

# Nutrition & WIC Update

KANSAS NUTRITION AND WIC SERVICES



*This issue of the newsletter will focus on the ways that local agencies used the Coffective materials as shared in the 2019 Nutrition Services Plans.*



## From the State Agency:

Thank you for your hard work with implementing your Coffective Breastfeeding Promotion Strategic Action plans this year! We have loved reading about your successes and challenges and commend your resiliency with the concurrent transition to eWIC. This newsletter is all about highlighting the work you have done with Coffective

both in clinic and through outreach efforts in your communities. We hope that you will find it helpful to hear from other Local Agencies that may have had similar experiences to you. Kansas WIC is a key source of breastfeeding information and support in all of the communities we serve. We hope that you will continue using the Coffective materials in your clinic and outreach efforts to improve support for clients, as well as WIC breastfeeding rates.

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## Sherman County Coffective Community Outreach

“For our community outreach action plan for Coffective, we met with nursing students at a local college. We took slides 16 – 47 of the Coffective Tools PowerPoint and highlighted the basic points. It went well, and they had some good questions. We gave them the Checklist handout and Get Ready to Fall in Love handouts. It only took us around 45 minutes and I hope they walked away feeling they have some information to use in their career or when they become parents.”

## From Riley County: Earlisha Killen, Breastfeeding Peer Counselor

“Basically, with the Coffective material, we give them a chance to read over the whole packet while in the waiting area when they have already done their NE+’s, but are waiting to meet with me. The client looks over it, I bring them back and ask them to tell me about what they just looked over. I use it like an open-ended question. I give the client the option to download the app and go over it with them in my office and if they choose to do so, I give them a pack of 25 breastmilk storage bags. They were purchased last year as part of our breastfeeding incentive program (3-6 months of mostly breastfeeding they get a gift). However, the bags haven’t moved as well as we had hoped, so I recently started offering them as incentives as part of our NSP plan which started at the end of July.”



## Coeffective Quotes

### A little goes a long way

“We have discovered that when we hand clients the laminated sheets that the information seems overwhelming. Therefore, we encouraged them to select one page to read and then the Healthy Start Visitor, Nurse or Dietitian will discuss more with them in detail. When we ask clients about using the app, they don’t have much to say. In fact, we have heard, “I forgot about it.” We plan to have the clerk, RN, and RD continue to ask the client if they are using the app/their feedback and if they have questions. We will also ask them why they are or are not using the app. If they don’t have the app downloaded, ask them to download in the WIC office. We will continue to encourage clients to share app with family members and to refer to the Coeffective flyers.”

-SEK Multi County Health Department

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### How can we encourage support group attendance?

“Clerical staff gave the laminated set of materials to pregnant clients to view while they wait to speak with the RN for the NEI appointment. The CPA segues to conversation about what interested the client in the set of information, answers questions, and provides copies of the tool (s) chosen. The materials were also used in this same manner during the breastfeeding support group. Materials were presented to other home visiting agencies along with copies of We’re Prepared Checklist and Motivational Document for them to use.

Two issues were noted, we have had a poor show for the breastfeeding support group and sometimes, when clinic is less busy, there is not “wait time” for the client to utilize to read the materials before the RN is ready to see them. We plan to continue to use the materials throughout 2018 and beyond, but are going to discuss ways to make the materials more accessible to a broader audience.”

-Cherokee County Health Department

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### Framed posters

“We did place the laminated Coeffective material sets in the waiting room in English and in Spanish. We will continue to have them there and point them out to our pregnant clientele. We put posters from Coeffective in frames and hung them in the lobby. We will leave them there for a while. We offered to teach a class to the family living class but the step was not successful because the teacher didn’t need me to do that this year. On Thursday of the county fair week, we set up the Breastfeeding room in the small room at the community building. We had a lot of nice comments that it was very helpful to breastfeeding mothers.”

-Wichita County Health Department

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## Coeffective Quotes (continued)

### Outreach success

“ We have ordered the “We’re Prepared” planning tool to be used in conjunction with the laminated sets and have been using it with our pregnant clients. They seem to like the check boxes because they like to have a tool to communicate with their OBGYNs on what they would like at delivery.

