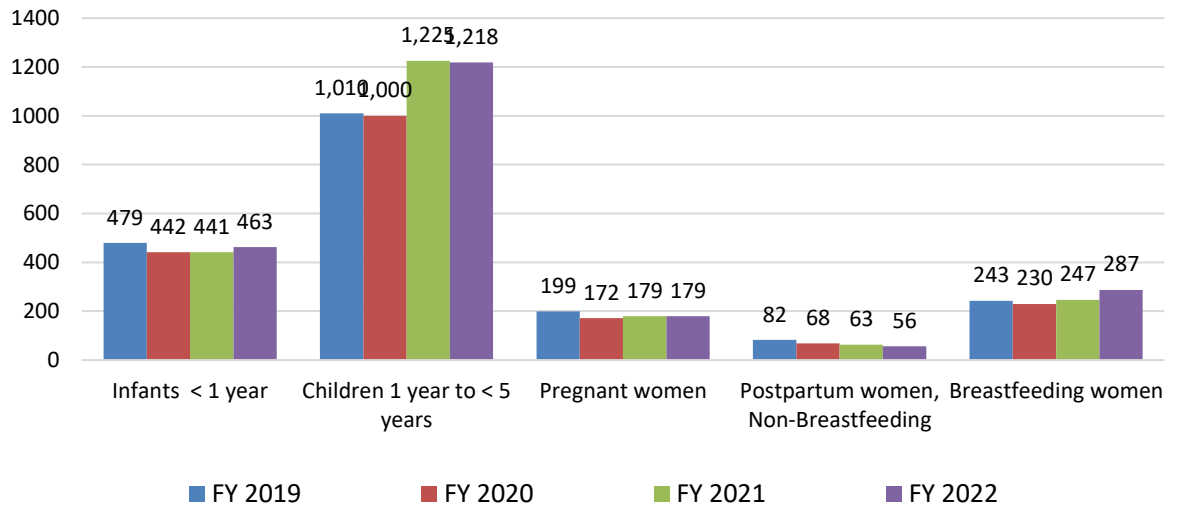
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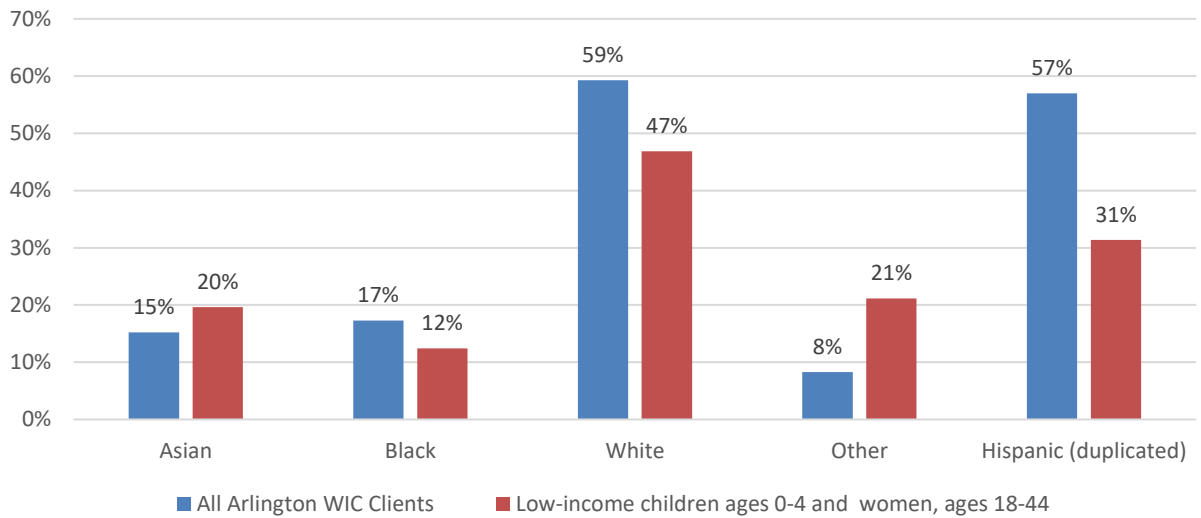
Measure 1 Monthly Average Number of Active Clients

Data

Monthly Average Number of Active Clients



WIC Clients FY 2022 Racial Equity Analysis



Data Summary

- The number of clients increased in FY 2021 and FY 2022.
- Data collected through Crossroads data system.

