I(A). VENDOR MANAGEMENT (Revised 2009)

GOAL: To provide on site technical assistance to 50% of the Program's authorized

vendors.

METHODOLOGY: The WV WIC Program's Regional Authorization Project will conduct site

visits for four (4) of the State's eight (8) WIC regions during each fiscal year. Site visits will also be made to additional vendors throughout the state

as specific problems or technical inadequacies are identified.

EVALUATION: The WV WIC Program's Regional Authorization Project results in our

making on site visits to every active vendor at least once every two years. Visits for routine monitoring purposes will also be made as needed. While it might be possible that the four (4) regions visited during a particular fiscal year may not meet the 50% goal the number of vendors visited during the

preceding year or following fiscal year will exceed this goal.

STATUS: During federal Fiscal Year 2008, all vendors in four of the eight WIC

regions were visited prior to re-authorization. This number of visits was 195 of the 380 vendors on the program. The goal of providing on site monitoring to 50% of the Program's authorized vendors was exceeded. **This is an on-**

going goal, and will be carried on again in 2009.

I(B). VENDOR MANAGEMENT

GOAL: To investigate 5% of the Program's authorized vendors for compliance with

federal regulations.

METHODOLOGY: The investigator, under the direction of the unit supervisor, manually selects

vendors for "compliance buys" based upon participant and local WIC office complaints and high risk reports generated from the computer system. All complaints and/or reports are evaluated according to the severity of the possible infractions to the program. By completing these investigations we hope to establish completion of our 5% goal of investigating vendors. Past documentation has supported this method as an acceptable method to reach our goal due to the numbers of complaints and computer "hits" on the high

risk report.

EVALUATION: The evaluation process will consist of monitoring our "compliance buys"

sales during the year in order to keep up or maintain the 5% requirement. Calculations will be completed from both manual reports and computer generated reports and measured against the current number of authorized

vendors.

STATUS: Our records indicate that we have completed 19 investigations to date during

Fiscal Year 2008. The investigations were conducted due to designations as high risk vendors, as a result of participant complaints, or random buys. We had 387 vendors at the beginning of fiscal year 2008. With three months left in this fiscal year, we will exceed our goal of 5%. **This goal is an ongoing goal, and will be carried on again in 2009.**

I(C). VENDOR MANAGEMENT

GOAL: Provide excellent, consistent and accessible technical training to all WIC

vendors within a two year cycle.

METHODOLOGY: The West Virginia WIC Vendor Unit will hold training sessions in each of

the eight WIC local agency regions within a two year cycle and monthly training sessions at the State WIC Office using a detailed power point

presentation, training videos and printed materials.

EVALUATION: The evaluation of the effectiveness of the training is completed by the use of

evaluation forms at the end of each training session. The evaluation form allows for 5 responses. 1 represents Poor, 2 represents Fair, 3 represents Good, 4 represents Average and 5 represents Excellent. The Evaluation

Form also allows space for comments.

STATUS: The comments received were both favorable and instructive in regards to

thoroughness of information given and ability of the trainer to respond to any question posed by the vendor audience. Interactive training is an ongoing process to assure vendors receive this type of training once in a two year cycle. Regional training has proven to be very helpful and popular with the vendors as the trainer provides several training opportunities at different sites within their regional area. We will continue to provide interactive training on a monthly and quarter calendar period to meet the training needs of our vendor population. Evaluation forms will continue to be used for determination of additional vendor training needs and/or training

program changes. This is an ongoing goal, and will be carried on again

in 2009.

I(D). VENDOR MANAGEMENT

GOAL: Develop an on line training program for WV WIC authorized vendors to

afford vendors an alternate method of receiving their yearly training.

METHODOLOGY: The West Virginia WIC Vendor Program Manager will utilize the

Department of Health and Human Resource's contract with web developers to incorporate the use of an on line training program connected to the WIC

web page. This training program will mirror existing training conducted by field trainers.