We met with the nurse manager/community coordinator at the local hospital to discuss the use of the Coffective materials. She reviewed the materials and was considering training of her staff on this. Our county hospital doesn’t deliver babies but some of the providers see the moms during the pregnancy and/or see their babies after delivery. We also discussed High Five for mom and baby and other outreach materials from WIC. We remain in contact with her on ongoing projects and they have been posting about WIC on their Facebook page. This was successful in that we are more involved with and will keep in touch with our clinic administrator regarding breastfeeding support in the community.”

-Ellsworth County Health Department

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### Gaining hospital buy-in

“We struggled with the Coffective objective in three ways. First of all, our clients had little interest in reviewing the laminated sheets on their own. We allowed the clients adequate time in the waiting room to review the provided material before being called back to our offices, but very few individuals found interest in them. The majority of our clients were too busy chasing children and/or using their phones to fully engage in this material. While the Coffective information is great, this method of delivery was inappropriate for this audience.

The second obstacle we encountered was time constraint. E-WIC roll-out was very time-consuming, especially when combined with Coffective, Baby Behavior, breastfeeding education, and other pertinent topics including tobacco cessation, family planning, and nutritional needs. Not only are our dietitians limited on time, but our clients typically are as well. With priority being placed on e-WIC roll-out, it was a struggle to provide Coffective with the time that would have been pertinent to success.

Lastly, while we found the Coffective training materials to be an excellent resource, we feel that without our hospital’s cooperation in these practices, the usefulness of this information is limited. Our hospital does not have a strong relationship with other community partners, including our breastfeeding coalition. Most of the Coffective material is geared towards baby-friendly hospital practices, and while we are happy to educate our clients on these topics, we feel that most of our clients will not advocate for themselves in a situation that is not being encouraged and/or supported by hospital staff.”

-Saline County Health Department

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## Coeffective Quotes (continued)

### Regular meetings

“Coeffective is discussed at each local agency meeting and ideas of how to use the materials are discussed at each meeting. We give scenarios of how we use the materials and how to improve our message. We are giving laminated sheets of Get Ready to Fall in Love and Coeffective Checklist to every pregnant woman that is certifying and discuss Coeffective app and breastfeeding questions from the laminated sheets. This will continue and as we get new staff they will be trained to do the same.”

-Seward County Health Department

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### New partners

“We partnered with Youth Empowerment Services (YES) to implement the Coeffective checklist. They were very interested in implementing the Coeffective checklist and strategies with their moms. The program is geared toward teens. The coordinator of the program meets with these moms and discusses goals they have and helps them with their prenatal care. They started utilizing the checklist with their clients in August 2018.”

-Wyandotte County Health Department

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### Involving students

“We presented a short version of the Coeffective Power Point to local Medical Assistant students. We feel it was a success. They had just completed their pediatric rotation, so it was perfect timing. The questions and feedback were informative. We also used a visual display to demonstrate what to expect the first day as far as breastmilk amounts and wet/dirty diapers. Breastfeeding log was given to PG clients. We received good feedback from the clients and will continue this. We allowed the client to choose topics of their choice from the “We’re Prepared Checklist”. We received good feedback from the clients and will continue this.”

-Sherman County Health Department

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### Support person versus champion

“We completed all training and all staff meetings. Our home visitor assisted with distributing the “We’re prepared” sheet. All new cert PG received the Magical Bond with champion information on it. The word champion was not well received. The term support person was received better. The use of handout by the home visitor will be used at her discretion. The certifying staff will continue to handout the Magical Bond Handouts with the information for being a support person for the father of the infant.”

-Lincoln County Health Department

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## Collective Quotes (continued)

### Involving all WIC staff

“All WIC Clerical staff started handing all PG WIC clients the Collective Motivational Document with a client survey about downloading the app. This survey was given to the WIC RD's. The WIC RD's used this survey as a conversation piece to visit with the clients about their thoughts on the Collective app and promote it. RD's followed up by distributing the "We're Prepared!" checklist to client. RD's used this Collective app survey to keep track of how many clients planned on downloading the app from April 2018 to August 31, 2018. There were 107 prenats that completed the survey and 79 said they would download the Collective App. Out of the 27 prenats that didn't want to download the app many felt like they didn't need it since this wasn't their first pregnancy. Some said they already had an app and didn't see the Collective app as a benefit. Some clients just didn't like apps.”

