



**Rhode Island Department of Health  
Division of Family Health**

**Office of Women, Infants and Children (WIC) Program  
Special Supplemental Nutrition Program**

# **State Plan of Operation And Administration**

**WIC PROGRAM**

**FISCAL YEAR 2008**

October 1, 2007

**Rhode Island Department of Health**

**Division of Family Health  
Office of Women, Infants and Children (WIC) Program  
Special Supplemental Nutrition Program**

**State Plan of Operation  
And Administration**

**WIC Program**

**FISCAL YEAR 2008**

---

DAVID F. GIFFORD M.D., M.P.H.  
DIRECTOR, DEPARTMENT OF HEALTH

THE HONORABLE DONALD L. CARCIERI  
GOVERNOR, STATE OF RHODE ISLAND

**RHODE ISLAND DEPARTMENT OF HEALTH  
WIC PROGRAM  
STATE PLAN OF OPERATION AND ADMINISTRATION**

**PREFACE**

**ACKNOWLEDGMENTS**

The Rhode Island Department of Health WIC Program wishes to acknowledge the contributions of the local agency WIC staff and the WIC Parent Consultant Program, WIC participants and community representatives in the preparation of this Plan. Their input and advice greatly assisted the State agency in formulating plans to meet its responsibilities in the most efficient and effective manner.



Tables of Contents

Preface

State Plan Pages

Content and Structure .....	5
Legal Requirements .....	5
The WIC Program.....	6
WIC Program Administration.....	10
Division of Family Health Chart.....	11
RI Department of Health Chart.....	12

CONTENT AND STRUCTURE

The State Plan of Operation and Administration contains the plans, policies, rules, and procedures for the operation and administration of the WIC Program in Rhode Island. The State Plan consists of four (4) major sections:

- Volume I - Goals and objectives to be achieved
- Volume II - Procedure Manual - the specific procedures implemented by the local agencies.
- Volume III - State Operations - the rules and procedures implemented by the state agency.
- Volume IV - Farmers' market Nutrition Program (FMNP) – Goals, objectives, policies, procedures, information and other provisions specific to the FMNP

Items, which might apply to one or more parts, are usually only printed in one of the parts.

This submission is limited to Volume I, Goals and Objectives and planned revisions to Volume II, Procedure Manual, and Volume III Operations Manual.

Volume IV, related to the FMNP, will be submitted separately.

Abridged Manual

Portions of the Procedure Manual and State Operations Manual, if contained herein are abridged for purposes of convenience. Much material, which is not being changed, is excluded. For the most part, then, this State Plan contains future plans and those rules and procedures, which are new or revised.

LEGAL REQUIREMENTS

**NEED FOR ADOPTION, AMENDMENT, AND REPEAL OF PROGRAM RULES.**

Each state agency desiring to administer the WIC Program must annually submit a State Plan to the United States Department of Agriculture describing the state agency's objectives and procedures for all aspects of WIC Program administration for the present and coming fiscal year (October 1 to September 30). The Plan is the state agency's guide for enhancing Program effectiveness and efficiency.

Development of the Plan begins with an assessment of current operations in the State, leading to the identification of those operations or aspects of the Program, which are in need of improvement. After identifying the Program areas or operations in which improvements are desired, those to be actively addressed are selected. In order to accomplish the improvements, Program procedures and rules are adopted, amended, or repealed as needed to accomplish the objective. The format and content of the State Plan are in conformance, therefore, with Department of Agriculture rules, instructions, and guidance.

In order to achieve maximum Program effectiveness and efficiency, certain procedure revisions are implemented prior to the beginning of the federal fiscal year.

In January, 2002, the Department of Agriculture published its consolidated final rule, (7, CFR 246) which revised WIC Program regulations by making a number of technical revisions, reorganizing regulations to more clearly identify major program areas, and making substantive revisions to a number of areas affecting program operations. The rule is expected to reduce state and local burdens, streamline program operations and provide state agencies greater administrative discretion. This State Plan is, therefore, also intended to meet the requirements and achieve the objectives of the final rule, and subsequent amendments.

#### EVALUATION OF ALTERNATIVES.

Alternative approaches to accomplishing the Program's objectives were considered during the development of the State Plan by Program staff and the State Plan Committee. Alternatives other than the rules and procedures selected were found to be less effective and not less burdensome to affected private persons. The approaches selected were those, which meet the Federal requirements for efficient and effective administration of the Program. Information about alternatives considered and the impact of implementing alternatives can be obtained from the WIC Program.

#### DUPLICATION AND OVERLAP.

There is no overlap or duplication with any other state regulations. There are no other state regulations that apply to WIC operations and services.

#### ECONOMIC IMPACT ON SMALL BUSINESS.

It is determined that this State Plan of Operation and Administration will not have a significant economic impact on small business.

#### AUTHORITY AND SEVERABILITY.

If any provisions of the WIC State Plan of Operation and Administration or of any rules, regulations, policies, procedures, or directives made or issued there under shall be held invalid by a court of competent jurisdiction, the remainder of the Plan of Operation and Administration and any rules, regulations, policies, procedures, or directives issued there under shall not be affected thereby.

In the event of any conflict between federal law or regulation and any provision of the WIC State Plan of Operation and Administration or of any policies, rules, procedures, or directives issued there under, federal law or regulations will govern. Should the federal regulations pertaining to the administration or operation of the WIC Program be changed, the state agency may make such changes in its rules, policies, and procedures as are required, can be responsibly accomplished, and/or are in the interests of the effective and efficient administration of the Program, and are compatible with the state's goals and objectives.

#### AMENDMENTS TO THE STATE PLAN

Included herein are amendments to the Previous Plan. Said amendments will take effect 30 days after the state plan hearing and subsequent filing with the RI Secretary of State.

**THE WIC PROGRAM**

WIC is the Special Supplemental Nutrition Program for Women, Infants, and Children. It is a federally funded program carried out according to provisions of the Child Nutrition Act passed by Congress in 1966 and amended in 1978 to create the WIC Program.

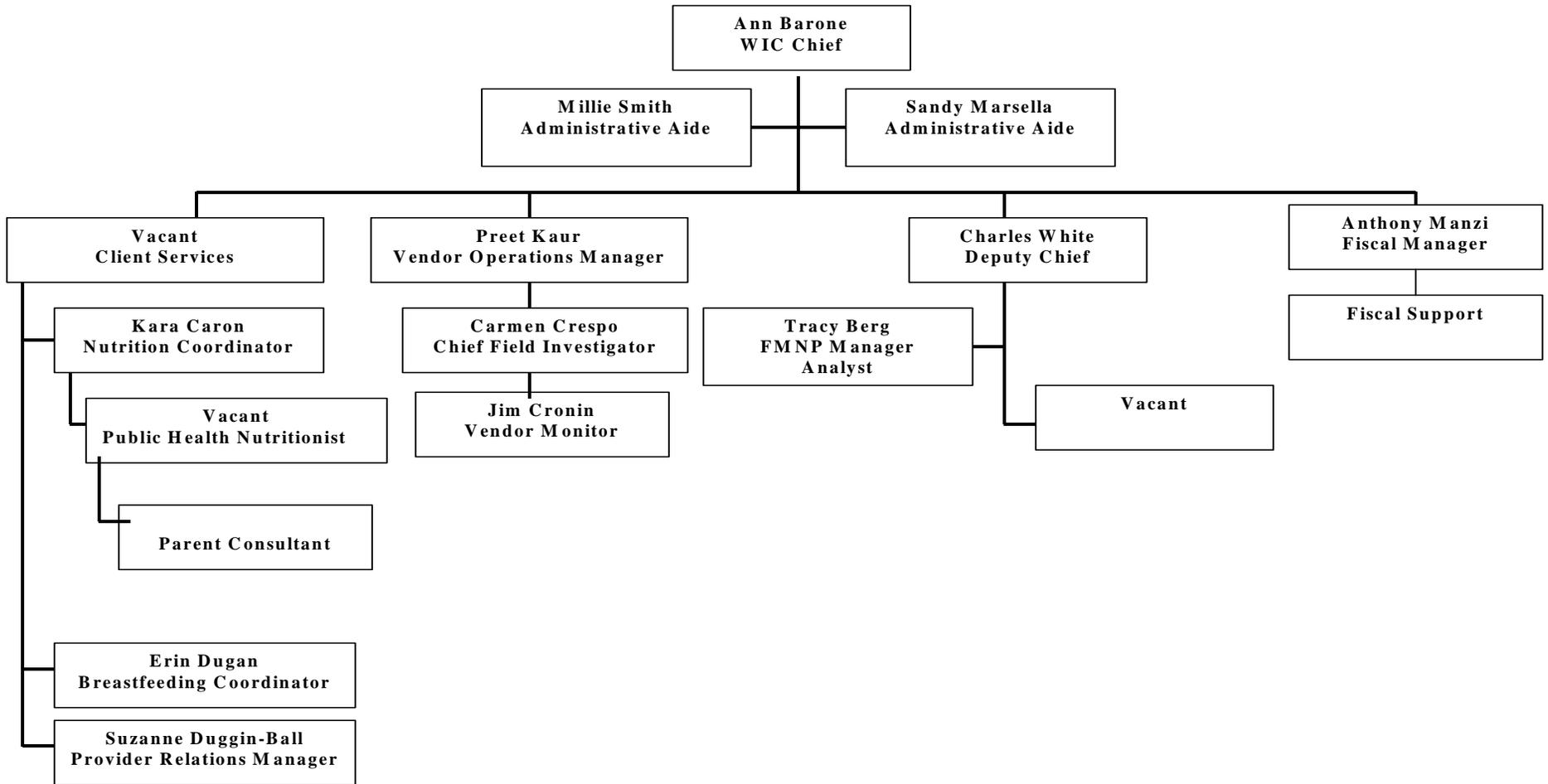
WIC is funded through the Food and Nutrition Service (FNS) of the United States Department of Agriculture (USDA). The Department of Health (HEALTH) through various local health centers and hospitals (“local agencies”) which distribute the food funds and provide nutrition education to participants administers it in the State of Rhode Island.

Many pregnant women, infants and young children, from families with inadequate income, are in danger of having poor physical and mental health because they eat poorly and have inadequate health care. WIC is designed to help such pregnant women, infants and young children by directly improving what they eat and the way they eat.

The Program serves eligible participants who meet certain income limitations and show evidence of special nutritional need. The Program provides special supplemental foods; including milk, eggs, juice, cereal, dried beans and peas or peanut butter, and cheese, plus carrots and tuna fish to breast-feeding women, and infant formula; and nutrition education. The Program provides this extra help during critical times of growth and development in order to prevent the occurrence of health problems and improve the health status of participants.

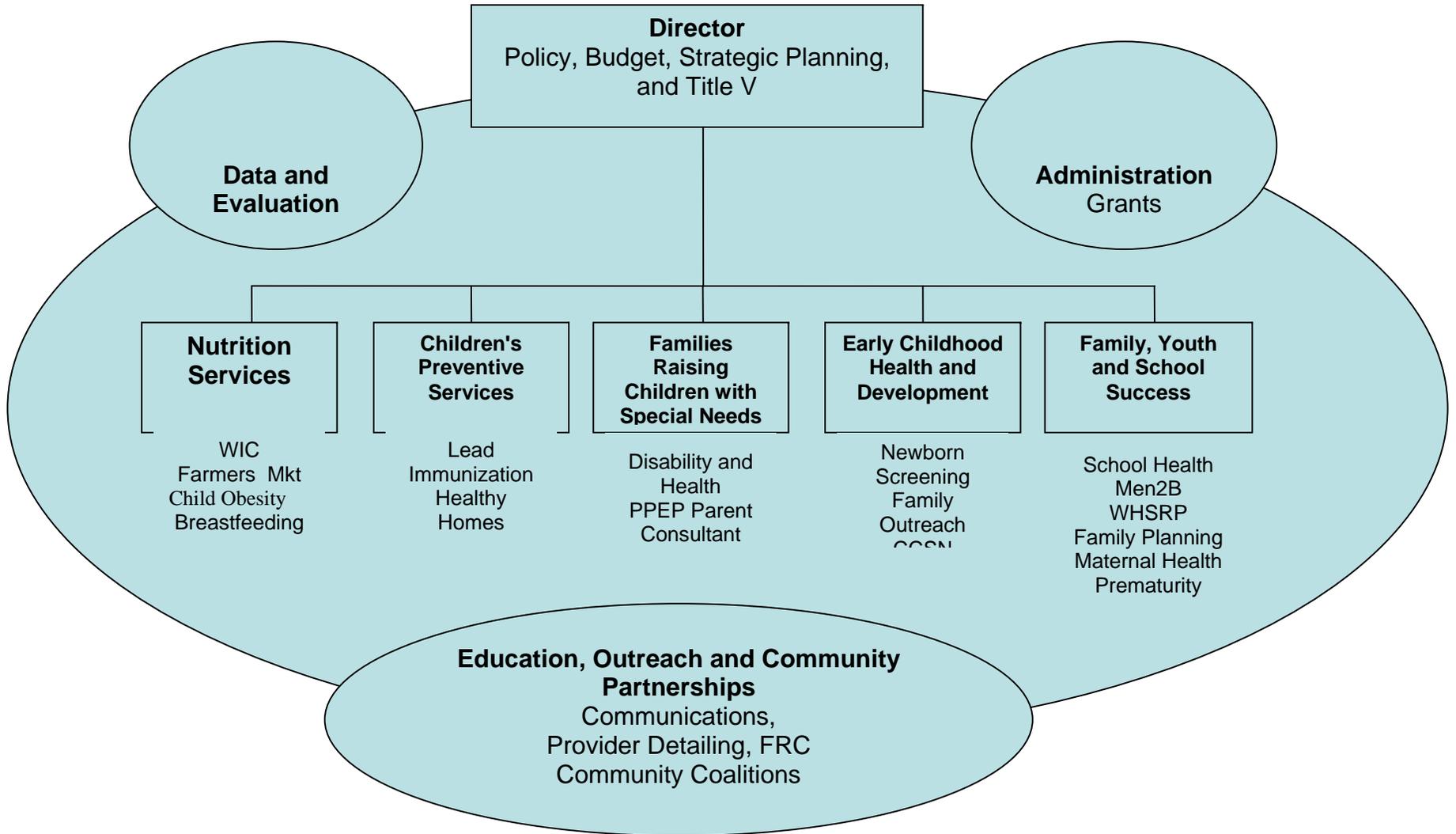
Additional information about the operation and administration of the Rhode Island WIC Program is available in the WIC Procedure Manual, State Operations Manual, and federal regulations and in various informational materials and communications provided by the HEALTH to local agencies.

