

Montana WIC Nutrition and Breastfeeding Services Plan

October 1, 2022 – September 30, 2026



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Introduction

This Nutrition and Breastfeeding Services Plan (NBSP) was developed by the Montana WIC Program's WIC Work Group (WWG) in conjunction with Yarrow LLC, a contracted public health consulting organization, from October 2021 to July 2022. The WWG included state WIC employees as well as representatives from various local agencies throughout the state who generally serve two-year terms. The WWG met three times over the course of the year to collaboratively create goals, objectives, and action plans based on the results of the 2021 WIC Needs Assessment and their knowledge from the field. The NBSP includes federally designated state responsibilities for nutrition and breastfeeding, as well as the highest priority needs that were identified by the Needs Assessment. Statewide goals and objectives are presented, and action plans for State and Local Agencies were developed to achieve these goals.

An important element of the State NBSP is the alignment of all Local Agency action plans to the State NBSP. Going forward the Local Agency plans will align directly with the State NBSP to ensure that each Local Agency is working towards the same overarching goals as the State.

In addition to the State NBSP, Montana is piloting a full Nutrition Services Standards (NSS) review. The results from this review will be used in conjunction with findings from the Needs Assessment to improve the quality of services provided by WIC locations across the State. The State NBSP was created to satisfy the federal requirement that every WIC local agency align a plan with their State Nutrition and Breastfeeding Services Plan.

Statewide Goals & Objectives

The following goals were developed based on findings from the 2021 WIC Needs Assessment. These six goals encompass the areas within the Montana WIC Program that can be improved upon for the benefit of WIC staff, as well as current and future WIC Program participants.

Priority Area 1: Increase Participation

Goal: Increase the percent of the eligible infants and children participating in Montana WIC from 55.5% (2018) to 65.5% by 2026.

Priority Area 2: Service Improvement and Expansion

Goal: Increase access to the highest quality breastfeeding and nutrition services possible.

Priority Area 3: Staffing

Goal: Ensure all (100%) clinics are sufficiently staffed, according to the Local Agency Directors and State Office recommendations, across various positions.

Priority Area 4: Cultural Adaptations for Communities of Color and Religious Groups

Goal: Improvements are made towards equity and culturally appropriate service delivery for communities of black, indigenous, people of color (BIPOC), and religious groups across the state of Montana.

Priority Area 5: Data Use and Quality

Goal: Improve data quality and accuracy to enable data driven decision making for targeted service delivery.

Priority Area 6: Funding

Goal: Ensure that every Local Agency is within 5% of the funding formula compared to their requested budget by 2026.

Priority Area 1: Increase Participation

Goal: Increase the percent of the eligible infants and children participating in Montana WIC from 55.5% (2018) to 65.5% by 2026.

Rationale:

Without question, participants are the most vital component of all WIC programs. However, in Montana and nationally, rates of women, infant, and children participation have been steadily declining over the past decade. Specifically, from 2016-2021, overall participation in the Montana WIC program decreased by 22%, with the largest drop among women (pregnant, breastfeeding, and postpartum), who saw a 32.9% decrease over the same period (WIC Part Count 2016-2020). Key elements to consider for increased program participation include recruitment and retention, utilization of provided resources, and redemption. In 2018, 48% of infants and children (under 5) in Montana were eligible for WIC services. Of that, 56% participated in WIC (WIC MT Elg Census 2013-2018). Likewise, in 2020, only 73% of certified WIC participants utilized benefits provided to them, down from 92% in 2018 and 90% in 2019. (MT WIC M-SPIRIT Benefit Pack Data 2021) Reaching those who are eligible and ensuring they continue to participate is difficult but necessary to realize the Program's potential impact on the health and wellness of women, infants and children across Montana.

Objectives:

Objective 1: *Recruitment* - Agencies who either fall in the top 10 counties of "need" based on the Affirmative Action Plan (AAP) will increase the potentially eligible enrollment in each county by 5% by 2026.

Strategy: *Partnerships* - Identify possible partners for recruitment efforts and establish appropriate level (State or Local) Memorandums of Understanding (MOUs) with each partner.

Strategy: *Referral Processes* - Promote referral processes that include warm handoffs and WIC-related anthropometric and hematologic measures as applicable with clinical partners.

Strategy: *Tribal* - Meet with representatives from each Tribal Nation in Montana to address recruitment and referral needs among Tribal communities.

Strategy: *Marketing* - Promote WIC services through statewide campaigns and support of Local Agency outreach activities.

Strategy: *Novel Pilot Projects* - Pilot at least one project to investigate the options for digitizing the WIC process, i.e., online application/screening tool, appointment scheduling, and/or participant portal and telehealth options.

