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Example BSFP Workshop

2025 BSFP Staff Workshop:
Coordination and Communication Across All WIC Teams
June 10-11, 2025
Day 1, 9am - 4pm & Day 2, 9am - 12:30pm
Participant Agenda

Day 1
Welcome
Client Testimonial Video + Reflection (Story Circles)
"Getting to Know Our Teams" Showcase
Break
"Getting to Know Our Teams" Showcase (continued)
Lunch
The Real Life Impact of Your Role
Survey Results Presentation and Discussion
Break
ROI & Data Session: WIC's Impact by the Numbers
Closing

Day 2
Welcome
Becoming a Leaderful Organization
Break
Becoming a Leaderful Organization (continued)
I am WIC
Closing & Evaluations

2025 Year 4 DOH BSFP Staff Workshop: Coordination and Communication Across All WIC Teams

June 10-11, 2025

Time: Day 1: 9:00AM-4:00PM, Day 2: 9:00AM-12:30PM

Goal: To strengthen coordination, communication, and connection across all WIC teams by deepening understanding of each other's roles, celebrating shared contributions, and reinforcing individual and collective commitment to the WIC mission.

Description: This 1.5-day workshop, "Coordination and Communication Across All WIC Teams," brings together WIC staff from Central and Regional Offices across New York State to strengthen connections, deepen understanding of each other's roles, and celebrate the collective impact of their work. Through storytelling, interactive activities, data sharing, and personal reflection, participants will explore how every role contributes to the WIC mission and how leadership can show up at every level of the organization.

Target Audience:

1. Bureau Direction (BD): 6
2. Fiscal Management (FMS): 17
3. Program Communication and Collaboration (PCCS): 10
4. Food Deliver and Vendor Management (FDVMS): 16
5. Quality Assurance and Nutrition (QANS): 16
6. Information System Management (ISMS): 12
7. Regional Offices: MARO: 31, Central: 5, Western: 6, Capital: 5

Length of Workshop:
1.5 days

Modality: In-person

Learning Objectives:
By the end of the workshop, participants will be able to:

- Describe the structure, roles, and responsibilities of Central and Regional Office teams and how they collectively support the WIC program.
- Explain how individual roles contribute to participant outcomes and advance the WIC mission, regardless of title or team.
- Recognize principles of a leaderful organization, including how leadership can show up at every level.
- Identify their personal social style and explore how it influences communication and collaboration with others.

Continuing Education:
TBD

DAY 1 (7 HOURS)

Welcome & Setting the Stage *(30 mins)*

- Opening remarks from CAI and NYS DOH leadership. These will reference the feedback from the last session and acknowledge how that feedback impacted the theme and topics for this training. CAI and NYS DOH will introduce themselves.
- Icebreaker activity – WIC Connections Bingo – Bingo card with facts that people can related to (also conversation prompts) eg, Has worked at WIC for 10+ years, has visited a WIC local agency this year, loves policy work, traveled 2+ hours to get here, enjoys reviewing data.
- Introduction to the workshop theme.

Client Testimonial Video + Reflection (Story Circles) *(30 mins)*

- Brief overview of the WIC mission.
- Show the short client testimonial video.
- In small group “story circles,” each staff shares a personal experience, something they’ve heard about WIC’s impact, or a key takeaway from the video that makes them proud to be part of WIC. Note: Ensure each group has a Regional Office member who can speak about a personal experience (and not just something they’ve heard or saw in the video).
- Large group discussion and processing (reinforcing the WIC mission impact).

"Getting to Know Our Teams" Showcase *(120 mins)*

- Slide presentation: Each regional office + central office shares “Who We Are and What We Do” (10 mins for each of the 10 teams)
    - Encourage teams to develop these ahead of time using a slide template and guidance we send to them (eg, team overview, meet the team, what we do, collaboration points with other WIC teams or local agencies). Highlight that they should keep a visual, engaging, consistent format.
- Note: Take a 15-minute break after the first 2 or 3 presentations.

Lunch Break *(60 mins)*

Interactive Activity: The Real Life Impact of Your Role *(30 mins)*

- Read a story of a WIC participant’s journey—from pre-enrollment, through assessment and service/referral, to improved health and quality of life.
- Individual reflection prompt: “How does my role help this participant—or participants like her?”

- Staff write their responses on sticky notes. They share in small groups. Then they post their sticky notes on the wall. All staff do a gallery walk to read one another's reflections.
- Large group discussion and processing (deepening understanding of each role's impact).

Survey Results Presentation and Discussion *(45 mins)*

- Share key findings from survey (what DOH has done, what staff have done).
- Small group discussion: How do we build on this momentum? What is one commitment or shift that would help us work better together across offices or roles?
- Large group discussion and processing.

Break (*15 mins)*

ROI & Data Session: WIC's Impact by the Numbers *(75 mins)*

- Presentation: ROI of WIC – benefits to families, communities, and NYS. Use interactive tools (Kahoot or polling) for engagement. Large group discussion and processing.
- In small groups, develop an elevator pitch to describe WIC and the ROI that the WIC program provides when talking to different stakeholders. Large group report out and processing.

Closing Circle & Day 2 Preview *(15 mins)*

- Reflections on day 1.
- Day 2 preview.

DAY 2 (3.5 HOURS)

Opening Energizer & Framing *(30 mins)*

- Energizer/icebreaker - Kahoot from day 1.
- Recap of Day 1, Goals of Day 2.

Becoming a Leaderful Organization *(120 mins)*

- What is a leaderful organization? Discussion and lecturette.
- Staff individually reflect on moments of leadership (initiative, problem-solving, etc.) in their roles and jot down their thoughts. Large group sharing and discussion.
- Large group activity - Hang newsprints with headers about leadership around the room (Leadership is listening, leadership is being accountable, leadership is

helping other succeed, leadership is modeling our mission, etc.) – staff write examples of how they do that in their own role. Large group discussion/processing.

- Individual/small group activity - Social styles and how that relates to leadership – short discussion on 4 social styles (driver, expressive, analytical, amiable---none are better than others, teams need all styles) - Staff do a brief social style assessment individually. Then they have a small group discussion with others with the same social style (what's great about working with people like us? What might others misunderstand about us?). Next they have a small group discussion with people who have different social styles (what happens when different styles work together? What challenges come up? How can we support each other's strengths?). Conclude with a large group discussion connection to leadership (what kind of leadership does each style bring to the team? Why does a leaderful organization need all 4 styles).
- Note: Take a 15-minute break after the first 60 minutes or so (when a natural break between activities occurs).

Final Activity: I am WIC *(30 mins)*

- Small group sharing: What are you most proud of about working in the WIC program? What is one thing about your role that you are proud of?
- Commitment cards: Because of my work, WIC is _____. (can sign name or not) --- hang up around room under header "Together, we are WIC". Staff do a gallery walk to read the statement. Large group processing.

Closing Remarks & Evaluation *(30 mins)*

- Final Q&A.
- Celebrate contributions and send off with gratitude and pride.
- Evaluations.

DOH BSFP Staff Workshop: Coordination and Communication Across All WIC Teams

2-Day Workshop
Trainer's Manual



2025 Year 4

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Workshop

This 1.5-day workshop, “Coordination and Communication Across All WIC Teams,” brings together WIC staff from Central and Regional Offices across New York State to strengthen connections, deepen understanding of each other’s roles, and celebrate the collective impact of their work. Through storytelling, interactive activities, data sharing, and personal reflection, participants will explore how every role contributes to the WIC mission and how leadership can show up at every level of the organization.

Target Audience: NYS DOH Staff

Length: 1.5 Days

Maximum Number of Trainees: 150

Continuing Education: 10 CPEUs, 0 CEUs

Workshop Goal and Objectives

Goal: To strengthen coordination, communication, and connection across all WIC teams by deepening understanding of each other's roles, celebrating shared contributions, and reinforcing individual and collective commitment to the WIC mission.

Objectives: By the end of this workshop, trainees will be able to:

1. Describe the structure, roles, and responsibilities of Central and Regional Office teams and how they collectively support the WIC program.
2. Explain how individual roles contribute to participant outcomes and advance the WIC mission, regardless of title or team.
3. Recognize principles of a leaderful organization, including how leadership can show up at every level.
4. Identify their personal social style and explore how it influences communication and collaboration with others.

Materials

To conduct this training, you will require the following materials:

Trainer's Materials

- PowerPoint slides
- Mentimeter

Handouts and Worksheets:

- Day 1
  - WIC Connections Bingo
  - A New Beginning: Jasmine's Story (Participant Story)
  - Pros and Cons
- Day 2
  - Social Styles Assessment
  - Commitment Card

2025 Year 4 DOH BSFP Staff Workshop: Coordination and Communication Across All WIC Teams
Day 1 at-a-Glance

9:00AM-4:00PM

Time	Activity	Time Required
9:00-9:30 AM	Welcome & Setting the Stage	30 minutes
9:30-10:00 AM	Client Testimonial Video and Reflection	30 minutes
10:00 AM-12:00 PM	"Getting to Know Our Teams" Showcase*	120 minutes
12:00-1:00 PM	Lunch Break	60 minutes
1:00-1:30 PM	The Real-Life Impact of Your Role	30 minutes
1:30-2:15 PM	Survey Results and Presentation	45 minutes
2:15-2:30 PM	Break	15 minutes
2:30-3:45 PM	ROI & Data Session: WIC's Impact by the Numbers	75 minutes
3:45-4:00 PM	Closing Circle & Day 2 Preview	15 minutes
	Networking Event	

*This section includes a 15-minute break.

2025 Year 4 DOH BSFP Staff Workshop: Coordination and Communication Across All WIC Teams
Day 2 at-a-Glance

9:00AM-12:30PM

Time	Activity	Time Required
9:00-9:30 AM	Welcome Back: Opening Energizer & Framing	30 minutes
9:30-11:30 AM	Becoming a Leaderful Organization*	120 minutes
11:30 AM – 12:00 PM	Final Activity: I am WIC	30 minutes
12:00-12:30 PM	Closing Remarks & Evaluation	30 minutes

*This section includes a 15-minute break.

2025 Year 4 DOH BSFP Staff Workshop: Coordination and Communication Across All WIC Teams

Day 1 Trainer's Guide

9:00-9:30AM

Welcome & Setting the Stage

TRAINER:

TIME REQUIRED: 30 minutes

SECTION PURPOSE: To welcome trainees to the workshop and introduce the trainers, training goal, objectives, agenda, and purpose of the workshop

LEARNING METHODOLOGIES:

- N/A

MATERIALS NEEDED:

- WIC Connections Bingo handout

DESCRIPTION:

Step 1: Using the PowerPoint slides, introduce trainers and the workshop topic

- Welcome the teams to the workshop and thank them for joining
- CAI and NYS DOH leadership will provide opening remarks, referencing the feedback from the last session and acknowledging how the feedback informed the theme and topics for this workshop
- Introduce trainers and support staff
- Introduce NYS DOH leadership
- Review the group agreements.

Step 2: Introduce WIC Connections Bingo

- Share instructions for WIC Connections Bingo. Talking points may include:
    - Grab a Bingo Card from your tables that is currently being passed out.

    - Each card is filled with prompts related to WIC work, staff experiences, and insider knowledge. Every square represents something someone might be able to say “That’s me!”
    - Mingle and Make Connections: Your goal is to find people who match the prompts on your card. When someone qualifies for a square, have them sign their initials on that box. Make sure you have a pen with you!
    - One Person Per Square: Each person can only sign one box on your card — so you’ll need to talk to lots of people to fill it out!
    - Call Out Bingo: Once you’ve completed a row (horizontal, vertical, or diagonal), shout “BINGO!” or let the facilitator know. Bonus points for filling the whole card!
    - You have about 10 minutes to mingle and try to get Bingo! Any questions before we get started?
- Time-permitting, process the Bingo activity by asking questions such as:
    - What was that activity like?
    - What was easy or challenging about it?
    - What are you taking away?

Step 2: Review objectives and workshop agenda

- Review the training goal and learning objectives for the workshop
- Go over the Agenda for Day 1 of the Workshop

Lead into the next activity.

9:30AM-10:00AM

Client Testimonial Video and Reflection (Story Circles)

TRAINER:

TIME REQUIRED: 30 minutes

SECTION PURPOSE: To prompt trainees to consider how their individual roles contribute to participant outcomes and support the WIC program

LEARNING METHODOLOGIES:

- Video
- Breakout group discussions, small groups (“story circles”)
- Large group discussion

MATERIALS NEEDED:

- No materials are needed for this section

DESCRIPTION:

Step 1: Introduce the section and provide an overview of WIC's mission

- Introduce the section. Talking points may include:
  - We want to start off today's workshop by reflecting on WIC's mission and then hearing a testimonial from a WIC client.
- Provide an overview of WIC's mission. Talking points may include:
  - WIC safeguards the health of low-income women, infants, and children up to age 5 by providing supplemental foods, nutrition education and healthcare referrals.
  - But how do we embody this mission day-to-day?
  - Supporting healthy pregnancies and early childhood growth: WIC is designed to support families from the very beginning, even before a baby is born. By helping pregnant individuals access the nutrition they need, we improve birth outcomes and help babies get off to a healthy start.
  - Providing nutritious foods to eligible women, infants, and children: Every month, WIC participants receive benefits for healthy, nutrient-rich foods like fruits, vegetables, whole grains, milk, and formula. These foods are chosen to meet the specific needs of growing children and their caregivers.
  - Offering nutrition counseling to encourage lifelong healthy habits: WIC isn't just about providing food — it's about education. Our nutrition staff and online modules work with families to build knowledge and confidence around making healthy choices that fit their lifestyles and cultures.
  - Promoting and supporting breastfeeding through education and peer support: WIC actively promotes breastfeeding as the optimal first food. We provide education, encouragement, and access to resources like peer counselors and breast pumps to help parents successfully start and continue breastfeeding.
  - Research shows that WIC participation leads to measurable child health improvements, like lower rates of low birth weight, reduced iron deficiency, and healthier growth patterns in young children. These outcomes have lifelong benefits.
  - Connecting families to healthcare, immunizations, and other community resources: WIC often serves as a gateway to other services. We help families access medical care, vaccinations, early intervention programs, and community support, making sure no one falls through the cracks.

Step 2: Introduce the video

- Talking points may include:
  - Let's take a moment to watch a short client testimonial video together.
- [Play video]
- [Video will be processed in next activity]

Step 2: Prompt the story circles

- Talking points may include:
    - In just a few minutes, we are going to put you into small groups we are calling “story circles.”
    - In your story circle, we would like each person to share:
        - A personal experience
        - Something they have heard about WIC’s impact, or
        - A key takeaway from the video that makes them proud to be part of WIC
    - You will have about 10-15 minutes in your story circles to share and listen to others in your circle.
    - Do you have any questions before we get started?
    - [Note: Ensure each group has a Regional Office member who can speak about a personal experience (and not just something they heard or saw in the video)]

Step 3: Process the story circles in a large group discussion

- Ask for one reporter per group to share a summary of what came up in their story circles and ask trainees debrief questions such as:
    - How did it feel to do this activity?
    - Where did you have similarities or differences with your peers?
    - Why is it important to share our stories or reflections on WIC’s impact?
    - How does this inform your work moving forward and commitment to WIC’s impact?

Lead into the next activity.

10:00AM-12:00PM

“Getting to Know Our Teams” Showcase

TRAINER:

TIME REQUIRED: 120 minutes [Break included]

SECTION PURPOSE: To provide time for trainees to learn the structure, roles and responsibilities of the Central and Regional Office teams

LEARNING METHODOLOGIES:

- Lecturette

MATERIALS NEEDED:

- No materials are needed for this section

DESCRIPTION:

Step 1: Prompt the team presentations and showcase

- Talking points may include:
  - In this next section, we are really excited to hear from Central and Regional Office teams as they share their roles, responsibilities and structure and how they collectively support the WIC program.
- [Two or three regional offices and central offices will share "Who We Are and What We Do." Each of the teams will share for 10 minutes.]

Step 2: Initiate a 15-minute break

- Prompt a break for trainees. Encourage them to stretch, get another cup of coffee, and be back in 15 minutes. Give them the time to return.

Step 3: Continue the team presentations and showcase

- [The remainder of the regional offices and central offices will share "Who We Are and What We Do." Each of the teams will share for 10 minutes.]

Step 4: Process the team presentations in a large group discussion

- Ask trainees questions to process the showcase, one at a time, such as:
  - What was that experience like getting to know other teams?
  - What did you learn in the showcase?
  - Why might it be important to learn or know about each office?
  - What are you taking away from the showcase?

Lead into the next activity.

12:00-1:00PM

Lunch

60-minute lunch

Lead into the next activity.

1:00-1:30PM

The Real Life Impact of Your Role

TRAINER:

TIME REQUIRED: 30 minutes

SECTION PURPOSE: To provide time for trainees to reflect on a WIC participant's journey and consider how their role may impact participants

LEARNING METHODOLOGIES:
- Individual reflection
- Breakout groups
- Gallery walk
- Large group discussion

MATERIALS NEEDED:
- A New Beginning: Jasmine's Story (Participant Story)

DESCRIPTION:

Step 1: Introduce the section and the individual reflection
- Introduce the section. Talking points may include:
    - As we do this essential work, it is important to hit pause and reflect on the impact of our role, regardless of our titles or team.
- Provide instructions for the individual reflection. Talking points may include:
    - In the next few minutes, we would like for you to read a story of a WIC participant's journey as she goes from pre-enrollment through assessment and service/ referral, to ultimately improved health and quality of life.
    - After reading, please reflect independently on the story by considering:
        - How does my role help this participant, or participants like her?
    - Record your thoughts and responses on sticky notes.
    - [Pass out A New Beginning: Jasmine's Story (Participant Story)]
    - Any questions before you read and reflect? We will leave these instructions up.

Step 2: Initiate the breakout group discussion, small groups
- Introduce the breakout group discussion, small groups. Talking points may include:
    - In the next 10 or so minutes, we would like for you to share your responses you recorded on sticky notes to the prompt:
        - How does my role help this participant, or participants like her?
    - Any questions before you share with your colleagues?

Step 3: Prompt the gallery walk
- Provide instructions for the gallery walk:
    - Now we would like for you to tape your individual sticky notes on the walls.
    - After taping them, you have about 5 minutes to walk around the room and read one another's reflections.

- We encourage you to read reflections that weren't shared by members of your breakout group.
- Feel free to take a notepad with you to write down any reflections that resonate with you.

Step 3: Process the activity and gallery walk

- Prompt a large group discussion and processing, asking trainees questions one at a time such as:
  - What came up in your small groups?
  - How did it feel to reflect on your own role's impact and hear the impact of others roles?
  - What did you learn about yourself?
  - What were some common themes or thoughts you heard from your breakout groups or during the gallery walk?
  - How does this inform your work moving forward?

Lead into the next activity.

1:30-2:15PM

Survey Results Presentation and Discussion

TRAINER:

TIME REQUIRED: 30 minutes

SECTION PURPOSE: To provide the results of the survey

LEARNING METHODOLOGIES:

- Lecturette
- Breakout group discussion, small groups
- Large group discussion

MATERIALS NEEDED:

- No materials are needed

DESCRIPTION:

Step 1: Facilitate the lecturette

- Introduce this section. Talking points may include:
  - You supported us by filling a survey. Let's review the results of what you shared with us and how we can move forward!

- Key Findings from the Survey: DOH's Actions and Improved Communication, Coordination and Cooperation [Slide 32]
    - Overall themes of how DOH's actions helped improve communication, coordination and cooperation are:
        - Updates are relayed quicker and discussions are more relevant and efficient
        - Respondents feel that their feedback is being heard
        - The Teams channel is helpful for quick, streamlined communication. Respondents also noted that Teams supports collaboration within the Bureau
        - Respondents appreciate how the actions taken have increased transparency
        - Communication has felt more personal and actions have increased rapport among staff
    - Additionally:
        - Some respondents noted that they have not seen improvements in communication, coordination, or cooperation while others didn't share explicit ways that these actions have resulted in improvements, but mentioned that actions have been well received and BD is moving in the right direction
        - Additional ideas shared by respondents to improve communication, coordination, and cooperation:
            - Keeping the Project Reference Guide up-to-date
            - Creating a format or algorithm on when to use Teams vs email for communications
            - Faster access to recordings for staff who cannot attend live sessions
- Key Findings from the Survey: DOH's Actions and Improved Understanding of One Another's Role [Slide 33]
    - Summarized responses of how DOH's actions helped improve understanding of one another's roles are:
        - Respondents noted a better understanding of what other staff are working on
        - Actions have provided opportunities to learn about different teams and their roles within WIC
        - WIC 101 provides a good overview of roles, is a helpful tool to onboard new staff, and serves as a refresher for all staff
    - Additionally:
        - Some respondents noted that the outcomes of these actions may take longer and have yet to be seen. However, WIC 101 is a good starting point.
        - Additional ideas shared by respondents to improve understanding of one another's role:

        - Developing a guide that describes different roles and that staff can refer back to
        - Implementing a standard orientation process for new staff
        - Staff could benefit from a clearer understanding of responsibilities within different departments (i.e., who is the correct person to go to for different supports)
- Key Findings from the Survey: Steps Taken to Improve Communication, Coordination, Cooperation and Understanding of One Another's Roles [Slide 34]
    - Summarized steps that respondents have taken to improve communication, coordination and understanding of one another's roles include:
        - Keeping policies and procedures current, using SharePoint to store and collaborate on documents
        - Having standing meetings to share updates, clarify expectations, and answer questions
        - Using Teams or other group chats to collaborate and ensure all staff have the same information, regardless of working remotely or in-person
        - Engaging RO staff and LAs in decision-making
        - Respondents noted actions such as asking questions, encouraging open communication and providing feedback, building rapport with other staff, and sharing clear expectations
- Key Findings from the Survey: Recommendations to Improve Communications and Cooperation Between Teams [Slide 35]
    - Respondents shared recommendations to improve communication and cooperation between teams. Summarized themes are:
        - Implement strategies for more proactive communication and transparency
        - Have a dedicated space and time for staff to share feedback and ideas
        - Promote resource sharing (e.g., through SharePoint) and collaboration between regional offices
        - Be able to communicate directly with RO staff and team leads
        - Provide opportunities for staff to build connections
        - Hold regular meetings and ensure these are organized (agendas shared beforehand, provide relevant updates, etc.)
        - Continue to use Teams to communicate
        - Highlight staff successes and regularly share positive feedback
- Additionally, when asked about how they would prefer to provide feedback to BD (in a select all that apply question),
    - 86% of respondents selected surveys
    - 55% of respondents selected evaluations after trainings or workshops
    - 47% of respondents selected one-on-one check-ins with supervisor

    - 39% of respondents selected one-on-one check-ins with BD staff
    - And 35% of respondents selected sharing feedback during meetings
- As always, you should follow the proper channels of Communication set in place.

Step 2: Initiate the breakout group discussion, small groups

- Introduce the breakout group discussion, small groups. Talking points may include:
    - In your breakout groups, we would like for you to reflect on the key findings and results from the survey and discuss:
        - How do we build on this momentum?
        - What is one commitment or shift that would help us work together across offices or roles?
    - What questions do you have before we get started?
    - Great, you will have about 15-20 minutes in your breakout groups!

Step 3: Process the breakout group discussion

- Prompt a large group discussion and processing, asking trainees questions one at a time such as:
    - What came up in your small groups?
    - What similarities or differences did you observe in your discussions?
    - Why was this important?
    - How might you apply your group's commitment or shift in your own work?

Lead into the BREAK.

2:15-2:30PM

Break

15-minute break

Lead into the next activity.

2:30-3:45PM

ROI & Data Session: WIC's Impact by the Numbers

TRAINER:

TIME REQUIRED: 75 minutes

SECTION PURPOSE: To provide time for trainees to explore WIC's impact, as well as the cost-effectiveness and cost-savings of the WIC program

LEARNING METHODOLOGIES:

- Lecturette
- Mentimeter
- Breakout groups, small groups
- Large group discussion

MATERIALS NEEDED:

- Mentimeter

DESCRIPTION:

Step 1: Introduce the section and Mentimeter activity

- Introduce the section. Talking points may include:
  - Many of us may be drawn to this work because we know that the WIC program has substantial cross-cutting and multisystem level impacts and benefits.
  - In this section, we are going to explore some of those benefits, as well as the larger economic impacts of the WIC program.
- Introduce the Mentimeter activity:
  - Let's break down these benefits into three levels:
    - Benefits to families
    - Benefits to communities
    - And benefits to New York State
- Facilitate the Mentimeter activity:
  - Initiate the first Wordcloud:
    - First, let's consider: What are the benefits of WIC to families?
    - Using your phone, scan the QR code on the screen or join using menti.com and type in the code 8494 0216.
  - Debrief the results:
    - [Comment on themes]
    - What do you notice when you look at the results?
    - [Thank trainees for their thoughts and participation]
  - Initiate the second Wordcloud, benefits to communities:
    - Now let's transition to considering the impact on communities:
      - What are the benefits of WIC to communities?
    - Using your phone, scan the QR code on the screen or join using menti.com and type in the code 8494 0216.
    - The QR code and the code are the same as before so we recommend keeping this screen pulled up for a bit!
  - Debrief the results:
    - [Comment on themes]

        - What is coming up for you as you look at the results?
        - [Thank trainees for their thoughts and participation]
    - Initiate the third and final Wordcloud:
        - Now let's transition to considering the impact on our entire state:
        - What are the benefits of WIC to New York State?
        - Using your phone, scan the QR code on the screen or join using menti.com and type in the code 8494 0216.
        - The QR code and general code are the same as the two questions prior.
    - Debrief the Wordcloud:
        - [Comment on themes]
        - How have the benefits changed when we consider the state-level/ the impact on NYS?
    - [Thank trainees for brainstorming the benefits with us]

Step 2: Facilitate the lecturette

- Introduce this section of the lecturette: 50 Years of WIC's Impact
    - We appreciate you considering the multi-level benefits of WIC with us. Let's continue by reflecting on 50 years of WIC's impact and benefits:
    - [Slide 46] 50 Years of WIC's Impact
        - Improved pregnancy-related and infant health outcomes
            - WIC's nutritional support can contribute to healthier pregnancies and births, potentially lowering infant mortality rates.
        - Increased breastfeeding rates
            - Which has significant health benefits for both the infant and mother and reduces healthcare and societal productivity costs
        - Positive child nutrition outcomes
            - Research finds that WIC participation correlates with reduced household food insecurity, including a 20% decrease in child food insecurity rates
        - Improved child health and development
            - Participation in WIC is linked to better outcomes in child health and development, including appropriate weight gain and reduced risk of stunted growth
        - Cost effective and cost-saving
            - WIC participation can lead to healthier mothers and children, lowering medical expenses and healthcare costs. Investing in early childhood health can lead to reduced healthcare costs later in life. This significant return on investment is attributed to WIC's comprehensive approach to improving maternal and child nutrition.
        - This next segment is going to dive into the cost-effectiveness of the WIC program and how it is an essential cost-saving investment for states and our country.

- Introduce this section of the lecturette: A Look at Preterm Birth in the United States
    - Before we dive into it, let's take a closer look a preterm birth in the United States to greater inform the cost-saving discussion.
    - [Slide 48]
        - In the U.S., about 1 in 10 or 10.4% births is preterm (which means before 37 weeks of gestation).
        - Preterm birth (PTB) is a leading cause of infant mortality.
            - Premature infants have a higher risk of:
                - Dying before their first birthday
                - Developing long-term neurodevelopmental disabilities
    - [Slide 49]
        - The annual societal cost (medical, educational, and lost productivity) associated with preterm birth in the United States is an estimated $25.2 billion.
        - The combined cost of newborn and maternal care for PTB is up to four times higher than for uncomplicated births.
    - [Slide 50]
        - Studies have shown that prenatal WIC participation is associated with lower rates of PTB among WIC participants.
        - Prevention of PTB is especially critical among lower socioeconomic groups
- Introduce this section of the lecturette: A Study Examining Prenatal Participation in WIC and its Economic Impact
    - Now that we have that context, we're going to dive deeper into a study that examines the economic impact of prenatal participation in WIC.
    - [Slide 52]
        - A 2017 study modeled the impact of prenatal participation in the WIC program among 500,000 hypothetical pregnant women in California.
        - A universal coverage, a status quo ('business as usual') and an absence of WIC were compared.
        - Total societal costs, incremental cost savings, return on investment, number of preterm births prevented, and economic benefits were reported.
        - What did the study find?
    - [Slide 53]
        - It found that WIC participation results in significant cost savings and reduces adverse birth outcomes like preterm births.
        - Specifically, WIC saved about $349 million and prevented 7,575 preterm births.
    - [Slide 54]
        - For every $1 spent on prenatal WIC, the savings range from $1.24 to $6.83 with an average return of $2.48 in savings due to improved birth outcomes and reduced healthcare costs, as well as educational and productivity costs.

    - [Slide 55]
        - A 10% decrease in WIC enrollment would cost an additional $45.3 million due to more preterm births
        - In contrast, a 10% increase in WIC enrollment would save an additional $6.5 million and prevent 141 preterm births.
        - The study confirms earlier research showing WIC is both cost-saving and cost-effective at preventing pre-term births, with even greater savings possible if WIC enrollment were expanded.
- Introduce this section of the lecturette: A Study Examining Prenatal Participation in WIC and its Economic Impact
    - [Slide 57]
        - In addition to the cost-savings on preventing costs associated with preterm births, there are cost savings as it relates to Medicaid.
        - The National WIC Association has shared that: for every $1 spent on WIC, there are between $1.77 to $3.13 reductions or savings in Medicaid costs
- Introduce the Wordcloud Mentimeter
    - Ask trainees to share:
        - Let's hit pause as you are starting to process the data!
        - We want for you to share: What are your takeaways from the benefits and this data?
        - Using your phone, scan the QR code on the screen or join using menti.com and type in the code 8494 0216.
        - This was the same QR code and general code as prior.
    - Debrief the Wordcloud:
        - [Comment on themes]
    - Transition to the breakout group discussion:
        - We are going to take our key takeaways and start to compile and summarize them in our small groups!

Step 3: Initiate the breakout group discussion, small groups

- Introduce the breakout group discussion, small groups. Talking points may include:
    - In your breakout groups, we would like for you to process the ROI presentation and develop an elevator pitch to describe WIC and the ROI the WIC program provides when talking to different stakeholders.
    - As a reminder, an elevator pitch is a short, clear, and compelling summary— usually delivered in the time it takes to ride an elevator (about 30 to 60 seconds).
    - What questions do you have before we get started?
    - Great, you will have about 20-25 minutes in your breakout groups! What questions do you have before we get started?

Step 3: Process the breakout group discussion

- Ask each trainee's group to share their elevator pitch.

- Prompt a large group discussion and processing, asking trainees questions one at a time such as:
    - How did that activity feel?
    - What was easy or hard about that activity?
    - What are you taking away? How does this inform your work moving forward with various stakeholders?

Lead into the next activity.

3:45-4:00PM

Closing Circle & Day 2 Preview

TRAINER:

TIME REQUIRED: 15 minutes

SECTION PURPOSE: To close day 1 of the workshop

LEARNING METHODOLOGIES:

- N/A

MATERIALS NEEDED:

- Pros & Cons handout

DESCRIPTION:

Step 1: Prompt a closing circle

- Transition to the last section of the day:
    - Now we want to transition to a closing circle and previewing what we will discuss in Day 2.
- Initiate a closing circle:
    - As we wrap up today, we want for you to think about “What are you simmering on as you leave Day 1 of the workshop? What is something you are mulling over or reflecting on?”
    - Take a few minutes to share your thoughts with your group in our last circle of the day.
    - [Time-permitting, as a few people to share their thoughts with the large group. Thank them individually for their reflections and sharing.]

Step 2: Ask trainees to complete pros and cons

- Pass out pros and cons form and ask trainees to complete it to better inform day 2

Step 3: Provide an overview of Day 2

- [Provide an overview of the topics on Day 2]
- Thank trainees for their participation and hard work.
- Remind trainees about the start time for tomorrow
- Answer any lingering questions.

2025 Year 4 DOH BSFP Staff Workshop: Coordination and Communication Across All WIC Teams

Day 2 Trainer's Guide

9:00-9:30AM

Welcome Back: Opening Energizer & Framing

TRAINER:

TIME REQUIRED: 30 minutes

SECTION PURPOSE: To welcome attendees back for the second day of the workshop, review a summary of the pros and cons, and encourage participation through an energizer

LEARNING METHODOLOGIES:

- N/A

MATERIALS NEEDED:

- No materials are needed for this section

DESCRIPTION:

Step 1: Using the PowerPoint slides, introduce trainers, CAI, and training topic

- Welcome the teams back to the training
- Introduce the training team and support staff
- Summarize the high-level feedback from Day 1
    - Ask trainees, "What thoughts have you had between yesterday and today?"
- Provide a brief reminder of the Group Agreements
- Go over Day 2 Agenda, including breaks

- Prompt an interactive icebreaker, such as a Kahoot that touches on Day 1 key takeaways trainees shared with the large group and a pros and cons review

Lead into the next activity.

9:30-11:30AM

Becoming a Leaderful Organization

TRAINER:

TIME REQUIRED: 120 minutes (includes a break)

SECTION PURPOSE: To provide time for trainees to learn and discuss principles of a leaderful organization and identify ways leadership can show up at every level, as well as identify their personal social style and explore how it influences communication and collaboration with others

LEARNING METHODOLOGIES:
- Lecturette
- Breakout group discussion, small groups
- Large group discussion

MATERIALS NEEDED:
- Social Styles Assessment

DESCRIPTION:

Step 1: Introduce the section and facilitate lecturette
- Today, we are going to spend a significant amount of time discussing the principles of a leaderful organization, and how leadership can show up at every level of our organizations.
    - Leaderful practice can be outside of our traditional view of leadership and offers an alternative approach to the “norm.”
    - Before we discuss the tenants of leaderful practice, let’s look at the traditional framework and principles.
- [Slide 75] The Traditional Leadership Model
    - Traditional leadership models often emphasize hierarchy, individual authority, and control—centering leadership in one person at the top who makes decisions and holds power. While these “traditional tenets” shape many organizations, they can hinder collaboration, innovation, and shared responsibility. We’ll explore four key assumptions of traditional leadership: that it is serial, individual, controlling, and dispassionate. Reflecting on

these can help us understand how a *leaderful* approach challenges these norms, promoting shared leadership, inclusivity, and a culture where leadership is a collective practice.
    - **Serial**: Leadership is held by one person at a time for a set duration, with power passed from one to the next, rather than shared or distributed.
    - **Individual**: Leadership resides in a single decision-maker, reinforcing the idea that a clear hierarchy is necessary for organizational clarity.
    - **Controlling**: The leader acts as the spokesperson and directs others, expecting compliance rather than collaboration.
    - **Dispassionate**: Leaders are expected to prioritize the mission over personal or stakeholder impact, maintaining authority and emotional distance.
- [Slide 76] Why Is Becoming a Leaderful Organization Important?
    - Cross-functional teams are given more autonomy
    - Leadership can exist at every level of the organization
    - Implementing the work and communicating with others are essential functions of every job
    - Employees may possess unique knowledge or skills that their counterparts or designated leaders may not know
- [Slide 77] Benefits of Becoming a Leaderful Organization
    - Increased collaboration with better communication and a range of diverse perspectives
    - Encourages leadership at all levels, increasing empowerment, involvement and responsibility
    - Stronger adaptability – as leadership is distributed, teams and the org can respond more quickly and smoothly to changes because there isn't just one decision maker and implementer
    - People feel valued, heard and respected which makes people happier in the long term at their jobs
    - Helps avoid burnout by distributing leadership and develops the leadership skills of others
    - Learning is on-going and shared with a space that is encouraging of feedback
- [Slide 78] Tenets of Leadership
    - Leaderful practice requires a transition away from the traditional tenets of leadership and embracing the four C's of leaderful practice:
        - Concurrent
        - Collective
        - Collaborative
        - Compassionate
    - Let's dive into each of these C's to see what they mean and how they might be embodied in the workplace and organizational framework.
- [Slide 79] Serial to Concurrent

    - Concurrent leadership means that many people can lead at the same time, across different roles, functions, and levels. In the WIC system, this includes everyone, at all levels. Leadership doesn't belong to just one person or one position—it's something we all share when we contribute our ideas, take initiative, and support the team's goals.
    - Shared leadership distributes power and responsibility more equitably, allowing everyone to contribute their strengths. When each of us steps into leadership—whether by offering a new idea, helping a colleague troubleshoot, or improving a process—we make the whole system stronger.
    - Collaboration amplifies our impact. When state and regional WIC staff—regardless of job title—bring their unique expertise together, we create more thoughtful, effective support for local agencies and WIC participants.
    - For example, a program analyst who understands data systems and an administrative coordinator with deep operational knowledge are both leading when they share insights that help shape smarter policies. Their contributions are equally essential in moving the work forward.
    - Ultimately, concurrent leadership reminds us that leadership is a practice, not a position. Everyone has something valuable to offer—and when we lead together, we lead better.
- [Slide 80] Individual to Collective
    - The second tenet is collective leadership. In WIC program oversight—whether at the regional or state level—leadership doesn't reside in just one person. Instead, it emerges through teams working together toward shared goals like program integrity, participant access, and agency support.
    - Rather than leadership being rooted in individual authority, it comes from collaboration across roles—fiscal staff, policy leads, training teams, and systems experts—each contributing their voice and expertise toward a common purpose.
    - While some positions carry formal authority, that isn't the most essential power. Real influence happens when people across the system collaborate, problem-solve, and take ownership together.
    - For example, imagine you're facing a complex issue with caseload reporting or vendor oversight. Instead of trying to solve it alone, you bring together your team—data specialists, program advisors, and operations leads. As ideas are shared and momentum builds, responsibility and action naturally distribute among the group. That's collective power in motion.
    - Leadership in this model doesn't depend on one person or one great idea—it's about the full team stepping up together.
- [Slide 81] Controlling to Collaborative
    - The third tenet is collaborative leadership—and it's something everyone can practice, not just those with formal titles. At its core, collaborative leadership is about fostering open dialogue and respect, where everyone's voice matters and where feedback is welcomed, not feared.

    - You don’t need to be a supervisor or director to lead collaboratively. No matter your role—you bring valuable insight and can help shape decisions by engaging thoughtfully, asking questions, and offering ideas.
    - Collaborative leadership means not making decisions behind closed doors or in silos. Instead, it’s about bringing people in—especially those directly affected—before decisions are made, and sharing accountability across the team.
    - In practice, this could look like inviting input during meetings, ensuring that you are providing input yourself, checking in with a colleague to hear their perspective, or suggesting ways your team could gather feedback more routinely.
    - By stepping up to create space for collaboration, each of us contributes to a culture where leadership is shared. It's not about your job title—it's about how you show up and support the collective work of WIC.
- [Slide 82] From Dispassionate to Compassionate
    - The fourth tenet is compassionate leadership, and it's something that every person working in the WIC program can embrace. Compassionate leadership centers on empathy, understanding, and a genuine respect for others’ experiences and contributions.
    - This isn’t just about being “nice”—it’s about recognizing the humanity in our colleagues, partners, and WIC participants. Compassionate leaders listen deeply, assume positive intent, and stay flexible in the face of challenges—not only for themselves but for the people they work with.
    - Everyone has a role to play in creating a compassionate work environment. Whether you're responding to a stressed local agency, supporting a colleague through a tough week, or navigating shifting policies—your empathy matters. Compassion invites collaboration, shared problem-solving, and builds trust across teams.
    - This approach also means being thoughtful about who is impacted by our decisions—and making space to include them. From frontline staff to participants, taking the time to listen and learn from those with lived experience helps make our work more equitable and effective.
    - At every level of the WIC system, your perspective and your care count. Leadership isn't just about authority—it's about showing up with compassion, being willing to support others, and helping move the mission forward, together.

Step 2: Introduce and process the individual reflection

- Provide instructions for the reflection, such as:
    - Reflect on the lecture provided, as well as your thoughts on leadership, and consider:
        - What are moments of leadership in your specific role?
        - Record your thoughts and responses down on a piece of paper or any notepad you have.
    - Any questions before you reflect and respond?
- Debrief and process the reflection:

- What came up in your reflections?
- How did that reflection exercise feel?
- What are you taking away as it applies to your role and work?

Step 3: Initiate and process the large group activity

- Provide instructions, such as:
  - There are newsprints with headers about leadership around the room
  - These headers include:
    - Leadership is listening
    - Leadership is being accountable
    - Leadership is compassion and empathy
    - Leadership is considering the impact of decisions on WIC participants
    - Leadership is joint decision-making
    - Leadership is working collectively
    - Leadership is sharing power and responsibilities
    - Leadership is acknowledging people's unique knowledge and skills
  - On each newsprint, we want for you to write down how you exemplify the headers in your own role.
  - Take about 10 or so minutes to do this and then sit down when you finish!
- Ask several attendees to read out some of the responses of the white paper with the headers and responses around the room.
- Prompt a large group discussion and processing, asking trainees questions one at a time such as:
  - What came up as you were writing down examples?
  - What did you learn about yourself?
  - Why was this important?
  - What are you taking away as it applies to your role and leadership?

Step 4: Initiate a 15-minute break

- Prompt a break for trainees. Encourage them to stretch, get another cup of coffee, and be back in 15 minutes. Give them the time to return.

Step 5: Introduce the section and facilitate lecturette

- Introduce the lecturette on social styles:
  - Welcome back from break!
  - We are going to transition to discussing social styles and how they might relate to leadership and the principles we just discussed.
- [Slide 89] What Are Social Styles?
  - The theory of social styles was created by psychologists Reid and Merrill, who found that individuals have innate behaviors and preferred ways of communicating.
  - This theory helps people recognize their own communication styles and develop the ability to adapt them in order to strengthen interpersonal relationships.
- [Slide 90] Four Social Styles

    - There are four social styles, all based on scales of responsiveness and assertiveness
    - The scale of Assertiveness means: the degree to which a person outwardly tries to influence others
    - The scale of Responsiveness means: a more nuanced factor, the readiness with which a person outwardly displays emotions or feelings and develops relationships
- [Slide 91] Social Style: Analytical
    - Let's look at the characteristics of the Analytical social style first!
        - Heightened attention to detail, accuracy, structure and facts
        - Thoughtful, mulls matters over, methodical, careful planner – they need to look at every possible angle before they feel satisfied
        - They produce high-quality work
        - Persistent, asks lots of questions
        - Tends to need to be correct
    - Communication strategies to support folks who are Analytical:
        - Keep to the facts
        - List attentively
- [Slide 92] Social Style: Amiable
    - Let's look at characteristics to support the Amiable social style now. They:
        - Focus on harmony, relationships, and cooperation.
        - Relationship forward: Builds strong relationships, a team player, though they appreciate others' company, they may be more of a listener than a talker
        - Dislikes pressure and risks – uncomfortable taking risks as they need to have a feeling of security.
        - Tends to avoid conflict and be nonconfrontational.
    - Communication strategies to support folks who are Amiable:
        - Reassure and support them
        - Affirm commitment as they have a need for security
- [Slide 93] Social Style: Driver
    - Let's look the characteristics of folks who have the driver social style! They are:
        - Task-oriented – they focus on results and efficiency, and prefer clearly defined goals
        - Efficiently uses time and energy
        - Tends to be more blunt, assertive and decisive – can have strong leadership and make quick decisions
        - Likes to be in control, may be less focused on building relationships
        - Prefers to work autonomously
    - Communication strategies to support folks who are the Driver social style:
        - Listen and provide solutions
        - Be assertive and firm
- [Slide 94] Social Style: Expressive
    - Lastly, let's look at some of the characteristics of expressive:

        - They are good people to have at a party – they are people-oriented, talkative
        - They are also positive and generally excited and emotionally expressive
        - They focus on the vision, over the details and tasks, and can be good at inspiring others, because of that, they may lack follow through
        - They prioritize big ideas and innovation
        - May lack follow through
    - Communication strategies to support folks who are Expressive:
        - Ask questions
        - Collaboratively problem-solve

Step 6: Initiate the social style assessment

- Provide instructions on the social style assessment:
    - [Pass out the social style assessment]
    - Now that you've had an overview of the social styles, we want to consider: What social style are you? In the next 8-10 minutes or so, you are going to:
        - First, complete your social style assessment individually. For each item, circle the number on the scale that best fits you.
        - Then, total your score on Assertiveness. Divide by 15.
        - Then, total your score on Responsiveness. Divide by 15.
        - After you have your scores, use the Score Guide on page 3, and determine your social style. You will take your final scores on the next page and find the Assertiveness ranges and Responsiveness ranges that match. That will determine your social style! If you need support, feel free to ask someone at your table or raise your hand and we can support.
        - When you finish, time permitting, read about the characteristics of each of the four social styles and communication strategies to meet the needs of each social style.
        - [Confirm everyone has identified their social style before proceeding.]

Step 7: Introduce the breakout groups, same social style

- Provide instructions on the breakout groups, same social style:
    - Now, we ask that you go to breakout groups with people of the same social style. The four social styles are labeled on table tents on each of the tables. Feel free to bring your social style assessment and results.
    - In your breakout groups, we would like for you to consider your group's social style and discuss:
        - What's great about working with people like us?
        - What might people misunderstand about us?
    - What questions do you have before we get started?
    - Great, you will have about 15-20 minutes in your breakout groups!

Step 8: Introduce the breakout groups, different social styles

- Now, we are going to pivot a bit. We ask you to go to breakout groups with people of different social styles.
- [Give instructions on how these breakout groups are organized]
- In your breakout groups, we would like for you to consider and discuss:
    - What happens when different styles work together?
    - What challenges come up?
    - How can we support each other's strengths?
- What questions do you have before we get started?
- Great, you will have about 15-20 minutes in your breakout groups!

Step 9: Prompt a large group discussion to process both breakout groups

- Prompt a large group discussion and processing, asking trainees questions one at a time such as:
    - What came up in your small groups with the same social styles?
    - What came up in your small groups with differing social styles?
    - What kind of leadership does each style bring to the team?
    - Why does a leaderful organization need all four styles?

Lead into the next activity.

11:30AM-12:00PM

Final Activity: I am WIC

TRAINER:

TIME REQUIRED: 30 minutes

SECTION PURPOSE: To prompt trainees to share what they are most proud of about working in the WIC program or in their role, and share how WIC is impacted by their work

LEARNING METHODOLOGIES:

- Breakout discussion, small groups
- Gallery walk
- Large group discussion

MATERIALS NEEDED:

- Commitment Cards

DESCRIPTION:

Step 1: Introduce the section and breakout group discussion

- Introduce the section. Talking points may include:
  - In our last segment of the day, we want to express gratitude and appreciation for eachother, as well as ourselves.
- Provide instructions for the breakout group discussion:
  - In your breakout groups, we would like for you to discuss:
    - What are you most proud of about working in the WIC program?
    - What is one thing about your role that you are proud of?
  - You will have about 10-15 minutes in your breakout groups!

Step 2: Introduce the Together We Are WIC: Commitment Cards activity

- [Pass out the commitment cards]
- Provide instructions for the commitment cards:
  - We ask that we wrap up the day with our commitment to WIC and what we bring to WIC as a whole.
  - Before you, you have cards that say "Because of my work, WIC is _____."
  - Take a few minutes to fill out this card. You are welcome to sign it if you'd like. When you are done, please tape it to the wall labeled "Together We Are WIC"
- Transition to a Gallery Walk:
  - [After all participants have concluded, ask them to walk around the room in a Gallery walk and view each other's commitment cards.]

Step 3: Process the Together We Are WIC: Commitment Cards activity

- [Ask a few folks to come to the front to share others' commitment cards anonymously – sharing the card without the names on it]
- Prompt a large group discussion and processing, asking trainees questions one at a time such as:
  - What came up for you when you were filling out the statement "Because of my work, WIC is…"?
  - What is sitting with you from our time together?

Lead into the next activity.

12:00-12:30PM

Closing Remarks & Evaluation

TRAINER:

TIME REQUIRED: 30 minutes

SECTION PURPOSE: For trainees to ask any questions, complete an evaluation, and for leadership to provide closing remarks

LEARNING METHODOLOGIES:

- N/A

MATERIALS NEEDED:

- QR code for the Workshop Evaluation

DESCRIPTION:

Step 1: Introduce the wrap-up and provide time for Q&A

- Talking points may include:
  - We appreciate your time and dedication to this workshop as you explored how you support the mission of WIC, embody leaderful principles and ultimately contribute to advancing participant outcomes.
  - We are going to transition to closing, where we will have time for Q&A, comments and evaluations on this two-day workshop.
- Provide time for Q&A, by asking attendees:
  - What questions do you have for us?

Step 2: Ask attendees to complete the evaluation and provide closing remarks

- Ask attendees to complete the evaluation:
  - Tell attendees their feedback is really important to us. Ask that they complete their anonymous feedback form by scanning the QR code provided.
  - Give attendees 5 or so minutes to complete it.
- Initiate closing remarks, touching on:
  - Celebrating contributions and sending off with gratitude and pride.

Step 3: Detail continuing education credits and how to complete the workshop evaluation to receive the certificate

- RDs and DTRs seeking continuing education credits through the Commission on Dietetic Registration are encouraged to complete an additional evaluation

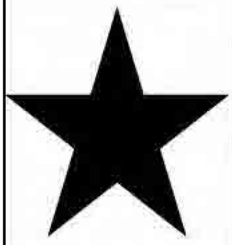
- Please log into your NYS WIC Resource Hub account to complete your evaluation and receive your certificate
- Evaluations will close after 5 business days and no longer be available. If you do not complete the evaluation within this timeframe you will not receive your certificate.

Step 3: Thank trainees and identify highlights from the workshop

- Thank trainees for their participation and hard work.
- Conclude the workshop.

Day 1 Handouts and Worksheets

WIC Connections Bingo

B	I	N	G	O
Has worked at WIC for 10+ years	Has visited a local WIC agency this year	Loves policy work	Enjoys reviewing data	Has worked at a local agency
Is a data wizard	Traveled less than 20 minutes to get here	Worked at WIC before EBT was a thing	Has watched 1+ online NE modules	Loves going to the farmers' market
Loves providing trainings	Supported the rollout of wichealth		Traveled 2+ hours to get here	Has worked at more than 1 state's WIC program
Has been a Breast-feeding Peer Counselor	Knows the federal WIC income eligibility guidelines	Started working at WIC in the last year	Likes reading memos	Enjoys making spread -sheets
Has done a home visit for WIC	Loves talking about participant scheduling	Has worked as a CPA	Has helped translate materials for participants	Developed a NE resource this year

A New Beginning: Jasmine’s Story

Before Jasmine found WIC, every day felt like a tightrope walk. At 24, she was five months pregnant with her first child, living in a small one-bedroom apartment on the outskirts of town. Her partner had left when she shared the news of her pregnancy, and she was now alone. Jasmine had always dreamed of going back to school, but those dreams were shelved as she tried to figure out how to afford prenatal vitamins, rent, and groceries on her own. She was on Medicaid, and although it covered her doctor visits, she often skipped meals or settled for cheap, processed food just to make ends meet.

Jasmine didn’t work—she’d left her part-time job at a local diner a few months into her pregnancy due to morning sickness and fatigue. With no income and rising anxiety about how she would care for her baby, she began attending prenatal check-ups with a growing sense of dread instead of excitement.

It was during one of those visits that her nurse asked if she had heard of WIC. Jasmine admitted she hadn’t. The nurse explained that WIC—Women, Infants, and Children—was a public health nutrition program that offered healthy foods, nutrition counseling, breastfeeding support, and referrals to health and social services, all at no cost. Jasmine was skeptical but desperate enough to try anything that might help.

She made an appointment at the local WIC office the next week. The staff greeted her warmly and helped her fill out paperwork to verify her eligibility. Because she was pregnant, on Medicaid, and had limited income, she qualified right away. The WIC nutritionist walked her through what she could expect from the program: monthly benefits for nutritious foods like milk, eggs, fruits, vegetables, whole grains, and prenatal supplements. They also offered a breastfeeding class and connected her to a peer counselor who had once been in her shoes.

After joining WIC, Jasmine’s life began to shift. She learned how to stretch her food benefits to prepare healthy meals. Her fridge was no longer bare—it now held fresh produce, yogurt, and beans. Her energy improved, and her mood lifted. She started attending WIC nutrition workshops and met other moms in her neighborhood. For the first time since learning she was pregnant, Jasmine felt like she had a village behind her.

When her son, Mateo, was born, WIC provided breastfeeding support and later, infant formula when breastfeeding didn’t go as planned. Jasmine continued to receive food benefits for herself and Mateo, as well as guidance on introducing solid foods and understanding developmental milestones. She also received referrals for parenting classes and childcare options.

Today, Jasmine says that WIC didn’t just help feed her body—it nourished her confidence. She’s now looking into online GED courses and hopes to enroll in community college once Mateo is old enough for daycare. WIC gave her the tools, support, and sense of dignity she needed to move forward.

Day 1 Pros and Cons

Directions: List the pros and cons of Day 1 of the BSFP State Staff Workshop. Write down what went well (the "pros"). Write down what didn't go well (the "cons").

Pros	Cons

Additional Comments:

Day 2 Handouts and Worksheets

Social Styles Assessment

Instructions:

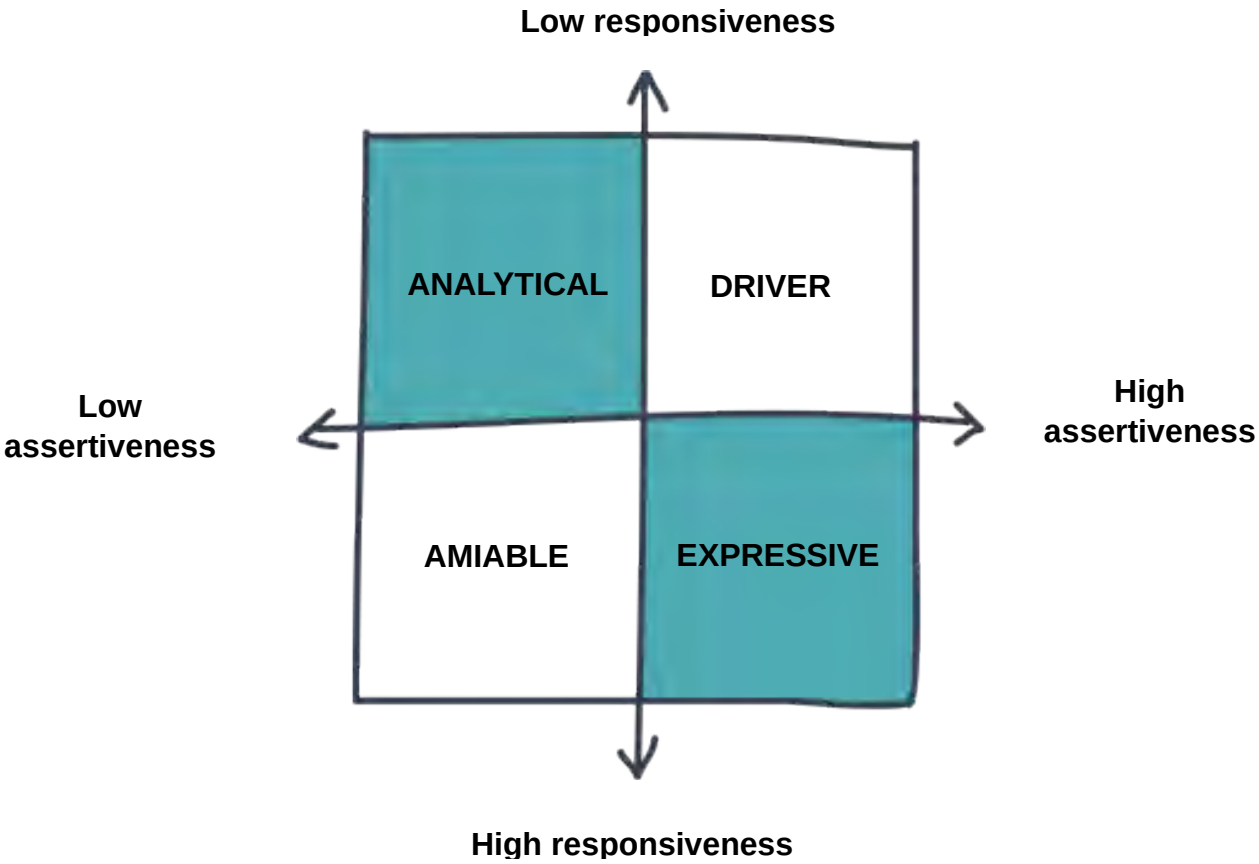
1. Complete your social style assessment individually. For each item under Assertiveness and Responsiveness, circle the number on the scale that best fits you.
2. Total your score on Assertiveness. Divide by 15.
3. Total your score on Responsiveness. Divide by 15.
4. Using the Score Guide on page 3, determine your social style. Take your Assertiveness score and Responsiveness score and look at the score ranges they fall into. This will determine your social style.
5. On page 4, read about the characteristics of each of the four social styles and communication strategies to meet the needs of each social style.

(Continued on next page)

Assertiveness Ratings I perceive myself as:			
Quiet		Talkative	
1	2	3	4
Slow to decide		Fast to decide	
1	2	3	4
Going along		Taking charge	
1	2	3	4
Supportive		Challenging	
1	2	3	4
Compliant		Dominant	
1	2	3	4
Deliberate		Fast to decide	
1	2	3	4
Asking questions		Making statements	
1	2	3	4
Cooperative		Competitive	
1	2	3	4
Avoiding risks		Taking risks	
1	2	3	4
Slow, studied		Fast-paced	
1	2	3	4
Cautious		Care-free	
1	2	3	4
Indulgent		Firm	
1	2	3	4
Not assertive		Assertive	
1	2	3	4
Mellow		Matter of fact	
1	2	3	4
Reserved		Outgoing	
1	2	3	4
Total Score = ____ / 15 = Assertiveness Score: _____			

Responsiveness Ratings I perceive myself as:			
Open		Closed	
1	2	3	4
Using opinions		Using facts	
1	2	3	4
Informal		Formal	
1	2	3	4
Emotional		Unemotional	
1	2	3	4
Easy to know		Hard to know	
1	2	3	4
Warm		Cool	
1	2	3	4
Excitable		Calm	
1	2	3	4
Animated		Poker-face	
1	2	3	4
People-oriented		Task-oriented	
1	2	3	4
Spontaneous		Cautious	
1	2	3	4
Responsive		Non-responsive	
1	2	3	4
Humorous		Serious	
1	2	3	4
Impulsive		Methodical	
1	2	3	4
Lighthearted		Intense	
1	2	3	4
Impulsive		Deliberate	
1	2	3	4
Total Score = ____ / 15 = Responsiveness Score: _____			

(Continued on next page)



Score Guide:

Assertiveness:	Responsiveness	Social Style:
0-2.5	0-2.5	Analytical
0-2.5	2.5-4	Amiable
2.5-4	0-2.5	Driver
2.5-4	2.5-4	Expressive

My social style is:

_____.

(Continued on next page)

Characteristics of the Four Social Styles

ANALYTICAL:

Characteristics:

- High attention to detail and facts
- Thoughtful, careful planner
- Tends to be more serious
- Asks lots of questions
- Mulls matters over
- Tends to need to be correct

Communication strategies to support the Analytical social style:

- Keep to the facts
- Listen attentively

DRIVER:

Characteristics:

- Task-oriented
- Focuses on results and efficiency
- Likes to be in control
- Risk-takers
- Tends to be blunt and assertive
- Prefers to work autonomously

Communication strategies to support the Driver social style:

- Listen and provide solutions
- Be assertive and firm

AMIABLE:

Characteristics:

- Builds strong relationships
- A team player
- More of a listener than a talker
- Dislikes pressure and taking risks
- Tends to avoid conflict and be nonconfrontational
- Promotes harmony

Communication strategies to support the Amiable social style:

- Reassure and support
- Affirm commitment

EXPRESSIVE:

Characteristics:

- People-oriented
- Prioritizes big ideas and innovation
- Talkative, enthusiastic
- Typically positive, excited
- Focuses on the vision over the details and tasks
- May lack follow-through

Communication strategies to support the Expressive social style:

- Ask questions
- Collaboratively problem-solve

Adapted from: Changeosity Social Styles Assessment, Mindtrust Leadership Self-Assessment of Social Style

Commitment Cards

Because of my work, WIC is

_____.



Welcome & Setting the Stage: 9:00-9:30 am *(30 mins)*

- Welcome trainees and thank them for joining this two day workshop!



- Opening remarks from CAI and NYS DOH leadership.
- These will reference the feedback from the last session and acknowledge how that feedback impacted the theme and topics for this training.

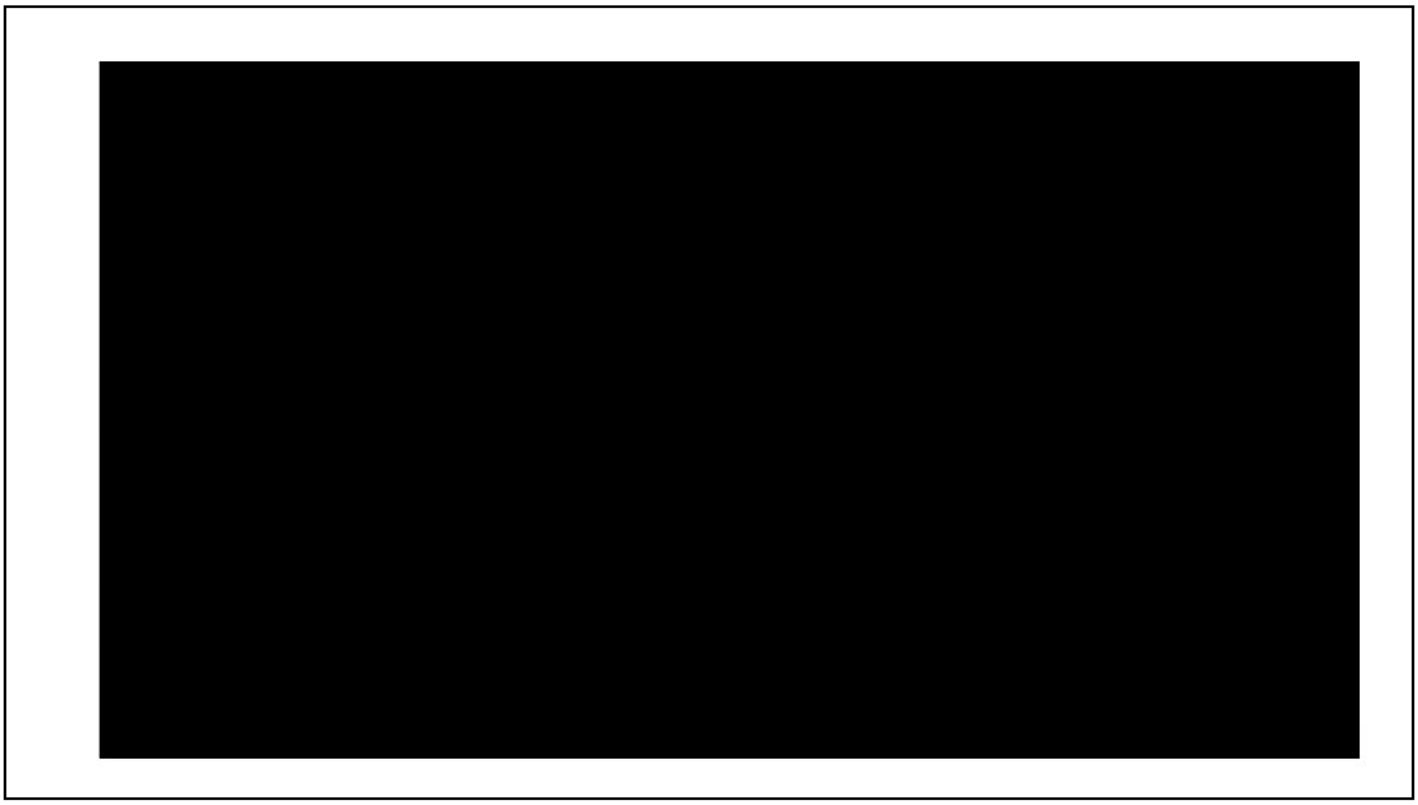


Trainer/Production:

- Introduce CAI trainers and support staff



- Introduce NYS DOH Leadership



- [redacted]
- Funding for this training provided by the USDA.
- [redacted]
- We will be providing you with a copy of today's PPT at the end of the training so, no need to worry about copying this information down.

SPECIAL NOTE

All of the policies shared in the training programs, are derived from United States Department of Agriculture (USDA) federal regulations and/or USDA guidance and curriculums (which apply to all WIC programs across the country), and/or New York State laws and regulations.

The Food and Nutrition Service of the United States Department of Agriculture, (FNS) is responsible for WIC Program administration.



- Please note, that immediately following the Policy section of each policy in the WIC Program Manual, is the regulations section, which either includes the direct links for reference or lists the complete regulations.

- The Food and Nutrition Service provides assistance to State agencies and evaluates all levels of Program operations to ensure that the goals of the Program are achieved in the most effective and efficient manner possible.

SPEAKER DISCLOSURE

I hereby certify that, to the best of my knowledge, no aspect of my current personal or professional circumstance places me in the position of having a conflict of interest with this presentation. I hereby certify that, to the best of my knowledge, neither I (including any member of my immediate family) nor any individual or entity with whom or with which I have a significant working relationship have (has) received something of value from a commercial party related directly or indirectly to the subject of this presentation.

Can be quickly bypassed by saying “the speakers have no disclosures to share”



- On the slide are our group agreements. Before we begin let's talk about some group agreements we must have for a successful workshop
- Keep side conversations to a minimum – If something's not clear to you, it's probably not clear to others, so please let us know!
- Stories stay, and lessons leave. We want to create an environment where people feel comfortable sharing their personal experiences. If someone tells a story during our time together, we ask you to not repeat that story outside of this room or group. But we do want to take lessons with us! If you hear something that inspires you, helps you grow or offers a new perspective, take that learning with you and just keep the storyteller's identity private unless they have given you permission to share.
- Respect others' opinions and points of view – Everyone is coming in with different experiences and opinions and the more we can be open to everyone, the more we all can learn from each other.
- Move up, move back also known as share the air! SO, if you are someone who normally engages a lot, make sure to create space for others and if you are less of a sharer we encourage you to try to participate more
- Turn cell phones off or put them on vibrate – The more focused we can all be, the better, as we have a lot of information to cover. Refrain from texting during training – If something comes up, please leave the room so as not to disturb others.
- Have fun! – This workshop is designed to be interactive and engaging, so please participate and have fun with it!

Before I move on, can folks give me a thumbs up so I know we are in agreement?

WIC CONNECTIONS BINGO

Instructions:

1. Grab a Bingo Card
2. Mingle and Make Connections: Find people who match the prompts on your card. When someone qualifies, have them sign their initials.
3. One Person Per Square: Each person can only sign one box on your card!
4. Call out BINGO! Bingo can be completed with a horizontal, vertical or diagonal row.



B	I	N	G	O
Has worked at WIC for 10+ years	Has visited a local WIC agency this year	Loves policy work	Enjoys reviewing data	Has worked at a local agency
Is a data wizard	Traveled less than 20 minutes to get here	Worked at WIC before EBT was a thing	Has watched 1+ online NE modules	Loves going to the farmers' market
Loves providing trainings	Supported the rollout of wichealth	★	Traveled 2+ hours to get here	Has worked at more than 1 state's WIC program
Has been a Breast-feeding Peer Counselor	Knows the federal WIC income eligibility guidelines	Started working at WIC in the last year	Likes reading memos	Enjoys making spread sheets
Has done a home visit for WIC	Loves talking about participant scheduling	Has worked as a CPA	Has helped translate materials for participants	Developed a NE resource this year

Production: Pass out the handout "1A: WIC Connections Handout"
Share instructions for the WIC Connections Bingo. Talking points may include:
1. Grab a Bingo Card from your tables that is currently being passed out.
Each card is filled with prompts related to WIC work, staff experiences, and insider knowledge. Every square represents something someone might be able to say "That's me!"
2. Mingle and Make Connections
Your goal is to find people who match the prompts on your card. When someone qualifies for a square, have them sign their
initials on that box. Make sure you have a pen with you!
3. One Person Per Square
Each person can only sign one box on your card — so you'll need to talk to lots of people to fill it out!
4. Call Out BINGO!
Once you've completed a row (horizontal, vertical, or diagonal), shout "BINGO!" or let the facilitator know. Bonus points for filling the whole card!

Give participants ten minutes to do the WIC connections bingo, or until a few people get bingo. Process the bingo, time-permitting, by asking questions such as:

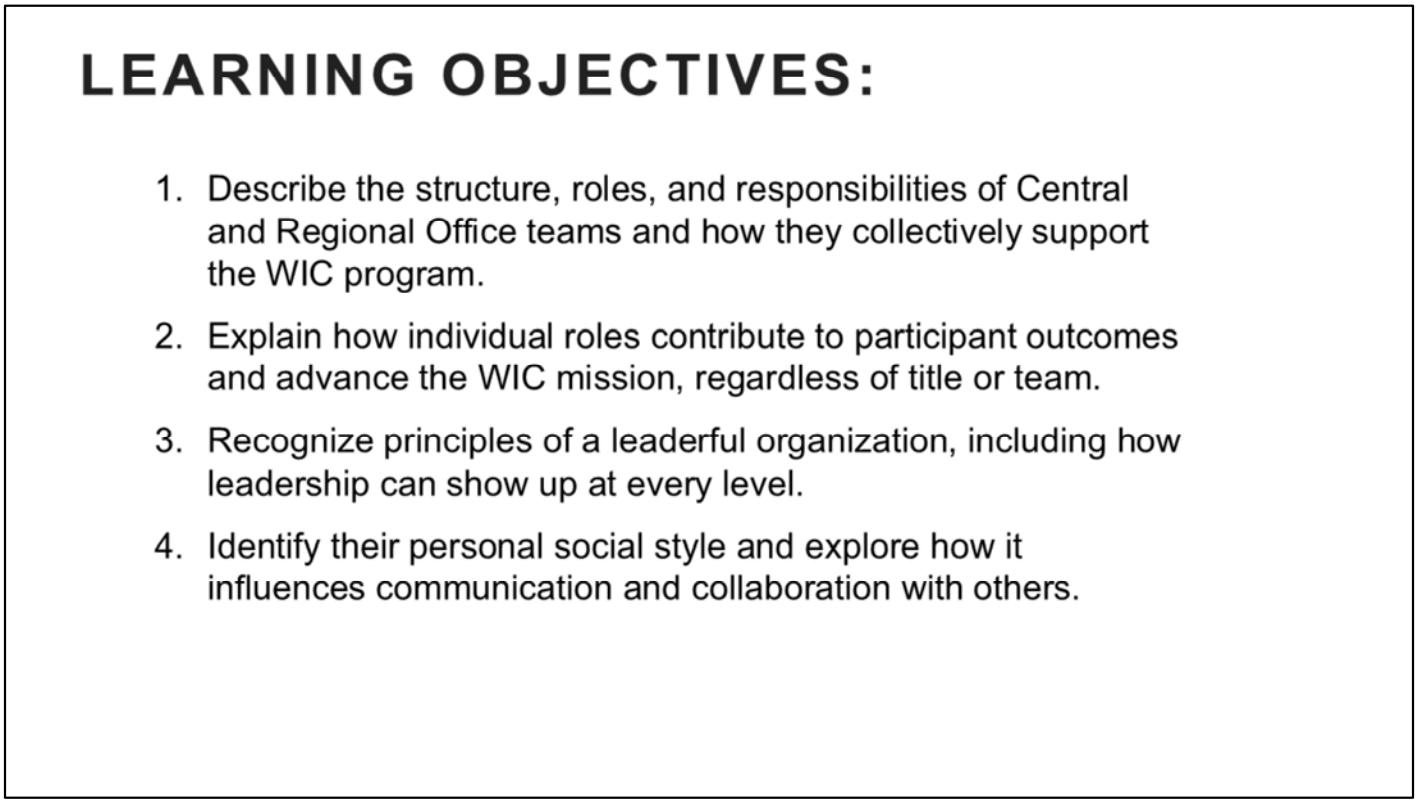
- What was that activity like?
- What was easy or challenging about it?
- What are you taking away?