**RI WIC PROGRAM  
ORGANIZATION CHART**

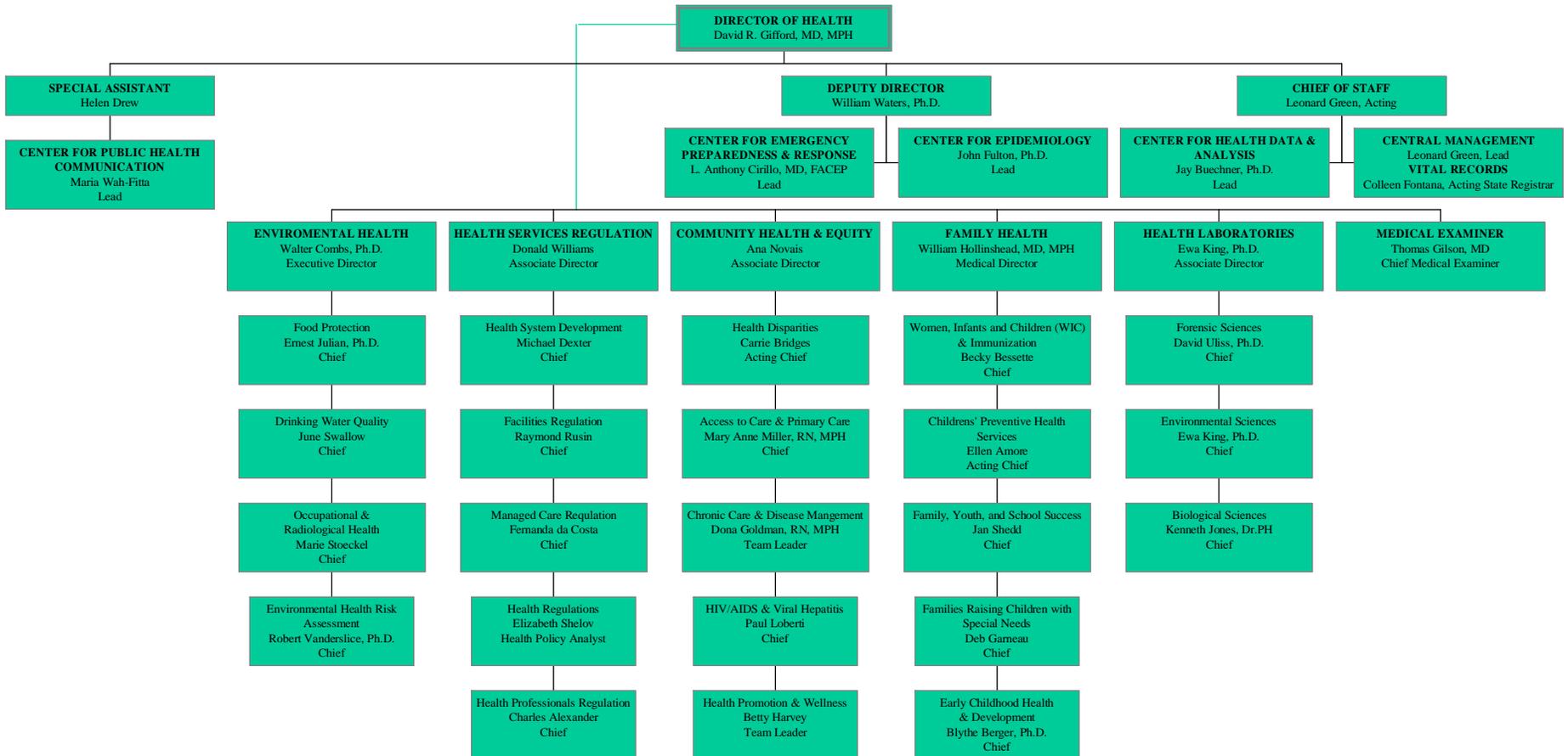


Forms/WIC organization Chart

## Division of Family Health



Rhode Island Department of Health Organizational Chart 2006



**RHODE ISLAND DEPARTMENT OF HEALTH**  
**OFFICE OF WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM**  
**SPECIAL SUPPLEMENTAL NUTRITION PROGRAM**

**WIC and Farmers Market Services**

**STATE PLAN OF OPERATION AND ADMINISTRATION**

**VOLUME I**

**GOALS FOR FISCAL YEAR 2008**

**Proposal**  
**Submitted to FNS / USDA**  
**October 1, 2007**

GOALS FOR FY 2008

I. PRELIMINARY INFORMATION

Local WIC Agencies	
Location and Administration.....	I - 2
Selection of Local Agencies.....	I - 8
Caseload Allocation and Adjustment.....	I - 11
Affirmative Action Plan .....	I - 12
Disaster Coordination and Planning.....	I - 17
Affirmative Action Tables.....	I - 19

**SECTION I**

**Preliminary Information**

Refer to WIC Procedure Manual Section 100  
WIC Operations Manual Section 1

## RHODE ISLAND DEPARTMENT of HEALTH

## WIC PROGRAM

## LOCAL AGENCY ADMINISTRATION and LOCAL WIC CLINICS

Local WIC Agency Administration	Local WIC Agency Clinics
<p>Mr. Ray Lavoie, Executive Director  Mr. Michael Lauder, WIC  Coordinator/Nutritionist  Blackstone Valley Community Health Care,  Inc.  42 Park Place  Pawtucket, RI 02860</p>	<p>John J. Cunningham Health Center  42 Park Place  Pawtucket, RI 02860  (401) 722-0082</p> <p>BVCHC Health Center  9 Chestnut Street  Central Falls, RI 02863  (401) 724-7134</p>
<p>Ms. Louise Ornstein, Executive Director  Ms. Teresa Evora, WIC  Coordinator/Nutritionist  Chad Brown Health Center  285A Chad Brown Street  Providence, RI 02908  (401) 831-0020</p>	<p>Chad Brown Health Center  285A Chad Brown Street  Providence, RI 02908  (401) 831-0020</p> <p>Chad Brown Satellite  International Institute of RI  645 Elmwood Avenue  Prov, RI 02907  (401) 784-8682</p>
<p>Ms. Joanne McGunagle, Executive Director  Comprehensive Community Action  Program, Inc.  311 Doric Avenue  Cranston, RI 02908  (401) 467-9610</p> <p>Ms. Kathy Higgins Cooper, WIC  Coordinator/Nutritionist  Family Health Services of Cranston  1090 Cranston Street  Cranston, RI 02920  (401) 946-4650</p>	<p>Family Health Services of Cranston  1090 Cranston Street  Cranston, RI 02920  (401) 946-4650</p> <p>Cranston Satellite  191 MacArthur Blvd.  Coventry, RI 02816  (401) 828-5335</p>

**Goals 2008****Section I Preliminary Information**

<p>Ms. Maria Montanaro, Chief Executive Officer WIC Program 450 Clinton Street Woonsocket, RI 02895 (401) 767-4100</p> <p>Ms. Jill Boyd, Coordinator/Nutritionist Thundermist Health Center of SC WIC Program One River Street Wakefield, RI 02879 (401) 783-0523</p> <p>Ms. Lori Austin, Coordinator/Nutritionist Thundermist Health Center of Woonsocket WIC Program 191 Social Street - 9<sup>th</sup> Floor Woonsocket, RI 02895 (401) 767-4109</p>	<p>Thundermist Health Center of SC WIC Program One River Street Wakefield, RI 02879 (401) 783-0523</p> <p>Thundermist Health Center of Woonsocket WIC Program 191 Social Street - 9<sup>th</sup> Floor Woonsocket, RI 02895 (401) 767-4109</p> <p>Thundermist Health Center North Kingstown WIC 646 Camp Avenue North Kingstown, RI 02852</p>
---	---

**Goals 2008**

**Section I Preliminary Information**

<p>Mr. Dennis Roy, Chief Executive Officer Ms. Beth Nitkin, WIC Coordinator/Nutritionist Eastbay Community Action Program Newport Community Health Center WIC Program 19 Broadway Newport, RI 02840 (401) 847-7821</p>	<p>Eastbay Community Action Program Newport Community Health Center WIC Program 19 Broadway Newport, RI 02840 (401) 847-7821</p> <p>Eastbay Community Action Program James F. Silvia Health Center WIC Program 1048 Stafford Road Tiverton, RI 02878 (401) 625-1364</p> <p>Eastbay Community Action Program WIC Program 100 Bullocks Point Avenue Riverside, RI 02915 (401) 437-1007</p> <p>Bristol WIC Program 115 Franklin Street Bristol, RI 02809 (401) 253-7577</p>
--	--

**Goals 2008**

**Section I Preliminary Information**

<p>Mr. Merrill Thomas, Executive Director Ms. Lori Hurley, Coordinator/Nutritionist Providence Community Health Centers, Inc. 375 Allens Avenue Providence, RI 02905 (401) 444-0411</p>	<p>Allen Berry Health Center WIC Program 202 Prairie Avenue Providence, RI 02907 (401) 444-0570 x 3745</p> <p>Capitol Hill Health Center WIC Program 40 Candace Street Providence, RI 02908 (401) 444-0550 x 3541</p> <p>Central Health Center WIC Program 239 Cranston Street Providence, RI 02907 (401) 444-0580 x 3841</p> <p>Chafee Health Center WIC Program One Warren Way Providence, RI (401) 444-0530 x 3341</p> <p>Olneyville Health Center WIC Program 100 Curtis Street Providence, RI 02909 (401) 444-0540 x 3445</p>
<p>Mr John Fogarty, Interim CEO St. Joseph Hospital 200 High Service Avenue North Providence, RI 02904 (401) 456-3080</p> <p>Ms. Susan Vieira, LDN, WIC Coordinator/Nutritionist St. Joseph Health Center 21 Peace Street Providence, RI 02907 (401) 456-4069</p>	<p>St. Joseph Health Center 21 Peace Street Providence, RI 02907 (401) 456-4069</p>

**Goals 2008****Section I Preliminary Information**

<p>Mr. Joseph R. DeSantis, Executive Director Karen Schiltz, WIC Coordinator/Nutritionist Tri-Town Economic Opportunity Committee Tri-Town Health Center WIC Program 1126 Hartford Avenue Johnston, RI 02919 (401) 351-2750</p>	<p>Tri-Town Health Center WIC Program 1126 Hartford Avenue Johnston, RI 02919 (401) 351-2750</p> <p>Burrillville WIC Satellite 166 Main Street Pascoag, RI 02859 (401) 567-0510</p>
<p>Ms. Jeanne Gattegno, Executive Director Westbay Community Action, Inc. 218 Buttonwoods Avenue Warwick, RI 02886 (401) 732-4660</p> <p>Paul Salera, Coordinator WIC Program Westbay Community Action, Inc WIC Program 205 Buttonwoods Avenue Warwick, RI 02886 (401) 732-4660</p>	<p>Westbay Community Action, Inc WIC Program 205 Buttonwoods Avenue Warwick, RI 02886 (401) 732-4660</p> <p>West Warwick WIC Satellite 53 Providence Street West Warwick, RI 02893 826-3230</p>
<p>Mr. Dick Argys, Exective Director Ms. Doreen Chin Pratt, MS, RD, Director of Nutrition Services/WIC Coordinator Women &amp; Infants' Hospital WIC Program 2 Dudley Street WPCC Nutrition Services - Suite 565 Providence, RI 02905-2401 (401) 274-1122 ext. 2768</p>	<p>Women and Infants' Hospital WIC Program 2 Dudley Street WPCC Nutrition Services – Suite 565 Providence, RI 02905-2401 (401) 274-1122 ext. 2768</p>

**Goals 2008**

**Section I Preliminary Information**

<p>Linda Cardillo, Executive Director Mr. Douglas Jones, WIC Coordinator/Nutritionist Wood River Health Services WIC Program 823 Main Street Hope Valley, RI 02832 (401) 539-2461</p>	<p>Wood River Health Services WIC Program 823 Main Street Hope Valley, RI 02832 (401) 539-2461</p> <p>Westerly WIC Satellite 56 Spruce Street Westerly, RI 02891 (401) 596-0086</p>
---	---

**Section I**  
**Selection of Local Agencies**

**Goal:** To ensure that local agencies are selected and funded in accordance with the need for Program benefits in an area, participant access, coordination of care and the efficient and effective utilization of nutrition and program services (NSA) funds.