Objective 2: Retention & Utilization - Increase the percent of certification months utilized from 73% in 2018 to 95% in 2026.

Strategy: Understanding Retention - Complete qualitative research with participants regarding utilization, use technology to gather feedback on participation in the first year, and shopping experiences (auto text, etc.), and / or discussing store experience at appointments.

Strategy: Best Practices for Retention – Implement best practices for participant retention. *Note: Focus on children 1-5.*

Strategy: Best Practices for Utilization Outreach – Implement best practices for supporting participants that are under-utilizing benefits

Strategy: Participant-centered Services - Resolve barriers to program participation with a focus on streamlining services to use participants' time more effectively.

Strategy: Remote Appointments - Maintain the option, when feasible, of remote appointments for clinics and families.

Objective 3: Redemption - Improve food redemption rates from 49% in 2020 to 60% by 2026.

Strategy: Promoting WIC Foods – Identify and make available educational materials to be used by Local Agencies to support participants in fully utilizing benefits.

Strategy: Improve Store Experience - Identify and address common issues across stores that are contributing to a negative store experience.

Strategy: Redemption Outreach - Increase the number of participating grocery stores and/or research options for alternative delivery methods (ex. mobile WIC stores or appointment vans), with an emphasis on rural areas and food deserts.

Priority Area 2: Service Improvement and Expansion

Goal: Increase access to the highest quality breastfeeding and nutrition services possible.

Rationale:

Extending WIC program services to reach as many eligible women and children as possible is vital. By utilizing telehealth to provide remote services to participants in the far reaches of Montana and working to integrate WIC into clinical settings, local agencies are doing everything they can to expand WIC program services and capture those who are eligible for the program. but for a myriad of reasons, are not enrolled in WIC. WIC also aims to raise the caliber of breastfeeding and nutrition services that it provides its participants. For example, the Breastfeeding Peer Counselor Program provides invaluable support and education to breastfeeding women, but only 78% of WIC participants had access to this program in 2021. (WIC Staff Density 2021)

Objectives:

Objective 1: *Increasing Breastfeeding Duration* - Increase breastfeeding duration for 6 & 12 months of age by 2026. For 6 months, increase breastfeeding duration rates from 27% to 60%. For 12 months, increase from 14% to 18%.

Strategy: *Stigma Reduction* - Support community activities to reduce stigma around breastfeeding.

Strategy: *Promoting Breastfeeding in the Workplace* - Collaborate with the MT Breastfeeding Coalition and other statewide health organizations to promote and educate employers on “Break Time for Nursing Mothers” law.

Objective 2: *Coordinate and Collaborate with Partner Groups* - Maintain partnerships with statewide coalitions, collaboratives, and professional organizations to ensure WIC services are aligned with statewide initiatives and best practices.

Strategy: *Food Security Coalitions* - WIC’s participation with the MT Partnership to End Childhood Hunger (MT-PECH) and MT Food Security Council (FSC) are vital efforts that align programs and create innovative interventions to decrease hunger. WIC will continue to actively participate, align, and work toward shared goals with MT-PECH and the FSC.

Strategy: *Clinical Partnerships* - Support the nationwide effort to strengthen the linkage between medical clinics (pediatric and perinatal) and WIC by fostering and maintaining a strong working relationship with the MT AAP and MT ACOG chapters, and other healthcare associations, including expansion of the pilot Nutrition Access Project (NAP) with MT AAP.

Strategy: *MT Perinatal Mental Health Collaborative* - Ensure that WIC aligns with state partners working on perinatal mental health and implements best practices around screening and referral for perinatal mental health within the WIC setting.

Strategy: *Social Determinants of Health* - Continue to share information about WIC services and learn from other organizations about maternal and child health in all capacities to ensure that WIC continually updates and integrates best practices.

Objective 3: *Integration of WIC into Community Settings* - By Fiscal Year 2026, the MT WIC program will have 4 WIC agencies participating in integration projects with healthcare providers and/or other interested community partners.

Strategy: *Nutrition Access Project & Innovative Technology Tools* – Establish best practices for integrating WIC and/or creating screening, education, and referral to WIC within healthcare settings as identified through the Nutrition Access Project.

Strategy: *Learn* – Compile ideas of WIC integration models used in other states in both healthcare and community settings.

Objective 4: *Promoting Breastfeeding Peer Counselor Programs* - Increase the percent of women in WIC that have access to Breastfeeding Peer Counselor Programs from 75.6% to 85% by 2026. At least 2 Peer Counselors will be Tribally affiliated and provide services to their tribal nations (none at baseline 2022).

Strategy: *Fiscal Considerations* - Increase funding for Breastfeeding Peer Counselor Programs to expand existing programs and establish new programs.