TRAINING GOAL:

To strengthen coordination, communication, and connection across all WIC teams by deepening understanding of each other's roles, celebrating shared contributions, and reinforcing individual and collective commitment to the WIC mission



- Provide overview of training goal:
    - To strengthen coordination, communication, and connection across all WIC teams by deepening understanding of each other's roles, celebrating shared contributions, and reinforcing individual and collective commitment to the WIC mission

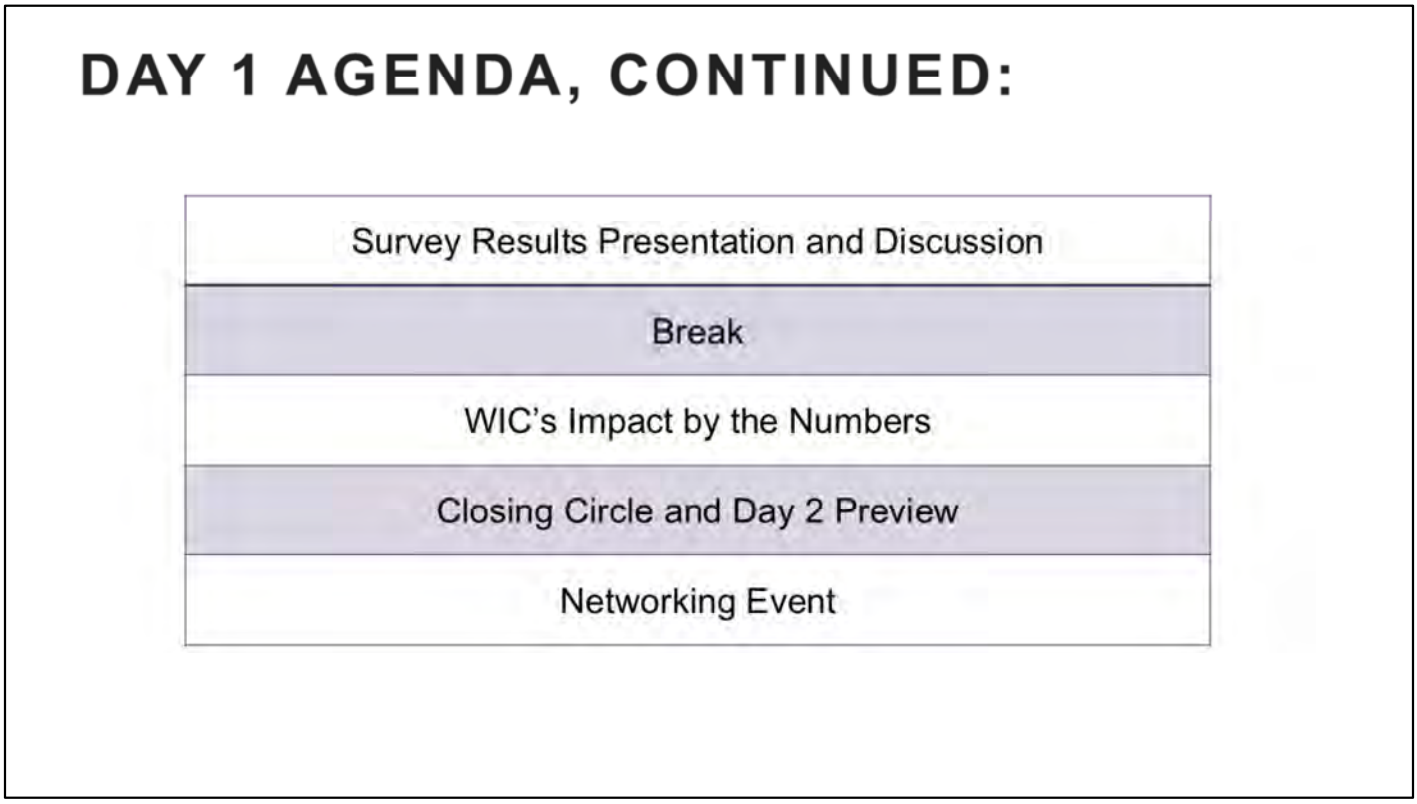


Provide overview of learning objectives:

1. Describe the structure, roles, and responsibilities of Central and Regional Office teams and how they collectively support the WIC program.
2. Explain how individual roles contribute to participant outcomes and advance the WIC mission, regardless of title or team.
3. Recognize principles of a leaderful organization, including how leadership can show up at every level.
4. Identify their personal social style and explore how it influences communication and collaboration with others.



- Provide overview of agenda for Day 1 of the 2025 Year 4 DOH BSFP Staff Workshop, highlighting breaks and lunch time.
- [Continued on the next slide]

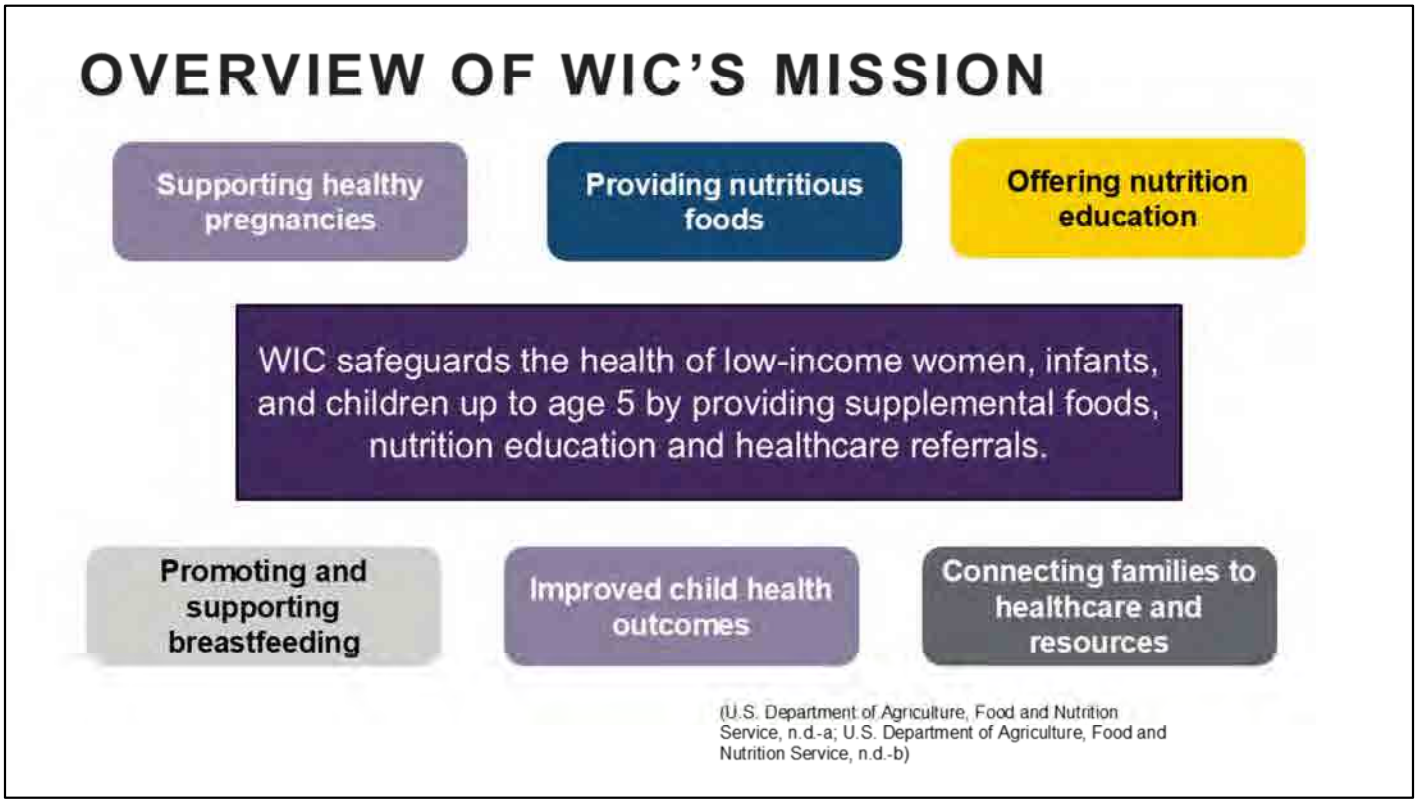


- Continue to provide an overview of the Day 1 agenda.
- Ask trainees if they have any questions before you get started.



Client Testimonial Video + Reflection (Story Circles) 9:30-10:00am *(30 mins)*

- Introduce this section. Talking points may include:
  - We want to start off today's workshop by reflecting on WIC's mission and then hearing a testimonial from a WIC client.



[Animations on slide with each of the smaller bubbles]

[Provide overview of WIC's mission] Talking points may include:

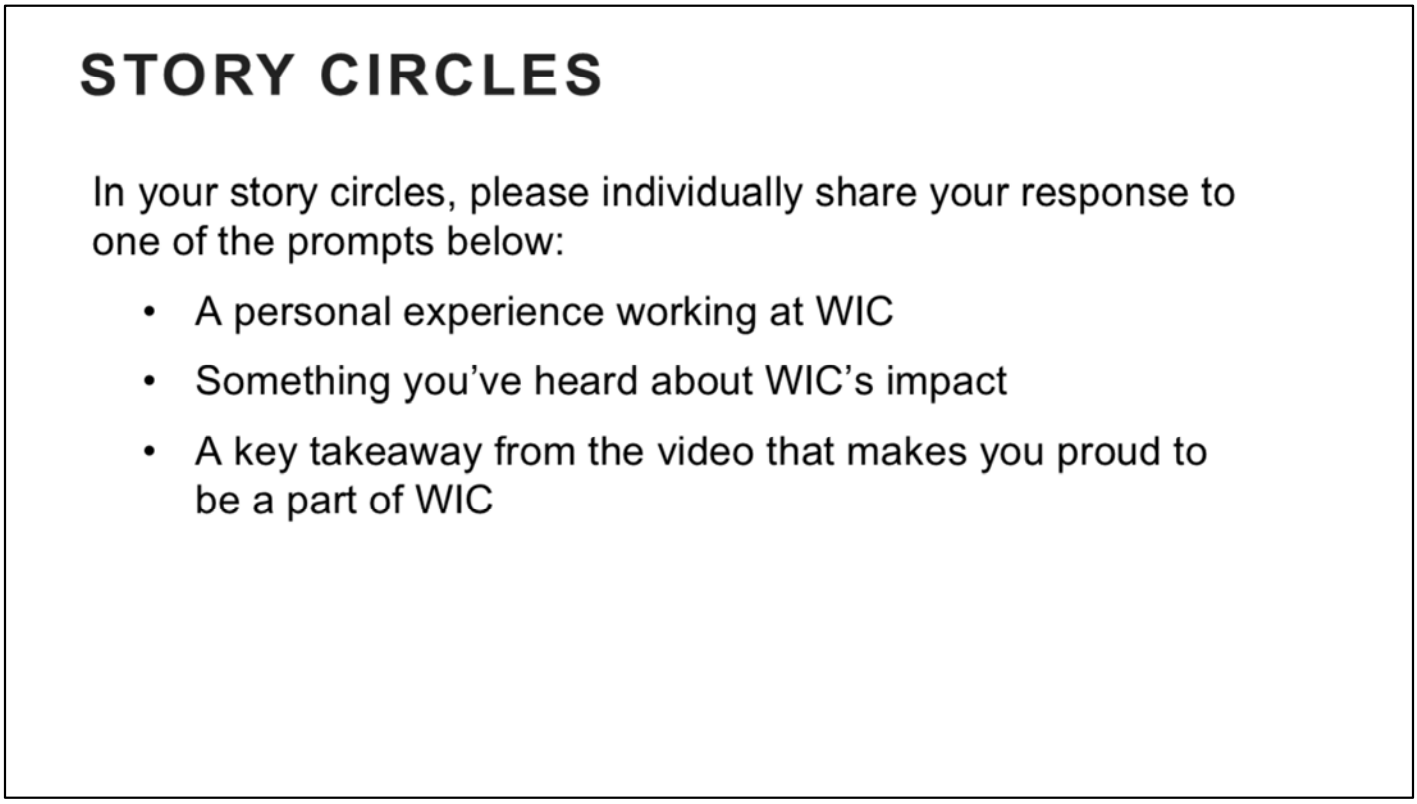
- But how do we embody this mission day-to-day?

1. Supporting healthy pregnancies and early childhood growth: WIC is designed to support families from the very beginning —even before a baby is born. By helping pregnant individuals access the nutrition they need, we improve birth outcomes and help babies get off to a healthy start.
2. Providing nutritious foods to eligible women, infants, and children: Every month, WIC participants receive benefits for healthy, nutrient-rich foods like fruits, vegetables, whole grains, milk, and formula. These foods are chosen to meet the specific needs of growing children and their caregivers.
3. Offering nutrition counseling to encourage lifelong healthy habits: WIC isn't just about providing food —it's about education. Our nutrition staff and online modules work with families to build knowledge and confidence around making healthy choices that fit their lifestyles and cultures.
4. Promoting and supporting breastfeeding through education and peer support: WIC actively promotes breastfeeding as the optimal first food. We provide education, encouragement, and access to resources like peer counselors and breast pumps to help parents successfully start and continue breastfeeding.
5. Research shows that WIC participation leads to measurable child health improvements — like lower rates of low birth weight, reduced iron deficiency, and healthier growth patterns in young children. These outcomes have lifelong benefits.
6. Connecting families to healthcare, immunizations, and other community resources: WIC often serves as a gateway to other services. We help families access medical care, vaccinations, early intervention programs, and community support — making sure no one falls through the cracks.



- Let’s take a moment to watch a short client testimonial video together.

Note: Video is <3 mins: https://vimeo.com/1045727751/f9a5e6a8a3



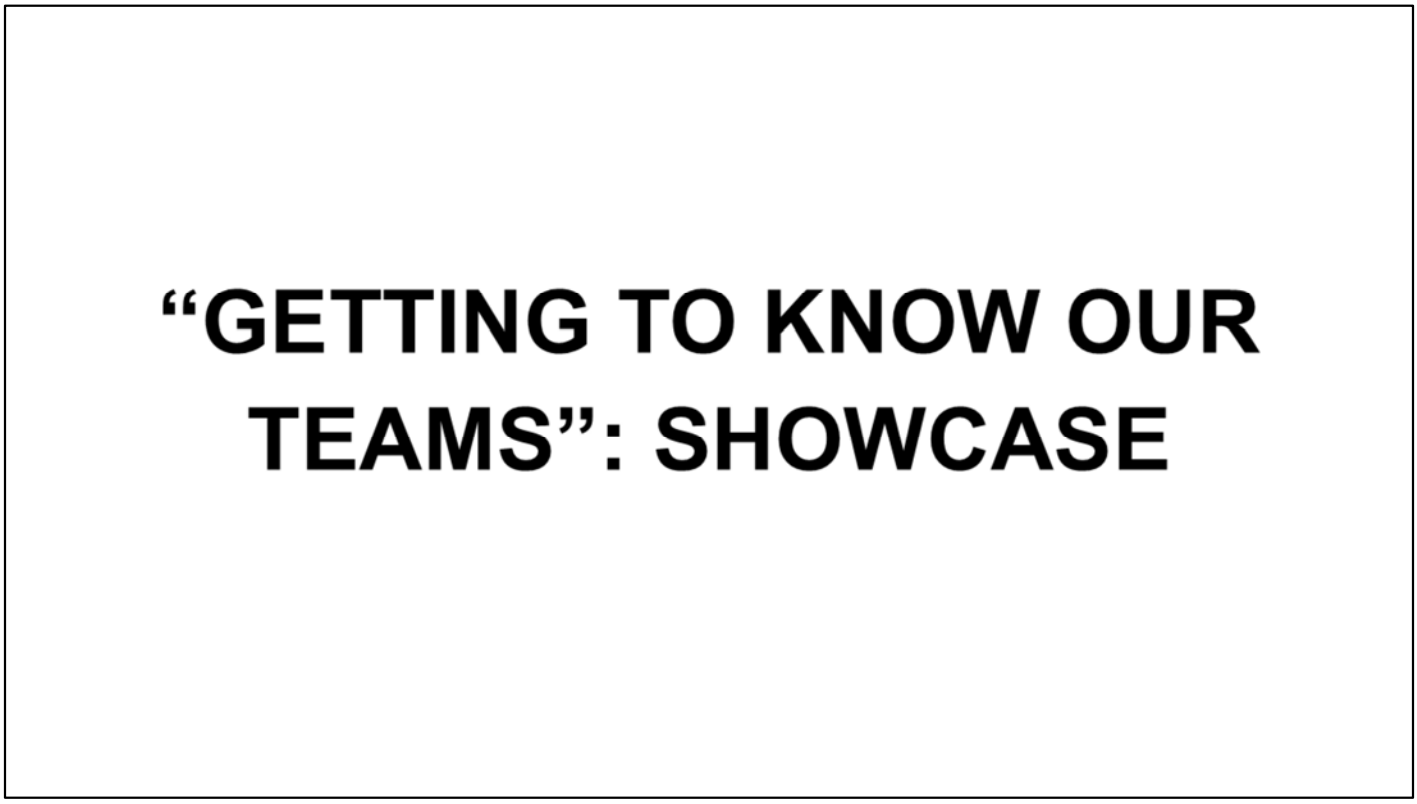
- In just a few minutes, we are going to put you into small groups we are calling "story circles."
- In your story circle, we would like each staff to share:
  - A personal experience
  - Something they have heard about WIC's impact, or
  - A key takeaway from the video that makes them proud to be part of WIC
- You will have about 10-15 mins in your story circles to share and listen to others in your circle.
- Do you have any questions before we get started?

Note: Ensure each group has a Regional Office member who can speak about a personal experience (and not just something they heard or saw in the video.)

LARGE GROUP DISCUSSION



- Ask for one reporter per group to share a summary of what came up in their story circles and ask trainees debrief questions such as:
  - How did it feel to do this activity?
  - Where did you have similarities or differences with your peers?
  - Why is it important to share our stories or reflections on WIC's impact?
  - How does this inform your work moving forward and commitment to WIC's impact?



"Getting to Know Our Teams" Showcase
10:00am-12:00pm *(120 mins with a break included)*

- Introduce this section. Talking points may include:
  - In this next section, we are really excited to hear from Central and Regional Office teams as they share their roles, responsibilities and structure and how they collectively support the WIC program.

HOLD for Slide presentations:

Each regional office + central office shares “Who We Are and What We Do” (10 mins for each of the 10 teams)



Time for a Break

Please return in 15 minutes!

[After 2-3 presentations]

- Prompt a break for trainees. Encourage them to stretch, get another cup of coffee, and be back in 15 minutes.

HOLD for Slide presentations continued:

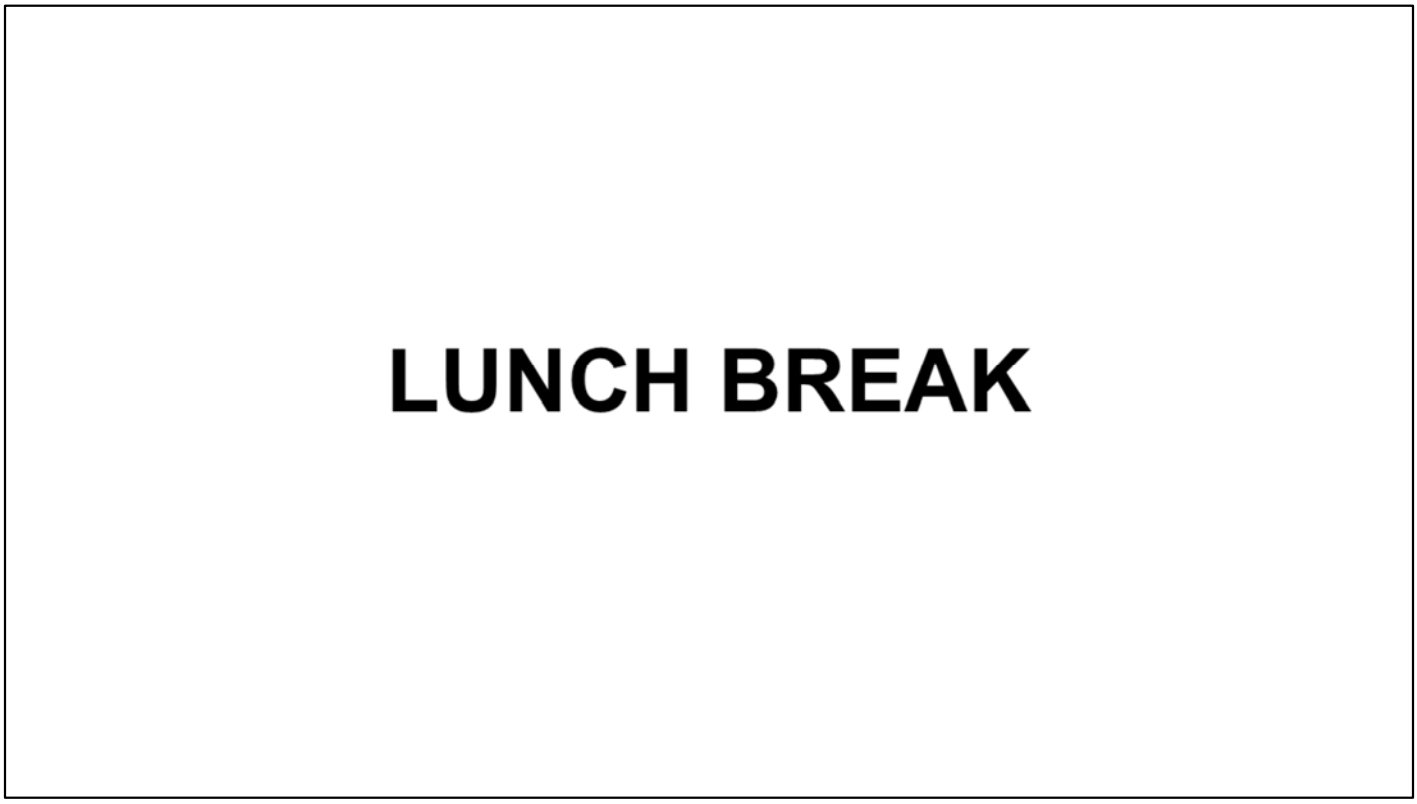
Each regional office + central office shares “Who We Are and What We Do” (10 mins for each of the 10 teams)

LARGE GROUP DISCUSSION



Prompt a large group discussion and processing, asking trainees questions one at a time such as:

- What was that experience like getting to know other teams?
- What did you learn in the showcase?
- Why might it be important to learn or know about each office?
- What are you taking away from the showcase?



Lunch Break 12:00-1:00pm *(60 mins)*

Introduce that it is now time for lunch!



Time for Lunch

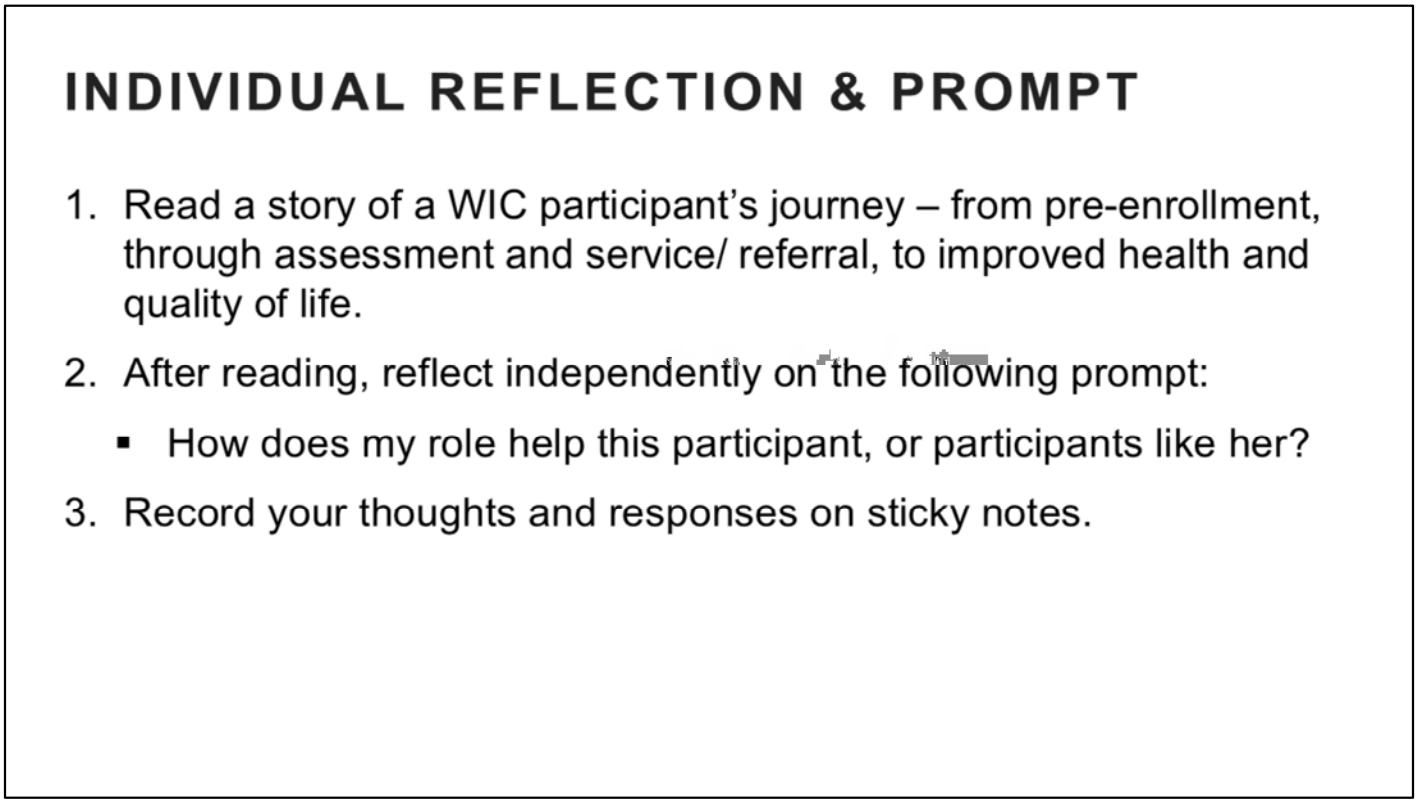
Please return in 1 hour!

- Prompt a lunch break for one hour.
- Give participants instructions about when to come back, if there are any spaces they are welcome to eat lunch, and that they are welcome to leave their materials behind.

THE REAL-LIFE IMPACT OF YOUR ROLE

Interactive Activity: The Real Life Impact of Your Role 1:00-1:30 pm *(30 mins)*

- Introduce this section. Talking points may include:
  - As we do this essential work, it is important to hit pause and reflect on the impact of our role, regardless of our titles or team.



Production: Pass out the handout "1B: Story of a WIC Participant's Journey. "
Provide instructions, such as:

- In the next few minutes, we would like for you to read a story of a WIC participant's journey as she goes from pre-enrollment through assessment and service/ referral, to ultimately improved health and quality of life.
- After reading, please reflect independently on the story by considering: How does my role help this participant, or participants like her?
- Record your thoughts and responses on sticky notes.
- Any questions before you read and reflect? We will leave these instructions up.

BREAKOUT GROUP DISCUSSION

In your breakout groups, please share with your peers your sticky note responses to the prompt:

- How does my role help this participant, or participants like her?



Provide instructions, such as:

- In the next 10 or so minutes, we would like for you to share your responses you recorded on sticky notes to the prompt: How does my role help this participant, or participants like her?
- Any questions before you share with your colleagues?



Provide instructions, such as:

- Now we would like for you to tape your individual sticky notes on the walls.
- After taping them, you will have about 5 minutes to walk around the room and read one another's reflections.
- We encourage you to read reflections that weren't shared by members of your breakout group.
- Feel free to take a notepad with you to write down any reflections that resonate with you.

LARGE GROUP DISCUSSION



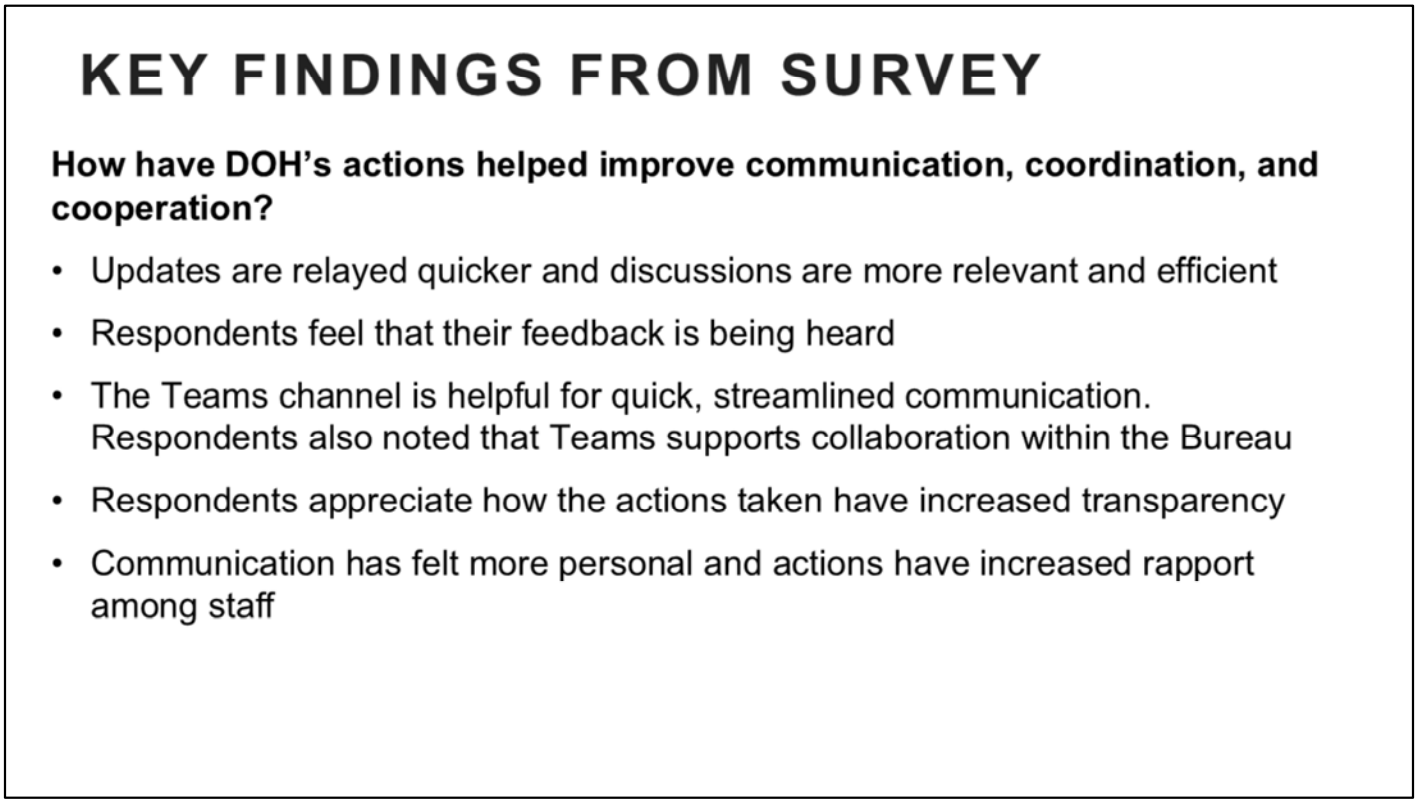
Prompt a large group discussion and processing, asking trainees questions one at a time such as:

- How did it feel to reflect on your own role's impact and hear the impact of others roles?
- What did you learn about yourself?
- What were some common themes or thoughts you heard from your breakout groups or during the gallery walk?
- How does this inform your work moving forward?

SURVEY RESULTS PRESENTATION AND DISCUSSION

Survey Results Presentation and Discussion
1:30-2:15pm *(45 mins)*

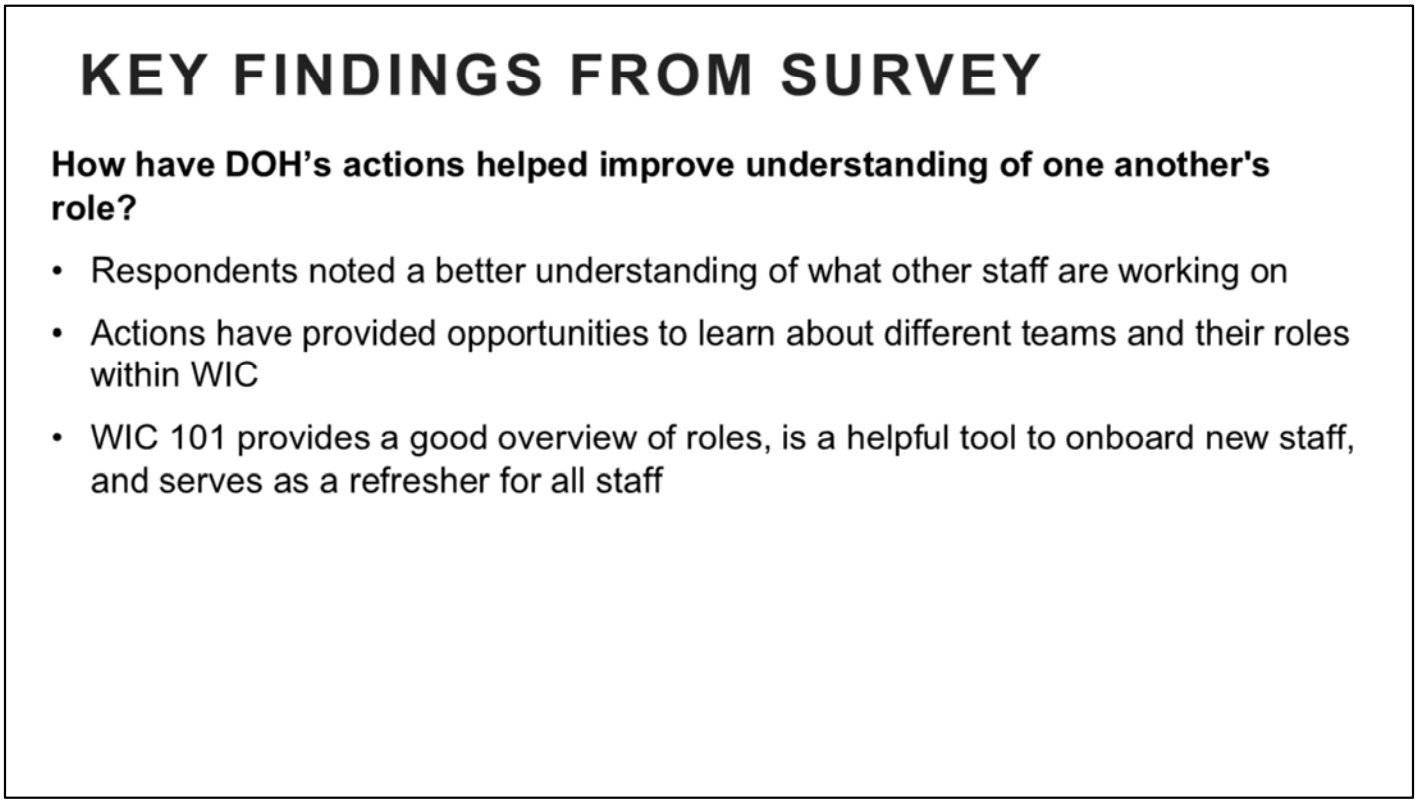
- Introduce this section. Talking points may include:
  - You supported us by filling a survey. Let's review the results of what you shared with us and how we can move forward!



Overall themes of how DOH's actions helped improve communication, coordination and cooperation are shown on the slide.

Additionally -

- Some respondents noted that they have not seen improvements in communication, coordination, or cooperation while others didn't share explicit ways that these actions have resulted in improvements, but mentioned that actions have been well received and BD is moving in the right direction
- Additional ideas shared by respondents to improve communication, coordination, and cooperation:
    - Keeping the Project Reference Guide up-to-date
    - Creating a format or algorithm on when to use Teams vs email for communications
    - Faster access to recordings for staff who cannot attend live sessions



Summarized responses of how DOH's actions helped improve understanding of one another's roles are shown on the slide.

Additionally -

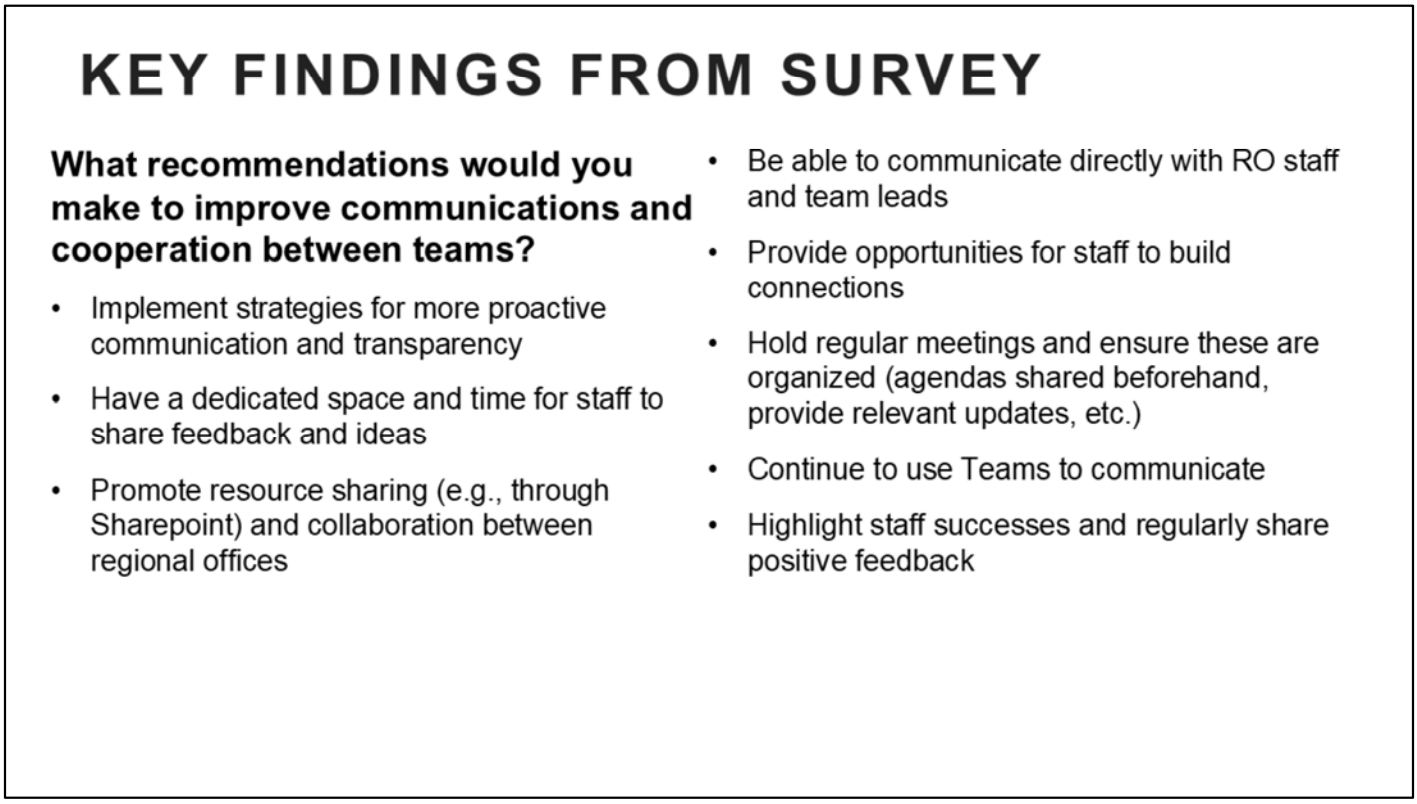
- Some respondents noted that the outcomes of these actions may take longer and have yet to be seen. However, WIC 101 is a good starting point.
- Additional ideas shared by respondents to improve understanding of one another's role:
    - Developing a guide that describes different roles and that staff can refer back to
    - Implementing a standard orientation process for new staff
    - Staff could benefit from a clearer understanding of responsibilities within different departments (i.e., who is the correct person to go to for different supports)

KEY FINDINGS FROM SURVEY

What are any steps you've taken to improve communication, coordination, cooperation, and understanding of one another's roles within your office, with Local Agencies, and/or with Central Office?

- Keeping policies and procedures current, using SharePoint to store and collaborate on documents
- Having standing meetings to share updates, clarify expectations, and answer questions
- Using Teams or other group chats to collaborate and ensure all staff have the same information, regardless of working remotely or in-person
- Engaging RO staff and LAs in decision-making
- Respondents noted actions such as asking questions, encouraging open communication and providing feedback, building rapport with other staff, and sharing clear expectations

Summarized steps that respondents have taken to improve communication, coordination and understanding of one another's roles are listed on the slide

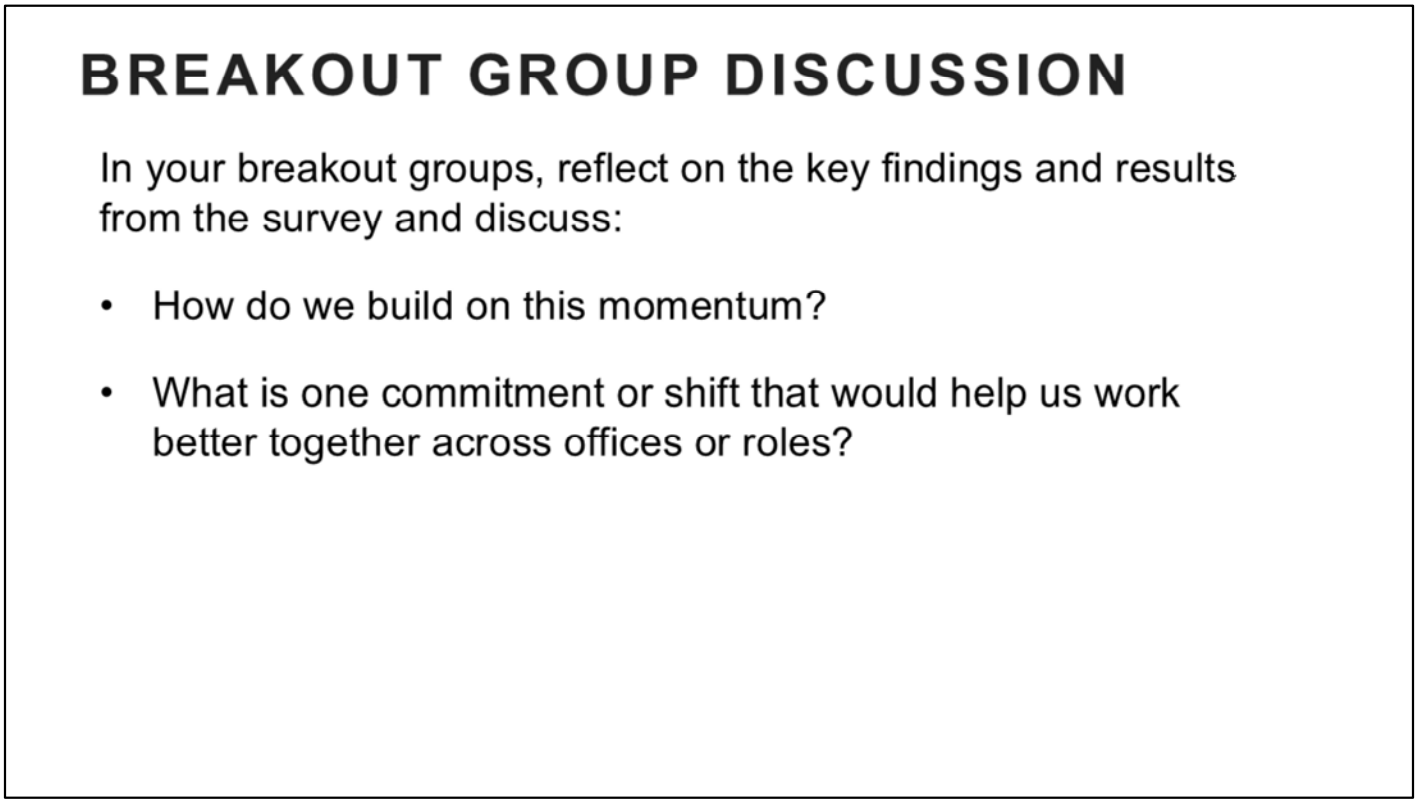


Respondents shared recommendations to improve communication and cooperation between teams, summarized themes are shown on the slide:

Additionally, when asked about how they would prefer to provide feedback to BD (in a select all that apply question),

- 86% of respondents selected **surveys**
- 55% of respondents selected **evaluations after trainings or workshops**
- 47% of respondents selected **one-on-one check-ins with supervisor**
- 39% of respondents selected **one-on-one check-ins with BD staff**
- And 35% of respondents selected **sharing feedback during meetings**

As always, you should follow the proper channels of Communication set in place.



Provide instructions, such as:

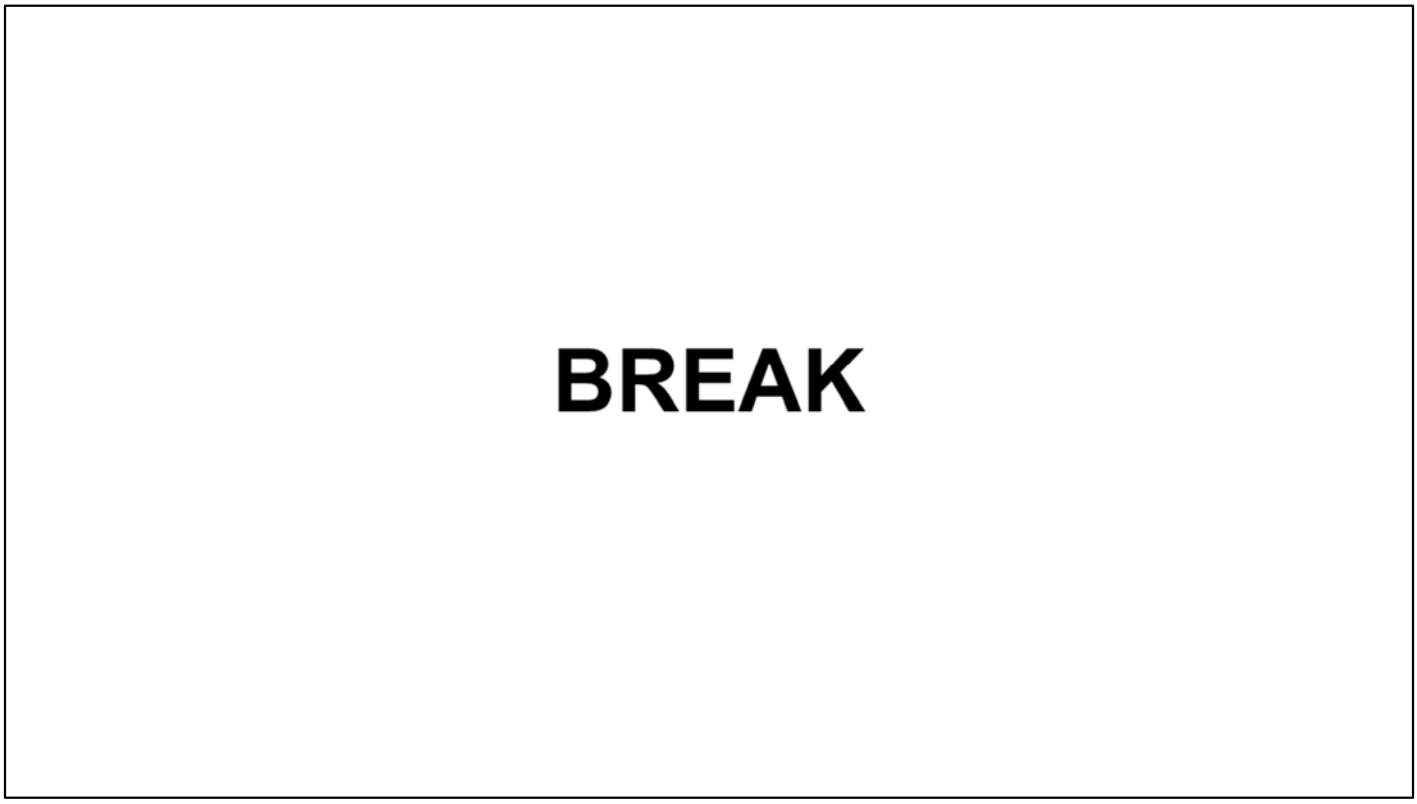
- In your breakout groups, we would like for you to reflect on the key findings and results from the survey and discuss:
  - How do we build on this momentum?
  - What is one commitment or shift that would help us work together across offices or roles?
- What questions do you have before we get started?
- Great, you will have about 15-20 minutes in your breakout groups!

LARGE GROUP DISCUSSION



Prompt a large group discussion and processing, asking trainees questions one at a time such as:

- What came up in your small groups?
- What similarities or differences did you observe in your discussions?
- Why was this important?
- How might you apply your group’s commitment or shift in your own work?



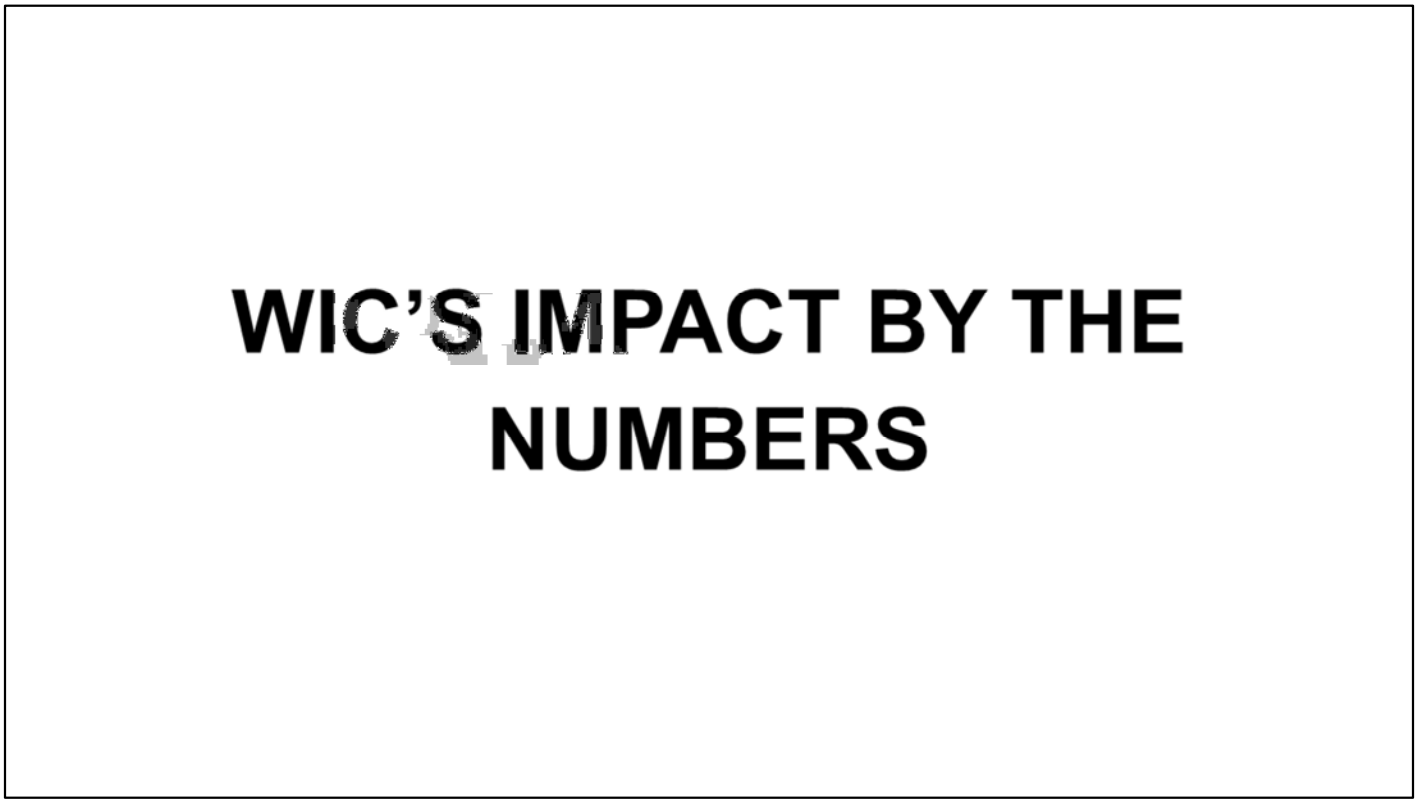
Break 2:15-2:30pm (*15 mins)*



Time for a Break

Please return in 15 minutes!

- Prompt a break for trainees. Encourage them to stretch, get another cup of coffee, and be back in 15 minutes.
- Give them the specific time to return.



ROI & Data Session: WIC's Impact by the Numbers 2:30-3:45pm *(75 mins)*

- Introduce this section. Talking points may include:
  - Many of us may be drawn to this work because we know that the WIC program has substantial cross-cutting and multisystem level impacts and benefits.
  - In this section, we are going to explore some of those benefits, as well as the larger economic impacts of the WIC program.



- Let’s break down these benefits into three levels:
  - Benefits to families
  - Benefits to communities
  - And benefits to New York State

BENEFITS OF WIC – FAMILIES

Respond via Mentimeter:

- What are the benefits of WIC to families?



Scan the QR code or

Join at menti.com and

Use code **8494 0216**

- [WordCloud mentimeter] – Make sure Coordinator/ Producer hits Present on Mentimeter. Replace QR code and code as it gets closer to the session.

- First, let's consider: What are the benefits of WIC to families?
- Using your phone, scan the QR code on the screen or join using menti.com and type in the code 8494 0216.

Debrief:

- [Comment on themes]
- What do you notice when you look at the results?
- [Thank trainees for their thoughts and participation]

BENEFITS OF WIC – COMMUNITIES

Respond via Mentimeter:

- What are the benefits of WIC to communities?



Scan the QR code or

Join at menti.com and

Use code **8494 0216**

- [WordCloud mentimeter] – Make sure Coordinator/ Producer hits Present on Mentimeter. Replace QR code and code as it gets closer to the session.

- Now let's transition to considering the impact on communities:
  - What are the benefits of WIC to communities?
- Using your phone, scan the QR code on the screen or join using menti.com and type in the code 8494 0216.
- The QR code and the code are the same as before so we recommend keeping this screen pulled up for a bit!

Debrief:

- [Comment on themes]
- What is coming up for you as you look at the results?
- [Thank trainees for their thoughts and participation]



- [WordCloud mentimeter] – Make sure Coordinator/ Producer hits Present on Mentimeter. Replace QR code and code as it gets closer to the session.

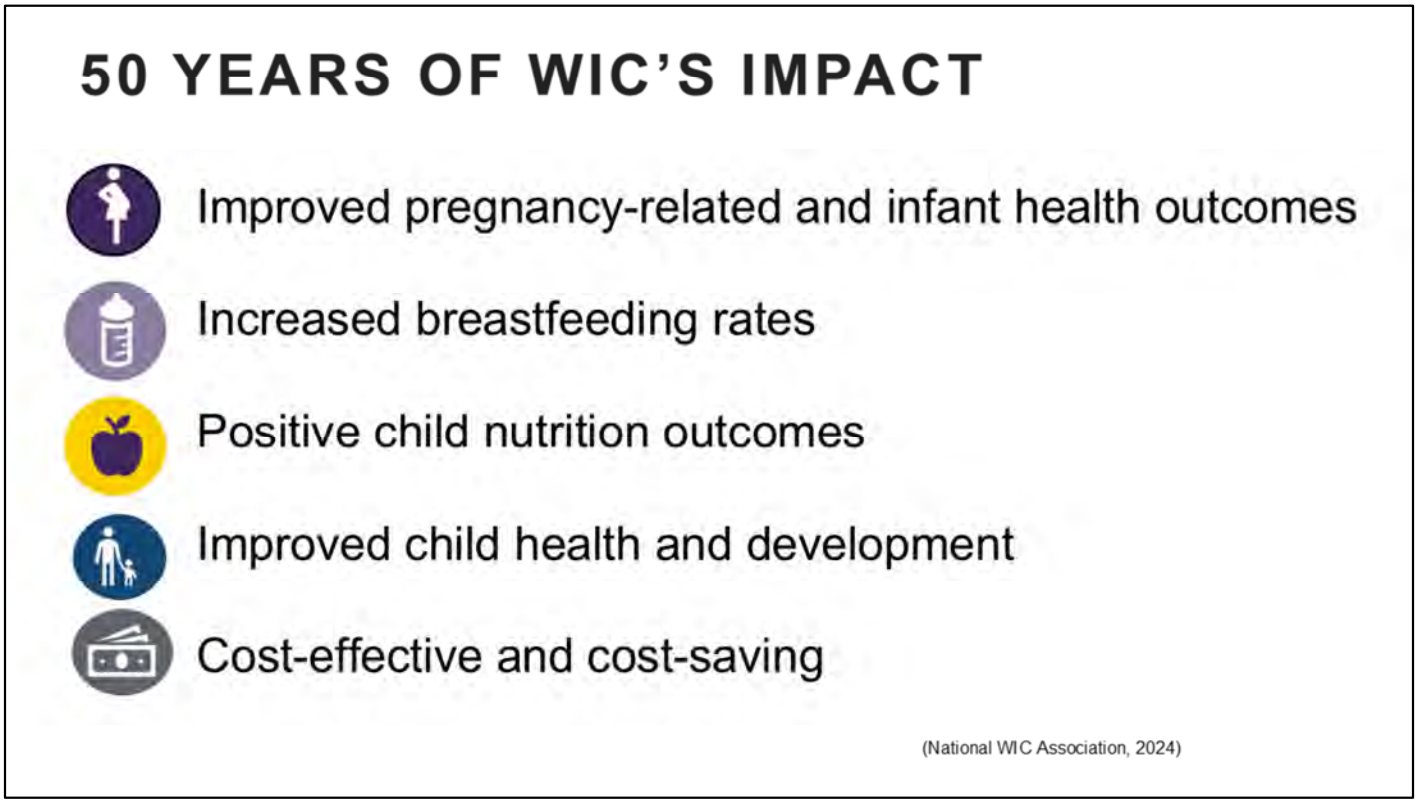
- Now let's transition to considering the impact on our entire state:
  - What are the benefits of WIC to New York State?
- Using your phone, scan the QR code on the screen or join using menti.com and type in the code 8494 0216.
- The QR code and general code are the same as the two questions prior.

Debrief:

- [Comment on themes]
- How have the benefits changed when we consider the state-level/ the impact on NYS?



- Thank trainees for brainstorming benefits with us.
- Transition to this segment of the lecturette:
    - We appreciate you considering the multi-level benefits of WIC with us. Let's continue by reflecting on 50 years of WIC's impact and benefits



- [Animations on slide]
- Improved pregnancy-related and infant health outcomes
    - WIC's nutritional support can contribute to healthier pregnancies and births, potentially lowering infant mortality rates.
- Increased breastfeeding rates
    - Which has significant health benefits for both the infant and mother and reduces healthcare and societal productivity costs
- Positive child nutrition outcomes
    - Research finds that WIC participation correlates with reduced household food insecurity, including a 20% decrease in child food

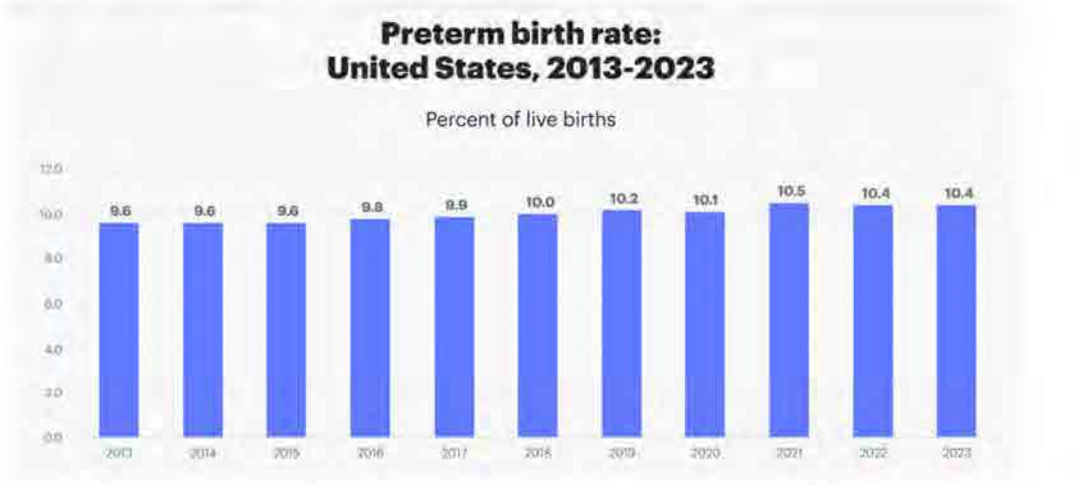
insecurity rates

- Improved child health and development
    - Participation in WIC is linked to better outcomes in child health and development, including appropriate weight gain and reduced risk of stunted growth
- Cost effective and cost-saving
    - WIC participation can lead to healthier mothers and children, lowering medical expenses and healthcare costs. Investing in early childhood health can lead to reduced healthcare costs later in life. This significant return on investment is attributed to WIC's comprehensive approach to improving maternal and child nutrition.
    - This next segment is going to dive into the cost-effectiveness of the WIC program and how it is an essential cost-saving investment for states and our country.
    - Source: https://thewichub.org/2024-state-of-wic-report-celebrating-50-years-of-impact/



- Before we dive into it, let's take a closer look a preterm birth in the United States to greater inform the cost-saving discussion.

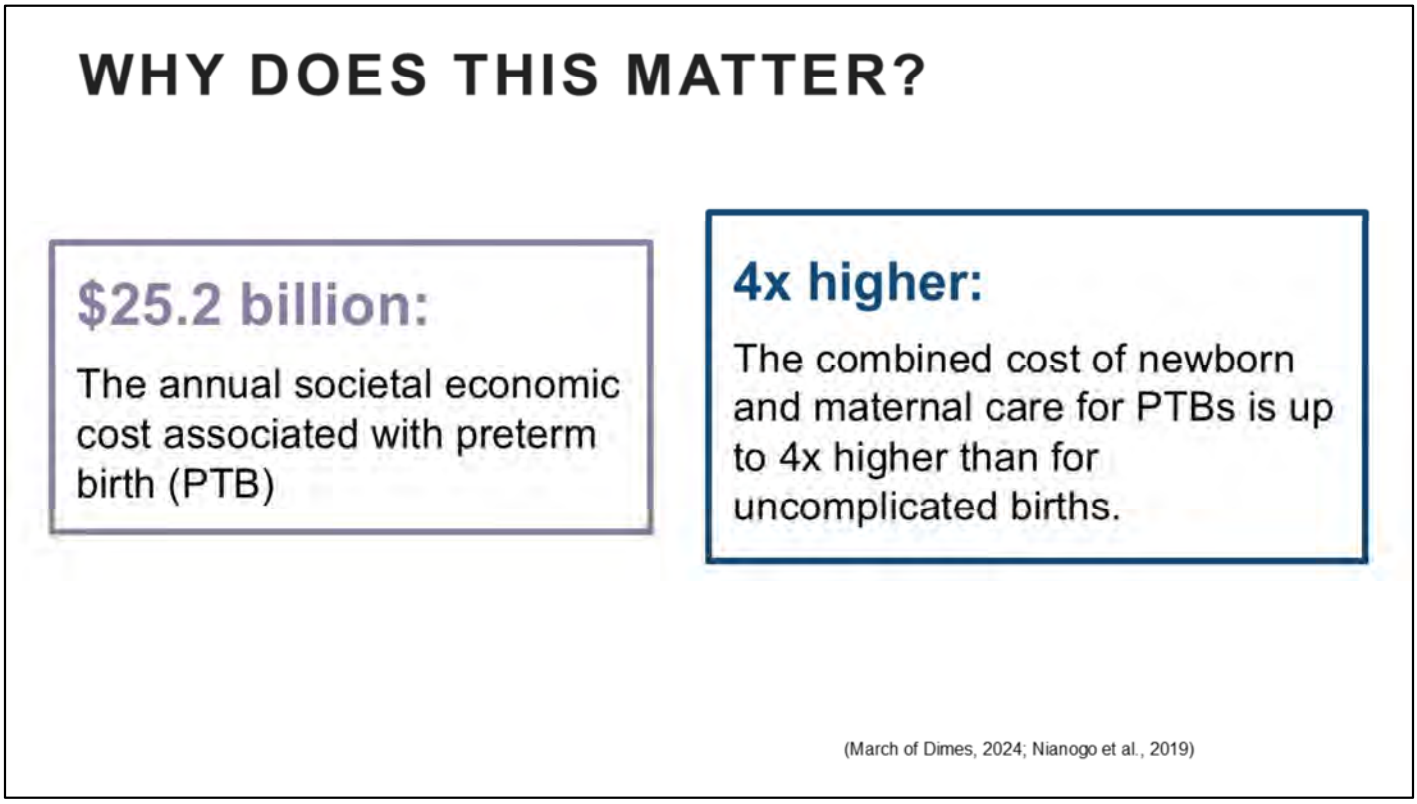
WHY DOES THIS MATTER?



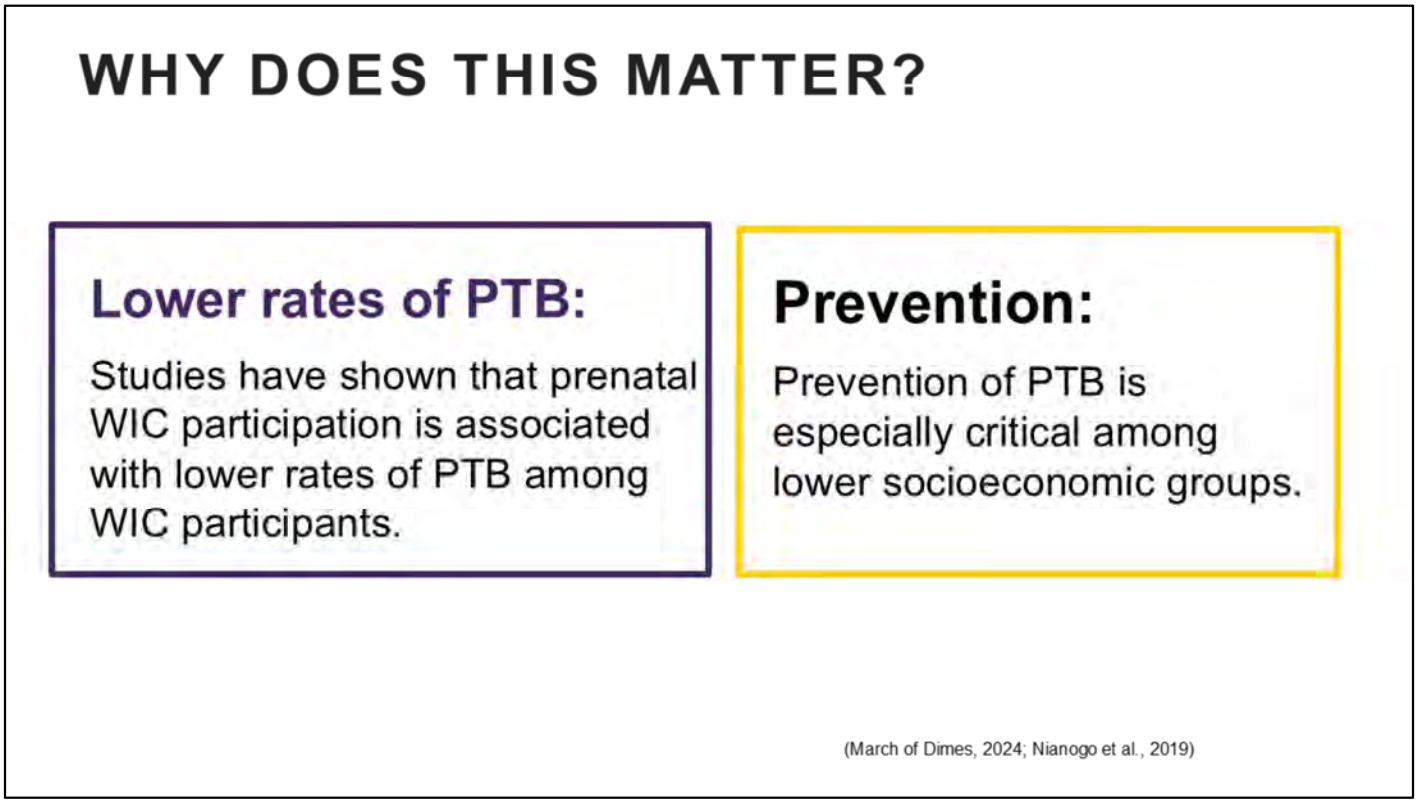
In the U.S., about 1 in 10 births, or 10.4%, is preterm.

(March of Dimes, 2024)

- In the U.S., about 1 in 10 or 10.4% births is preterm (which means before 37 weeks of gestation).
- Preterm birth (PTB) is a leading cause of infant mortality.
- Premature infants have a higher risk of:
  - Dying before their first birthday
  - Developing long-term neurodevelopmental disabilities



- The annual societal cost (medical, educational, and lost productivity) associated with preterm birth in the United States is an estimated $25.2 billion.
- The combined cost of newborn and maternal care for PTB is up to four times higher than for uncomplicated births.