***Recent Trends***

Enhanced collaboration between the WIC Program and “sister” health / social service programs (ie, Lead, Immunization, Ritecare {medicaid}) is continuing to expand. Although targeted funding for these activities is lagging behind, RI WIC is focusing on use of Kidsnet (RI’s public health preventive services database) to monitor and target cross program initiatives.

Rhode Island's Rite Care Program (RITECARE), implemented in 1994, brought radical restructuring to the health care system for low income mothers and children:

- All eligible pregnant women and children up to age six are covered for comprehensive preventive and corrective health care.
- The care is rendered in the context of a chosen primary provider and health plan, with restrictions on using out of plan services.
- Twelve current WIC providers are affiliated with one of the three remaining \*competing RITECARE plans.
- Financial eligibility for this Medicaid program was expanded to include almost 10,000 women and children between 185 and 250 percent of poverty.
- This additional group is adjunctively income eligible for WIC.

**Objective 1: Evaluate anticipated changes in the Rite Care Eligibility criteria related to potential impact on determination of adjunctive eligibility.**

***Additional WIC Program Services and Service and Performance Objectives***

In light of federal and public health objectives, HEALTH has identified the following areas to be addressed in structuring the local WIC services system:

**Objective 1: Ensure prompt access to services**

1. The Program must make available evaluation and receipt of benefits to non-breastfed infants in a much shorter time span, including ability to respond on a crisis intervention basis.
2. The Program's preventive effectiveness has been shown to be greatest when pregnant women receive benefits as early in pregnancy as possible. Any delay in responding to a

## Goals 2008

## Section I Preliminary Information

request from a pregnant woman in effect undermines the Program's effectiveness.

3. Accessible hours for the working eligible. Congress has mandated that WIC services be available during hours in which the working eligible (over two thirds of WIC families) can apply for the Program without interfering with their jobs.
4. Prompt enrollment of other high-risk individuals.

**Objective 2: Ensure coordination of WIC services with on-site health care services, especially to increase immunization rates for WIC children. HEALTH must recognize changes in location of health care services to WIC participants and potential eligibles. Efforts must be made to increase access to WIC services at all sites where such persons are receiving health care.**

**Objective 3: Coordinate simplified access to multiple services at one appointment ("one stop shopping").**

**Objective 4: Increase and enhance breastfeeding support and promotion.**

**Objective 5: Monitor, support and ensure the quality of delivery of WIC services.**

**Objective 6: Ensure compliance with Program rules and requirements.**

### *Reduce Imbalances in Ratios of Enrollment to Need*

(see Affirmative Action Plan)

**Objective 1: Continue efforts to reduce disparities between high and low percentages of met need around the State through continual State office review of:**

1. Caseload and allocation adjustment,
2. Local agency performance in high risk identification, caseload maintenance,
3. Establishment of local agency satellite sites in areas of particularly high unmet needs,
4. State and local outreach activities.

**Objective 2: Review the contracting process as related to:**

1. Continued variations in the percent of need met where some communities have remained at more than ten percent below the statewide need met average over the course of several years.
2. Despite success in targeting benefits to high-risk eligibles such items as clinic location, additional satellite clinics, and local outreach need to be further evaluated to further improve such targeting.

**Objective 3:** If the current network is not sufficient to continue to provide WIC services to all eligible clients for which the Program has funds, or if there is any other compelling need to seek other providers then the HEALTH would perform a feasibility study of the benefits and drawback to additional providers, especially in relation to client access and caseload expansion needs. This review will consider:

1. The ability of other providers to provide quality WIC nutrition, eligibility and coordination and outreach services.
2. Evaluate different provider models to determine if any, all or which can provide services which equally or better meet the needs of the Rhode Island WIC Program and actual and potential clients.

**Caseload Allocation and Adjustment**

**Goal:** To ensure service to the maximum number of women and children allowed by available funds, while protecting the Program from overspending.

**Objective 1:** Continue to utilize accurate, reliable, and quickly accessible measures of utilization of available funds and caseload. This will be accomplished through applying better planning techniques to the improved data collection, storage, and reporting capabilities of the MI System. Measures being developed include:

1. Developing measures of local agency performance and indicators of future capability,
2. Improved measures of relative need in each service area,

**Goal:** To ensure that all agencies are providing services to the number of participants authorized or directed by the State agency, to the extent permitted by federal funding. It is essential that locals maintain caseload at the assigned level and utilize administrative funds at an appropriate rate. Unutilized funds must be directed on a timely basis toward local agencies which can utilize them.

**Objective 1:** To take such temporary actions and adjustments as are necessary to efficiently manage funds in order to avoid over or under spending.

**Goals 2008**  
Affirmative Action Plan

**Section I Preliminary Information**

**Goal:** To allocate additional slots to areas based on need and ability to utilize additional caseload.

**Evaluation:** Rhode Island is currently providing WIC benefits to the eligible population in all the state's thirty-nine cities and towns and will continue to do so as long as federal funding permits.

Potentially Eligible WIC Population

In 1990 there were 1,003,464 Rhode Islanders based on the US Census. Data from the 2000 Census indicated that RI's population increased slightly to 1,043,819, a 4.5% increase. However, the number of children less than 5 years of age dropped by 4.6%. Hispanics rose from 4.5% to 8.7%, African Americans from 3.9% to 4.4%, Asians from 1.8% to 2.3%, Native Americans dropped from 0.4% to 0.5%.

In 2003, there were an estimated total of 18,705 pregnancies resulting in 13,200 live births. This represents a 6.3% increase in the number of births from 1999.

The population of Rhode Island potentially eligible to participate in the WIC Program was estimated as outlined below.

**WIC Eligibility:**

**I. Categorical Eligibility:**

1. Infants (age 0-12 months)
2. Children (age 1-4 years)
3. Pregnant women
4. Non-breastfeeding mother <6 months postpartum
5. Breastfeeding mother up to 1 year postpartum

**II. Income Eligibility**

1. Incomes at or below 185% of FPL or
2. Enrolled in Medicaid, the Food Stamp Program, or Temporary Assistance for Needy Families (TANF) –Adjunctive Eligibility

**III. Have to meet Nutritional Risk Criteria**

\*\*\*\*\*

**Estimates of WIC Eligibles in RI, 2006**

**I. Infants (0-12 months of age)**

- Total Number of Infants in RI: **12,608 infants** (Source: 2005 vital records)

## Goals 2008

## Section I Preliminary Information

- RI Medicaid (Rite Care) Recipients: **5,796 infants** as of July 31, 2006  
(Source: RI DHS, Rite Care Program Data, MMIS database).  
Note: According to the FY 2003 National MSIS data, 5,763 infants were the recipients of RI Medicaid Program in 2003 (Source: FY 2003 National MSIS: <http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/downloads/MSISTables2003.pdf>, Table 12)
- Rite Eligibles: 6,337 infants in 2003 (Source: Fiscal Year 2003 National MSIS: <http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/downloads/MSISTables2003.pdf>, Table 05)

There are some differences between Rite care eligibles and Rite enrollments.

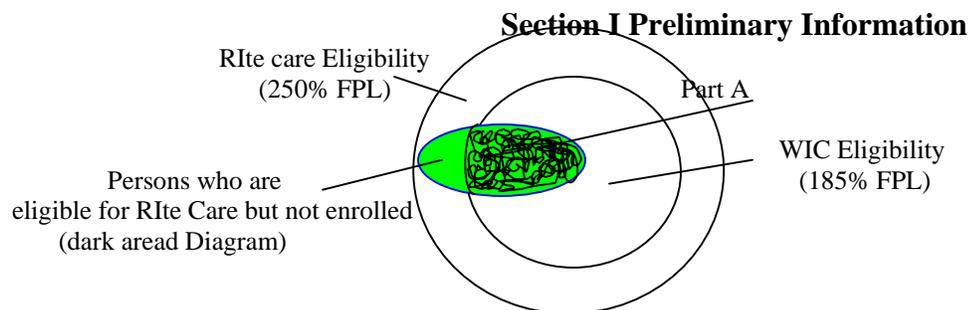
## II. Children (1-4 years of age)

- Total Number of Children aged 1-4 years in RI: **51,717 children**  
(Source: US Census Bureau, Annual Estimates of the Population, July 1, 2005)
- Rite Care Recipients: **20,624 children** as of July 31, 2006  
(Source: RI DHS, Rite Care Program Data, MMIS database)  
Note: According to the FY 2003 National MSIS data, 23,150 children 1-4 years of age were the recipients of RI Medicaid Program in 2003 (Source: FY 2003 National MSIS: <http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/downloads/MSISTables2003.pdf>, Table 12)
- Rite Care Eligibles: **23, 531 children** in 2003 (Source: FY 2003 National MSIS: <http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/downloads/MSISTables2003.pdf>, Table 05)

**NOTE:** We need some adjustments when we use Rite Care enrollment data for the WIC eligibility estimation among infants and children, because

1. The numbers of infants and children enrolled in Rite Care shown above are from the point at time (as of certain date). It might be different from the numbers that are calculated for the entire year.
2. There are some differences in the numbers between Rite Care Eligibles and Rite Care Enrollments. Among those who are eligible for the Rite Care but not enrolled, some of them are still eligible for the WIC program because their income is below 185% FPL (see diagram: part A).

## Goals 2008



3. As seen in the above, the Rite Care Enrollment numbers vary by year. We do not want to underestimate the WIC eligibles by taking the data from a year with smaller Rite care enrollments, such as 20,624 children in 2006 compared to 23,150 children in 2003.

---

### Adjustment Method

We want the number of WIC eligible infants somewhat around **6,337 infants** (Rite Care Eligible Infants in 2003) and the number of children 1-4 years of age somewhat around **23,531 children** (Rite Care Eligible Children in 2003).

**Method:** 10% increase from the number of infants enrolled and  
5% increase from the number of children enrolled.

---

### III. Eligible Pregnant Women

(Based on the number of infants eligible for WIC)

- Eligible Pregnant Women = Number of Eligible Infants \* 0.75 (9 months pregnant)  
= 6,376 \* 0.75  
= **4,782**

### IV. Eligible Postpartum Women

(Based on the number of infants eligible for WIC)

- Eligible Postpartum Women = Number of Eligible Infants \* (Range of 0.5 – 1.0)  
= 6,376 \* (range of 0.5 – 1.0)  
= Range of 3,188 – 6,376:  
(**65% of eligible infants: 4,144**)

Note: If no postpartum women breastfeed their babies at 6 months, then the number of eligible postpartum women will be 3,188 women (50% of eligible infants). If all postpartum women breastfeed their babies at 6 months, then the number of eligible postpartum women will be 6,376 women (100% of eligible infants).

According to the recent “CDC’s Breastfeeding National Immunization Data, 2005” the breastfeeding rate at 6 months in RI population is about 33%.

([http://www.cdc.gov/breastfeeding/data/NIS\\_data/2005/state.htm](http://www.cdc.gov/breastfeeding/data/NIS_data/2005/state.htm)). WIC eligible

## Goals 2008

## Section I Preliminary Information

population's breastfeeding rate is usually lower than non-WIC eligible population. If we assume that the breastfeeding rate at 6 months in RI WIC eligible population is 30%, then the estimation of Eligible Postpartum Women will be 65% of eligible infants.

\*\*\*\*\*

### Estimates of WIC Eligibles, 2006

# Infants (0-12 months of age): 6,376

# Children (1-4 years of age): 21,655

# Pregnant Women: 4,782

# Postpartum Women: 4,144

-----

**Total # WIC Eligibles: 36,957**

### References:

- RIte Care Income eligibility thresholds for Infants and Children: 250% FPL
- Total Number of RI Infants and Children aged 0-4 years in 2005: 64,325  
(Source: US Census Bureau, Annual Estimates of the Population, July 1, 2005)
- Percent and Number of Children (0-4 years of age) living below selected FPL in 2005
  - Below 175% of Poverty: 32.9% (21,163 children)
  - Below 200% of Poverty: 39.5% (25,408 children)
  - Below 250% of Poverty: 46.2% (29,718 children)(Source: US Census Bureau, Current Population Survey, 2005) \*

### Maternal and Child Health Risk Indicator

The following maternal and child health risks were selected for the RI WIC MCH indicator.