What is the story behind the data?

- WIC enrollment has increased since March 2020 during the COVID pandemic. Some of the increase was due to new participant enrollment. Another factor contributing to the increase

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was the convenience of remote services. Clients previously enrolled who were not able to attend in-office appointments could complete required appointments over the phone.

- It is expected that USDA will end the waiver of physical presence and authorize in-office services to begin spring 2023.
- USDA has permanently discontinued group nutrition education classes. Even during remote phone service, only individual family nutrition education sessions are allowed.
- WIC clients match the race and ethnicity of the target populations of low-income children ages 0-4 and women of childbearing age, except a greater proportion of WIC clients are Hispanic than the comparison population. The target population of women of childbearing age is an imperfect comparison because only women who are pregnant or who have given birth in the past year may be eligible for WIC services.

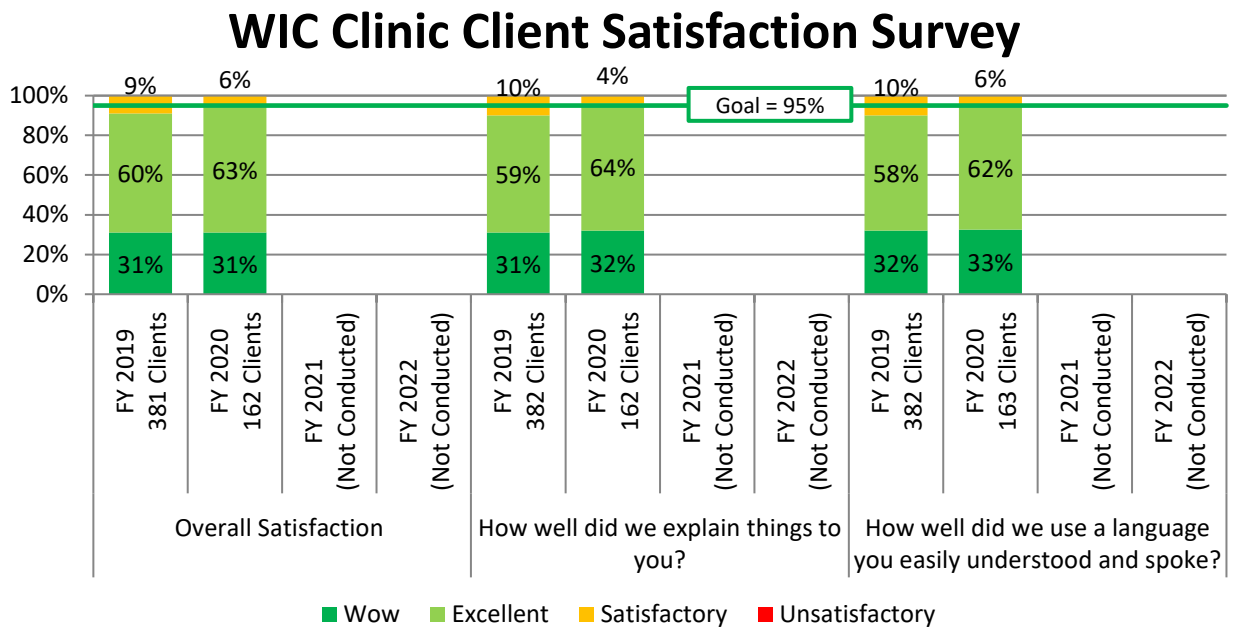
Recommendations	Target Dates
<ul style="list-style-type: none"> • To every extent allowable by USDA policy, continue to provide the convenience of remote service for certain types of required appointments. • Continue to provide remote service for quarterly individual family nutrition education sessions and issue benefits remotely. • Continue to provide remote service for children’s biannual mid-certification appointments. Obtain required heights, weights and hemoglobin levels from Health Care Provider, HCP, during routine visits. When the office re-opening date is confirmed, communicate with clients through WIC staff, VDH state WIC office remote communication means (app and/or auto-dialer), and the County Communications staff to inform clients. 	<ul style="list-style-type: none"> • On-going • On-going • Spring 2023
Forecast	
<ul style="list-style-type: none"> • For FY 2023, it is expected monthly average number of active clients will remain the same. 	