- Studies have shown that prenatal WIC participation is associated with lower rates of PTB among WIC participants.
- Prevention of PTB is especially critical among lower socioeconomic groups



- Now that we have that context, we're going to dive deeper into a study that examines the economic impact of prenatal participation in WIC.

THE ECONOMIC IMPACT OF PRENATAL PARTICIPATION IN WIC



A 2017 study looked at the cost-benefit analysis of prenatal participation in the WIC program among a cohort of 500,000 hypothetical women in California.

(Nianogo et al., 2019)

- A 2017 study modeled the impact of prenatal participation in the WIC program among 500,000 hypothetical pregnant women in California.
- A universal coverage, a status quo ('business as usual') and an absence of WIC were compared.
- Total societal costs, incremental cost savings, return on investment, number of preterm births prevented, and economic benefits were reported.
- What did the study find?

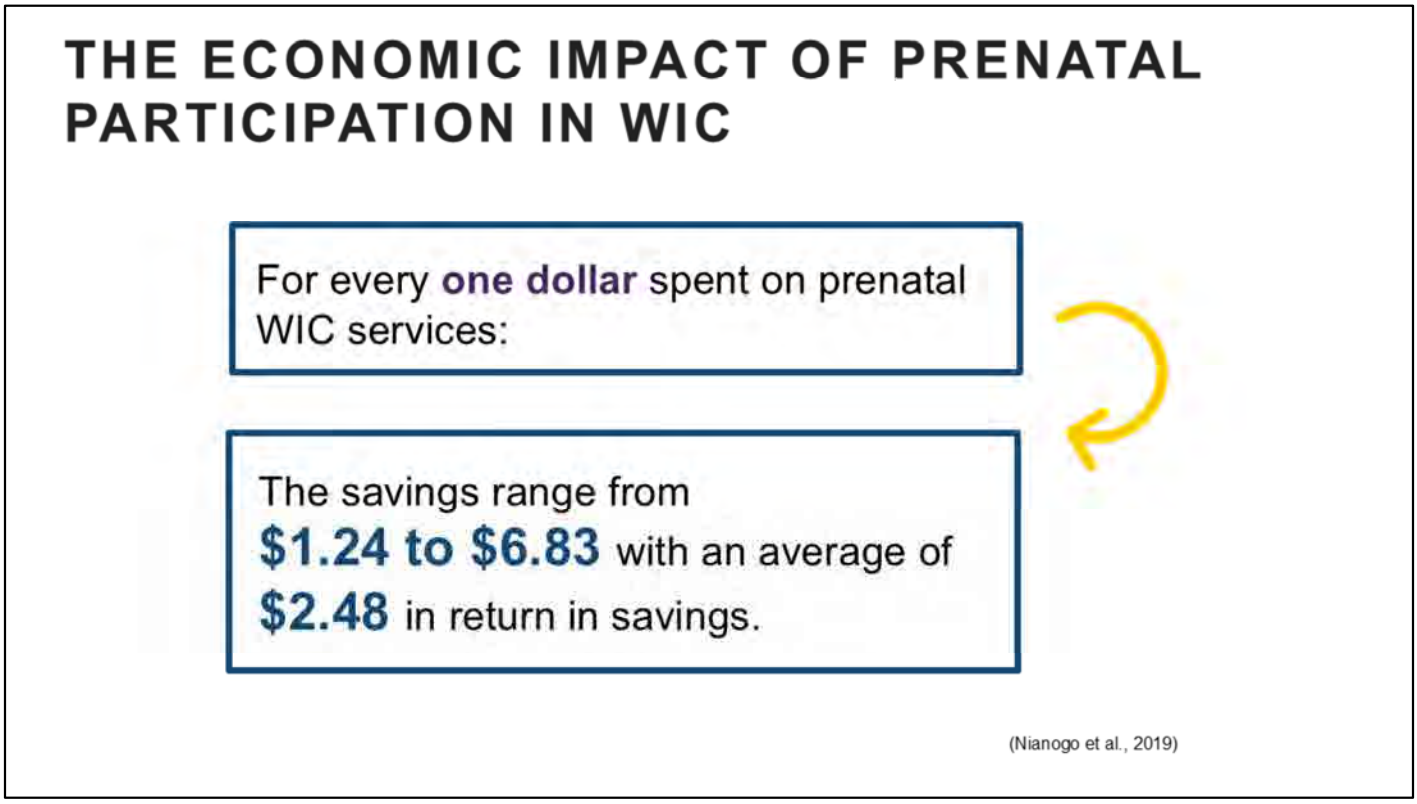
THE ECONOMIC IMPACT OF PRENATAL PARTICIPATION IN WIC

- It found that WIC participation results in significant cost savings and reduces adverse birth outcomes like preterm births.
- WIC resulted in a cost savings of **$349 million!**
- And prevented **7,575 preterm births.**

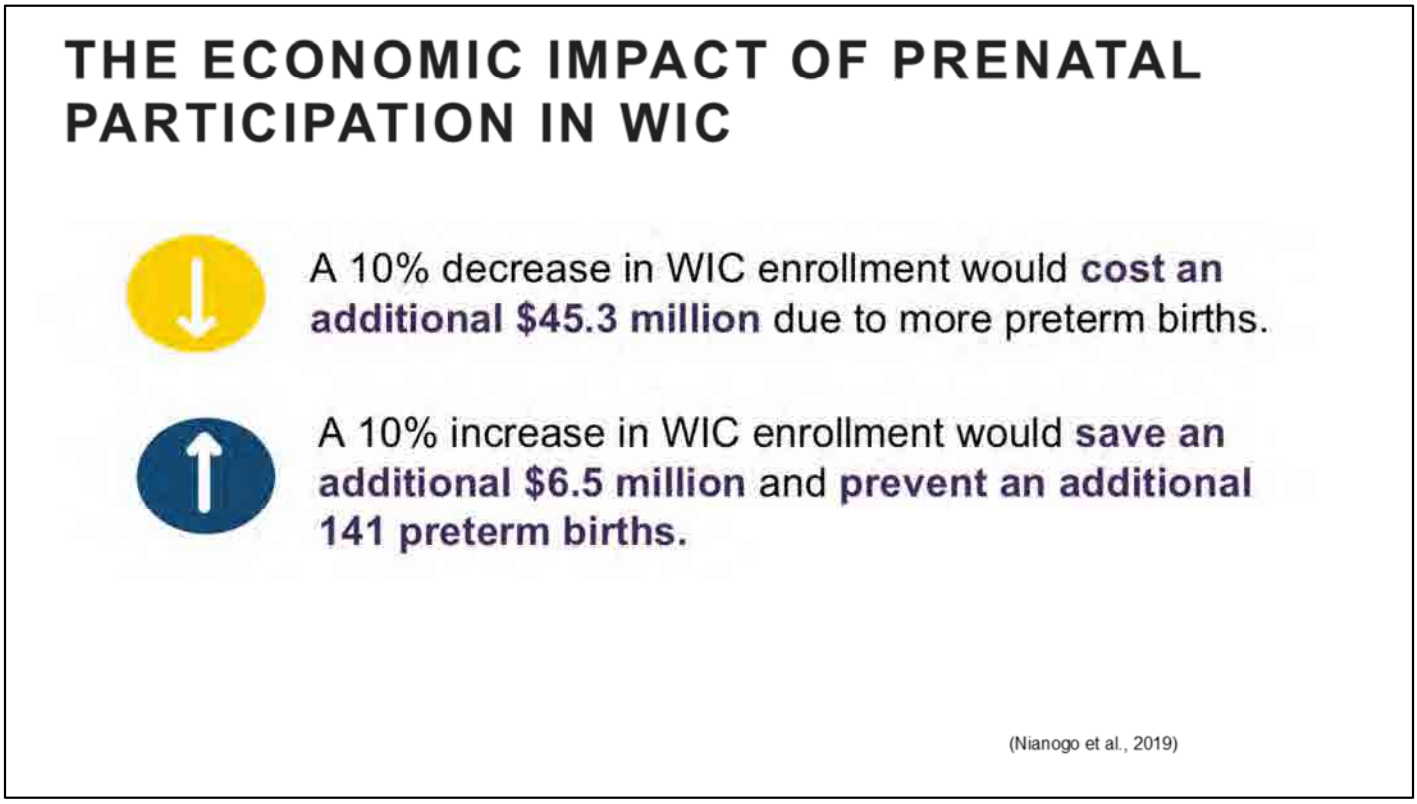


(Nianogo et al., 2019)

- It found that WIC participation results in significant cost savings and reduces adverse birth outcomes like preterm births.
- Specifically, WIC saved about **$349 million** and prevented **7,575 preterm births**.



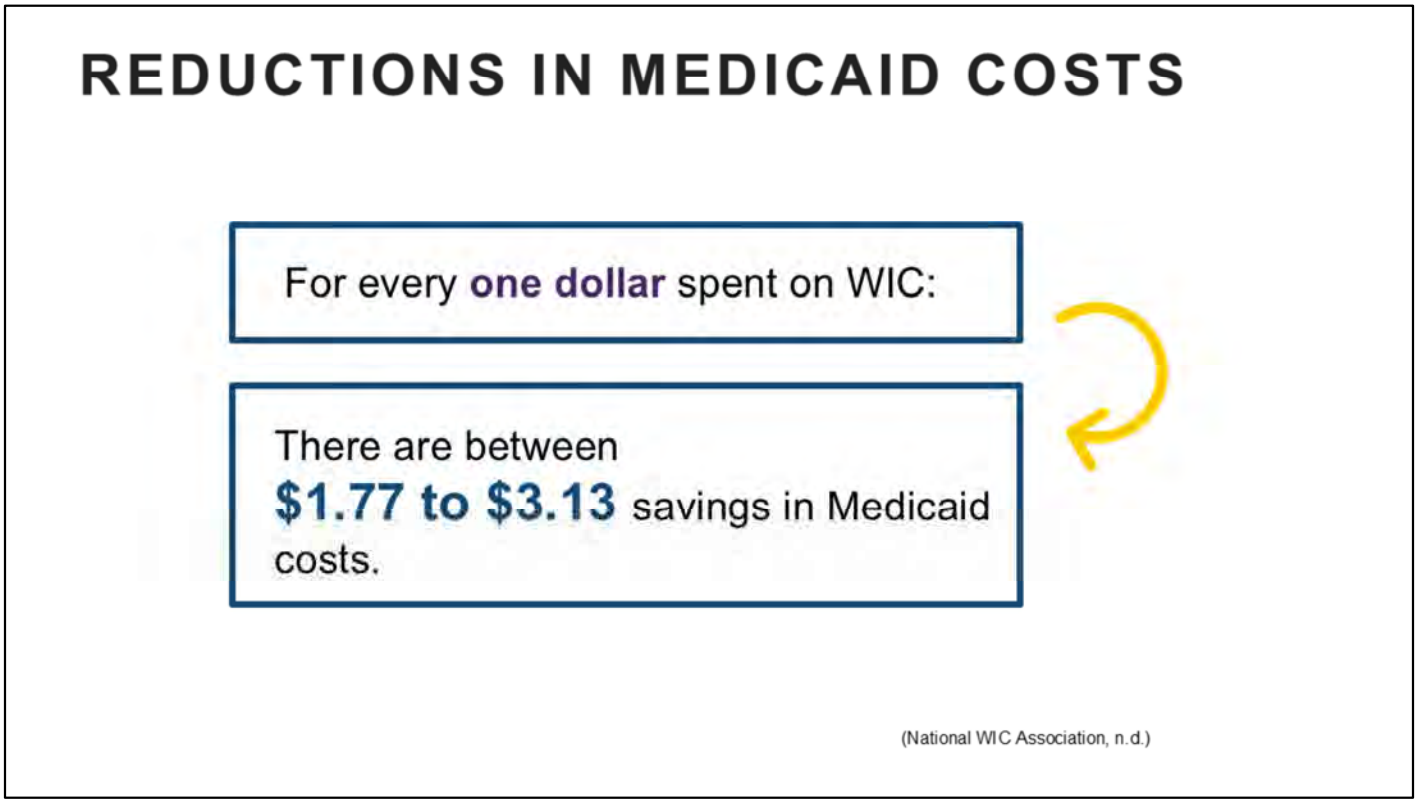
- [Animations on slide]
- For every **$1 spent** on prenatal WIC, the savings range from $1.24 to $6.83 with an average return of **$2.48** in savings
- Due to improved birth outcomes and reduced healthcare costs, as well as educational and productivity costs.



- [Animations in slide]
- A **10% decrease** in WIC enrollment would cost an additional **$45.3 million** due to more preterm births
- In contrast, a **10% increase** in WIC enrollment would save an additional **$6.5 million** and prevent **141 preterm births**.
- The study confirms earlier research showing WIC is both **cost-saving** and **cost-effective at preventing pre-term births**, with even greater savings possible if WIC enrollment were expanded.



- Now let's see how the cost savings compare as it relates to Medicaid.



- [Animations on slide]
- In addition to the cost-savings on preventing costs associated with preterm births, there are cost savings as it relates to Medicaid.
- The National WIC Association has shared that: for every $1 spent on WIC, there are between $1.77 to $3.13 reductions or savings in Medicaid costs

ECONOMIC IMPACT TAKEAWAYS

Respond via Mentimeter:

- What are your takeaways from the benefits and this data?



Scan the QR code or

Join at menti.com and

Use code **8494 0216**

[WordCloud mentimeter] – Make sure Coordinator/ Producer hits Present on Mentimeter. Replace QR code and code as it gets closer to the session.
[Press **SPACE** to group responses quickly when presenting.]

- Ask trainees to share:
  - What are your takeaways from the benefits and this data?
- Using your phone, scan the QR code on the screen or join using menti.com and type in the code 8494 0216.
- This was the same QR code and general code as prior.

Debrief:

- [Comment on themes]
- Transition: We are going to take our key takeaways and start to compile and summarize them in our small groups!

BREAKOUT GROUP DISCUSSION

In your breakout groups:

- Develop an elevator pitch to describe WIC and the economic impact/ return on investment the WIC program provides when talking to different stakeholders.

Nominate one person from your group to share your group's elevator pitch to the large group.



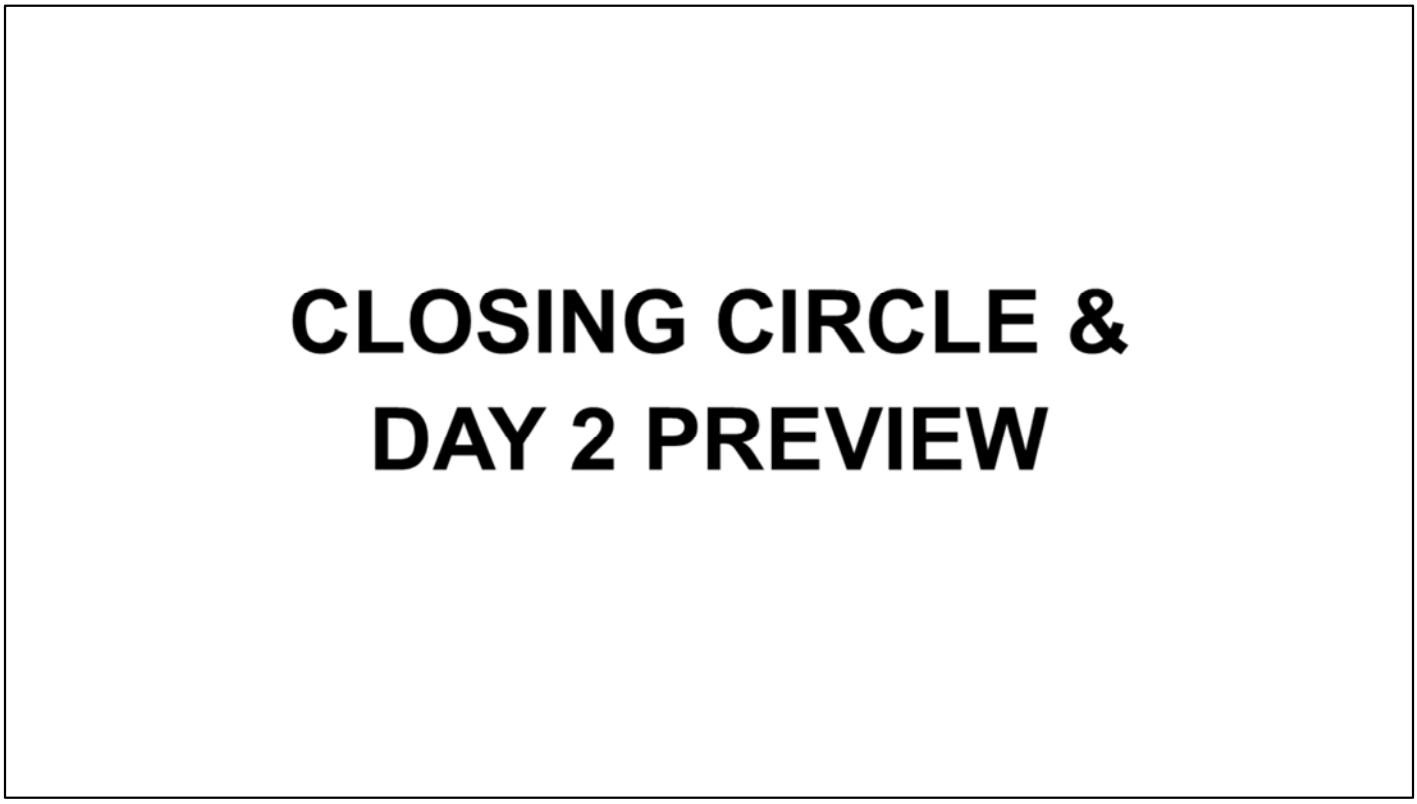
Provide instructions, such as:

- In your breakout groups, we would like for you to process the ROI presentation and develop an elevator pitch to describe WIC and the ROI the WIC program provides when talking to different stakeholders.
- As a reminder, an elevator pitch is a short, clear, and compelling summary—usually delivered in the time it takes to ride an elevator (about 30 to 60 seconds).
- What questions do you have before we get started?
- Great, you will have about 20-25 minutes in your breakout groups!

ELEVATOR PITCH REPORT-OUT AND LARGE GROUP DISCUSSION



- Ask each trainee’s group to share their elevator pitch.
- Prompt a large group discussion and processing, asking trainees questions one at a time such as:
    - How did that activity feel?
    - What was easy or hard about that activity?
    - What are you taking away? How does this inform your work moving forward with various stakeholders?



Closing Circle & Day 2 Preview 3:45-4:00pm *(15 mins)*

- Introduce this section. Talking points may include:
  - Now we want to transition to a closing circle and previewing what we will discuss in Day 2.

CLOSING CIRCLE



What are you simmering on as you leave Day 1 of the workshop?

- As we wrap up today, we want for you to think about “What are you simmering on as you leave Day 1 of the workshop? What is something you are mulling over or reflecting on?”
- Take a few minutes to share your thoughts with your group in our last circle of the day.

- [Time-permitting, as a few people to share their thoughts with the large group. Thank them individually for their reflections and sharing.]

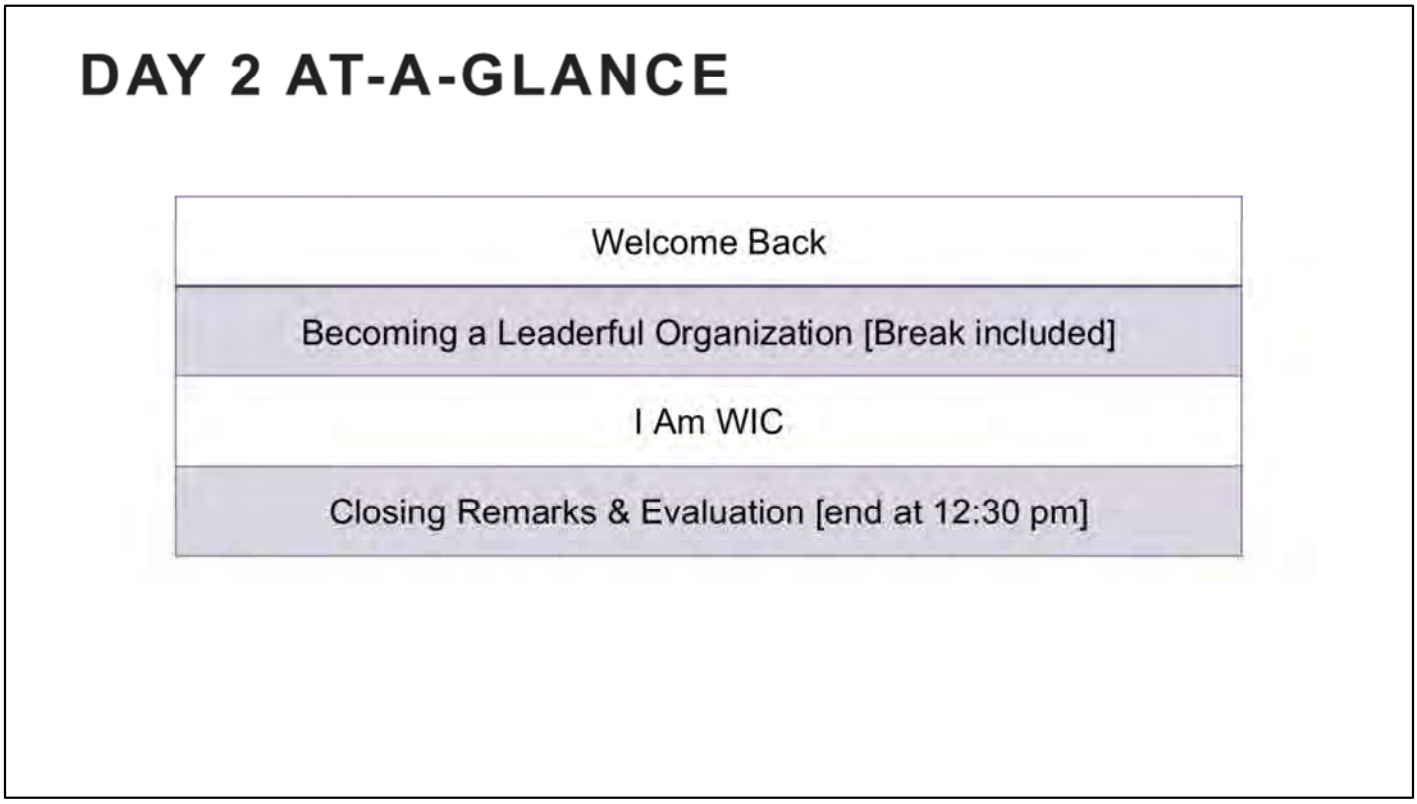
DAY 1 PROS & CONS



Your feedback is important to us!

Please complete the Pros and Cons form on Day 1 of the Workshop.

- [Pass out Day 1B: Pros and Cons form]
- Share pros and cons form and ask trainees to complete it to better inform day 2



- [Provide an overview of the topics on Day 2]

THANK YOU!



Please arrive between 8:30-9:00 am tomorrow.

We will get started at 9:00 am!

- Thank you for joining us today! I hope it was helpful and can help guide you as you do this important work
- We look forward to seeing you tomorrow.
- Please arrive between 8:30-9:00am. We will get started at 9:00am.
- Are there any questions before we wrap-up today?



Opening Energizer and Framing: 9:00-9:30 am *(30 mins)*

- Welcome trainees back and thank them for joining Day 2 of the workshop.



Trainer/Production:

- Introduce CAI trainers and support staff

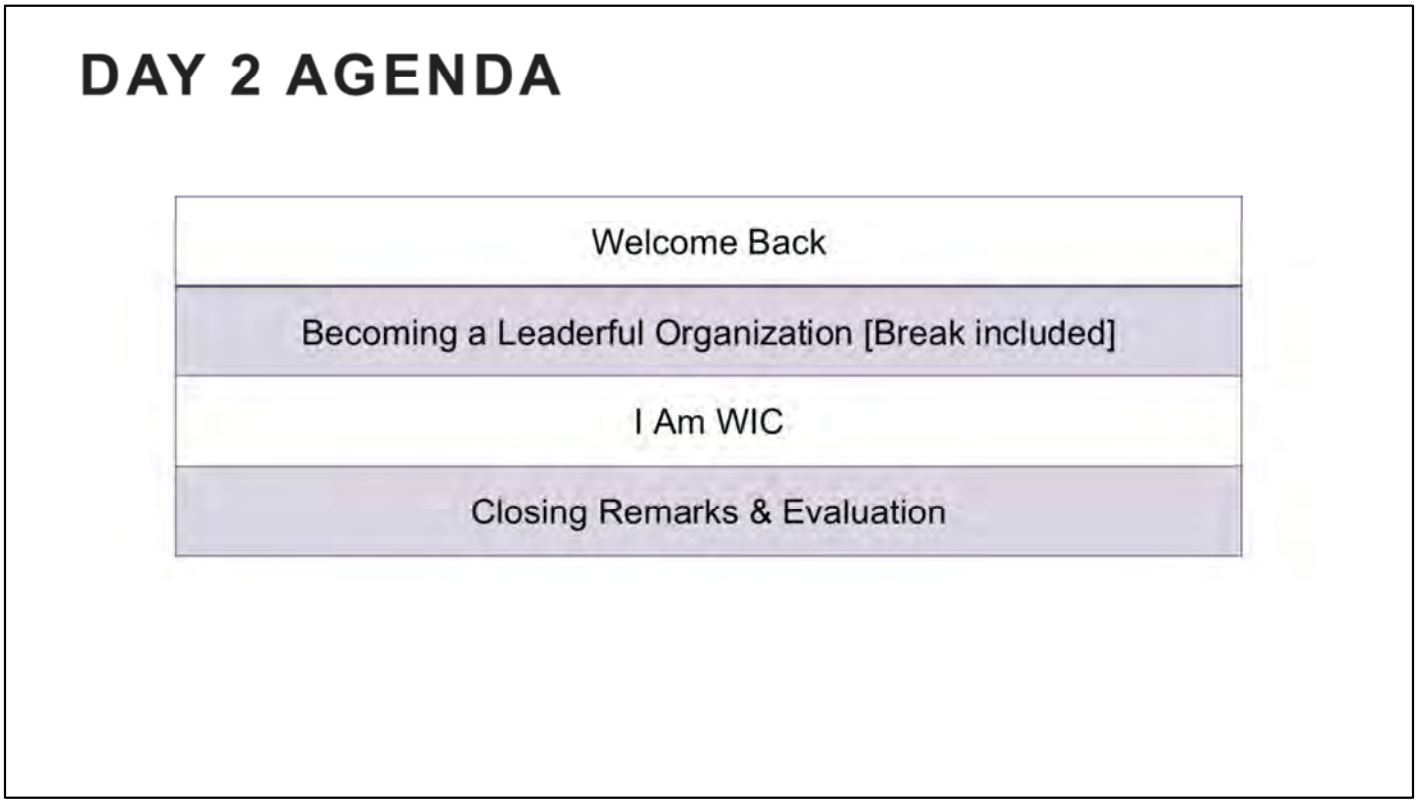
REFLECTING ON DAY 1



- Thank attendees for pros and cons feedback from Day 1 and briefly review attendee feedback
- Ask trainees to briefly share: What thoughts have you had between today and yesterday?



- Provide a reminder of Group Agreements we discussed in Day 1, highlighting any of the ones that would support a more productive Day 2 of the workshop.
- Ask attendees: Before I move on, can folks give me a thumbs up so I know we are in agreement?



- Review today's agenda.

KAHOOT FROM DAY 1

- [This is a place holder for an interactive icebreaker, such as a Kahoot, that touches on Day 1 key takeaways trainees shared with the large group and a pros and cons review. This will be developed directly after Day 1.]

- CAI will compile the questions at the end of day 1, using the pros and cons feedback and anything that came up during the day.

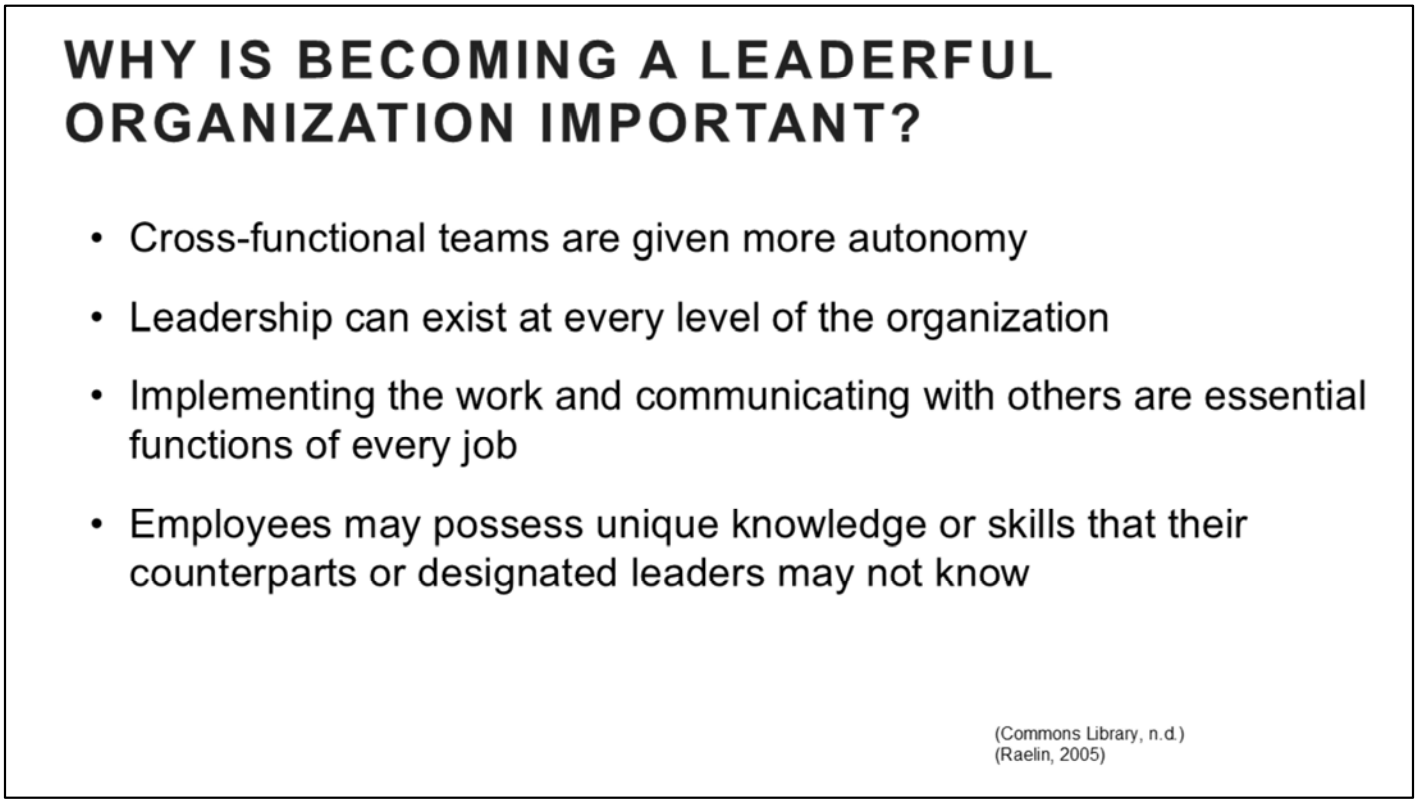


Becoming a Leaderful Organization: 9:30-11:30am
(120 mins with a 15-minute break included)

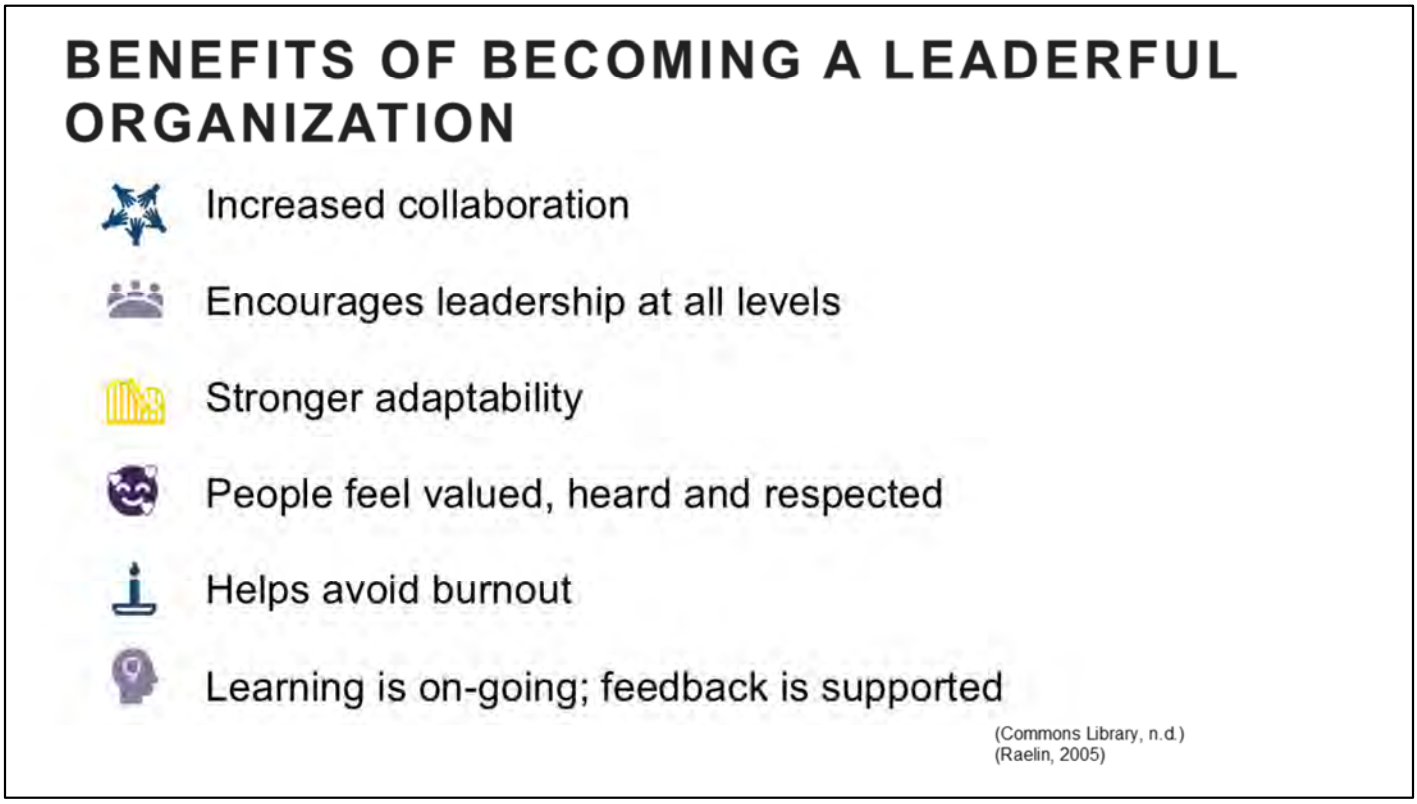
- Introduce this section. Talking points may include:
  - Today, we are going to spend a significant amount of time discussing the principles of a leaderful organization, and how leadership can show up at every level of our organizations.
  - Leaderful practice can be outside of our traditional view of leadership and offers an alternative approach to the “norm.”
  - Before we discuss the tenants of leaderful practice, let’s look at the traditional framework and principles.



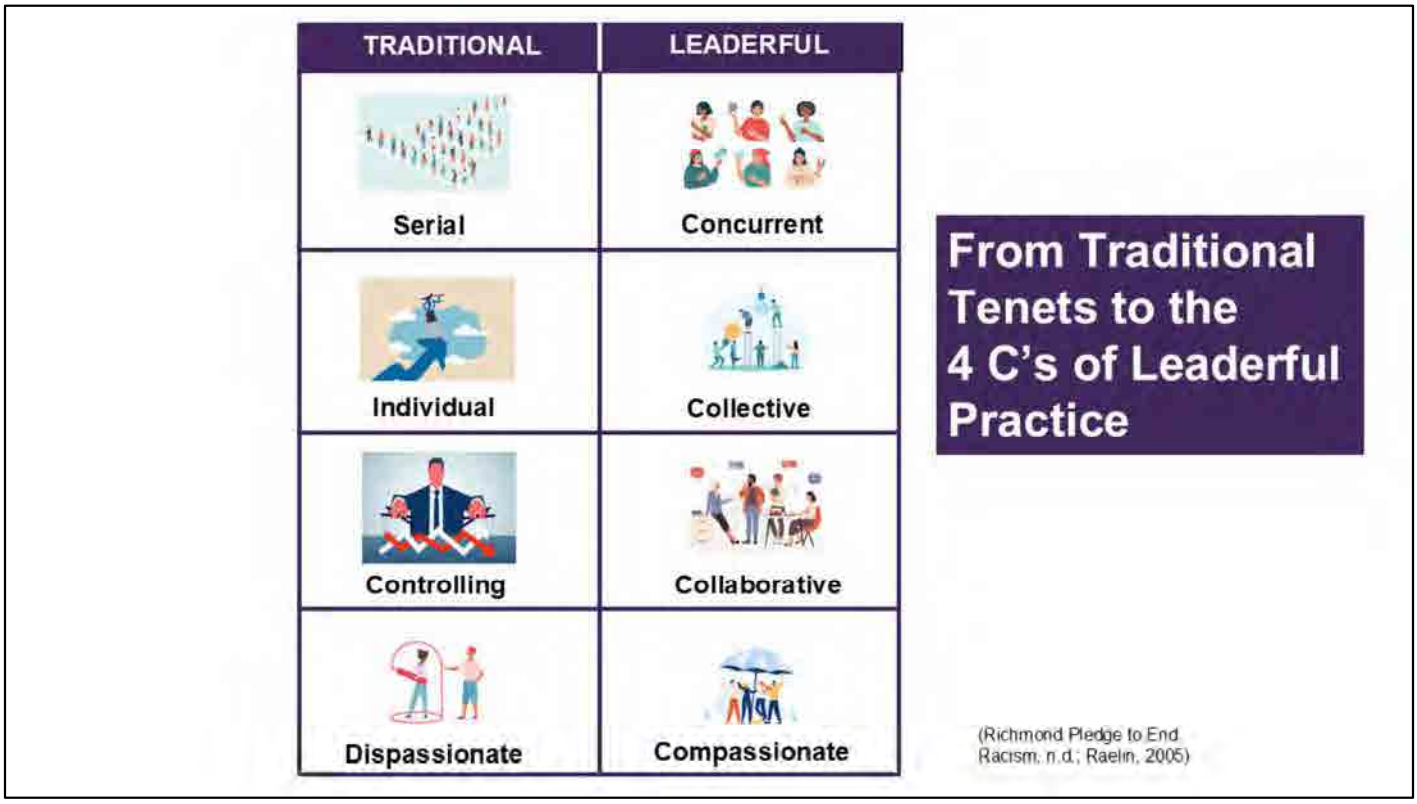
- [Animations in slide]
- Traditional leadership models often emphasize hierarchy, individual authority, and control—centering leadership in one person at the top who makes decisions and holds power. While these “traditional tenets” shape many organizations, they can hinder collaboration, innovation, and shared responsibility. We’ll explore four key assumptions of traditional leadership: that it is serial, individual, controlling, and dispassionate. Reflecting on these can help us understand how a *leaderful* approach challenges these norms, promoting shared leadership, inclusivity, and a culture where leadership is a collective practice.
- **Serial**: Leadership is held by one person at a time for a set duration, with power passed from one to the next, rather than shared or distributed.
- **Individual**: Leadership resides in a single decision-maker, reinforcing the idea that a clear hierarchy is necessary for organizational clarity.
- **Controlling**: The leader acts as the spokesperson and directs others, expecting compliance rather than collaboration.
- **Dispassionate**: Leaders are expected to prioritize the mission over personal or stakeholder impact, maintaining authority and emotional distance.



- Cross-functional teams are given more autonomy
- Leadership can exist at every level of the organization
- Implementing the work and communicating with others are essential functions of every job
- Employees may possess unique knowledge or skills that their counterparts or designated leaders may not know



- Increased collaboration with better communication and a range of diverse perspectives
- Encourages leadership at all levels, increasing empowerment, involvement and responsibility
- Stronger adaptability – as leadership is distributed, teams and the org can respond more quickly and smoothly to changes because there isn't just one decision maker and implementer
- People feel valued, heard and respected which makes people happier in the long term at their jobs
- Helps avoid burnout by distributing leadership and develops the leadership skills of others
- Learning is on-going and shared with a space that is encouraging of feedback



- Leaderful practice requires a transition away from the traditional tenets of leadership and embracing the four C's of leaderful practice:
    - Concurrent
    - Collective
    - Collaborative
    - Compassionate
- Let's dive into each of these C's to see what they mean and how they might be embodied in the workplace and organizational framework.

SERIAL TO CONCURRENT

TRADITIONAL	LEADERFUL
	
Serial	Concurrent

Concurrent:

- Everyone can lead—regardless of role or title
- Shared leadership strengthens teams and outcomes
- Collaboration drives better support for WIC

(Richmond Pledge to End Racism, n.d.; Raelin, 2005)

- Concurrent leadership means that many people can lead at the same time, across different roles, functions, and levels. In the WIC system, this includes everyone, at all levels. Leadership doesn't belong to just one person or one position—it's something we all share when we contribute our ideas, take initiative, and support the team's goals.
- Shared leadership distributes power and responsibility more equitably, allowing everyone to contribute their strengths. When each of us steps into leadership—whether by offering a new idea, helping a colleague troubleshoot, or improving a process—we make the whole system stronger.
- Collaboration amplifies our impact. When state and regional WIC staff—regardless of job title—bring their unique expertise together, we create more thoughtful, effective support for local agencies and WIC participants.
- For example, a program analyst who understands data systems and an administrative coordinator with deep operational knowledge are both leading when they share insights that help shape smarter policies. Their contributions are equally essential in moving the work forward.
- Ultimately, concurrent leadership reminds us that leadership is a practice, not a position. Everyone has something valuable to offer—and when we lead together, we lead better.

INDIVIDUAL TO COLLECTIVE

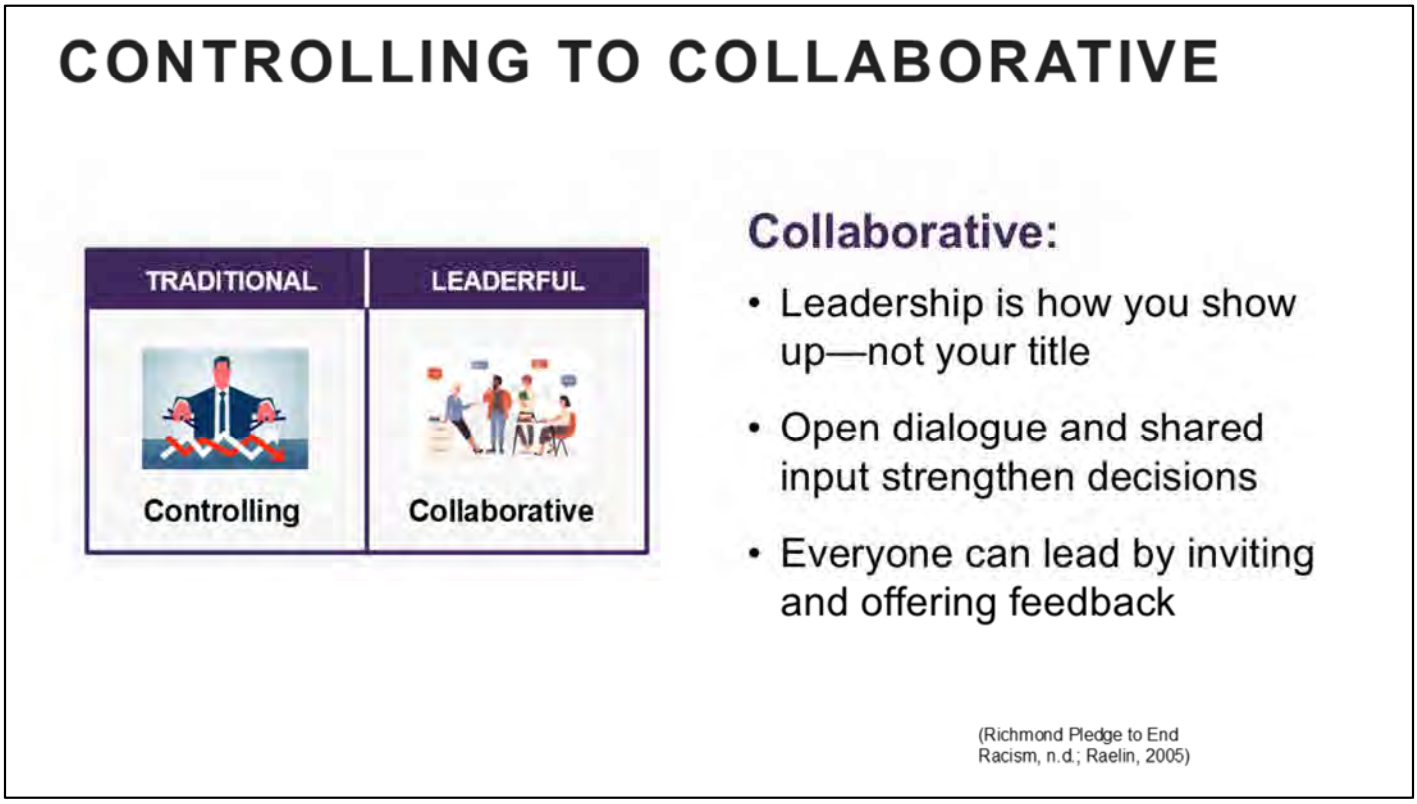
TRADITIONAL	LEADERFUL
	
Individual	Collective

Collective:

- Leadership emerges through teamwork, not titles.
- Collective problem-solving leads to shared ownership.
- Power grows when everyone contributes toward shared goals.

(Richmond Pledge to End Racism, n.d.; Raelin, 2005)

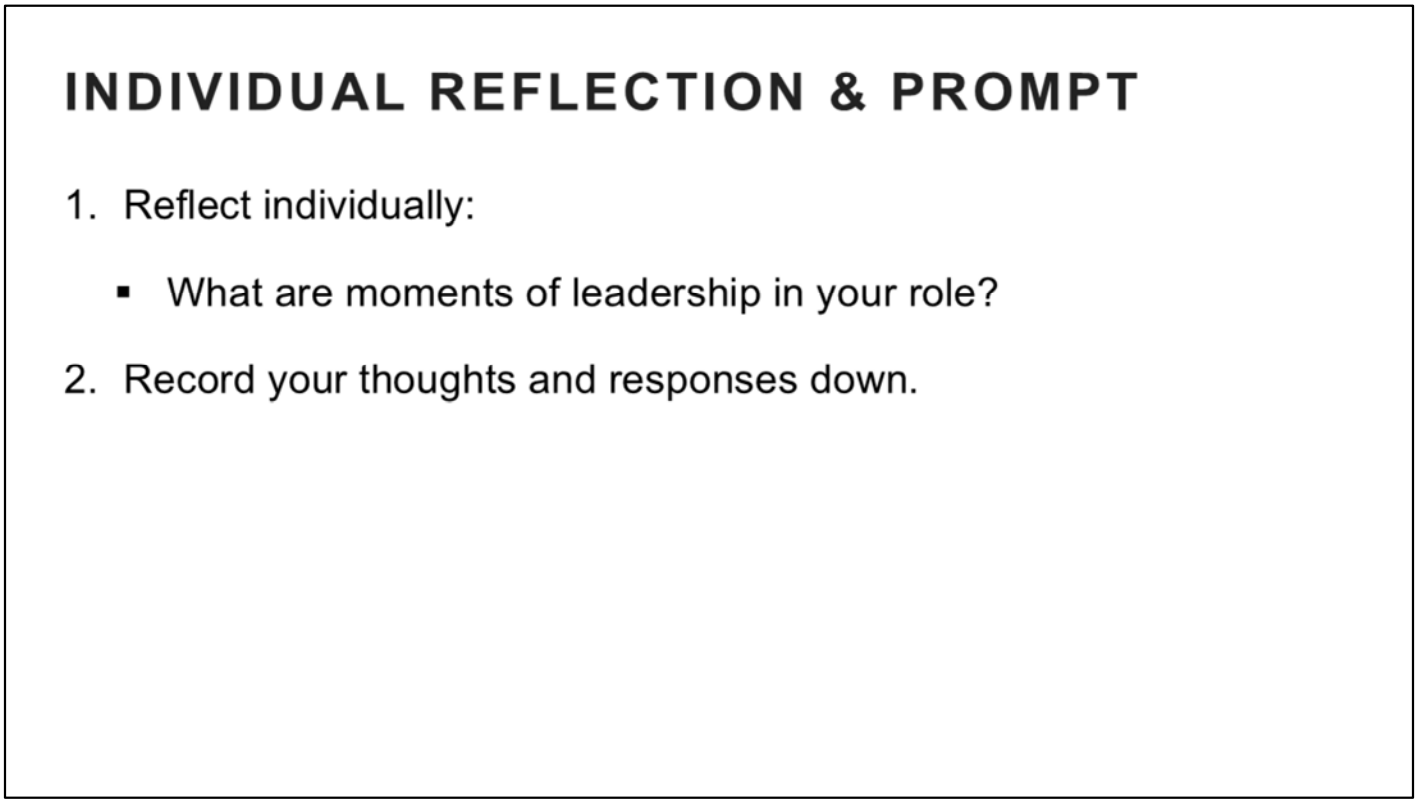
- The second tenet is collective leadership. In WIC program oversight—whether at the regional or state level—leadership doesn't reside in just one person. Instead, it emerges through teams working together toward shared goals like program integrity, participant access, and agency support.
- Rather than leadership being rooted in individual authority, it comes from collaboration across roles—fiscal staff, policy leads, training teams, and systems experts—each contributing their voice and expertise toward a common purpose.
- While some positions carry formal authority, that isn't the most essential power. Real influence happens when people across the system collaborate, problem-solve, and take ownership together.
- For example, imagine you're facing a complex issue with caseload reporting or vendor oversight. Instead of trying to solve it alone, you bring together your team—data specialists, program advisors, operations leads. As ideas are shared and momentum builds, responsibility and action naturally distribute among the group. That's collective power in motion.
- Leadership in this model doesn't depend on one person or one great idea—it's about the full team stepping up together.



- The third tenet is collaborative leadership—and it's something everyone can practice, not just those with formal titles. At its core, collaborative leadership is about fostering open dialogue and respect, where everyone's voice matters and where feedback is welcomed, not feared.
- You don't need to be a supervisor or director to lead collaboratively. No matter your role—you bring valuable insight and can help shape decisions by engaging thoughtfully, asking questions, and offering ideas.
- Collaborative leadership means not making decisions behind closed doors or in silos. Instead, it's about bringing people in—especially those directly affected—before decisions are made, and sharing accountability across the team.
- In practice, this could look like inviting input during meetings, ensuring that you are providing input yourself, checking in with a colleague to hear their perspective, or suggesting ways your team could gather feedback more routinely.
- By stepping up to create space for collaboration, each of us contributes to a culture where leadership is shared. It's not about your job title—it's about how you show up and support the collective work of WIC.



- The fourth tenet is compassionate leadership, and it's something that every person working in the WIC program can embrace. Compassionate leadership centers on empathy, understanding, and a genuine respect for others' experiences and contributions.
- This isn't just about being "nice"—it's about recognizing the humanity in our colleagues, partners, and WIC participants. Compassionate leaders listen deeply, assume positive intent, and stay flexible in the face of challenges—not only for themselves but for the people they work with.
- Everyone has a role to play in creating a compassionate work environment. Whether you're responding to a stressed local agency, supporting a colleague through a tough week, or navigating shifting policies—your empathy matters. Compassion invites collaboration, shared problem-solving, and builds trust across teams.
- This approach also means being thoughtful about who is impacted by our decisions—and making space to include them. From frontline staff to participants, taking the time to listen and learn from those with lived experience helps make our work more equitable and effective.
- At every level of the WIC system, your perspective and your care count. Leadership isn't just about authority—it's about showing up with compassion, being willing to support others, and helping move the mission forward, together.



Provide instructions, such as:

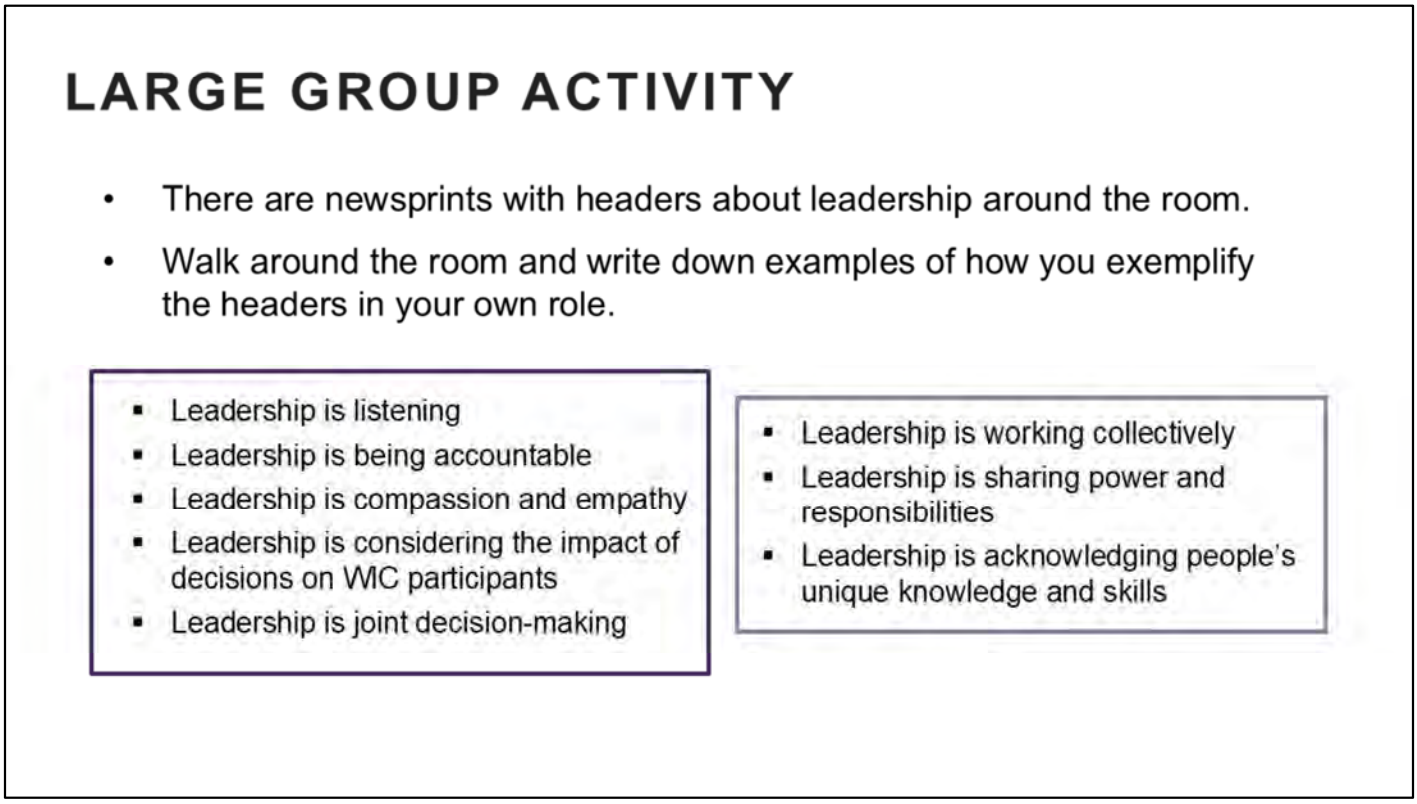
- Reflect on the lecture provided, as well as your thoughts on leadership and consider:
  - What are moments of leadership in your specific role?
- Record your thoughts and responses down on a piece of paper or any notepad you have.
- Any questions before you reflect and respond?

LARGE GROUP DISCUSSION: MOMENTS OF LEADERSHIP IN MY ROLE



Prompt a large group discussion and processing, asking trainees questions one at a time such as:

- What came up in your reflections?
- How did that reflection exercise feel?
- What are you taking away as it applies to your role and work?



Provide instructions, such as:

- There are newsprints with headers about leadership around the room
  - [Review some of the headers in the boxes on the slide]
- On each newsprint, we want for you to write down how you exemplify the headers in your own role.
- Take about 10 or so minutes to do this and then sit down when you finish!

LARGE GROUP DISCUSSION: EXAMPLES OF HOW I ACT IN LEADERSHIP



Ask several attendees to read out some of the responses of the white paper with the headers and responses around the room.
Prompt a large group discussion and processing, asking trainees questions one at a time such as:

- What came up as you were writing down examples?
- What did you learn about yourself?
- Why was this important?
- What are you taking away as it applies to your role and leadership?



Time for a Break

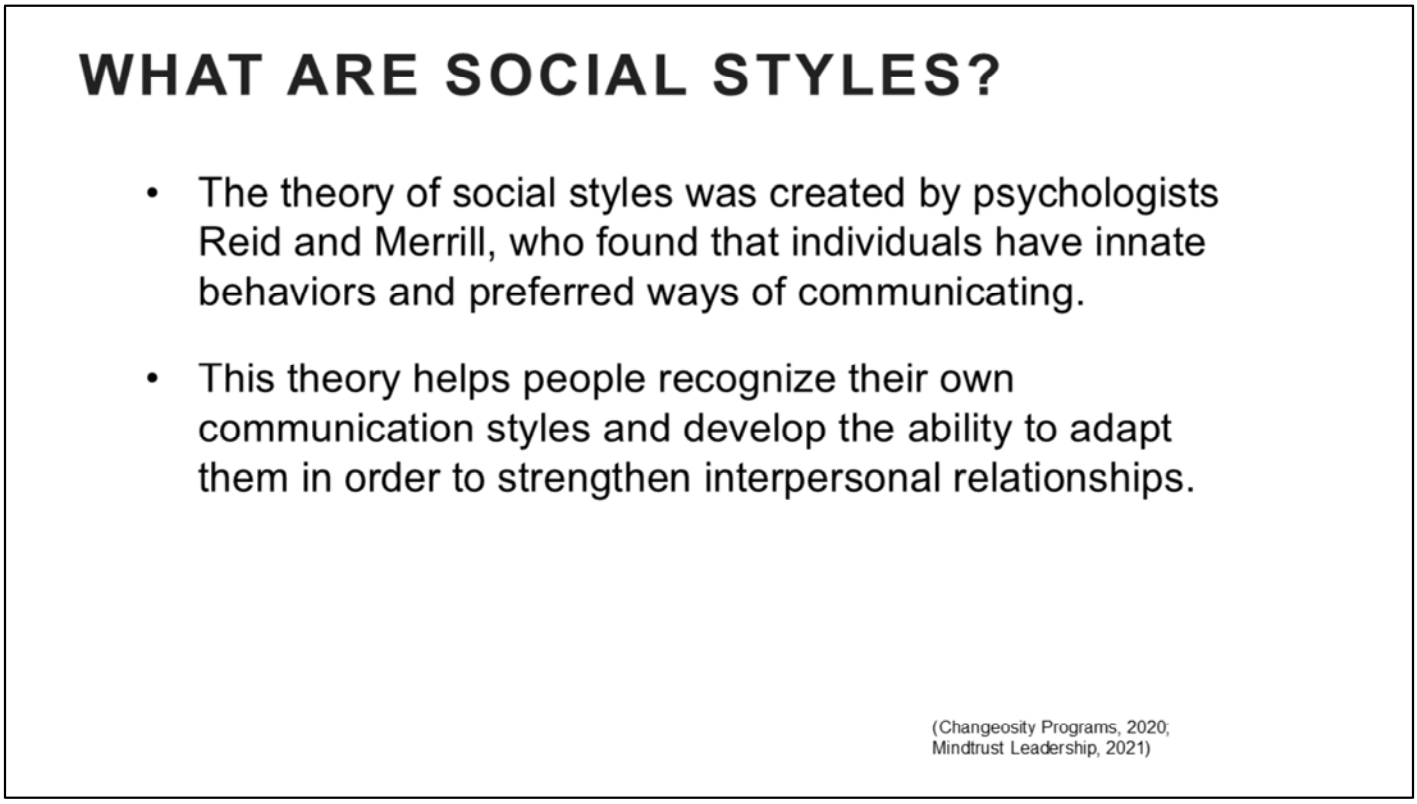
Please return in 15 minutes!

[After 60 minutes or so]

- Prompt a break for trainees. Encourage them to stretch, get another cup of coffee, and be back in 15 minutes.



- Welcome back from break!
- We are going to transition to discussing social styles and how they might relate to leadership and the principles we just discussed.

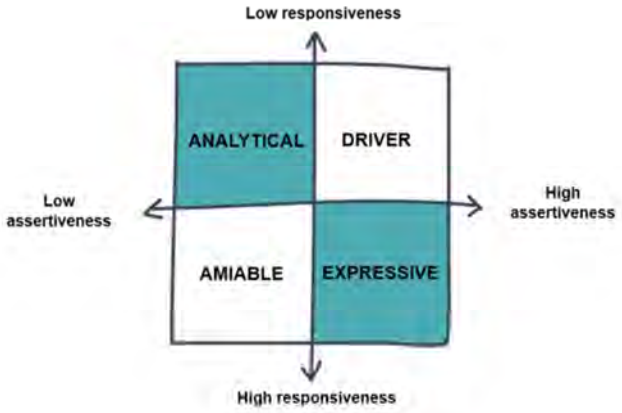


- The theory of social styles was created by psychologists Reid and Merrill, who found that individuals have innate behaviors and preferred ways of communicating.
- This theory helps people recognize their own communication styles and develop the ability to adapt them in order to strengthen interpersonal relationships.

FOUR SOCIAL STYLES

There are four social styles:

1) Analytical
2) Driver
3) Amiable
4) Expressive



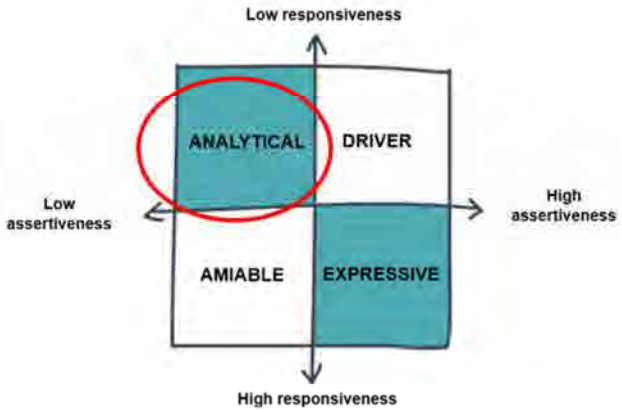
(Changeosity Programs, 2020; Mindtrust Leadership, 2021)

- There are four social styles, all based on scales of responsiveness and assertiveness
  - The scale of Assertiveness means: the degree to which a person outwardly tries to influence others
  - The scale of Responsiveness means: a more nuanced factor, the readiness with which a person outwardly displays emotions or feelings and develops relationships

SOCIAL STYLE: ANALYTICAL

Analytical:

- High attention to detail and facts
- Thoughtful, careful planner
- High-quality work
- Asks lots of questions



(Changeosity Programs, 2020; Mindtrust Leadership, 2021)

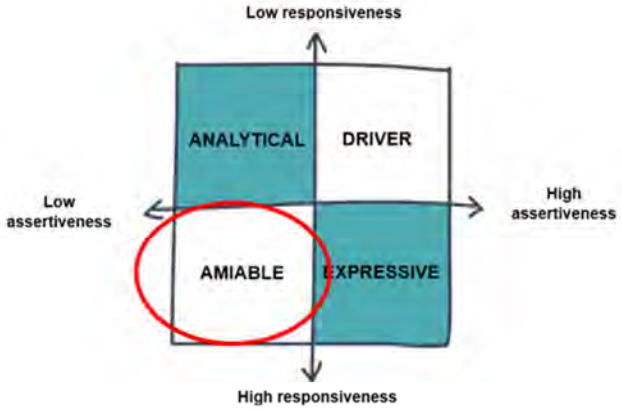
- Let's look at the characteristics of the Analytical social style first!
  - Heightened attention to detail, accuracy, structure and facts
  - Thoughtful, mulls matters over, methodical, careful planner – they need to look at every possible angle before they feel satisfied
  - They produce high-quality work
  - Persistent, asks lots of questions
  - Tends to need to be correct

- **Communication strategies to support folks who are Analytical:**
  - Keep to the facts
  - Listen attentively

SOCIAL STYLE: AMIABLE

Amiable:

- Promotes harmony, values cooperation
- Relationship-forward
- Dislikes pressure and risks
- Non-confrontational



(Changeosity Programs, 2020; Mindtrust Leadership, 2021)

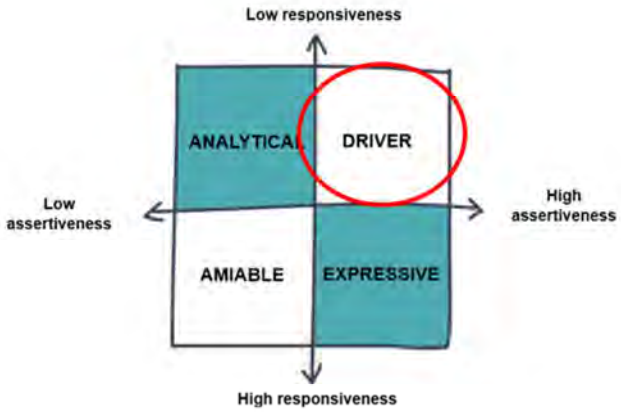
- Let's look at characteristics to support the Amiable social style now. They:
  - Focus on harmony, relationships, cooperation.
  - Relationship forward: Builds strong relationships, a team player, though they appreciate others' company, they may be more of a listener than a talker
  - Dislikes pressure and risks – uncomfortable taking risks as they need to have a feeling of security.
  - Tends to avoid conflict and be nonconfrontational.

- **Communication strategies to support folks who are Amiable:**
  - Reassure and support them
  - Affirm commitment as they have a need for security

SOCIAL STYLE: DRIVER

Driver:

- Task-oriented
- Efficiently uses time
- Assertive and decisive
- Likes to be in control



(Changeosity Programs, 2020; Mindtrust Leadership, 2021)

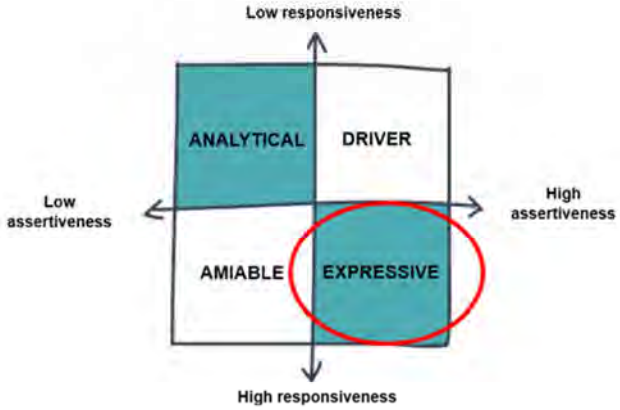
- Let's look the characteristics of folks who have the driver social style! They are:
  - Task-oriented – they focus on results and efficiency, and prefer clearly defined goals
  - Efficiently uses time and energy
  - Tends to be more blunt, assertive and decisive – can have strong leadership and make quick decisions
  - Likes to be in control, may be less focused on building relationships
  - Prefers to work autonomously

- **Communication strategies to support folks who are the Driver social style:**
  - Listen and provide solutions
  - Be assertive and firm

SOCIAL STYLE: EXPRESSIVE

Expressive:

- People-oriented, talkative
- Positive, excited
- Good at creating visions
- May lack follow-through



(Changeosity Programs, 2020; Mindtrust Leadership, 2021)

- Lastly, let's look some of the characteristics of expressive:
  - They are good people to have at a party – they are people-oriented, talkative
  - They are also positive and generally excited and emotionally expressive
  - They focus on the vision, over the details and tasks, and can be good at inspiring others , and because of that, they make lack follow through
  - They prioritize big ideas and innovation

- Communication strategies to support folks who are Expressive:
  - Ask questions
  - Collaboratively problem-solve

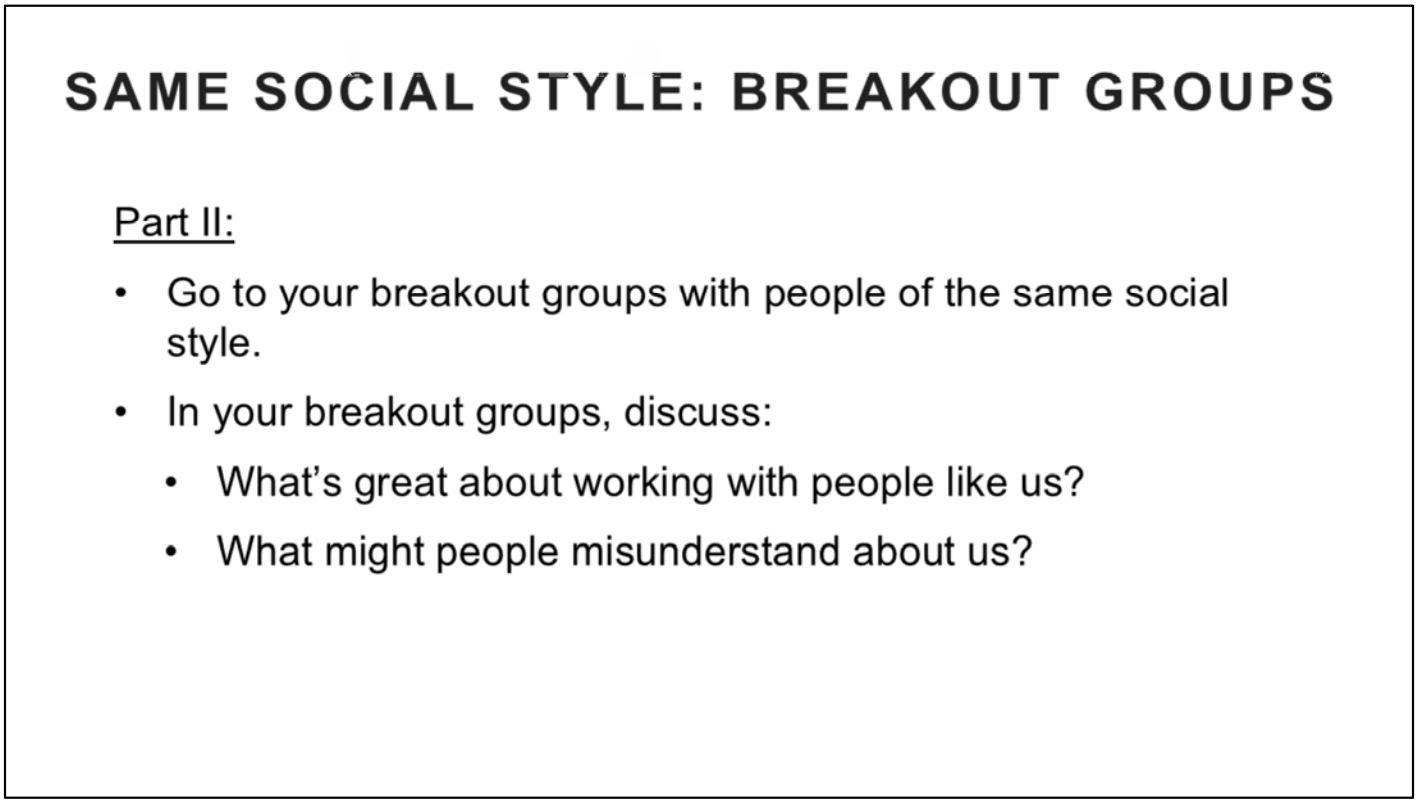
SOCIAL STYLE ASSESSMENT: PART I

1. Complete your social style assessment individually. For each item, circle the number on the scale that best fits you.
2. Total your score on Assertiveness. Divide by 15.
3. Total your score on Responsiveness. Divide by 15.
4. Using the Score Guide on page 3, determine your social style. Take your Assertiveness score and Responsiveness score and look at the score ranges they fall into
5. On page 4, read about the characteristics of each of the four social styles and communication strategies to meet the needs of each social style.