Women with Delayed Prenatal Care	(% of pregnant women lacking prenatal care during their first trimester)
Low Birthweight Infants	(% of infants born weighting under 2,500 gms [5.5 lbs])
Infant Mortality	(rate/1000 births of deaths occurring to infants under 1 year of age)
Births to Teens	(# of births to girls aged 15 to 17 per 1000 teen girls)
Children in Poverty	(% of related children under age 18 who live in families below the US OMB defined poverty threshold)

The 5 year average for each risk was calculated as a standard score for each community, and at the state level (Table 2). This illustrates the MCH risk by each town / city.

## Goals 2008

### WIC Need Index and Rank

## Section I Preliminary Information

For the 39 RI communities and the state, the MCH risk score doubled and then combined with the standard score of WIC Unserved by Community. This index was then ranked by town / city.

### Statewide Parity

Rhode Island receives funding (federal grant and infant formula rebates) for and provides service to an estimated 70 percent of its WIC eligible population in 2004. Locality analysis of enrolled participants indicates that service levels vary significantly between cities and towns from 82% of the eligible population being served in some towns to 34% of the eligible population in Glocester. Forty percent (40%) of the total WIC eligible population resides in the City of Providence, up from 38%.

Following previous allocation formulas, 41% percent of the total caseload for FY '04 was designated to the four local agencies (9 sites) in Providence. In FY 1980 the state's AAP first introduced the expansion goal of Statewide Parity. For FY 2006, the AAP in its expansion criteria again incorporates this goal. Additional slots will be allocated to local sites in relation to the expansion rank of the cities and towns served, the state mean, and the size of the needy population (Tables I, IV, VI). Unfilled slots shall be counted as allocated.

### Service Areas - Market Share Concept

In Rhode Island's WIC Program, residence is defined as state residency. The service areas of locals are generally consistent with the geographic location of the agency. Eligible participants are encouraged to enroll in the WIC Program at the site where they and their families receive medical care, and at a site that is easily accessible to them. Individuals, nevertheless, may apply for and receive benefits at an agency of their choice, where there is an opening. Some local sites that provide specialized medical care and unique services, moreover draw eligibles from many of Rhode Island's communities. In order to define service areas this plan incorporates two concepts:

#### 1. Market Sharing

A local agency is considered as impacting or eligible to receive allocations targeted to increase participation in a particular city or town if it serves a minimum of 10 percent of the enrolled population of the city or town. For the analysis of the local agency's impact on each community served, local agency caseloads were assigned census tract codes to indicate cities and towns served by each local and determine the percentage of caseload composed by this distribution (Tables 3 and 5).

#### 2. Normative Concept

The use of the Normative Concept involves the utilization of traditional demographically designed target populations in order to stabilize the areas. The application of this concept, it is hoped, will control the normative aspects of market sharing, such as the natural numerical advantage enjoyed by agencies with large caseloads, or possible

## Goals 2008

## Section I Preliminary Information

competition among local agencies for participants on the basis of residency.

Table 5 indicates current assignment of service areas.

### 5. Realignment of Service Areas

**Objective 1: If an area has been underserved by more than 750 potential eligibles or 10% of the statewide average, in accordance with the AAP, in the current Plan and for two of the past three Plans, the State Agency may solicit or accept proposals from other agencies to provide service which is likely to significantly increase the number or percent served in the defined area.**

### Future Allocations

Table VI shows the final ranking for expansion by city and town.

**Objective 1: Caseload expansions will be allocated in accordance with need and local agency ability to provide service.**

Methods - The following criteria will be applied in implementing the Affirmative Action Plan.

1. Current or previous unutilized caseload at an agency shall be considered before allocating it additional slots.
2. The most current economic and health data, if feasible, will be incorporated to update the Affirmative Action tables.
3. Recognition will be given to each agency's willingness and capacity to expand operations. Agencies desiring increased caseload may be required to submit a plan of the methods they will utilize to ensure that the additional caseload is enrolled.
4. The need rankings and other measures of need in the Affirmative Action Plan will be applied. In addition the census tracts identified as those with the highest need (Factor Analysis review 11/04, Division of Family Health, RI Dept of Health) will be viewed for effective penetration.
5. Preliminary and final identification of each local agency's estimated proportion of increased caseload will be made.
6. Enrollment and spending will be monitored and the expansion plan may be adjusted as warranted.

### **Disaster Coordination and Planning**

**Goal:** In the event of a disaster which disrupts food distribution, utilities, transportation, building security, communications or computer operations, to assure continuity of access to supplemental foods, certification services, operation of accountability systems, and

**Goals 2008****Section I Preliminary Information**

information and referral response, and to extend services to newly eligible persons related to the disaster.

**Objective 1:** Continue working relationships with the HEALTH Disaster Coordinator and Emergency Response Primary Contacts and the State Emergency Management Agency to clarify WIC's roles, needs and communications

Evaluation: WIC was defined as a key HEALTH Program resulting in inclusion in Y2K Planning efforts. HEALTH refined its Disaster Plan, integrating WIC procedures into the process. As the new WEBS systems is rolled out, WIC will engage in an assessment of the security and continuity of access, physical, operating system, network and software aspects.

**Objective 2:** By June 2007, revise the WIC emergency response plan based on the newly deployed WEBS system and review with local WIC Coordinators.

**Objective 3:** By September 2007, produce a Disaster Procedures section of the State Operations Manual and the Local Agency Procedures Manual

**Objective 4:** By September, 2007, conduct a disaster drill at the State agency.

**[6 PAGES OF TABLES IN EXTERNAL FILE]**

**“In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.**

**To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer. For sex or handicap complaints, contact the State Equal Opportunity Office, One Capitol Hill, Providence, RI 02908.”**

GOALS FOR FY 2008

II. ELIGIBILITY AND ENROLLMENT

Application and Eligibility Determination .....	II - 2
Nutritional Assessment.....	II - 4
Program Violations or Abuse/Multiple participation.....	II - 4

## SECTION II

### WIC ELIGIBILITY AND ENROLLMENT

Refer to WIC Procedure Manual Section 200  
WIC Operations Manual Section 2

Section II  
Eligibility and Enrollment

**Goal: To ensure that eligible persons are enrolled in the Program in accordance with regulatory requirements, through accurate and efficient assessments and recording.**

*Application and Eligibility Determination*

**Objective 1: Identify training needs**

**Evaluation:** Identified training needs of local agency nutritionists and support staff through surveys, Nutrition Education Plans, management evaluations, and changes in rules, regulations, policies and procedures impacting local WIC sites. Working in conjunction with the Initiative for Healthy Weight (IHW), surveying nutritionist on comfort level of counseling around childhood weight issues.

**Plan:** Identify training needs of local agency nutritionists and support staff through surveys, Nutrition Education Plans, quality assessment data reports, management evaluations, technical assistance calls logged by SA and changes in rules, regulations, policies and procedures impacting local WIC sites. Pilot a Central Falls intervention in collaboration with IHW.

**Objective 2: Conduct training**

**Evaluation:** Conducted quarterly orientation and training for new WIC nutritionists and support staff (as needed, provided three training sessions for WIC support staff, conducted three nutrition education trainings (avg. attendance 30), met with WIC local agency coordinators bi-monthly, and provided individual agency training during Management Evaluations (12 sites). At the Nutrition education meetings covered nutrition education in based on VENA guidance. CLC training was offered to any nutrition or Peer Counselor staff that had not previously become CLC certified. This training was held in Brockton in June '07.. LA nutrition and PC staff has been offered the opportunity to complete the IBCLC exam through state WIC funding. SA and LA staff attended the Touching Hearts, Touching Minds training offered by MA SA WIC Staff.. Breastfeeding Grand Rounds from NY School of Public Health was broadcast at the Health department and made available to all WIC staff. RI WEBS followup training was conducted at nutritionist and support staff trainings as well as by request throughout the year.

**Plan:** Training for VENA will be provided throughout the year at Nutrition Education Meetings, Support Staff training. We are planning to have Massachusetts present their Touching Hearts and Minds training early next year for all of our local agency staff. Follow-up training for WIC staff on the RI WEBS system will be conducted on an as needed basis Breastfeeding Peer Counselors will attend bi-monthly training. The SA will conduct two per year training for WIC support staff, conduct quarterly nutrition education training for WIC and community nutrition staff, meet with WIC local agency coordinators bi-monthly. CLC

recertifications and trainings will be offered to LA staff in FY'08.. All LA nutrition staff and peer counselors will be offered the opportunity to complete the IBCLC exam through state WIC funding.

**Objective 3: Assure enrollment of high priority applicants**

Evaluation: Contracted with Health Metrics to establish a Best Practice Model and to evaluate policies at SA and LA levels. This process began in Spring '07. Outreach efforts have continued with the Provider Liaison in conjunction with SA and LA staff. LA nutrition staff were trained on how to connect with community providers both for outreach and resolving client issues. A pregnancy targeted outreach brochure was not developed in FY '07, but plans are underway for this in FY '08. SA Staff and Parent consultant planning a community assessment to identify barriers to services in communities with a high unserved population.

Plan: Continue with the community assessment to identify barriers to applying for the program. Review the Health Metrics best practice recommendations and plan on implementing policy changes.  
. Continue outreach efforts through managed care providers, and new providers serving the Rite Care populations through the Provider Liaison ¼ FTE position. Develop a pregnancy targeted outreach brochure to be used at OB offices.

**Objective 4: Streamline eligibility determination process**

Evaluation: Continued follow-up training of local agency WIC staff on use of adjunctive eligibility for WIC income verification. RIWEBS is implemented which has streamlined the eligibility criteria for those receiving Medicaid, food Stamps or FIP. SA continued to monitor sites on access to services and information required for an appointment.

Plan: . Will continue to review documentation requirements to ensure compliance with regulations while simplifying determination process. Training on eligibility is an ongoing activity with new staff as well as Support staff meetings.

**Objective 5: Separation of Duties**

Evaluation: The State Agency incorporates SOD monitoring into the biennial Management Evaluations performed. Five local agency management evaluations were completed. There were three WIC local agency cited for SOD non-compliance in FY 2007. The agencies that were cited were required to submit a plan of correction.

Plan: Require local WIC agencies to comply with separation of duties during certification, thus reducing the possibility of fraud and mis-use of WIC funds. Continue monitoring efforts.

**Objective 6: Coordinate with RI Department of Health Minority Health Initiatives**

Evaluation: Continued collaboration with Cultural Competence Coordinator to address cultural awareness and sensitivity issues among State and local WIC staff. Several State office staff attended a refugee in-service training at weekly managers meeting.

Plan: Continue coordination of work with Minority Health Office in addressing needs of non-English speaking, and minority communities SA staff will continue to educate LA WIC staff on issues surrounding minority health.

### *Nutrition Assessment*

#### **Objective 1: Dietary assessment tools**

Evaluation: Rhode Island has stopped the use of a FFQ and replaced it with an open-ended client survey VENA training has been incorporated in all of WIC's Nutrition Education Meetings. SA staff have been trained as trainers on VENA guidance. Reviews of LA have been done to evaluate the VENA needs for staff.

Plan: Along with input from the LA staff, VENA tools will be revised..

#### **Objective 2: Prompt implementation of revised risk criteria**

Evaluation: Revision 8 has been fully implemented for one year. Staff have been trained and follow up is provided on an as needed basis. VENA training has been incorporated in Support staff and Nutrition Education Meetings throughout FY'07.

Plan: . Continue implementation of VENA in conjunction with CT WIC Program. Training will be provided on Revision 9 during FY'08.

### *Minimize violations of Program rules and misuse of Program funds.*

#### **Objective 1: Warnings and sanctions**

Evaluation: Provided technical assistance as needed to LA staff on properly notifying clients about their rights and responsibilities on the WIC program. Evaluated at ME's three of the five Agencies reviewed were cited for not properly explaining Right and Responsibilities. Each of these Agencies were required to provide a plan of correction..

Plan: Continue to provide training to local WIC staff on importance of educating clients on their rights along with their responsibilities using the WIC rights and responsibilities information included on the WIC ID folder. Continue to monitor participant knowledge of rights and responsibilities during Management Evaluations through parent consultant / participant interview process and observations.

GOALS FOR FY 2008

III. FOOD DELIVERY SYSTEM

Food Delivery System Contracts.....	III - 2
Automated Data Processing .....	III - 2
Management Tools – Financial Reporting .....	III – 2
Local Agency Clinic Data Processing.....	III - 2
Vendor Selection and Authorization .....	III - 3
Vendor Management .....	III - 3
Vendor Education and Training .....	III - 3
Excessive Price Limits .....	III - 4
Program Integrity .....	III - 4
State / Federal Information Sharing .....	III - 5
Community Relations.....	III - 5

**SECTION III**

**Food Delivery System**

**Refer to WIC Procedure Manual Section 300  
WIC Operations Manual Section 3**

**Goal: To operate a Food Delivery system which fosters Program efficiency and effectiveness, especially in maintaining enrollment records, issuing benefits, paying vendors, reconciling food instruments, maintaining accountability and controls, providing management information for the administration of the program, and vendor management.**

*Food Delivery System Contracts*

**Objective 1: Continue efficient and effective banking services.**

Evaluation: A new banking contract was awarded to FMSC.

