

## 2017 Model Practices

### Applicant Information

Full Name:

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Company:

Jackson Tennessee - The WIC Center

Title:

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### Model Practice Title

Please provide the name or title of your practice: \*

The WIC Center

### Practice Categories

Model and Promising Practices are stored in an online searchable database. Applications may align with more than one practice category. Please select all the practice areas that apply.: \*

- |   |   |   |  |  |
|---|---|---|--|--|
| <input type="checkbox"/> Access to Care   | <input type="checkbox"/> Advocacy and Policy Making       | <input type="checkbox"/> Animal Control                 | <input type="checkbox"/> Coalitions and Partnerships | <input type="checkbox"/> Communications/Public Relations                 |
| <input type="checkbox"/> Community Involvement  | <input type="checkbox"/> Cultural Competence              | <input type="checkbox"/> Emergency Preparedness         | <input type="checkbox"/> Environmental Health        | <input type="checkbox"/> Food Safety                                     |
| <input type="checkbox"/> Global Climate Change  | <input type="checkbox"/> Health Equity                    | <input type="checkbox"/> HIV/STI                        | <input type="checkbox"/> Immunization                | <input type="checkbox"/> Infectious Disease                              |
| <input type="checkbox"/> Informatics  | <input type="checkbox"/> Information Technology           | <input type="checkbox"/> Injury and Violence Prevention | <input type="checkbox"/> Marketing and Promotion     | <input checked="" type="checkbox"/> Maternal-Child and Adolescent Health |
| <input type="checkbox"/> Organizational Practices   | <input type="checkbox"/> Other Infrastructure and Systems | <input type="checkbox"/> Organizational Practices       | <input type="checkbox"/> Primary Care                | <input type="checkbox"/> Quality Improvement                             |
| <input type="checkbox"/> Research and Evaluation  | <input type="checkbox"/> Tobacco                          | <input type="checkbox"/> Vector Control                 | <input type="checkbox"/> Water Quality               | <input type="checkbox"/> Workforce                                       |
| <input type="checkbox"/> Conference Theme: Bridging Clinical Medicine and Population Health |   |   |  |  |

Other::

Is this practice evidence based, if so please explain. :

### Winnable Battles

To keep pace with emerging public health challenges and to address the leading causes of death and disability, CDC initiated an effort called Winnable Battles to achieve measurable impact quickly. Winnable Battles are public health priorities with large-scale impact on health and known effective strategies to address them. Does this practice address any CDC's seven Winnable Battles? If so, please choose from the following: \*

- |   |  |   |                                  |   |
|---|--|---|----------------------------------|---|
| <input type="checkbox"/> Food Safety            | <input type="checkbox"/> HIV in the U.S. | <input checked="" type="checkbox"/> Nutrition, Physical Activity, and Obesity | <input type="checkbox"/> Tobacco | <input type="checkbox"/> Healthcare-associated Infections |
| <input type="checkbox"/> Motor Vehicle Injuries | <input type="checkbox"/> Teen Pregnancy  | <input type="checkbox"/> None   |                                  |   |

Overview: Provide a brief summary of the practice in this section (750 Word Maximum)

**Your summary must address all the questions below:**

- Brief description of LHD- location, demographics of population served in your community
- Describe public health issue
- Goals and objectives of the proposed practice
- How was the practice implemented/activities
- Results/Outcomes (list process milestones and intended/actual outcomes and impacts.
  - Were all of the objectives met?
  - What specific factors led to the success of this practice?
- Public Health impact of practice
- Website for your program, or LHD.