This form of training has been an ongoing project. The Department of Health and Human Resources has been using a form of this training over the past five years, and have developed numerous Web CT training courses.

We anticipate piloting a web based training program in the fall of 2008. After reviewing the effectiveness of the "on line" training, we will make the "on line" training available to all vendors. Those vendors who accumulate sanction points in excess that requires mandatory training will come to Charleston for a one-on-one interactive training session.

EVALUATION: The training program has been placed on the revised web page and is ready for testing with pilot vendors. The program has been tested internally and does perform to expectations. Due to developmental delays with other sections of the web page, this section has not been piloted with the vendor community. Thus the project will be carried over to the next fiscal year.

STATUS:

Development of training modules on the new WIC web page has been completed, however due to developmental delays with other functions, we have not been able to go live with the test. Vendors continue to rely on unit sponsored live training in order to complete their annual training requirement. **This goal is on-going for FY 2009.**

I(E). VENDOR MANAGEMENT (New Goal)

GOAL: Develop on-line system to allow capable vendors to enter shelf prices online.

METHODOLOGY: Work with IT department and State Contractor to develop this website. The system should be secure and the data can be downloaded into an excel spreadsheet which can be entered into VACE.

EVALUATION: This process is currently in development and has been tested internally by

State Office Staff. We are continuing to work with the contractor to ensure the processes meets our expectations. Select Vendors have been chosen to participate in an on line pilot once the finished product is delivered. The system will be evaluated for proper transfer of data into our existing database, and verify return validations to vendors are accurate.

database, and verify return varidations to vendors are accura

STATUS: New goal for 2009.

I (F). VENDOR MANAGEMENT (New Goal)

GOAL: Develop a mapping system utilizing GIS and GPS systems to better define

the locations of vendors in relation to participants.

METHODOLOGY: Using existing computer software in conjunction with GPS coordinates of

all authorized vendors, WIC will be able to designate geographic areas of the state where vendors may be needed and recruited, based upon participant

need.

In 2007 WIC began plotting GPS coordinates of authorized vendors in the state. This information has been useful in the denial of out-of-state vendors by mapping the locations of authorized vendors within WV, hence, proving

adequate participant access.

We anticipate piloting this mapping process in the fall of 2008 and using it for the purpose of helping monitors reach vendor locations with less error, and providing a smaller version of maps to participants so they can find

authorized WIC vendors easier.

EVALUATION: The West Virginia WIC Vendor Unit will evaluate this goal by the number

of maps completed utilizing GIS and GPS systems.

STATUS: New goal for 2009.

I (G). VENDOR MANAGEMENT (New Goal)

GOAL: Revise the existing vendor policy to incorporate necessary training and

minimum stocking requirements associated with program changes related to

USDA Interim Rule revisions in the WIC Food Packages.

METHODOLOGY: This effort will include: capturing food prices for all retailers to develop

edits; revising vendor agreement and handbook; designing and printing materials associated with contract and vendor requirements; and revising

Vendor Minimum Stock Grid while including new Vendor Cost

Containment strategies. The West Virginia WIC Vendor Unit will use existing participant redemption data as well as calculate the cost of

additional foods available in the new food packages. Minimum stocking requirements will be adjusted based upon store size and participant volume.

This information will be conveyed to authorized vendors through grocer and

retailer associations, individual notices, site visits and educational seminars.

The Vendor training program will be amended to reflect the additional foods available to WIC participants by identifying areas of current issues as well as needs for new food packages; revising, approving, printing and

distributing training materials; updating vendor training manual, handbook and videos; coordinating with communication and stakeholder input on communication strategy for vendors; and scheduling/conducting regional vendor training sessions (estimate 16 to be conducted in 8 regions. Authorized vendors will receive updated information regarding new food specifics, stocking requirements, cash value vouchers, and amended check out procedures.