Strategy: *Tribal* - Identify and engage with a WIC Tribal liaison who can initiate discussions around Breastfeeding Peer Counselor Programs among Tribal agencies.

Strategy: *Remote Appointments* - Ensure adequate technology and equipment to enable remote Breastfeeding Peer Counselor Programs across clinics and/or agencies.

Priority Area 3: Staffing

Goal: Ensure all (100%) clinics are sufficiently staffed, according to the Local Agency Directors and State Office recommendations, across various positions.

Rationale:

Even though WIC offers outstanding services, not having enough staff to provide these services is limiting to not only the organization, but also to the participants. In 2021, the average ratio of WIC staff to participants in Montana was 1:216, but this ratio changes depending on the role. For example, the highest staff to participant ratio was seen among Registered Dietitian Nutritionists (RDNs) at 1 RDN for every 1,151 participants. Furthermore, primary Montana WIC staff roles in local agencies, including CPAs, Aides, and RDNs, saw on average less than one full-time equivalent (FTE) for each position (WIC Staff Density 2021). Increasing these critical staff positions is beneficial for both employees and WIC program participants. When Local Agencies are understaffed, it leads to staff burnout and job dissatisfaction, while also limiting the products and resources the Local Agency can provide for its participants.

Objectives:

Objective 1: *Increase CLCs & IBCLCs* - 100% of WIC agencies and 75% of WIC clinics have a CLC or IBCLC by 2026. (Baseline: Feb 2022 is 67% of agencies and 58% of clinics have either a CLC or IBCLC.)

Strategy: *IBCLC Mentorship* – Support local agencies to develop partnerships with local hospitals and organizations with existing IBCLCs for mentoring current CLCs to become IBCLCs.

Strategy: *CLC Training* - Prioritize funding for CLC training, in-person or virtually.

Objective 2: *Identify and Support Appropriate Staffing Levels for CPAs & RDNs* - By Fiscal Year 2026 the MT WIC will establish recommended staffing levels for CPAs and RDNs based on clinic size, rurality, Affirmative Action Indicators¹, and other elements as deemed appropriate.

Strategy: *Establish Staffing Formulas* - Establish an appropriate staffing ratio and share staffing level data and tools to address gaps, with each Local Agency, annually.

Strategy: *Alternative Staffing Models*- Investigate alternative staffing models such as paraprofessional pathways to becoming a CPA, or state employment of RDNs.

¹ Affirmative Action Indicators include: term births, preterm births, infants on Medicaid before age 1, food insecurity, adequate prenatal care, LBW, and teen births

Priority Area 4: Cultural Adaptations for Communities of Color and Religious Groups

Goal: Improvements are made towards addressing health disparities by improving equitable access and culturally appropriate service delivery for communities of black, indigenous, people of color (BIPOC), and religious groups across the state of Montana.

Rationale:

Black, indigenous, and people of color (BIPOC) consistently experience greater rates of health disparities compared to their White counterparts across Montana. One way to mitigate this for Montana WIC's BIPOC population is to ensure that WIC local agency staff are trained to provide culturally competent services. Another way is to provide BIPOC and religious minority groups access to culturally relevant nutrition education, foods, and traditional ways of knowing (WIC Needs Assessment 2021).

Objectives:

Objective 1: *Learn and Listen* - Engage in activities that promote understanding of statewide and local needs of BIPOC and religious groups to determine WIC-specific service improvements for these communities.

Strategy: *Relationship Building* - Build relationships with cultural experts from each Native American community and other special populations to identify resources necessary for culturally sensitive service delivery.

Strategy: *Collaboratively Designed Services* - Engage community leaders, organizations, and coalitions to curate culturally relevant service delivery improvements.

Objective 2: *Make Available Funding, Staffing, Training and Resources to Support Culturally Responsive Service Delivery* - By 2026, 75% of BIPOC and religious groups served by WIC indicate in participant surveys that the services provided to them by WIC are culturally responsive.

Strategy: Conduct regular Diversity, Equity, Inclusion (DEI) training for WIC employees and establish a WIC DEI committee.

Strategy: Strategize funding to support cultural safety activities, training, and implementation.

Priority Area 5: Data Use and Quality

Goal: Improve data quality and accuracy to enable data driven decision making for targeted service delivery.