- [Pass out handout 2A: Social Style Assessment] Day 2A
- Now that you've had an overview of the social styles, we want to consider: What social style are you? In the next 8-10 minutes or so, you are going to:
    - First, complete your social style assessment individually. For each item, circle the number on the scale that best fits you.
    - Then, total your score on Assertiveness. Divide by 15.
    - Then, total your score on Responsiveness. Divide by 15.
    - After you have your scores, use the Score Guide on page 3, and determine your social style. You will take your final scores on the next page and find the Assertiveness ranges and Responsiveness ranges that match. That will determine your social style! If you need support, feel free to ask someone at your table or raise your hand and we can support.

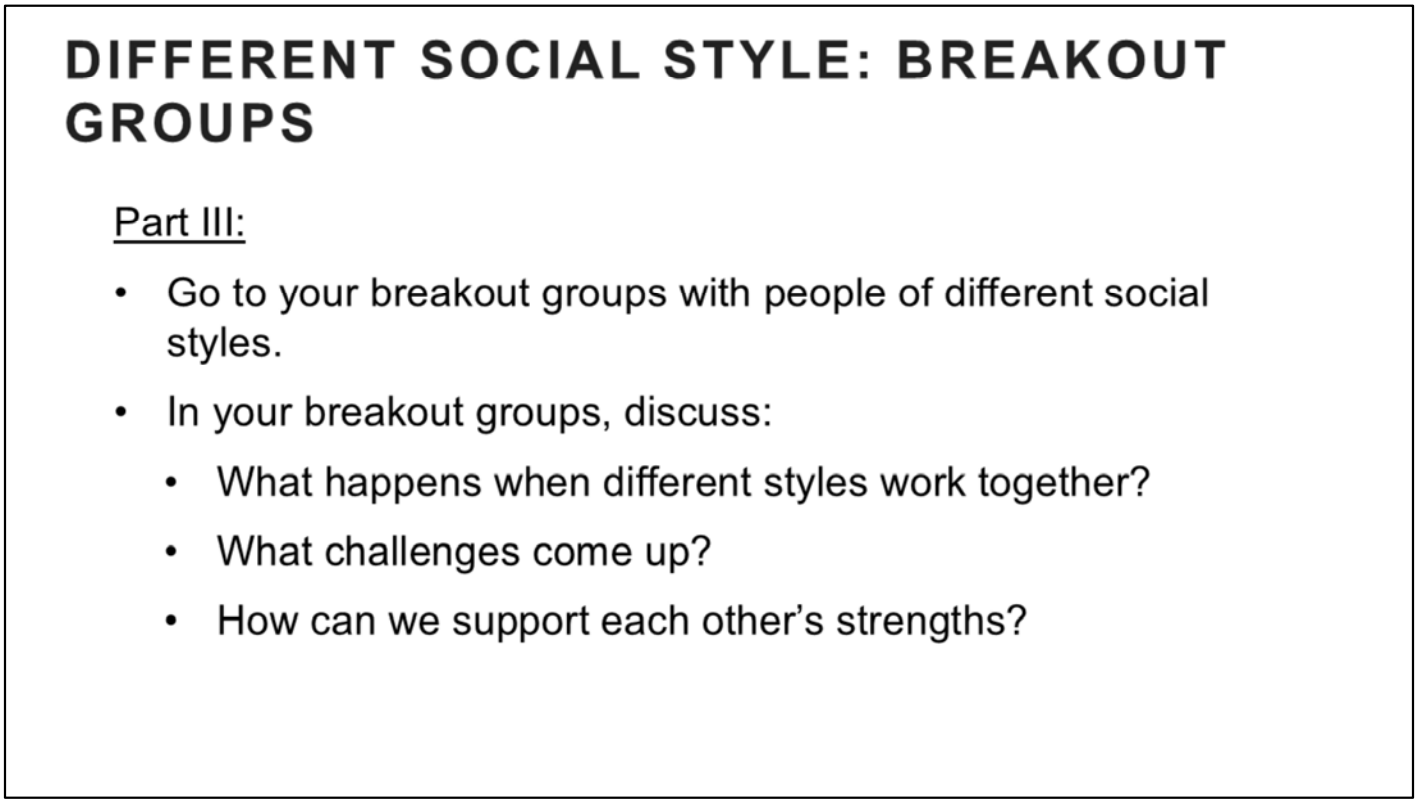
When you finish, time permitting, read about the characteristics of each of the four social styles and communication strategies to meet the needs of each social style

[Confirm everyone has identified their social style before proceeding.]



Provide instructions, such as:

- Now, we ask that you go to breakout groups with people of the same social style. The four social styles are labeled on table tents on each of the tables. Feel free to bring your social style assessment and results.
- In your breakout groups, we would like for you to consider your group's social style and discuss:
  - What's great about working with people like us?
  - What might people misunderstand about us?
- What questions do you have before we get started?
- Great, you will have about 15-20 minutes in your breakout groups!



Provide instructions, such as:

- Now, we are going to pivot a bit. We ask you to go to breakout groups with people of different social styles.
- [Give instructions on how these breakout groups are organized]
- In your breakout groups, we would like for you to consider and discuss:
    - What happens when different styles work together?
    - What challenges come up?
    - How can we support each other's strengths?
- What questions do you have before we get started?
- Great, you will have about 15-20 minutes in your breakout groups!

LARGE GROUP DISCUSSION: SOCIAL STYLE ASSESSMENT



Prompt a large group discussion and processing, asking trainees questions one at a time such as:

- What came up in your small groups with the same social styles?
- What came up in your small groups with differing social styles?
- What kind of leadership does each style bring to the team?
- Why does a leaderful organization need all four styles?

I AM WIC

Final Activity: I am WIC: 11:30-12:00pm *(30 mins)*

- Introduce this section. Talking points may include:
  - In our last segment of the day, we want to express gratitude and appreciation for eachother, as well as ourselves.

BREAKOUT DISCUSSION TASK

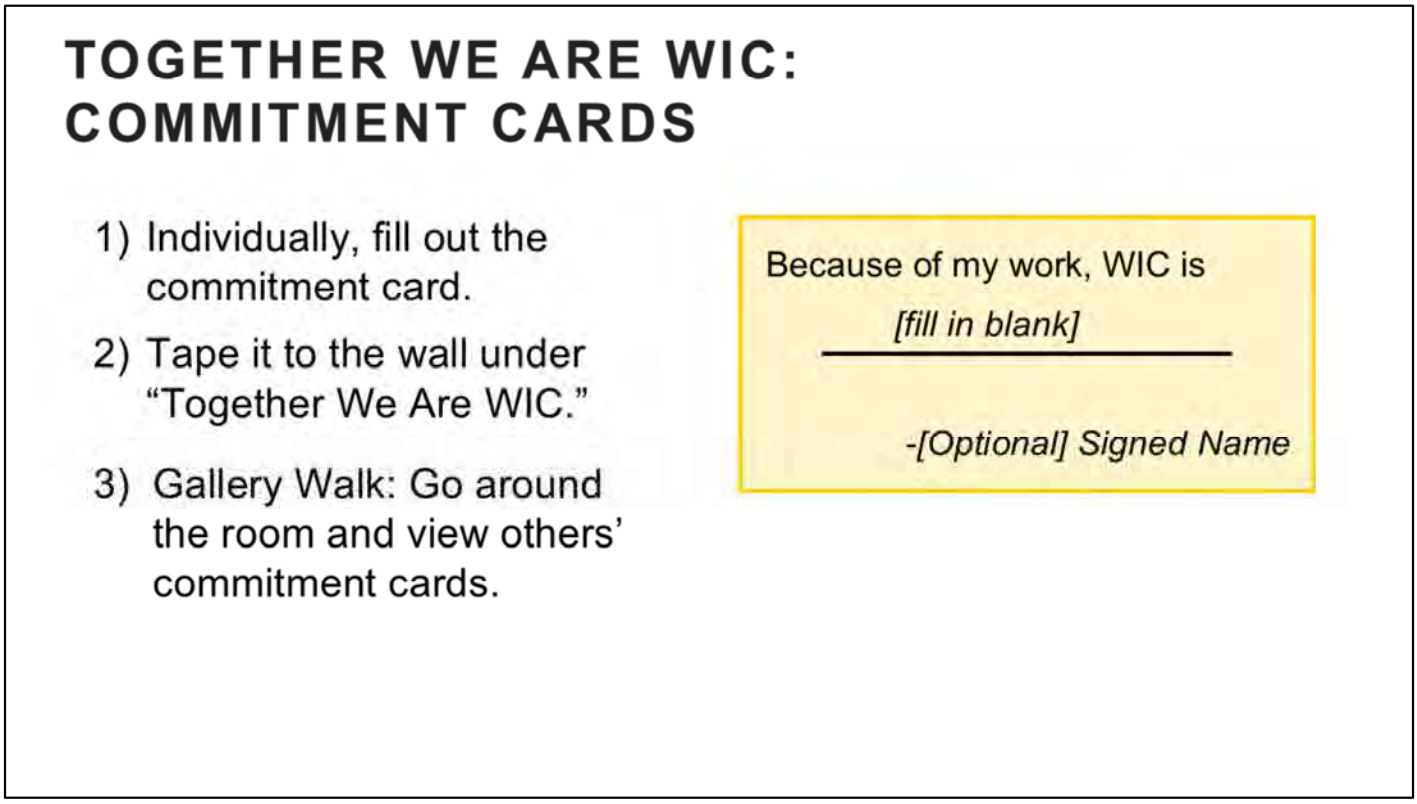


In your breakout groups, discuss:

- What are you most proud of about working in the WIC program?
- What is one thing about your role that you are proud of?

Provide instructions, such as:

- In your breakout groups, we would like for you to discuss:
  - What are you most proud of about working in the WIC program?
  - What is one thing about your role that you are proud of?
- You will have about 10-15 minutes in your breakout groups!



[Animations slide for #3 Gallery Walk]
[Pass out Commitment Cards]

- We ask that we wrap up the day with our commitment to WIC and what we bring to WIC as a whole.
- Before you, you have cards that say "Because of my work, WIC is _____."
- Take a few minutes to fill out this card. You are welcome to sign it if you'd like.
- When you are done, please tape it to the wall labeled "Together We Are WIC"
- [After all participants have concluded, ask them to walk around the room in a Gallery walk and view each other's commitment cards.]

LARGE GROUP DISCUSSION: TOGETHER WE ARE WIC



[Ask a few folks to come to the front to share others' commitment cards anonymously – sharing the card without the names on it]
Prompt a large group discussion and processing, asking trainees questions one at a time such as:

- What came up for you when you were filling out the statement "Because of my work, WIC is…"?
- What is sitting with you from our time together?

CLOSING REMARKS & EVALUATION

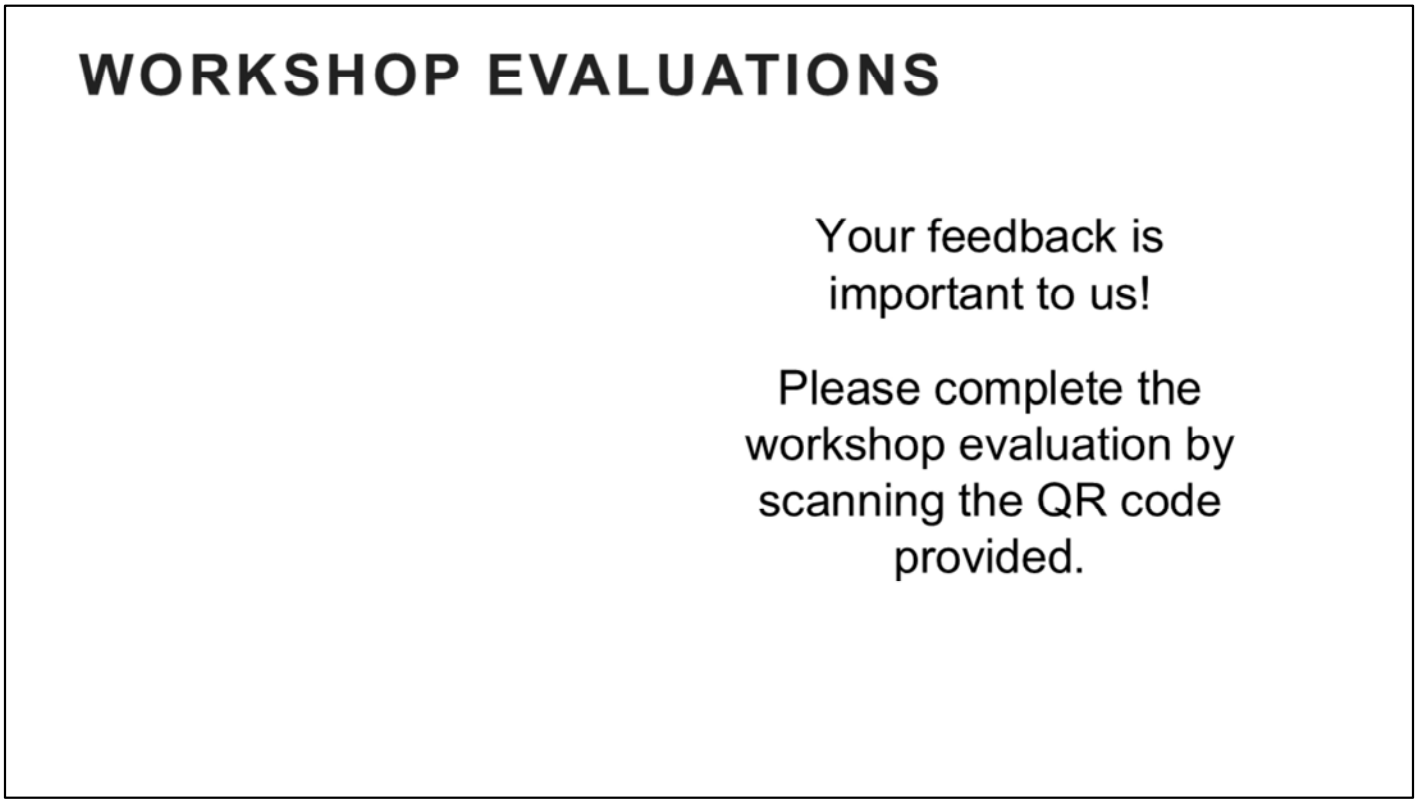
Closing Remarks & Evaluation: 12:00-12:30pm *(30 mins)*

- Introduce this section. Talking points may include:
  - We appreciate your time and dedication to this workshop as you explored how you support the mission of WIC, embody leaderful principles and ultimately contribute to advancing participant outcomes.
  - We are going to transition to closing, where we will have time for Q&A, comments and evaluations on this two-day workshop.

TIME FOR QUESTIONS & ANSWERS



- What questions do you have for us?

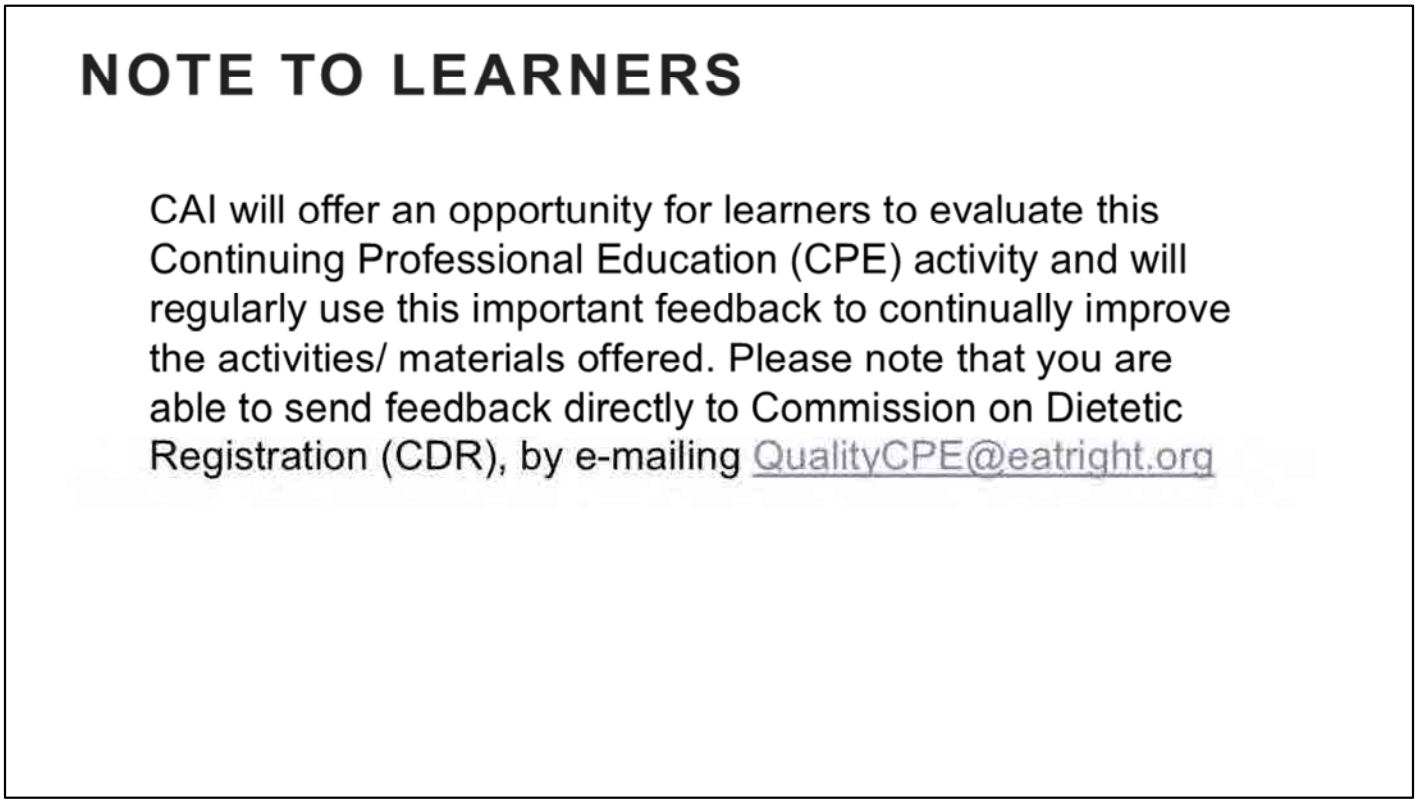


- Tell attendees their feedback is really important to us. Ask that they complete their anonymous feedback form by scanning the QR code provided.
- Give attendees 5 or so minutes to complete it.

CLOSING REMARKS



- Provide closing remarks, touching on:
  - Celebrating contributions and sending off with gratitude and pride.



RDs and DTRs seeking continuing education credits through the Commission on Dietetic Registration are encouraged to complete an additional evaluation (share instructions to complete and access in a follow-up email): WIC RD/CPEU Optional Evaluation (alchemer.com)

- Optional Eval: WIC RD/CPEU Optional Evaluation (alchemer.com)



Production
Thank you for joining us today! I hope it was helpful and can help guide you as you do this important work!

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Bureau Direction (BD)

Corie Nadzan, MPA, RD, CLC
Director, Bureau of Supplemental Food Programs

BUREAU DIRECTION TEAM MEMBERS

- Bureau Direction (BD) Leadership Team



Corie Nadzan
WIC Director



Samantha Phillips-Brown
Assistant Director



Josh Huggins
Assistant Director

BUREAU DIRECTION TEAM MEMBERS

- Bureau Direction Admin Team



Amy Simmons
Administrative Specialist 1



Sara Clough
Administrative Assistant 1



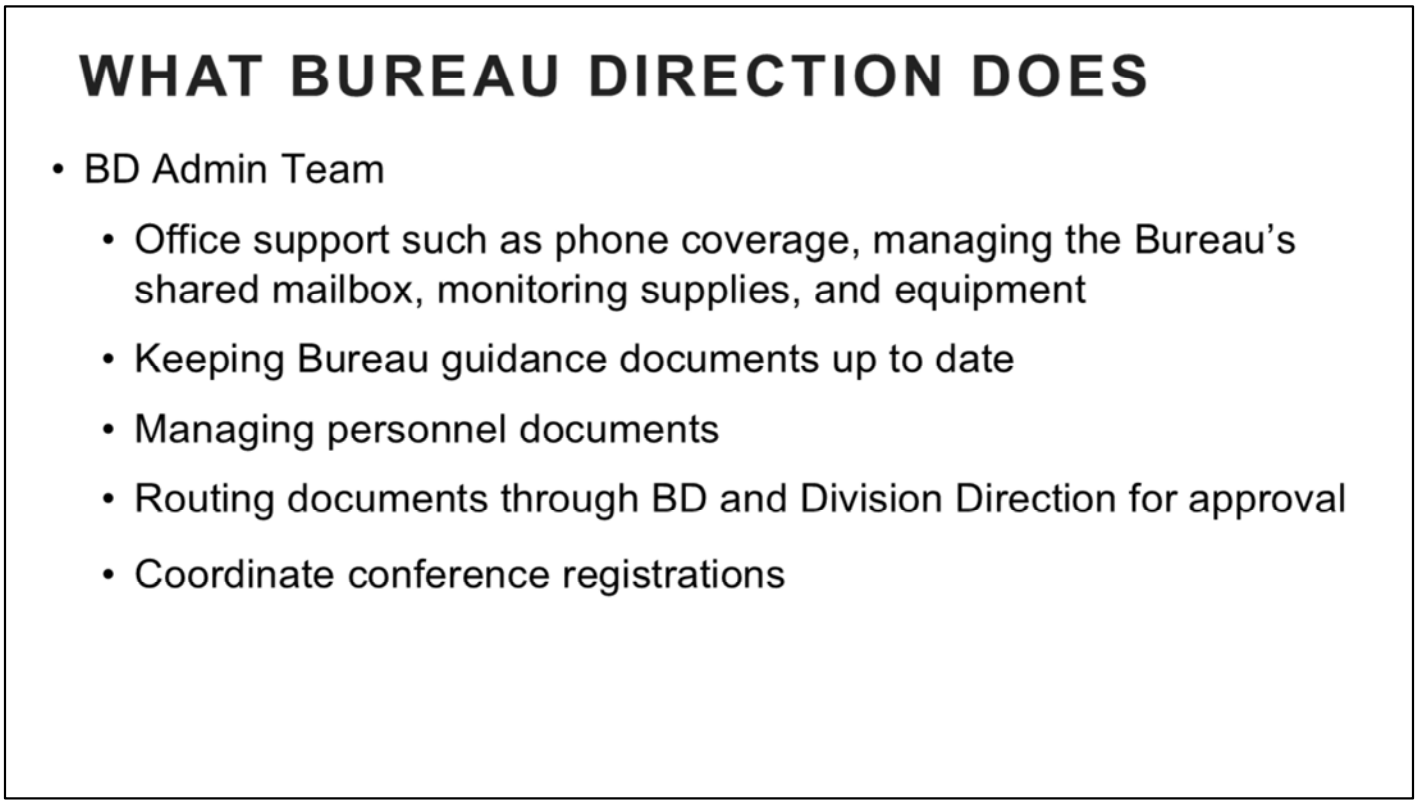
Danedra Gagnon
Office Assistant 2



Sheryl Henriques
Administrative Assistant

WHAT BUREAU DIRECTION DOES

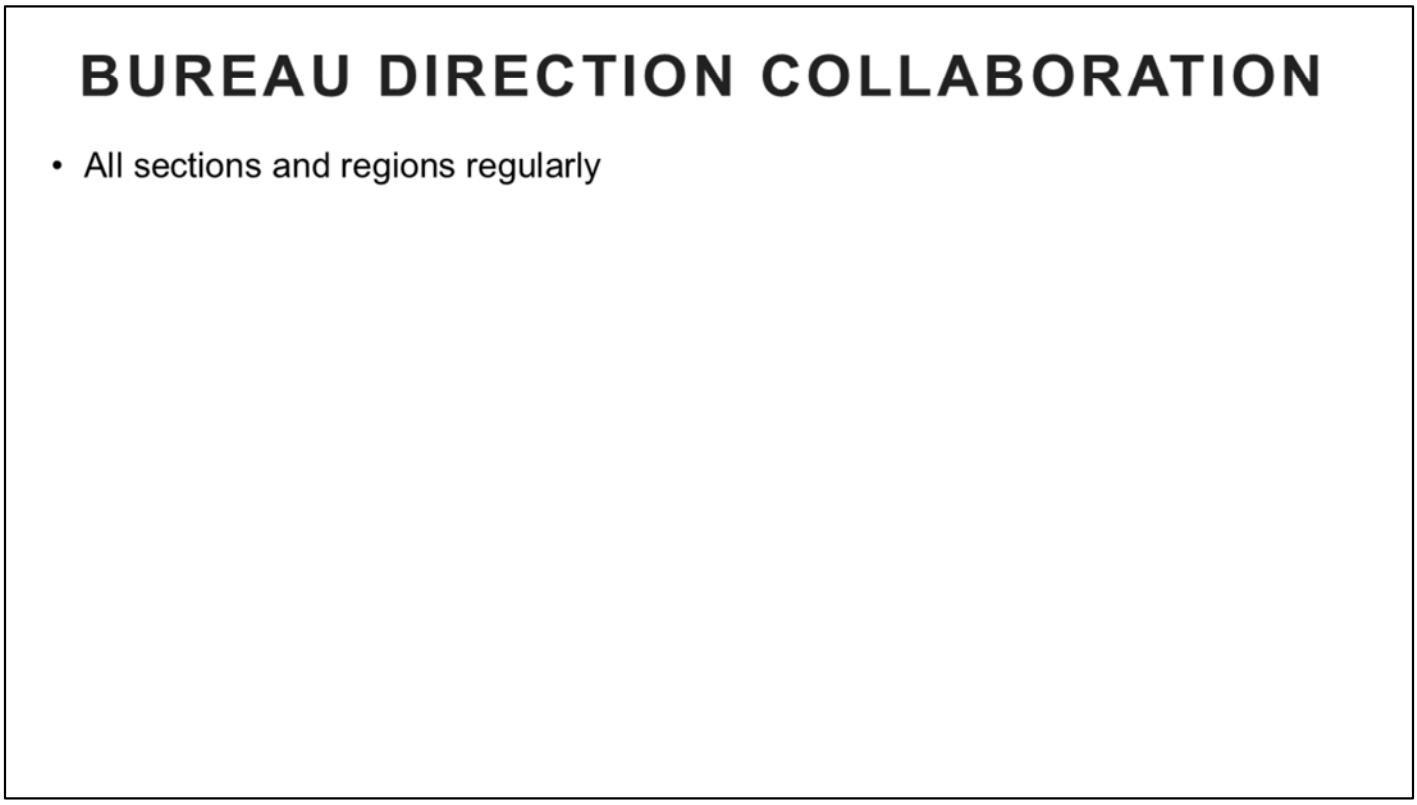
- BD leadership team is responsible for:
  - Administration and leadership of the program
  - Setting program priorities
  - Monitoring NYS compliance with administrative and programmatic requirements to ensure continued receipt of ~ $600M in federal funds
  - Overseeing the development of program policies and procedures
  - Representing and advocating for New York State's WIC and FMNP programs on the national and state level (talking points - Regularly meet with partners at USDA, NWA, and DOH leadership)



- Office support such as phone coverage, managing the Bureau's shared mailbox, monitoring supplies, and equipment
- Keeping Bureau guidance documents up to date (examples can be shared in talking points – phone list, seating chart, PRG)
- Recruitment and employee orientation support
- Managing personnel documents (talking points to explain for CO staff, and types of documents managed – VRWS, TC, outside employment, etc)
- Routing documents through BD and Division Direction for approval (examples to be shared in talking points – policies, presentations, outside agendas, Q&A documents, CAI trainings, HSNY materials, procurement documents, communications to stakeholders, etc)
- Coordinate conference registrations

BUREAU DIRECTION HIGHLIGHTS

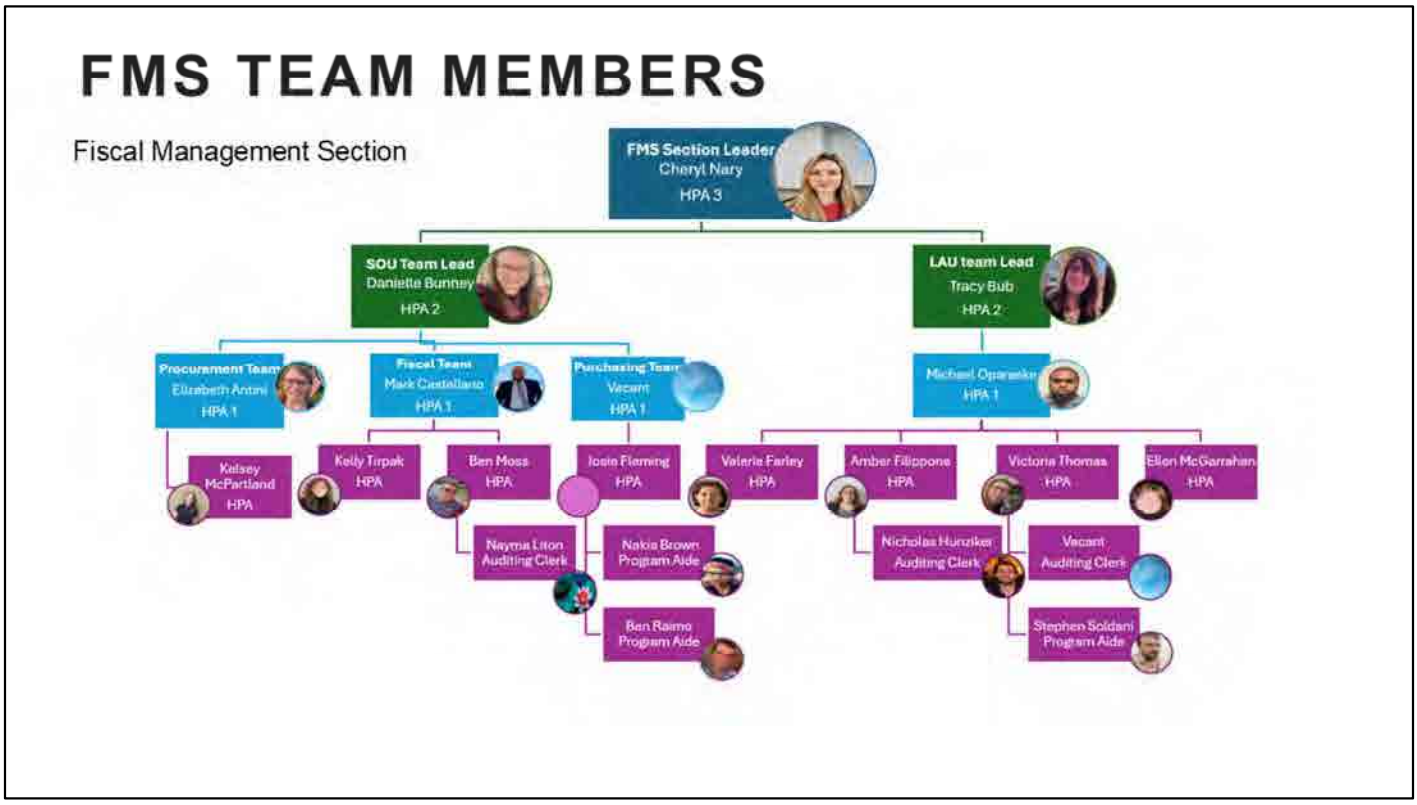
- Met with more than 100 staff individually
- Continued focus on employee engagement and feedback
- Website Updates
- Texting Planning
- Medicaid and SNAP data sharing progress
- Technology Roadmap



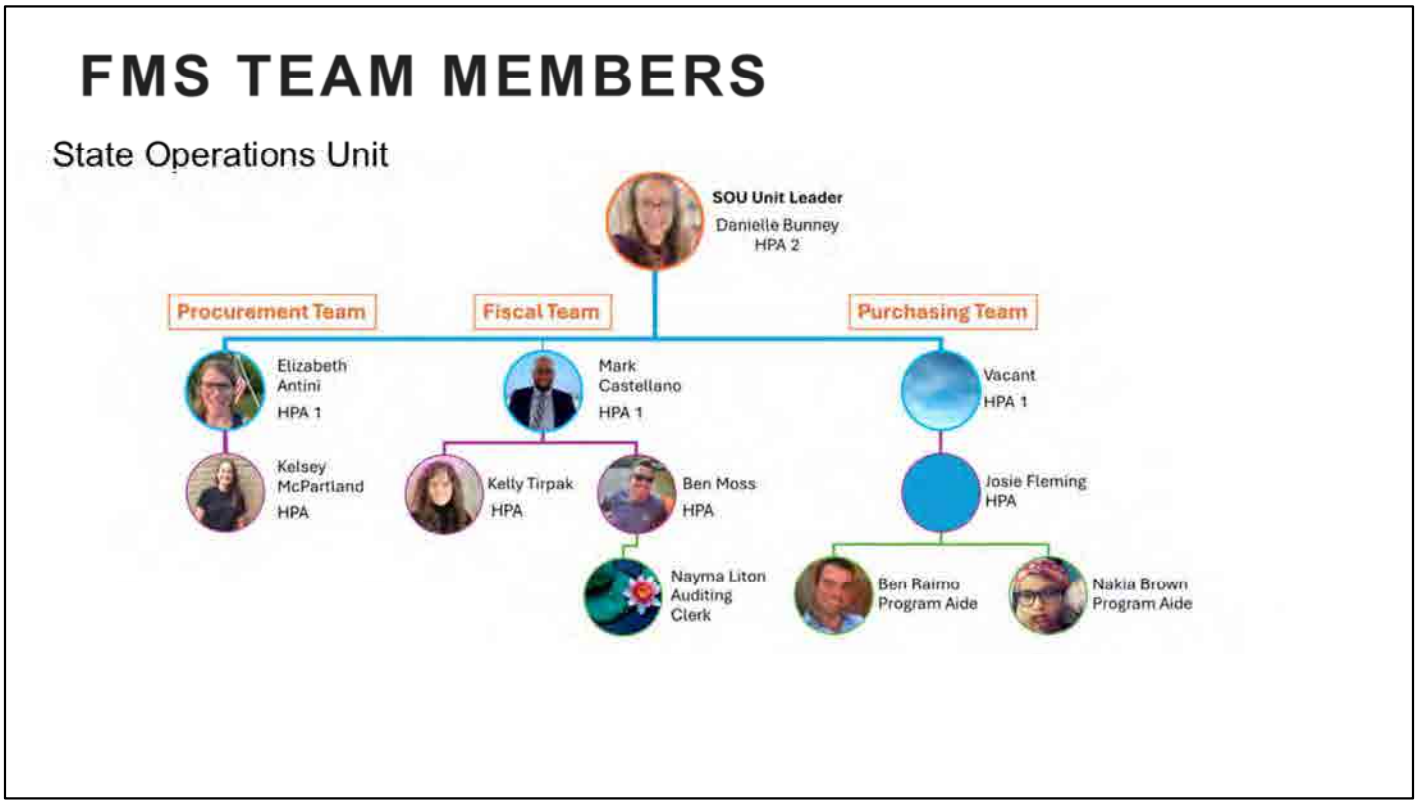
All sections and regions regularly (talking points – section briefings, managers meetings, one one-on-ones, team meetings, project-specific meetings, RO meetings, ad hoc meetings as needed, etc)

Fiscal Management Section

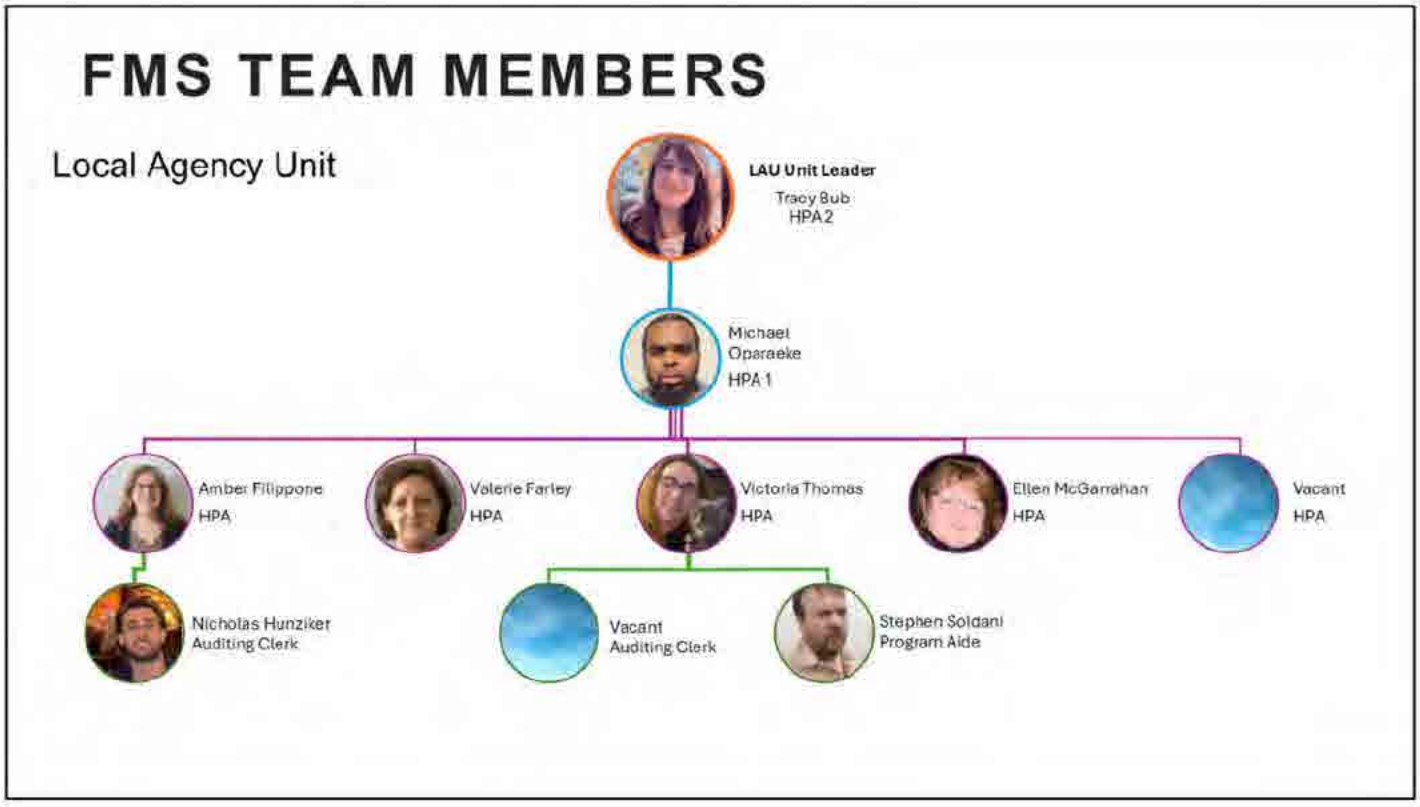
Cheryl Nary, MPH – Health Program Administrator 3
Tracy Bub – Health Program Administrator 2
Danielle Bunney – Health Program Administrator 2



The Fiscal Management Section (FMS) is composed of 2 Units – The State Operations Unit (SOU) and the Local Agency Unit (LAU)



The State Operations Unit consists of 3 teams: the Procurement Team, the Purchasing Team, and the Fiscal Team.


FMS TEAM MEMBERS
Local Agency Unit
LAU Unit Leader
Tracy Bub
HPA 2
Michael
Oparaeke
HPA 1
Amber Filippone
HPA
Valerie Farley
HPA
Victoria Thomas
HPA
Ellen McGarrahan
HPA
Vacant
HPA
Nicholas Hunziker
Auditing Clerk
Vacant
Auditing Clerk
Stephen Soldani
Program Aide

WHAT FMS DOES - PROCUREMENT

- The State Operations Unit Procurement Team is responsible for the following:
  - developing and executing simultaneous WIC procurements
  - managing daily procurement activities for competitive and non-competitive solicitations,
  - and reports on B-1184 requests and approvals for the Division.

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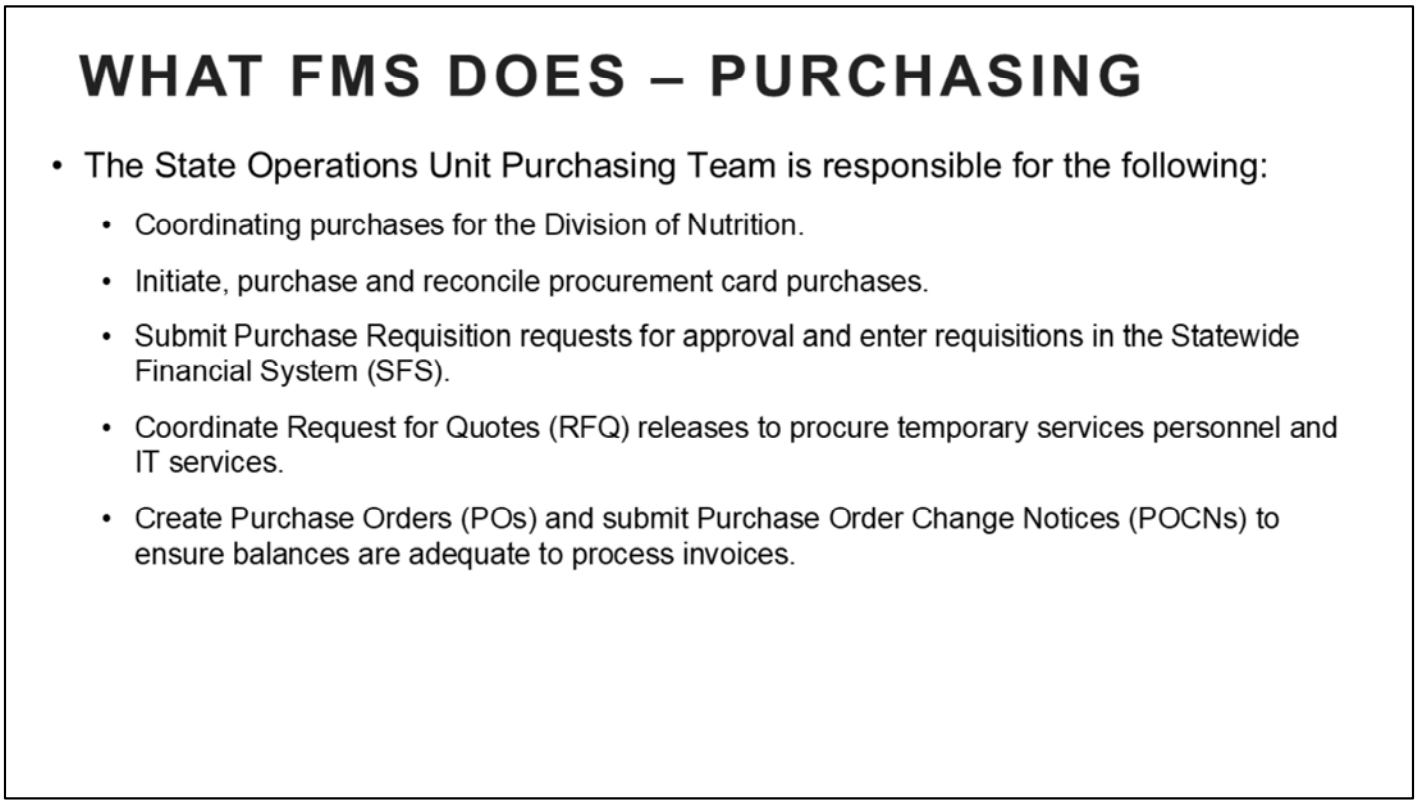
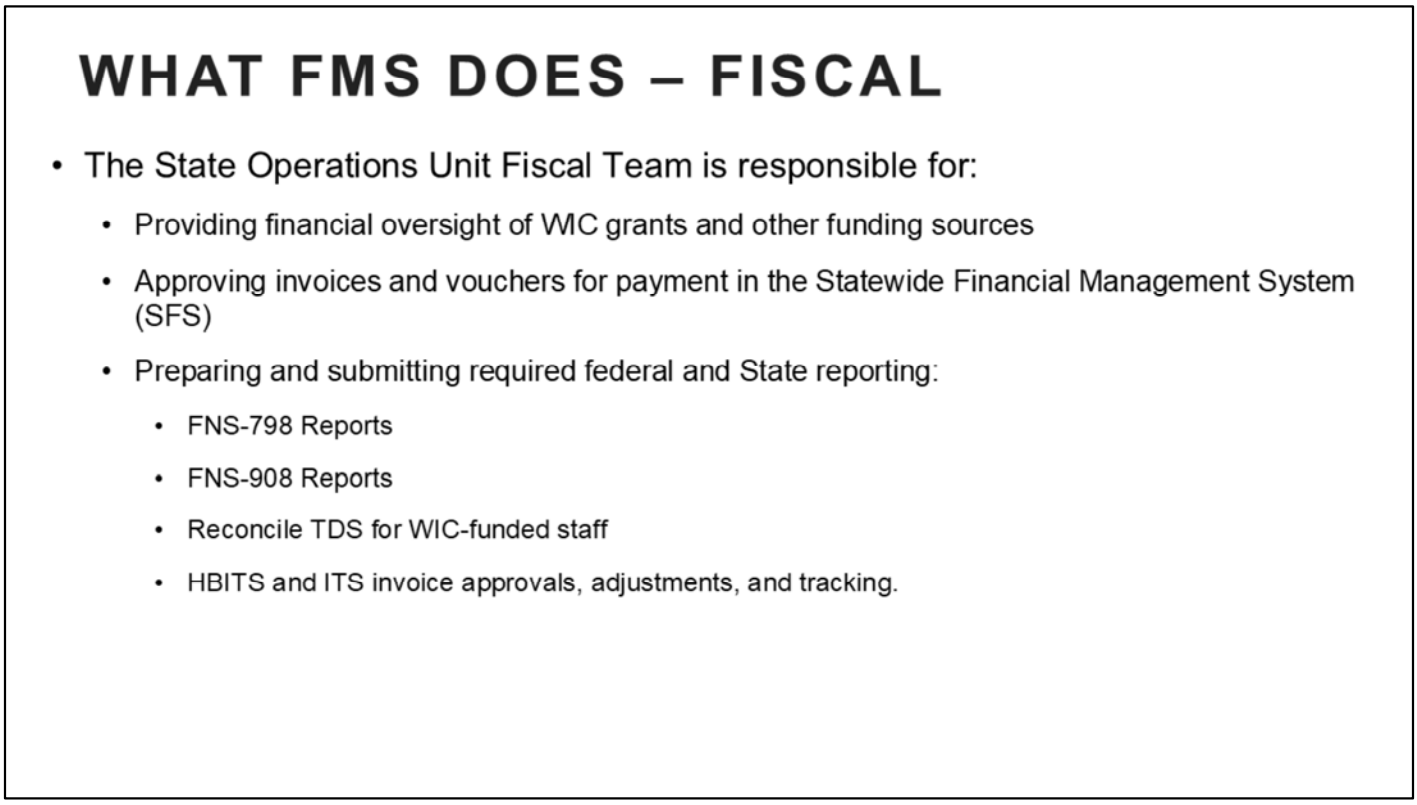
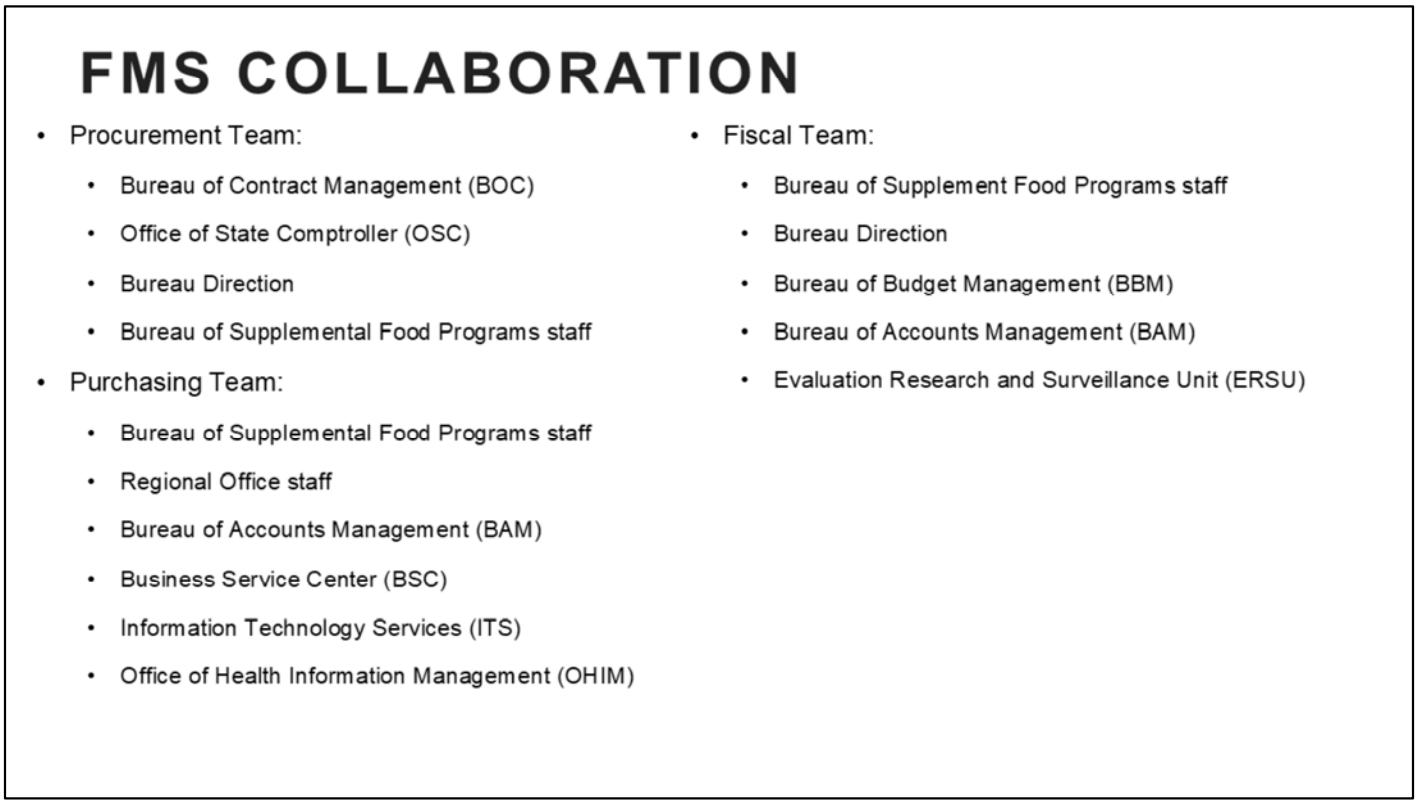


- The Purchasing Team is responsible for:
  - coordinating both one time and recurring purchases for the Division of Nutrition. There are 2 procurement cardholders who are responsible for submitting monthly statement reconciliation packages in SFS. They submit Purchase Requisition Requests for approval and entry in SFS. They coordinate RFQ (Request for Quotes) releases for temporary services personnel and IT services while engaging with vendors and programs to ensure purchasing procedures are adhered to. They also submit POCNs (Purchase Order Change Notices) for POs (Purchase Orders) to ensure they are balanced with all outstanding invoices and estimated encumbrances.

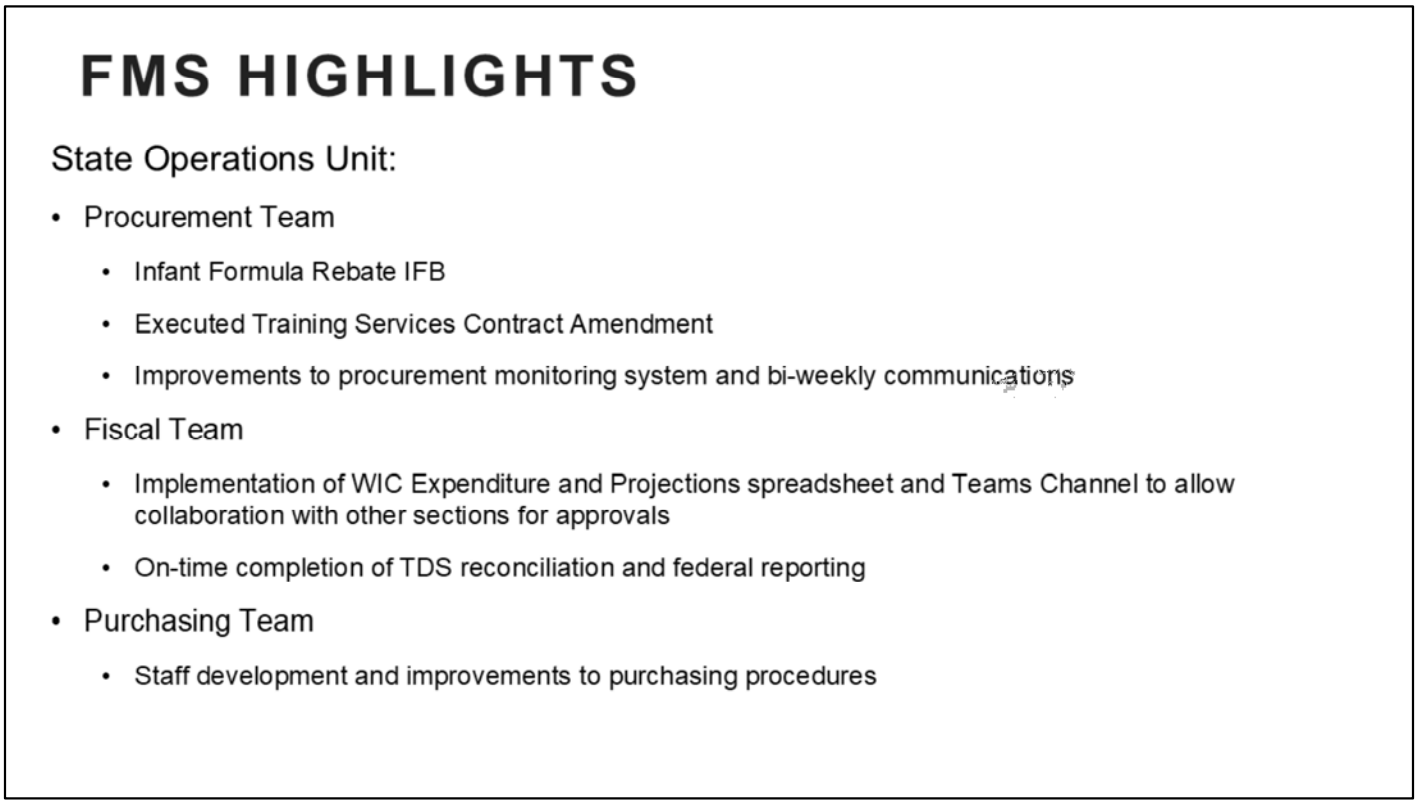


The State Operations Unit Fiscal Team is responsible for:

- Providing financial oversight of WIC grants and other funding sources
- Approving invoices and vouchers for payment in the Statewide Financial Management System (SFS)
- Preparing and submitting required federal and State reporting:
  - FNS-798 Reports
  - FNS-908 Reports
  - Reconcile TDS for WIC-funded staff
  - HBITS and ITS invoices approvals, adjustments, and tracking.

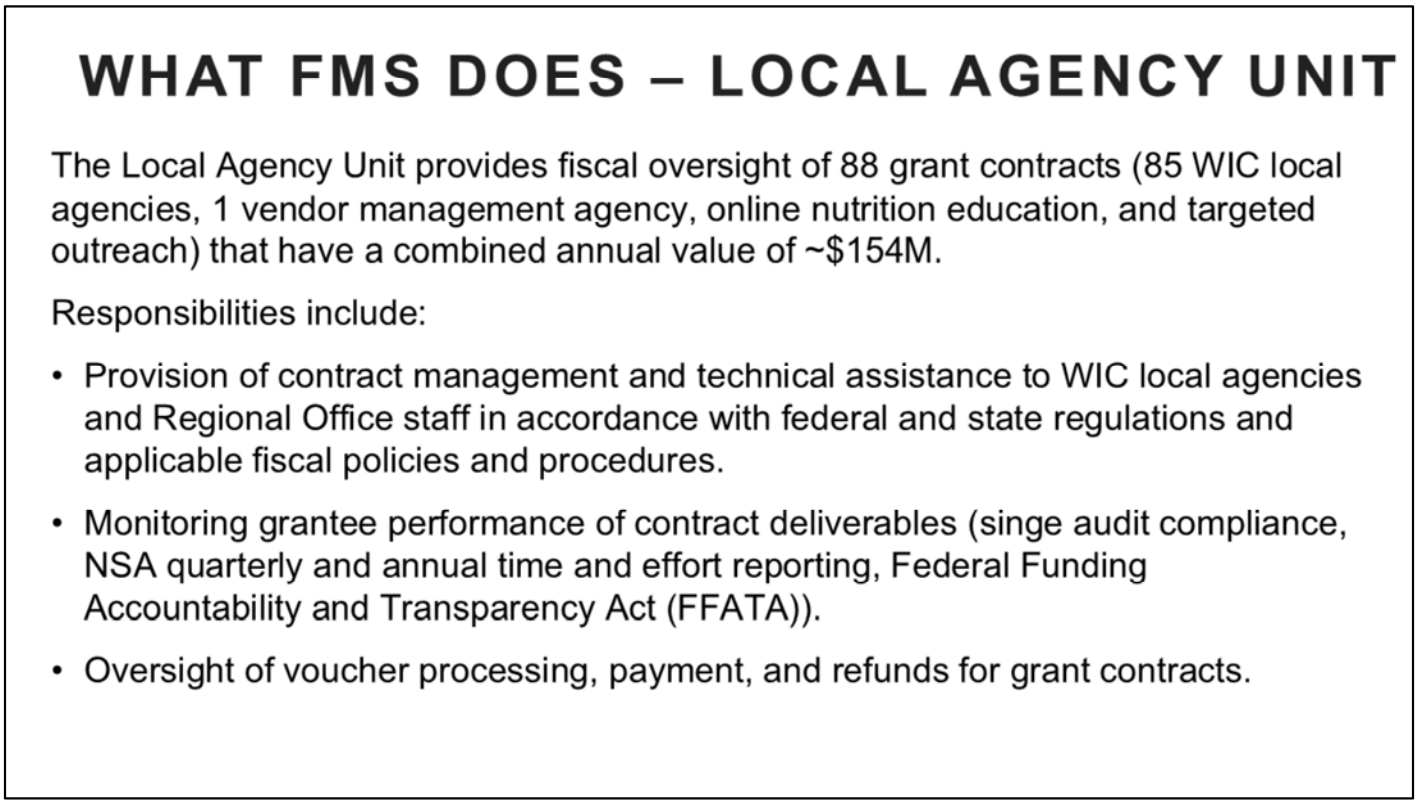


- The Procurement Team works with WIC program staff to develop and implement procurements. The team often works with BOC (Bureau of Contract Management) to ensure that procurements are released, and contracts are executed timely, as well as to address BOC and OSC (Office of State Comptroller) feedback. They also work with other sections (notably FDVMS) to obtain FNS pre-approvals for specific projects/contracts (i.e. IAPDs, infant formula rebate solicitations, etc.).
- The Purchasing Team coordinates all purchases on behalf of the Bureau to ensure that staff have access to the tools and equipment they need to complete daily tasks and projects. This team collaborates with assigned Purchasing Point of Contacts in each section and Regional Office as well as other staff throughout the Division to process and obtain approvals. The team also works with BAM (Bureau of Accounts Management) to ensure that the monthly MAST package is reviewed and approved and to manage P-Card limit increases as needed; ITS and OHIM to obtain pre-approvals for IT-related goods and services; and the Business Service Center (BSC) to ensure all purchases adhere to NYS Procurement Guidelines.
- The Fiscal Team works with Bureau Direction, FMS Local Agency Unit, PCCS, FDVMS and ISMS to track and monitor contract expenditures to inform financial projections, as well as to submit required quarterly narrative reports to FNS. They work with BBM (Bureau of Budget Management) on SFS payments, journal vouchers, ITS billing, HBITS billing, and ensuring correct TDS reconciliations. They work with ERSU and BAM (Bureau of Accounts Management) to submit monthly caseload and grant expenditure reporting to FNS.



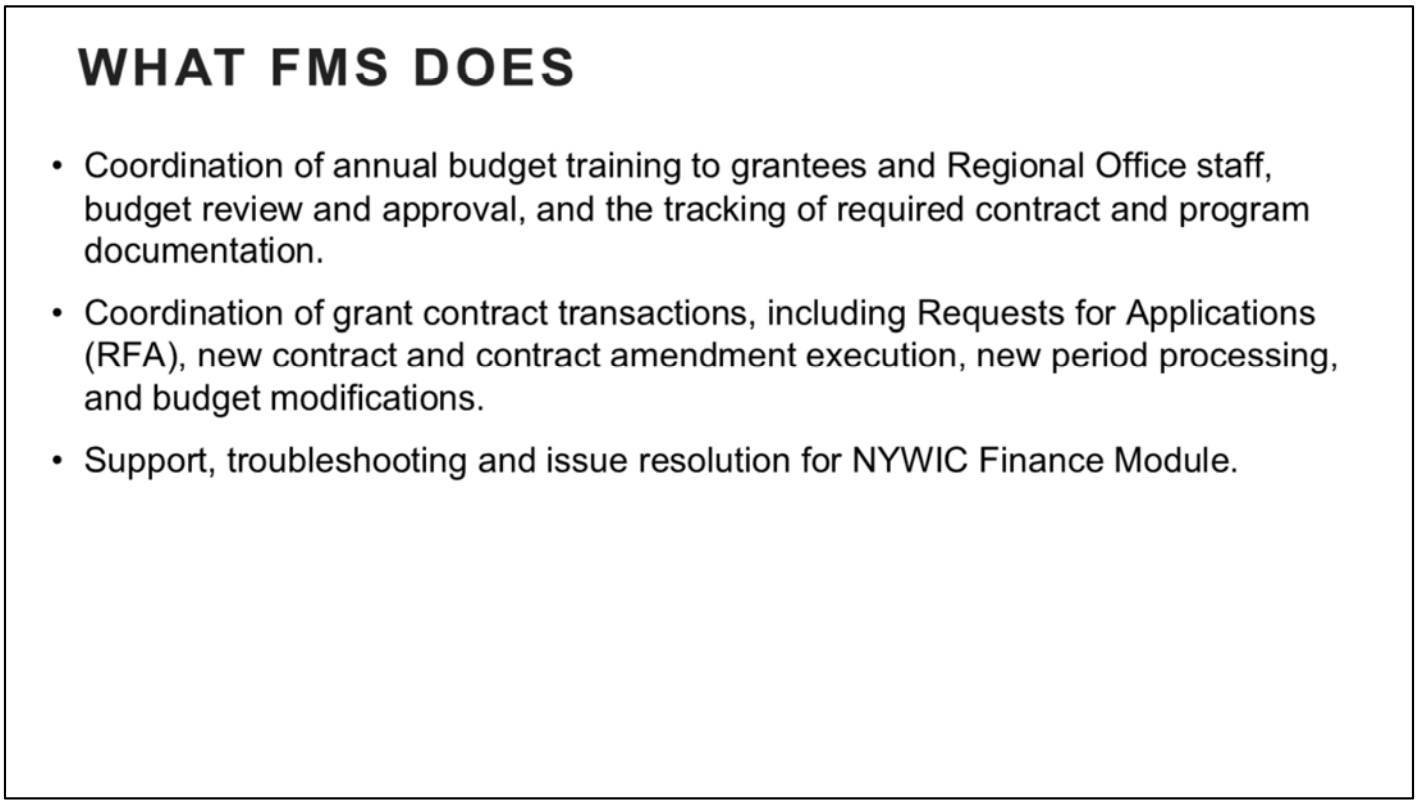
- State Operations Unit:

- The Fiscal Team is celebrating the creation of the WIC Expenditure and Projections spreadsheet and Teams Channel to allow collaboration with other sections for approvals, streamlining the current email process. They are actively utilizing this spreadsheet to manage contracts and improve projections. TDS Reconciliation was completed timely this year.
- The Purchasing Team is celebrating continued growth and knowledge of further tasks and roles for the team overall, recent adding of quarterly POCN funding for temp staff, and team staff released and conducted their own temp staff RFQ.
- The Procurement Team is celebrating the moving forward of the Infant Formula Rebate IFB, the execution of the Training Services CRER, and their recent updating of the Operations Analysis by Purchase spreadsheet to better track procurements and improve bi-weekly procurement updates.

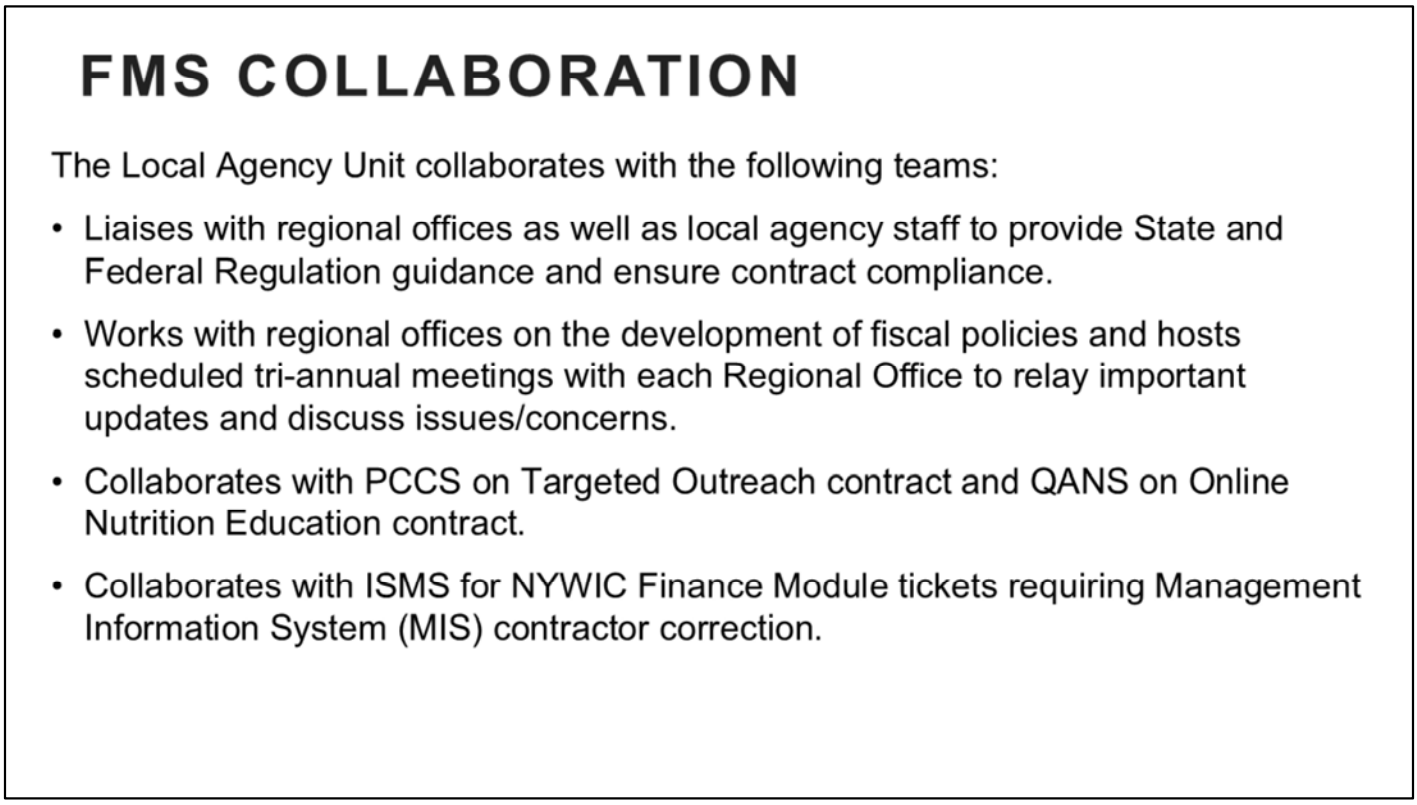


- The Local Agency Unit provides fiscal oversight of 88 grant contracts (85 WIC local agencies, 1 vendor management agency, online nutrition education, and targeted outreach) that have a combined annual value of ~$154M.
- Responsibilities include:

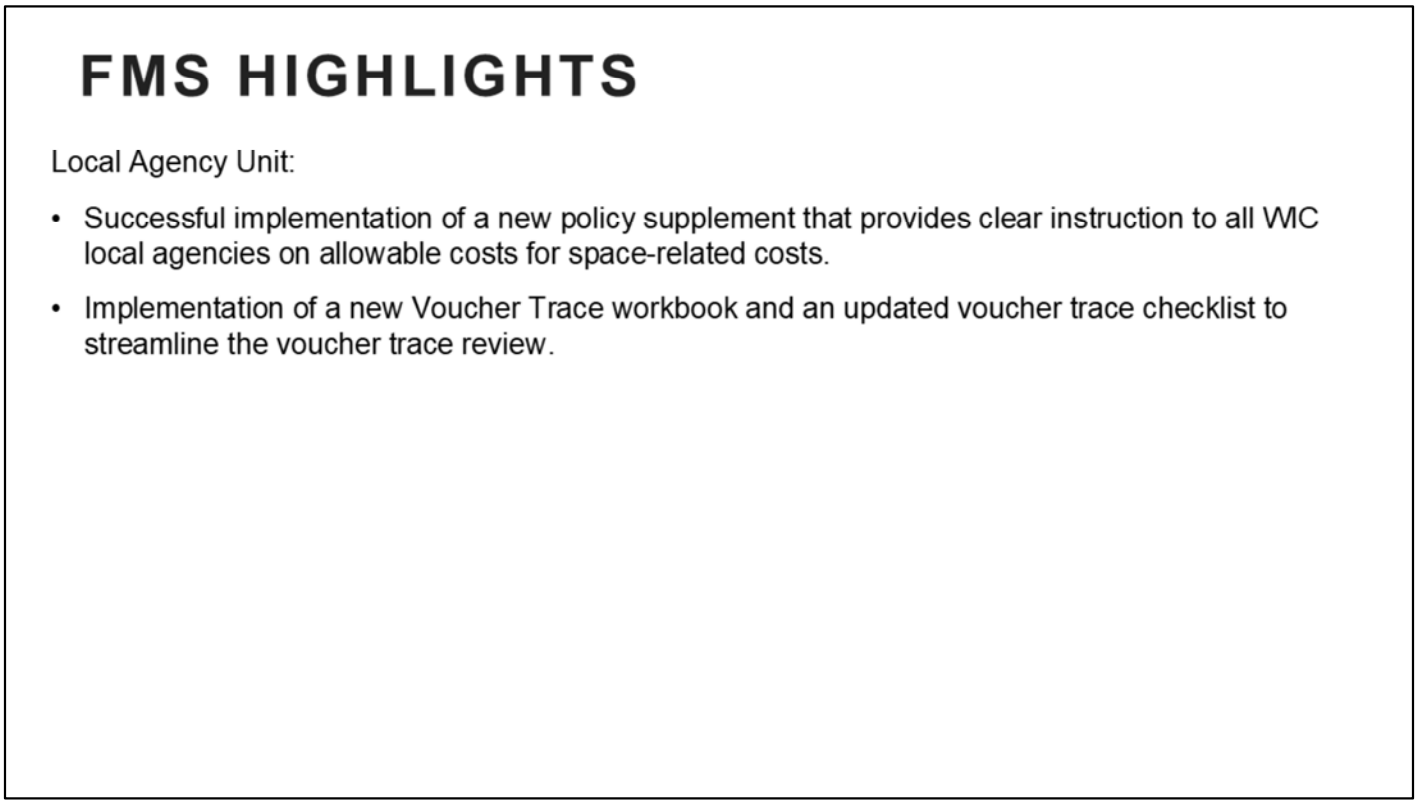
- Provision of contract management and technical assistance to WIC local agencies and Regional Office staff in accordance with federal and state regulations and applicable fiscal policies and procedures.
- Monitoring grantee performance of contract deliverables (singe audit compliance, NSA quarterly and annual time and effort reporting, Federal Funding Accountability and Transparency Act (FFATA)).
- Oversight of voucher processing, payment, and refunds for grant contracts.