EVALUATION:

A new food package implementation plan and timeline have been developed to ensure a strategic and coordinated approach to address vendor issues with these revolutionary program changes. Thus far the state office has completed research of the foods and supply system. In addition, the West Virginia food criteria standards have been updated to accommodate the new foods. The revision and implementation of vendor contracts is planned to begin January 2009 with completion in March 2009. The West Virginia Vendor Unit will develop and implement vendor training January 2009-August 2009.

STATUS: New goal for 2009.

I (H). VENDOR MANAGEMENT (New Goal)

GOAL: Solicit commitment from authorized WIC vendors and members of the

grocers and retailers associations to establish a Vendor Advisory

Committee.

METHODOLOGY: The West Virginia WIC Vendor Unit will gain commitments from existing

vendors and interested parties from the retail food community to provide guidance for the implementation of the new food package, minimum stocking requirements, training, etc as well as build a collaboration and venue for future input regarding changes in the WIC Program. By using anticipated interest from the new WIC food additions, we hope to experience increased communication with external stakeholders allowing facilitation of a strategic team approach to WIC vendor issues within the

state of West Virginia.

EVALUATION: The West Virginia WIC Vendor Unit will evaluate this goal by the number

of external stakeholders involved and invested in a Vendor Advisory

Committee.

STATUS: New goal for 2009.

II. (A). NUTRITION SERVICES

GOAL: Improve the quality of life and wellness (body, mind, and spirit) of WIC

participants and WIC employees through innovative promotion of healthy

lifestyle behaviors.

METHODOLOGY: Support WIC staff members as role models for healthy behaviors.

Provide participants access to education tools, information and support

for behavior change. Collaborate with like minded, creative partners with similar goals. Plan strategic interventions that focus on constant communication, messages

and strategies among partners.

EVALUATION: Use baseline data on weight status for children and women. Pre and post

surveys on fruit and vegetable consumption.

STATUS: The WV WIC Program has continued working with partners as part of our

State Nutrition Action Plan to promote fruits and vegetables. WV WIC provided recipes and snack ideas to WIC participants to promote fruit and vegetables consumption. Public Service Announcements were developed and promoted statewide in partnership with SNAP initiatives. In addition, the Pick a Better SnackTM campaign has been utilized by WIC vendors as

well as all partners within the State Nutrition Network.

Pre- and post surveys to measure fruit and vegetable consumption among WIC participants have proven ineffective. In order to draw any conclusions about the program to increase fruit and vegetable consumption, more information is needed; particularly about target groups and begin dates for the program. There is no comparable database for fruit and vegetable consumption for preschoolers. However, 2005 Behavioral Risk Factor Survey (BRFSS) data show that approximately 22.9% of women report five or more servings per day. WIC mothers in this database report a much higher prevalence of fruits and vegetables, with 73% reporting at least 5 fruits or vegetables per day. This lack of concurrence between the data bases implies our data is flawed.

Further, discrepancies between local agency rates implies poor data quality. The similarity in pattern between all age groups is interesting, but perhaps is an artifact of time; an examination of patterns for those with a third response may reveal differences.

One concerning similarity is the large proportion of children and adults who show no improvement even after reporting zero fruits and vegetables.

Since the program to increase consumption of fruits and vegetables is reportedly being evaluated with a different set of criteria now, and given the questionable nature of the results here, continuing to gather data on these questions does not seem profitable.

In the future, we may want to review data for very young children, or analyze demographics for children or women related to their fruit and vegetable consumption. Retaining the data in history could prove be valuable. **This goal is complete**.

II. (B). NUTRITION SERVICES

GOAL:

Provide additional funds to local agencies that will allow breastfeeding peer counselors to visit local hospitals and physicians practices in order to keep mother's breastfeeding longer. Focus on breastfeeding as a preventative step in helping to reduce childhood obesity

METHODOLOGY:

- 1. Provide additional funding from the State WIC Office to local WIC agencies specifically for breastfeeding peer counselors, so the increased peer counselor services in the hospitals and physician practices are provided in all areas.
- 2. Promote the importance of breastfeeding to health care professional targeting OB-GYN and Pediatric offices.
- 3. Provide training opportunities for the staff and peer counselors on updated breastfeeding promotion, support, and management skills throughout the year.
- 4. Provide breastfeeding counseling to participants with one-on-one contacts and group class discussion.
- 5. Promote the importance of breastfeeding in the public through:
 World Breastfeeding Week (Month) activities in August;
 Participate in the WBM Governors proclamation;
 Build a State Breastfeeding Coalition.
- 6. Visit WIC clients at the hospital after giving birth in a timely manner to educate and support them while initiating breastfeeding and the importance of continuing

EVALUATION:

The WV WIC Program will measure rates of breastfeeding initiation and duration among the WV WIC population using computer-generated reports. We will also measure participant breastfeeding initiation during hospital visits.

STATUS:

Funds were provided for peer counselor hours.

Initiation and duration reports are created routinely to share with Local Agencies

Hospital initiation rates among the WIC & Non-WIC population were accessed through the Center of Disease Control (CDC) website

State Breastfeeding Coalition goals were established.

This goal was completed.

II.(C). NUTRITION SERVICES (New Goal)

GOAL: Encourage WIC participants to try low fat dairy products.

METHODOLOGY: Provide WIC participants access to education, tools, information and

support for behavior change. Collaborate with like minded, creative

partners with similar goals.

EVALUATION: Local Agencies submit Nutrition Education Plan for their agency. The Plan

is reviewed and approved by State Nutrition Education Coordinator. Progress is monitored by Nutrition Education Coordinator. The West Virginia WIC Program will work with the National Dairy Council State Contact to provide nutrition education materials, information, ideas, and

recipes to be distributed to WIC Participants.

STATUS: New goal for 2009.

III(A). MANAGEMENT INFORMATION SYSTEMS

GOAL: Replacement of computer equipment in accordance with state agency five-

year plan.

METHODOLOGY: Current state MIS standards require that a program's computer

equipment remain under a three-year-warranty at all times. The STORC application is a LAN-based system within each clinic site. Each clinic site works independently and does not rely on phone connectivity to enable staff to consistently serve clients. It does, however, rely on operational equipment within the clinic site. Equipment no longer covered under warranty will be the first

priority to be replaced.

EVALUATION: The replacement of the equipment is critical to provide uninterrupted service

to our WIC clients resulting in a marked improvement in speed of the STORC application and failure rate should be lowered. The five-year computer equipment replacement plan was submitted to the regional office

in July 2001 for their approval.

STATUS: No computer equipment was purchased this year. This goal is on-going.

III(B). MANAGEMENT INFORMATION SYSTEMS

GOAL: To develop, install a Statewide WAN (Wide Area Network) connecting the

State WV WIC office directly with the local agencies.

METHODOLOGY: WV WIC networking personnel will work with WV DHHR/MIS & Cisco

Router Company (State secured router provider) staff to develop use of 56 KBS lines already installed and active in each of the permanent WIC Sites. WV WIC will secure a contractor to install and connect routing equipment (must be Cisco). Hardware and Software upgrades will be necessary to

complete this project.

EVALUATION: Interconnecting each site will allow the state WV WIC Program to connect

and correct problems more efficiently and timely. Will also allow for a

statewide E-Mail Connectivity.

STATUS: The WV WIC WAN infrastructure currently consists of ten T-1 lines, four

ISDN, two 56k Frame-Relay, and thirty-four Broadband (DSL/Cable

modem) connections. This goal is ongoing.

IV. (A). ORGANIZATION AND MANAGEMENT (New Goal)

GOAL: To develop and administer training to all local agency staff on the New

Food Package regulations.

METHODOLOGY: The State Agency will form a committee, consisting of both state and local

employees, to assess clinic training needs as well as establish and implement a training plan. Develop and distribute staff educational materials, including new policies and procedures as well as STORC training. Review and revise

new employee training.