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Women, Infants & Children (WIC)

Measure 2.1 Customer Satisfaction

Data



Data Summary

- In FY 2020, 94% of clients rated their overall customer experience with WIC Clinic services as “excellent” or “wow”; 96% rated how we explained things as “excellent” or “wow”; and 94% rated how well we used a language that they understood and spoke as “excellent” or “wow”.
- Survey conducted once in FY 2018, twice in FY 2019 and once in FY 2020, capturing all clients served over a two-week period each time. Available in English and Spanish. Language Line used for those needing other languages.
- The survey was not conducted in FY 2021 or FY 2022 due to COVID.

What is the story behind the data?

- While a complete survey was not conducted, clients report to staff that they are satisfied with remote services. It decreases risk of community exposure and allows them to stay at home with school-aged children during remote classroom learning.
- In FY 2022, clients reported issues with the nationwide shortages of formula. WIC Clients who had issues accessing formula were referred to the Supervisor. Clients from other Divisions who had trouble accessing formula were referred to the WIC program for information.
- In December 2021, State WIC conducted a survey of participants, a mobile-friendly survey link was sent to active participants. In Arlington, 37 English & 103 Spanish surveys were returned. Survey addressed quality of remotely-provided services, comfort level returning to office services, shopping experiences, preferences of food benefits, and helpfulness of provided nutrition education and breastfeeding support services.

Recommendations

Target Dates

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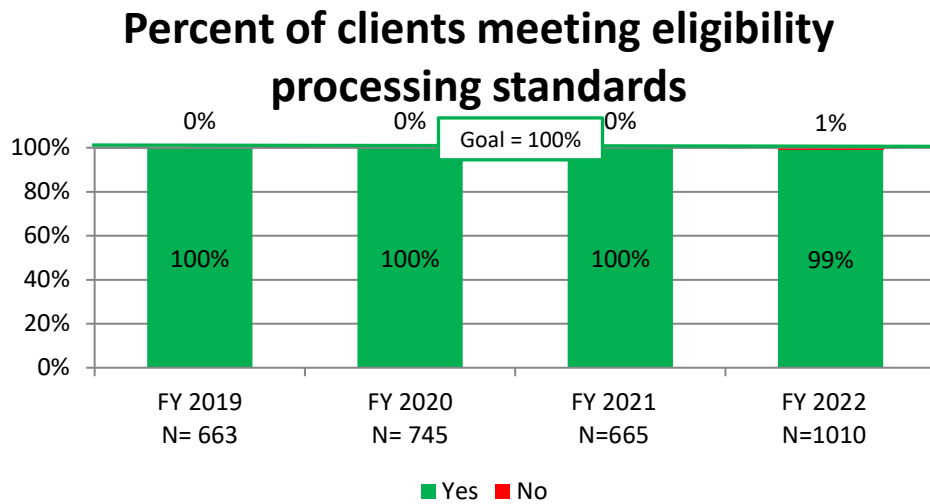
<ul style="list-style-type: none">Restart client satisfaction survey when in-person services resume, as staffing allows.	<ul style="list-style-type: none">Q4 FY 2023
Forecast	
<ul style="list-style-type: none">In FY 2023, anticipate client satisfaction will remain about the same as in FY 2020.	

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Measure 2.2 Eligibility processing timeliness

Data



Data Summary

- 99% of clients were notified of their eligibility within expected timeframes
- Federal standards require that local agencies notify applicants of their eligibility within a specific number of calendar days of the request for benefits:
 - Pregnant women, infants under six months of age, migrants, homeless persons, and out-of-state transfers shall be notified within 10 days of the request
 - All others shall be notified within 20 days of the request
- Data collected through Crossroads data system
- Close to meeting the Federal processing standards that require 100% compliance

What is the story behind the data?