Rationale:

The Montana WIC Program collects and utilizes several sources of data to make informed decisions concerning areas of need and to also measure change within the Program. Currently, the Program depends on the integration of robust M-SPIRIT data with the data visualization benefits of Tableau to aid State and local staff in identifying and understanding participants' needs, utilization patterns, and other programmatic markers (WIC Needs Assessment 2021). Similarly, the WIC Program also has access to several large datasets including, but not limited to, MT PRAMS, MT hospital discharge data, MT Medicaid, and other statewide benefit programs. Data from these datasets are typically compared to and stratified by WIC participants but require the expert knowledge and skills of the DPHHS epidemiology department staff to analyze and interpret such data (WIC Needs Assessment 2021). Because the WIC program continually uses this high-quality data, it is imperative that data from the aforementioned sources are available when needed and use the same/similar indicators or metrics so as to enable comparison with State and National data sources. Furthermore, Program staff should be adequately trained to increase the usability of the data collected through M-SPIRIT and other systems. Only then will the WIC program be able to ensure that the data the Program is collecting and receiving is used most effectively.

Objectives:

Objective 1: *Comprehensive WIC Data Quality Review & Plan* - Complete a comprehensive WIC data quality review and data improvement plan by 2026.

Strategy: Identify epidemiological resources to provide data quality and resource support.

Strategy: Create dashboards for State and LAs to use to drive QI and Breastfeeding & Nutrition Plan priorities.

Strategy: *Data Utilization* - Develop and disseminate regular data reports, including data visualizations, to clinics to enable data utilization.

Objective 2: *State-Wide Data Training for Improved Data Quality* - By 2026, 100% of WIC staff are trained in data quality improvements as identified by the comprehensive WIC data quality review.

Strategy: *Data Training* - Develop quality improvement and database training curriculums to empower local staff to become local clinic QI champions.

Priority Area 6: Funding

Goal: Ensure that every Local Agency is within 5% of the funding formula compared to their requested budget by 2026.

Rationale:

Meeting the funding needs of local agencies is crucial to the success of the Program. However, 21% of Montana local agencies believed they received insufficient funding to meet their staffing, clinic hours, and service provision needs when surveyed in 2021. Similarly, other local agencies expressed that the amount of funding they received could not meet their supply, travel, or training needs in 2021 (MT WIC Needs Assessment Survey 2021). However, the problem is cyclical and complex: funding from the federal government is directly related to participation count, and since participation has been decreasing, so has the funding for all Local Agencies. With declining funds, the Agencies are limited in the services they can provide, which may then contribute to declining participation (WIC Needs Assessment 2021). As a result of this dilemma, local agencies must consider alternative funding sources to sustain the services of WIC Program staff and participants. Though this is the last priority listed, all previous priorities are dependent on adequate funding.

Objectives:

Objective 1: *Equity of Funding Allocations Among WIC Local Agencies* - Ensure all Local staff have an applicable understanding of funding allocations.

Strategy: *Training* - Provide training to each clinic for interested and applicable staff on funding allocations.

Strategy: *Budget Solicitation* - During the budget planning process, Local Agency Directors should both solicit input from staff and consider additional tasks undertaken to support their Nutrition and Breastfeeding Services Plan, in developing their draft annual budget.

Objective 2: *Identify Alternative Funding Sources* - Pilot a mechanism of reimbursable services for Registered Dietitian Nutritionists and IBCLCs by 2026.

Strategy: *Billing* - Identify pathways for private and public insurance reimbursement for RDN and IBCLC services.

Strategy: *Grants* - Identify grant funding opportunities to support staff and other strategies.

Strategy: *Novel Pilot Projects* - Investigate options for sustainably and effectively partnering with RDNs in clinical offices.

Local Agencies Alignment with State Nutrition and Breastfeeding Services Plan

A crucial part of this planning process was the inclusion of Local Agencies to ensure relevancy at a local level and to align efforts across the State's NBSP and the Local Agency NBSPs. Once the State NBSP was established, the objectives and strategies of the State NBSP were directly translated for use at a local level. Objectives and strategies that were relevant only at the State level were left out of the Local Agency NBSP version. From the translated version each Local Agency can choose their focus areas and have actionable steps to move initiatives forward in direct alignment with State efforts. This will align objective-based improvements across the State and allow for shared metrics to observe statewide effectiveness.

Local Agency Nutrition and Breastfeeding Services Plan

Priority Area 1: Increasing Participation

Goal: Increase the percent of the eligible infants and children participating in Montana WIC by ten percent from 55.5% (2018) to 65.5% by 2026.

Objective 1: Recruitment - Our agency either falls in the top 10 counties of "need" based on the Affirmative Action Plan and/or has the lowest reach of potentially eligible participants, so our Agency will increase the enrollment of potentially eligible participants in our county by 5% by 2026.

Strategy: Partnerships - Identify possible partners for recruitment efforts and establish appropriate MOUs with each partner.

Strategy: Referral Processes - Promote referral processes that include warm handoffs and WIC-related anthropometric and/or hematologic measures as applicable with clinical partners.

Strategy: Tribal - Meet with representatives from Tribal Nations in our area to address recruitment and referral needs among Tribal communities.

Strategy: Marketing - Promote WIC services through outreach activities.