EVALUATION: The evaluation of the effectiveness of the training is completed by the use of

evaluation forms at the end of each training session. The evaluation form allows for 5 responses. 1 represents Poor, 2 represents Fair, 3 represents Good, 4 represents Average and 5 represents Excellent. The Evaluation Form also allows space for comments. Sign-in sheets will also be used to

ensure all staff attendance.

STATUS: New goal for 2009.

IV. (B). ORGANIZATION AND MANAGEMENT (New Goal)

GOAL: To develop education materials for use in educating WIC participants on the

New Food Package regulations.

METHODOLOGY: Consult with communication and stakeholder input about communication

strategy for participants; includes WIC food brochure and appropriate client education materials; convene committee to determine appropriate client

messages and methods to communicate these messages through

development of a communication/education plan; identify what materials in

which languages are needed as well as materials needing revision.

EVALUATION: Completion of food brochure and client education materials. WIC

participants will be knowledgeable and able to select allowable WIC foods appropriately. Follow-up with participants on their ability to purchase the new WIC foods will be done at one on one counseling sessions as well as at group NE classes with any reported concerns addressed with the participant

and/or the vendor.

STATUS: New goal for 2009.

V. NUTRITION SERVICES AND ADMINISTRATION

GOAL: No goals in 2009.

VI. FOOD FUNDS MANAGEMENT

GOAL: No goals in 2009.

VII(A). CASELOAD MANAGEMENT

GOAL: Promote WIC in faith based organizations.

METHODOLOGY: As part of the federal initiatives for fiscal year 2006, the West Virginia WIC

program will continue to promote WIC in faith based organizations.

We have found the best way to work with these organizations, is to go through area faith-based schools for children under the age of five, and day care programs in local churches. Local agencies will continue to be responsible to attempt at least one visit PER faith-based school and EACH church with a day care program during fiscal year 2007, by either reading to the children and providing outreach material to their parent(s), or by speaking with parents in the local church or church sponsored organization about the importance of good nutrition or early reading.

Each local agency will distribute church marketing cards to faith-based organizations quarterly as outlined in their yearly outreach plan. In addition, faith-

based organizations or groups will be contacted annually by utilizing the state developed *Dear Pastor* letter to encourage and support collaborative partnerships.

EVALUATION: Evaluation will be completed after the end of the fiscal year by

reviewing the agencies outreach report.

STATUS: This goal was continued by invitation from the faith-based community

through: 1) nutrition-themed read aloud events in faith-based daycares and preschools; 2) participation in church-sponsored community events/services; 3) distribution of WIC outreach material with other community services (i.e. food and clothing banks); and 4) face-to-face contact with the pastor and/or

parents.

Our visual identity system permitted each local agency to mail Dear Pastor letters throughout FY 2008. Local agencies mailed letters to all churches contained in the WV Church Directory listed on www.worshiphere.org/WV/WestVirginia.htm.

Successful partnerships with the faith-based community are evidenced by WIC representation at local ministerial association meetings, donations to clinics from youth church groups, and distribution of WIC information from faith-based food banks, baby pantries and clothing closets. **This goal is complete**.

VII (B). CASELOAD MANAGEMENT

GOAL: Comply with the WV WIC Five-Year Outreach Plan of *Building*

Relationships (2006-2011)

METHODOLOGY: Review the state outreach plan each year with local agencies during the directors' meetings in order to provide guidance for each local agency's annual outreach plan and calendar of events.

The state has a strong social marketing campaign which has increased community awareness of WIC benefits. Beginning in FY 2007, the WV WIC Program began a grassroots marketing campaign to increase community investment; getting communities to believe in WIC's mission versus just knowing what we do and where we are located. The state office will meet with administrators of other state agencies to facilitate referral agreements and coordination of services. An outreach tool, Partners in Growing Healthy Kids referral form, has been developed to specifically elicit referrals from other programs and providers. Our gift card program, providing new certified participants with a storybook, will be continued as a way to measure referrals as well.

Local agencies will be responsible to develop a calendar of events, as part of their annual outreach plan, which will be posted in each office. This calendar should reflect at least two presentations within the community to foster partnerships.

