GUIDING PRINCIPLES

**DOH Vision:**
- Healthy People – Healthy Communities – Healthy South Dakota

**Office of Child and Family Service:**
- Serve with integrity and respect
- Eliminate health disparities
- Demonstrate leadership and accountability
- Focus on prevention and outcomes
- Leverage partnerships
- Promote innovation

**WIC’s Mission:**
- South Dakota WIC is a public health nutrition program that provides information on healthy eating and breastfeeding, referrals to healthcare and other services, and nutritious foods to supplement diets for income-eligible, women who are pregnant or post-partum, infants and children up to age five.
OBJECTIVE 1:
Enhance outreach in an attempt to reach all eligible participants, with the main focus on pregnant women early in their pregnancy.

MARKETING TARGET RATES:
- Increase the number of pregnant women that receive WIC services early in their pregnancy
  - from 16% in 2015 to 20% being seen before 8 weeks
  - 29.5% to 31% being seen between 8 and 20 weeks
- Provide services to at least 75% of the potential eligible participants in each county
- Increase the total statewide caseload by 12%

KEY STRATEGIES:
- Market WIC on the Clinic level, utilizing the SDWIC-IT Needs Assessment report for the annual Nutrition Education and Marketing Plans.
- Implement child retention media campaign with particular focus on social media and retention of infants turning to children. Conduct focus groups of past and current participants.
- Participate in the National WIC Association Social Media Campaign for Child Retention and increase program participation.
- Target pediatrician offices and medical clinics to promote WIC program services and highlight specific benefits for pregnant women.
- Utilize press releases and PSA’s quarterly to market the WIC Program reaching out to pregnant women, targeting dads of WIC eligible children, announcing new income guidelines, target the children population, and informing ranch and farm families that the U.S. Department of Agriculture funds the WIC Program.
- Continue to utilize data collected from SDWIC-IT, Management Evaluations and Nutrition Education and Marketing Plans to determine individual county needs for outreach and for more efficient and effective case management practices.
OBJECTIVE 1:

Enhance and monitor efforts to expand, promote and support breastfeeding.

Target Breastfeeding Rates:
- Breastfeeding Initiation – 75%
- Breastfed at 6 Months – 24%
- Breastfed at 12 Months – 12%

KEY STRATEGIES:
- Provide education to clinic staff to increase competency of breastfeeding, encouragement of breastfeeding, and use of/referrals to the Breastfeeding peer counselor program, when appropriate, for all participants.
- Encourage use of breastfeeding support groups and post-partum phone calls to provide anticipatory guidance, realistic information, shared experience, and personalized support.
- Coordinate services with Maternal Child Health Program, the Office of Chronic Disease Prevention and Health Promotion and the South Dakota Breastfeeding Coalition to increase awareness of breastfeeding benefits.
- Pilot WIChealth.org Online Breastfeeding Peer Counseling Tracking Program.
- Develop a new Pregnancy Nutrition Survey Surveillance (PNSS) report and Pediatric Nutrition Surveillance System (PEDNSS) for South Dakota using our new SDWIC-IT data system and working in conjunction with Michigan to analyze data.

OBJECTIVE 2:

Strengthen the techniques used for delivery of nutrition education to increase show rates to 80% or better to meet the participant needs.

KEY STRATEGIES:
- Implement mentoring program for Participant Centered Services (PCS) to improve effectiveness and appreciation of nutrition appointments to promote active participation by WIC participants as partners in WIC assessment and care plan development.
- Promote the use of wichealth.org online nutrition counseling and group counseling in order to ensure dietitians are more available to counsel clients at greater risk.
- Consider accommodations for various cultures within South Dakota including, but not limited to migrant farm workers and their families, Native Americans, and homeless persons in the development of education materials and counseling techniques.
- Explore new technological options for nutrition education including, but not limited to, social media, tele-nutrition education, and Harvest of the Month.
OBJECTIVE 1:

Promote coordination and collaboration of services to improve overall health of WIC Participants.

KEY STRATEGIES:
- Coordinate tobacco prevention and cessation training and promotion with the DOH tobacco program and other programs in the Department.
- Coordinate with the HealthySD Stakeholders and Food and Nutrition Coordinating Committee.
- Coordinate with SDSU Extension SNAP-Ed to offer some of our WIC clinics “Pick it Try it Like it” cards to give out and make available recipe demonstration videos.
- Coordinate with SD Dairy Counseling to provide educational materials.
- Refer to other healthcare and social services agencies.
- Coordinate with the DOH Immunization program, Disease Prevention, and Department of Social Services to maintain or improve referrals between programs and for the health protection of the participants served.
- Referral and eligibility coordination with Maternal and Child Health, Bright Start, Baby Care, Newborn Metabolic Program, Family Planning and Head Start/Early Head Start. Continue to coordinate joint projects when possible.

OBJECTIVE 2:

Enhance efforts and assure provision of information and referral procedures for alcohol, drugs and other harmful substances to the clinics.

Target Rates:
- Decrease from 66.4% in 2015 to 65% the number of women enrolled in WIC who smoked while pregnant.
- Reduce the number of children who live in households where someone smokes from 7.5% in 2015 to 7%.

KEY STRATEGIES:
- Provide staff with updated training and materials on substance abuse and referral information.
- Provide materials specific to use of opioids and heroin.
OBJECTIVE 1:

Monitor and review the integrity of the eWIC food delivery system for all SD authorized retailers to detect, control and minimize improper vendor practices.

KEY STRATEGIES:
- Transition from current check based benefit issuance to full implementation of EBT eWIC.
- Monitor Vendor activities through education and compliance buy processes.
- Monitor all retailers using the stand beside Point of Sale devices as the contractor provides and trains all retailers including the special purpose contract pharmacies.
- Utilize all the information regarding the settlement and reconciliation for EBT to determine participant purchases.

OBJECTIVE 2:

Complete the implementation of an online Electronic Benefit Transfer (eWIC) Food Delivery System

KEY STRATEGIES:
- Complete updates to the food prescription screen to allow for the benefits to be established at the client level, and the benefits loaded to the eWIC card as aggregated to the family level.
- Establish and train all clients on procedure for reporting of lost stolen or damaged cards, benefit balance transformation, benefit expiration by utilizing an 888 call number (IVR) and access to www.ebtEdge for card information, both available 24 hours 7 days a week.
- Provide training brochure to all SD WIC families.
- Use the National UPC database and SDWIC-IT UPC database to maintain Authorized Product List.
- Pilot the eWIC Project in Region 6 during the months of March, April and May of 2017.
- Complete implementation of the South Dakota eWIC Project by September of 2017.
OBJECTIVE 1:

Continue the maintenance and operations phase of the SDWIC-IT system of the current contractual agreement with Three Sigma Software, Inc.

KEY STRATEGIES:

- Provide training to all current users of SDWIC-IT through monthly all staff calls and updates and changes via State Numbered Memorandums.
- Provide hands on orientation and training to all new employees.
- Fix bugs, improve and update the SDWIC-IT system based on new federal regulations and state identified enhancements.
- Make changes to the existing modules of SDWIC-IT to implement eWIC benefits.