Strategy: Novel Pilot Projects - Participate in a pilot project to investigate the options for digitizing the WIC process, i.e., online application/screening tool, appointment scheduling, and/or participant portal and telehealth options.

Objective 2: Retention & Utilization - Increase the percent of certification months utilized.

Strategy: *Best Practices for Retention* – Implement best practices for participant retention. *Note: Focus on children 1-5.*

Strategy: *Best Practices for Utilization Outreach* – Implement best practices for supporting participants that are under-utilizing benefits

Strategy: *Participant-centered Services* - Resolve barriers to program participation with a focus on streamlining services to use participants' time more effectively.

Strategy: *Remote Appointments* - Maintain the option for remote appointments, when feasible, for clinics and families.

Objective 3: *Redemption* - Improve food redemption rates.

Strategy: *Promoting WIC Foods* – Make educational materials available to support participants in fully utilizing benefits.

Strategy: *Improve Store Experience* - Address common issues, as identified by the State, across stores that are contributing to a negative store experience.

Strategy: *Redemption Outreach* - Increase the number of participating grocery stores and/or use of alternative delivery methods (ex. mobile WIC stores), with an emphasis on rural areas and food deserts.

Priority Area 2: Service Improvement & Expansion

Goal: Increase access to the highest quality breastfeeding and nutrition services possible.

Objective 1: *Increasing breastfeeding duration* - Increase breastfeeding duration for 6 & 12 months of age by 2026.

Strategy: *Stigma Reduction* - Support community activities to reduce stigma around breastfeeding.

Strategy: *Promoting Breastfeeding in the Workplace* - Collaborate with the MT Breastfeeding Coalition and other statewide health organizations to promote and educate employers on “Break Time for Nursing Mothers” law.

Objective 2: *Coordinate and Collaborate with Partner Groups* - Maintain local partnerships with coalitions, collaboratives, and professional organizations to ensure WIC services are aligned with statewide initiatives and best practices.

Strategy: *Clinical Partnerships* - Support and/or participate in projects in collaboration with healthcare providers

Strategy: *Perinatal Mental Health Collaborative* - Support and/or participate in Perinatal Mental Health Collaborative work

Objective 3: *Integration of WIC into Community Settings* - By Fiscal Year 2026, participate in integration projects with healthcare providers and/or other interested community partners.

Strategy: *Nutrition Access Project & NAVA Tools* – Participate with the State to establish best practices for integrating WIC and/or creating screening, education, and referral to WIC within healthcare settings as identified through the Nutrition Access Project.

Strategy: *Learn* – Participate with the State to compile ideas on WIC integration models used in other states in both healthcare and community settings.

Objective 4: *Promoting breastfeeding peer counselor programs* - Increase the percent of women participating in WIC that have access to Breastfeeding Peer Counselor Programs from 75.6% to 85% by 2026. At least 2 Peer Counselors will be Tribally affiliated and provide services to their tribal nations (none at baseline 2022).

Strategy: *Establish Breastfeeding Peer Support* - Establish/expand our Breastfeeding Peer Counselor Program.

Strategy: *Tribal* - Engage with the WIC Tribal liaison to initiate discussions around Breastfeeding Peer Counselor Programs.

Strategy: *Remote Appointments* - Ensure adequate technology and equipment to enable remote Breastfeeding Peer Counselor Programs across clinics and/or agencies.

Priority Area 3: Staffing

Goal: Ensure all (100%) clinics are sufficiently staffed, according to Local Agency Directors and State Office recommendations, across various positions.

Objective 1: *Increase CLCs & IBCLCs* - 100% of WIC agencies and 75% of WIC clinics have a CLC or IBCLC by 2026.

Strategy: *IBCLC Mentorship* – Develop partnerships with local hospitals and organizations with existing IBCLCs for mentoring current CLCs to become IBCLCs.

Strategy: *CLC Training* - Prioritize funding for CLC training, in-person or virtually at a local level.

Objective 2: *Support appropriate staffing levels for CPAs & RDNs* -By Fiscal Year 2026, work with State to establish staffing levels for CPAs and RDNs based on clinic size, rurality, Affirmative Action Indicators, and other elements.

Strategy: *Establish Staffing Formulas* - Aid the State office in establishing an appropriate staffing ratio for Local Agencies.

Strategy: *Alternative Staffing Models*- Aid state investigation into alternative staffing models such as paraprofessional pathways to becoming a CPA, or state employment of RDNs.

Priority Area 4: Cultural Adaptations for Communities of Color and Religious Groups

Goal: Improvements are made towards addressing health disparities by improving equitable access and culturally appropriate service delivery for communities of black, indigenous, people of color (BIPOC), and religious groups across the state of Montana.