EVALUATION:

Evaluation will be completed after the end of the fiscal year by reviewing agency outreach plans and reports as well as the number of written formal or verbal agreements the state agency develops that foster referrals and collaboration, or permit the sharing of participant information, with other programs/providers. The state agency will determine if the number of referrals has increased from other programs/providers by use of the *Partners in Growing Healthy Kids* referral form, return of *gift cards*, or *verification of pregnancy referral*.

STATUS:

Every local agency submitted an annual outreach plan which included area specific strategies for obtaining the state goals and objectives included in FY 2008 WV WIC State Plan as well as the five-year state outreach plan. Outreach calendar of events were posted in each clinic or posted on staff schedules to support involvement by all employees, and ensure the agency remained focused on the overall goals of outreach. We have seen an increase in referrals from other programs via the gift cards. The verification of pregnancy referral is most popular with agencies completing pregnancy tests and physicians. Although the Partners in Healthy Kids referral form has not bee widely utilized, DHHR Family Assistance (Medicaid, Food Stamps and TANF) voice a preference for this referral form.

The state agency chose to continue the grassroots marketing campaign even without Operational Assistance Funds. This allowed for additional staff hours or new hires to implement the grassroots marketing campaign with Community Outreach Liaisons in cities of 10,000 or more residents. We did see a statewide caseload growth of 2.45%. In addition, each of our eight local agencies has experienced caseload growth ranging from 1-4.5%.

The state office is currently participating in development meetings for a memorandum of understanding with the WV Department of Education, Head Start, WV Birth to Three, and Division of Early Care and Education. This MOU is intended to improve identification of children 0-5 who need or qualify for early childhood services. In addition, the Head Start-WIC Memorandum of Understanding is currently being revised to reflect specific suggested cross-referral systems which are acceptable for implementation by local clinics. For example, it is agreed that Head Start will provide WV WIC with family contact information obtained during enrollment two times per year while WIC continues to provide height, weight and hemoglobin information for all participants interested/qualifying for Head Start.

The state office has secured an agreement with Medicaid in which a monthly report containing all Medicaid recipients eligible for WIC is shared and compared with current WIC participation. The state office then sends

each local agency a listing of Medicaid recipients not currently participating in WIC. This allows for direct contact with eligible participants. This has proven the largest factor in our caseload growth.

This goal will be ongoing for FY 2009 for completion of tasks identified within the WIC Collaborative Strategic Plan, specifically a Memorandum of Understanding with all maternal and child programs within the Bureau for Public Health and an on-line staff training course. WV WIC will continue to lead the outreach partner committee responsible for the strategic plan implementation which includes WV Birth to Three, Right From the Start, Child Protective Services, Children with Special Health Care Needs, Office of Maternal, Child and Family Health Systems Point of Entry, HealthCheck (EPSDT), Family Planning, Head Start, WVCHIP, and Family Assistance (Food Stamps, Medicaid and TANF).



WV WIC Five Year Plan Outreach Plan (2006-2011)

Building Relationships

Historical Data

In April of 2003, six focus groups were administered in order to understand public attitudes and opinions towards the WIC Program among households enrolled in, or eligible for WIC, and to assess and evaluate advertising concepts in order to increase WIC enrollment, and to determine the most effective messages, messengers, and communication methods in educating WIC eligibles about program specifics.

Two of the focus groups were held in Clarksburg, WV, two in Beckley, WV, and two in Charleston, WV.

A total of 60 individuals participated in these sessions-39 adult heads of household who are eligible but not currently participating and 21 adult heads-of-household who are currently enrolled in the WV WIC Program. The individuals classified as eligible are previous WIC members who discontinued enrollment.