**750 Word Maximum**

The WIC (Women, Infants and Children) Center is located at 589 East College Street in Jackson, Tennessee. The office is in the heart of East Jackson, where lower income families live. We currently have a monthly caseload of just over 2800 total participants with approximately 400 postpartum moms in that total. For the past several years, our breastfeeding rate fluctuated only slightly; hovering around 13%. We tried several different things--started a breastfeeding support group, shifted focus of counseling to familial support, invited WIC moms to demonstrate breastfeeding in class--to improve rates. The South lags behind other areas of the country in breastfeeding rates. Recently the CDC's mPINC report card came out ranking Tennessee 47th (out of 53) in the nation. Also, West Tennessee's breastfeeding rates are lower than East and Middle Tennessee's. Breastfeeding is optimal nutrition for newborns. One of breastfeeding many benefits is lower obesity rates. These previously mentioned changes enhanced our program but didn't produce the desired effect of improved breastfeeding rates. In January 2016, we initiated a lending library for infant carriers. We made the carriers available to breastfeeding moms. When babies are in infant carriers, which mimics skin to skin contact, moms can quickly notice feeding cues and respond by latching their baby on. Babies cry 40% less when worn. Moms enjoy the practice of babywearing because it promotes more nurturing behavior, happy babies and ultimately more self confidence. They are also hands free which is an added bonus. We began by purchasing several different types of carriers--wraps, ring slings and soft-structured carriers. As the program took off and we began to run low on carriers, we purchased fabric and had carriers made using labor from local church sewing circles. The total spent on the carriers is \$2,900 for 83 carriers. We contacted a certified babywearing trainer who came from Michigan to train us to teach moms how to safely wear their children. When moms discontinue breastfeeding, they turn the carrier back in. The carrier is cleaned and then returned into circulation for another mom to use. Over the course of 2016, our breastfeeding rates have consistently been rising to a high of 15.8%. An added surprise was to see the EXCLUSIVE breastfeeding rate rise from the low 40s to the 60s. Not only has the quantity of breastfeeders increased but the quality of breastfeeder has also! Pictures of our progress through the year are posted on our Facebook Page, The WIC Center.

## Responsiveness and Innovation

A Model Practice must be responsive to a particular local public health problem or concern. An innovative practice must be (1) **new to the field of public health (and not just new to your health department)** OR (2) **a creative use of an existing tool or practice**, including but not limited to use of an Advanced Practice Centers (APC) development tool, The Guide to Community Preventive Services, Healthy People 2020 (HP 2020), Mobilizing for Action through Planning and Partnerships (MAPP), Protocol for Assessing Community Excellence in Environmental Health (PACE EH). Examples of an inventive use of an existing tool or practice are: tailoring to meet the needs of a specific population, adapting from a different discipline, or improving the content.

- Statement of the problem/public health issue
- What target population is affected by problem (please include relevant demographics)
  - What is the target population size?
  - What percentage did you reach?
- What has been done in the past to address the problem?
- Why is the current/proposed practice better?
- Is current practice innovative? How so/explain?
  - Is it new to the field of public health

**OR**

  - Is it a creative use of existing tool or practice:  
What tool or practice did you use in an original way to create your practice? (e.g., APC development tool, The Guide to Community Preventive Services, HP 2020, MAPP, PACE EH, a tool from NACCHO's Toolbox etc.)
- Is the current practice evidence-based? If yes, provide references (Examples of evidence-based guidelines include the Guide to Community Preventive Services, MMWR Recommendations and Reports, National Guideline Clearinghouses, and the USPSTF Recommendations.)

## 2000 Word Maximum

Please state the Responsiveness and Innovation of your practice (2000 Word Maximum) : \*

The use of infant carriers to increase breastfeeding rates is a new idea in the field of public health. Infant carriers are typically expensive and for that reason not widely available to the population served by our WIC Center. Over the course of 2016, our overall breastfeeding rates have increased over two percentage points. Our exclusive breastfeeding rate (meaning offering no infant formula, only breastmilk) has increased 50%! Previously, our exclusive breastfeeding rate was in the 40s and now consistently in the 60s. In the past, we have tried to increase breastfeeding rates by starting a breastfeeding support group, changing counseling strategies and inviting breastfeeding moms to demonstrate breastfeeding in class. While improving the program, these didn't produce the increase in rates we hoped for. Adding babywearing/infant carriers to our breastfeeding program has had a positive impact on breastfeeding rates. Also it increases mom's self confidence as she successfully takes care of her baby.