Plan: ACH processing will be deployed in January 2008..

*Automated Data Processing*

**Objective 1: Continue to evaluate and enhance MIS as a management tool.**

Evaluation: MIS software development contract was awarded to Covansys, Inc. Fiscal management, vendor management, caseload management, report generator and local agency modules were developed. Testing and training were completed for the local agency module and deployment occurred in June of 2006.

*Management Tools - Financial Reporting*

**Objective 1: Define and implement enhanced management tools related to financial reporting.**

Plan: Continue the rollout the local agency, vendor, fiscal, caseload management, scheduling and ad hoc reporting modules to streamline, improve and support program integrity, efficiency and effectiveness.

*Local Agency Clinic Data Processing*

**Objective 1: Optimize the use of the RIWEBS with clinic operations.**

Evaluation: RI WEBS was implemented and technical assistance was provided to all LA during the year.

Plan: Integrate the use of the new WEBS local agency MIS module into local agency functions. Identify clinic efficiencies (paperwork, traffic flow, check issuance procedures) to stream-line services. Monitor efficiencies and provide technical assistance during routine and management evaluation site visits. Monitor the appointment times.

*Operation of the Retail Vendor Management System*

**Goal:** That all authorized participating WIC vendors will be a benefit to the efficient and effective administration of the Program, in particular with regard to their charges for WIC purchases, provision of authorized foods, service to participants, and cooperation with the goals of the Program and its vendor monitoring procedures.

*Vendor Selection and Authorization*

**Objective 1:** Maintain no more than 200 authorized WIC retail grocery vendors in FY 2007.

Evaluation: Actual vendors as of 10/06, there were 41 large grocery stores, 29 medium grocery stores, 114 small grocery stores, 36 large pharmacies, 1 small pharmacies with 1 commissary. There were a total of 225 vendors; 188 were grocery vendors.

Plan: Continue applying clear and specific selection criteria to ensure the lowest cost/most accessible vendors are enrolled, unless the need for special authorization warrants a enrollment above the maximum. Rollout the newly developed peer group categories based on gross food sales, # of registers, type of ownership and if the store is a potential 50% WIC vendor, or has been identified as an actual 50% WIC vendor.

*Vendor Management*

**Objective 1:** Perform regular monthly analysis to track high risk and potentially high risk WIC vendors.

Evaluation: The Vendor Software Module, including enhanced tracking of high risk and potentially high risk WIC vendors, is operational.

Plan: High risk vendor reports will be generated regularly and appropriate follow up will be taken.

*Vendor Education and Training*

**Objective 1:** Promptly train new vendors, and provide refresher training as needed to existing vendors.

Evaluation: On-going training events were held for 225 legacy vendors during the WIC reauthorization process. In addition, new vendor applicants received training, and current vendors received update training. Monitoring and follow-up site visits were also made. In July, 2007 major chain stores were trained on the vendor rules and regulations. This data will be reported in the 2007 TIP Report.

Plan: Continue training sessions at Health for applicants and existing vendors. Increase the number of one-on-one on-site training/monitoring visits and investigate alternative training methods. Schedule statewide training in FY 2008 as vendor related materials are developed.

### *Excessive Price Limits*

**Objective 1: Utilize vendor MIS module to identify potential overcharges among stores.**

**Evaluation:** Peer group pricing analysis has been input into the Vendor Software Module. This allows more specific analysis of price data. The previous method of tracking high priced vendors was labor intensive and required significant resources.

Plan: A peer group analysis is one of the key components of the process and allows more specific analysis of price data. The system will begin to provide automatic generation of invoice letters in order to recover identified overcharges.

**Objective 2: Enhance use of a maximum price pre-edit by check type to deny payments, thus increasing vendor collections.**

Evaluation: Printed maximum price on checks was removed in FY 2003. In 2004, systems were developed to move to ACH crediting for the processing of WIC checks submitted over the maximum value. In 2005, testing of the new WEBS and bank processing resulted in the need to expand the WEBS capacity to manage additional ACH processing numbers. The ACH process was deployed in 2006. An evaluation of the process is now being undertaken.

Plan: Utilize Vendor Management Module reports and bank data to perform price analysis by check type within vendor peer group in order to monitor and audit maximum check value within peer groups. (Operations Policy V-10 and V-11). Implement ACH check processing for both debit and credit will begin in FY' 08 statewide.

### Program Integrity

**Objective 1: Conduct a minimum of twelve investigations (ie, a minimum of 5% of RI vendors) selecting as many high-risk vendors as possible.**

Evaluation: Employees were secured to perform compliance visits in FY 2006 and conducted the required visits. Twenty-four high risk vendors had compliance buys conducted at their stores. This data will be reported in the 2007 TIP Report.

Plan: Utilize vendor analysis reports and complaint information to flag potential vendors for compliance investigation.

**Objective 2: Increase staff time for vendor compliance investigation management**

## Goals 2008

## Section III Food Delivery System

Evaluation: The process and forms were streamlined to increase the accuracy of reporting, and decrease duplication of reporting, and to incorporate RI WEBS capability into the process.

Plan: Prepare a training and investigation procedures manual for new investigators.

### **Objective 3: Maintain routine monitoring at 30 percent of vendors.**

Evaluation: 90 monitoring visits to WIC authorized stores in FY '07

Plan: Ensure required routine visits are conducted in FY 2008.

### **Objective 4: Strengthen sanctions related to violations**

Plan: The new WEBS vendor module was rolled out, and assignment of sanction points to specific program violations were finalized.

### ***Federal/State Information Sharing***

#### **Objective 1: Coordinate with Northeast Regional Office (NERO) and Food Stamp Program (FSP) to improve notification of administrative/disqualification actions for WIC and food stamp authorized vendors.**

Evaluation: State staff were trained and authorized to have access to FSP vendor specific data to assist in vendor functions.

Plan: Continue to utilize E-mail notifications and investigate the connection to, and use of the federal food stamps computer system to track federal Food Stamp Program actions relating to Rhode Island vendors.

### ***Community Relations***

#### **Objective 1: Maintain a positive dialogue with the retail vendor community through the WIC & RI Food Dealers' Association and members of the Vendor Advisory Committee.**

Evaluation: The RIFDA has provided valuable feedback and communication on issues related to Program rules and regulations and special initiatives by WIC involving the vendor community.

Plan: Continue quarterly meetings with the R.I. Food Dealers' Association and establish agenda for discussion. Keep informed of areas of mutual interest and concern.

GOALS FOR FY 2008

IV. PROGRAM BENEFITS

Health Care Resources .....	IV - 2
State Agency Nutrition Education Plan.....	IV - 4
Breastfeeding Promotion.....	IV - 8
Supplemental Foods .....	IV - 11

**SECTION IV**

State Agency Nutrition Education Plan

Refer to WIC Procedures Manual Section 400  
WIC Operations manual Section 4

IV  
Program Benefits  
(Procedures - 400, Operations - 4)

**Goal:** To ensure that RI WIC participants have access to health care services and appropriate referrals

**Objective 1: Evaluate barriers to early entry into prenatal care in the WIC Program.**

**Evaluation:** In 1990, 86.7% of pregnant women received prenatal care in the first trimester and by 1999, the figure increased to 91.4%. (data from self-reported data on the birth certificate). Provisional data for 2005 indicates that 89.% of Rhode Islanders received prenatal care in the first trimester, a slight decrease from 2004 (89.6%). The 2004 data showed that African Americans and Asians had the lowest rates (83.2.6% and 83.4.5% respectively). Whites were 91.9.2%, and Hispanic/Latino ethnicity were at 86.6%. In the core urban cities, 86.9% received adequate prenatal care compared to the women in the rest of the state (93.8%). Local Agency health Centers collaborate with the WIC Program in referrals to WIC at the time of a positive pregnancy test. HEALTH's Provider Relations unit encourages referrals to WIC at the time an initial contact is made at Private OB Offices.

**Plan:** Continue screening prenatal applicants for access to prenatal services, make appropriate referrals to health care providers as necessary. Continue collaboration with the Women's Screening Program at the Local Agency level to enhance early entry into WIC for pregnant women. Continue development of new outreach initiative to educate new Rite Care prenatal providers, through our provider relations personnel, about WIC services. Encourage local WIC Program staff to provide seamless access to WIC for all participants, especially pregnant women. Preliminary conversations have been initiated with local WIC Coordinators to explore the possibility of an "open-access" schedule, specifically for pregnant women, to help ensure early entry into WIC.

**Objective 2: Increase to 90%, primary care services for children ages 18 month and younger.**

**Evaluation:** WIC continued to monitor access to health care by obtaining proof of health care (via medical referral form), interviewing caretakers, and continued working with Kids Net program.

**Plan:** Continue screening child applicants for access to primary care services, make appropriate referrals to health care providers as necessary, and work with Kids Net to implementation of the health data tracking and referral system.

*Healthy People 2010***Objective 1: Maintain 95%, access to primary health care.**

Evaluation: With the transition to WEBS, an update on this goal is not possible at this time. (As of April 2005, 94.5% of WIC participants were insured. 84% were on Medicaid (managed care RITE Care Program), and 10.6% were privately insured. 4.7% of the WIC participants were referred to Rite Care managed Medicaid program. Training was provided to all local agency staff on the new Rite Care Eligibility criteria)

Plan: With state budget constraints, Medicaid is charging a premium for some Rite Care recipients. If the premium is unpaid, the recipient is dropped from the Rite Care Program. WIC will track Rite Care enrollment to assess the impact of premiums in continued enrollment. Continue referrals to Rite Care managed Medicaid program for uninsured applicants. Develop and run report which list those WIC participants without health insurance for follow-up contact.

*WIC Objective***Objective 1: Maintain WIC association with health care agencies**

Plan: Managed care continues to impact R.I. Medicaid program. Rite care contracted Health care agencies with WIC sites were monitored to ensure continuity of service.

As more Medicaid / WIC participants obtained health care in new settings (HMO's, PPO's), local agencies continued to encourage on-going health care. Monitoring of WIC charts for documentation of health services and referrals continued during this transition period.

Plan: Continue to monitor stability of WIC sites in health care agencies.

**Objective 2: Participate in Rite Care planning and service integration**

Evaluation: Continued working with the Family Resource Counselor program, WIC ensured that referrals to health and social services was provided. Local WIC agencies continued to provide the majority of blood screening. Collaborated with the Women's Assessment Project to ensure that pregnant women are identified and referred to WIC early in the pregnancy. Continued to provide technical assistance on the blood screening schedules which are more closely aligned with standards of practice with recommendations by the AAP and CDC.

Plan: Continue to collaborate with the new Women's Assessment Project and encourage providers to complete the WIC Medical Referral Forms to reduce duplication of screenings. Monitor Local Agency WIC Programs to ensure compliance with risk assessments, This will be done at Management Evaluations. Continue the WIC presence on the Rite Care Consumer Advisory Committee.

IV  
State Agency Nutrition Education Plan  
(Procedures - 420, Operations - 4)

**Goal** To ensure that quality nutrition education, which recognizes the individual needs of participants, is provided to every WIC participant or guardian in a manner consistent with federal regulations, state guidelines, and appropriate health care standards.

*Provision of Quality Nutrition services*

*Year 2010 Objectives*

**Objective 1:** (19-12) Reduce iron deficiency to less than 5% among children aged 1 – 2 years old, to 1% among children 2-4 years old and to 7% among women of childbearing age.

Evaluation: Participants continued to receive targeted counseling re: iron rich foods and their importance using the newly developed and translated nutrition education materials.)

Plan: Continue providing targeted nutrition education re: iron nutrition. Continue WIC caseload expansion (if feasible) to prevent iron deficiency by reaching more children aged one through 4. Women will continue to receive education, follow up and referrals to their physicians regarding iron deficiency anemia.

**Objective2:** Ensure dental care concerns are addressed within the VENA format for counseling.

Evaluation: As the new VENA format evolves, ensure that oral health is included.

Plan: Assess and develop VENA focus for WIC counseling that includes oral health.

**Objective 3:** (16-17) Monitor abstinence from alcohol (to 94%), cigarettes (to 98%), and illicit drugs (to 100%) among pregnant women.

Evaluation: WIC continued to counsel women on the implications of abusing drugs and other harmful substances.) Referrals were made to community organizations with smoking cessation programs and alcohol / drug abuse treatment services.

Plan: Continue to counsel women on the implication of abusing drugs and other harmful substances. Assist local agencies in identifying community resources and referral agencies available to WIC participants which deal with substance abuse issues. Refer to community organizations with alcohol and drug abuse treatment services. Collaborate with Project Assist and Rite Care providers in to develop cohesive strategies in reducing smoking rates among WIC participants. Support NHPRI's initiative to sponsor a smoking cessation program for pregnant Rite Care members.