- Online applications increased dramatically in FY 2022. Ten online clients did not respond when we attempted to contact them, so their eligibility was unable to be processed within the timeframe.
- USDA waivers for proof of identity, residence, & income that were implemented during the pandemic ended in April 2021. Adjunctive eligibility in Medicaid, SNAP, TANF, or Reduced/Free School Lunch can be verified online. Applicants are required to provide eligibility verification documents for proof of identity, residence and income.
- Income eligibility for those not adjunctively eligible is determined with pay stubs from the last 30 days.

Recommendations

- Monitor incoming online applications daily.
- When in-person services resume, Supervisor will monitor that staff comply with USDA guidelines for collecting eligibility verification documents.

Target Dates

- Q2 FY 2023
- On-going

Forecast

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- In FY 2023, compliance rate will remain the same.

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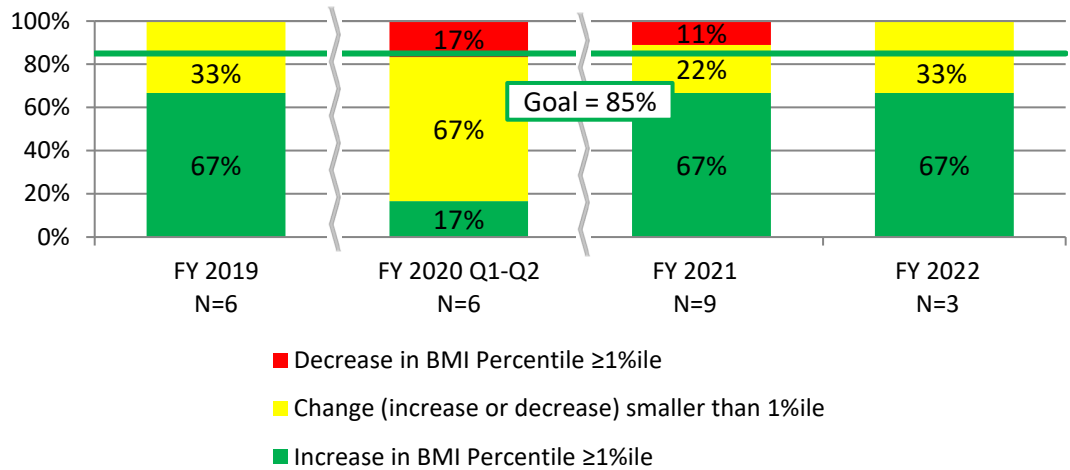
Measure

3.1

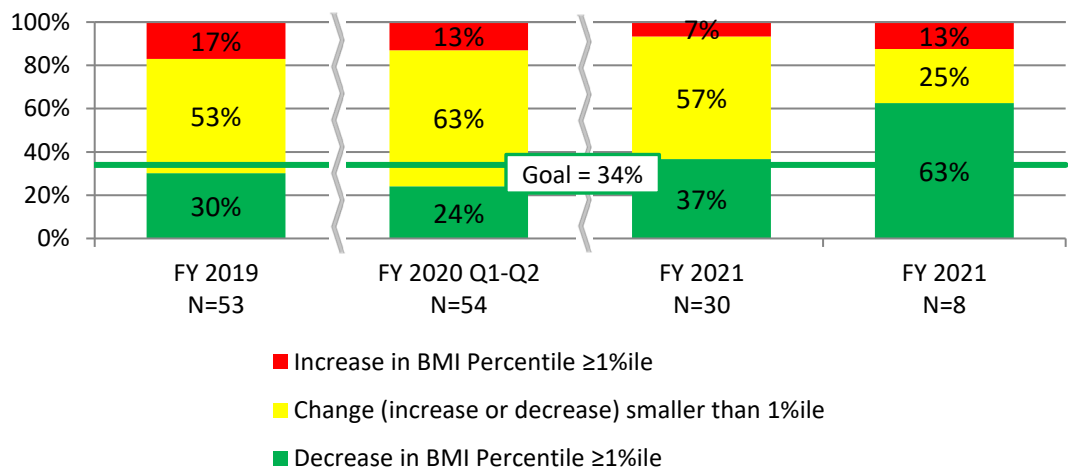
Children ages 2 to 5 who are underweight or overweight who make progress towards a healthier weight