- Coordination of annual budget training to grantees and Regional Office staff, budget review and approval, and the tracking of required contract and program documentation.
- Coordination of grant contract transactions, including Requests for Applications (RFA), new contract and contract amendment execution, new period processing, and budget modifications.
- Support, troubleshooting and issue resolution for NYWIC Finance Module.



- The Local Agency Unit collaborates with the following teams:
  - Liaises with regional offices as well as local agency staff to provide State and Federal Regulation guidance and ensure contract compliance.
  - Works with regional offices on the development of fiscal WPMs and holds scheduled tri-annual meetings with each Regional Office to relay important updates and discuss issues/concerns.
  - Collaborates with PCCS on Targeted Outreach contract and QANS on Online Nutrition Education contract.
  - Collaborates with ISMS for NYWIC Finance Module tickets requiring MIS contractor correction.



- After working with DOH Audit, Bureau Direction, and regional offices for many months, the Local Agency Unit successfully implemented a new policy supplement in April that provides clear instruction to all WIC local agencies on allowable costs for space-related costs, including appropriate categorization for budgeting and claiming these costs. As part of this new guidance, the Local Agency Unit collaborated with Bureau Direction and ISMS to modify budget worksheets in the NYWIC Finance Module to support this guidance.
- New for the FFY 2026 Budget Year, the Local Agency Unit created a new Voucher Trace workbook, along with an updated voucher trace checklist that includes tabs for each budget line complete with instructions for completion. Implementing this as part of our routine voucher trace process will ensure that local agencies provide a consistent framework for clearly organizing and detailing the expenditures associated with each budget line. This greatly streamlines our process for reviewing voucher trace documentation and cuts down on the amount of follow-up requests needed from central and regional office staff to WIC local agencies.

Program Communication and Collaboration Section (PCCS)

Renee Wing, MA, RD
Community Health Program Manager

PCCS TEAM MEMBERS



Renee Wing

Community Health
Program Manager 1

PCCS TEAM MEMBERS

- Program Support and Communications



Elizabeth (Libby) Briggs
HPA2



Christine Stoliker
AA1

PCCS TEAM MEMBERS

- Outreach and Certification



Melissa Sharp
PHN2



Dawn Meyer
PHN1



Dorian (Dori) Leroy
PHN1

PCCS TEAM MEMBERS

- Breastfeeding



Adrian Allen
PHN2



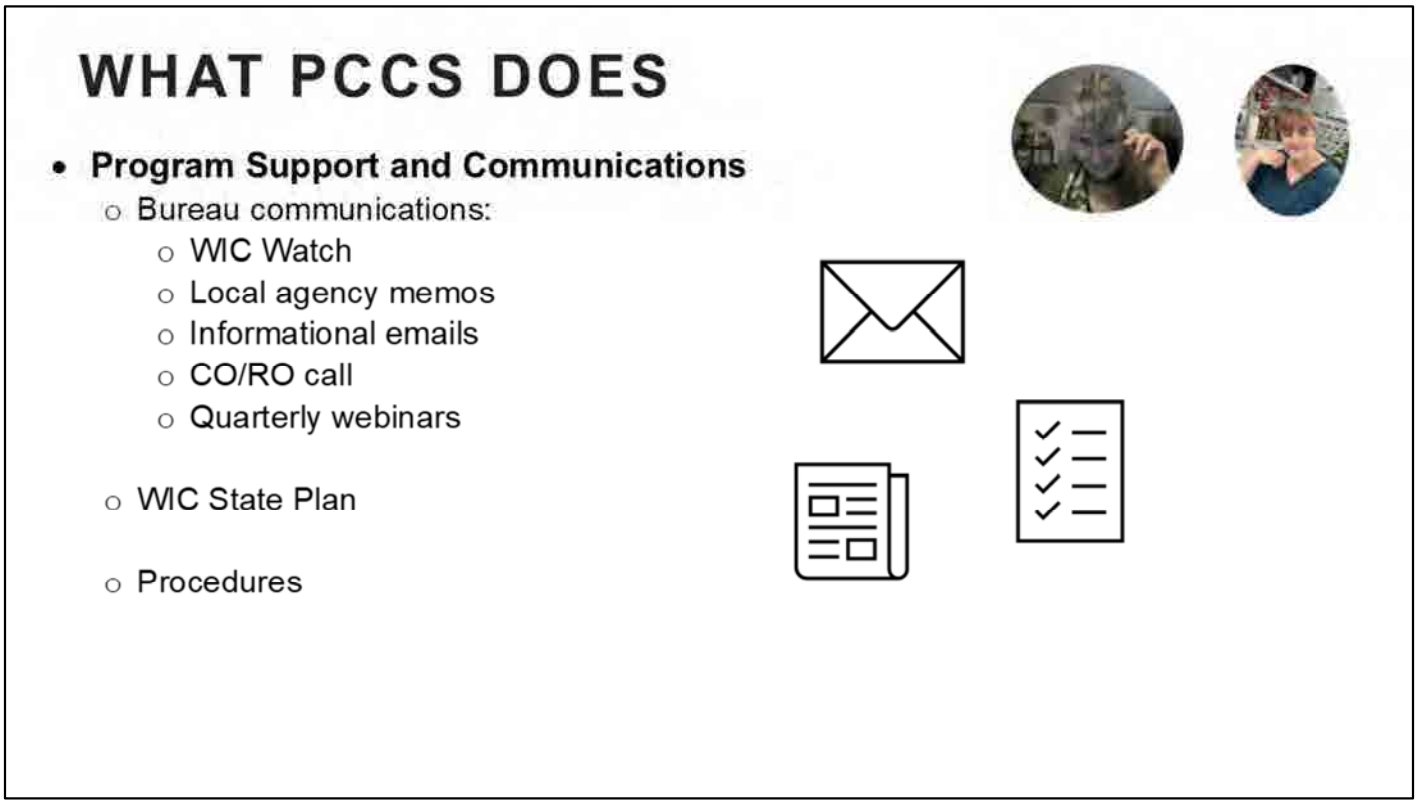
Mayta Lukowitsky
PHN1



Jessica Collins
PHN1



Lydia Parker
HPA



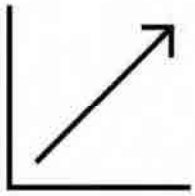
- Coordinates and processes communications including WIC Watch, local agency memos, informational emails, the CO/RO call, and quarterly webinars
- Coordinates the annual State Plan and amendments, which includes all policy updates
- This team helps ensure communications from the Bureau look consistent and is a key point of contact for procedures related to communications and the WIC Program Manual – working to develop procedures for hosting and presenting on webinars!
- Team is also assigned a number of policies including Confidentiality, Voter Registration, Acronyms and Definitions, Employee Participants, Student Interns

WHAT PCCS DOES

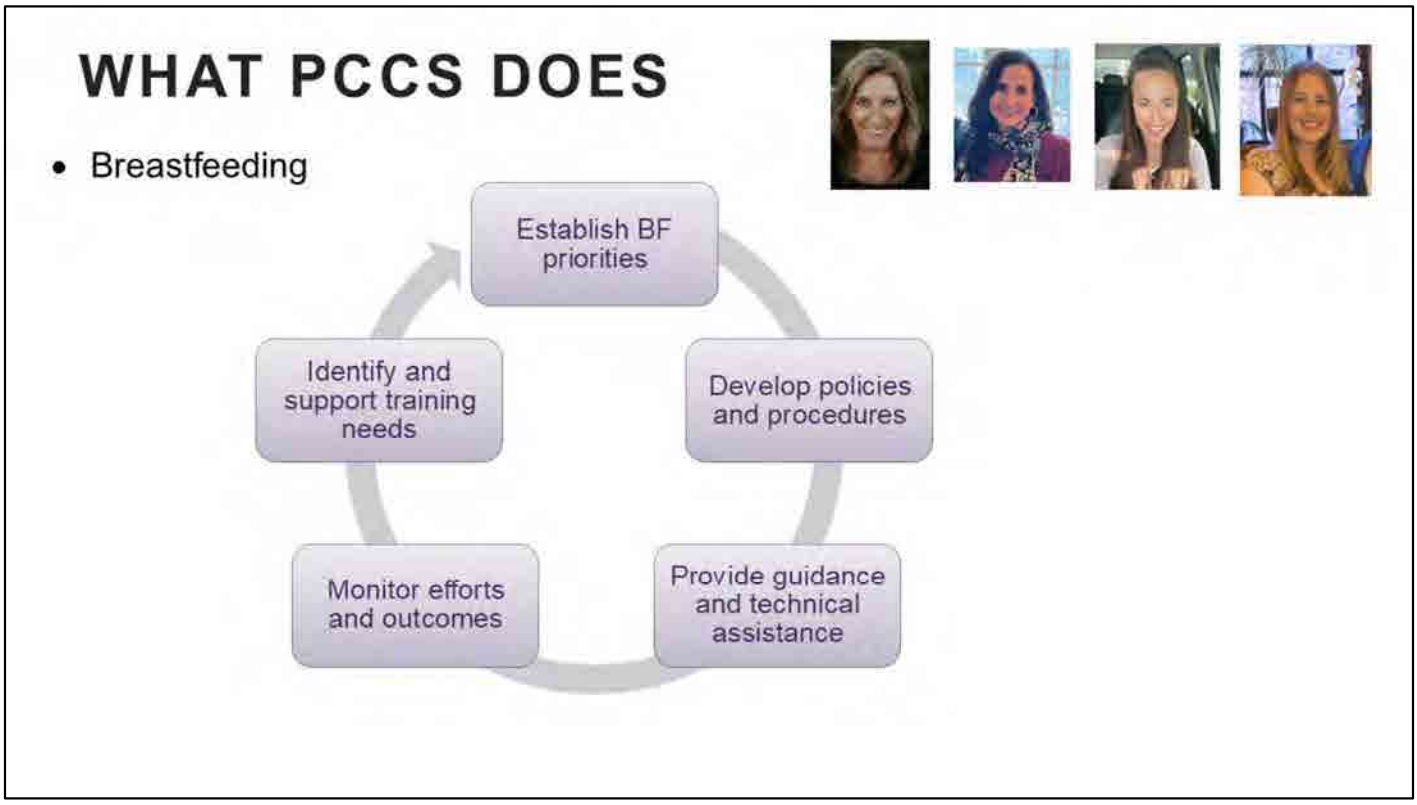


- Outreach and Certification

Topic Areas	Responsibilities
Eligibility	Policy work, CAI trainings, NYWIC testing, technical assistance, contract management, coordination with program partners
Certification	
Income	
Outreach	
Civil Rights	
Language Access	
Caseload Management	
Scheduling	



- Serve as subject matter experts on eligibility, income, certification, outreach, caseload, civil rights, and language access – this includes policy work, reviewing CAI trainings, contract management, NYWIC testing, and technical assistance
- The goal of this team is to support efforts to maximize the reach of the WIC program and ensure local agencies have the necessary policies and procedures to implement participant-centered services that comply with regulations



- Establishes breastfeeding priorities, policies, procedures and competency-based staff training
- Manages the Peer Counselor and Breast Pump programs – both of which have NYWIC components and require technical assistance and testing
- The goal of this team is to ensure high-quality and comprehensive breastfeeding assessment, education, promotion, and support is provided at all local agencies

PCCS COLLABORATION

- Policy development
- Curriculum development and review
- Management evaluation
- State Plan
- Monthly meetings with ISMS and FMS
- Certification-Benefit Issuance
- Breastfeeding-Nutrition Services
- Confidentiality-MOU/JPSA

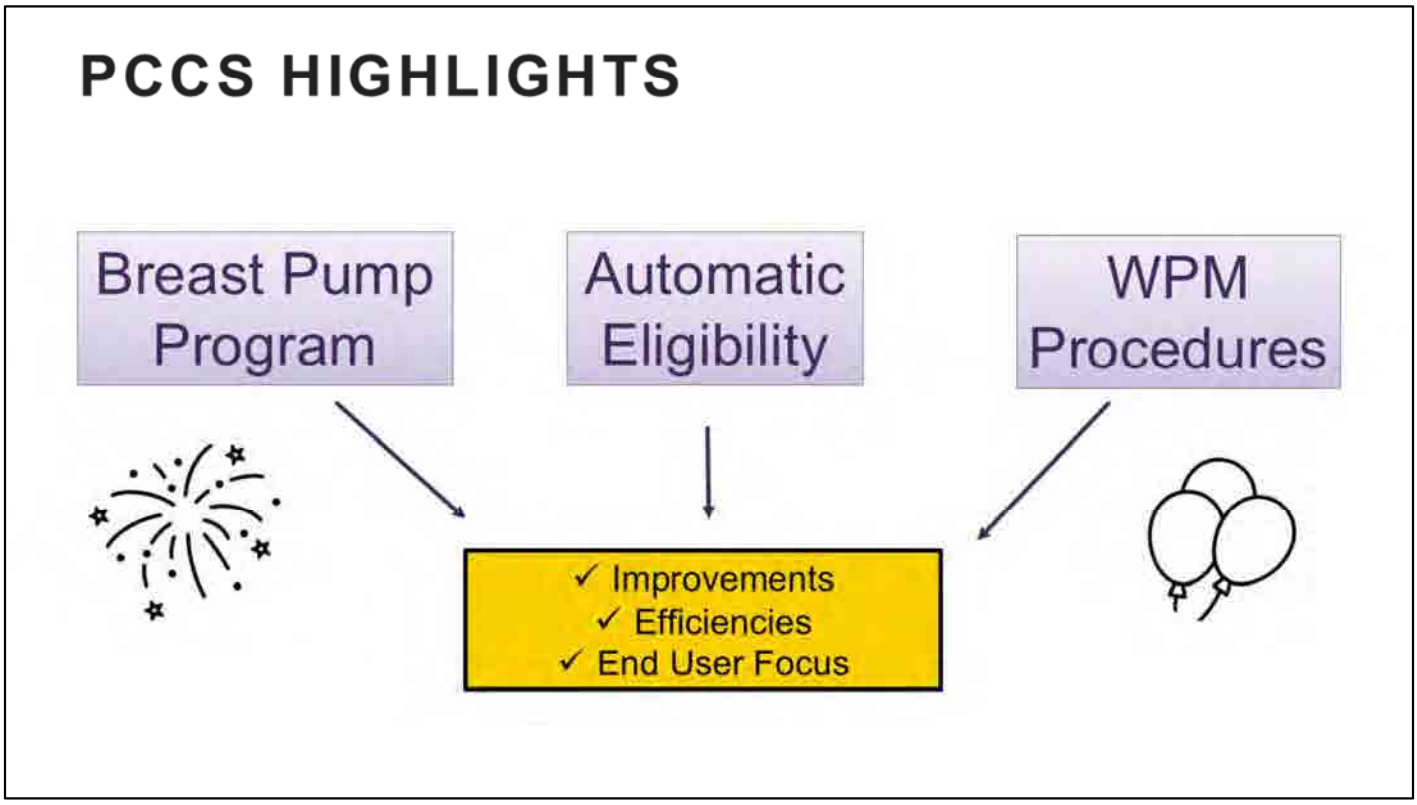


- All three PCCS teams regularly work with other sections and regions on policy development, CAI curriculum development and reviews; management evaluation tasks and providing expertise on policy and NYWIC questions.

- Example 1 – Libby and Christine work with every quarterly webinar presenter to review slides for consistency, compile all the presentations, and coordinate the review and approval. They also ensure people are familiar with Webex functions. As the hosts of CO/RO and quarterly webinars, they have helped other teams learn to use Webex effectively.

- Example 2 – Melissa is leading a caseload management workgroup that includes Dawn, and FMS, ISMS, and RO staff. We've learned that caseload management is a complex topic and benefits from the input and ideas from staff that have expertise in different areas of the program. This is novel work with many challenges as well as opportunities.

- Example 3 - The BF team has been working with Arun to extract BF metrics from NYWIC to better oversee and evaluate efforts in BF promotion and support including the breast pump program and PC program. They have been able to utilize new breast pump data and PC program metrics that were not available in the past.



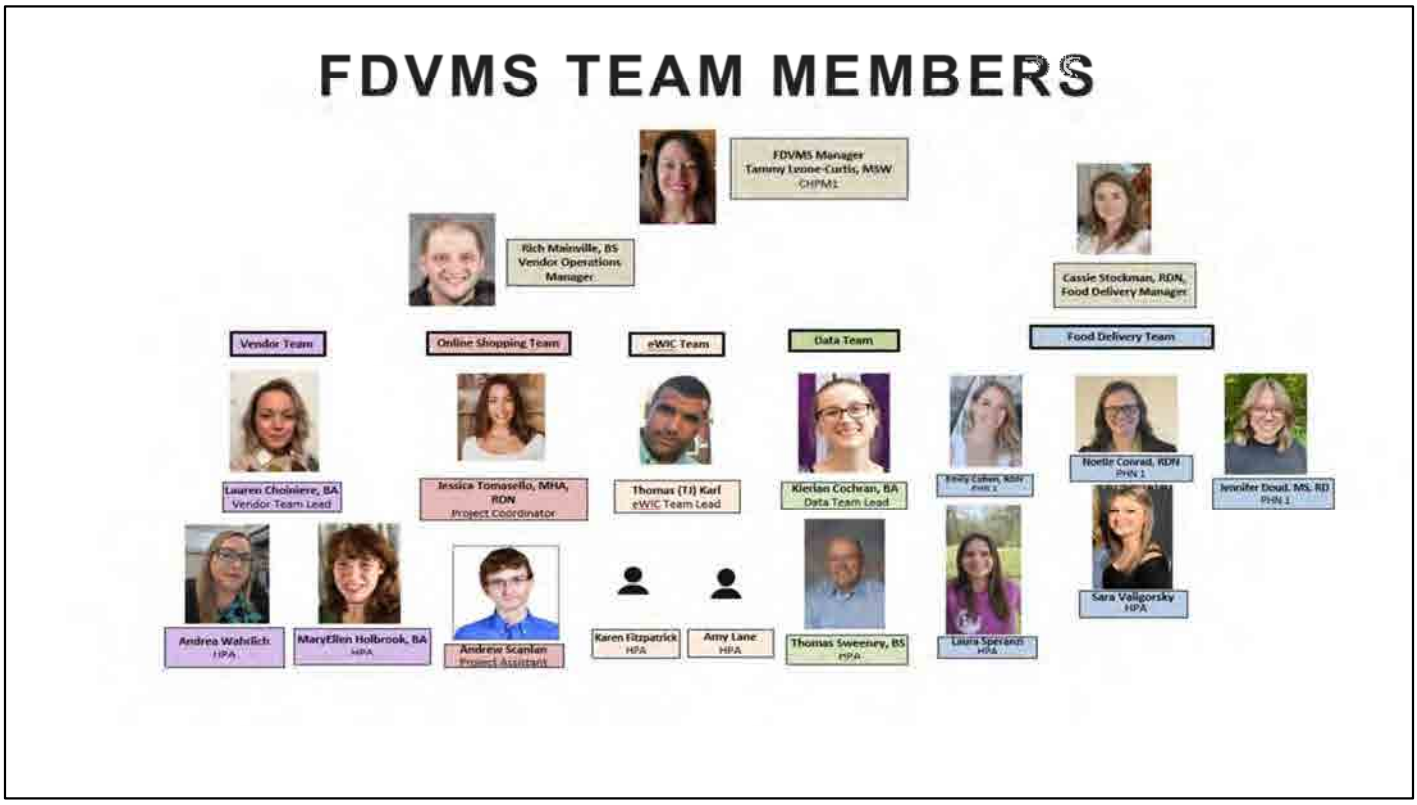
- Highlight 1 – BF Team has revised the internal policy and procedure for adding breast pumps to the program. Measures to streamline the process and limit manufacturers to one pump per category (multi-user, single-user, manual) will improve management of the breast pump program.

- Highlight 2 – Melissa and Dori spearheaded the effort to implement automatic eligibility programs which added participation in the Essential Plan and Head Start as ways to qualify for WIC. This required both updates to the massive and complicated Income policy and new functionality in NYWIC.

- Highlight 3 – Libby and Christine have continued to make improvements to the WIC Program Manual procedures. We achieved great efficiencies moving the policy review process to SharePoint, but they continue to learn, hear from staff, and identify tweaks that help to further streamline.

Food Delivery and Vendor Management Section (FDVMS)

Tammy Leone-Curtis, MSW
Community Health Program Manager 1



- This is to show how large our team is, but I will now break it down for you into teams.

FOOD DELIVERY TEAM



Food Delivery Team:
Responsible for all things related to the WIC Food Package and Benefit Issuance.



- The Food Delivery Team is responsible for all things related to the WIC Food Package and Benefits Issuance.
- They manage and oversee WIC-approved foods, formula, and rebate contracts, prepare tools to assist parts and LAs to identify approved foods like the foods card.
- Seasonally administers the Farmers' Market Nutrition Program with AGM

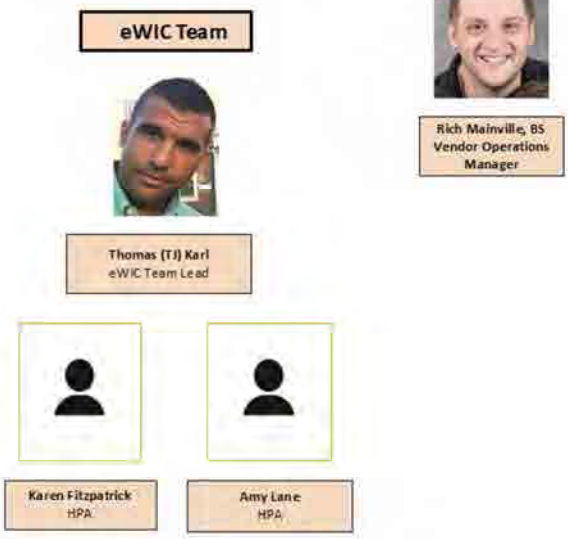


- The Vendor Team oversees all WIC vendor operations and manages the contract with the Vendor Management Agency (VMA).

THE E-WIC TEAM



The e-WIC Team:
Oversees the Electronic Benefit Transaction (EBT) contract and system.

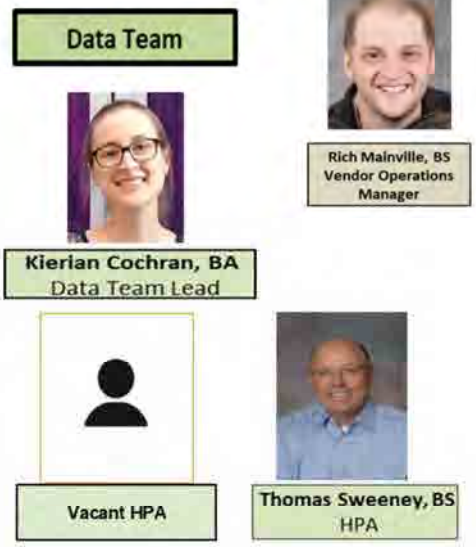


- The eWIC Team oversees the Electronic Benefit Transaction (EBT) contract and system.
- They validate and authorize the payments to vendors for WIC foods exchanged and ensure their EBT equipment is functioning.

DATA TEAM

Data Team: They conduct analysis on food prices and other data.





- The Data Team conducts analysis on food prices and other data to help ensure our vendors are reimbursed according to market conditions, while also validating that efforts to contain program costs are working properly.
- Analyze NYWIC data to help identify vendors with excessive prices for further investigation or education.
- They prepare and submit all federally required reports related to vendor operations, cost containment efforts, and food delivery processes.

ONLINE SHOPPING TEAM



Online Shopping Team: Collaborates with Project Stakeholders, both inside and outside of the Bureau.

Online Shopping Team



Rich Mainville, BS
Vendor Operations Manager



Jessica Tomasello, MHA, RDN
Project Coordinator



Andrew Scanlan
Project Assistant

- The Online Shopping Team collaborates with Project Stakeholders, both inside and outside of the Bureau, to develop future online shopping solutions for the NYS WIC Program.
- Currently, they are working on a planning project to prepare NY WIC to engage in an internet shopping pilot with one vendor.
- They actively seek funding opportunities to support the effort.

FDVMS COLLABORATION

Collaborations with:

- Regions
- ERSU
- BSI
- QANS
- PCCS
- FMS
- ISMS
- Entire BSFP
- BD



- Our work touches all sections in some way:
  - Collab with Regions on communication, guidance to LAs, and input on policy/procedure development
  - With ERSU for assistance with cost containment analysis, vendor location mapping to determine areas in need of vendors
  - With BSI to keep our vendors real: they help to ensure compliance with state and federal regs and detect vendor fraud, abuse or shady practices
  - Food Team collaborates with QANS, both with the Nutrition Services team on nutrition-related policies & topics and with the Training Services Team on training development
  - Policy reviews and all types of communications with PCCS and Regional Offices
  - Collab with FMS Contract services and formula rebate invoice
  - approvals, procurements, contract development and funding requests
  - Collab with ISMS for help desk ticket resolution, Enhancement Requests and NYWIC/ Datamart error research and resolution, and large systems projects like the EBT conversion project scheduled for September 2025 and all modernization efforts.
  - Ongoing collaboration across BSFP to support the Online Shopping Project
  - With BD for project and policy guidance and approvals, food delivery issues, FOIL requests, community info requests and complaints, and hiring and scheduling-pretty much everything
  - Outside BSFP: AGM on FMNP, PHS to manage WIC authorized vendors, food and formula manufacturers to manage Approved Product List.

FDVMS HIGHLIGHTS

EBT System Conversion 2025



This is a 10-month intensive planning process with significant collaboration between EBT providers with ISMS team and DOH ITS, NYS ITS, VMA and vendors to meet the 9/2025 conversion date.

- (EBT) Electronic Benefit Transaction. The system that processes the cards containing benefits for WIC foods for participants and cash for the vendors.

- Through extensive collaboration with FMS, from a challenged procurement to a lengthy contract negotiation and approval process that was 5 yrs in the making, we are now able to work toward converting our EBT service to the new contractor; Fidelity Information Services (FIS).
- The original multi-state RFP was issued in 2020, finally awarded in August FY 23, followed by Contract development, negotiation, and approval. Project Kick-off 1/2025.
- This is followed by a 10-month intensive planning process with significant collaboration with ISMS team and DOH and NYS ITS to meet the 9/2025 conversion date. For perspective, we are averaging 9 mtgs a week on this project alone. We also worked together with ISMS and ITS on an unrelated, but urgent, virtual network tunnel that needed to be built in the middle of this project.

FDVMS HIGHLIGHTS

WIC Foods Guide

- Food Delivery Team collaborated with the NYS WIC Association, Code for America, and Public Health Solutions to create a new pictorial WIC Foods Guide
- Web-based food guide is now available on the vendor website in 10 different languages.



- The NYS WIC Program received a grant for WIC shopping improvement projects, including research and planning for online shopping. The initial project was a statewide survey that indicated participants had some challenges locating WIC-approved foods while shopping.

- The first project in response to the survey was the creation of a new Pictorial Foods Guide. This project began as a joint effort of grant project staff and FDVMS, but was carried through multiple iterations to completion by our Food Delivery team. Over a year-long process, from initial researching of tools and images for inspiration, to creating drafts, and then re-drafting the draft tool in various formats based on feedback received from stakeholders.

- The end product, through this collaboration with the Food Delivery Team, NYS WIC Association, Code for America, WIC participant testers, and Public Health Solutions, is a web-based pictorial food guide that is now available on the vendor website in 10 different languages.

FDVMS HIGHLIGHTS



Plan to bring Online Shopping to NYS WIC

- Shopping Improvement grant funding for research and planning
- Prepare for OS pilot project in 2026 with new EBT provider
- RFP for funding to support

- Also funded through the Shopping Improvement Grant, are planning activities to modernize WIC shopping to include online ordering. The desire for this option was identified in the statewide surveys.
- Through ongoing collaboration with the VMA and BSI, as well as strategic engagement with various BSFP sections, an online shopping pilot partner has been identified, a solution mapped, and an implementation plan documented.
- The team is now prepping to respond to an RFP for CNHI competitive funding to implement a pilot project in 2026, which would bridge planning and preparation with execution and state-wide implementation. Stay tuned for more exciting announcements from that team.
- Should Bureau priorities, budget, and procurement timelines support the extension of the online shopping project, this team is prepared to execute that project next year.

- That’s us and what we do, thank you for listening!!

Quality Assurance and Nutrition Section

Ian Foster: Health Program Administrator 1

QANS TEAM MEMBERS

Quality Assurance



Anne Gaetani – Public Health Nutritionist 2



Linda Smith – Program Research Specialist 1

QANS TEAM MEMBERS

Nutrition Services



- **Jillian Osborn - Team Lead**
- Lead and oversee Nutrition Services Team



- **Mary Quell - PHN 1**
- Ancillary services including, oral/dental health
- WPM 1183- Immunization Screening
- WPM 1184- Anthropometry
- WPM 1185- Hematological Testing and Lead Screening

QANS TEAM MEMBERS

Nutrition Services



- **Samantha Edgar: PHN 1**- Nutrition Education, Nutrition Assessment, Online Nutrition Education
- WPM 1200- Nutrition Education Contacts and Materials
- WPM 1135- Nutrition Assessment Process



- **Christina Carbone: PHN 1**- Nutrition Risk, Substance Use, Maternal Depression
- WPM 1216- High Risk Care
- WPM 1136- Nutrition Risk and Priority System
- WPM 1186- Substance Use Screening, Education and Referral

QANS TEAM MEMBERS

Training Services Team



Ian Foster – Health Program Administrator 1



Julie Moore – Health Program Administrator



Rachel Reilly – Health Program Administrator

WHAT QANS DOES

Quality Assurance

- **What:** The Quality Assurance team develops guidance for local agencies and region office contract managers on the management evaluation process. Each agency is required to be evaluated by the RO contract managers every two years to ensure compliance with WIC program policy and procedures; we facilitate this process. We analyze the data resulting from the NYWIC surveys for management evaluation process.
- **Why**: Ensure that we're providing quality WIC services to participants

WHAT QANS DOES

Nutrition Services

- **What:** The Nutrition Services Team oversees nutrition assessment, nutrition education, nutrition risk, nutrition-related ancillary services (anthropometry, hematology, immunization, substance use), and participant-centered services, training and nutrition education materials for LA staff and participants, wichealth contract for online nutrition education.
- **Why:** Ensuring WIC services focus on our goals of making participants and their families healthier!

WHAT QANS DOES

Training Team

- **What:** The Training Services Team manages CAI's training center contract, which develops and maintains virtual trainings for LA and DOH staff; BSFP Staff Workshops, Annual WIC Manager's Workshops; and Learning Community. We also manage and maintain the WIC Resource Hub.

- **Why**: Our team provides orientation and training to LA and DOH staff to ensure they have the knowledge, skills, and relevant information to better serve and provide caring support to our WIC participants and their children.

QANS COLLABORATION

Quality Assurance

- Quality Assurance collaborates with staff in Central Office and Regional Offices on the development of record review topics, quality assurance surveys to evaluate staff competencies during a WIC appointment, and share results of data analysis

QANS COLLABORATION

Nutrition Services

- Work closely with wichealth.org- the contractor for online nutrition education. Provide feedback on existing and new lessons for WIC participants, obtain data
- Work closely with Management evaluation team (formerly LACASA) to develop new trainings for Record Reviews
- Collaborate with Training Center and other sections to support the development and review of various training opportunities for NYS WIC Staff
- Facilitate: Nutrition Workgroup; Online Nutrition Education Workgroup; Nutrition Coordinator meetings
- Participate as members of different workgroups throughout the bureau

QANS COLLABORATION

Training Team

- The Training Services Team collaborates with each section and region daily to develop training curriculum that are offered by CAI to LA and DOH Staff.
- Communicate and coordinate with section and regional leaders to identify SMEs for new training topics.
- Development of the new **WIC Training Topics Workgroup,** consisting of a rep from each region, section, and three WIC Association representatives.

QANS HIGHLIGHTS

Quality Assurance

- Development of the new **Management Evaluation,** reducing the administrative burden on regional and local agency staff.
  - Develop new materials for the new Management Evaluation process, such as site visit letters, compliance letters
  - Highlighted useful NYWIC reports and examples for goal setting

QANS HIGHLIGHTS

Nutrition Services

- Developed and presented on nutrition risk at the WIC Association of NYS Annual conference with colleagues
- Policy updates have been released
- Promotion of National Nutritional Month events hosted by the local agencies. (available in the WIC Library)
- Worked / support local agencies to increase the offering rates for online NE
- Participated in the recent Learning Community

QANS HIGHLIGHTS

Training Team

- Successfully created closed captioning (to ensure 508 compliance) and migrated all on demand webinars and WIC library videos to YouTube – 185 videos!
- Coordination of the spring 2025 Manager's Workshop development and this BSFP Staff Workshop!
- Development and Hub launch of the new *WIC Coordinator Resource Hub Guide.*

Information System Management Section (ISMS)

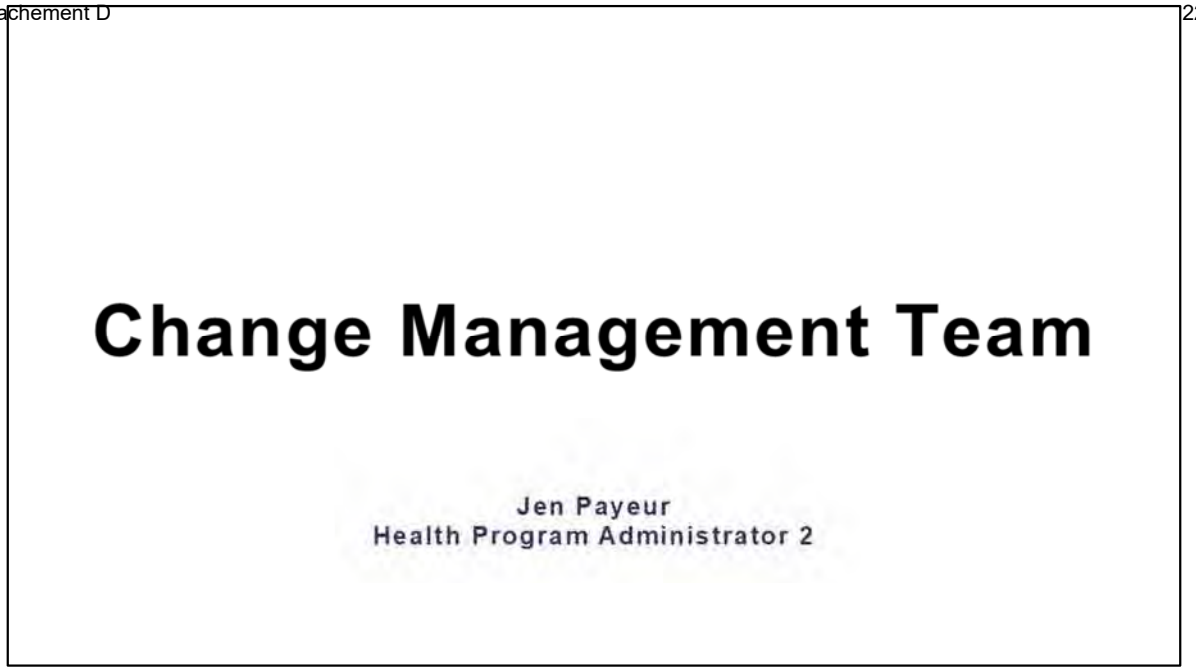
Ali Stark
Health Program Administrator 3

ISMS

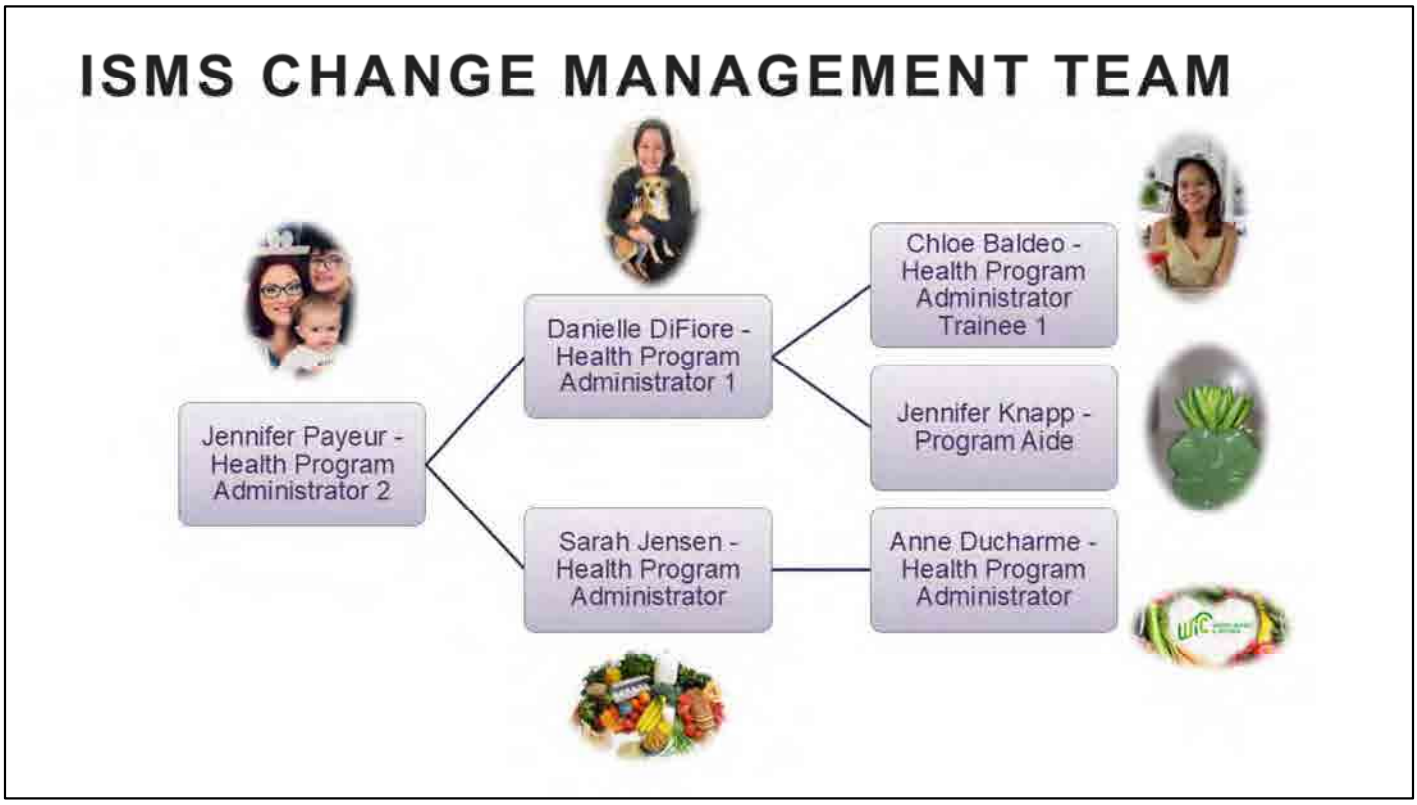
The Information System Management Section (ISMS) is part of Central Office. The team supports the processes to keep many of our WIC systems up and running, the primary systems we oversee are NYWIC and its mobile applications, DataMart, and RemedyForce. We help ensure the systems meet the WIC Program needs, that staff are able to login, participant system issues are resolved, and more. We also support the Regional Offices and Local Agencies for Site Development.



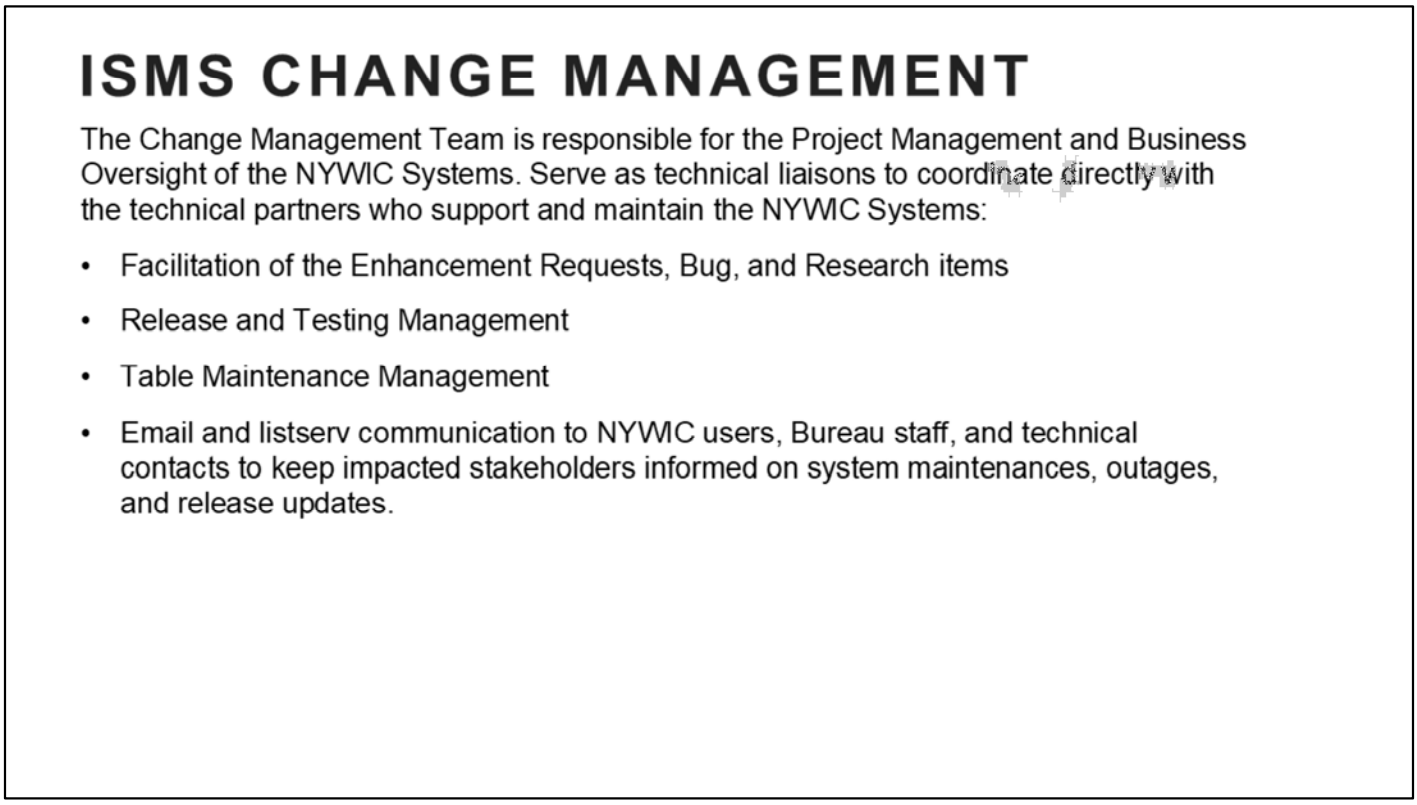
Read intro
We are broken down into 3 team to accomplish the functions: read teams



The Change Management team is lead by Jen Payeur.



Introduce all

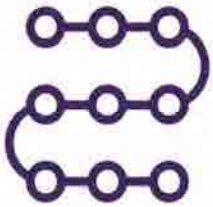


The CM team are the primary team to keep all things NYWIC up and running. They focus on the project management and business oversight of NYWIC and the mobile apps.
They are the liaisons with our technical partners, ITS and our contracted systems vendors.
Read through bullets

COLLABORATION WITH WIC TEAMS

The Change Management team coordinates

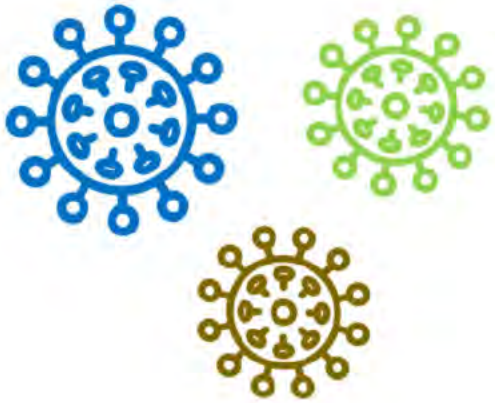
- All Central Office teams for NYWIC changes, bugs, testing, and more
- Technical partners: MIS Contract Vendor, EBT System Vendor, and NYS ITS

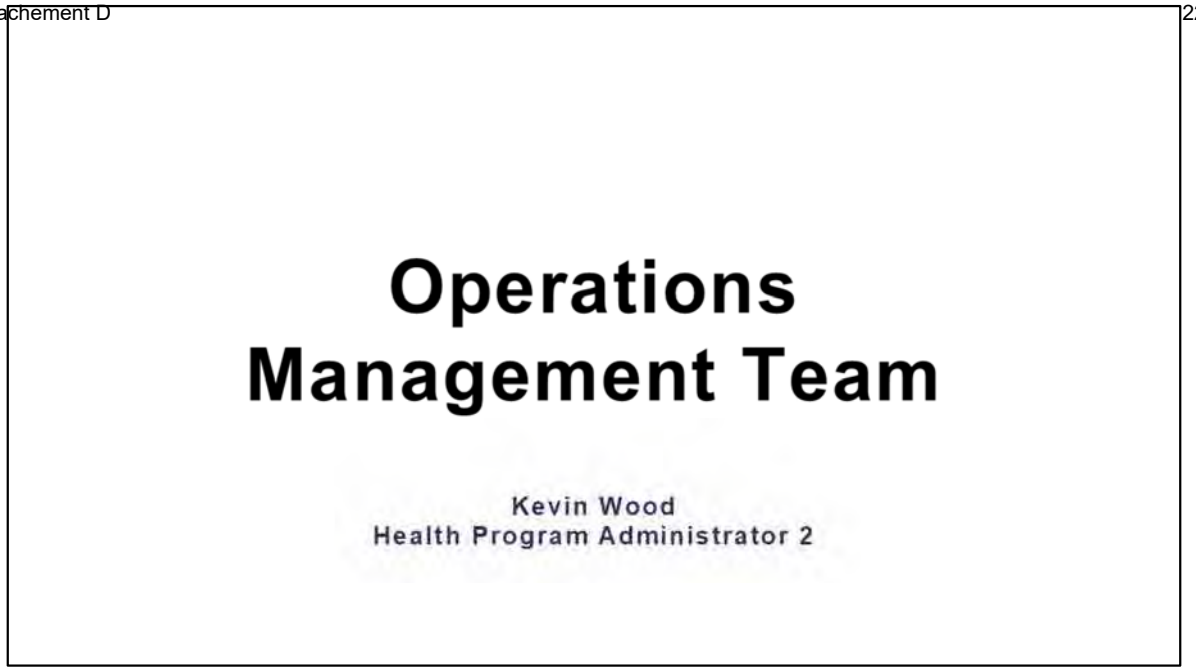


To ensure NYWIC is functioning properly, to understand system defects, and all changes needed, they collaborate with all central office teams – read bullet
A heavy part of our work is to communicate and coordinate with our technical partners to keep everyone working toward the same timeframes and goals

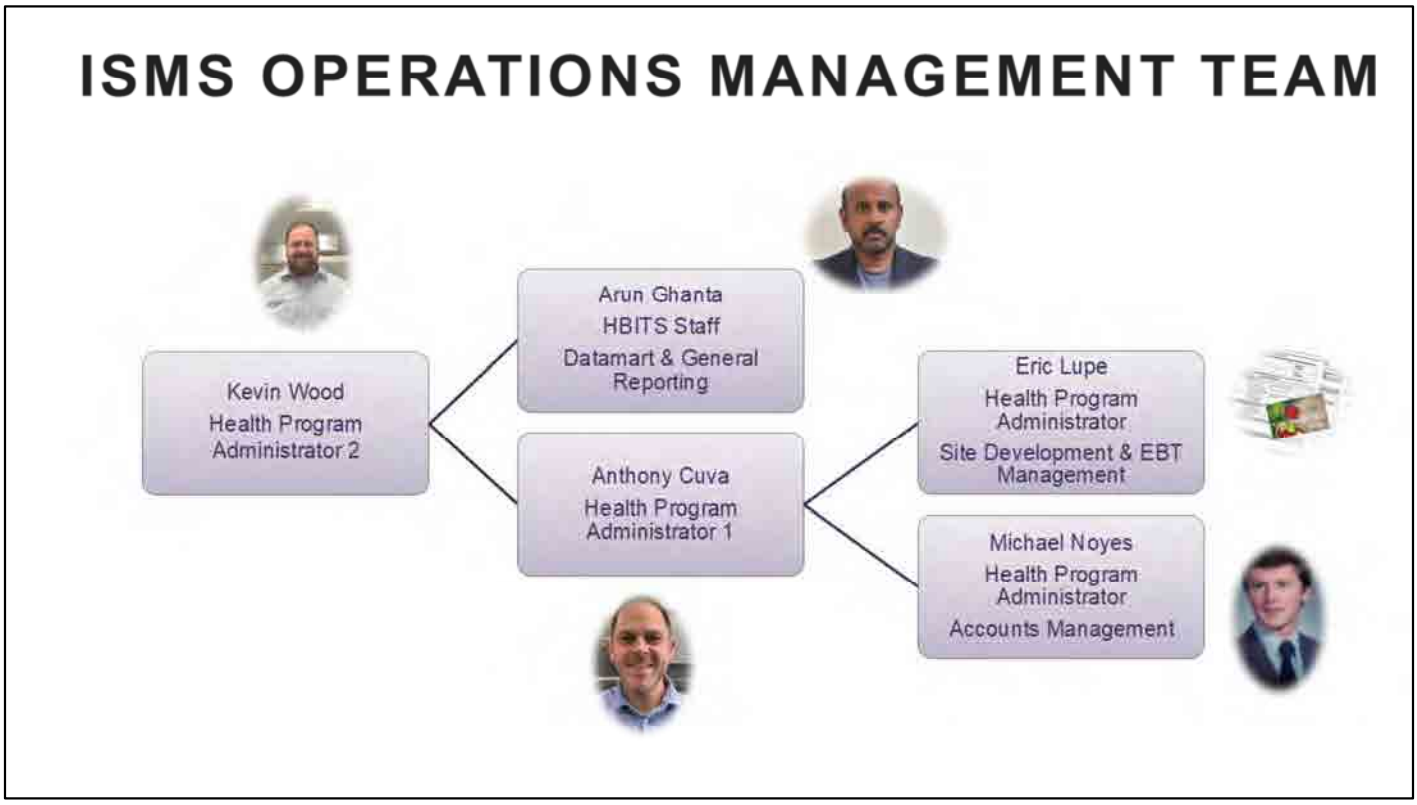
HIGHLIGHTS FROM THE LAST 3 MONTHS

- ✓ *NYWIC Release 1.26 Deployed to Production - March 7th*
- ✓ *NYWIC Release 1.27 Webinar – May 1st*
- ✓ *NYWIC Release 1.27 Deployed to Production – May 2nd*

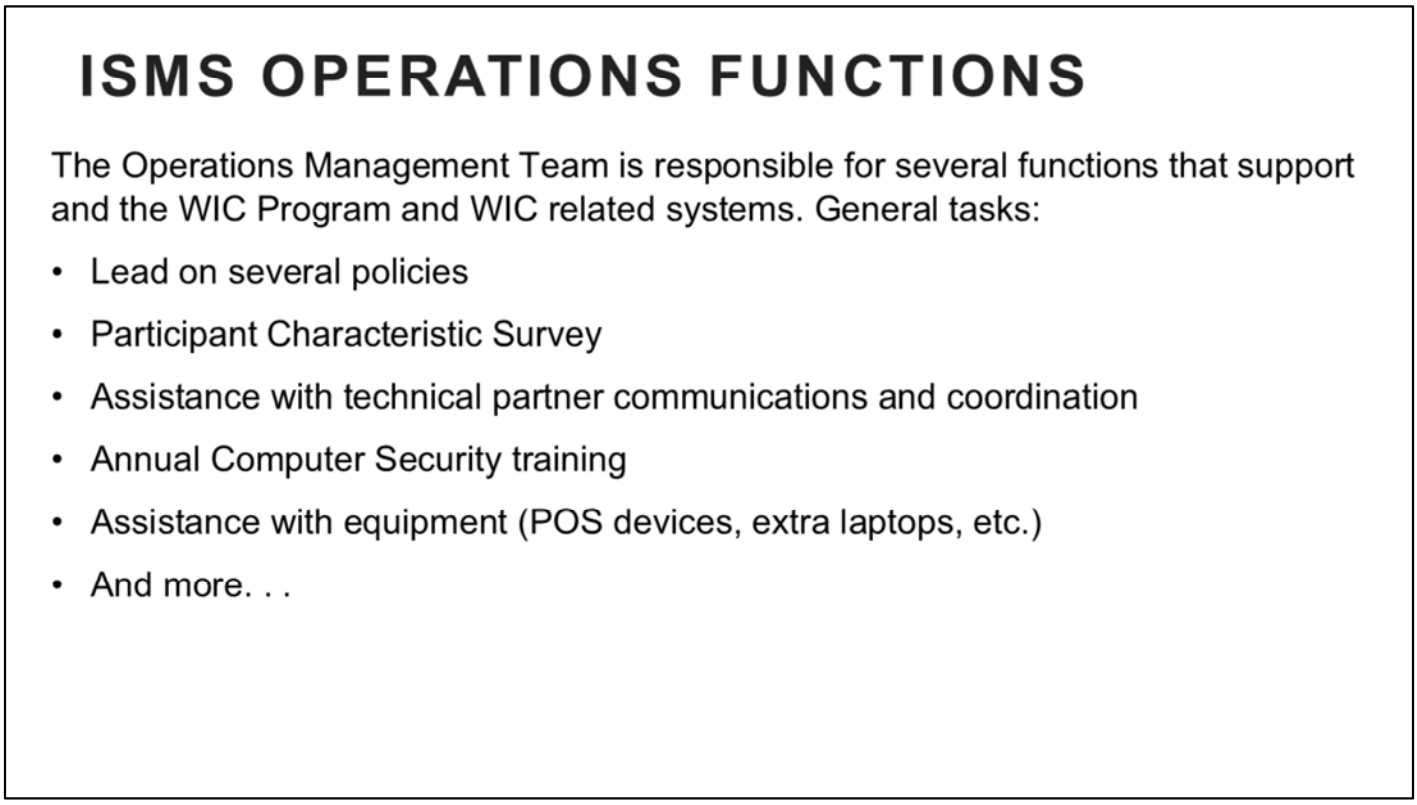




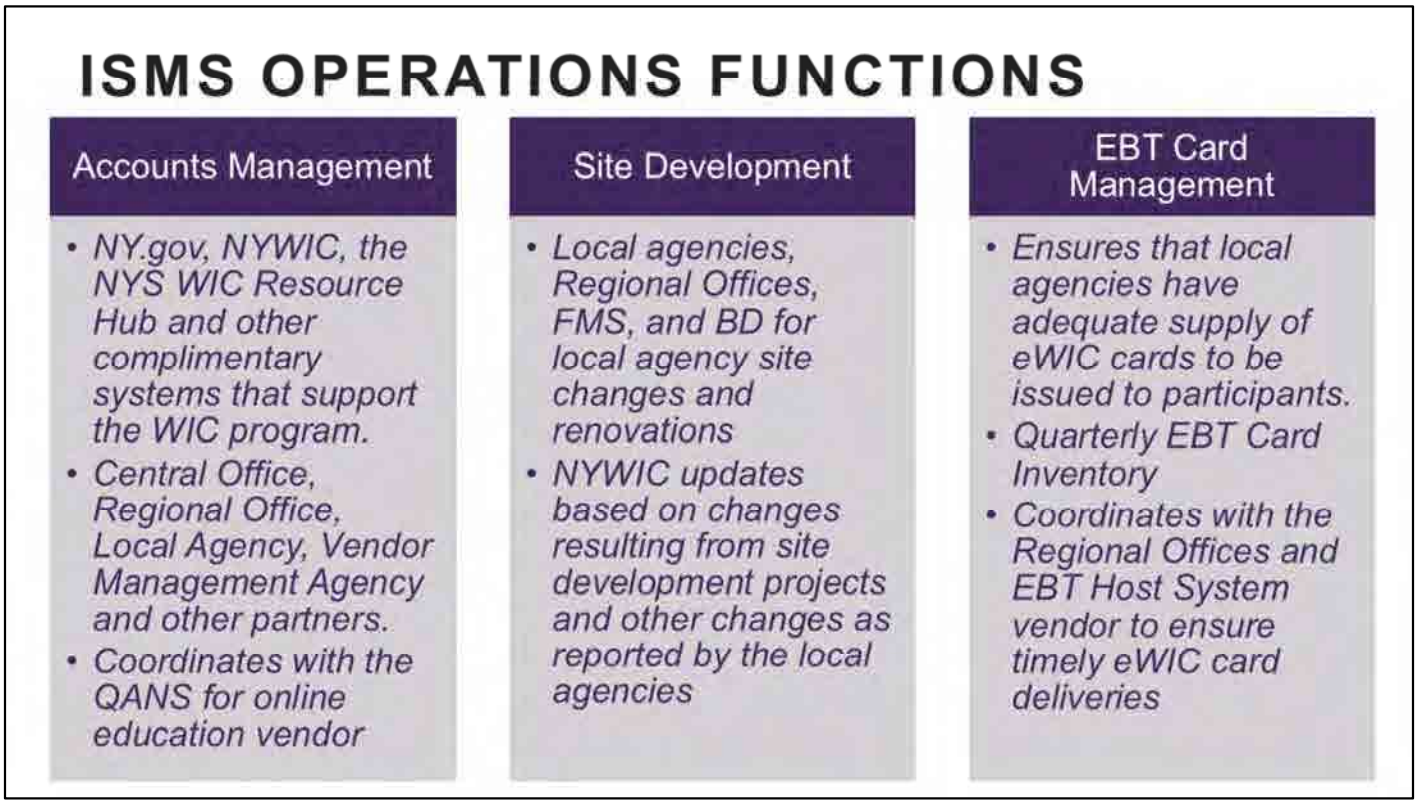
The OM team is lead by Kevin Wood



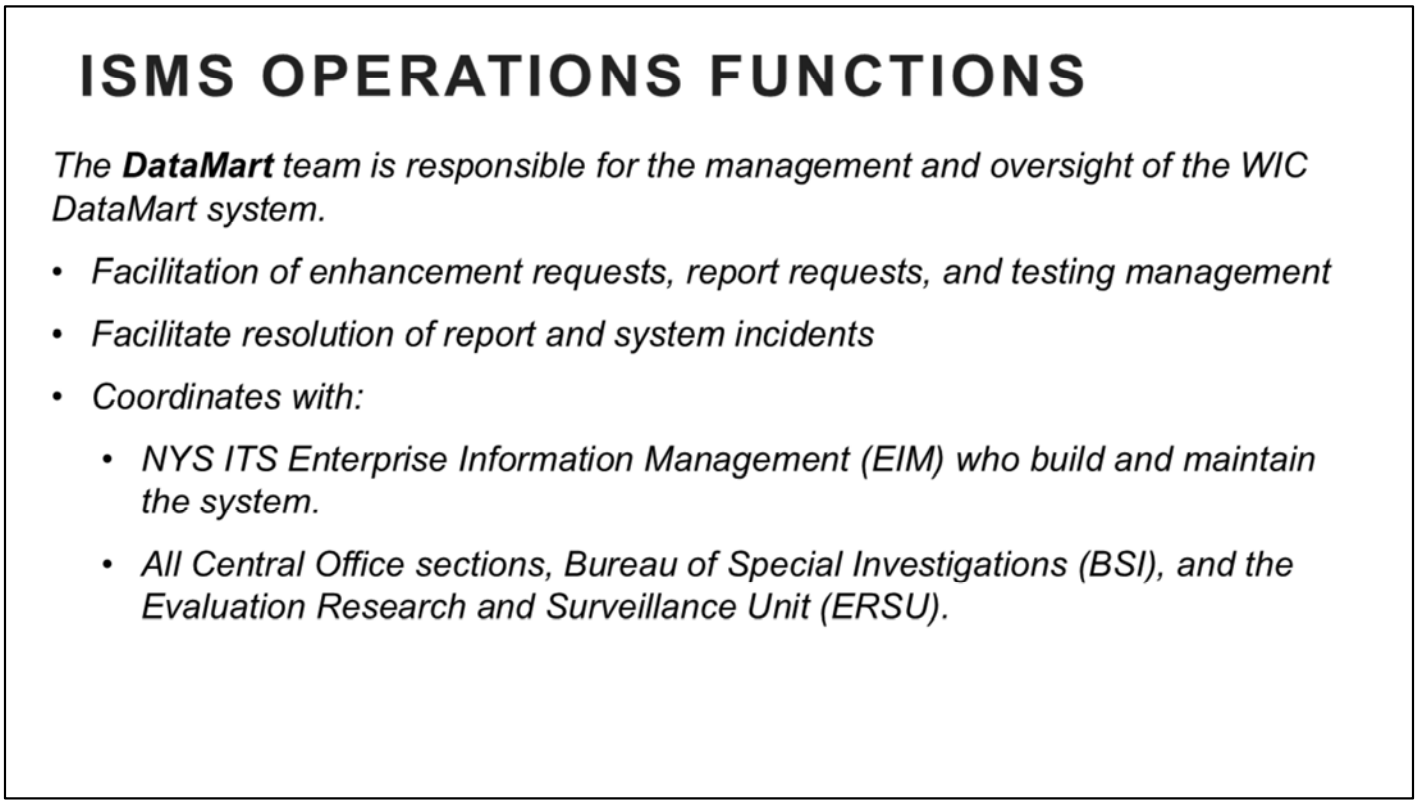
Introduce team members



The Operations Management Team is responsible for several functions that support and the WIC Program and WIC related systems. To accomplish these functions, the team is broken down into smaller teams, overall team members overlap and may be on more than one smaller team. Some tasks that don't fall into a specific team include:



The smaller teams are broken into: account management, site development, ewii management
For each of these functions, the teams coordinate with various Central Office sections, Regional Offices, and Local Agencies

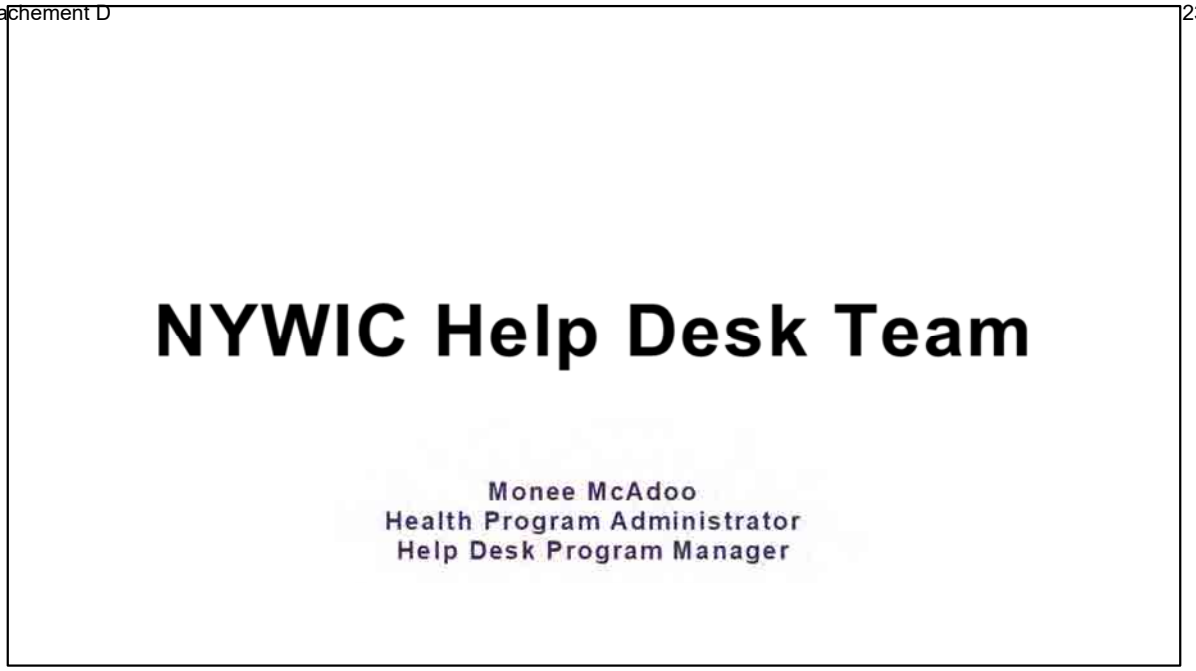


The OM team also oversees the WIC DataMart and handles other report requests.

OPERATIONS TEAM HIGHLIGHTS

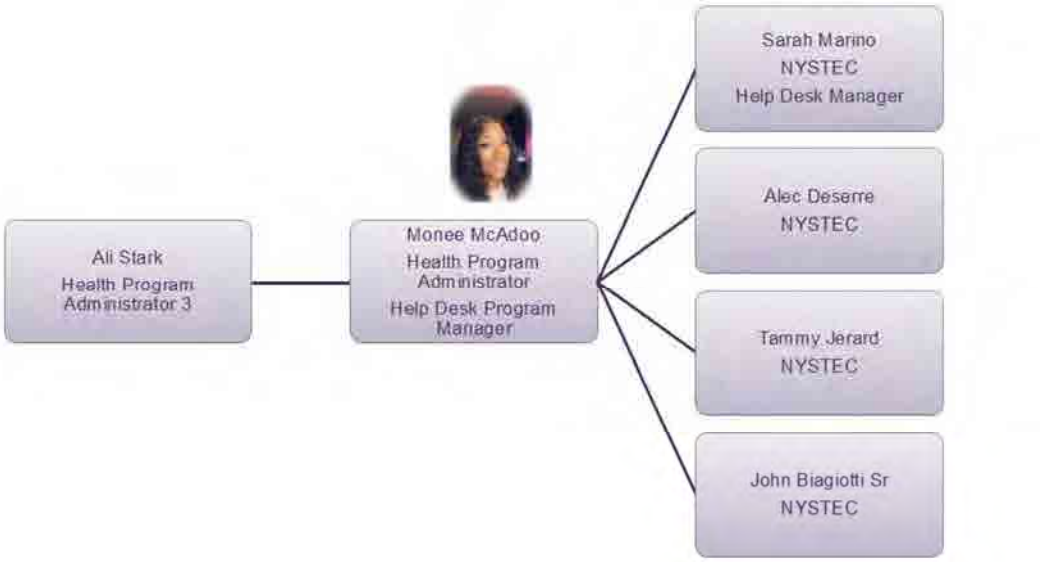
- ✓ *April 2025 EBT Card Inventory*
- ✓ *2025 NYWIC Demographics Screen Data Review*
- ✓ *Accounts requests processed 2/1/2025 – 5/8/2025:*
  - *New LA Staff – 89*
  - *Modify LA Staff – 26*
  - *Enable LA Staff – 35*
  - *Disable LA Staff – 95*
  - *State Staff Requests – 58*
- ✓ *NYWIC Datamart Server Move*



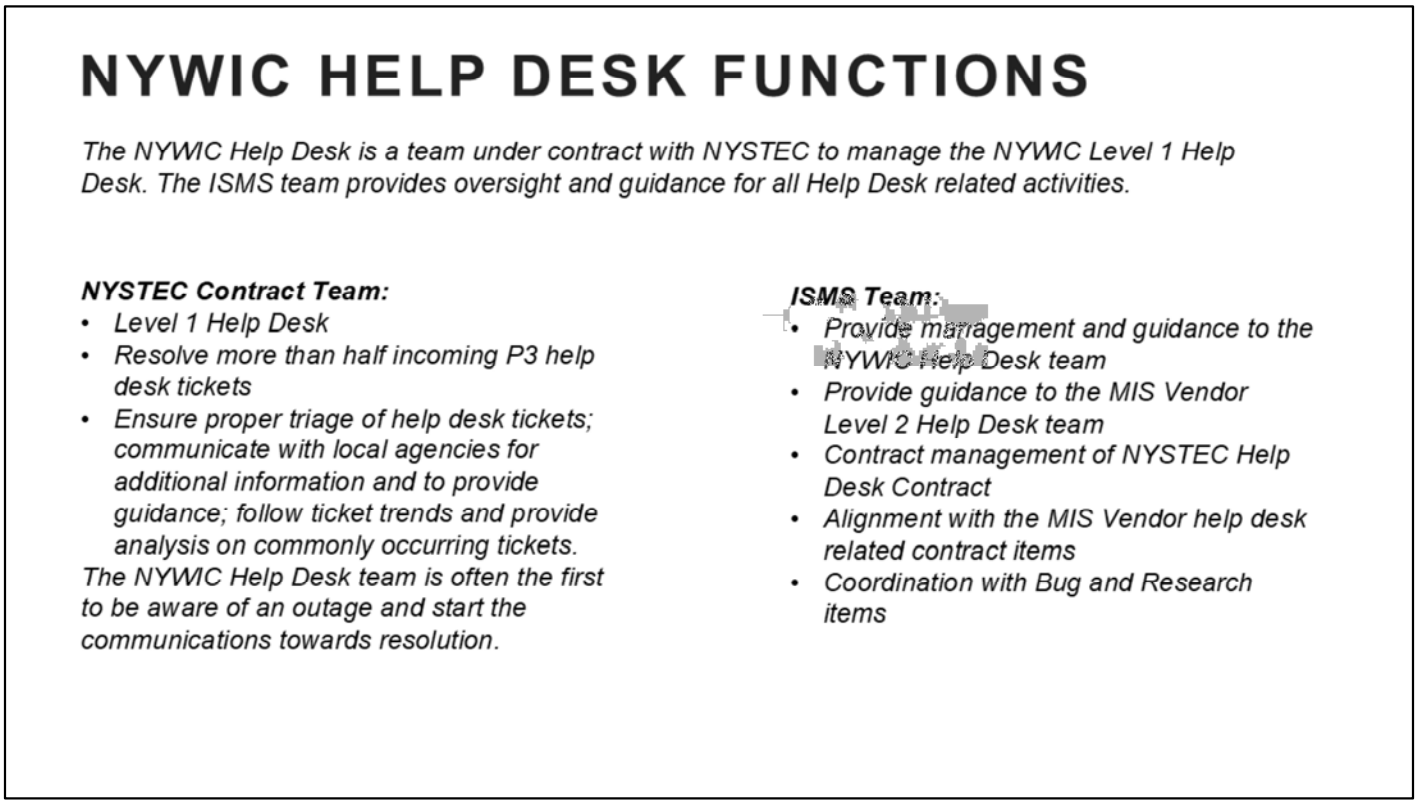


The NYWIC Help Desk team is overseen by Monee McAdoo

WHAT YOUR TEAM DOES



Introduce team members



The NYWIC Help Desk is a team under contract with NYSTEC to manage the NYWIC Level 1 Help Desk. The ISMS team provides oversight and guidance for all Help Desk related activities.