**Objective 4: Work towards increasing to at least 85 percent the proportion of mothers who achieve the minimum recommended weight gain during their pregnancies.**

Evaluation: Counseled WIC mothers on the importance of proper weight gain during pregnancy and sound dietary practices and a nutritionally adequate diet. Provided customized food packages based on nutritional needs and preferences.

Plan: Continue providing targeted counseling on desirable weight gain to pregnant women, ensuring that high risk women receive required nutrition education contacts.

*Healthy People 2010 Objectives*

**Goal: Increase the span of healthy life for all Rhode Islanders, reduce health disparities among Rhode Islanders and achieve access to preventive services for all Rhode Islanders.**

**Objective 1: Educate WIC caretakers about effects of tobacco exposure and exposure to second hand smoke.**

Evaluation: Counseled WIC participants on the dangers of exposure, coordinated WIC operations with smoking cessation programs to assist clients wishing to stop smoking, designated WIC clinics as "Smoke Free" zones.

Plan: Continue in these efforts

**Objective 2: Educate WIC clients on alcohol and other drug related health problems.**

Evaluation: Counseled WIC participants of the dangers of substance abuse and coordinated WIC operations (when possible) with alcohol and drug treatment services.

Plan: Continue in these efforts

**Objective 3: Reduce children's blood lead levels by reducing the prevalence of levels exceeding 10 mcg/dl by 50% and exceeding 20 mcg/dl by 75% among children through age 5 years.**

Evaluation: Assisted in screening children, or referring for lead poisoning when possible, counseled WIC care givers on ways to prevent lead poisoning through dietary interventions, environmental interventions and screenings, worked with Lead Program to ensure that lead burdened children were referred to WIC through distribution of WIC outreach materials to families of lead burdened children. WIC/Lead materials were developed by HEALTH's communications unit and are used in WIC LA and within the lead program. Expansion of access to Kidsnet was completed at LA..

Plan: Continue with these efforts. . Changing access to Kidsnet for a more seamless ability for LA staff.

**Objective 4: Reduce poor birth outcomes by reducing the incidence of low birth weight infants, reducing tobacco and illicit substance use by pregnant women.**

Evaluation: WIC counseled WIC pregnant women on the effect smoking and drug use has on the birth outcome and referred participants (when appropriate) to abuse treatment centers and/or smoking cessation programs, instructed clients on optimal weight gain during pregnancy, and monitored high risk participants for optimal weight gain during their pregnancy.)

Plan: Continue to analyze data in more detail. Continue with WIC referrals, counseling and monitoring

***R.I. WIC Objectives***

**Objective 1: Nutrition Education Plans, Quality Assurance Reviews and Self Monitoring**

Evaluation: Reviewed and evaluated FY 2007 Nutrition Education Plans submitted by the 11 local WIC agencies; ensured their consistency with federal and state rules and regulations and emphasized the development of quality assurance systems to monitor the provision of nutrition education to WIC clients. During Management Evaluations, the state agency is reviewing the quality assurance program used as a local agency self evaluation systems. The results of the self-assessment component have been incorporated into the Nutrition Education Plan to allow quick/consistent feed back to the agency. Completely revised the Nutrition Education Plan for 2008.

Plan: Continue with review and evaluation of Nutrition Education Plans, monitoring quality assurance and self-monitoring systems.

**Objective 2: Provision of training programs for local agency staff.**

Evaluation: Provided series of nutrition meetings and training for nutritionists (quarterly), breastfeeding peer counselors (bi-monthly and new peer counselor training), WIC coordinators (bi-monthly), local agency support staff series (4times per year), and new staff training offered monthly. The annual meeting addressed civil rights, program integrity, and customer service and program procedures. Topics for trainings were based on staff requests and surveys, needs identified through management evaluations, policy and procedural changes, latest research.

Plan: Training will be provided based on needs identified through management evaluations, surveys of local agency nutritionists regarding their training needs/interests, and training which covers new information/research in nutrition and implementation of new policies and procedures.

WIC support staff will no longer be providing SNEC's to WIC participants. Nutrition staff will be responsible for all nutrition contacts in an effort to adhere to VENA guidance.

As expansion funding becomes available, training additional breastfeeding peer counselors for placement at under served WIC sites.

**Objective 3: Interview a random sample of WIC participants to ascertain their views of the benefits of nutrition education and nutrition services provided; and to make recommendations based on these findings.**

Evaluation: WIC parent consultants conducted participant interviews related to access to WIC services, and client satisfaction /rights and responsibilities surveys as part of the Management Evaluation process, Focus groups were conducted with select WIC participants to improve access and quality of WIC services. Local WIC agencies surveyed their participants in the annual WIC Participant Survey and through the FMNP participant survey. The results were used to reduce barriers to service, improve WIC services can be better provided, and the quality of services provided.

Plan: Continue annual WIC participant and FMNP survey, and the use of WIC parent consultants in obtaining participant information regarding WIC services they receive.

**Objective 4: Develop and test pilot group nutrition education contacts for WIC participants, to maximize nutrition education time.**

Evaluation: Several Breastfeeding Peer Counselors have implemented group contacts (as space permits in local agencies) to promote and support breastfeeding.

Plan: Continue to support expansion of group nutrition education contacts.

*Breastfeeding Promotion***Goal Increase breastfeeding initiation and duration***Year 2010 Objective*

Work towards increasing to at least 75% the proportion of WIC mothers who breastfeed their babies in the early postpartum period and to at least 50% the proportion who continue breastfeeding their 5 to 6 month old babies.

**Objective 1: To monitor and evaluate the Tender Lactation Care (TLC) Program, which promotes breastfeeding by offering in-hospital lactation consultant services with follow-up support to WIC participants.**

Evaluation: TLCs provided hospital-based support services 6 days per week to postpartum WIC mothers at Women & Infants Hospital of RI. WIC TLCs consistently made referrals to local WIC agencies and WIC Breastfeeding Peer Counselors for follow-up after hospital discharge. Routine communication between TLCs and local WIC agencies and WIC Breastfeeding Peer Counselors and between State Breastfeeding Coordinator and TLCs effectively continued. TLCs continued to assist with training new Breastfeeding Peer Counselors in the classroom and in the hospital setting and will begin to participate in Breastfeeding Peer Counselor Program evaluation.

Plan: Continue to monitor, evaluate, and enhance program activities of TLC Program.

**Objective 2: Develop computer-generated reports that provide information on the incidence of breastfeeding initiation and duration. The breastfeeding rate will be determined as the total number of breastfeeding women divided by the total number of infants.**

Evaluation: Current computer system limits reporting to monthly summaries of overall WIC breastfeeding rates at a single point in time at both at the local agency level and state level. Computer-generated reports that determine breastfeeding initiation rates and duration rates for 3 months, 6 months, 9 months, and 12 months at the local agency and state level has been developed for RI WEBS, which launched in June, but are not yet available.

Plan: Computer-generated reports that determine breastfeeding initiation rates and duration rates for 3 months, 6 months, 9 months, and 12 months at the local agency and state level will be available on RI WEBS as soon as the data is accessible.

**Objective 3: To expand and improve the effectiveness of the Breastfeeding Peer Counseling Program ("Mother to Mother").**

**Evaluation:** The Breastfeeding Peer Counselor (PC) Program has been established at 26 of 27 WIC sites and currently provides services at 23 sites. Five new PCs were trained in late 2005 and early 2006 using the USDA Loving Support Through Peer Counseling training program. Existing and new PC Program sites developed and submitted internal PC Program Protocols outlining local agency approaches. State WIC Staff enhanced relationships with and provided adequate support to local agency WIC coordinators and breastfeeding coordinators to maintain PC Program at the local level. State WIC staff enhanced tools for evaluation of local WIC PC Programs as part of biannual WIC agency management evaluations. Pager services continued to be provided to PCs at receptive local agencies. The State WIC Office continued to support the partnership between the PC Program at one local agency and a local birthing hospital to provide continuous hospital-based care for early postpartum mothers. Continuing breastfeeding education was provided to all WIC staff members through State-sponsored and independent trainings, helping them to identify breastfeeding issues specifically related to WIC and to support the PC Program. PCs and local agency staff were offered funding and guidance to pursue IBCLC certification and to attend a local, 45-hour Certified Lactation Counselor (CLC) training. Half of all WIC nutrition staff and nearly all WIC PCs received their CLC certification. Other WIC nutritionists and PCs may attend the CLC training in December 2006. Statewide WIC breastfeeding rates have increased steadily from 8.5% in 1995 to 12.7% in 2000 to an average of 19.1% in the 1st quarter of 2006.

**Plan:** Develop a comprehensive, standardized State Peer Counselor Manual that includes both training materials and operational policies and procedures. Integrate recommendations from the USDA Loving Support training module into the State PC Protocol. Provide State-sponsored biannual trainings for new PCs and local agency staff and offer additional training opportunities both inside and outside of WIC. Encourage WIC support staff to attend PC training. Continue to monitor and facilitate the integration of the PC Program into the local agencies. Continue to provide support to Local Agency WIC Coordinators and Breastfeeding Coordinators to maintain PC Program at the local level. Research peer counselor career paths available within the WIC structure and budget impact. Continue to implement and monitor the approved activities and requirements in the grant application for the USDA Peer Counseling Program. Continue to monitor WIC breastfeeding rates on a monthly basis.

**Objective 4: Enhance the skills and education provided to the Local Agency Breastfeeding Coordinators to improve their ability to fulfill their role in the local agencies.**

**Evaluation:** Enhanced communication between Local Agency Breastfeeding Coordinators (LABCs) and State Breastfeeding Coordinator. Encouraged LABCs to participate in clinical education to support and promote breastfeeding.

**Plan:** Train Local Agency Breastfeeding Coordinators as CLCs as well as using the USDA Loving Support through Peer Counseling training program to orient them to the expectations of the PC Program. Ensure that Breastfeeding Coordinators are

conduits for sharing of breastfeeding support and promotion information, clinical updates, and breastfeeding data sharing with local agency staff and Coordinators.

**Objective 5: Assist in development and support of statewide infrastructure that protects, promotes and supports breastfeeding.**

Evaluation: Participated in and supported the ongoing efforts of the RI Breastfeeding Coalition by attending monthly meetings and assisting in statewide projects to protect, promote, and support breastfeeding. Participated in the Physicians' Committee for Breastfeeding in RI. Supported breastfeeding promotion through local WIC agencies and local media during World Breastfeeding Week. Developed community partnerships and conducted outreach with breastfeeding families and health care professionals to increase breastfeeding knowledge and awareness. Continued to distribute breastfeeding resources to health care professionals.

Plan: Continue to participate in and support the activities of the RI Breastfeeding Coalition and the Physicians' Committee for Breastfeeding in RI. Continue to promote breastfeeding locally and through WIC agencies during World Breastfeeding Week. Continue to provide leadership for implementation of structured Breastfeeding initiatives within the Local Agency WIC Programs.

**Objective 6: Develop and implement State WIC Breastfeeding Support and Promotion Policy and WIC Breast Pump Loan Program Policy.**

Evaluation: Researched, developed, and instituted State WIC breastfeeding support and promotion policy.

Plan: Research, develop, publicize and institute State WIC breast pump loan policy and program. Utilize existing regional and national WIC resources to assist with policy development. Provide training to local WIC agency staff to facilitate policy implementation. Familiarize and orient WIC clients with breast pump loan program.

IV

Supplemental Foods

(Procedures - 420, Operations - 41)

**Goal: To provide nutritious supplemental foods to all WIC participants according to nutritional need and federal regulations within the financial means of the Program.**

**Objective 1: Review and modify the WIC Allowed Foods List and Food Packages**

Evaluation: The new combination WIC Allowed Food List & ID Folder were finalized, printed and distributed in 2006. The effective date is October 1, 2006.

Plan: The new WIC software will increase the ability of the nutritionist to better tailor food packages to meet the needs of their clients. Training regarding the new WIC allowed food list will be conducted with local agency WIC staff and RI vendors before implementation.