Objective 1: *Learn and Listen* - Engage in activities that promote understanding of local needs for BIPOC and religious groups to determine WIC-specific service improvements for these communities.

Strategy: *Relationship Building* - Build relationships with cultural experts from each Native American community and other special populations to identify resources necessary for culturally sensitive *service delivery*.

Strategy: *Collaboratively Designed Services* - Engage community leaders, organizations, and coalitions to curate culturally relevant service delivery improvements.

Objective 2: *Funding Utilization* - Utilize funding, staffing, training, and resources to support culturally responsive service delivery - By 2026, 75% of BIPOC and religious groups served by WIC indicate in participant surveys that the services provided to them by WIC are culturally responsive.

Strategy: Participate in regular Diversity, Equity, Inclusion (DEI) training for WIC employees.

Priority Area 5: Data Use and Quality

Goal: Improve data quality and accuracy to enable data driven decision making for targeted service delivery.

Objective 1: *Comprehensive WIC data quality review & plan* - Participate in comprehensive WIC data quality review and data improvement plan by 2026.

Strategy: Pilot dashboard to drive quality improvement and Breastfeeding & Nutrition Plan priorities.

Objective 2: *State-wide data training for improved data quality* - By 2026, 100% of WIC staff are trained in data quality improvements as identified by the comprehensive WIC data quality review.

Strategy: *Data Training* - Utilize online quality improvement and database training curriculums for staff to become local clinic QI champions.

Priority Area 6: Funding

Goal: Ensure that every Local Agency is within 5% of the funding formula compared to their requested budget by 2026.

Objective 1: *Equity of funding allocations among WIC local agencies* - Ensure all Local staff have an applicable understanding of funding allocations.

Strategy: *Training* - Participate in training provided to each clinic for interested and applicable staff on funding allocations.

Strategy: *Budget Solicitation* - During the budget planning process, Local Agency Directors should both solicit input from staff and consider additional tasks undertaken to support their Nutrition and Breastfeeding Services Plan, in developing their draft annual budget.

Objective 2: *Identify Alternative Funding Sources* - Participate in a pilot program for reimbursable services for RDNs and IBCLCs by 2026.

Strategy: *Grants* - Utilize grant funding identified by the state for opportunities to support staff and other strategies.

Strategy: *Novel Pilot Projects* - Participate in pilot projects to inform creation of a best practices model for sustainably and effectively partnering with RDNs in clinical offices.

Monitoring and Dissemination

The State Nutrition and Breastfeeding Service Plan will be publicly published on the Montana WIC website as Section I of the annually updated State Plan document. The Local Agency Nutrition and Breastfeeding Service Plan template (action plan) will be sent to Local Agencies to complete and send back to the State. These will be for internal use only and will inform the progress of these goals at the local level. The State WIC Office will review their State NBSP progress bi-annually and will monitor Local Agency NBSP progress on an annual basis. The overall plan will be reviewed and updated at least every three to five years.

References

Citation Code	Citation	Data Years
MT WIC M-SPIRIT Benefit Package Data 2021	Montana Department of Public Health and Human Services. 2021. WIC M-SPIRIT, "Percentage of Benefits Redeemed" 2021. Unpublished raw data.	2021
MT WIC Needs Assessment Survey 2021	Montana Department of Public Health and Human Services. 2021. MT WIC Needs Assessment Survey. Unpublished data.	2021
WIC MT Elg Census 2013–2018	U.S. Census Bureau. 2020. Profile of WIC Eligibility and Participation in Montana, 2018: Evidence from Administrative Records and the American Community Survey. Retrieved from: https://drive.google.com/file/d/1y67LmYil_3rn9dRRLD97XVGj0XNI2NxU/view?usp=sharing .	2013–2018
WIC Needs Assessment 2021	Montana Department of Public Health and Human Services. 2021. MT WIC NeedsAssessment. Retrieved from: https://dphhs.mt.gov/assets/ecfsd/WIC/WICNeedsAssessment.pdf .	2021
WIC Part Count 2016–2020	Montana Department of Public Health and Human Services. 2020. WIC Participant Counts Data, 2020. Unpublished raw data.	2016–2020
WIC Staff Density 2021	Montana Department of Public Health and Human Services. 2021. WIC Staffing Density,2021. Unpublished raw data.	2021