## LHD and Community Collaboration

The LHD should have a role in the practice's development and/or implementation. Additionally, the practice should demonstrate broad-

based involvement and participation of community partners (e.g., government, local residents, business, healthcare, and academia). If the practice is internal to the LHD, it should demonstrate cooperation and participation within the agency (i.e., other LHD staff) and other outside entities, if relevant. An effective implementation strategy includes outlined, actionable steps that are taken to complete the goals and objectives and put the practice into action within the community.

- Goal(s) and objectives of practice
- What did you do to achieve the goals and objectives?
  - Steps taken to implement the program
- Any criteria for who was selected to receive the practice (if applicable)?
- What was the timeframe for the practice
- Were other stakeholders involved? What was their role in the planning and implementation process?
  - What does the LHD do to foster collaboration with community stakeholders? Describe the relationship(s) and how it furthers the practice goal(s)
- Any start up or in-kind costs and funding services associated with this practice? Please provide actual data, if possible. Otherwise, provide an estimate of start-up costs/ budget breakdown.

#### 5000 words maximum

Enter the LHD and Community Collaboration related to your practice (5000 words maximum): \*

As Breastfeeding Coordinator, I already had established a relationship with staff in the Mother/Baby and Labor and Delivery units of Jackson Madison County General Hospital. The hospital is in the process of obtaining Baby Friendly certification. Our collaborative relationship has been beneficial to both parties. When we decided to open our lending library for infant carriers, all of the budgeted amount was spent on the carriers themselves. Then, we realized that we needed to pass good safety instructions on to the mothers. I asked the director of Women's and Children's at General Hospital if they would be able to help provide some training. They paid for the babywearing trainer to come from Michigan and we worked it into a continuing education event for nurses and staff in similar roles helping moms and babies. At WIC, I integrate information that I learn from hospital staff into prenatal and breastfeeding classes. With this information, our moms arrive at the hospital feeling confident that they know what to expect in the birthing experience as well as initiating breastfeeding. In 2016, General Hospital obtained a breastfeeding grant to promote breastfeeding in surrounding counties with low breastfeeding rates. I served on the committee that planned and directed how the money was used. We chose to print cards promoting the Coffective breastfeeding app. These cards were then circulated to area obstetric offices. We also rented area billboards encouraging use of the app. Concerning start-up costs, the total budget for the carriers was \$2,900; \$300 of that amount was used to purchase fabric to have carriers made. We have a total of 83 carriers.

#### Evaluation

Evaluation assesses the value of the practice and the potential worth it has to other LHDs and the populations they serve. It is also an effective means to assess the credibility of the practice. Evaluation helps public health practice maintain standards and improve practice. Two types of evaluation are **process** and **outcome**. Process evaluation assesses the effectiveness of the steps taken to achieve the desired practice outcomes. Outcome evaluation summarizes the results of the practice efforts. Results may be long-term, such as an improvement in health status, or short-term, such as an improvement in knowledge/awareness, a policy change, an increase in numbers reached, etc. Results may be quantitative (empirical data such as percentages or numerical counts) and/or qualitative (e.g., focus group results, in-depth interviews, or anecdotal evidence).

- What did you find out? To what extent were your objectives achieved? Please re-state your objectives.
- Did you evaluate your practice?
  - List any primary data sources, who collected the data, and how (if applicable)
  - List any secondary data sources used (if applicable)
  - List performance measures used. Include process and outcome measures as appropriate.
  - Describe how results were analyzed
  - Were any modifications made to the practice as a result of the data findings?