Data

Underweight children ages 2 to 5 moving towards a healthier weight



Overweight children ages 2 to 5 moving towards a healthier weight



Data Summary

- 67% (2/3) of underweight children improved at least one percentile
- 63% (5/8) of overweight children improved at least one percentile
- WIC defines underweight as equal to or less than the 5th percentile of BMI-for-age and overweight as equal to or greater than the 95th percentile of BMI-for-age
- Virginia Department of Health (VDH) provided data in an ad hoc report
- Changes in BMI-for-age percentile were calculated by comparing the first underweight or overweight visit of the fiscal year and the last visit of the fiscal

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- year for clients identified as overweight and underweight in the first quarter of the fiscal year.
- In FY 2020, because in-person visits were stopped when the clinic closed, the data presented is just for heights and weights measured in the first two quarters.
 - In FY 2021 and FY 2022, height and weight data was reported by health care providers. Data included all overweight and underweight clients with measurements at least 90 days apart.

What is the story behind the data?

- Data from FY 2021 and FY 2022 is not comparable to prior years because of the change in how height and weight measurements were collected. Data reported by external HCPs may not be comparable to data recorded at WIC office visits.
- Health care providers do not measure height and weight at every visit, and at some visits just the weight is measured. Because of this, not as many children have multiple measurements throughout the year, reducing the ability to see if their BMI is increasing or decreasing.
- Data from FY 2020 is only from July through December 2019 are not comparable to previous years, as it presents BMI changes over 6 months rather than over the entire fiscal year.
- Children ages 2 to 5 who are overweight and underweight are normally seen every three months for nutrition assessment and counseling; this is more frequent than children who are at healthy weights.
- Nutrition assistants and Nutritionists are trained to correctly assign USDA WIC Nutritional Risks to ensure that all VA WIC participants are consistently receiving accurate and up-to-date nutrition education based on assigned risks. Both the risk assessment process and counseling to resolve risks are performed remotely during COVID.
- Anthropometric risks are not being consistently assigned via state systems during remote service when heights and weights are not system-required. To ensure risk assessment follow-up is appropriate, staff have been trained to assign risks if the system does not.

Recommendations

- Until in-person visits resume, continue to obtain height & weight measurements from healthcare provider visits and parents when possible.
- Continue remote visit scheduling, growth monitoring, and education efforts to individualize nutrition care plans.
- Continue to provide parents tools for developing positive food habits in their children and family mealtime success.
- Supervisor will continue to perform regular audits of participant records during to ensure that risks have been assigned correctly and care plans designed to resolve risks are appropriate.

Target Dates

- On-going

Forecast

- In FY 2023, the percentage of overweight and underweight clients moving toward a healthier weight will remain about the same.

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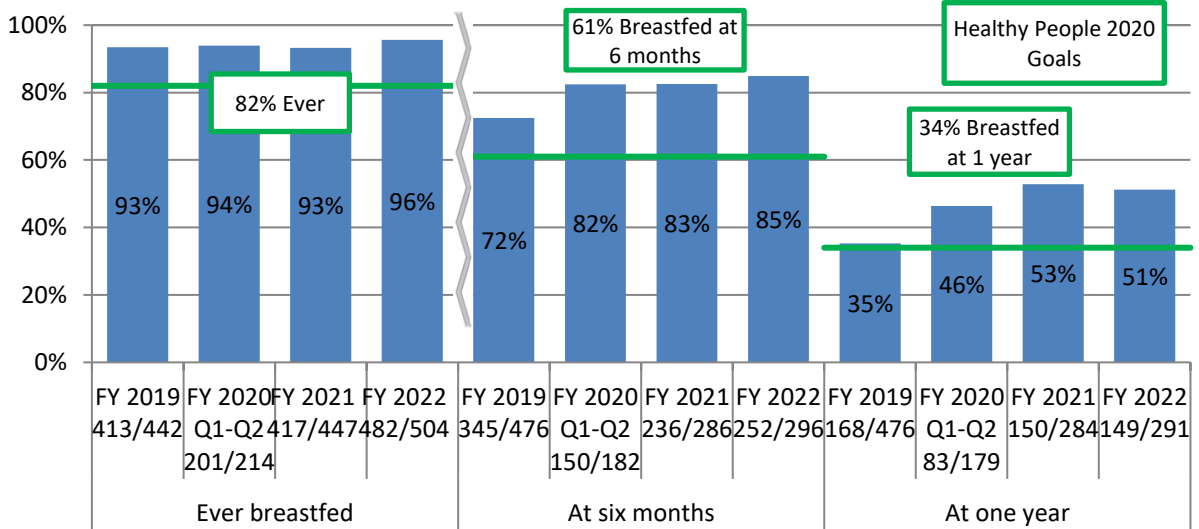
Measure