- NYSTEC contract team – they are the level 1 help desk and first point of contact
- They resolve more than half of the P3 tickets and triage all incoming tickets
- They work with the MIS vendor help desk, local agencies,
- *The NYWIC Help Desk team is often the first to be aware of an outage and start the communications towards resolution.*

ISMS team – provide management & guidance to NYWIC Help Desk team, MIS vendor help desk team for P1 and P2 tickets, over see the NYWIC HD contract, and ensure there is alignment between the MIS Vendor and Help Desk contracts, we also assist with the coordination of bugs and research items for NYWIC

HELP DESK HIGHLIGHTS

Ticket Resolution, (2/1/25 – 4/30/25)

- Overall: 1,169 tickets resolved
  - Level 1 Help Desk team resolved: 312
  - Priority 1 (P1) tickets: 22
  - Priority 2 (P2) tickets: 454
  - Priority 3 (P3) tickets: 381

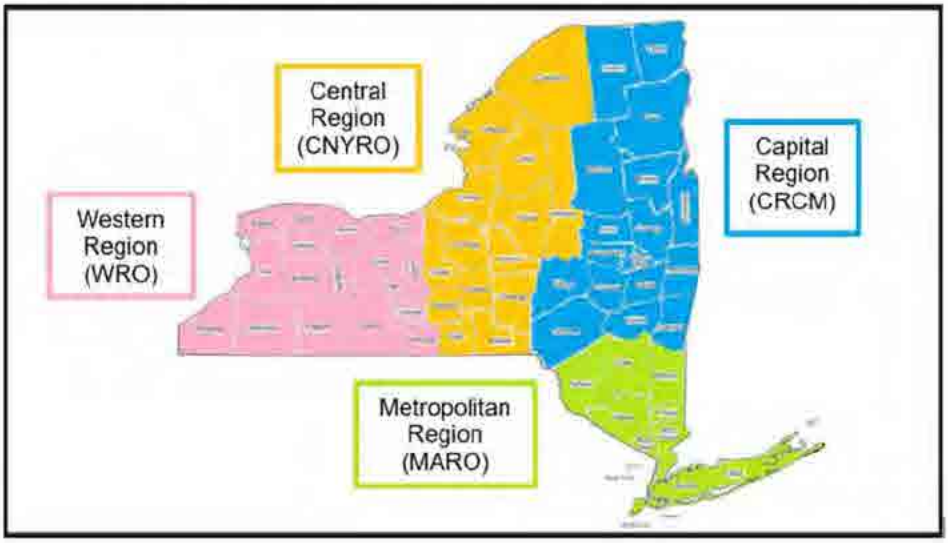


Some statistics from February 2025 through April 2025 are: Read stats

Regional Offices

Metropolitan Area Regional Office (MARO)
Central NY Regional Office
Western Regional Office
Capital Region Contract Management

REGIONAL OFFICE MAP





- Regional Office Teams serve as the contract managers and ensure that all sponsoring agencies comply with all deliverables. In addition, teams provide technical assistance (TA) to ensure quality services are provided to the local agencies and key sponsoring agency staff.

TECHNICAL ASSISTANCE

Technical Assistance is guidance provided by Regional Contract Managers to address, clarify, and support Local Agency compliance with state and federal WIC Program Policy and Procedures.

- TA is provided in a variety of ways: email, phone calls, site visits
- Contract managers work with local agencies to offer clarification on WIC program policy, review/approve purchase requests/allowability, follow-up on participant and agency complaints, conduct site development, offer clarification on eligibility requirements.
- Contract Managers assist CO staff in policy development and review, participate in CO workgroups, act as Subject Matter Experts,
- Conduct Management Evaluation Quarterly Calls with Local Agencies. Provide feedback on record reviews, monitor caseload reports, review and approve local agency policy.
- Conduct TA calls with agencies when issues are identified and closer monitoring is needed.
- Many contract managers have local agency experience and understand how local agencies operate.
- Regional office contract managers collaborate with other nutrition agencies including Child And Adult Care Food Program (CACFP) and Hunger Prevention and Nutrition Assistance Prevention Program (HPNAP). Most recently, staff in the MARO region assisted in the strategic planning process with the Office of Public Heath (OPH). All regions responded to the call when assistance was needed with Consumer Directed Personal Assistance Program (CDPAP) and all participate in regional emergency response.
- Host CO representatives in our respective regions and coordinate site visits to local agencies.

Metropolitan Area Regional Office (MARO)

Iris Marchante
MARO Associate Director

MARO TEAM 1

Dahlia Brathwaite, PHN



Marlene Thompson, HPA

Xiaoyu (Sophia) Duan, Nutritionist



Dahlia Brathwaite, Public Health Nutritionist– currently on leave
Marlene Thompson, Health Program Administrator
Xiaoyu (Sophia) Duan, Nutritionist Consultant

TEAM 2

Charles Brewster, PHN



Eric Apel, HPA



Charles Brewster, Jr. Public Health Nutritionist
Eric Apel, Health Program Administrator

MARO TEAM 3

Catherine Luna, PHN



Gordon Stack, HPA



Cathrine Luna, Public Health Nutritionist
Gordon Stack, Health Program Administrator

TEAM 4

Leidy Paulino, Nutritionist

Joni Watson, HPA



Leidy Paulino, Nutritionist
Joni Watson, Health Program Administrator

TEAM 5

Nadia Fredericks, PHN



Raymond Li, HPA



Nadia Fredericks, Public Health Nutritionist
Raymond Li, Health Program Administrator

MARO TEAM 6

Navdeep Kaur, PHN



Corrine Moore, HPA



Navdeep Kaur, Public Health Nutritionist
Corrine Moore, Health Program Administrator

MARO HPA TEAM

Julian Cajigas



Keith Bedney



Julian Cajigas, Health Program Administrator
Keith Bedney, Health Program Administrator

MARO HPA TEAM

Marco Gutierrez



Nathalie Pierre



Marco Gutierrez, Health Program Administrator
Nathalie Pierre, Health Program Administrator

MARO HPA TEAM

Norma Culajay



Norma Culajay, Health Program Administrator/ Office Manager

MARO NUTRITIONISTS

Caiyan (Krystal) Zou



Gabriel Zeltser



Caiyan (Krystal) Zou, Nutritionist Consultant
Gabriel Zeltser, Nutritionist Consultant

MARO ADMINISTRATIVE STAFF

Benedicto (Benny) Tavarez



Svetlana Broun

Rafal Telesz

Raquiyah (Kia) Davis

Cheyene Mills

Benedicto (Benny) Tavarez, Program Aide
Svetalana Broun, Agency Program aide
Rafal Telesz, Office Aide
Raquiyah (Kia) Davis, Administrative Professional Temp
Cheyene Mills, Administrative Professional temp

MARO MANAGERS

Rachel Murray



Sharon Locker



Rachel Murray, Public Health Nutritionist 2/ MARO Director of Nutrition and Breastfeeding Services

Sharon Locker, Health Program Administrator 2/ MARO Fiscal Director

MARO MANAGERS

Claudia Carney



Cindy Olvina



Claudia Carney, Public Health Nutritionist 2/ MARO Director of Assessment and Compliance
Cindy Olvina, Health Program Administrator 2/ MARO Audit Director

MARO MANAGERS

Iris Marchante



Ivette Santiago



Iris Marchante, Nutrition Program Manager 1/ MARO Associate Director
Ivette Santiago, Nutrition Program Manager 2/ MARO Director

MARO COLLABORATION

MARO/ CO Collaboration Example

- Caseload Monitoring- Most recently PCCS staff along with MARO conducted a technical assistance visit to Long Island. This area has one Local agency over their assigned caseload and one local agency under their assigned caseload. Technical assistance was provided, and the local agencies were encouraged to work together in meeting the participant needs of the community. Similar efforts in other communities will take place this year.

All Regions/CO Collaboration Example

- Staff from Regions, Section Leads, and Bureau meet to prepare for all meetings:
  - WIC Directors (bi-monthly)
  - Nutrition Coordinators (bi-annual)
  - Breastfeeding Coordinators (bi-annual)
  - Outreach Coordinator(bi-annual)

MARO HIGHLIGHT

Complaints/Issues Managed Quarter 1 vs Quarter 2

Q1	Oct-Dec 2024

Nature of Call	# of Calls
Applicant	28
Benefits	61
Documents	47
eWIC	12
Formula	12
Services	10
Transfer	5
Other	47
Total	222

Q2	Jan-Mar 2025

Nature of Call	# of Calls
Applicant	19
Benefits	75
Documents	67
eWIC	13
Formula	9
Services	13
Transfer	0
Other	55
Total	251

All regions manage complaints/issues. The calls/emails range from missed appointments to request for Fair Hearings. The visuals show the range of issues for MARO.

Quarter 1 = 222 issues resolved. Quarter 2= 251 issues resolved.

REGIONAL HIGHLIGHTS

MARO – Complaints

Western – Temp Site Closures

Central – Workgroup / SME activities

Capital – Code for America, Nutrition Risk Presentation, Recorded TA for LA Policy Templates

Today, each region will provide a highlight of some of the work. MARO just spoke about the complaints. Western will speak about Site Development/

Central Regional Office

Kim Sopchak, RD, CDN, CLC
Public Health Nutritionist 2

CENTRAL REGION TEAM MEMBERS



Danielle Owen- HPA 1



Karen Lizzio- HPA

CENTRAL REGION TEAM MEMBERS



Jill Guerin- PHN 1



Catherine "Kay" Brewster- PHN 1

CENTRAL REGION TEAM MEMBERS



Abagail Pierce- PHN 1



Leslie Treat- OA2

CENTRAL REGION TEAM MEMBERS



Kim Sopchak- PHN 2 and Team Lead

CENTRAL REGION COLLABORATION

Several of our staff are involved in workgroups and/or as SMEs for trainings being developed by CAI. We'd like to highlight these collaborations:

- Abby and Jill are part of the new Contract management workgroup, along with other RO staff and the Management Evaluation team
- Jill is also SME on an upcoming CAI training on "Managing a virtual clinic" - day-to-day implications (including staffing, heights/weights, and scheduling)
- Abby is also in the process of working towards her CLC and will be a presenter on an upcoming CAI training titled "Building Stronger Support: Ensuring WIC Participants Talk With the Same Nutritionist"

CENTRAL REGION COLLABORATION

- Kay is a SME on the new Nutrition for Support Staff training being developed, working not only with CO, but also LA Coordinators.
- Danielle is working on a virtual classroom training with CO staff and CAI for Income Scenarios/Case Studies
- Kim replaced Jill Osborn as the secondary SME for development of New Computer based training modules on Tobacco, Alcohol and Substance Use

CENTRAL REGION HIGHLIGHT

This past quarter, our team has focused on getting a large portion of our site visits completed. Kay and Abby have been attending all visits to get acclimated to the RO side of the ME process, as well as get a feel for each Agency, and meet any available LA staff.

Western Regional Office

Beth Huber, RDN
Public Health Nutritionist 2



Our regional office is unique in that we have two main offices. One in Buffalo and another in Rochester.

Both cities have unique characteristics:

Buffalo Office- is located downtown in the historic Ellicott Square Building, which was built in 1896. In Buffalo there are a few things we love….we love our football, GO Bills! and we love our wings, that must be with blue cheese.

Rochester Office- recently moved to Eagle's Landing Business Park in Henrietta. A few of the most noteworthy characteristics of Rochester is that it is the longtime home to Eastman Kodak and another is its home to the 'Garbage Plate' (as you can see in the picture, it is cheeseburger, macaroni salad and home fries, covered in onion, ketchup, hot sauce and mustard). A late-night favorite of college students and area locals.

Now that you know a little bit about our region…..Next, I'd like to introduce you to the WRO team

BUFFALO OFFICE



Beth Huber, PHN2
"I keep my home and my team in perfect order, and my margaritas are just as balanced."



Barbara Bowen, HPA1
"I don't just wear the trends, I set them. I was the first to join with a dog named after food, and we have since added two more."



Arielle Januszkiewicz, Nutritionist
"I don't keep track of the number of lost dogs I find on an annual basis, but if I did, it would sound like I'm stealing neighborhood pets."



Kayley Ruda, OA1
"I'm not the biggest Disney fan you'll ever meet, but I go to Disney at least 20 times a year."

In the Buffalo office:

We have myself, Beth Huber, I'm a Public Health Nutritionist 2, with over 25 years of WIC experience. I've worked in several different roles at the LA level and now I work as the Team Lead for the Western Regional Office.

Next, I'd like to introduce Barb Bowen, Health Program Administrator 1. She joined our team last year and is our fiscal and outreach lead.

2 new additions to our team, both have been with us just over a year. Arielle Januszkiewicz is our Nutritionist and creative content creator Kayley Ruda is our OA1 who along with Stephanie Cervantes do everything else.

ROCHESTER OFFICE



Rebecca Monahan, PHN1
"This hockey mom's more then just snacks and carpools. You can also find me on the ice and I'm ready to defend my crown as a tournament champion."



Stephanie Cervantes, OA2
"I may be the newest member on the team, but I've read enough books to know that I complete them with my love of Diet Coke, reading, country music, and Halloween."



Dominica "Mickie" Ganci, Auditor
"I may be known for my knowledge and experience in WIC, but I'm also an expert event planner with a taste for good wine and an aviation security clearance you couldn't imagine."

Next, I'd like to introduce our Rochester Office staff:

Rebecca Monahan, Public Health Nutritionist 1- Becky's been with us for almost 12 years and is our Nutrition and Breastfeeding lead.

Stephanie Cervantes- the newest member to the WRO team, she's comes to us with a background as a librarian and takes pride in her attention to detail and organizational skills.

Domenica "Mickie" Ganci, Auditor. She's been with WIC over 40 years. She had 30+ years at the local agency level serving Monroe County and after retirement has been working with us at the WRO for about 10 years

WESTERN REGION



- 17 Counties
- 10 Local Agencies
- 85 WIC Clinics

- 55,000 Participant Caseload
  - 22,000 in Buffalo
  - 15,000 in Rochester
  - 18,000 rural areas

The Western Region is made up of 17 counties, which are home to 10 Local Agencies and 85 WIC clinic sites.

- The caseload in our region is 55,000 participants
- With 22,000 in the Buffalo area
- 15,000 in the Rochester area
- And 18,000 in non-urban/rural areas

WESTERN REGION COLLABORATION

- The Western Regional Office worked closely with the WIC training center, the Site Development team and FMS to assist with the Temp Site Pilot Project.
- The Western Regional Office initiated a Regional Office Leads Teams chat to foster communication, and to communicate frequently with other regional contract managers and CO staff to discuss situations, troubleshoot issues and find solutions.

- Temp Site Pilot Project- after the Public Health Emergency ended, and we received communication that the USDA waiver for in-person services got extended until September 2026, we knew one of the first things we wanted to do was address agency questions regarding travel to temp sites.
- In order to do this, I spoke with BD, sought the help of CAI, and selected 4 pilot agencies each with between 5 and 9 temp site to discuss strategies regarding how we could successfully maintain a strong presence in these mostly rural areas (who already feel marginalized), and at the same time deliver a message that WIC is stronger that better than ever in their community.
- We did this by developing positive messaging, seeking out flexible spaces (sponsoring agency or community based) that would allow WIC to use that space “now and then”, should a participant when offered real choice, select the in-person option in that area.
- Coordinators went to work- reaching out to their partners. Some kept their current temp site locations and had partners that were willing to let them use their space on an as needed basis vs. on a specific day/time. Others were not supportive of that relationship and agencies sought out other alternate locations.
- A key piece of the success of this project was a good internal communication. Each agency needed a plan of front line staff would communicate the participant request to their supervisor for follow up and coordinator with their location contact to set up the appointment.
- Once these key piece had been established, we reached out to the Site Dev team, Eric Lupe, Anthony Cuva and Kevin Wood, along with FMS Eric Buckley and Tracy Bub to set up phone calls regarding any system and/or budget implecations

WESTERN REGION HIGHLIGHT

Temp Site Closure Pilot Program – Before



When we started the pilot project: 10 LA's with 56 temp sites

WESTERN REGION HIGHLIGHT

Temp Site Closure Pilot Program - After



When we ended the project: Same 10 agencies with only 14 temp sites.

During this process which started in Early 2024- finished December 2024- we successfully closed 42 temps site with no incidence of community or participant complaints.

So all in all-

Capital Region Contract Management

Pietro (Pete) Multari
Health Program Administrator 1

CAPITAL REGION TEAM MEMBERS



Dylan Farnan - PHN



Kristen Cherico - PHN

CAPITAL REGION TEAM MEMBERS



Heather Wessels – Audit Clerk



Pietro (Pete) Multari- HPA 1

CAPITAL REGION TEAM MEMBERS



Zunaira Shahid, HPA

CAPITAL REGION COLLABORATION

- With Capital being embedded within Central Office, we routinely field requests to coordinate and accompany Central Office staff including contractors, such as NYSTEC, to WIC Local Agencies so they can observe LA staff and gain firsthand Local Agency experience and insight. Recently we accompanied Code for America staff as they interviewed and observed LA staff.
- Dylan participated in the Learning Community that ended on May 7th.
- We work with the Site Development team on LA temp site closures and decreasing temp site travel in order to increase staff availability to provide WIC services.

CAPITAL REGION COLLABORATION

- Dylan, recently traveled with fellow QANS staff member Anne Gaetani to MARO to observe an ME site visit at Morris Heights and to share best practices.
- Dylan and Kristen worked with PCCS (Certification & Eligibility Team) on developing “Caseload Distribution and Support Guidance Document”.
- The team took part in various workgroups, including Online Shopping, Caseload Management, Contract Management, as well as serving as SMEs for new CAI virtual classroom trainings and webinars. We’re also involved with policies, such as Staff Training, Scheduling, and the Local Agency Policy and Procedure Manual (WPM 1405 Policy and Supplement).

CAPITAL REGION HIGHLIGHTS

- Kristen presented with fellow QANS staff member Christina Carbone at the NYS WIC Association Annual Conference on “Understanding Nutrition Risk”.
- Dylan and Kristen recently created LA Policy Templates and presented (and recorded) a demonstration to WIC Coordinators on how to use our optional LA Policy Templates.
- We worked with Local Agencies to close Temp Sites and decrease Temp Site frequencies to increase staff availability to provide WIC services.
- At a recent CO/RO call, Kristen demonstrated and created instructions for bureau staff on using Greenshot, a screenshot editing app.

Dear WIC Staff,

Our June WIC Staff Workshop theme is “Coordination and Communication Across All Teams.” As we’ve been planning and preparing for the workshop, we’ve spent time thinking about our previous time together and what we’ve learned. We’re seeking your input on recent efforts to continue our commitment to responding and strengthening communication and collaboration across WIC.

Here is what Bureau Direction (BD) has done to address challenges:

- **WIC 101 Training –** BD led a workgroup to develop a WIC 101 training for all staff, providing a high-level overview of the NYS DOH and WIC Program, including Central and Regional Office roles. This training was designed to educate all BSFP staff on the vital role that each team has to keep the New York State WIC Program running every day. All current staff have completed it, and it’s required for new hires.
- **One-on-One Meetings –** BD leadership set a goal to meet individually with all staff and, since January, has met with over 100 staff to check in, learn about their experiences and interests, gather recommendations, and strengthen relationships. BD plans to meet with all staff again in the future, with next year’s meeting dates TBD.
- **Improved Communication, Resources & Transparency -** BD has increased efforts to share timely updates (e.g., Code for America, budget news) and recognize staff accomplishments more regularly. Based on feedback received from an all staff survey the Project Reference Guide was updated to improve its usefulness.
- **Meeting Structure Changes -** Staff were surveyed about meeting formats. Based on feedback, adjustments were made to the Central and Regional Office call and Bureau of Supplemental Food Programs (BSFP) quarterly update meetings.
- **New Teams Channel -** Launched 12/31/24, the BSFP Teams Channel improves communication across the bureau, sharing updates (e.g., policy, State of the State, training opportunities). All staff are encouraged to provide feedback and ask questions.
- **Staff Appreciation Initiatives -** BSFP has a MEET (Morale and Empowerment Events Team) which coordinates events for the within the Bureau, and BSFP also has staff participate in the Division of Nutrition’s MEET to promote a positive workplace through Division-wide events like the Holiday Decorating Contest, Salad Bar, and Ice Cream “Truck” socials.

Please take a moment to respond to the following questions.

1. **In your opinion, how have these actions helped improve communication, coordination, and cooperation? ?**

2. **In your opinion, how have these actions helped improve understanding of one another's role?**

3. **What recommendations would you make to improve communications and cooperation between teams? What are some things individuals or team leads can do that don't need Bureau Direction assistance?**

4. **We're all working to improve communication, and we'd love to hear from you. What are any steps you've taken to improve communication, coordination, cooperation, and understanding of one another's roles within your office, with Local Agencies, and/or with Central Office?**

5. **BD wants to hear and values your feedback, and relyies on it to ensure that communications and resources are available and meaningful. How do you prefer to provide your feedback? Select all that apply.**

- ☐ **Surveys**
- ☐ **Sharing feedback during meetings (eg, time set aside on the agenda to gather feedback)**
- ☐ **One-on-one check-ins with supervisors**
- ☐ **One-on-one check-ins with BD staff**
- ☐ **Evaluations after trainings or workshops**
- ☐ **Other:**

Subject: We Want to Hear From You – Please Complete This Quick Survey by May 2

Dear WIC Staff,

As we prepare for our June WIC BSFP Staff Workshop, centered around the theme “Coordination and Communication Across All Teams,” we’re reflecting on the work we’ve done together—and we’d love your input.

Bureau Direction (BD) has taken a number of steps to improve communication and collaboration across the NYS WIC Program, from the launch of the WIC 101 training to new meeting formats, appreciation events, and one-on-one conversations. Now, we want to hear your perspective on how these efforts are working, and where we can continue to grow.

Please take a few minutes to complete this short survey by Friday, May 2nd. All responses are anonymous: [Insert Survey Link Here]

Responses to the survey will help guide our ongoing efforts and will be shared during our staff meeting in June.

Thank you for taking the time to share your experiences and ideas. Your voice matters—and helps shape a stronger, more connected WIC team.

Warm regards,

NYS DOH & [redacted]

Example Computer Based Training (CBT)

Effective Supervision: The Key to a Quality Program

Goal: To provide managers at all levels in the agency with enhanced skills on how to effectively supervise staff as a strategy to provide quality WIC services

Description: Within the WIC Program, there are a variety of managers and staff who have the responsibility for providing supervision, oversight and coaching to direct line staff. This eCourse will provide participants with knowledge to provide effective supervision and explore how this is a direct link to a quality program. Participants will explore characteristics of effective supervision, supervisory competencies, providing feedback, coaching and observing staff through a quality lens. In addition, participants will explore how to build trust with staff in a manner that supports the supervisory structure and results in high motivation and engagement of staff.

Target Audience:
New York State Department of Health Staff, WIC Coordinators, VMA Directors, Breastfeeding Coordinators, Breastfeeding Peer Counselor Coordinators, Site Supervisors, Training Coordinator and Nutrition Coordinators

Length of Training:
Two 30-minute modules

Modality: eLearning

Learning Objectives:
By the end of this eCourse, you will be able to:

- Define supervision, its competencies, and build a rationale for the connection to quality
- Describe the characteristics of an effective vs ineffective supervisor
- List the opportunities to monitor and observe staff in their work
- Explore personal attitudes and beliefs related to supervision
- Define and observe strategies for coaching and providing “difficult” feedback

Continuing Education:
TBD by CDR
_1_ CEUs

Module Outline:

Module 1: Introduction to Supervision

I. eCourse introduction

- Intro to the WIC program
- Goal and objectives
- Overview of eCourse/modules

II. What is supervision and why it matters

- Reflection activity on supervision
    i. Share one example scenario
    ii. Ask the learner to reflect on (1) what are the supervisory issues here? and (2) how does the staff member's performance impact the quality of services and WIC goals?
- Emphasis on the following key points:
    i. Supervision is key to a quality WIC program.
    ii. Effective supervision is crucial to meeting WIC goals, as it ensures consistent delivery of quality services, supports staff development, and promotes the well-being of participants, ultimately enhancing program outcomes.
- Knowledge check: Multiple response question on importance of supervision related to WIC

III. Characteristics of effective vs. ineffective supervisors

- Reflection activity thinking about the supervisors you had in the past
    i. What were the characteristics of effective supervisors? The characteristics of ineffective supervisors?
    ii. How did those supervisors affect your work environment, job performance, and job satisfaction?
- Show example of a check in between a supervisor and staff
    i. Learner selects the characteristics they observed in the interaction
- Review full list of characteristics of ineffective and effective supervisors
    i. Ineffective supervisors:
        1. Poor communication skills
        2. Micromanaging or lack of trust in employees
        3. Inability to provide clear direction or feedback
        4. Lack of empathy or emotional intelligence
        5. Failure to recognize or address employee concerns
        6. Avoiding accountability or shifting blame
        7. Unwillingness to support employee growth or development
        8. Inflexibility and resistance to change
        9. Poor conflict resolution skills
    ii. Effective supervisors:
        1. Maintain open and trusting relationships
        2. Set expectations
        3. Provide regular check-ins, assessments and feedback
        4. Build motivation
        5. Drive results
    iii. Effective supervisors are:
        1. Trustworthy
        2. Fair

3. Organized
4. Patient
5. Knowledgeable
6. Consistent
7. Supportive
8. Non-reactive
9. Good listeners

- Lecturette on the impact of effective supervision
    i. Effective supervision of staff in WIC programs is essential because it directly impacts the quality and consistency of services provided to participants, who rely on WIC for vital nutrition and health support. Here are key reasons why effective supervision is so important:
        1. Ensures program compliance: Supervisors help staff adhere to federal and state regulations, ensuring that WIC services meet the required standards and that resources are used appropriately.
        2. Enhances service quality: Through guidance, training, and regular feedback, supervisors ensure that staff are equipped to provide high-quality, culturally competent, and responsive services to participants.
        3. Supports staff development: Effective supervision fosters professional growth, improving staff skills and job satisfaction, which leads to better participant interactions and outcomes.
        4. Promotes participant engagement and retention: Skilled supervisors help staff create a welcoming and supportive environment, which encourages participants to engage fully with the program and continue receiving the benefits.
        5. Facilitates efficient program operations: Good supervision helps streamline processes, resolve issues quickly, and manage workloads effectively, ensuring that the program runs smoothly and can serve as many participants as possible.
        6. Improves health outcomes: By ensuring that staff are knowledgeable and motivated, effective supervision contributes to the overall goal of WIC programs—to improve the health and nutrition of women, infants, and children.
        7. Fosters team cohesion: Supervisors who communicate well and lead by example create a positive work environment, reducing turnover and burnout, which is crucial in maintaining a stable and effective workforce.
    ii. In summary, effective supervision is the backbone of WIC programs, ensuring that they fulfill their mission to support the health and well-being of vulnerable populations.
- Knowledge check: Multiple response question on the impact of effective supervision

IV. Attitudes about your role as a supervisor

- Reflection activity to think about your role as a supervisor
    i. Review the following statements and check the box whether to note whether you agree or disagree with them, then click submit:
        1. Supervising staff is one of the highlights of my job.
        2. I am frustrated when staff cannot accept any form of feedback from me.
        3. I often wonder about whether work ethic can be taught.
        4. I think about how I can create a “culture of safety” so that my staff can come to me when things “go wrong.”
        5. I struggle with finding a balance of supporting staff in their personal lives while still maintaining productivity.

6. Effective supervision takes a tremendous amount of time and effort on my part.
7. I find it challenging or uncomfortable to give constructive feedback to my staff.
8. Providing regular feedback is essential to my role as a supervisor.
9. I struggle to manage my time between supervising and completing my own tasks.
10. I believe my team should be self-sufficient without needing much guidance from me.

ii. Ask yourself:
1. What were some of the things that went through your head as you thought about these statements?
2. How might these statements impact an individual doing this work?
3. How might it impact the person's provision of services?
4. How might this apply to the work that you're doing?

iii. Feedback after the self-reflection:
1. Regardless of whether you agreed or disagreed with each statement, it's important to recognize that attitudes can significantly influence your effectiveness as a supervisor. Supervising staff can indeed be one of the highlights of your job, but it's natural to encounter challenges, such as finding the balance between support and productivity, or managing time between supervision and your own tasks.
2. Frustration can arise when staff struggle to accept feedback, or when you question whether certain qualities like work ethic can be taught. However, effective supervision requires a commitment to fostering a positive work culture, one where regular feedback is not just a task, but a vital part of your role.
3. Creating a "culture of safety" is crucial, allowing staff to feel comfortable approaching you when things go wrong. Even if it feels challenging or time-consuming, providing guidance and support is key to motivating and engaging your team.
4. Remember, the goal is to empower your team while also ensuring they have the support and direction they need to succeed. This requires continuous reflection on your attitudes and practices, ensuring they align with the best supervision strategies that promote both productivity and positivity in the workplace. Balancing these elements is essential for effective leadership and achieving the best outcomes for both your staff and the WIC program.

V. Supervisory competencies

Click and reveal interaction to review the supervisory competencies

- Share Supervisory Competencies Self-Assessment and Action Plan as a printout

VI. Staff observation opportunities

- Review examples of how to gather information about staff performance
  i. Direct observations
  ii. Record reviews
  iii. Case conferences
  iv. Staff meetings
  v. Day-to-day interactions with coworkers
  vi. Data Analysis: Assessment of quantity and quality of work

- Highlight the importance of keeping a log or journal to keep a record of staff performance (date, times, and descriptions of when the staff has excelled, areas of improvement, etc.) in order to provide helpful concrete examples of employee strengths and areas of improvement

Module 2: Feedback and Coaching

I. Introduction

a. eCourse overview (review of module 1, preview of module 2)
b. As we transition from module 1 where you expanded your understanding effective supervision, let's explore how coaching as a supervisory strategy can enhance your ability to develop and empower your team.

II. Coaching

a. Define coaching: A leadership and supervisory strategy that works to build high performance and motivation among staff by setting clear expectations and building a positive work relationship
b. Distinguish coaching from traditional supervision
    i. As a coach, instead of telling staff how to do their job, you want to focus on the outcomes you want to see as much as possible, allowing staff to decide how they're going to achieve that.
    ii. Traditional supervision:
        1. Providing clear, specific, and measurable performance expectations
        2. Continuously monitoring staff’s performance
        3. Ensuring staff fully understand their expectations and are first trained and mentored in needed skills
    iii. Coaching enhances traditional supervision by fostering continuous development, engagement, and empowerment, making supervision more effective in achieving long-term success.
    iv. Coaching :
        1. Working in partnership with staff
        2. Developing and empowering staff
        3. Giving them a sense of ownership over their work
        4. Engaging and motivating staff
        5. Fine-tuning staff performance
        6. Taking the time to look for everyone's passion and talents, and connecting it to their work
        7. Using participant-centered communication skills
        8. Treating staff the same way they’d like their staff to treat their participants and co-workers
c. Knowledge check: Sort the characteristics of traditional supervision and coaching into the correct categories.

III. Role of feedback in coaching

a. Define feedback: The communication of evaluative or corrective information about an action, event, or process; can provide an individual the opportunity to consider the effects of their behavior and make changes
    i. Differentiate the two types: praise/positive and corrective/constructive (define and give examples of each)
b. Review (from module 1) the different ways to gather observations about staff performance to use when providing feedback.
c. Framing
    i. Review importance of framing: Framing is how you start the conversation. Begin the conversation by framing the importance of supervision.
    ii. Share examples of framing:

1. “As you know, your professional development is important to me, so I want to take some time to give you some feedback that will assist you in your career.”
2. “As your supervisor, I am committed to your success. A large part of my job is helping you grow here, so I’d like to give you some feedback today.”
3. “When you were hired, I shared with you how important your professional development is to me. I want to support that by providing you with some feedback on one of your tasks.”

d. How to give feedback
    i. Click and reveal interaction to show an effective strategy/steps to provide constructive/corrective feedback

e. Share handout on effective feedback tips for the delivery of feedback as a printout

IV. Common supervisory pitfalls

a. Reflection activity on supervisory pitfalls, marking the statements you (1) frequently, (2) sometimes, or (3) rarely, if ever, relate to.
b. Pitfalls:
    i. Delay or avoidance in addressing the behavior
    ii. Failing to acknowledge or accept the behavior exists or has a real impact
    iii. Failing to examine one’s own contribution to the difficult behavior
    iv. Compensating for the individual’s challenging behavior through your own efforts or by involving others
    v. Addressing the challenging behavior by talking to the group or team all together
    vi. Reacting to the behavior impulsively or without proper planning for the conversation
    vii. Moving to disciplinary action as the first intervention as opposed to other means of addressing the problem
    viii. Pursuing termination or other disciplinary action without sufficient documentation of the behavior
c. After completing the reflection, select one or two areas where you most frequently or sometimes relate to the supervisory pitfalls.
    i. For each selected area, identify a specific action you can take to improve in this area.
    ii. Document your action plan with clear steps, and set a follow-up date to review your progress. Consider discussing your plan with a peer or mentor for accountability and additional insight.
d. Share handout with important tips for avoiding supervisory pitfalls and action plan

V. Coaching in difficult situations

a. Show Supervisory Session video (4:48)
    i. Video script for reference
b. Knowledge check: Short 3-4-question quiz on video observations:
    i. What was the problem or desired goal?
    ii. What were some of the supervisory skills you observed? Select all that apply.
    iii. Which participant-centered communication skills did you observe in the video? Select all that apply.
    iv. How did the supervisor offer to monitor the implementation of the solution?

VI. Putting it all together

a. Knowledge check: Multiple choice activity
    i. Share one case scenarios

ii. Learner will select the appropriate responses to go through the case scenario using the steps to provide feedback/coaching

Supervisory Example Scenarios

Scenario #1

Maria is a Qualified Nutritionist in your program. You have recently noticed that she complains a lot about having to provide participant-centered services. Maria thinks the concept of participant-centered services sounds good, but she does not have time. You have been paying attention to the time she is spending with participants, and it is usually between 5-7 minutes total.

Scenario #2

Joanne is a front desk clerk. She rarely has a good day and can be short and sometimes gruff with participants. She tells you she is efficient and that her style is “who she is”. You notice that this behavior comes out more often when the office is busy.

Scenario #3

Loretta is the Breastfeeding Coordinator. She is smart, competent, and very passionate about breastfeeding. She loves seeing participants. You notice that she discourages the nutrition staff from addressing breastfeeding with participants and prefers everyone be sent to her for one-on-one counseling, no matter the situation.

Supervisory Competencies Self-Assessment and Action Plan

Step 1: Next to each competency, write an X next to the ones that you do well and write a checkmark next to the ones that you want to improve upon.

	Supervision • Sets clear, specific, and measurable performance expectations for staff • Provides regular check-ins, assessments, and feedback to continuously monitor staff performance • Constructively assists staff in improving their performance, ensuring staff fully understand their expectations and are first trained/mentored in needed skills • Works in partnership with staff, engaging and motivating them by empowering them and giving them a sense of ownership over their work • Develops staff talents and passions, fine-tuning their performance by aligning their strengths with their roles and providing opportunities for growth • Uses participant-centered communication, treating staff with the same respect and care expected in their interactions with participants and co-workers
	Communication • Writes effective letters memoranda, reports, etc. • Conducts productive meetings and facilitate group interactions • Has one-on-one conversations to develop open and trusting relationships
	Employee motivation • Creates a positive work environment by fostering a culture of respect, collaboration, and creativity • Offers opportunities for professional growth (e.g. designate duties and/or authority to others, share training opportunities) • Regularly acknowledge and celebrate individual/team achievements
	Methods Improvement • Uses data, workflow observations, and performance metrics to identify areas where processes can be enhanced • Develops improvement plans with clear goals and objectives • Translates organizational policy in a way that ensures implementation that is consistent with the philosophy, goals, and objectives of the organization
	Adaptation to Change • Understands the broader implications of change on the team and wider organization • Provides support, resources, and guidance to staff to adapt to changes • Handles resistance to change with calm and composure

Step 2: For each of the competencies you'd like to improve upon, come up with an action plan. Identify the objectives that describe how you will improve upon the competency. Identify the action steps you can take to reach the objectives. Ensure that both the objectives and action steps are specific and practical.

Supervisory Competency	

Objective 1:	

		Target Date:
Action Step 1:		
Action Step 2:		

Objective 2:	

		Target Date:
Action Step 1:		
Action Step 2:		

Supervisory Competency	

Objective 1:	

		Target Date:
Action Step 1:		
Action Step 2:		

Objective 2:	

		Target Date:
Action Step 1:		
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Supervisory Opportunities Hypothetical Scenarios (Traffic Light Activity)

For each of the scenarios, decide how you would address the situation and provide supervision. Options:

- Red: Stop. This situation does not warrant action.
- Yellow: Slow down. Keep an eye on how this situation progresses to gather more information before taking action.
- Green: Proceed. This situation should be addressed now.

Scenario 1

Mary is a staff person that you supervise, whose job does not require a strict “time in/time out” schedule. You have been concerned about her ability to get to work on time. You have not spoken to her about it before, but you notice that it gets a few minutes later each day. Otherwise, Mary is a conscientious and productive staff member, so you’re feeling stuck.

Answer: Yellow

Explanation: Since Mary is otherwise a conscientious and productive employee, this situation calls for monitoring. It’s important to observe if this pattern continues before taking action. A conversation may be needed if the tardiness worsens, but immediate action is not necessary.

Scenario 3

Sonya is a staff member who has been with the agency for about five years. She is well-liked and respected by her peers. You are concerned about the amount of time Sonya seems to be spending “visiting” with folks throughout the agency. It seems like every time you walk through the office, she is at someone’s desk. You’re not sure if this is reality or perception.

Answer: Yellow

Explanation: Since Sonya is well-liked and respected, it's important to observe if the “visiting” is affecting her work or the team's productivity. Keep an eye on it, gather more information, and address it if it becomes disruptive.

Scenario 4

Ronald is a staff member who you rely on a great deal. He is bright, articulate, and an asset to your team. Over the past few months, he has had some concerns about new policies that the organization has adopted. What is troubling is that he does not talk with you about this while under your supervision, but other staff have told you that he is very angry and upset about the new policies. They agree with his sentiments.

Answer: Green

Explanation: ~~Ronald’s concerns about the new policies are affecting the team morale, and he is not discussing them directly with you. It is crucial to address his concerns now to prevent further~~

~~discontent and miscommunication among the staff, and encourage all staff to bring concerns directly to you in the future.~~

Ronald’s concerns about the new policies appear to be shared by other staff members, which suggests that the policy change is impacting team morale more broadly. It’s essential to address these concerns collectively rather than focusing solely on Ronald. Organize a team discussion to openly address feedback about the new policies, create a space for all staff to express their views, and reinforce the importance of staff bringing concerns directly to you in the future. This approach can help improve team cohesion, support staff in feeling heard, and prevent further miscommunication or dissatisfaction.

Scenario 5

Johanna is a fairly new staff member to your team. You have been concerned about how she comes dressed to work. Yesterday, she had on leggings and a wrinkled t-shirt featuring foul language. You have been trying to be more supportive of a more relaxed work environment, but you also know that there are dress code expectations that Johanna isn’t complying with.

Answer: Green

Explanation: ~~Johanna’s appearance is affecting perceptions in the workplace, and as a supervisor, it reflects on you. It is important to have a conversation with her about the dress code expectations and professionalism.~~

It's important to address Johanna's dress code compliance to maintain a professional work environment and uphold team standards. While you’ve supported a relaxed dress code, her attire—such as a t-shirt with inappropriate language—can distract others or make them feel uncomfortable or offended. Addressing this concern will help clarify expectations and reinforce a respectful workplace culture. An open and supportive conversation can help her understand the importance of the dress code and the role it plays in presenting a professional image for the team.

Scenario 7

Louisa is an ambitious staff member who wants to do well. She volunteers for extra assignments, work group opportunities, and other tasks. You notice that she often puts other staff down and minimizes your contributions. This is having an adverse impact on your team.

Answer: Green

Explanation: Louisa’s behavior of putting others down is harmful to team dynamics and morale. This issue needs to be addressed immediately to prevent further impact on the team.

Scenario 8

Joe is a staff member that reports to another manager. You have been working on a project for the organization where Joe’s work is pivotal, yet it is not getting done. In fact, when you ask Joe for updates or progress, he often gives you the “run-around” and sometimes just lies to you.

Answer: Green

Explanation: Joe’s failure to deliver and dishonesty are directly impacting a pivotal project. Although he does not report to you, this issue needs to be addressed with his manager and possibly escalated to ensure the project’s success.

Scenario 9

Barbara is having many personal problems that she has shared with you. You want to be supportive of her, but you have noticed her work is deteriorating and is unacceptable. You have been covering her for three months now and you’re worried that you have created a mess.

Answer: Green

Explanation: Barbara’s personal issues have been affecting her work for a significant time, and covering for her has created complications. It is necessary to address the issue now to set appropriate boundaries and provide her with the necessary support or accommodations.

Steps for Providing Feedback or Coaching

Preparing to give feedback:

- Set a time, location, and agenda for the meeting
- Use facts, data, and specific examples, focusing on 1-2 specific behaviors
- Think about opportunities for both positive and constructive feedback
- Write a script or key phrases, that include:
  - Starting the conversation with framing
  - Giving an observation
  - Presenting the problem and/or desired goal
  - Asking the staff person what they think and how the desired behavior/goal can be achieved

While giving feedback:

- Frame the importance of supervision
- Ask the staff member how they think things are going or about their performance
- Focus on 1-2 behaviors, not the person or concept
- Be direct or specific
- Use “I” statements and communication skills (e.g. open-ended questions, reflective listening, summarizing)
- Persist through “roadblocks” (e.g. crying, talking about other staff)
- Allow opportunities for both positive and constructive feedback
- Talk about the impact on the organization and colleagues, if applicable
- Solve the problem with staff in the lead
- Focus on outcomes and allow staff to decide how this will be achieved
- Offer to monitor solution implementation

After giving feedback:

- Thank staff person for their work and the opportunity to provide them with supervision and coaching
- Integrate modeling and use of language to promote capacity building objectives
- Allow time for self-evaluation and problem-solving
- Make a follow-up plan
- Monitor for performance

Tips for Avoiding Supervisory Pitfalls

- Focus on concrete behavior/performance standards
- Prioritize when multiple issues arise
- Reflect on your own contribution
- Anticipate and plan for employee reactions
- Be specific and calm
- Customize message to employee
- Use factual and emotional feedback
- Avoid hot button words, repeating what others have said
- Watch body language
- Give full attention
- Ask questions
- Paraphrase
- Acknowledge differences in perceptions
- Address concerns and needs
- Agree on a course of action
- Document the session
- Create a plan for follow-up

Supervisory Pitfalls Action Plan

For each of the supervisory pitfalls you'd like to improve upon, come up with an action plan. Identify the objectives that describe how you will improve upon the competency. Identify the action steps you can take to reach the objectives. Ensure that both the objectives and action steps are specific and practical.

Supervisory Pitfall	

Objective 1:	

		Target Date:
Action Step 1:		
Action Step 2:		

Objective 2:	

		Target Date:
Action Step 1:		
Action Step 2:		

Supervisory Pitfall	

Objective 1:	

		Target Date:
Action Step 1:		
Action Step 2:		

Objective 2:	

		Target Date:
Action Step 1:		
Action Step 2:		

Supervisory Session Video Script

Nutrition Coordinator: Anne

QN: Marissa

Anne: Good Morning, Marissa, how are you?

Marissa: I'm OK. I have been so busy lately both at work and at home.

Anne: Sounds like you have a lot going on. I'm hoping our meeting will be helpful to you. As you know, I am very committed to your professional growth and development here at WIC. I consider you a valuable asset to the team and I want to take a few minutes to give you some feedback on the observation I did last week. How does that sound?

Marissa: Do what you have to do.

Anne: Last week, I observed you doing a Nutrition Assessment and Counseling session with a new participant. Her name is Sharisse and I believe she was about three months pregnant. I took some notes during the observation so this feedback would be valuable to you.

Marissa: I don't understand why you feel the need to spy on me. You could just read the notes in NYWIC.

Anne: Sounds like you are concerned about the observation. As I have shared with all of the staff, providing feedback and coaching is my commitment to excellence here at WIC.

Marissa: It seems like you are only focusing on me. What about Heather and John, they are nutritionists too.

Anne: I understand you are also worried about fairness. Let me assure you that I am observing every nutritionist every other month. Let's proceed. OK?

Marissa: Sure

Anne: One of the items that I want to talk about is making the assessment process more conversational and less like a rapid fire series of questions. During the first five minutes of the assessment, I observed that you rarely looked at Sharisse nor did you spend any time building rapport with her. As you know, building trust with our participants is a key skill to creating a good partnership with them.

Marissa: Are you crazy? There are so many NYWIC questions to get through and the office is so busy, I feel like I'm spinning all of the time.

Anne: Sounds like it's hard for you to slow down and utilize all of your participant centered skills when the office is busy. Is that right?

Marissa: Absolutely. I think it's foolish to think we can spend time building rapport with every participant. All they want is their e-card and to get out of here as quickly as possible.

Anne: Talk with me more about your perspective on participant centered services. I'm interested to hear from you.

Marissa: Well, it sounds good in theory but from a practical perspective it's not doable. Furthermore, as a nutritionist I know what is best for participants and I should be able to just tell them without getting so much input from them. I could tell that Sharisse was already too heavy for the first trimester of the pregnancy and didn't seem to care about it.

Anne: Thank you for sharing that. It's very helpful. What concerns me is that honoring that our participants know what is best for them, is one of the core values of WIC. Each participant should be heard and acknowledged for the expertise about their lives that they bring to the appointment. I had wanted to talk this morning about building rapport and using your communication skills but it seems that there might be some core principles of participant centered services we should talk about.

Marissa: Here we go. You target me all the time. I can never do anything right. This is so unfair

Anne: It seems like you are so frustrated about this process. Is that correct?

Marissa: Yes, I'm frustrated. I am a good nutritionist and you always find fault in everything I do.

Anne: I'm sorry you feel that way. I am sure you would agree that you know what is best for your family, your children, your overall health. We owe the same consideration to our WIC participants. I need you to be "on board" with this philosophy. I want to be clear. I'm not threatening you, "writing you up" or doing anything other than coaching you to embrace the WIC philosophy. However, participant centered services are critical and non-negotiable skills everyone here needs to possess.

Marissa: I get it but I find it so hard to have the participants tell me what they need.

Anne: I am going to create an enhanced training plan for you. It will include some on-line modules and some other forms of training. In addition, I will be with you more often and even demonstrate a nutrition assessment and counseling session for you if that will be helpful. I want you to succeed. I want you to do well here at WIC.

Marissa: I guess that might be helpful. I like WIC and want to do a better job. I'm just worried I won't be able to do this approach.

Anne: It sounds like you're worried about implementing the skills. I will be helping you out. Let's meet again on Friday and I will go over the training plan. How does that sound?

Marissa: It sounds good.

Anne: Thanks for your willingness to work on this. It's so important to getting the health outcomes we want. See you on Friday.

Feedback Case Scenarios

Scenario 1

You are the Nutrition Coordinator at a WIC program. One of your nutritionists, Donna, has been with the agency for one year. She has a very definite idea about what the participants need and wants to share her expertise with them. Recently in supervision, you pointed out some things she needed to think about regarding participant-centered services. She did not react well. Donna got mad and then barely talked with anyone for the next two days. This is your next meeting.

Scenario 2

You are the Site Supervisor at a WIC program. You are concerned about one of your clerks, Jasmine. Jasmine joined the WIC staff a few years before you and you are concerned about her productivity. She comes in a few minutes late every day, spends additional time “getting settled” and having coffee, seems to chat and visit with other staff at length throughout the day, and doesn’t mind ignoring participants who come in if she’s visiting. You want to have a comfortable work environment, but you feel that Jasmine is pushing the limit. You need to talk with her about this.

Scenario 3

You are the WIC Coordinator and have been for twenty years. You are becoming concerned about your Breastfeeding Coordinator, Sharita; she complains about everything and anything. She is negative about any new policy or initiative, and feels that WIC has too many regulations and expectations for staff. This is becoming a real issue in that, as a middle manager, you expect to help energize and motivate staff and to help build buy-in for new policies and initiatives. It’s long overdue you met with her.

Supervisory Competencies Self-Assessment and Action Plan

Step 1: Next to each competency, write an X next to the ones that you do well and write a checkmark next to the ones that you want to improve upon.

	Competency 1: Supervision
A.	Sets clear, specific, and measurable performance expectations for staff
B.	Provides regular check-ins, assessments, and feedback to monitor staff performance
C.	Constructively assists staff in improving their performance, ensuring staff fully understand their expectations and are first trained/mentored in needed skills
D.	Works in partnership with staff, engaging and motivating them by empowering them and giving them a sense of ownership over their work
E.	Develops staff talents and passions, fine-tuning their performance by aligning their strengths with their roles and providing opportunities for growth
F.	Uses participant-centered communication, treating staff with the same respect and care expected in their interactions with participants and co-workers
	Competency 2: Communication
A.	Writes effective letters memoranda, reports, etc.
B.	Conducts productive meetings and facilitate group interactions
C.	Has one-on-one conversations to develop open and trusting relationships
	Competency 3: Employee Motivation
A.	Creates a positive work environment by fostering a culture of respect, collaboration, and creativity
B.	Offers opportunities for professional growth (e.g. designate duties and/or authority to others, share training opportunities)
C.	Regularly acknowledge and celebrate individual/team achievements
	Competency 4: Methods Improvement
A.	Uses data, workflow observations, and performance metrics to identify areas where processes can be enhanced
B.	Develops improvement plans with clear goals and objectives
C.	Translates organizational policy in a way that ensures implementation that is consistent with the philosophy, goals, and objectives of the organization
	Competency 5: Adaptation to Change
A.	Understands the broader implications of change on the team and wider organization
B.	Provides support, resources, and guidance to staff to adapt to changes

C. Handles resistance to change with calm and composure

Step 2: For each of the competencies you'd like to improve upon, come up with an action plan. Identify the objectives that describe specifically what you want to improve about the competency. Identify the action steps you can take to reach the objectives. Ensure that both the objectives and action steps are specific and practical.

Supervisory Competency	

Objective 1:	

		Target Date:
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Objective 2:	

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Supervisory Competency	

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For each of the supervisory pitfalls you'd like to improve upon, come up with an action plan. Identify the objectives that describe how you will specifically improve upon the competency. Identify the action steps you can take to reach the objectives. Ensure that both the objectives and action steps are specific and practical.

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Supervisory Pitfall		

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Supervisory Session Video Transcript

Anne (Nutrition Coordinator): Good Morning, Marissa, how are you?

Marissa (QN): I'm OK. I have been so busy lately both at work and at home.

Anne: Sounds like you have a lot going on. I'm hoping our meeting will be helpful to you. As you know, I am very committed to your professional growth and development here at WIC. I consider you a valuable asset to the team and I want to take a few minutes to give you some feedback on the observation I did last week. How does that sound?

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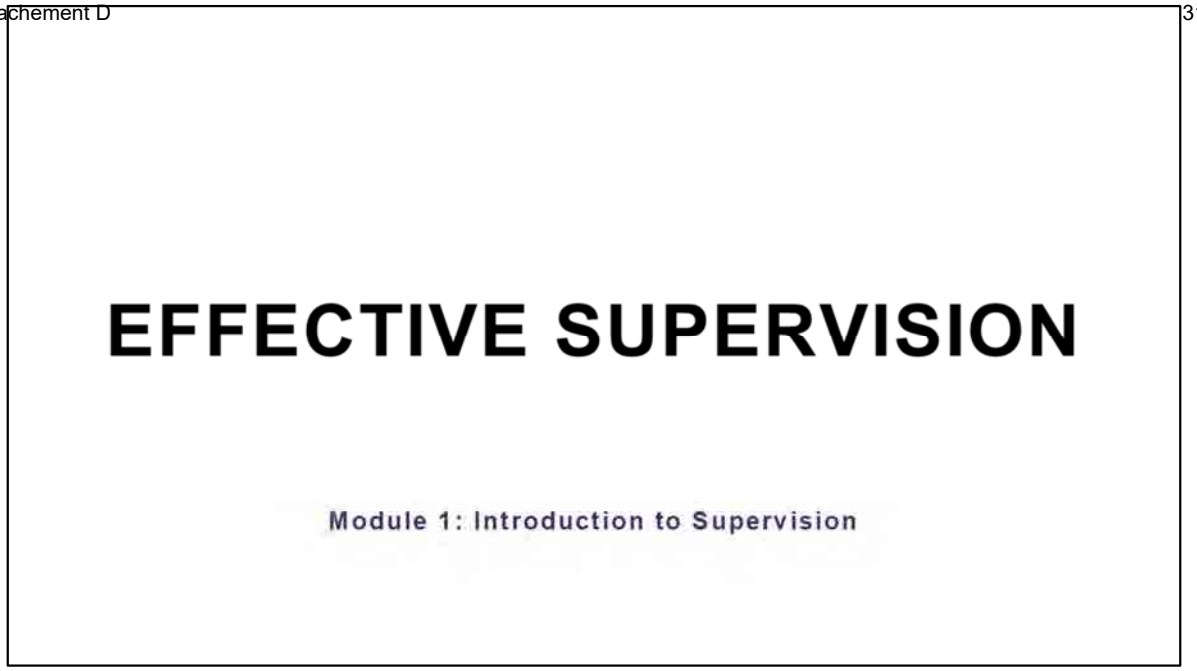
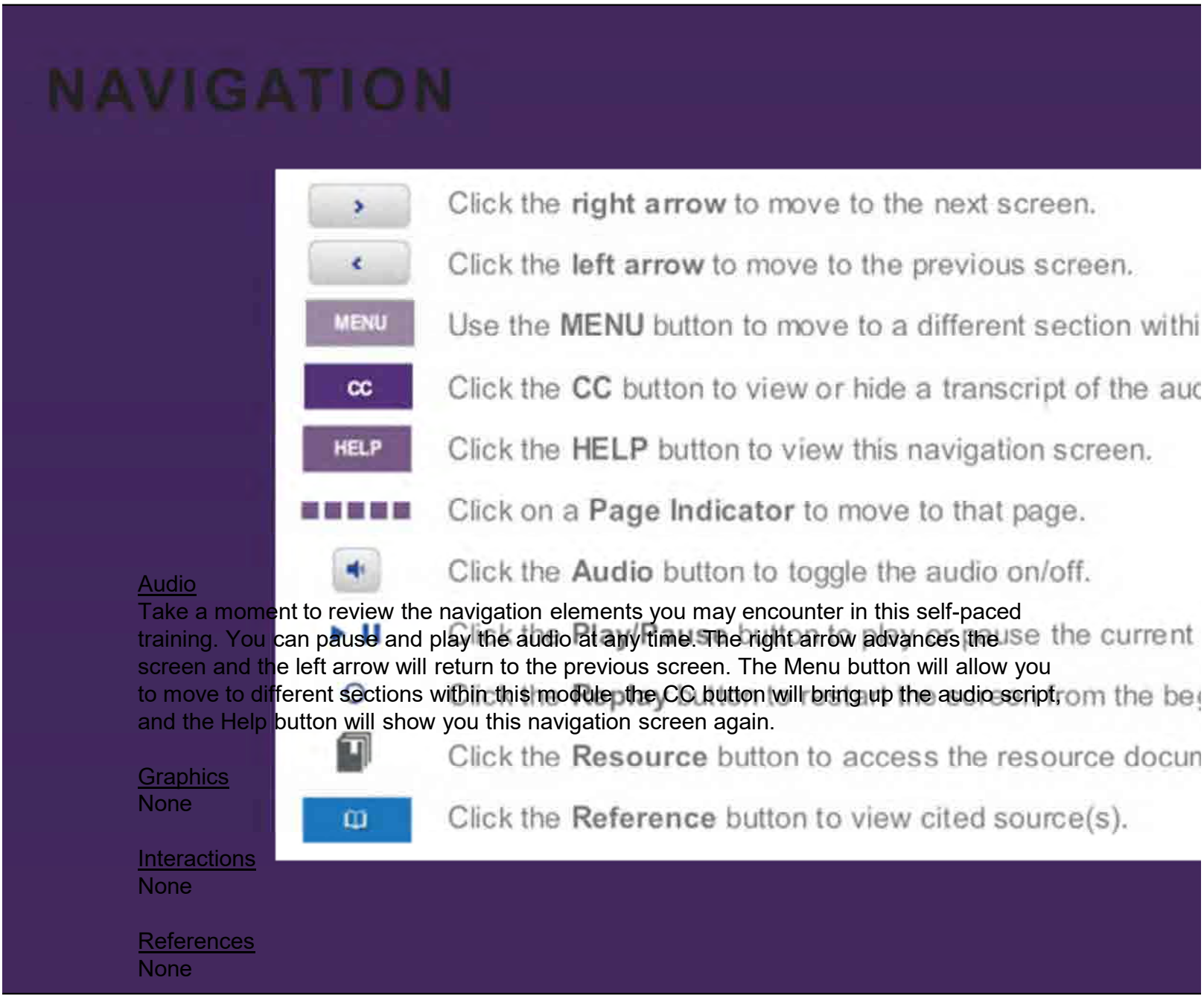


Audio
Welcome to Module 1 of the New York State WIC Program's "Effective Supervision: The Key to a Quality Program" self-paced training. When you are ready to begin, click on the right arrow.

Graphics
None

Interactions
None

References
None

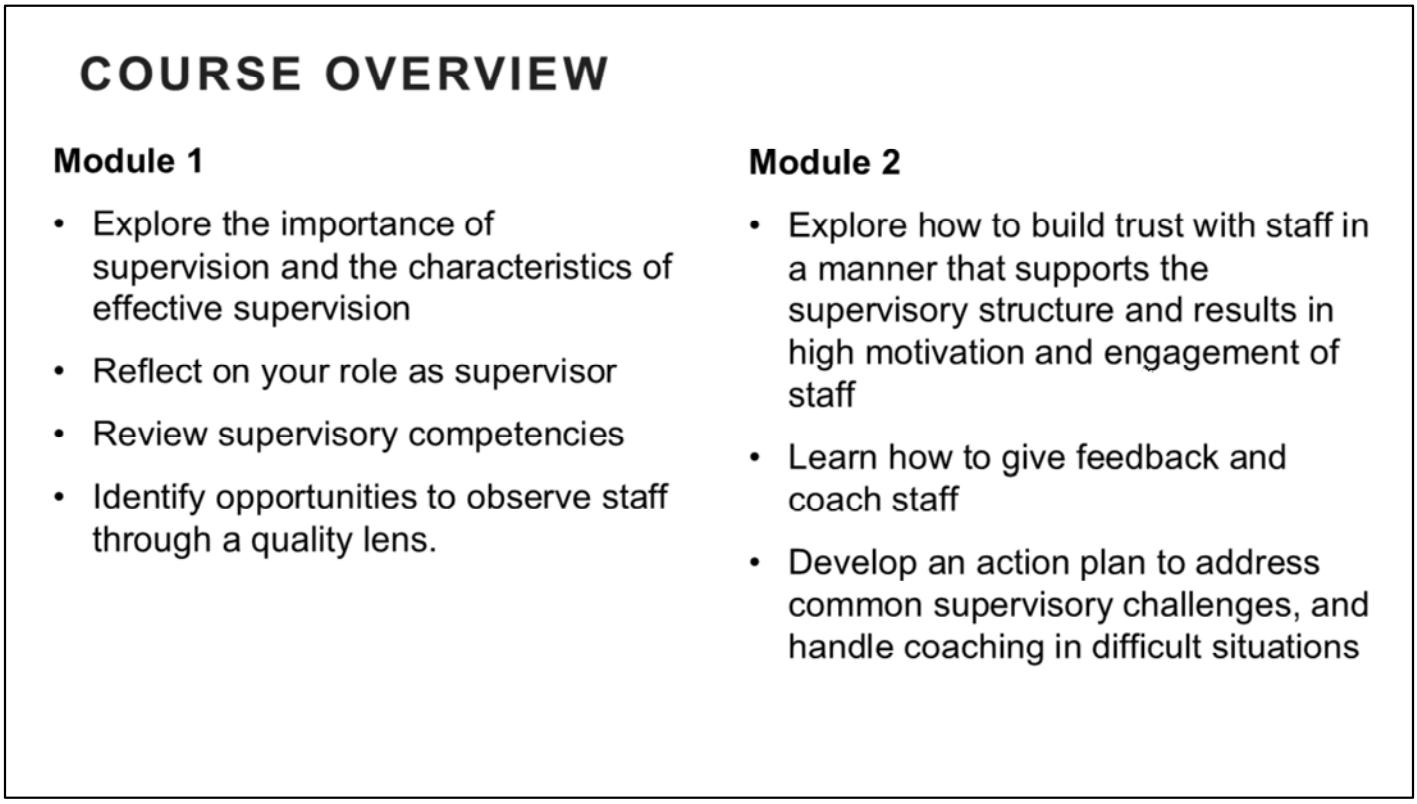


Audio
Take a moment to review the navigation elements you may encounter in this self-paced training. You can pause and play the audio at any time. The right arrow advances the screen and the left arrow will return to the previous screen. The Menu button will allow you to move to different sections within this module, the CC button will bring up the audio script, and the Help button will show you this navigation screen again.

Graphics
None

Interactions
None

References
None



Audio
Within the WIC Program, there are a variety of managers and staff who have the responsibility for providing supervision, oversight and coaching to direct line staff.

This 2-module self-paced training will provide you with knowledge to provide effective supervision and explore how this is a direct link to a quality WIC program.

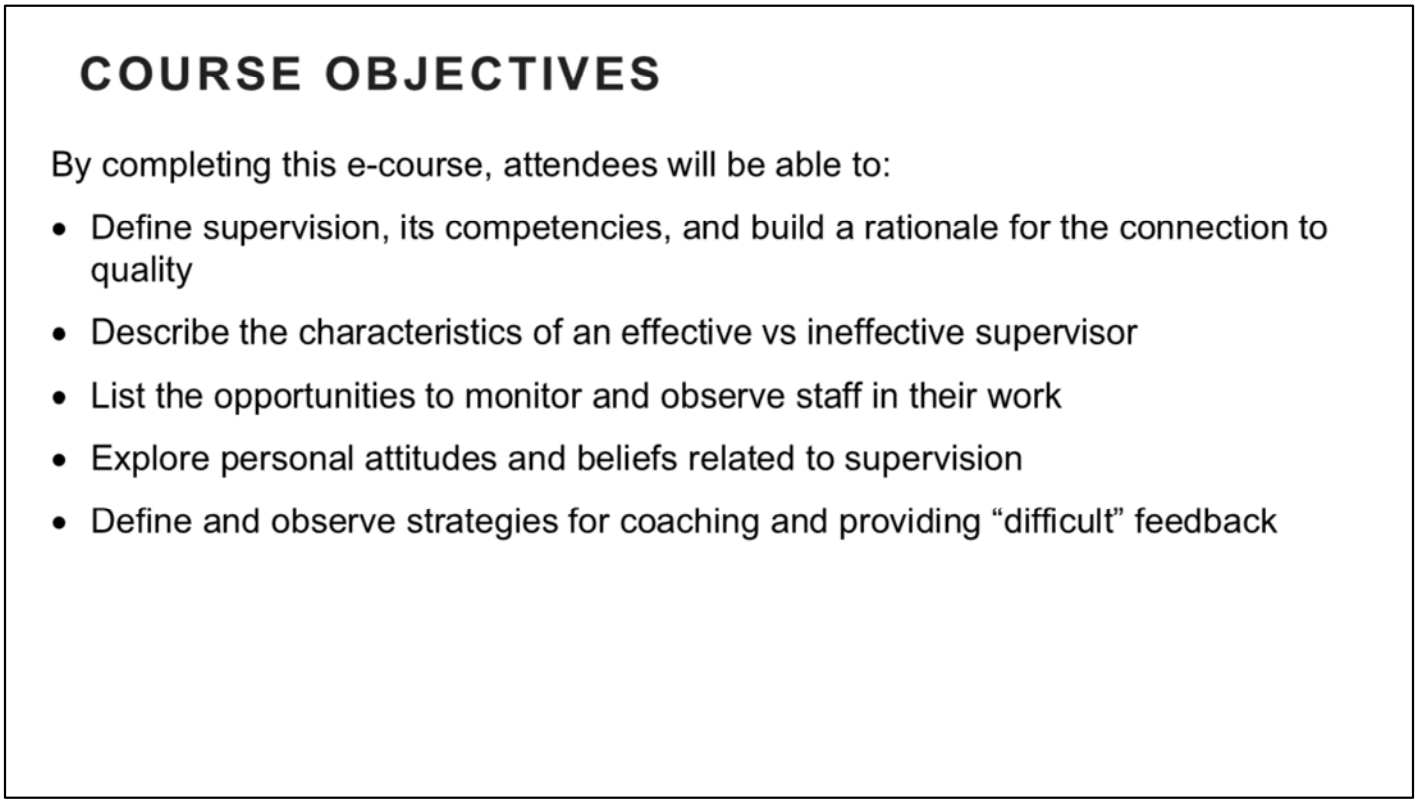
In Module 1, you'll explore the importance of supervision and the characteristics of effective supervision. You'll reflect on your role as supervisor, review supervisory competencies, and identify opportunities to observe staff through a quality lens.

In Module 2, you'll explore how to build trust with staff in a manner that supports the supervisory structure and results in high motivation and engagement of staff. You will learn how to give feedback and coach staff, develop an action plan to address common supervisory challenges, and handle coaching in difficult situations.

Graphics
None

Interactions
None

References
None



Audio
By the end of this self-paced training, you’ll be able to:

- Define supervision, its competencies, and build a rationale for the connection to quality,
- Describe the characteristics of an effective versus ineffective supervisor,
- List the opportunities to monitor and observe staff in their work,
- Explore personal attitudes and beliefs related to supervision, and
- Define and observe strategies for coaching and providing “difficult” feedback.

Graphics
None

Interactions
None

References
None



Audio
What is supervision and why does it matter? Let’s take a moment to think about a hypothetical supervision scenario.

Graphics
iStock photo ID: 1473496312

Interactions
None

References
None



Audio
As Maria's supervisor, play the video to learn more about her work as a Qualified Nutritionist.

[Video transcript: My name is Maria and I'm a Qualified Nutritionist. I know participant-centered services sound good in theory, but it's so time-consuming. It’s frustrating because I know this approach is important, but realistically, I can’t spend extra time with every participant. Honestly, spending only 5 to 7 minutes with each participant is all I can manage with my workload.]

Graphics
Video: https://app.vyond.com/videos/a0d9827b-d56b-451b-ab1f-ecb7b1ea791f

Interactions
None

References
None



Audio
Take a moment to reflect. What are the supervisory issues with Maria? How does Maria's performance impact the quality of services and WIC goals?

Graphics
Still from video: https://app.vyond.com/videos/63463e54-b32f-4de5-bebd-8cc9e6b1e62a

Interactions
None

References
None



Audio
Maria's reluctance to provide participant-centered services is a key supervisory issue. Spending only 5-7 minutes per participant limits her ability to deliver personalized, quality care. This could result in participants not receiving adequate nutrition education and support, impacting their health outcomes. Her concerns may also indicate struggles with workload management or a lack of alignment with the WIC's core values. This can lead to burnout, poor service delivery, and hinder the organization's goals.