-Leavenworth County Health Department

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### The peer counselor's role

“Our Breastfeeding Peer Counselor has used Collective material in visits with newly pregnant moms to help emphasize the importance of planning how they would like their birth experience to be. Those who plan to breastfeed are given the “Fall in Love” and “Keep Baby Close” sheets as they discuss breastfeeding. Our BFPC has completed several one on one breastfeeding classes and used pretty much all of the Collective materials for visuals and guided information. Each client is encouraged to download the Collective app. This is the only way Collective has been utilized unless a client flips through the laminated cards while waiting in the waiting room and has any questions.”

-Pawnee County Health Department

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### Inconsistent hospital practices

“We have a laminated set of materials in our waiting room and one at the counter where WIC signature pad and pin pad are located. We use the We're Prepared planning tool when able with expectant moms. Our Healthy Start Home Visitor uses some of the same Collective materials for her prenatal visits as what we have in the office. We have had a few parents ask specific questions related to these sets – we will continue to leave them in the waiting area. Time constraints are always an issue in our office. We have hit on the Collective materials frequently with expectant moms and it has become part of our routine...but we were slow starting. Uncertain how beneficial this is in our small community as we have moms going to 4 or 5 different hospitals to deliver so hard to judge, and sometimes birthing experience is so different than what they are wanting. We will get information to Early Head Start also for their use.”

-Graham County Health Department

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## Collective Quotes (continued)

### Success in clinic and community

“We wanted pregnant and postpartum mothers to view the laminated Collective sheets before their appointments and discuss them during certifications. The materials were also to be used for the third trimester WIC Support Group. As we became more busy with eWIC and issuing cards, it got harder to give the clients the laminated sheets and for clients to have time to look at them. We started leaving the laminated sheets in the lobby, still discussing them in appointments, but often clients have not looked at them beforehand.

We decided to offer the Get Ready handout at the certification and the We’re Prepared handout at the WIC Support Group. At the group they can discuss if the app has been used and what questions they have.

The Collective documents and app were presented at the local Breastfeeding Coalition and individually with the hospital lactation consultants that were not present at the time. The organization Healthy Families who joined the coalition later has also been given handouts and information. Our coalition shares handouts back and forth, so we know what is being taught elsewhere and we can teach in the same way. The Collective application and handouts were discussed at Cottonwood Pediatrics briefly when they trained for the Breastfeeding Friendly Practice designation.”

-Harvey County Health Department

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### Community involvement

“The new BFPC and WIC coordinator met with the local hospital to discuss Collective. We also visited with our local La Leche League members and informed them of our Collective plan. We visited with them regarding the needs in the community and good places for outreach to inform the community. They were also given Get Ready to Fall in Love and Getting Prepared brochures to hand out to their patients. We were hoping to be able to attend the breastfeeding clinics once a month. This was difficult to arrange related to newly hired BFPC in March and working on required trainings. We hired a new BFPC, and she has been very energetic in trying to get the community aware of Breastfeeding. When reviewing our action plans and goals she was and continues to come up with brilliant ideas to get the participants engaged and to continue to breastfeed!”

-Brown County Health Department

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## Coffective Quotes (continued)

### Calling WIC moms

Coffective was implemented in the Health Department clinic setting to expecting moms and also laminated copies were always available in our waiting area. Laminated copies in both English and Spanish were provided to our local providers along with what Coffective is, encouragement to support their expecting mother, and helpful websites from the KDHE WIC web site.

We implemented a call program to our moms that deliver, when we were notified of the delivery. There were several times moms delivered and we did not know until they came to be certified with the infant. I need to reach out to home visitors that visit in the hospital and ask if they could send a soft referral with parents' permission so we could follow up. We will continue to provide these phone calls.