GOALS FY 2008

V. OUTREACH AND COORDINATION

Outreach Plan.....	V - 2
Coordination .....	V - 5
Hunger and Food Security .....	V - 7
Statement on Special Population .....	V - 7

**SECTION V**

**Outreach and Coordination**

Refer to WIC Procedure Manual Section 500  
WIC Operations Manual Section 5

## V

## Outreach and Coordination

**OUTREACH PLAN**

**Goal: To communicate the availability of WIC services to all potentially eligible Rhode Islanders.**

*Healthy People 2010 Objective 16-6*

**Objective 1: Increase to at least 90 percent the proportion of all pregnant women who receive prenatal care in the first trimester of pregnancy and the proportion of pregnant women and infants who receive risk-appropriate care.**

Evaluation: Statewide, delayed prenatal care rates have dropped by almost 50% over the past 10 year. Vital Records data for 1996-2000 show a statewide rate of 9.2%, the best in the country. From 1999 to 2003, 90.7% of Rhode Islanders received prenatal care in the first trimester. Rates continue to vary by racial / ethnic groups and geographical areas. African Americans and Asians had the lowest rates, 83.2% and 83.4% respectively, while Whites (91.9%) and those of Hispanic / Latino ethnicity (86.6%) had the highest rates. Only 81.9% of Native Americans received prenatal care in the first trimester. Women living in the core cities were less likely to receive prenatal care in the first trimester (86.9%) compared to women in the rest of the state (93.8%). Specifically, women residing in Woonsocket had the lowest early entry prenatal care rate (82.4%) compared to women living in the other core cities. WIC provided referrals to RItE Care and Rite Start for uninsured pregnant women to improve access to health care. 95% of WIC participants have health insurance in RI.

Plan: Continue screening prenatal applicants for access to prenatal services, make appropriate referrals to health care providers as necessary.

*Healthy People 2010 Objective 1-5*

**Objective 1: Increase the proportion of persons with a usual primary care provider to 85%.**

Evaluation: Continued to screen and refer applicants for health care needs, and provided risk appropriate nutrition services. Provide information to families on new RItE Care age and income eligibility. Currently 96.8% of WIC participants have a primary care provider. This is captured at the certification appointment each participant is asked about the type of provider they have, if any. WIC continued to educate health care providers about the WIC referral process. The Provider Liaison team

made outreach contact with 147 health care providers across the state. Seven were OB/GYN offices, 7 schools, and the remainder family or pedi practitioners.

Plan: Identify all high-risk areas in Rhode Island and target them for outreach to pregnant women. Bring women, infants and children into the health care system and provide risk-appropriate nutrition services. Analyze Local WIC Agency Risk Reports to identify local agencies' high-risk caseloads. Assist local agencies in targeting outreach effectiveness.

### *WIC Objectives*

**Objective 1: Increase the proportion of LA WIC staff that utilizes the Kidsnet database to immunization/lead data for WIC assessment purposes from 1 LA to 11 LA's.**

Overview:

Evaluation: Local Agency WIC staff are trained in the Kidsnet system, they are able to access through the web lead and immunization status during certification. The Lead Program Staff visited WIC sites and trained staff on protocol. A report was developed and given to LA staff to identify those participants with elevated lead who may not have been counseled on the issue.

Plan: Evaluate lead status of clients in Kidsnet compared with assigned risk in the WIC system. Provide feedback to agency coordinators and re-training if necessary. SA will review access logs to Kidsnet, to enforce need to review immunization status.

**Objective 2: The State WIC office will share relevant needs data, with all 11 local agencies, including socioeconomic and demographic data by census tract on a quarterly basis.**

Evaluation: Local WIC sites were able to request reports to assist in needs assessment and strategic planning. Reviewed caseload, average clients seen in a period of time, barriers to access and breastfeeding rates to each agency. This helped with strategic planning and started the process of open access, better meeting clients needs and working to address the underserved in each community.

Plan: Create reports in RI WEBS to better help evaluate each agency

**Objective 3: The State Agency will monitor outreach activities done at the Local Agency on a quarterly basis. Increase first trimester enrollment of pregnant women to 25% statewide.**

Evaluation: Local Agencies submitted an outreach log on a quarterly basis, which was reviewed by SA staff.

Plan: The SA will continue to monitor outreach activities provided by LA staff. In conjunction with LA Coordinators, the SA will develop a plan to attract pregnant

women into early enrollment into WIC.

**Objective 4: Identify any migrant populations and target them for outreach, if appropriate.**

Evaluation: The state WIC office in collaboration with R.I. Department of Environmental Management, Division of Agriculture, and the Department of Employment and Training was not able to identify any migrate workers in RI in 2007. As a result no outreach brochures were distributed.

Plan: Continue to monitor the existence of migrant jobs with the R.I. Department of Environmental Management, Division of Agriculture, and the Department of Employment and Training

**Objective 6: Publicize availability of WIC services and eligibility information to general population through monthly classified ads, posters, distribution of pamphlets, annual public notice in a statewide newspaper, and listings in Hispanic directory**

Evaluation: WIC services were publicized through all of these methods described above. Continue outreach connection with Kidsnet per WIC objective 1. Client surveys ask how the participant heard about WIC, 90% of clients hears about WIC through other family members or friends.

Plan: Continue outreach efforts as above. In the new RI WEBS system, there will be a better tracking of how clients were referred to or heard about WIC.

**Objective 7: Continue with annual outreach to RI Providers regarding WIC Eligibles.**

Evaluation: The Provider Relations Team focused on outreach visits to Pediatric offices. Updated materials were distributed to 40 + Providers. Also, in conjunction with the parent consultant program, home daycare providers were given in-services on the WIC eligible population.

Plan: Continue target WIC outreach to health care providers, with particular emphasis on health care providers not associated with community health centers.

**Objective 8: Monitor LA distribution of outreach materials, annually, to shelters and organizations serving the homeless, including program availability and eligibility information.**

Evaluation: Local WIC agencies documented an established relationship with homeless shelters and organizations through their referral list provide annually in their Nut Ed plan. . The state WIC office reviewed the current listing of homeless / safety shelters and, provided updated information to local agencies and hotline staff. Confirmed and documented status of Homeless shelters and organizations as WIC eligible facilities.

Plan: Continue to encourage and support local agency outreach to shelters and organizations serving the homeless.

**Objective 9:** Contact DCYF once/year to provide **outreach information regarding WIC services as a referral for children in foster care.**

Evaluation: Client Services Unit continued to act as liaison for foster parents/foster services and local WIC sites. Provided technical assistance to local agencies re: foster services to ensure continuity of service. Provided WIC information to DCYF so they can instruct workers on WIC and that information can be given to foster parents.

Plan: Continue to review and respond to any barriers to service for children in foster care or protective services. WIC Parent consultant will provide one annual in-service to caseworkers at DCYF on the WIC Program

### Coordination

***Goal: To maximize the health gains of WIC benefits by insuring that WIC participants receive all needed health care and preventive health care services. The effectiveness of WIC benefits will be reinforced by ensuring that the families of WIC participants meet basic sustenance needs.***

#### *Healthy People 2010 Objectives*

**Objective 1:** Reduce the prevalence of blood lead levels exceeding 10ug/dL to 0 in children aged 1-5.

Evaluation: Assisted in screening and/or referring to health care providers for blood lead levels, documented and forwarded abnormal blood screening results, including elevated lead levels to health care providers, counseled WIC care givers on ways to prevent lead poisoning through dietary interventions, environmental interventions and screening. Evaluated the pilot project with Kids net re: assessment of child's lead screening status, with appropriate education, referrals and WIC services.

Plan: Continue with these efforts, investigate inclusion of WIC referral information on lead screening test slips sent to health care providers, and evaluate WIC enrollment of children with lead poisoning. Continue the Kids net / WIC lead initiative to assess lead status statewide.

#### *Health People 2010 Objectives 16-19*

**Objective 2:** Increase to at least 75 percent the proportion of mothers who breastfeed their babies in the early postpartum period and to at least 50 percent the proportion who continue breastfeeding until their babies are 5 to 6 months old, and to 25% at 1 year.

Evaluation and Plan: Refer to Section IV, Breastfeeding Promotion

*Healthy People 2010 Objective 16 - 17*

**Objective 3: Participate in 90% of planning meetings for Healthy Mothers/Healthy Babies Coalition, R.I. Breastfeeding Coalition, KidsNet and other MCH/DOH advisory committees.**

Evaluation: State breastfeeding coordinator attended all Healthy Mothers, Healthy Babies meetings and ran the RI breastfeeding coalition meetings, and the State WIC Nutrition staff attended the KidsNet, Food Stamp advisory committee meetings, and other applicable MCH/DOH advisory committees.

Plan: Continue with efforts.

**Objective 4: Ensure referral of all appropriate hospital and health center patients to WIC clinics and ensure that WIC nutrition services are included in team-managed care for participants.**

Evaluation: Continued collaboration with Family Resource Counselors who perform some pre-screening for WIC and Medicaid outreach in health centers. Provided in-services to local health centers on the WIC program as requested by the health centers. Monitored referral systems during local agency Management Evaluations.

Plan: Continue with efforts. .

**Objective 5: Ensure health care referrals or continuation for all participants whether within the agency or with private providers.**

Evaluation: RIte Care implementation resulted in an increased selection of health care providers. WIC continued to assist families through referrals to Medicaid; WIC outreach/referrals were included in the KidsNet Risk Response-Home Visiting initiative which will focus on home visiting, improved coordination and outreach for high risk children and families.

Plan: Continue coordination with Kids Net implementation, and screening and referrals to Medicaid (including WIC families with children up to age 18 now eligible for RIte Care)

**Objective 6: Update, annually, eligibility requirements of Family Independence Program, Food Stamps and Medicaid and disseminate information to local agency staff.**

Evaluation: Information was updated in the Procedure Manual, and new income guidelines were effective April 1, 2006.

Plan: Continue efforts

*HP 2010 Objective 21*

**Objective 7: Achieve immunization coverage of at least 90% among children 19 – 35 months of age.**

Evaluation: Trained WIC staff on the Kidsnet system to review immunization status of WIC participants. 95% of RI WIC participants have health insurance.

Plan: Continue collaboration with the immunization program and evaluate the agencies following of procedure and review any issues that may arise.

**JP 2010 Objective 19 – 18 Food Security**

**Objective 1: Increase food security among US households to 94%, and in so doing reduce Hunger.**

Evaluation: The RI Food Security Monitoring Project (RIFSMP) estimated that 24.4% of households residing in poverty census tracts in RI were food insecure in 1999. The WIC Participant Survey results from '96 – '00 indicated that about 75% of WIC participants' surveyed worry they will run out of money to buy food and only 50% indicated they could "often" eat properly.

Plan: To continue assessing food insecurity indicators on the annual WIC Participant Survey. Participate in the statewide efforts and other food and nutrition programs that are working to improve food security among low-income Rhode Island individuals and families.

**STATEMENT ON SPECIAL POPULATIONS**

American Indians

The 2000 Rhode Island census indicates that 5,121 people chose one race as Native American or Alaska Native (NAAN). 10,725 chose two or more races, with one of them as NAAN. Based on socioeconomic data, 37% of all NAAN were below the poverty level. Of NAAN children under age 5, 44% were below the poverty level. This compares to 19.3% of all children under age 5 live in poverty in RI.

2004 WIC data indicated that of the 130 NAAN's served by WIC 45 resided in the Providence area and 45 resided in South County. The remainder were scattered across the state. This ties into recent census data that shows NAAN live across the state and that a significant number live in Providence. Discussions with Native American representatives suggest that Native Americans served by WIC may be under counted or be applying at lower rates than other population groups. The state WIC office continues to work with Native Americans to consider options for better serving this population, including WIC access at the new Narragansett Indian Health Center.

Migrant Farm workers

Migrant Farm workers who come to Rhode Island during the spring and summer number approximately 281, according to the U.S. Department of Health and Human Services Migrant Health Branch. Many may come without their families. Therefore, the estimate for possible migrant WIC participants in Rhode Island is negligible.

There are approximately 178 seasonal workers, according to DHHS. Contact has been made with the New England Farm workers Council alerting them to the WIC Program and location of the WIC agencies in Rhode Island. All Program materials have been made available to the Council. Contact with the representative of the Farm worker's Council is maintained through various social service organizations and meetings.

GOALS FY 2008

VI. FINANCIAL MANAGEMENT

Cost Containment.....	VI - 2
Limiting High Cost food Items .....	VI - 2
Food Price Reduction Initiatives.....	VI - 3
Conversion of Funds to Administrative and Program Services Funds .....	VI - 3
Local Agency Allocation .....	VI - 3
Program Income .....	VI - 4
Administrative Funding Formula.....	VI - 4
Utilization of State of Rhode Island Appropriation .....	VI - 4
Internal Controls and Reporting.....	VI - 4
Audits.....	VI - 6

**SECTION VI**

**Financial Management**

**Refer to WIC Procedures Manual Section 600  
WIC Operations Manual Section 6**

VI

FINANCIAL MANAGEMENT SYSTEM

(Procedures - 600, Operations - 6)

Goal:

*Cost Containment*

**Objective 1:** To complete each fiscal year with food expenditures within five tenths of one percent of the Federal Grant, including utilization of any funds conserved through food cost containment savings, or added by local sources.

Evaluation - Per participant food costs increased in FY 2007. RI WIC implemented revisions in the WIC Approved Food List in FY '07 by restricting deli cheese to least expensive American style, adding private label cereals, moving to liquid concentrate juices, and selecting a new contract standard infant formula

Plan: With the implementation of the new Vendor Management software module, food cost analysis will continue to be refined. In FY' 08 analysis of the new food allowances will be evaluated..

*Limiting High Cost Food Items*

The prices for certain types, brands and packages of allowed foods significantly exceed the prices for nutritionally equivalent products, even allowing for maintaining of reasonable participant choice.