The key findings from RMS Strategies Executive Summary May 2003 Report were:

- A majority of women know and realize the importance of nutrition during pregnancy and for young children,
- Most women first learn about the WIC Program through either the local DHHR office their doctor's office, or friends and relatives,
- Overall, both eligibles and enrollees realize the benefits of the WIC Program and are grateful for their assistance,
- Many of the women have mixed emotions when it comes to completing the food diaries or journals. Some said they were beneficial; however, most fail to see the need and admit to falsifying their diaries. Many complete their food diary the day of their appointment.
- While the enrollees enjoy the nutritional classes, many of the eligibles would like to see the classes enhanced including more practical and everyday situations.
- Although all the food vouchers are beneficial, the vouchers for formula are valued more than the vouchers they receive when their child is two years old.
- Enrollees mentioned that when new products are added to the WIC Program, they would like the store informed prior to adding the product(s) to the vouchers. They often encounter problems when a new product has not yet been keyed into the system.
- WIC stores and debit cards are two items many of the participants would like to see implemented in West Virginia.
- While WIC Directors perceive themselves as meeting the needs of women and children in their areas, most know this is not the case. Many of the clients needs fall outside the realm of WIC.
- Eligibles are less likely to enroll in WIC because they perceive vouchers as less valuable and useful after children reach the age of one, and they have transportation constraints.
- Most admit WIC does have a stigma among the general public. However, the enrollees "get over it" while the eligibles say it is embarrassing.
- Although most do not view the WIC logo favorably, they believe it to be irrelevant to families joining the program.
- According to eligibles the most effective messages are "WIC Helps You Help Your Family" and "WIC Works. Let us Help". While enrollees believe "WIC is more than free food" is the most important message.
- Advertising Concept 2, "WIC gives you food and so much more", which features WIC program benefits, is most likely to increase awareness among women in West Virginia about the WIC Program.
- The best way to communicate to pregnant women who are eligible for WIC is to advertise and get information inside the doctor's office.
- Dental courses for children, child care, and fruits and vegetables are among the wish list for enrollees and eligibles.

In light of these findings, a social marketing plan was developed called "WIC Helps You Help Your Family". In addition, on some promotional items, we also used another popular message of "WIC Give You Food and so much more". The goal of the campaign was to advertise **all** the benefits of WIC, in order to remind participants of the program's benefits after the draft value decreases, and to advertise the income guidelines more, in order to help reduce the embarrassment felt by participants, and to introduce new families to WIC.

Plan:

The five-year plan (2005-2010) is to run the television commercial once again in 2006, since the commercials are still fresh, and the message has not been overused.

Also in 2006, and in subsequent years, continue to provide an adequate supply of promotional material with the income guidelines to eligible families and the community at large, in order to alleviate stigma for our families, and continue to build new relations within communities and with families by increasing the number of basic presentations that we provide in the community.

In order to achieve this goal of increased presentations and more community involvement, funds will need to be appropriated during these five years for additional hours, or the hiring of community liaisons in order to achieve this five year goal.

VIII (A). CERTIFICATION, ELIGIBILITY AND COORDINATION OF SERVICES

GOAL: Increase by 2%, the number of Medicaid recipients who are participating in WIC.

METHODOLOGY: Through the use of state WIC and Medicaid enrollment data, the state office will identify specific counties serving a low percentage of WIC eligible Medicaid recipients. This analysis will be used to target outreach efforts with providers who offer services to these populations.

Mass mailing of WIC flyers will be distributed to Medicaid recipients via the WV Medicaid Program (RAPIDS), childhood immunization, and newborn packets. Each flyer will contain a coupon that can be redeemed for a storybook upon the participant's certification. The number of coupons returned as well as overall caseload compared to WIC eligible Medicaid recipients will be used to measure our success. In addition, staff will have direct contact with Medicaid recipients each month that are not current participating in WIC. The state agency will cross reference active WIC caseload with pregnant, post-partum, infant and children under 5 Medicaid recipients to provide the local agencies with a monthly contact list.