Appendix

State Nutrition and Breastfeeding Plan

Priority Area	Goal	Objectives	Strategy
1. Increasing Participation	1.1. Increase the percent of the eligible infants and children participating in Montana WIC by ten percent from 55.5% (2018) to 65.5% by 2026.	1.1. <i>Recruitment</i> - Agencies who either fall in the top 10 counties of “need” based on the Affirmative Action Plan and/or have the lowest enrollment of potentially eligible participants, will increase the potentially eligible enrollment in each county by 5% by 2026.	1.1.1 <i>Partnerships</i> - Identify possible partners for recruitment efforts and establish appropriate level (State or Local) Memorandums of Understanding (MOUs) with each partner.
			1.1.2. <i>Referral Processes</i> - Promote referral processes that include warm handoffs and WIC-related anthropometric and hematologic measures as applicable with clinical partners.
			1.1.3 <i>Tribal</i> - Meet with representatives from each Tribal Nation in Montana to address recruitment and referral needs among Tribal communities.
			1.1.4 <i>Marketing</i> - Promote WIC services through statewide campaigns and support of Local Agency outreach activities.
		1.1.5 <i>Novel Pilot Projects</i> - Pilot at least one project to investigate the options for digitizing the WIC process, i.e., online application/screening tool, appointment scheduling, and/or participant portal and telehealth options.	
		1.2. <i>Retention & Utilization</i> - Increase the percent of certification months utilized from 83% in 2018 to 99% in 2026.	1.2.1 <i>Understanding Retention</i> - Complete qualitative research with participants regarding utilization, use technology to gather feedback on participation in the first year, and shopping experiences (auto text, etc.), and / or discussing store experience at appointments.

			<p>1.2.2 Best Practices for Retention – Implement best practices for participant retention. <i>Note: Focus on children 1-5.</i></p>
			<p>1.2.3 Best Practices for Utilization Outreach – Implement best practices for supporting participants that are under-utilizing benefits.</p>
			<p>1.2.4 Participant-centered Services - Resolve barriers to program participation with a focus on streamlining services to use participants' time more effectively.</p>
			<p>1.2.5 Remote Appointments - Maintain the option, when feasible, of remote appointments for clinics and families.</p>
		<p>1.3. Redemption - Improve food redemption rates from 49% in 2020 to 60% by 2026.</p>	<p>1.3.1 Promoting WIC Foods – Identify and make available educational materials to be used by Local Agencies to support participants in fully utilizing benefits.</p>
			<p>1.3.2 Improve Store Experience - Identify and address common issues across stores that are contributing to a negative store experience.</p>
			<p>1.3.3 Redemption Outreach - Increase the number of participating grocery stores and/or research options for alternative delivery methods (ex. mobile WIC stores or appointment vans), with an emphasis on rural areas and food deserts.</p>
<p>2. Service Improvement & Expansion</p>	<p>2. Increase access to the highest quality breastfeeding and nutrition services possible.</p>	<p>2.1. Increasing breastfeeding duration - Increase breastfeeding duration for 6 & 12 months of age by 2026. For 6 months, increase breastfeeding duration rates from 27% to 60%. For</p>	<p>2.1.1 Stigma Reduction - Support community activities to reduce stigma around breastfeeding.</p>
			<p>2.1.2 Promoting Breastfeeding in the Workplace - Collaborate with the MT Breastfeeding Coalition and other statewide health organizations to promote and educate employers on “Break Time for Nursing Mothers” law.</p>

		12 months, increase from 14% to 18%.	
<p>2.2. Coordinate and Collaborate with Partner Groups - Maintain partnerships with statewide coalitions, collaboratives, and professional organizations to ensure WIC services are aligned with statewide initiatives and best practices.</p>	<p>2.2.1 Food Security Coalitions - WIC's participation with MT Partnership to End Childhood Hunger (MT-PECH) and MT Food Security Council (FSC) are vital efforts that align programs and create innovative interventions to decrease hunger. WIC will continue to actively participate, align, and work toward shared goals with MT-PECH and the FSC.</p>		
	<p>2.2.2 Clinical Partnerships - Support the nationwide effort to strengthen the linkage between medical clinics (pediatric and perinatal) and WIC by fostering and maintaining a strong working relationship with the MT AAP and MT ACOG chapters, and other healthcare associations, including expansion of the pilot Nutrition Access Project (NAP) with MT AAP.</p>		
	<p>2.2.3 MT Perinatal Mental Health Collaborative - Ensure that WIC aligns with state partners working on perinatal mental health and implements best practices around screening and referral for perinatal mental health within the WIC setting.</p>		
	<p>2.2.4 Social Determinants of Health - Continue to share information about WIC services and learn from other organizations about maternal and child health in all capacities to ensure that WIC continually updates and integrates best practices.</p>		
<p>2.3. Integration of WIC into Community Settings - By Fiscal Year 2026, the MT WIC program will have 4 WIC agencies participating in integration projects with healthcare providers and/or</p>	<p>2.3.1 Nutrition Access Project & Innovative Technology Tools – Establish best practices for integrating WIC and/or creating screening, education, and referral to WIC within healthcare settings as identified through the Nutrition Access Project.</p>		
	<p>2.3.2 Learn – Compile ideas of WIC integration models used in other states in both healthcare and community settings.</p>		