Graphics
Still from video: https://app.vyond.com/videos/63463e54-b32f-4de5-bebd-8cc9e6b1e62a

Interactions
None

References
None

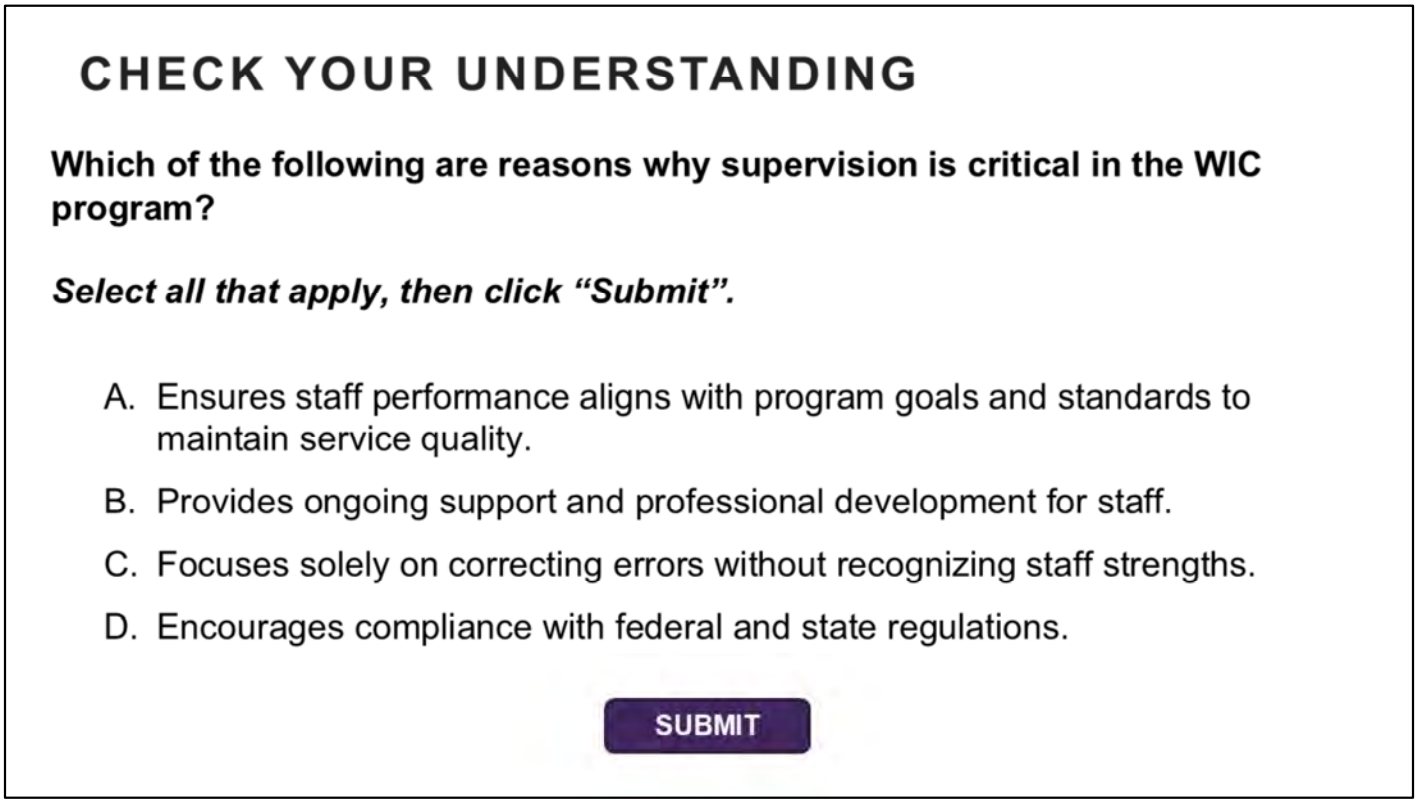


Audio
Effective supervision is key to ensuring quality services in WIC. As Maria's supervisor, you play a critical role in addressing these performance concerns while also supporting her professional development. If Maria's challenges are not addressed, they could compromise the program's ability to provide high-quality nutritional support, negatively impact participant engagement and outcomes, and risk noncompliance with state and federal standards.

Graphics
Still from video: https://app.vyond.com/videos/63463e54-b32f-4de5-bebd-8cc9e6b1e62a

Interactions
None

References
None



Audio
Let's take a moment to check your understanding of the importance of supervision related to WIC. Which of the following are reasons why supervision is critical in the WIC program? *Select all that apply, then click "Submit".*

Graphics
None

Interactions
Multiple response question [Correct responses: A, B, and D]

Allow learner up to two attempts to respond to the question before revealing the correct responses and feedback

- **Feedback if answered correctly:** Correct! Supervision in the WIC program is essential for ensuring staff performance meets program goals (A), providing support and training for continuous professional growth (B), and ensuring compliance with regulations (D). However, effective supervision should not focus **solely** on correcting errors (C). Instead, it should balance accountability with recognizing staff strengths, as guidance and leadership are key to fostering a positive and effective work environment.

- **Feedback after answering incorrectly:** Sorry, at least one of these answers isn't correct and/or you did not select a correct response. Try again.

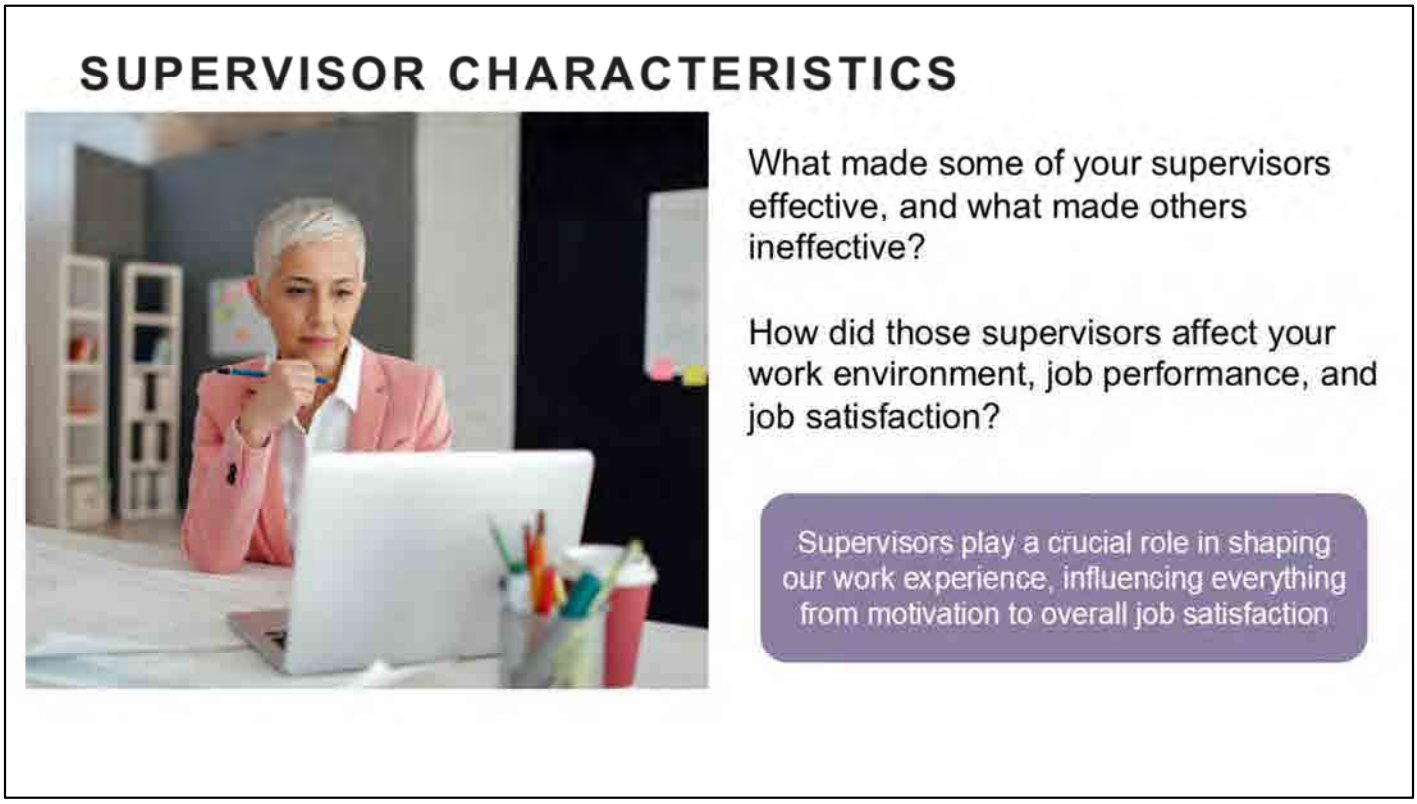


Audio
Let’s take a moment and think about the supervisors you’ve had in the past.

Graphics
iStock photo ID:1181008255

Interactions
None

References
None



Audio
What made some of your supervisors effective, and what made others ineffective? How did those supervisors affect your work environment, job performance, and job satisfaction?

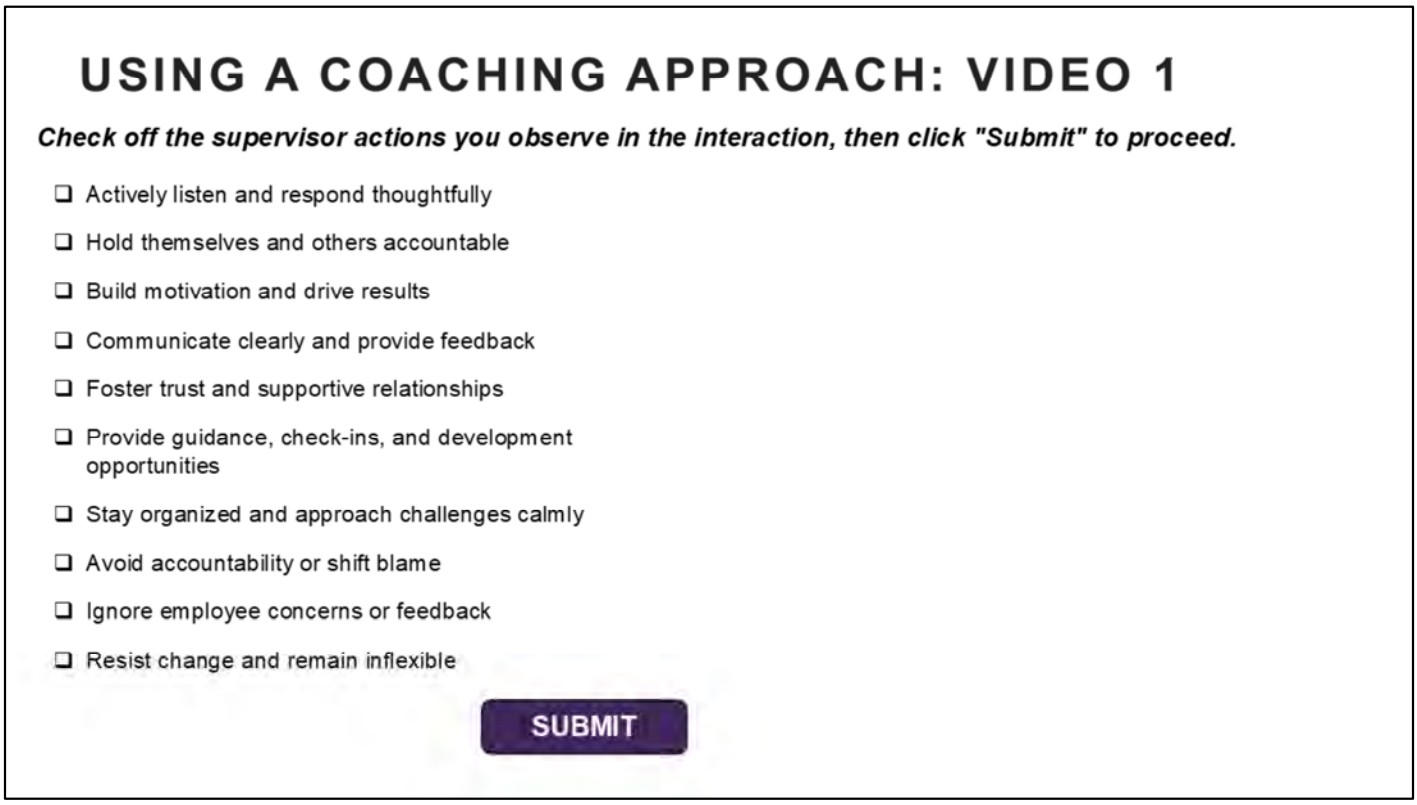
[Pause for 15-seconds for reflection]

Supervisors play a crucial role in shaping our work experience, influencing everything from motivation to overall job satisfaction. As we dive into this section on characteristics of effective and ineffective supervisors, keep in mind how different supervisory approaches impact not just individual employees but the entire workplace culture.

Graphics
iStock photo ID: 5314766918

Interactions
None

References
None



Audio

Let’s observe some sample interactions between a supervisor and their staff. You’ll watch two videos. As you watch each video, check off the supervisor actions you observe in the interaction, then click "Submit" to proceed.

Graphics

Video: https://vimeo.com/manage/videos/1049441281/a896d020c8

Interactions

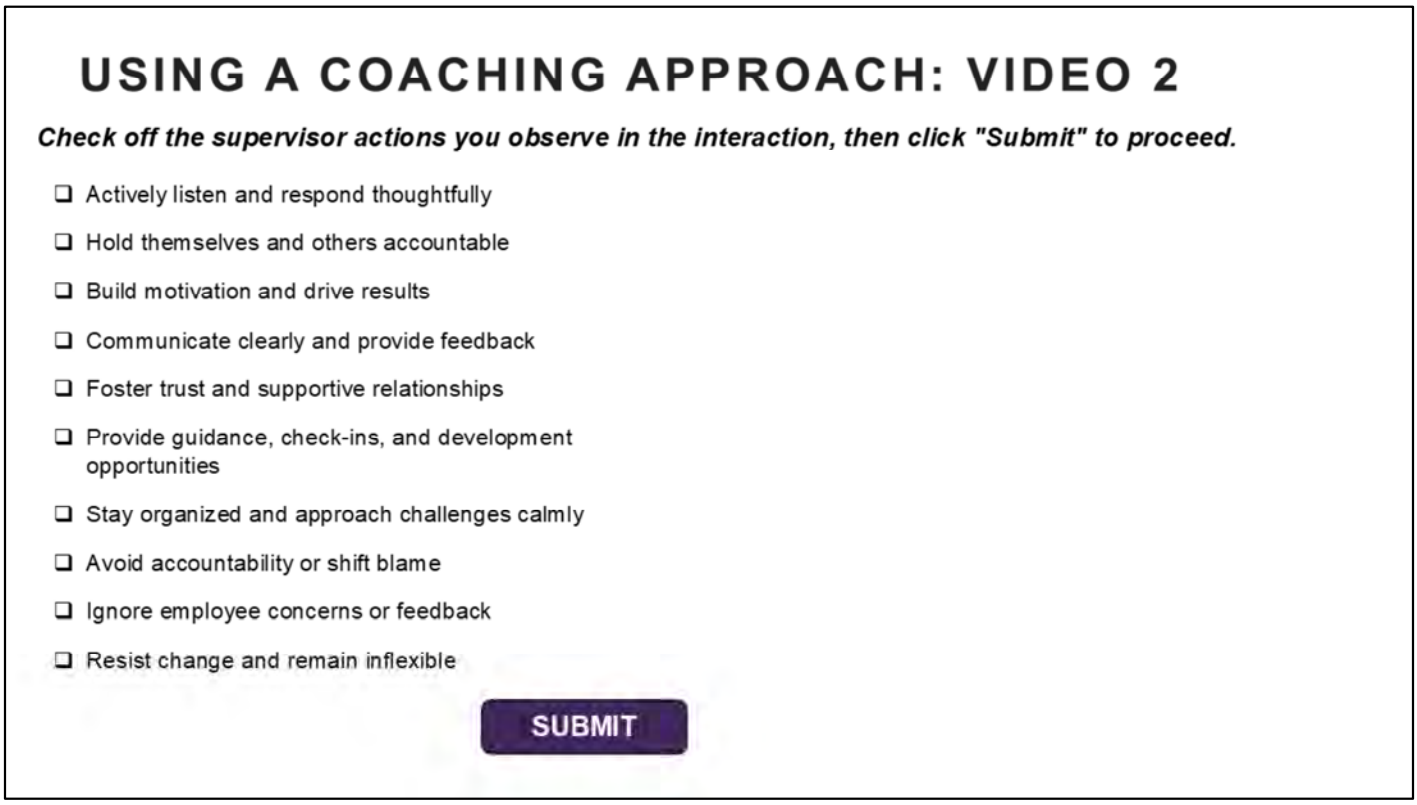
Show *Using a Coaching Approach: Video 1* (1:21) and display the following checklist such that the learner can check off items as they are watching the video:

- Actively listen and respond thoughtfully
- Hold themselves and others accountable
- Build motivation and drive results
- Communicate clearly and provide feedback
- Foster trust and supportive relationships
- Provide guidance, check-ins, and development opportunities
- Stay organized and approach challenges calmly
- Avoid accountability or shift blame
- Ignore employee concerns or feedback
- Resist change and remain inflexible

Have a “Submit” button appear at the conclusion of the video to allow the learner to proceed with the module.

References

None



Audio

Now, let's move on to the second video and compare interactions.

Graphics

Video: https://vimeo.com/795033560/1566dabe05

Interactions

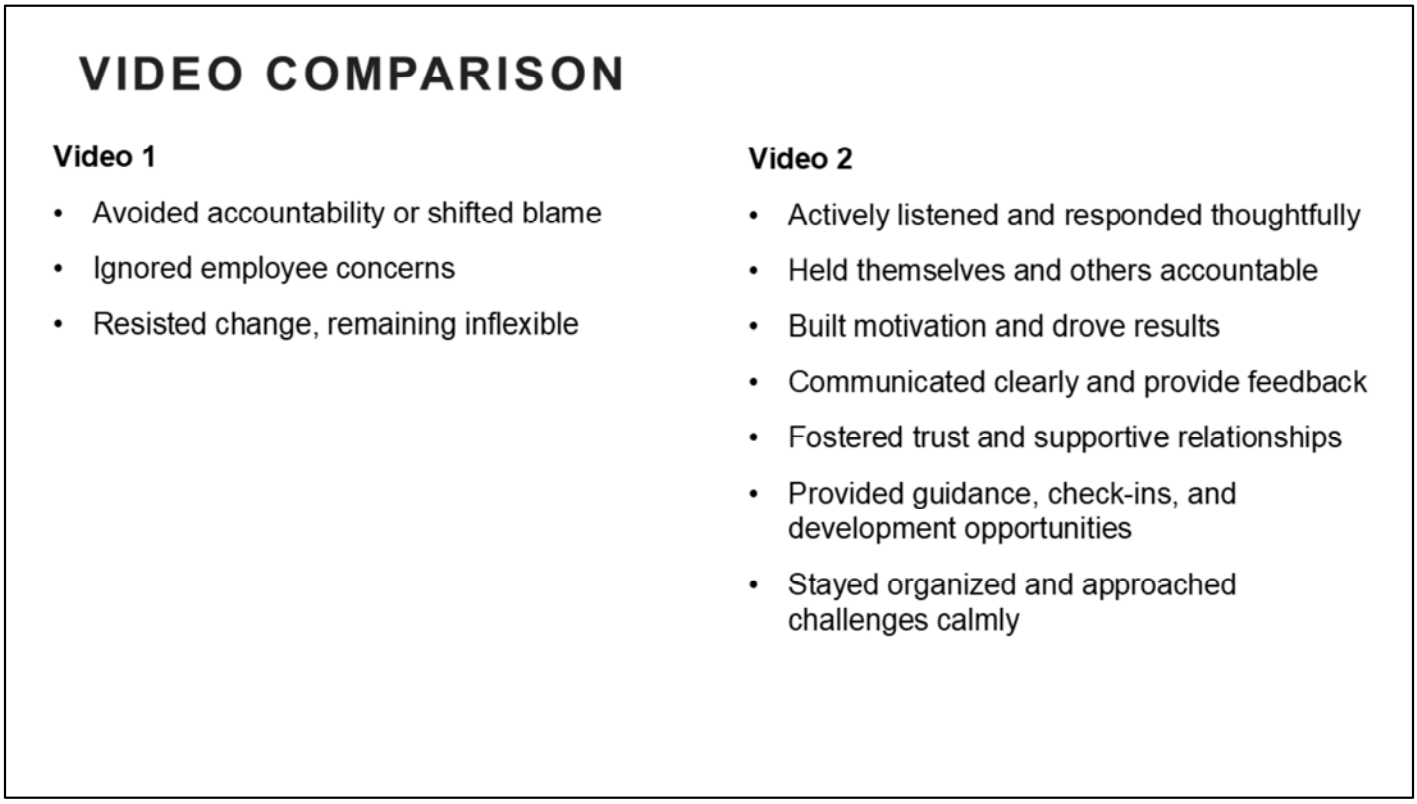
Show *Using a Coaching Approach: Video 2* (3:29) and display the following checklist such that the learner can check off items as they are watching the video:

- Actively listen and respond thoughtfully
- Hold themselves and others accountable
- Build motivation and drive results
- Communicate clearly and provide feedback
- Foster trust and supportive relationships
- Provide guidance, check-ins, and development opportunities
- Stay organized and approach challenges calmly
- Avoid accountability or shift blame
- Ignore employee concerns or feedback
- Resist change and remain inflexible

Have a "Submit" button appear at the conclusion of the video to allow the learner to proceed with the module.

References

None



Audio

Now that you've watched both videos, let's reflect on the differences between the two supervisory approaches.

In Video 1, you saw that the supervisor:

- Avoided accountability or shiftedblame,
- Ignored employee concerns, and
- Resisted change, remaining inflexible.

In comparison, Video 2 showed a supervisor that:

- Actively listened and responded thoughtfully,
- Held themselves and others accountable,
- Built motivation and drove results,
- Communicated clearly and provide feedback,
- Fostered trust and supportive relationships,
- Provided guidance, check-ins, and development opportunities, and
- Stayed organized and approached challenges calmly.

These differences highlight how effective supervisory behaviors can create a more positive and productive work environment. As we move forward, think about how these approaches align with your own experiences and how they impact employee success.

Graphics

Interactions

References



Audio

Let's take a moment to explore the differences between ineffective and effective supervisors.

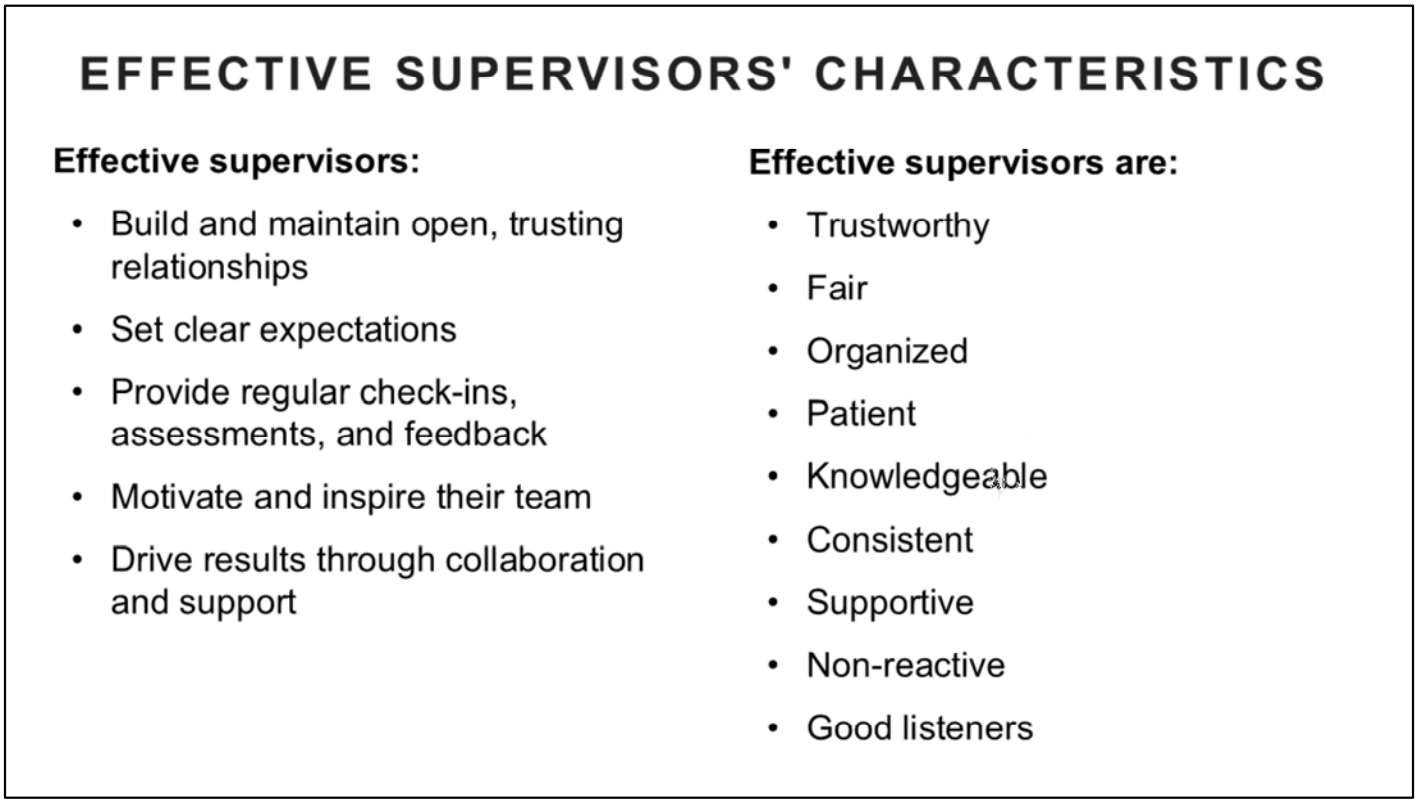
Ineffective supervisors often:

- Struggle with communication,
- Micromanage or lack trust in their employees,
- Fail to provide clear direction or feedback,
- Lack empathy or emotional intelligence,
- Ignore employee concerns,
- Avoid accountability or shift blame,
- Resist employee growth and development,
- Are inflexible and resistant to change, and
- Have poor conflict resolution skills.

Graphics

Interactions

References



Audio
Now, let's look at what makes a supervisor effective.

Effective supervisors:
- Build and maintain open, trusting relationships,
- Set clear expectations,
- Provide regular check-ins, assessments, and feedback,
- Motivate and inspire their team, and
- Drive results through collaboration and support.

Additionally, strong supervisors embody key qualities that make them successful.
Effective supervisors are:
- Trustworthy,
- Fair,
- Organized,
- Patient,
- Knowledgeable,
- Consistent,
- Supportive,
- Non-reactive, and
- Good listeners.

As we move forward, think about how these qualities show up in your own experiences with supervisors—and which ones you want to strengthen in your own leadership approach.

Graphics

Interactions

References

EFFECTIVE SUPERVISION FOR QUALITY WIC SERVICES



Essential for ensuring high-quality, consistent services that support participants' nutrition and health needs

Supervisors play a key role in:

- Maintaining program standards
- Guiding staff development
- Fostering a positive work environment

Audio

Effective supervision in WIC programs is essential for ensuring high-quality, consistent services that support participants' nutrition and health needs. Supervisors play a key role in maintaining program standards, guiding staff development, and fostering a positive work environment.

Graphics

iStock image ID: 1681105205

Interactions

References



Audio

Key benefits of strong supervision include:

- Ensuring compliance with federal and state regulations to maintain program integrity and appropriate resource use.
- Enhancing service quality by providing staff with training, feedback, and guidance to deliver culturally competent and responsive support.
- Supporting staff development to strengthen skills, boost job satisfaction, and improve participant interactions and outcomes.
- Encouraging participant engagement and retention by helping staff create a welcoming, supportive environment where participants feel valued and understood.
- Streamlining operations to resolve challenges efficiently, manage workloads effectively, and maximize the number of participants served.
- Improving health outcomes by ensuring staff are knowledgeable, motivated, and equipped to provide effective nutrition education and support.
- And lastly, fostering team cohesion through strong leadership, open communication, and a positive work culture, reducing burnout and staff turnover.

In short, effective supervision strengthens WIC programs by ensuring staff are supported, participants receive high-quality care, and the program meets its mission to improve the health and well-being of women, infants, and children.

Graphics

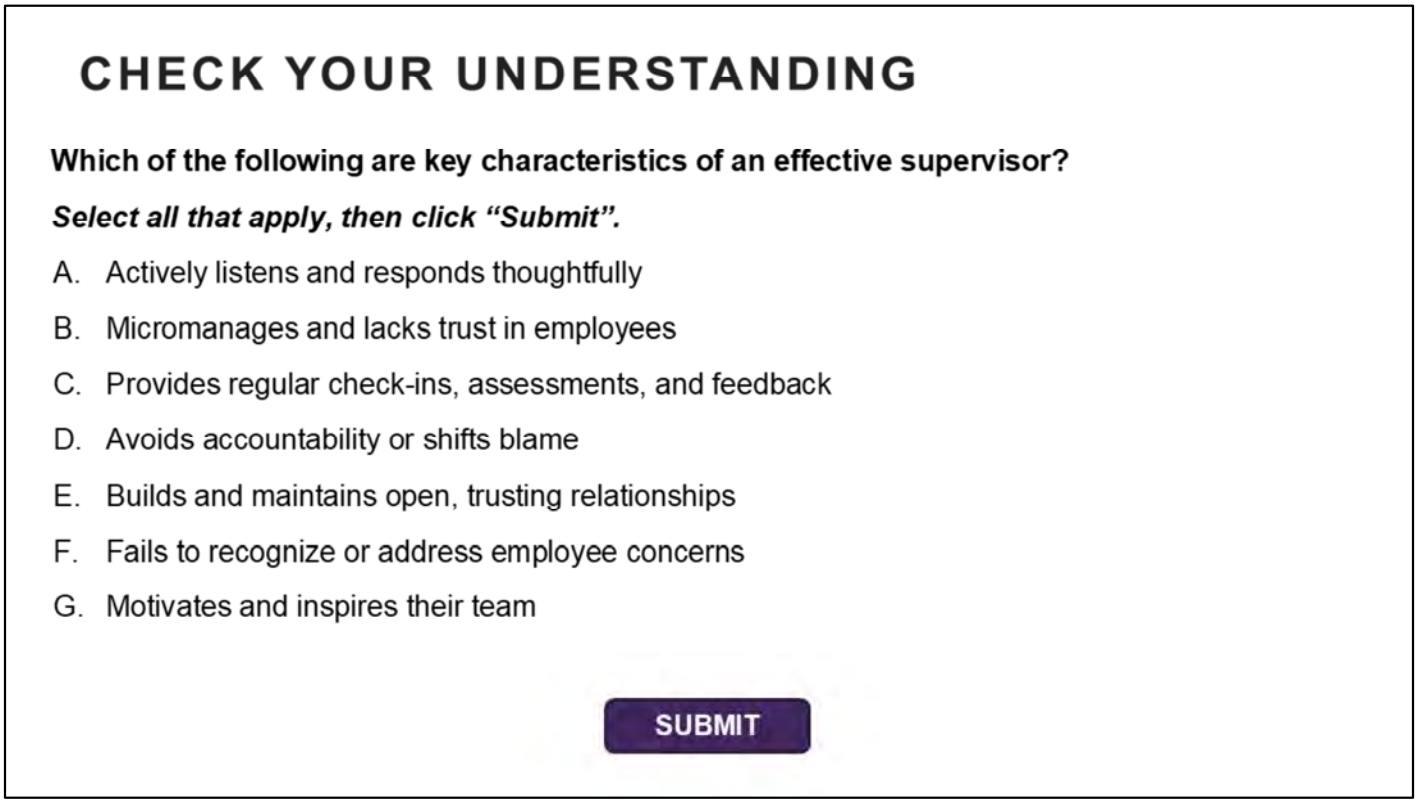
iStock image ID: 1681105205

Interactions

References

Slide 19

RW0 Suggest removing "for outcome" after Supporting staff development on the slide
Wing, Renee (HEALTH), 2025-04-11T18:52:35.451



Audio
Let's take a moment to check your understanding of the characteristics of effective supervisors. Which of the following are key characteristics of an effective supervisor? *Select all that apply, then click "Submit".*

Graphics

Interactions
Multiple response question [Correct responses: A, C, E, and G]

Allow learner up to two attempts to respond to the question before revealing the correct responses and feedback

- **Feedback if answered correctly:** Correct! Effective supervisors foster a positive work environment by actively listening (A), providing clear expectations and feedback (C), maintaining trust (E), and motivating their teams (G). In contrast, micromanaging (B), avoiding accountability(D), and neglecting employee concerns (F) are traits of ineffective supervisors. Strong leadership leads to better team performance, staff satisfaction, and improved participant outcomes in WIC programs.

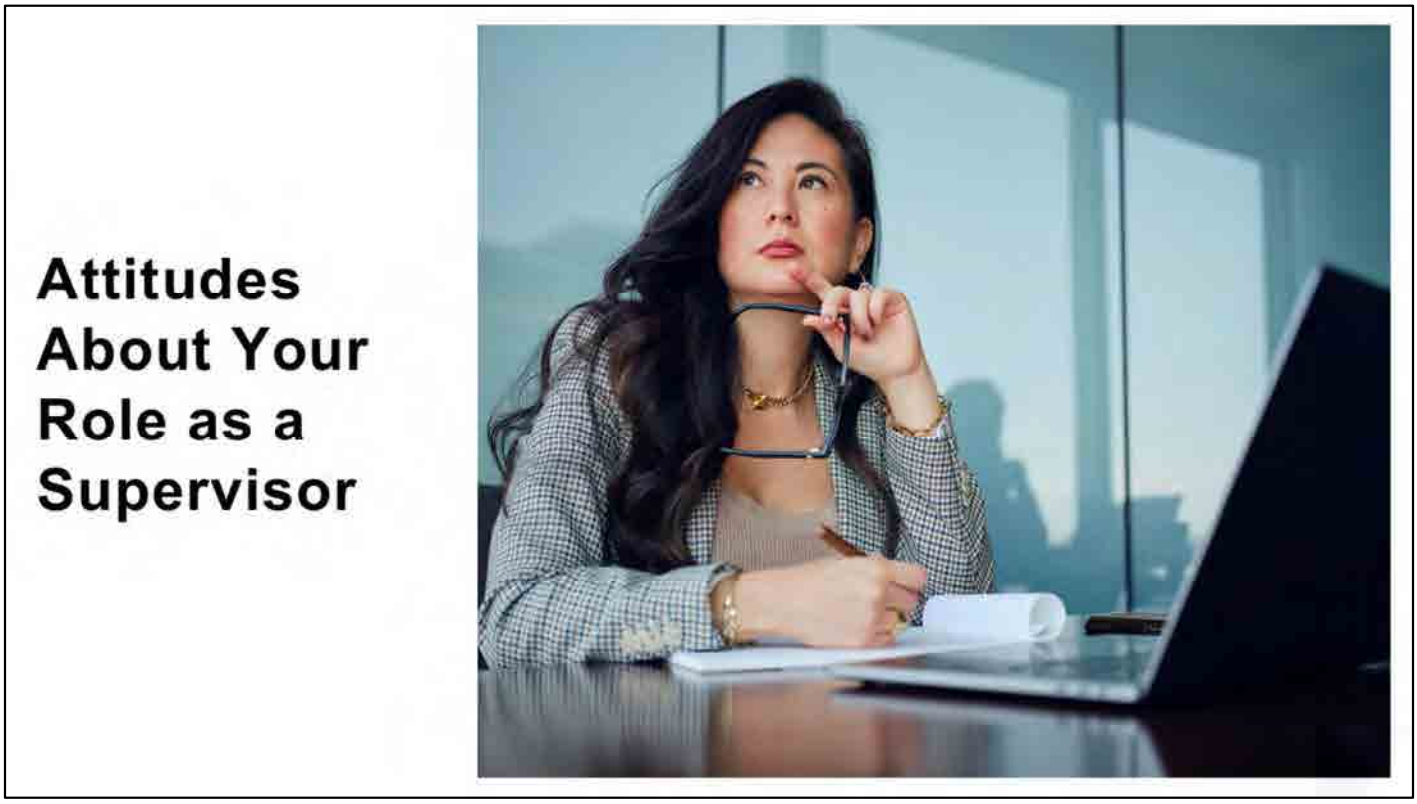
- **Feedback after answering incorrectly:** Sorry, at least one of these answers isn't correct and/or you did not select a correct response. Try again.

- **Feedback after answering incorrectly two times:** Nice try – the correct responses are

A, C, E, and G. Effective supervisors foster a positive work environment by actively listening (A), providing clear expectations and feedback (C), maintaining trust (E), and motivating their teams (G). In contrast, micromanaging (B), avoiding accountability(D), and neglecting employee concerns (F) are traits of ineffective supervisors. Strong leadership leads to better team performance, staff satisfaction, and improved participant outcomes in WIC programs.

References

None

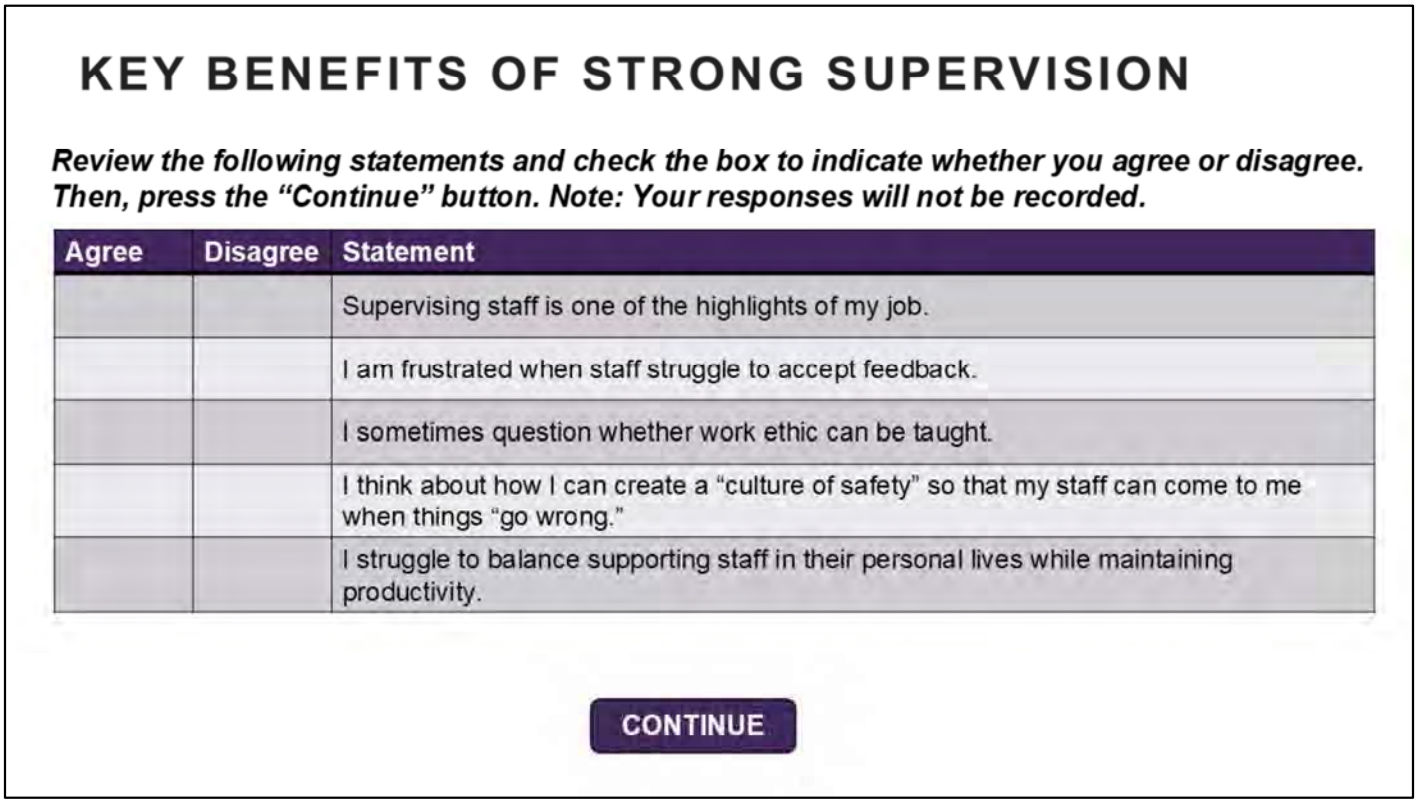


Audio
Now, let’s reflect on your role as a supervisor.

Graphics
iStock image ID: 1286947685

Interactions

References



Audio

Review the following statements and check the box to indicate whether you agree or disagree. Then, press the "Continue" button. Note: Your responses will not be recorded.

Graphics

None

Interactions

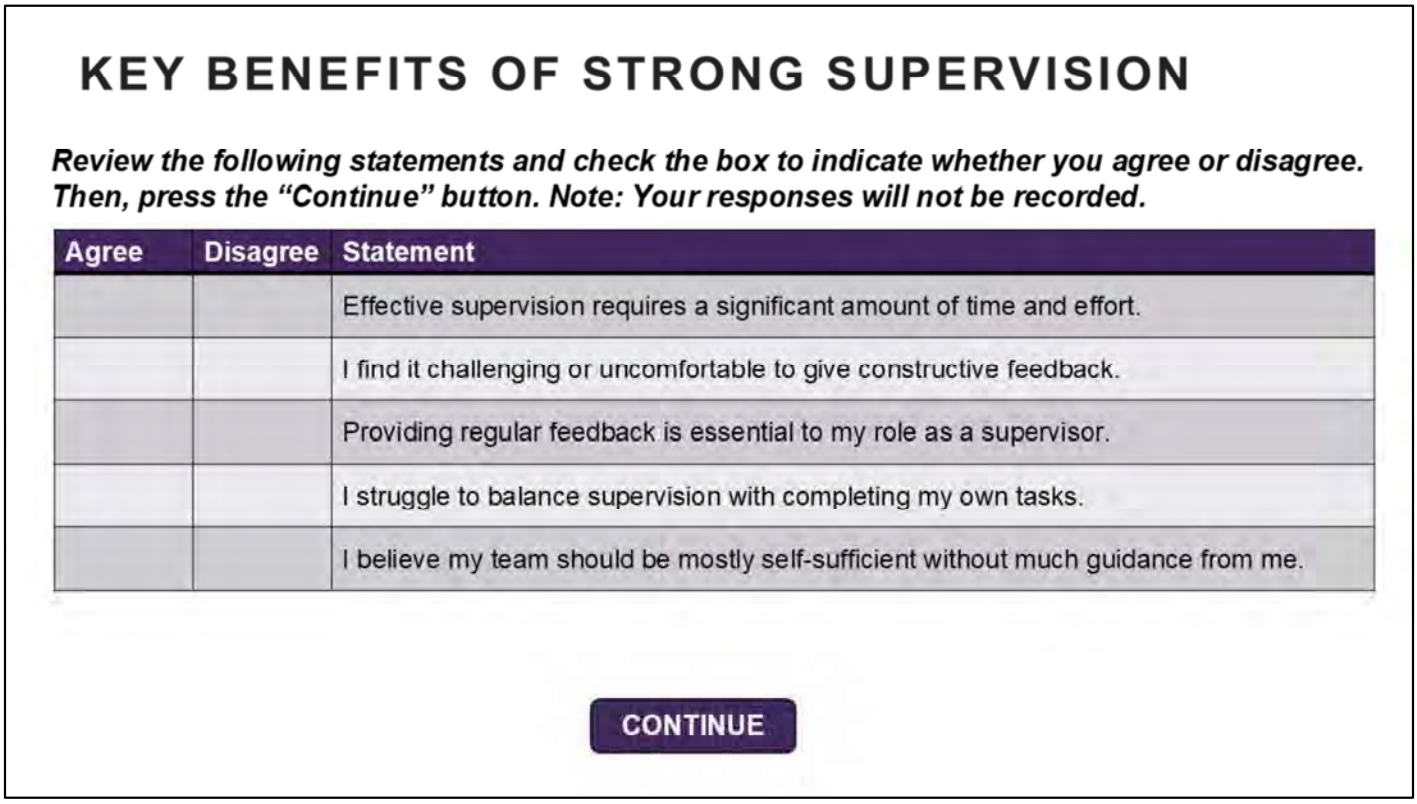
Interactive checklist with "Continue" button – Learner must select an option (Agree/Disagree) for all of the statements before being allowed to continue.

Interactive checklist with the following items:

- ❑ Supervising staff is one of the highlights of my job.
- ❑ I am frustrated when staff struggle to accept feedback.
- ❑ I sometimes question whether work ethic can be taught.
- ❑ I think about how I can create a "culture of safety" so that my staff can come to me when things "go wrong."
- ❑ I struggle to balance supporting staff in their personal lives while maintaining productivity.

References

None



Audio

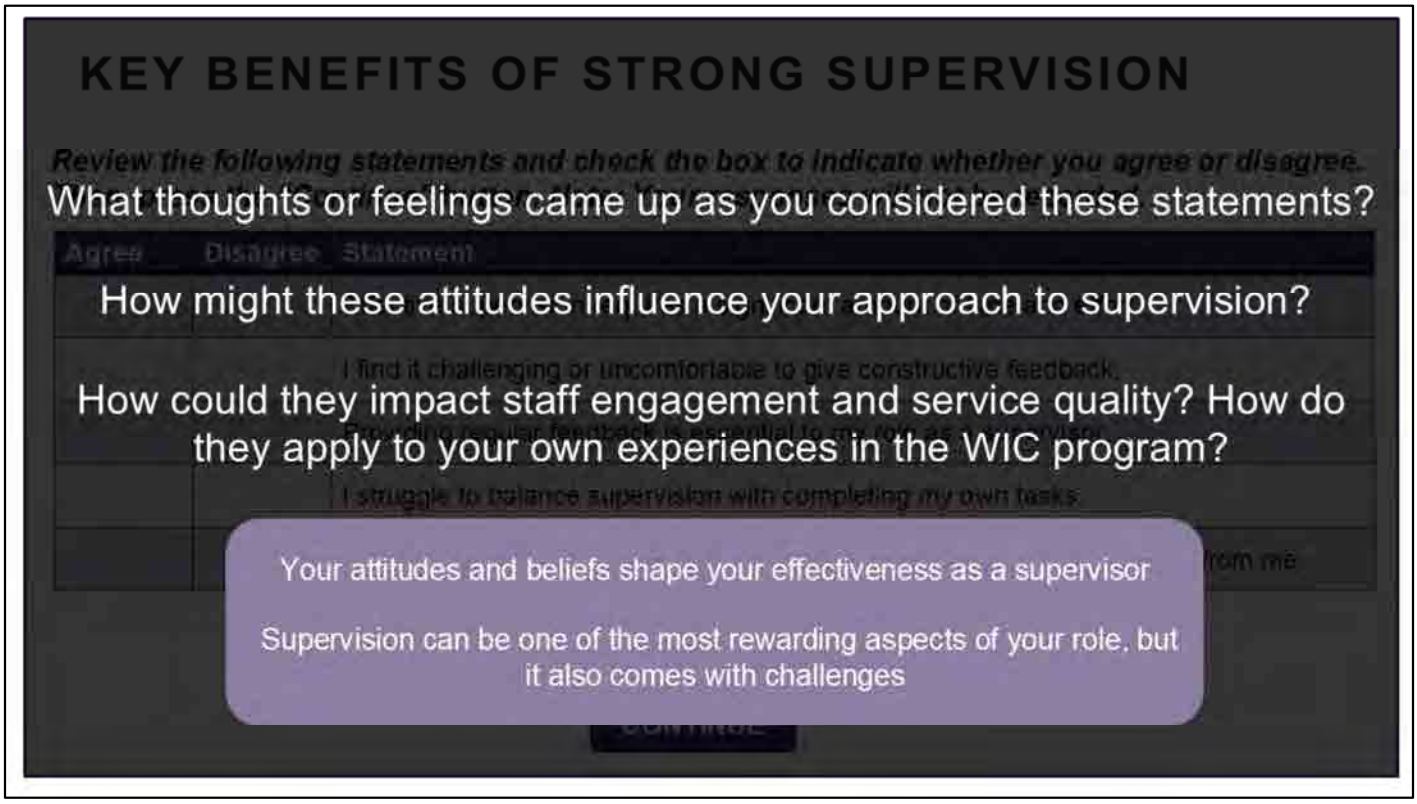
Graphics
None

Interactions
Interactive checklist with "Continue" button – Learner must select an option (Agree/Disagree) for all of the statements before being allowed to continue.

Interactive checklist with the following items:

- ❑ Effective supervision requires a significant amount of time and effort.
- ❑ I find it challenging or uncomfortable to give constructive feedback.
- ❑ Providing regular feedback is essential to my role as a supervisor.
- ❑ I struggle to balance supervision with completing my own tasks.
- ❑ I believe my team should be mostly self-sufficient without much guidance from me.

References
None



Audio

What thoughts or feelings came up as you considered these statements? How might these attitudes influence your approach to supervision? How could they impact staff engagement and service quality? How do they apply to your own experiences in the WIC program?

[After a 10-second pause]

Regardless of how you responded, your attitudes and beliefs shape your effectiveness as a supervisor. Supervision can be one of the most rewarding aspects of your role, but it also comes with challenges—like balancing support with accountability, managing time effectively, and navigating staff resistance to feedback.

Graphics

None

Interactions

None

References

None

FOSTERING SUPPORTIVE SUPERVISION



Frustration is natural when staff struggle to accept guidance

Common to wonder whether qualities like work ethic can be taught

Not just about managing performance

Audio

Frustration is natural when staff struggle to accept guidance, and it’s common to wonder whether qualities like work ethic can be taught. However, effective supervision isn’t just about managing performance—it’s about fostering a positive, productive culture where staff feel supported and engaged.

Graphics

iStock photo ID: 1471886613

Interactions

References



Audio

Fostering a supportive culture involves:

- Creating a "culture of safety" ensures that staff feel comfortable approaching you with concerns.
- Providing regular, constructive feedback—even when uncomfortable—is key to staff growth.
- And, empowering your team while offering the right level of guidance helps strike the balance between independence and support.

As you move forward, continuously reflecting on your attitudes and approaches will help you strengthen your leadership, support your team, and contribute to the success of the WIC program.

Graphics

iStock photo ID: 1471886613

Interactions

References



Audio
Now that we've explored the attitudes that can impact your effectiveness as a supervisor, it's time to turn our attention to the specific competencies that will put effective supervision into action.

Graphics
iStock photo ID: 1047532348

Interactions

References



Audio

The supervisory competencies refer to the skills, knowledge, and abilities required for effective management and leadership in a supervisory role. These competencies include:

- Supervision,
- Communication,
- Employee motivation,
- Methods improvement, and
- Adaptation to change.

Click on each of the competencies to review them in detail.

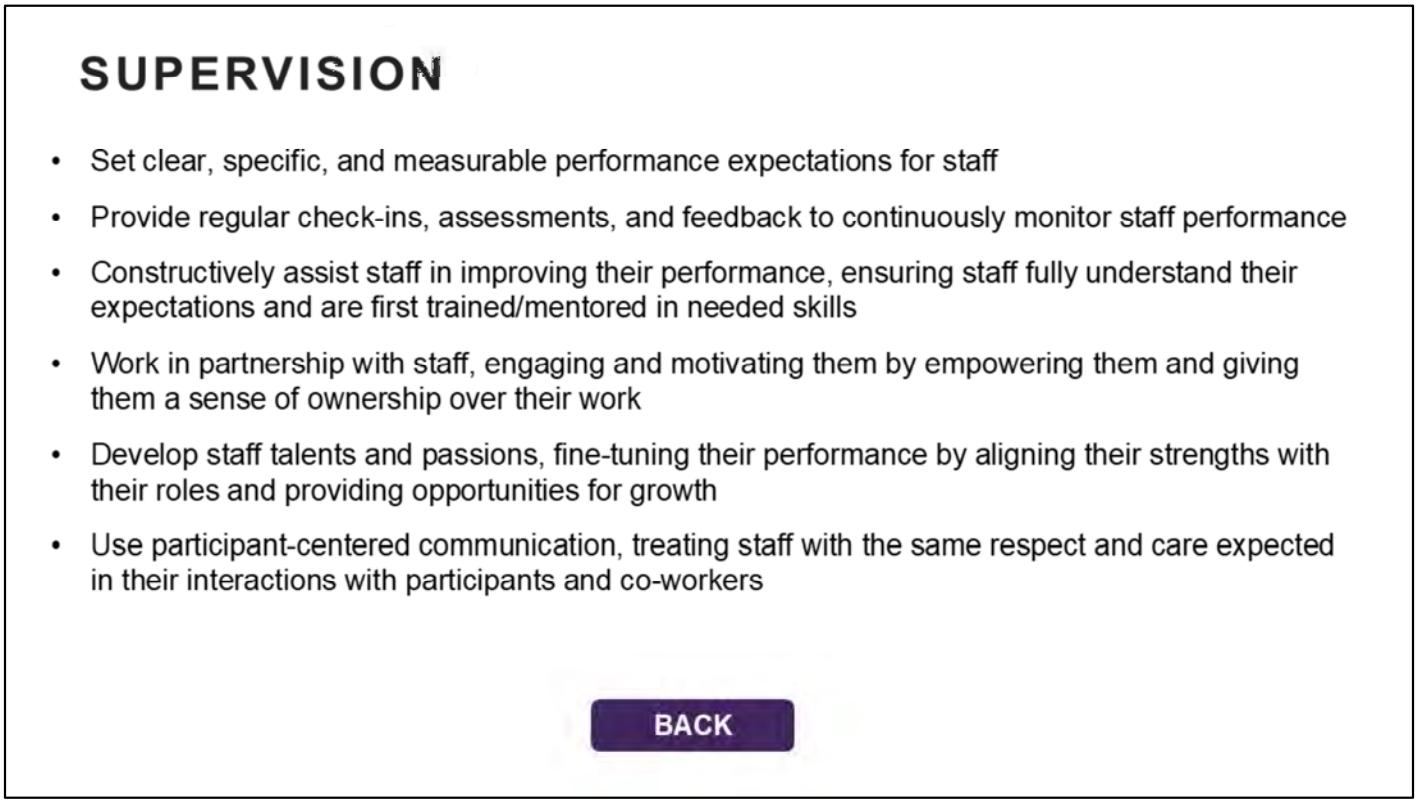
Graphics

Graphics from Noun Project (can provide pngs)

Interactions

Click and reveal the supervisory competencies – see next five slides for audio and on-screen text/visuals for each competency. After reviewing each competency, allow learner to return to this screen with reviewed competencies grayed out. After the learner has reviewed all the competencies, allow them to proceed with the rest of the module.

References



Audio

To be an effective supervisor, it is important for supervisors to:

- Set clear, specific, and measurable performance expectations for staff.
- Provide regular check-ins, assessments, and feedback to continuously monitor staff performance.
- Constructively assist staff in improving their performance, ensuring staff fully understand their expectations and are first trained/mentored in needed skills.
- Work in partnership with staff, engaging and motivating them by empowering them and giving them a sense of ownership over their work.
- Develop staff talents and passions, fine-tuning their performance by aligning their strengths with their roles and providing opportunities for growth,
- And lastly, use participant-centered communication, treating staff with the same respect and care expected in their interactions with participants and co-workers.

Graphics

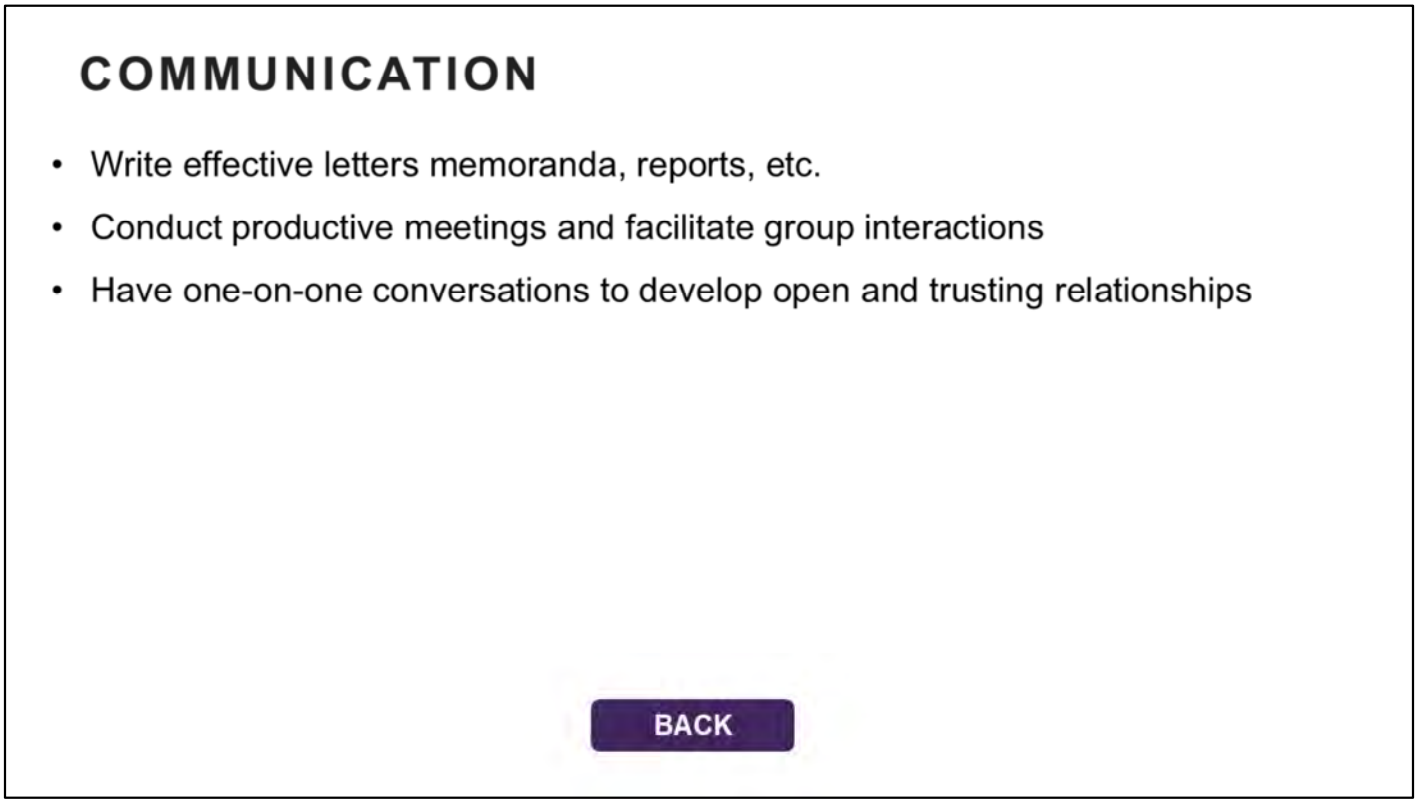
None

Interactions

Include a “Back” button at the end of the audio that returns the learner back to the supervisory competencies overview

References

None



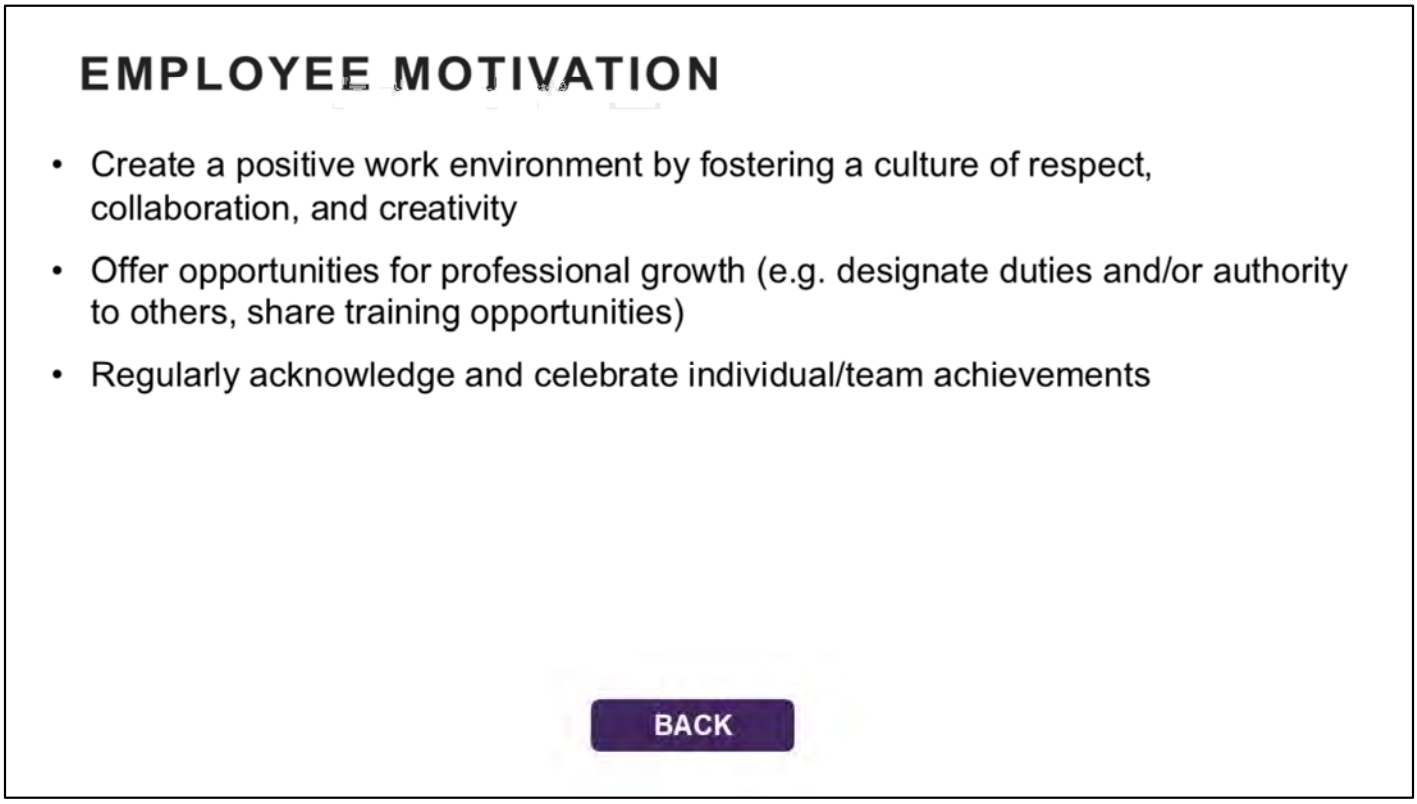
Audio
An essential competency for supervisors to have is good communication. This means supervisors are able to:

- Write effective letters memoranda, reports, and other documents,
- Conduct productive meetings and facilitate group interactions, and
- Have one-on-one conversations to develop open and trusting relationships.

Graphics
None

Interactions
Include a “Back” button at the end of the audio that returns the learner back to the supervisory competencies overview

References
None



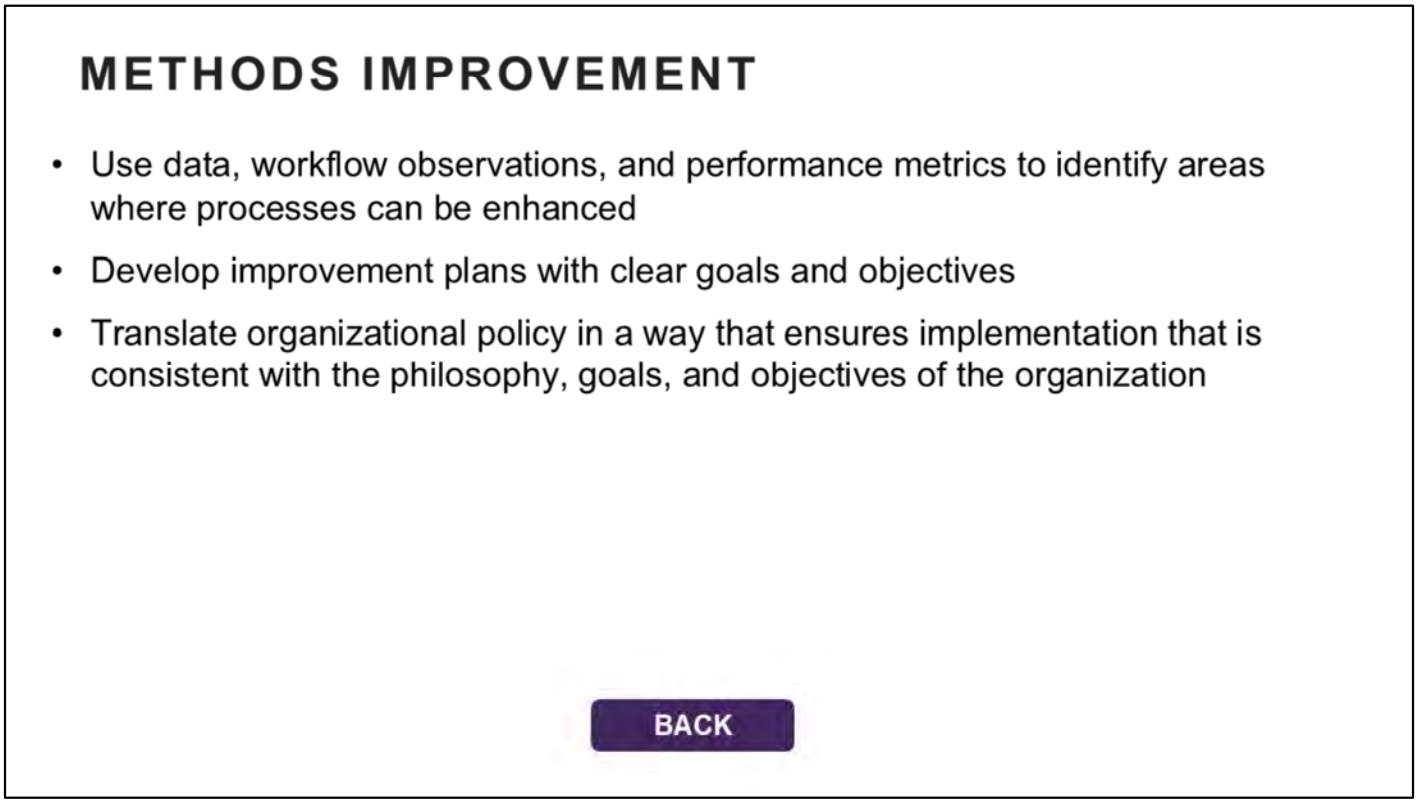
Audio
It is important for supervisors to motivate employees, which means supervisors:

- Create a positive work environment by fostering a culture of respect, collaboration, and creativity,
- Offer opportunities for professional growth (e.g. designate duties and/or authority to others, share training opportunities), and
- Regularly acknowledge and celebrate individual/team achievements.

Graphics
None

Interactions
Include a “Back” button at the end of the audio that returns the learner back to the supervisory competencies overview

References
None



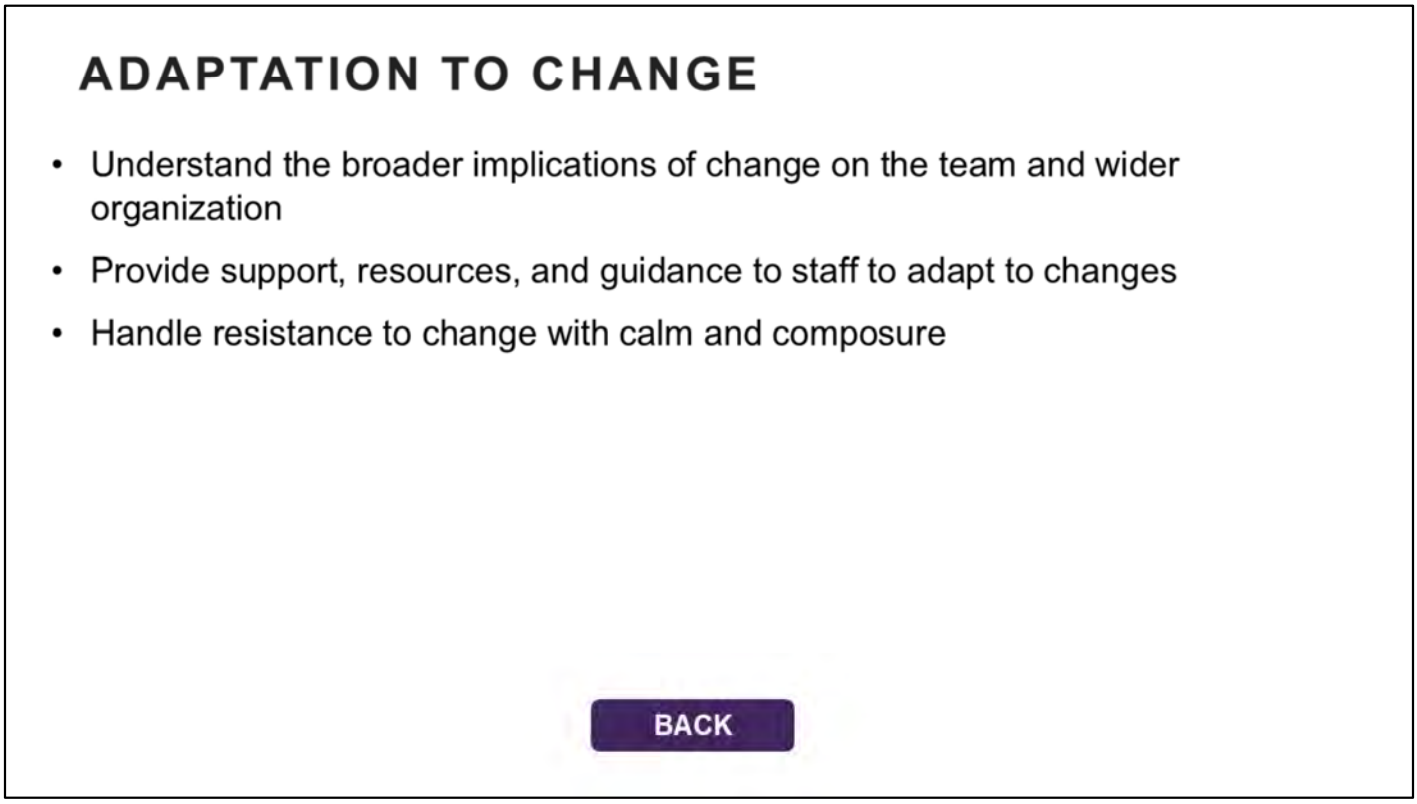
Audio
It is also important for supervisors to have the competency of methods improvement, which means supervisors:

- Use data, workflow observations, and performance metrics to identify areas where processes can be enhanced,
- Develop improvement plans with clear goals and objectives, and
- Translate organizational policy in a way that ensures implementation that is consistent with the philosophy, goals, and objectives of the organization.