**Objective 1:** Review the current WIC allowed food list and WIC eligible foods for cost, availability, consumer preference and nutritional value. Select cost effective WIC eligible foods that would meet the needs of WIC participants.

Evaluation: The new WIC ID folder was distributed to LA to better address customers knowledge of WIC allowed foods while shopping.

Plan: Evaluation of the new Interim food lists and cost and analysis of implementation.

*Food Price Reduction Initiatives*

Infant Formula Rebate Process

**Objective 1:** Infant formula manufacturers have reduced the cost of infant formula to WIC programs significantly by paying rebates on a portion of the sales price to the

WIC Program. Under current federal law, such rebates can be used not only to provide food benefits for additional participants but also to purchase breast pumps. In Rhode Island, choice of infant formula for over 96% of WIC infants has been limited to the rebate contract products of one manufacturer, to achieve the greatest cost savings. This has allowed RI WIC to serve almost 6,000 additional people.

Plan: RI transitioned to the Nestle formula product as the new formula contract.

**Objective 2:** Review of RI WIC Allowed Food List

Plan: Implement the draft WIC Allowed Foods List.

Evaluation: Once implemented, track the impact of the changes on food costs, participation rates and retention rates.

**Conversion of Funds to Administrative and Program Services Funds.**

Once FNS has approved this State Plan the state agency may begin converting funds for each participant served on a monthly basis over the FNS projected average monthly anticipated level established by the Administrative Funding Formula. The proportion of money to be converted to Administrative and Program Services Funds shall be in accordance with federal regulations and directives.

**Local Agency Allocation.**

At such time as appropriate the state agency shall notify local agencies of authorized caseload expansion based on rebate income. Such authorizations may be either a fixed authorized number or permission to expand on a "subject to further notice" basis.

Administrative and Program Services reimbursement will be based on the number of the authorized additional persons actually enrolled.

**Program Income**

State law has established fines for violation of program rules by vendors, participants or other parties. Procedures will be put in place for restitution by participants of program funds obtained through fraud or misinformation.

**Objective 1:** Establishment of policies for instituting claims against participants for funds received through fraud or misinformation.

**Objective 2:** Establishment of policies for imposition of fines for fraud or abuse of the program by any parties.

**Administrative Funding Formula**

In order that local agencies can anticipate stability of the basis on which their funding is calculated, the state will maintain the same administrative funding formula as outlined in the previous State Plan. From total available administrative funds, up to 63% of the basic grant, including any negotiated amounts will be allocated for local agency administration.

**Utilization of State of Rhode Island Appropriation**

For state FY 2008, no State appropriated funds are expected.

Since 1995, state funds were made available for food and administrative costs of the Farmers' Market Nutrition Program. In the event that other than Federal funds are again made available to supplement the Program, such funds will be received, allocated, expended and accounted for in accordance with the legislation or executive directive making the funds available, or the conditions of any non-government grant. In addition, such funds will be managed in accordance with applicable federal and state laws and rules. In particular, such funds will be utilized in conformance with the provisions of this State Plan of Operation and Administration.

State appropriated funds may be used either for WIC or Farmers' Market services.

**Internal Controls And Reporting**

**Goal:** To incorporate the new financial operating system into daily operations to aid in the reporting of monthly food and administrative expenditures as well as generating the formula rebate billing.

**Objective 1:** Develop reports through a faster and more interactive system that will allow staff to devote more time to other duties.

**Plan:** Continue cross-training of managers in the new operating system, which should result in increased knowledge of reporting procedures and more reliable back-up staffing of financial/reporting functions.

**Evaluation:** The new operating system has been deployed and used in generating rebate billing and generation of the 798.

**Objective 2:** Develop electronic filing mechanism for local agency reporting of WIC Monthly Expenditure Reports - Nutrition Services and Administration

**Goals 2008**

**Section VI Financial Management**

Evaluation: Covansys financial management module has been developed.

Plan: Investigate the use of web technology to allow entry of billing data from local agencies to the state agency. Not projected to be initiated before FY 2007.

AUDITS  
(Procedures-622, Operations-6)

The Regional Inspector General for Audit, Department of Health and Human Services, has been designated as the Cognizant Audit Agency for the State of Rhode Island with respect to the major compliance programs.

In Rhode Island, the State Office of the Auditor General is responsible for annual audits of the WIC Program in conjunction with audits of other significant federal programs. Either the Auditor General or the Bureau of Audits may actually conduct the audits.

**Objective 1** - Collaborate with the OAG re: required single audit requirement.

Evaluation: Prepared for the FY '07 audit. A draft copy has been received and the WIC Program is awaiting the final report.

Plan: Prepare for FY '07 audit cycle.

**Objective 2** - Review the audit reports and management letters of independent audits performed for local agencies.

Plan: Findings from audit reviews will be addressed as appropriate to ensure that all federal and state financial requirements are met.

Evaluation: A review of the FY '06 findings of an independent audit for each local agency will be performed upon receipt of the report.

**Objective 3** - Monitor compliance with new A-133 guidelines for local agency audits.

Plan: Notify local agencies of the change in guidelines and monitor their implementation.

General Administration

Local Agency financial staff have expressed an interest in state-provided training the area of WIC Program funding and expenditure policies and procedures.

**Objective 1:** To plan and hold a WIC financial management seminar for local agency finance administrators and/or finance staff to review financial management issues relating to WIC Program reimbursement. This meeting will be one-half day in length and will be education and training oriented.

GOALS FY 2008

VII. MONITORING (Local Agency Reviews) ..... VII - 2

**SECTION VII**

**Monitoring**

Refer to WIC Procedure Manual Section 700  
WIC Operations Manual Section 7

VII  
MONITORING

Local Agency Reviews

**Objective 1: A biannual local agency review will be conducted for each local agency, including a site visit. Monitoring shall include, but not be limited to, evaluation of management, certification, nutrition education, civil rights, compliance, accountability, financial management systems and food delivery systems.**

Evaluation: All required financial and management evaluations were conducted for FY '07. Management evaluation findings were transmitted to executive directors and WIC Coordinators. Corrective plans were developed, reviewed and approved by the State agency.

Plan: Schedule and complete monitoring visits as required. Focus will be placed on the appropriate risk assessment; client centered counseling techniques, use of new client surveys, evaluation of use of new computer software and physical presence regulations. Findings from previous evaluations will be used in assessing training needs of local agency staff.

**Objective 2: Follow-up on implementation of needed corrections and corrective action plan schedule in order to correct cited deficiencies and prevent their recurrence.**

Evaluation: Interim site visits were made to provide technical assistance in areas related to programmatic deficiencies noted during evaluations as needed. Follow up on changes in procedures due to new computer software has been ongoing .

Plan: Follow up, as needed, to review implementation plans and check progress in correction of deficiencies.

**Objective 3: Provide technical assistance to local agency Coordinators in how to self-assess quality and write useful corrective action plans.**

Plan: During the management evaluation process, provide technical assistance to local agency WIC coordinators on the development of plans of corrections, and how to incorporate the cited areas into their internal QA process.

**Objective 4: Review management evaluations to determine further training needs.**

Plan: Incorporate ME findings (as needed) into the training sessions scheduled for WIC Coordinators, Nutrition Staff, Support Staff, Breastfeeding Peer Counseling Staff and/or at the Annual WIC Training Meeting.

GOALS FY 2008

VIII. CIVIL RIGHTS AND APPEAL

Civil Rights Compliance.....	VIII - 2
Fair Hearings.....	VIII - 4

**SECTION VIII**

**Civil Rights and Appeal**

Refer to WIC Procedure Manual Section 800  
WIC Operations Manual Section 8

VIII

CIVIL RIGHTS AND APPEAL

**Civil Rights Compliance**

**Goal**

To ensure that no person shall, on the basis of race, color, national origin, age, sex or handicap, be denied the benefits of or be otherwise subjected to discrimination under the WIC Program.

**Objective 1: Assure access to minorities through multi-lingual information.**

Evaluation: Rhode Island WIC includes significant populations speaking one of six non-English languages. Program forms and outreach materials are translated in up to six languages.

Plan: Newly developed or revised outreach materials will be translated into appropriate languages based on need. Racial/ethnic participation reports will be reviewed annually and shared with WIC local agencies. Reviews will compare most recent report to previous reports for each local agency and statewide, observe for trends as to changes in participation proportions for each group and observe for disproportionately low participation by any groups. Plans will be developed as needed to assure all groups have equal opportunity to participate.

**Objective 2: Assure new local agencies meet all nondiscrimination requirements.**

Evaluation: R.I. did not officially consider any new agencies this year. Requirements are set forth in the Operations Manual.

Plan: Conduct a pre-award review on each new agency being considered for acceptance as a participating WIC Local Agency, in accordance with Sec. 8, State Operations Manual and FNS Instruction 113-2.

**Objective 3: Assure current local agencies meet all nondiscrimination requirements.**

Evaluation: Incorporated into the Management Evaluation Process, is a review of nondiscrimination requirements.

Plan: Continue to review nondiscrimination requirements during the integrated Management Evaluation process.

**Objective 5: Assure existing state and local agency staff are aware of nondiscrimination policies.**

Evaluation: The annual meeting training of staff in May '07 included training on civil rights and cultural competence. All staff were invited to attend, each Agency had

representation at this meeting.

Plan: Conduct compliance reviews of local agencies at least bi-annually. Provide civil rights training to all staff and as part of the orientation training. Integrate cultural competence training into the Annual Training.

**Objective 6: Assure public notification of nondiscrimination.**

Evaluation: The nondiscrimination statement has been placed on all appropriate public information documents produced by the State Agency.

Plan: Continue to include the nondiscrimination statement on information notices, outreach materials and educational materials.

**Objective 7: Develop and provide an expanded report of racial, ethnic and language-spoken participation by clinic.**

Evaluation; A monthly report is generated and reviewed at the State WIC office which provides information on participant demographic characteristics. This is shared with the local WIC sites on a yearly basis and upon request.

Plan: Continue with process outlined above.

FAIR HEARINGS  
(Procedures 820, Operations - 8)

**Objective:** Assure all participants/caretakers are advised of the right to a Fair Hearing

Evaluation: Local agencies currently provide such information via standardized practices and forms.

Plan: Review the translation of fair hearing information to ensure accuracy. Continue to provide appropriate information to appellants of fair hearings such as:

- What to expect at the hearing.
- Planning needed by the appellant.
- Appellant's responsibility to present his/her case.
- What documents appellants are entitled to see.
- How to request such documents.

GOALS FY 2008

IX. PUBLIC INPUT/NOTIFICATION

IX - 2

**IX**

**Public Input / Notification**

See WIC Operations Manual Section 9

**PUBLIC INPUT  
(Operations - 9)**

In conjunction with the Division of Family Health, WIC and other Family Health units have taken a proactive approach to seek out input from consumers, providers and the public. The Division conducted a statewide series of community forums to receive comment on operations, services, future directions and unmet needs related to its programs, including WIC, and maternal, child and adolescent health. WIC managers and parent consultants played key roles; to assure the project met WIC's need for input. Several parents and community service organizations commented about WIC. These comments have been considered, and have affected the development of this Plan, as well as changes in operational policies.

In addition, to meet FNS review and State legal requirements, a Public Hearing will be scheduled within the quarter to receive comments on proposed revisions to the Goals, herein, in accordance with the conduct, attendance, comment, and recording procedures described in Section 9 of the State Operations Manual. Notices will be published in newspapers having aggregate statewide distribution.

Draft copies of the State Plan and Manuals will be available for public inspection thirty days prior to the public hearing at the Department of Health, Room 303. The mechanisms for comments on the State Plan include verbal and written statements given prior to, at and immediately following the public hearing. The WIC Program Administration then reviews these comments. All comments will be given full consideration in making corrections, additions, and changes to the State Plan and Manuals.

Following this comment period, proposed policy and procedure changes, as well as any modifications of these Goals, will be submitted as State Plan Amendments to Food and Nutrition Services.

**PUBLIC HEARING NOTIFICATION  
(Operations - 9)**

A Public Hearing will be scheduled regarding the State Plan of Operation and Administration of the Special Supplemental Nutrition Program (WIC and Farmers Market Services) for fiscal year 2008, at the Rhode Island Department of Health in accordance with the conduct, attendance, comment, and recording procedures described in Section 9 of the State Operations Manual. Notices will be published in newspapers having aggregate statewide distribution.

Draft copies of the State Plan will be available for public inspection thirty days prior to the public hearing at the Department of Health, Room 303.

The mechanisms for comments on the State Plan include verbal and written statements given prior to, at and immediately following the public hearing. The WIC Program Administration then reviews these comments.

In addition, The Division of Family Health conducted a statewide series of community forums to receive comment on operations, future directions; services and unmet needs of its programs, including WIC. Several parents and community service organizations commented about WIC. These comments have been considered, and have affected the development of this Plan.

All comments will be given full consideration in making corrections, additions, and changes to the State Plan proposal.