-Ness County Health Department

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### Clinic successes and outreach challenges

"We encouraged the use of the Coffective app. We loved the materials and used them consistently. Our problem was more outreach related. We did attend the Breastfeeding Coalition. We did not visit with Healthy Start, Parents as Teachers, and Early Head Start formally to discuss Coffective materials. We just did not have the opportunity. With such a small staff we are a bit overtaxed to provide many outreach activities. At the local breastfeeding coalition meeting, we reviewed the materials and talked about how everyone in the coalition can provide the same message. We provided coalition members with High 5 bookmarks and the "We're Prepared Checklist" and "Motivational Document" so everyone is literally on the same page. We will continue to attend and be a part of the coalition and we will continue to share Coffective information and any other pertinent breastfeeding tools. We also talked with health department staff responsible for other programs with families (M&I, Safe Sleep, CDRR, etc...) and had them attend implementation meetings. Copies of the "We're Prepared Checklist" and "Motivational Document" were given so everyone is literally on the same page. We will continue to implement this."

-Sheridan County Health Department

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### Clerk successes

"The plan to have the clerks give the Coffective materials for clients to preview while waiting for their appointment worked very well. The CPAs would then collect the materials and use the materials to help stimulate conversation about breastfeeding with the client and followed up the conversation with the handouts/app information."

-Finney County Health Department

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## Coeffective Quotes (continued)

### Hospital policy changes

“Our second clinic strategy included talking about Coffective during the WIC appointments, giving the client copies of the 2 free Coffective handouts, and referring clients to the Coffective app. We were able to introduce the hospital to the Coffective training modules and materials, but they did not complete the modules, as far as we know. The local doctors changed their policy, and stopped taking pregnant clients, so the hospital only delivers babies if it’s an emergency. That may be the reason they might not have completed the modules, but they have received the free handouts along with information on how/where to complete the modules. Our plan to have clients look at the laminated Coffective sheets in the waiting room was only partially successful for several reasons:

1. Few of the clients wait more than a few minutes before their appointment starts.
2. Some pregnant clients were distracted by their children.
3. Some pregnant clients were busy finishing the diet questionnaire before the appointment started.
4. Sometimes we forgot to give the client the materials while they waited.
5. There were too many other papers and things to deal with during check-in and the Coffective information became a lower priority in some case.”

-Sumner County Health Department

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### Peer counselor successes

“Our Breastfeeding Peer Counselor implemented usage of Coffective materials and messaging during her prenatal BFPC visits and continued this usage throughout the year, and plans to continue to use them. She also presented Coffective materials to the Breastfeeding Coalition of Douglas County and encouraged local partners, including Lawrence Memorial Hospital (LMH) to provide consistent messaging. LMH is working towards becoming a Baby Friendly Hospital, so she focused her ongoing promotion efforts on LMH. At this time, LMH Baby Friendly Committee is reviewing the Coffective prenatal education videos and their adoption seems promising. We shared Coffective materials with a local home visitor program, Healthy Families of Douglas County.

A display was created for the waiting room with Coffective posters and community resources. Our BFPC created a Coffective slideshow, which was installed in clinic rooms. We have received much positive feedback from clients and staff about the slideshow.”

-Douglas County Health Department

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## Collective Quotes (continued)

### Client Success

“We experience a lack of time and lack of interest from the moms. We continued with the goal of giving Collective information to the moms. Some were interested, and some were not. One mom really liked the idea of having a “champion” for her birth partner.”

-Barber County Health Department

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### Proudly displaying the materials

“We do not have hardly any pregnant clients. We did have a bulletin board in our office for 3 months that had all the Collective information available. It was located where all HD clients and all patients of the Dentist office (located in our building) could see it. We used the tools provided, but due to our low (0-1) pregnant clients, we did not get feedback. The one pregnant client we had was not a new mom and already knew and had utilized the Collective concept with her first child.”

-Comanche County Health Department

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### What do clients think?

“We began discussing ways to obtain feedback from clients on the Collective materials during staff meetings. In the past two weeks we have added a short discussion question to the front desk display regarding the Collective materials to trigger clerks to ask clients if the information was helpful. We are a small county, so the number of pregnant women is limited.

We replaced two clerks during this past year (one in November and one in December) and getting basic training for all public health programs (including WIC) completed and the transition to eWIC during the same time frame. The most difficulty we had was getting feedback from pregnant moms on the Collective materials. We are doing our best-we could all do a better job of remembering to physically place the laminated Collective materials into the hands of waiting clients as appropriate. We were reminded periodically by the parent agency to submit success stories/feedback.”

-Harper County Health Department

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### Are our efforts working?