EVALUATION: STORC and Medicaid reports will be generated again in October 2008 to determine baseline figures, and then in July 2009 in order to evaluate our efforts. Our baseline figures, generated October 2005, indicated that statewide we are serving 61% of the WIC eligible Medicaid recipients. Target counties will be the two counties in each agency (for a total of 16

counties statewide) serving the lowest percentage of the WIC eligible

Medicaid population.

STATUS: The state agency chose to continue the grassroots marketing campaign although Operational Assistance Funds were not granted. Additional staff hours or new hires were utilized to target cities of 10,000 residents or more

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through direct contact with potential eligible families or face-to-face contact with referral sources. This has increased participation in all eight of our local agencies with a statewide caseload growth of 3.59%.

The state office and Medicaid developed a database which provides contact information for every pregnant woman and child 0-4 who are receiving Medicaid, food stamps and TANF each month. The state office completes a match with active WIC caseload for the month to delete Medicaid recipients who are accessing the Program. Local agencies receive a report of pregnant women and children 0-4 who are adjunctly eligible, but not participating in WIC to facilitate direct contact with these families. Community Outreach Liaisons are contacting these families via phone or letter.

This goal will be ongoing in light of the largest percentage of caseload growth being attributed to this database. In addition, the database will be expanded to include pregnant women denied Medicaid.

IX. FOOD DELIVERY/FOOD INSTRUMENT ACCOUNTABILITY & CONTROL (New Goal)

GOAL: Implementation of the new Food Package Interim Final Rule to include adding new approved foods and changes in quantities.

METHODOLOGY: WV WIC State Staff will be assessing grocery vendors, wholesalers, and manufacturers for availability of new foods to be added to the approved food list. WV WIC State MIS Staff will create new food packages and new draft types associated with the findings from the vendors and make all necessary changes in the computer system.

EVALUATION: All system changes will be tested prior to sending new code out to all sites. All drafts will be edited by State Staff and will be edited by the Vendor Unit to have the appropriate price edits assigned to them.

STATUS: New goal for 2009.

X. MONITORING AND AUDITS

GOAL: Assess, review and revise the Local Agency (LA) External Monitoring Tools for WV WIC State Program.

METHODOLOGY: Review and evaluate federal & state policies and procedure. Compare and evaluate current external monitoring tool with the policies and procedure. The final results will be developed into a group of questions incorporated into a draft external monitoring tool. The draft tool will be used by the monitors for 6 months to 9 months, as regularly scheduled external monitors are planned.

EVALUATION: To monitor compliance with Federal & State regulations. Also by informal

interviewing with LA Directors to identify if LA needs for assessment and

evaluation are being met.

STATUS: The review, assessment and revision of the LA External Monitoring Tool

for WV WIC State Program has been conducted. The LA External

Monitoring Tools: (2 tools)

1. Operations; and

2. Nutrition Services were presented to the state office staff & the LA Directors for review and discussion. All suggestions were used to incorporate a revised form of the both LA External Monitoring Tools. Both draft forms of the LA External Monitoring Tools have been submitted to MARO for review and approval. Upon approval the goal for the LA External Monitoring Tool will be completed.

XI. CIVIL RIGHTS

GOAL: Provide on-line training in Civil Rights policy.

METHODOLOGY: Since annual training is required, an easily accessible program will improve

compliance with the requirement. A training program will be written, technical assistance will be solicited from FNS, and the program will be posted on-line. It will be accessed through a free training website which will

retain the user identification and score of the student.

EVALUATION: Tracking the number of employees taking the training will be automated,

and a report will be created that will show which employees are not in compliance so corrective action can be taken. The quality of program will be evaluated by sets of questions incorporated throughout the training. The score of the individual will be retained and is accessible in a report. This will be used to evaluate knowledge, skills, satisfaction, and areas needing

improvement.

STATUS: The program has been written in first draft, and comments have been

received and incorporated into a final draft. Programmers have reviewed the planned format. When the new WIC website (currently under development) is prepared, the training will be posted there, and will be accessible through the training website which will track users of the training. Copies of the training in powerpoint have been distributed to Local Agencies for their use

Pending the web posting, this goal is completed.