		other interested community partners.	
3. Staffing	3. Ensure all (100%) clinics are sufficiently staffed, according to Local Agency Directors and State Office recommendations, across various positions.	3.1. <i>Increase CLCs & IBCLCs</i> - 100% of WIC agencies and 75% of WIC clinics have a CLC or IBCLC by 2026. (Baseline: Feb 2022 is 67% of agencies and 58% of clinics have either a CLC or IBCLC.)	3.1.1 <i>IBCLC Mentorship</i> – Support local agencies to develop partnerships with local hospitals and organizations with existing IBCLCs for mentoring current CLCs to become IBCLCs.
			3.1.2 <i>CLC Training</i> - Prioritize funding for CLC training, in-person or virtually.
		3.2 <i>Identify and support appropriate staffing levels for CPAs & RDNs</i> - By Fiscal Year 2026 the MT WIC will establish recommended staffing levels for CPAs and RDNs based on clinic size, rurality, Affirmative Action Indicators, and other elements as deemed appropriate.	3.2.1 <i>Establish Staffing Formulas</i> - Establish an appropriate staffing ratio and share staffing level data and tools to address gaps, with each Local Agency, annually.
3.2.2 <i>Alternative Staffing Models</i> - Investigate alternative staffing models such as paraprofessional pathways to becoming a CPA, or state employment of RDNs.			
4. Cultural Adaptations for Communities of Color & Religious Groups	4. Improvements are made towards equity and culturally appropriate service delivery for communities of black, indigenous, people of color (BIPOC), and religious groups across the state of Montana.	4.1 <i>Learn and listen</i> - Engage in activities that promote understanding of statewide and local needs of BIPOC and religious groups to determine WIC-specific service improvements for these communities.	4.1.1 <i>Relationship Building</i> - Build relationships with cultural experts from each Native American community and other special populations to identify resources necessary for culturally sensitive service delivery.
			4.1.2 <i>Collaboratively Designed Services</i> - Engage community leaders, organizations, and coalitions to curate culturally relevant service delivery improvements.

		<p>4.2 <i>Make available funding, staffing, training, and resources to support culturally responsive service delivery</i> - By 2026, 75% of BIPOC and religious groups served by WIC indicate in participant surveys that the services provided to them by WIC are culturally responsive.</p>	<p>4.2.1 Partner with MAWA to conduct regular Diversity, Equity, Inclusion (DEI) training for WIC employees and establish a WIC DEI committee.</p> <p>4.2.2 Strategize funding to support cultural safety activities, training, and implementation.</p>
5. Data Use and Quality	5. Improve data quality and accuracy to enable data driven decision making for targeted service delivery.	<p>5.1 <i>Comprehensive WIC data quality review & plan</i> - Complete a comprehensive WIC data quality review and data improvement plan by 2026</p>	<p>5.1.1 Identify epidemiological resources to provide data quality and resource support.</p>
			<p>5.1.2 Create dashboards for State and LAs to use to drive QI and Breastfeeding & Nutrition Plan priorities.</p>
			<p>5.1.3 <i>Data Utilization</i> - Develop and disseminate regular data reports, including data visualizations, to clinics to enable data utilization.</p>
		<p>5.2 <i>State-wide data training for improved data quality</i> - By 2026, 100% of WIC staff are trained in data quality improvements as identified by the comprehensive WIC data quality review.</p>	<p>5.2.1 <i>Data Training</i> - Develop quality improvement and database training curriculums to empower local staff to become local clinic QI champions.</p>
6. Funding	6. Ensure that every Local Agency is within 5% of the funding formula compared to their requested budget by 2026.	<p>6.1 <i>Equity of funding allocations among WIC local agencies</i> - Ensure all Local staff have an applicable understanding of funding allocations.</p>	<p>6.1.1 <i>Training</i> - Provide training to each clinic for interested and applicable staff on funding allocations.</p>
			<p>6.1.2 <i>Budget Solicitation</i> - During the budget planning process, Local Agency Directors should both solicit input from staff and consider additional tasks undertaken to support their Nutrition</p>

			and Breastfeeding Services Plan, in developing their draft annual budget.
		6.2 Identify Alternative Funding Sources - Pilot a mechanism of reimbursable services for Registered Dietitian Nutritionists and IBCLCs by 2026.	6.2.1 Billing - Identify pathways for private and public insurance reimbursement for RDN and IBCLC services.
			6.2.2 Grants - Identify grant funding opportunities to support staff and other strategies.
			6.2.3 Novel Pilot Projects - Investigate options for sustainably and effectively partnering with RDNs in clinical offices.