3.2

Clients meeting Healthy People 2020 breastfeeding goals

Data

Proportion of Infants Who are Breastfed



Breastfeeding Rates for Arlington, Virginia, and the US

	Ever Breastfed	Breastfed at 6 months	Breastfed at 1 year
Arlington WIC Clients	96%	85%	51%
Virginia*	83%	63%	40%
US*	83%	56%	36%

*Data based on general population, not WIC Clients

Source of Virginia and US rates: Breastfeeding Report Card, 2022, Centers for Disease Control and Prevention. <https://www.cdc.gov/breastfeeding/pdf/2022-Breastfeeding-Report-Card-H.pdf>

Data Summary

- To follow a group of infants from birth through one year, this measure reports on breastfeeding at 6 months and 1 year for infants born FY 2021.
- 96% of infants were ever breastfed, 85% were breastfed for at least 6 months, and 51% were breastfed for at least 1 year.
- In FY 2020, data was only calculated for the first half of the year because of changes in data collection when services became remote and because WIC and data analysis staff were pulled into COVID response.
- Standards are based on Healthy People 2020, a U.S. Department of Health and Human Services campaign that provides 10-year goals for health promotion and disease prevention.
- Data on ever breastfed is captured at infant certification, the process required to enroll an infant in WIC. It includes eligibility determination, anthropometrics, nutrition risk assessment, nutrition counseling, and benefits issuance. Duration of breastfeeding is recorded by Breastfeeding Peer Counselors through periodic

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telephone contacts and collected at 6-month mid-certification visit and one-year recertification visit.

What is the story behind the data?

- In FY 2021 and FY 2022, the percentage of infants breastfed at 6 months and 12 months increased over levels seen prior to the COVID pandemic.
- Due to the pandemic, some WIC clients are no longer working outside the home, and are more likely to breastfeed while staying home with infants.
- Support services are provided remotely mainly through phone conversations. Only clients needing breast pumps are required to come to the office. Breastfeeding support groups have been discontinued.
- Support staff have been trained on guidelines for women with COVID-19 who want to breastfeed, proper cleaning/disinfecting of loaned breast pumps, and resources for mothers with symptoms of perinatal mood disorders.
- At the end of FY 2021, State WIC began a new program to screen pregnant women for risks of premature weaning and improve exclusive breastfeeding rates. BAPT, Breastfeeding Attrition Prediction Tool, screening began June 2021. A participant-completed survey is scored to assess level of breastfeeding knowledge, social support, and confidence in ability to breastfeed. Support staff design targeted counseling based on BAPT survey scores.

Recommendations

Target Dates

- | | |
|--|--|
| <ul style="list-style-type: none"> • Continue to refer clients to the district Designated Breastfeeding Expert (DBE). • Continue to ensure that staff receive training in up-to-date effective safe breastfeeding support practices. • Explore online options for breastfeeding support groups. • Continue with the BAPT survey • Explore pilot for capturing data on exclusively breastfeeding and updating measure to align with Healthy People 2030 goals. | <ul style="list-style-type: none"> • On-going • On-going • When in-office services resume • On-going • Q2 FY 2023 |
|--|--|

Forecast

- In FY 2023, breastfeeding rates will remain at the same level.