#### 2000 Words Maximum

Please enter the evaluation results of your practice (2000 Words Maximum): \*

Most breastfeeding mothers are concerned if their baby is getting enough. Approximately one week after the baby's initial certification visit at WIC, a weight check appointment is scheduled. This appointment is handled by our breastfeeding peer counselor. She weighs the baby. She can also address any problems with or barriers to breastfeeding mom is experiencing. This is especially important with first time moms who lack confidence. Establishing breastfeeding is critical in the first two weeks after delivery. At this appointment, she discusses loaning out a carrier. Once mom chooses what type of carrier she feels comfortable with, the peer counselor instructs her how to safely wear her baby. We have been pleased with our process. Another appointment (after the initial certification appointment) has proven to offer mom another one-on-one encounter with breastfeeding support in the critical first few weeks. A certification appointment AND discussing babywearing would prove to be overwhelming and long. Regarding outcome, we have become excited to see our breastfeeding rates increase over the year from 13% to 15%...as high as 15.8%. The surprising statistic has been the EXCLUSIVE breastfeeding rate that has increased 50%; averaging around 40 moms to currently maintaining 60+ moms per month. Not only has quantity of breastfeeding increased but the quality of breastfeeding has increased! Our IT department sent monthly statistical data prior to starting and continues since starting the babywearing program. This data could be provided if needed. Our plan is to continue the babywearing program. We haven't had to replace any carriers thus far. Two carriers will not be returned into circulation...one due to an emergency move out of state and one in the possession of an abusive boyfriend who we discouraged continued association with. There is money budgeted for replacement when needed.

## Sustainability

Sustainability is determined by the availability of adequate resources. In addition, the practice should be designed so that the stakeholders are invested in its maintenance and to ensure it is sustained after initial development (*NACCHO acknowledges that fiscal challenges may limit the feasibility of a practice's continuation.*)

- Lessons learned in relation to practice
- Lessons learned in relation to partner collaboration (if applicable)
- Did you do a cost/benefit analysis? If so, describe.
- Is there sufficient stakeholder commitment to sustain the practice?
  - Describe sustainability plans

## 1500 Words Maximum

Please enter the sustainability of your practice (2000 Words Maximum): \*

The total cost of the carriers was \$2,900. Just over \$300 of that amount is for fabric for the homemade carriers. After adding the homemade carriers, we have always had a good supply available at any one time. After continued use, the need will arise to replace carriers as they wear out. In the year since inception, we have gotten a better feel for the types of carriers that are more popular and for carriers that keep their original shape and appearance. With money budgeted to replace worn carriers, we will choose the popular styles and longer lasting brands. With respect to operation of the clinic, the patient profiles have been permanently changed to allow the weight check/babywearing appointments. These appointments are offered twice a day. Then, the breastfeeding peer counselor has time to handle her other responsibilities. Within the breastfeeding program, we are open to trying new things to help with breastfeeding rates but ultimately want to keep improving the program for our moms. However, since the rates have improved, the changes to the flow of clinic and scheduling have been seen as beneficial by other staff members helping make the case for sustainability. If current breastfeeding staff were to move to other job positions, there would be a need for babywearing safety training for new employees.

## Additional Information

How did you hear about the Model Practices Program?: \*

- |  |   |   |  |  |
|--|---|---|--|--|
| <input type="checkbox"/> I am a previous Model Practices applicant | <input type="checkbox"/> At a Conference      | <input type="checkbox"/> NACCHO Website | <input type="checkbox"/> Public Health Dispatch                      | <input type="checkbox"/> Colleague in my LHD           |
| <input type="checkbox"/> Model Practices brochure                  | <input type="checkbox"/> NACCHO Exhibit Booth | <input type="checkbox"/> NACCHO Connect | <input type="checkbox"/> Colleague from another public health agency | <input checked="" type="checkbox"/> E-Mail from NACCHO |
| <input type="checkbox"/> NACCHO Exchange                           |   |   |  |  |