“All Collective information is reviewed with PG clients, however it has been disappointing to see many give up and decide to formula feed. We do not have any local docs in our County who deliver so we are a single entity giving Collective info for our County. We probably put more time into the new eWIC program than the Collective.”

-Edwards County Health Department

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### Collective Quotes (continued)

#### How do we fit these materials in?

“Our challenge comes from remembering to refer waiting clients to the materials. Usually our clerk is busy with other assignments, and our clients really don’t have to wait very long in the waiting room to be seen.”

-Kingman County Health Department

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#### Limited number of pregnant clients

“Our staff have been on board, but we just do not have many new PG moms and we can give them the information but usually do not get much feedback.”

-Kiowa County Health Department

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#### Is our plan working?

“We found it difficult to get our Family practitioners on board with the Collective models. It was a challenge to see if the Collective plan really worked simply because our clinic was the only one educating the client about the Collective plan. We did have a couple of great testimonials but would have liked to see more. By placing materials in the waiting room, it allowed our staff to engage with the client about the materials when we saw them reading materials. It was a great ice breaker to begin the conversation.”

-Pratt County Health Department

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#### Outreach successes

“We talked to a lot of community partners and will plan on talking to any new partners in the future. Our outreach efforts reached 50 people. She also talked to 20 people at Head Start. When we presented to the Shawnee Mission PAT program, it became apparent they had a lot of general questions about the WIC program. Staff decided to contact the other PAT programs in the area to present not only the Collective Materials but information about the WIC program. It was a great outreach success story!”

-Johnson County Health Department

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#### Conflicting priorities

“It was successful to a point. It will be good to continue this for the next year as we were focused on the implementation of eWIC and don’t feel we gave the Collective Campaign the time and effort it deserved.”

-Neosho County Health Department



## Collective Quotes (continued)

### How do we adapt the materials?

“Unfortunately preparation for eWIC and the subsequent roll-out happened during the time frame for implementation of the Collective material. We have the laminated Collective material laying on the table of the room that WIC appointments are completed in, which does stimulate some discussion with clients. Also felt there was not total buy in from all staff. The online training was so hospital based we heard from several staff that the info didn’t apply to what we do here in the WIC office.

The in-person training was good but when we brought this training back to staff it lacked substance due to time constraints at our in-service meeting (meeting ran over the time allowed and this was one of the last agenda items). Would have been nice to have a power point presentation that we could have gone through with staff to make sure we hit all the areas of how to use the materials. After this evaluation we found that we were not using the materials as much as intended so we started keeping the laminated materials just laying out on the table, so they would serve as a reminder to talk about these more with our pregnant clients. Originally, we had decided to use the materials more with the BFPC, but there were times that when the client was certified, the BFPC was not available and the discussion about the Collective materials was not taking place with the RD or RN as much. Breastfeeding promotion & education did take place just not using the Collective materials until we had it more in view.”

-Barton County Health Department

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### Outreach successes

“Hospital staff, as well as health department staff, attended a training that discussed Collective as part of the Community Supporting Breastfeeding Designation. We thought the hospital had been using the Collective tools. We were stunned when someone asked us “What’s Collective?” We spent our time reviewing the Collective tools, “We’re Prepared” planning tool and the cheat sheets. The hospital staff member then stated she would be doing further checking with her staff and felt the tools would be valuable. We left her a set of the Collective tools.”

-Butler County Health Department

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## Coeffective Quotes (continued)

### Peer counselor successes

“We had hoped to do a group presentation, but had to catch the Dr., Nurse Practitioners, Nurses and Staff individually or in small groups to share the information. The other obstacle is that our local hospital is closing at the end of this year. The county’s OB Dr. is located there and is determining where he will do deliveries, possibly in Missouri. We did set up meetings with all 3 offices which were well received and went well. Our BFPC has done an excellent job of promoting the Coeffective strategies to programs within our communities. She will continue to keep these programs up to date with Coeffective strategies and materials.”

-Linn County Health Department

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### Kansas WIC Staff Take on New Orleans!

The NWA 2018 Nutrition Education & Breastfeeding Promotion Conference and Exhibits was held September 25-27, 2018 in New Orleans, Louisiana. Over 20 Kansas WIC state and local agency staff attended this amazing conference. If you have never attended before, you might consider including it in your 2020 FFY budget for the fall of 2020 .



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