Graphics
None

Interactions
Include a “Back” button at the end of the audio that returns the learner back to the supervisory competencies overview

References
None



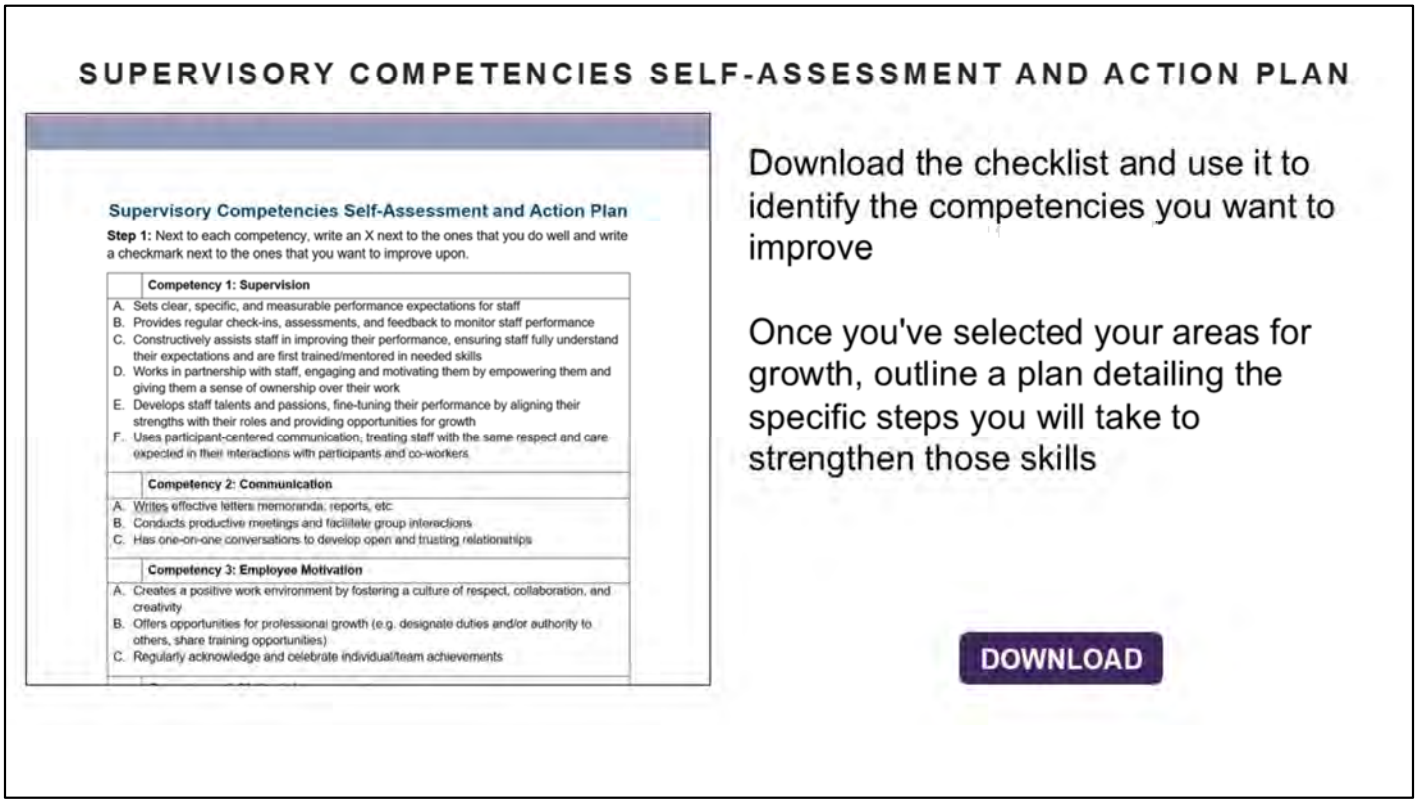
Audio
Lastly, an essential competency for supervisors to possess is being able to adapt to change. This means supervisors:

- Understand the broader implications of change on the team and wider organization,
- Provide support, resources, and guidance to staff to adapt to changes, and
- Handle resistance to change with calm and composure.

Graphics
None

Interactions
Include a “Back” button at the end of the audio that returns the learner back to the supervisory competencies overview

References
None



Audio

Download the checklist and use it to identify the competencies you want to improve**.** Once you've selected your areas for growth, outline a plan detailing the specific steps you will take to strengthen those skills.

Graphics

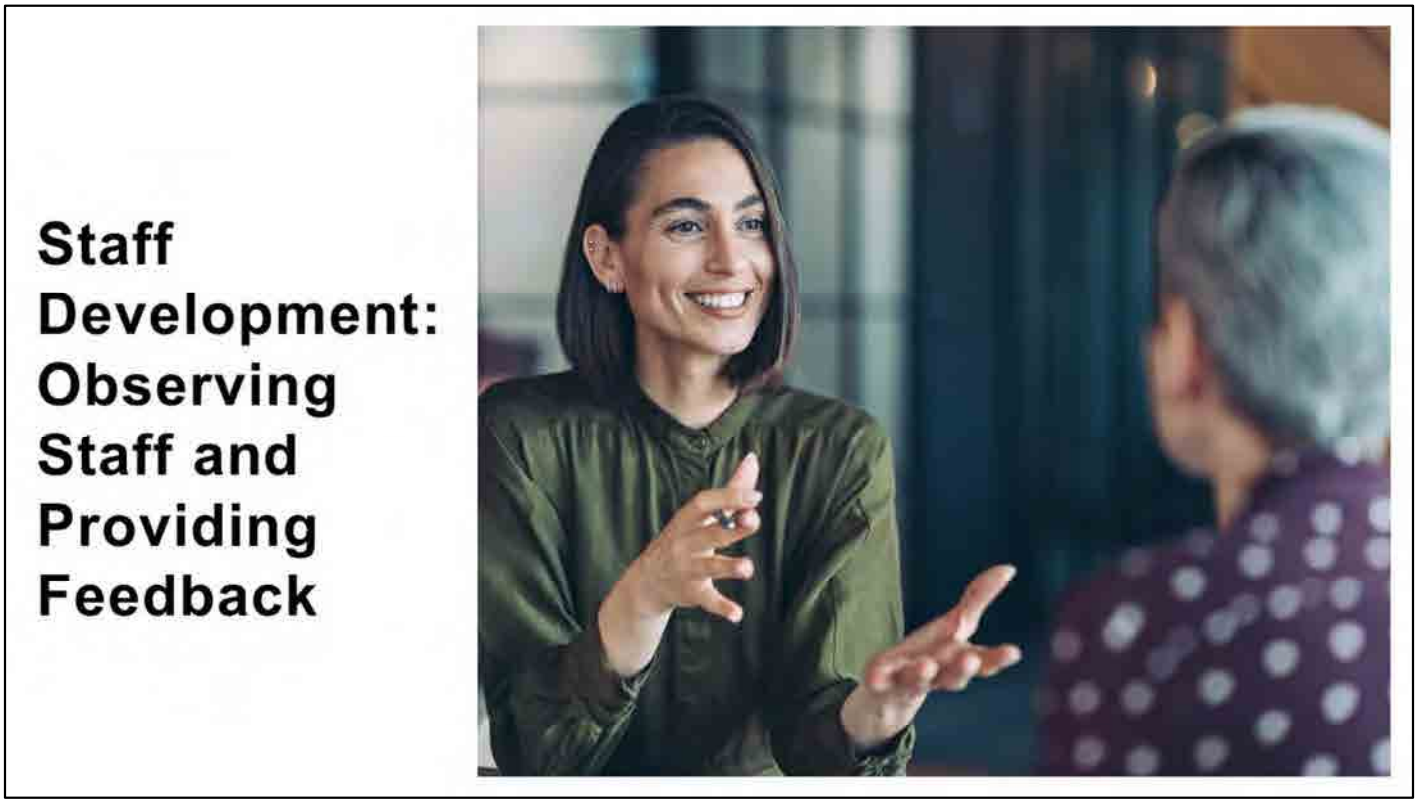
Screenshot of *Supervisory Competencies Self-Assessment and Action Plan*

Interactions

Share fillable PDF version of *Supervisory Competencies Self-Assessment and Action Plan*

References

None



Audio
Now that we've explored the characteristics, attitudes, and competencies of effective supervisors, let’s focus on one of the most powerful ways to support staff development —observing staff and providing meaningful feedback.

Graphics
iStock photo ID: 2155904673

Interactions
None

References
None

BENEFITS OF REGULAR SUPERVISOR OBSERVATION



Identify strengths and areas for improvement

Provide timely, relevant feedback

Offer real-time coaching and support

Strengthen relationships and trust

Audio

Regular observation is important and allows supervisors to:

- Identify strengths and areas for improvement based on real work performance.
- Provide timely, relevant feedback that helps staff grow and refine their skills.
- Offer real-time coaching and support, reinforcing positive behaviors and addressing challenges as they arise.
- And, strengthen relationships and trust by demonstrating an active investment in staff development.

Graphics

iStock photo ID: 2188046086

Interactions

References

None

STAFF OBSERVATION METHODS

Click on each of the images below to learn about how you can observe staff.



Audio
How can you observe staff effectively? Supervisors can gather insights on staff performance through a variety of methods. Click on each of the images below to learn about you can do this.

[Clicking on iStock photo ID 2154608762]
Direct observations: Watching staff interact with participants or perform key job duties.

[Clicking on iStock photo ID 515264060]
Record reviews: Reviewing case files, documentation, or reports.

[Clicking on iStock photo ID 1385306772]
Case conferences: Discussing participant cases with staff to assess decision-making and critical thinking.

[Clicking on iStock photo ID 1449248201]
Staff meetings: Noticing how employees engage, contribute, and collaborate.

[Clicking on iStock photo ID 1497712526]
Day-to-day interactions: Informal conversations or observing how staff work with colleagues.

[Clicking on iStock photo ID 1471236681]
Data analysis: Assessing performance metrics, such as quality and quantity of work completed.

Graphics
iStock photo IDs:
- 2154608762
- 515264060
- 1385306772
- 1449248201
- 1497712526
- 1471236681

Interactions
Clicking on each graphic highlights the image, and reveals/narrates the corresponding text. Include a “Close” button on that screen to revert back to this menu. (See next slide for an example of how this should appear for "Direct Observations"). Allow learner to continue with module once all six images have been selected and reviewed.

iStock photo ID 2154608762

- Direct observations: Watching staff interact with participants or perform key job duties.

iStock photo ID 515264060

- Record reviews: Reviewing case files, documentation, or reports.

iStock photo ID 1385306772

- Case conferences: Discussing participant cases with staff to assess decision-making and critical thinking.

iStock photo ID 1449248201

- Staff meetings: Noticing how employees engage, contribute, and collaborate.

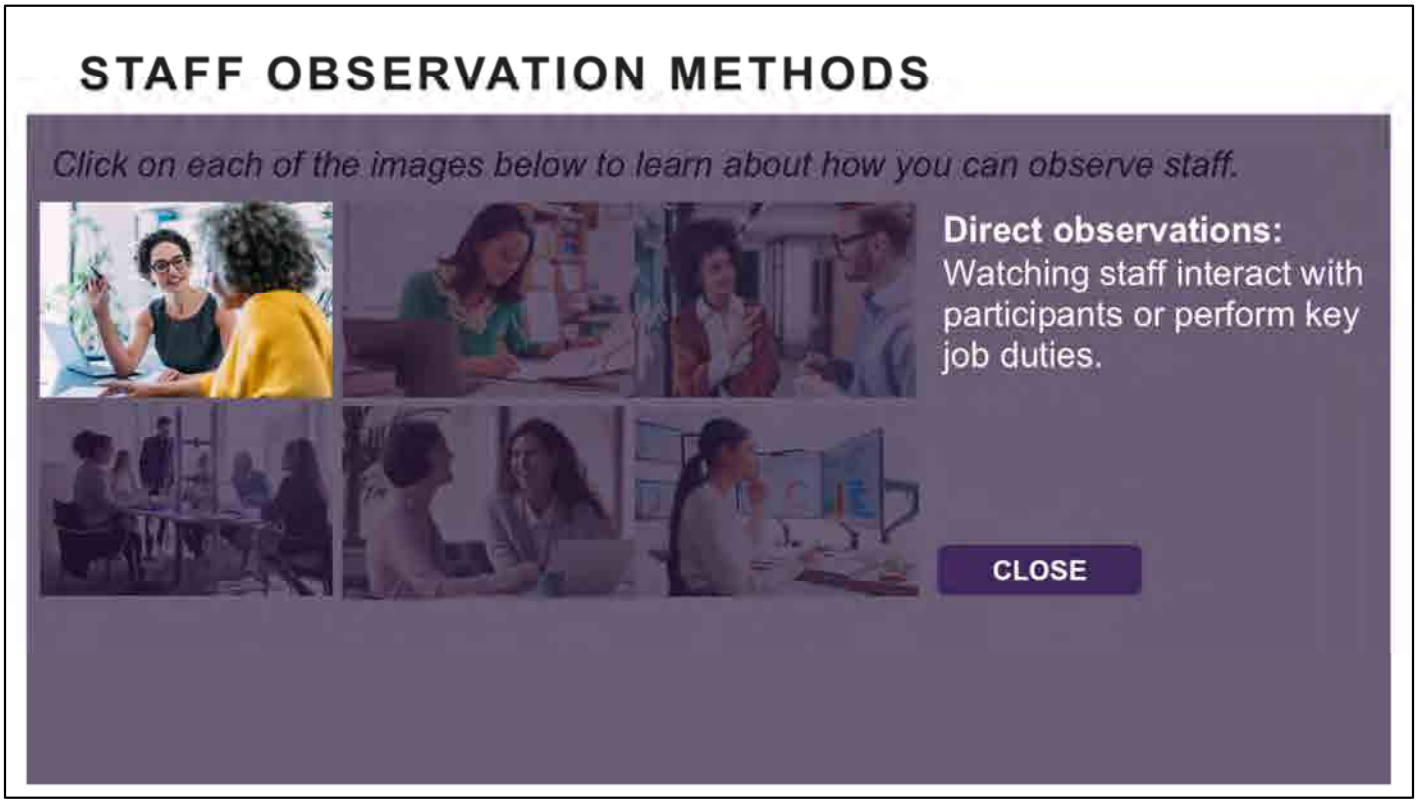
iStock photo ID 1497712526

- Day-to-day interactions: Informal conversations or observing how staff work with colleagues.

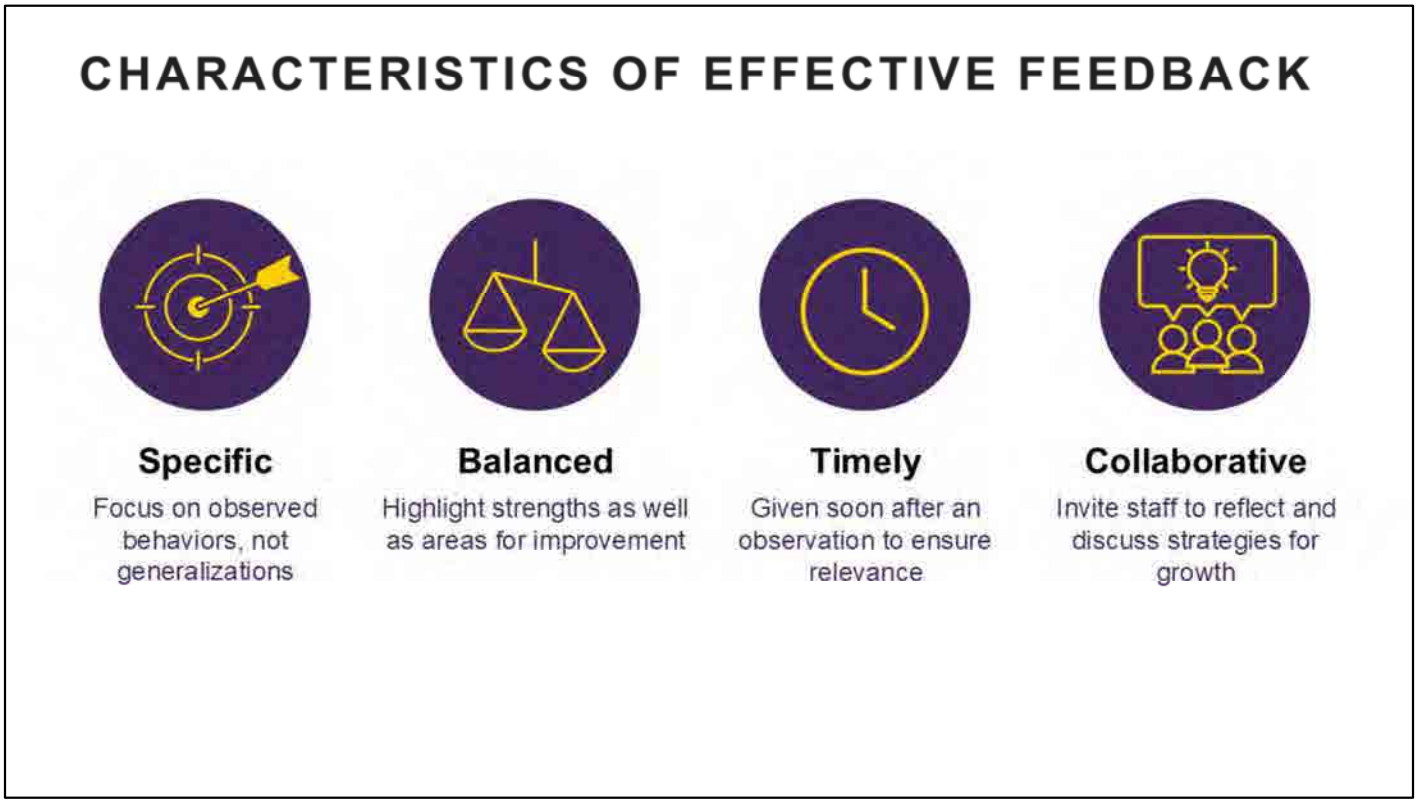
iStock photo ID 1471236681

- Data analysis: Assessing performance metrics, such as quality and quantity of work completed.

References



Reference slide for on-screen text and graphics as detailed on previous slide



Audio
Observation alone is not enough — supervisors must also provide clear, constructive, and actionable feedback. Employees need to understand what they're doing well and where they can improve.

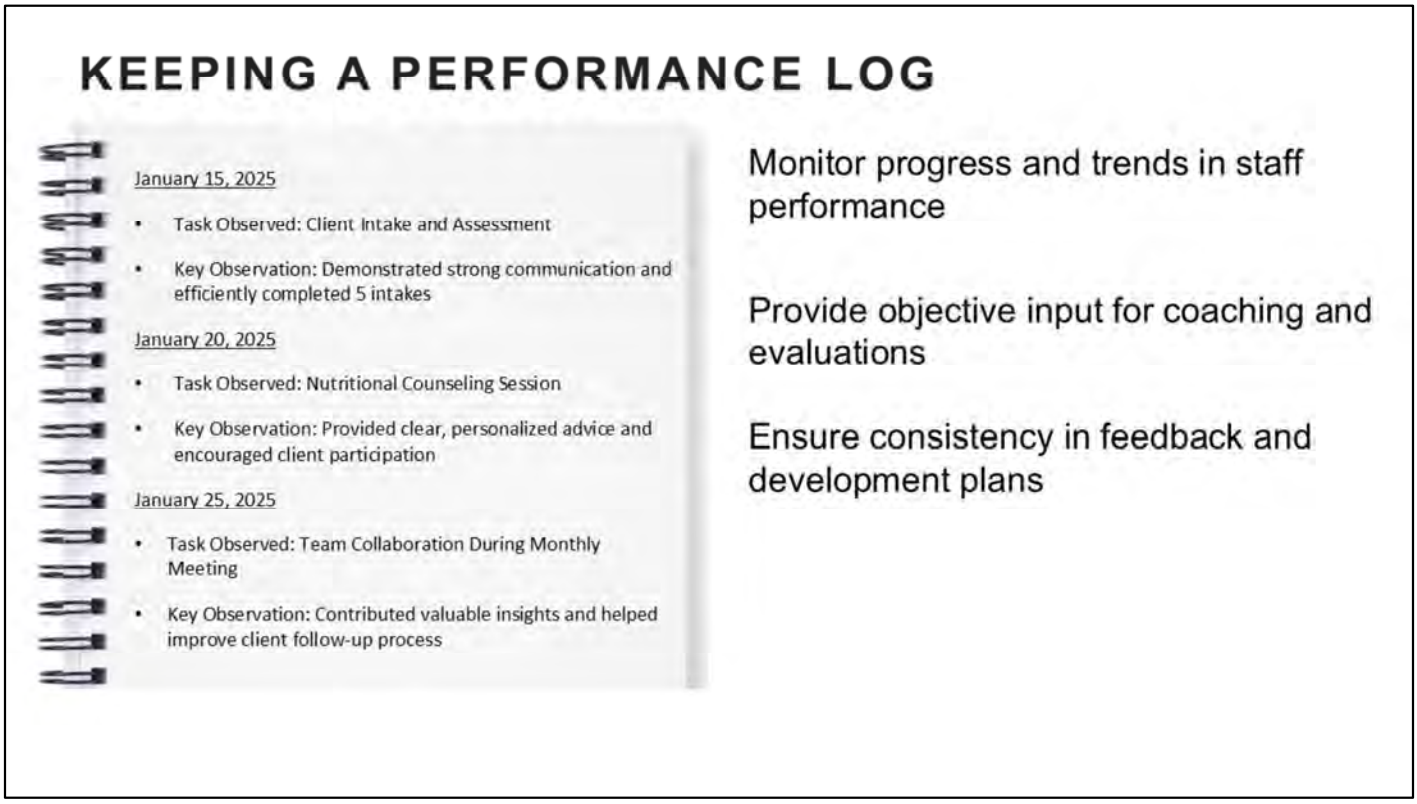
Effective feedback should be:

- Specific, focusing on observed behaviors, not generalizations,
- Balanced, highlighting strengths as well as areas for improvement,
- Timely, which means it is given soon after an observation to ensure relevance, and
- Collaborative, for example, inviting staff to reflect and discuss strategies for growth.

Graphics
Graphics from Noun Project (can provide pngs)

Interactions
None

References
None



Audio

Keeping a performance log can help supervisors track key observations over time. By recording specific examples — including dates, tasks, and outcomes — supervisors can:

- Monitor progress and trends in staff performance.
- Provide objective input for coaching and evaluations. And,
- Ensure consistency in feedback and development plans.

Observing staff and providing thoughtful feedback is one of the most effective ways to support and develop your team. It strengthens relationships, builds confidence, and ensures that employees receive the guidance they need to succeed. By making observation and feedback a regular part of supervision, you'll foster a more engaged, skilled, and high-performing team.

Graphics

iStock photo ID: 172765177 (text superimposed on top)

Interactions

None

References



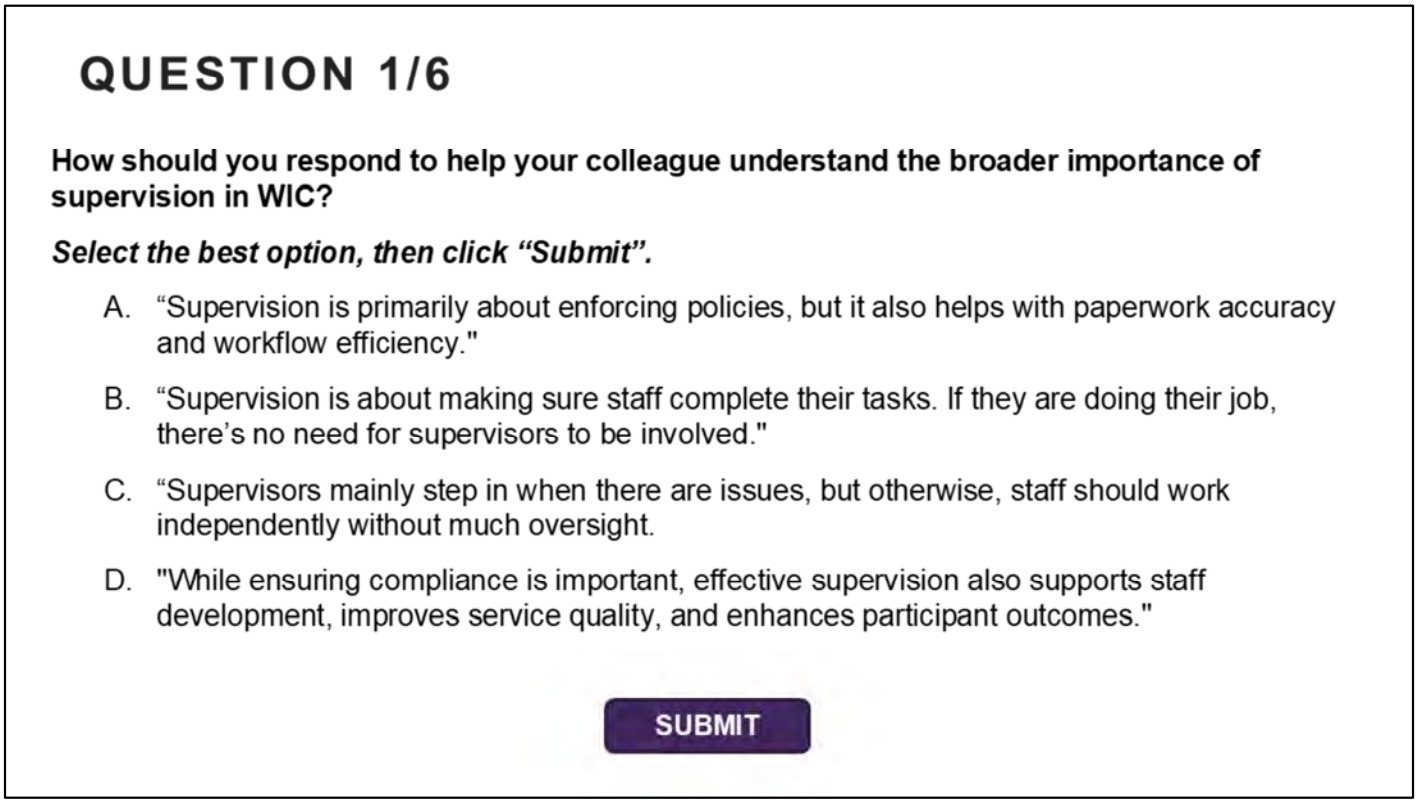
Audio

Before we conclude Module 1, let’s check your understanding of the material.

Graphics
iStock photo ID: 1354842530

Interactions
None

References
None



Audio

How should you respond to help your colleague understand the broader importance of supervision in WIC? *Select the best option, then click "Submit".*

Graphics

None

Interactions

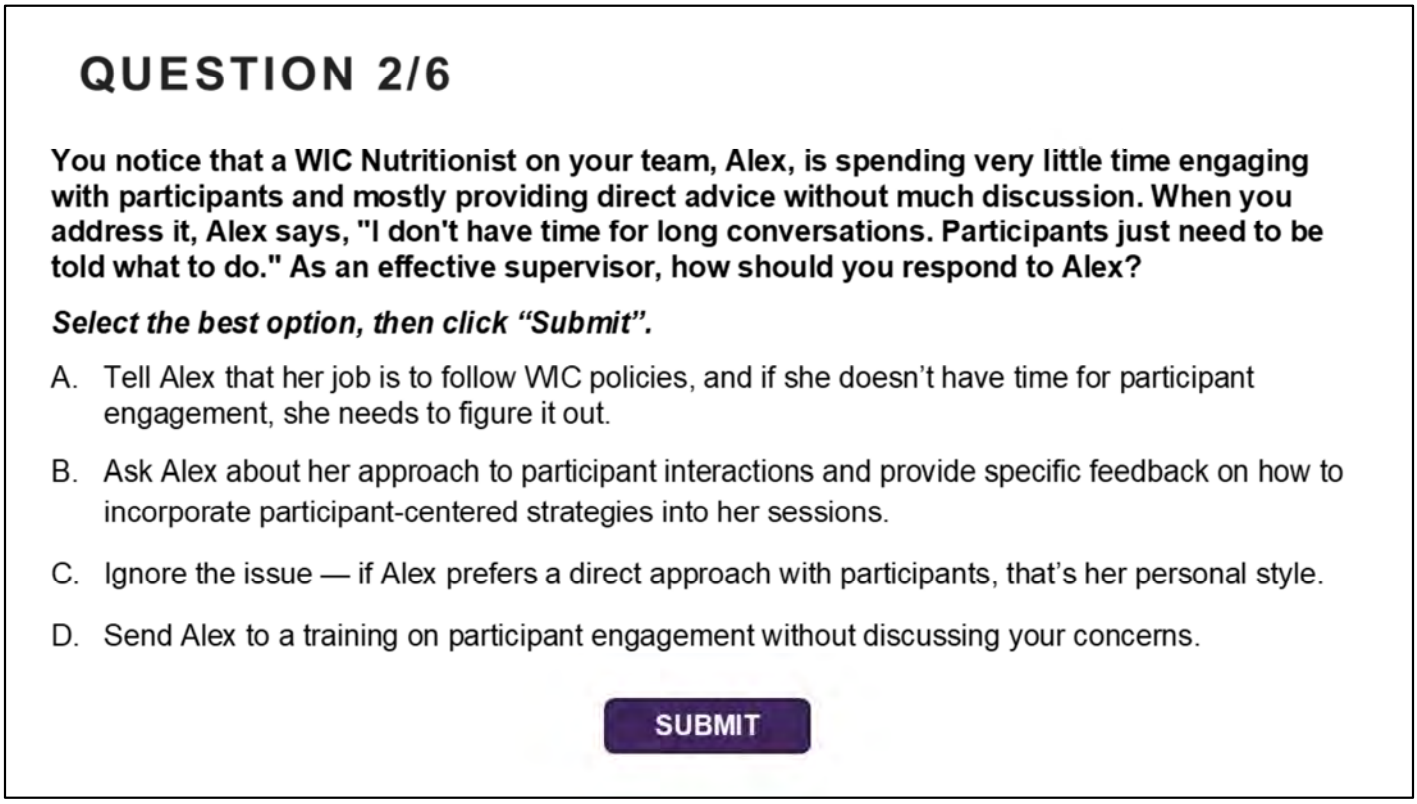
Multiple choice question [Correct response: D]

Allow learner up to two attempts to respond to the question before revealing the correct responses and feedback

- **Feedback if answered correctly:** Correct! Supervision in WIC is essential for ensuring compliance, supporting staff development, maintaining service quality, and ultimately improving participant outcomes. Effective supervisors play a key role in coaching staff, fostering engagement, and driving program success.
- **Feedback after answering incorrectly:** Sorry, this is not the correct response. Try again.
- **Feedback after answering incorrectly two times:** Nice try – the correct response is D. Supervision in WIC is essential for ensuring compliance, supporting staff development, maintaining service quality, and ultimately improving participant outcomes. Effective supervisors play a key role in coaching staff, fostering engagement, and driving program success.

References

None



Audio
You notice that a WIC Nutritionist on your team, Alex, is spending very little time engaging with participants and mostly providing direct advice without much discussion. When you address it, Alex says, "I don't have time for long conversations. Participants just need to be told what to do." As an effective supervisor, how should you respond to Alex? *Select the best option, then click "Submit".*

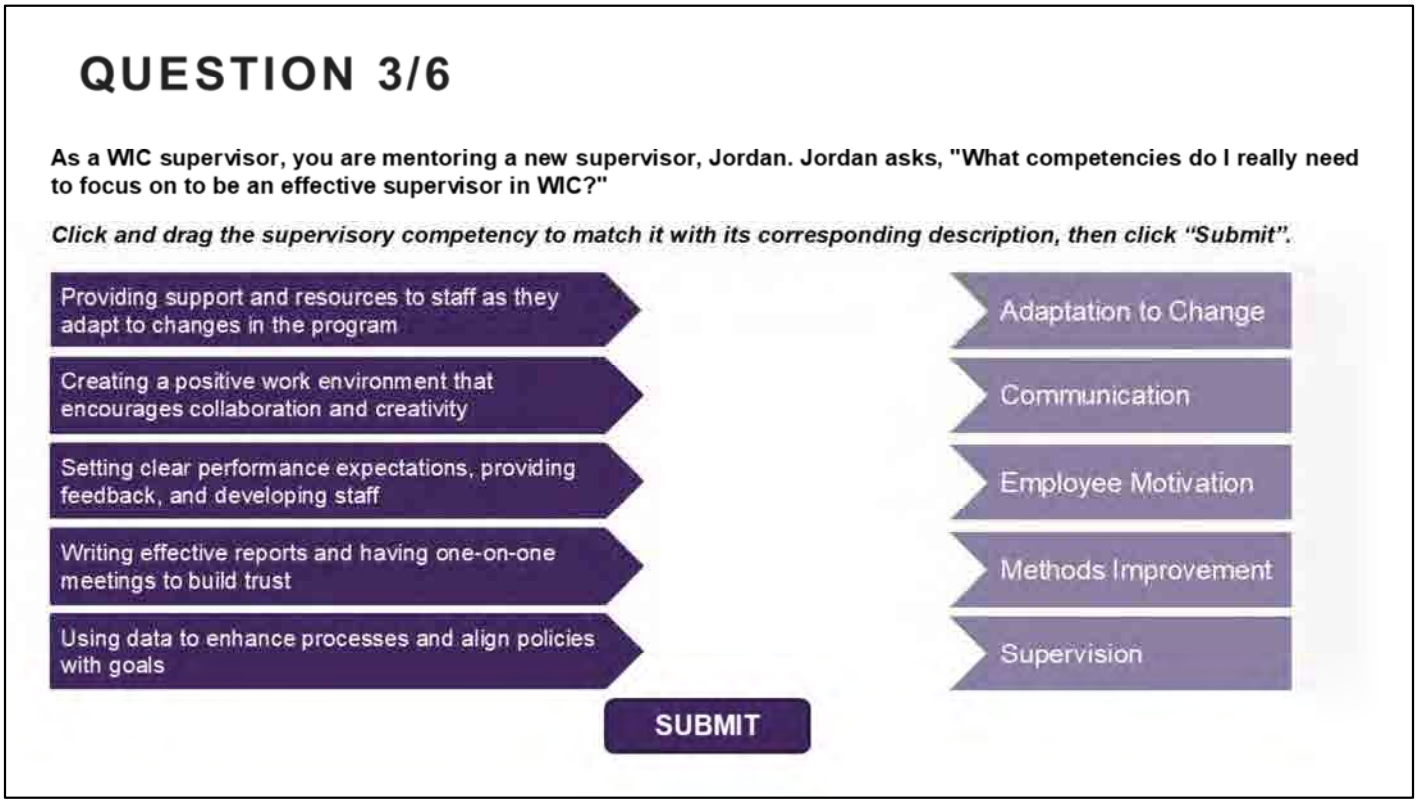
Graphics
None

Interactions
Multiple choice question [Correct response: B]

Allow learner up to two attempts to respond to the question before revealing the correct responses and feedback

- Feedback if answered correctly: Correct! Engaging Alex in a discussion about her approach and providing specific, actionable feedback helps her understand how to integrate participant-centered strategies into her work. This allows for meaningful improvement while reinforcing WIC's expectations.
- Feedback after answering incorrectly: Sorry, this is not the correct response. Try again.
- Feedback after answering incorrectly two times: Nice try – the correct response is B. Engaging Alex in a discussion about her approach and providing specific, actionable feedback helps her understand how to integrate participant-centered strategies into her work. This allows for meaningful improvement while reinforcing WIC's expectations.

References
None



Audio

As a WIC supervisor, you are mentoring a new supervisor, Jordan. Jordan asks, "What competencies do I really need to focus on to be an effective supervisor in WIC?" Click and drag the supervisory competency to match it with its corresponding description, then click “Submit”.

Graphics
None

Interactions
Matching question

Correct responses:
- Providing support and resources to staff as they adapt to changes in the program – Adaptation to change
- Creating a positive work environment that encourages collaboration and creativity – Employee motivation
- Setting clear performance expectations, providing feedback, and developing staff –

Supervision
- Writing effective reports and having one-on-one meetings to build trust – Communication
- Using data to enhance processes and align policies with goals – Methods improvement

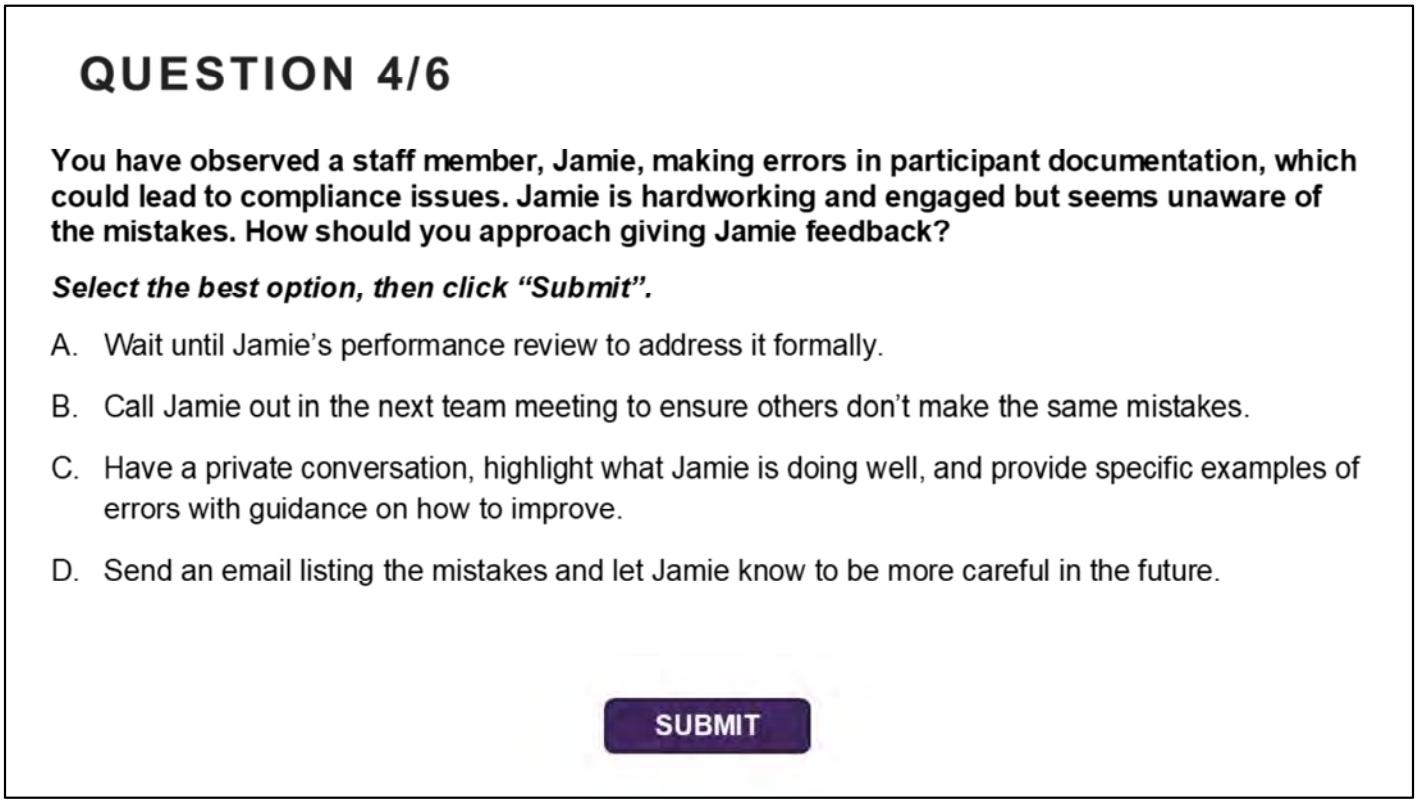
Allow learner up to two attempts to respond to the question before revealing the correct responses and feedback

- Feedback if answered correctly: Correct! All of these supervisory competencies are essential for an effective WIC supervisor. Strong supervision involves clear expectations, communication, motivation, and coaching. Supervisors also play a key role in, improving methods and supporting staff through change. Mastering these competencies leads to a well-supported team and high-quality services for WIC participants.

- Feedback after answering incorrectly: Sorry, one or more of these competencies is not paired with the right description. Try again.

- Feedback after answering incorrectly two times: Nice try – see the correct responses. All of these supervisory competencies are essential for an effective WIC supervisor. Strong supervision involves clear expectations, communication, motivation, and coaching. Supervisors also play a key role in, improving methods and supporting staff through change. Mastering these competencies leads to a well-supported team and high-quality services for WIC participants.

<u>References</u>
None



Audio

You have observed a staff member, Jamie, making errors in participant documentation, which could lead to compliance issues. Jamie is hardworking and engaged but seems unaware of the mistakes. How should you approach giving Jamie feedback? Select the best option, then click "Submit".

Graphics

None

Interactions

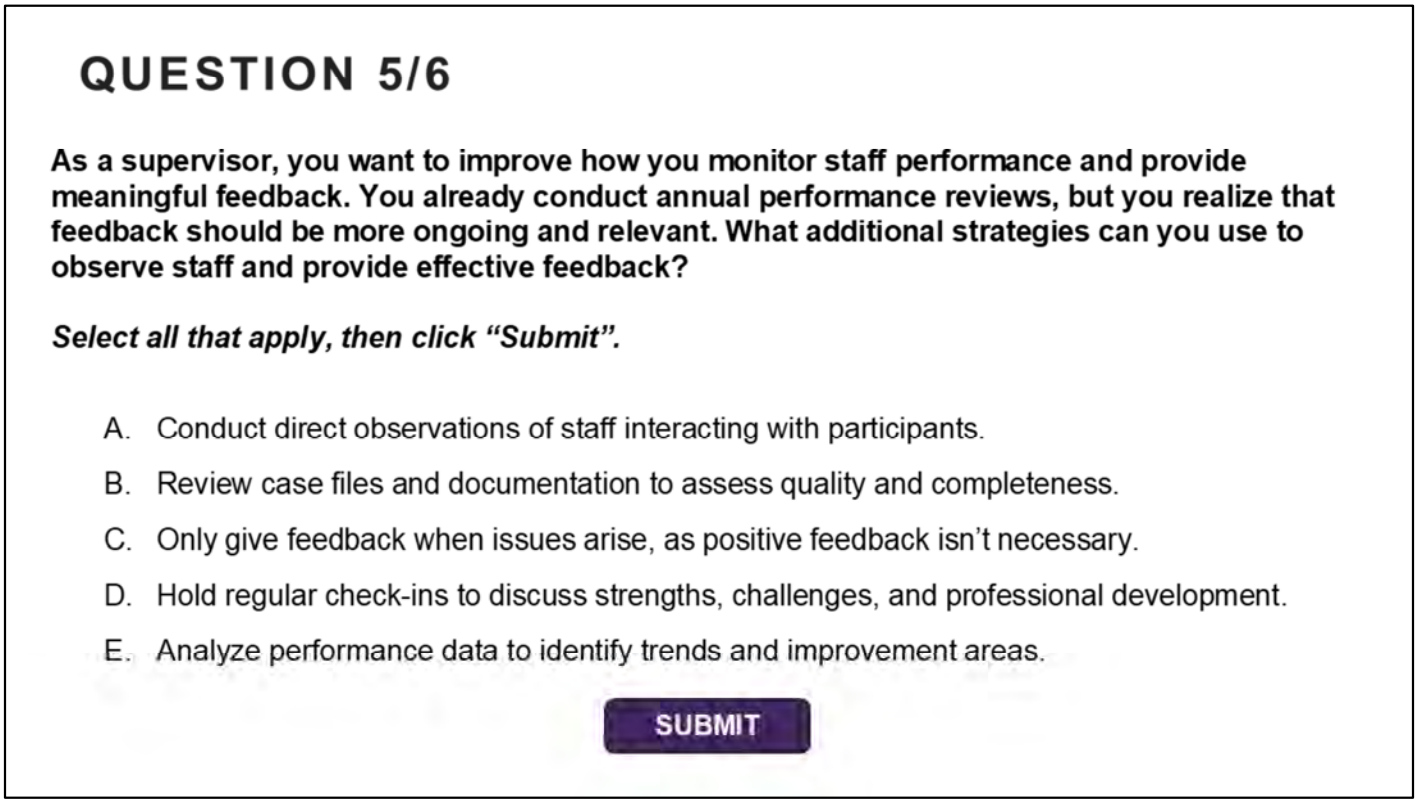
Multiple choice question [Correct response: C]

Allow learner up to two attempts to respond to the question before revealing the correct responses and feedback.

- **Feedback if answered correctly:** Correct! Feedback should be timely, specific, and constructive, balancing strengths with areas for improvement.
- **Feedback after answering incorrectly:** Sorry, this is not the correct response. Try again.
- **Feedback after answering incorrectly two times:** Nice try – the correct response is C. Feedback should be timely, specific, and constructive, balancing strengths with areas for improvement.

Refernces

None



Audio
As a supervisor, you want to improve how you monitor staff performance and provide meaningful feedback. You already conduct annual performance reviews, but you realize that feedback should be more ongoing and relevant. What additional strategies can you use to observe staff and provide effective feedback? Select all that apply, then click "Submit".

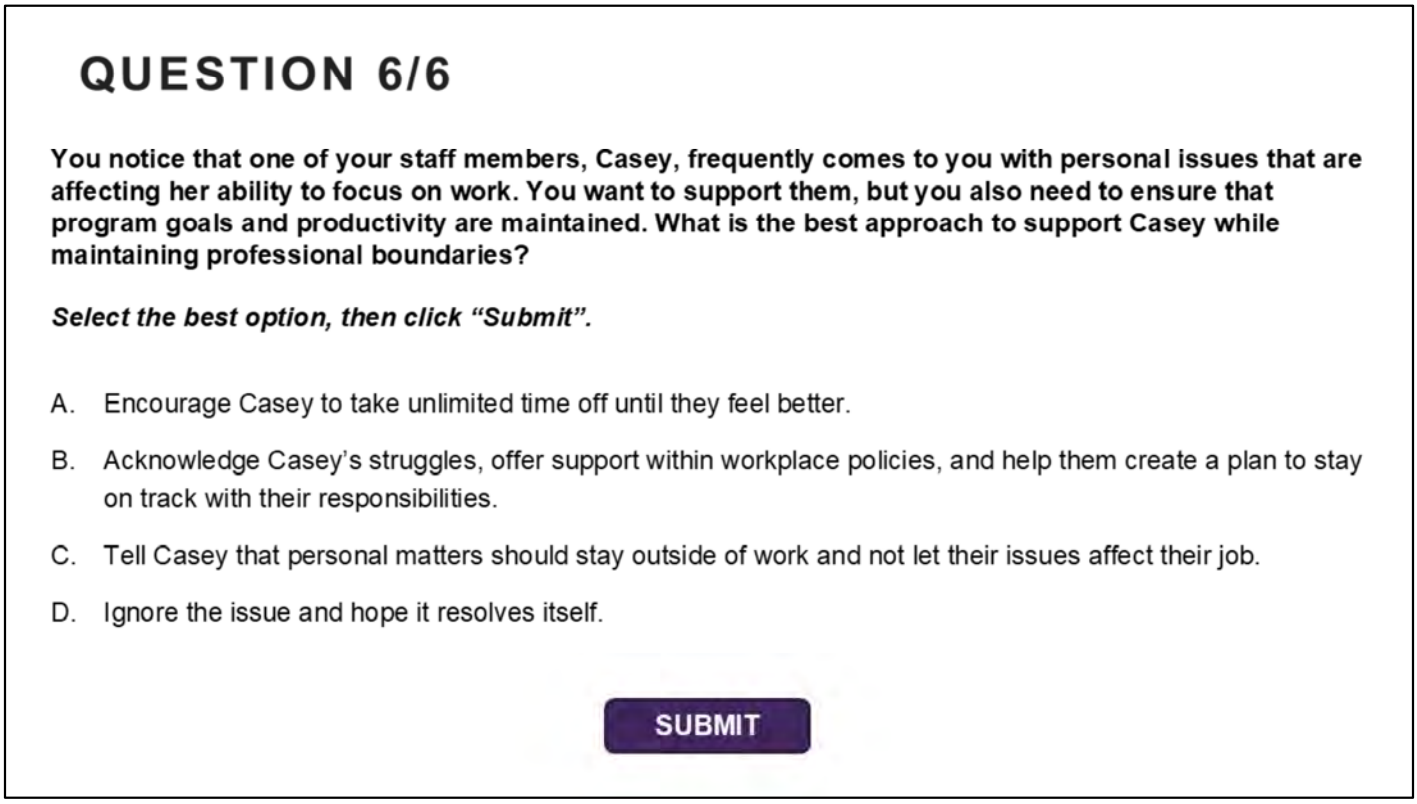
Graphics
None

Interactions
Multiple response question [Correct responses: A, B, D, and E]

Allow learner up to two attempts to respond to the question before revealing the correct responses and feedback

- Feedback if answered correctly: Correct! Effective supervision involves ongoing observation (A), performance tracking (B & E), feedback, and coaching (D).
- Feedback after answering incorrectly: Sorry, at least one of these answers isn't correct and/or you did not select a correct response. Try again.
- Feedback after answering incorrectly two times: Good try – the correct answers are A, B, D, and E. Effective supervision involves ongoing observation (A), performance tracking (B & E), feedback, and coaching (D).

References
None



Audio

You notice that one of your staff members, Casey, frequently comes to you with personal issues that are affecting her ability to focus on work. You want to support them, but you also need to ensure that program goals and productivity are maintained. What is the best approach to support Casey while maintaining professional boundaries? Select the

best option, then click “Submit”.

Graphics

None

Interactions

Multiple choice question [Correct response: B]

Allow learner up to two attempts to respond to the question before revealing the correct responses and feedback.

- **Feedback if answered correctly:** Correct! Balancing empathy with accountability ensures that Casey feels supported while still meeting work expectations.
- **Feedback after answering incorrectly:** Sorry, this is not the correct response. Try again.
- **Feedback after answering incorrectly two times:** Nice try – the correct response is B.
- Balancing empathy with accountability ensures that Casey feels supported while still meeting work expectations.

References

None



Audio

Let’s summarize what we’ve covered in Module 1.

Graphics
iStock photo ID: 1172747974

Interactions
None

References
None

MODULE 1 SUMMARY



Critical role of supervision in service delivery

Importance of setting clear expectations and providing feedback as a supervisor

Impact of attitudes and behaviors on staff

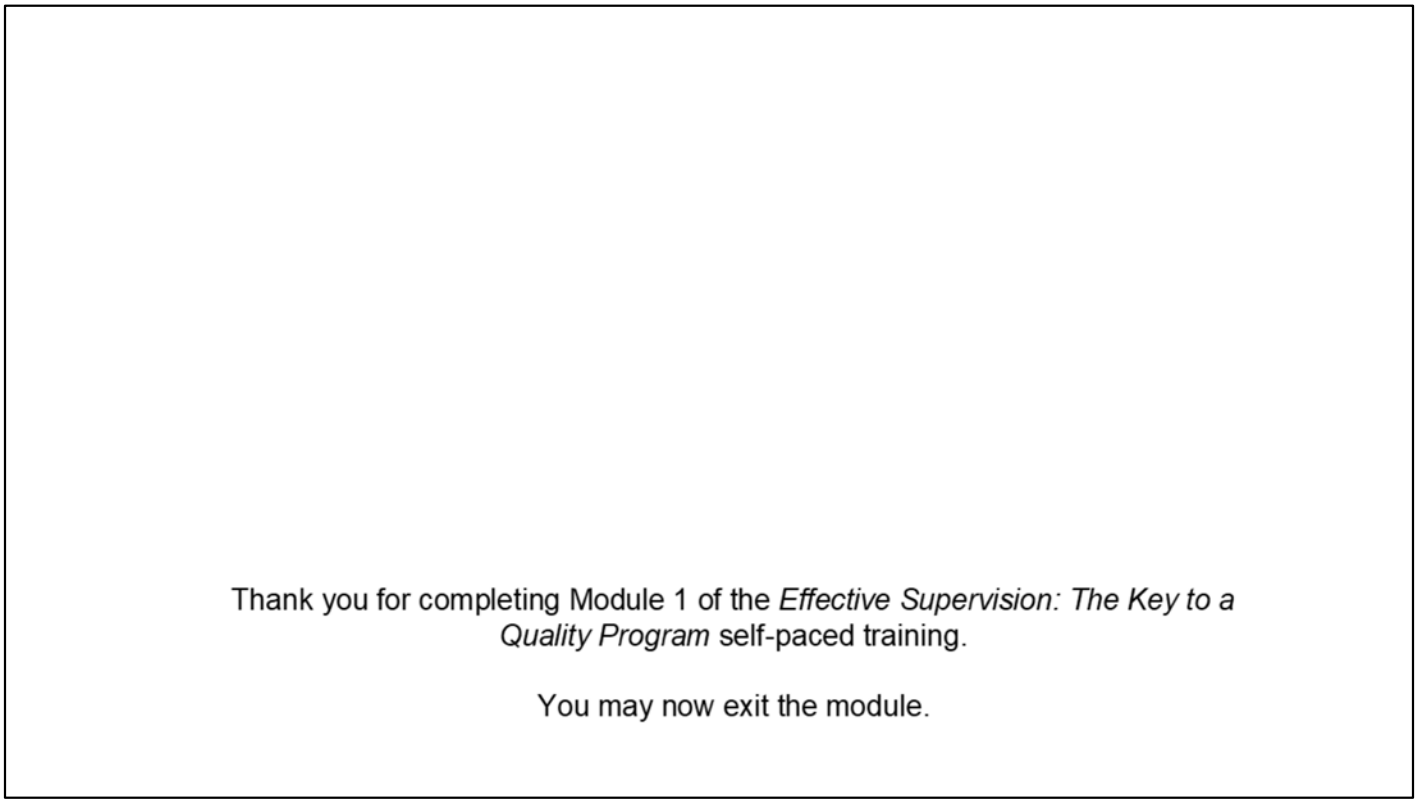
Enhancing team performance and outcomes through active observation and timely feedback

Audio
Supervision in the WIC program plays a critical role in ensuring the delivery of quality services, meeting program goals, and fostering staff development. Effective supervision involves setting clear expectations, providing regular feedback, and addressing performance issues to maintain high standards. Supervisors must also be aware of the impact their attitudes and behaviors can have on staff, promoting a supportive environment for growth. By actively observing staff and offering timely feedback, supervisors can enhance team performance and contribute to better health outcomes for WIC participants.

Graphics
iStock photo ID: 5314766918

Interactions
None

References
None



Audio

Thank you for completing Module 1 of the *Effective Supervision: The Key to a Quality Program* self-paced training. You may now exit the module.

Graphics
None

Interactions
Learner should be able to exit module and return to LMS homepage

References
None



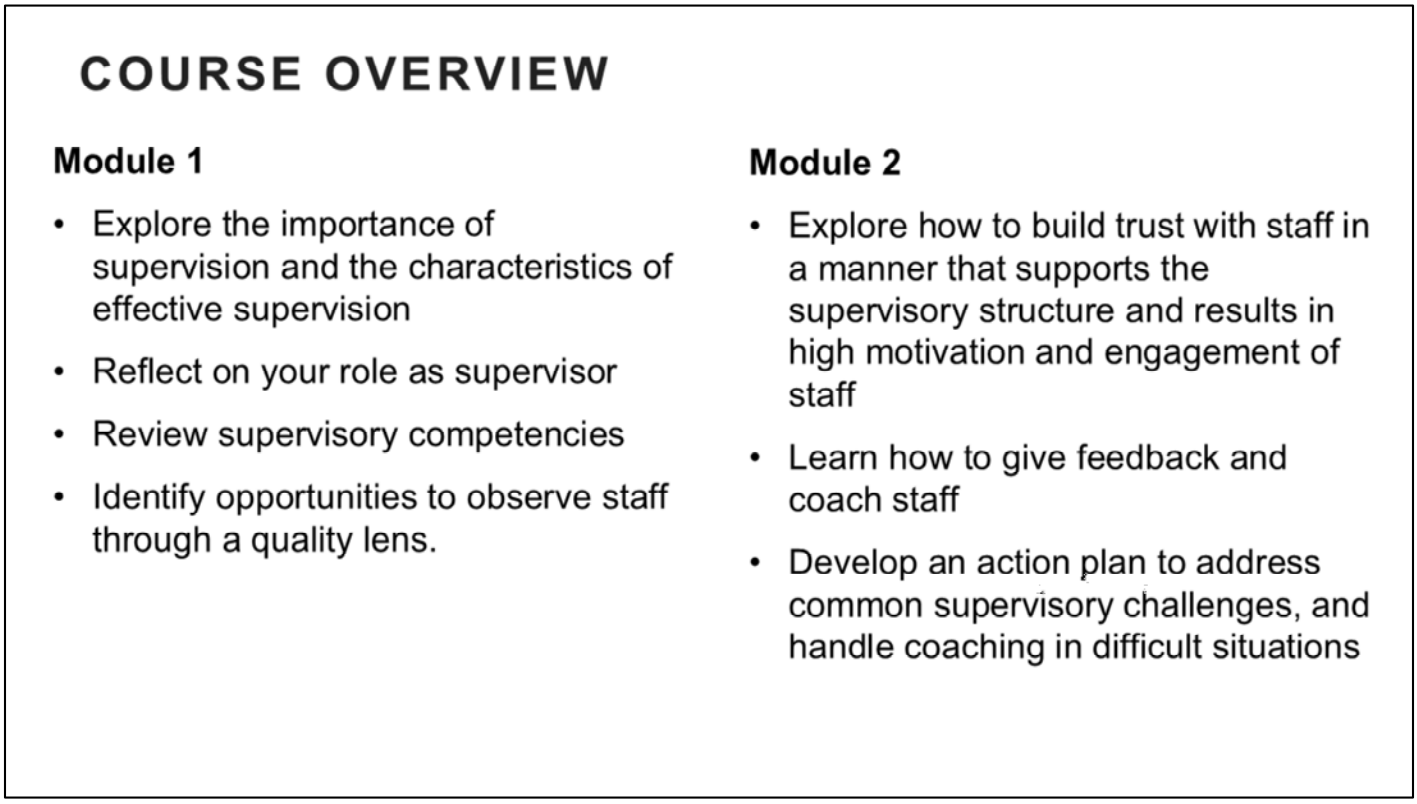
Audio

Welcome to Module 2 of the New York State WIC Program's "Effective Supervision: The Key to a Quality Program" self-paced training. When you are ready to begin, click on the right arrow.

Graphics
None

Interactions
None

References
None



Audio

In Module 1, you learned about the importance of supervision and the key characteristics and attitudes of effective supervisors. You reflected on your role as a supervisor, reviewed essential supervisory skills, and explored how observing staff can improve performance and lead to better participant outcomes.

Now in Module 2, you'll explore how coaching as a supervisory strategy can enhance your ability to develop and empower your team. You will learn how to give feedback and coach staff, develop an action plan to address common supervisory challenges, and handle coaching in difficult situations

Graphics
None

Interactions
None

References
None

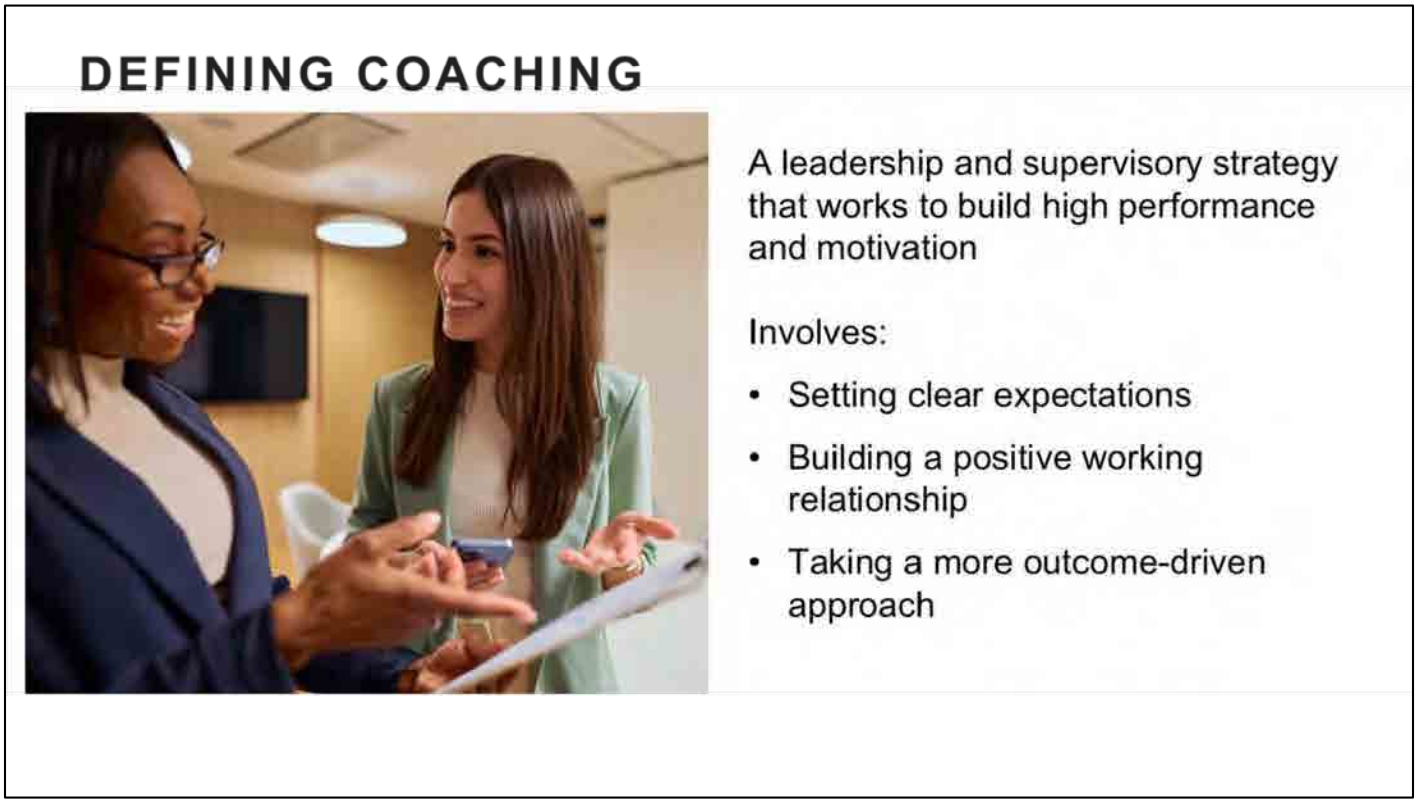


Audio
What is coaching and how is it different from traditional supervision? Let’s find out more.

Graphics
iStock photo ID: 1461666210

Interactions
None

References
None



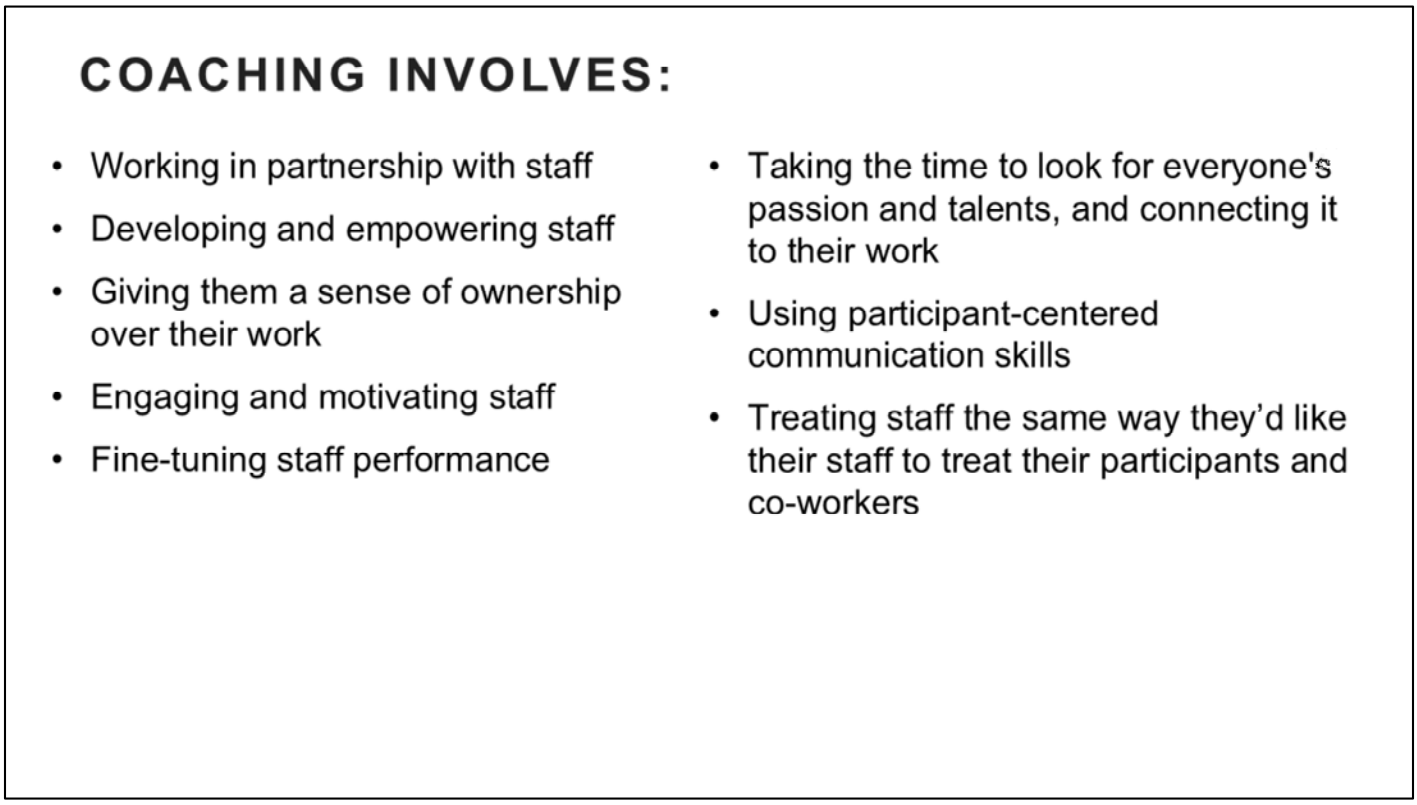
Audio
Coaching is a leadership and supervisory strategy that works to build high performance and motivation among staff by setting clear expectations and building a positive work relationship.

Unlike traditional supervision, which focuses on giving detailed instructions, closely monitoring performance, and ensuring staff are properly trained and mentored, coaching takes a more outcome-driven approach. As a coach, rather than telling staff exactly how to do their job, you focus on the desired outcomes and empower them to determine the best way to achieve those goals.

Graphics
iStock photo ID: 2184998088

Interactions
None

References
None



Audio

Coaching enhances traditional supervision by fostering continuous development, engagement, and empowerment, making supervision more effective in achieving long-term success.

Coaching involves:

- Working in partnership with staff,
- Develop**ing and empowering staff,**
- **Givin**g them a sense of ownership over their work,
- Engaging and motivating staff,
- Fine-tuning staff performance
- Taking the time to look for everyone's passion and talents, and connecting it to their work,
- Using participant-centered communication skills, and
- Treating staff the same way they'd like their staff to treat their participants and co-workers.

Graphics

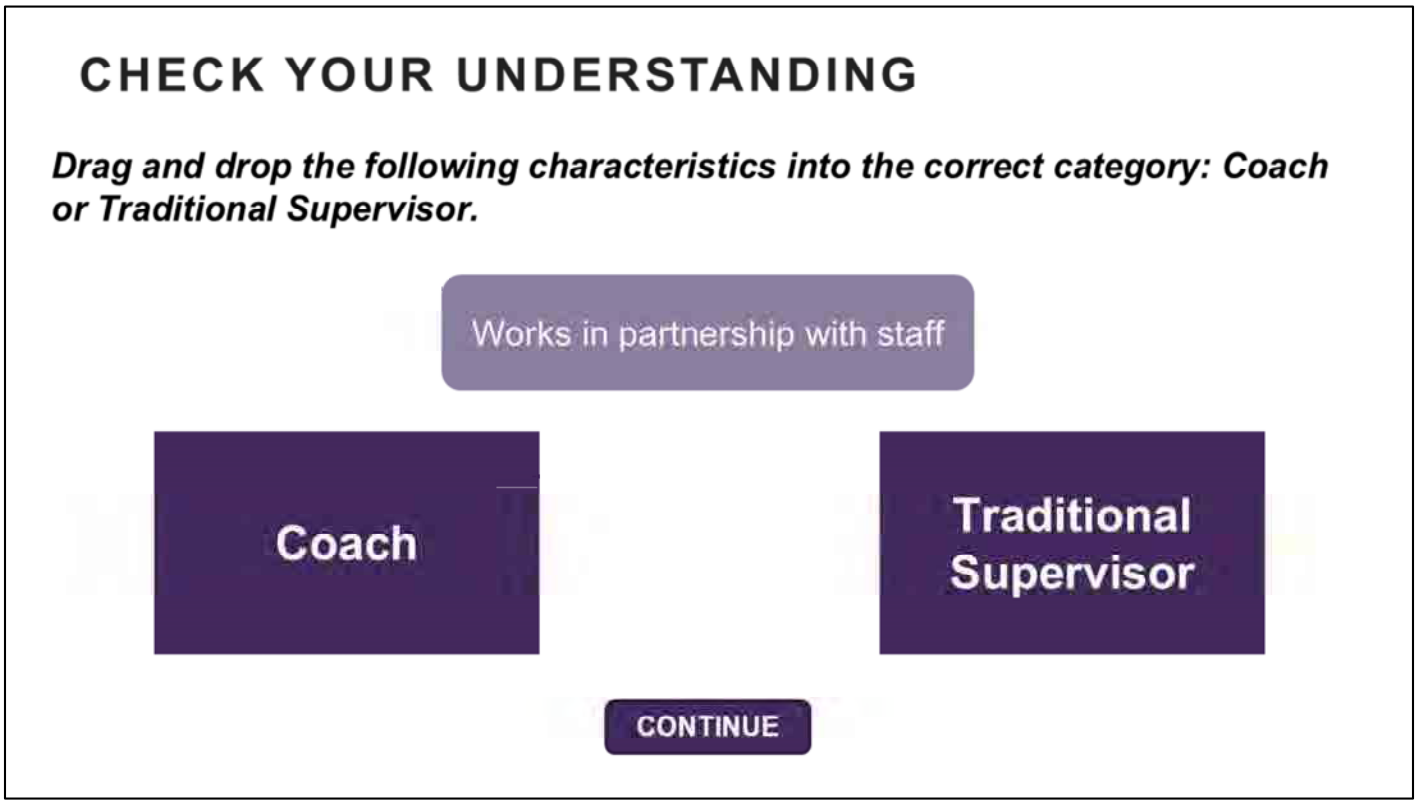
None

Interactions

None

References

None



Audio
Let's check your understanding of the differences between coaching and traditional supervision. Drag and drop the following characteristics into the correct category: Coach or Traditional Supervisor.

Graphics
None

Interactions
Sorting activity

Learner drag and drops each characteristic into one of the two groups: Coach or Traditional Supervisor. Each characteristic should appear one a time. Learner should get immediate feedback once they drag and drop the characteristic into one of the groups. Show the "Continue" button at the conclusion of the activity.

Coach:
- Works in partnership with staff
- Develops and empower staff
- Gives staff a sense of ownership over their work
- Engages and motivates staff
- Connects staff's work with their passion and talents

Traditional Supervisor:
- Provides specific and measurable performance expectations
- Continuously monitors staff performance
- Gives step-by-step instructions on how to complete tasks
- Focuses on adherence to policies and procedures

References
None



Audio

This sorting activity highlights the key differences between coaching and traditional supervision, showing how coaching focuses on empowering and motivating staff through collaboration and ownership, while traditional supervision emphasizes monitoring and task-specific guidance. Together, these approaches create a balanced and effective leadership strategy.

Graphics

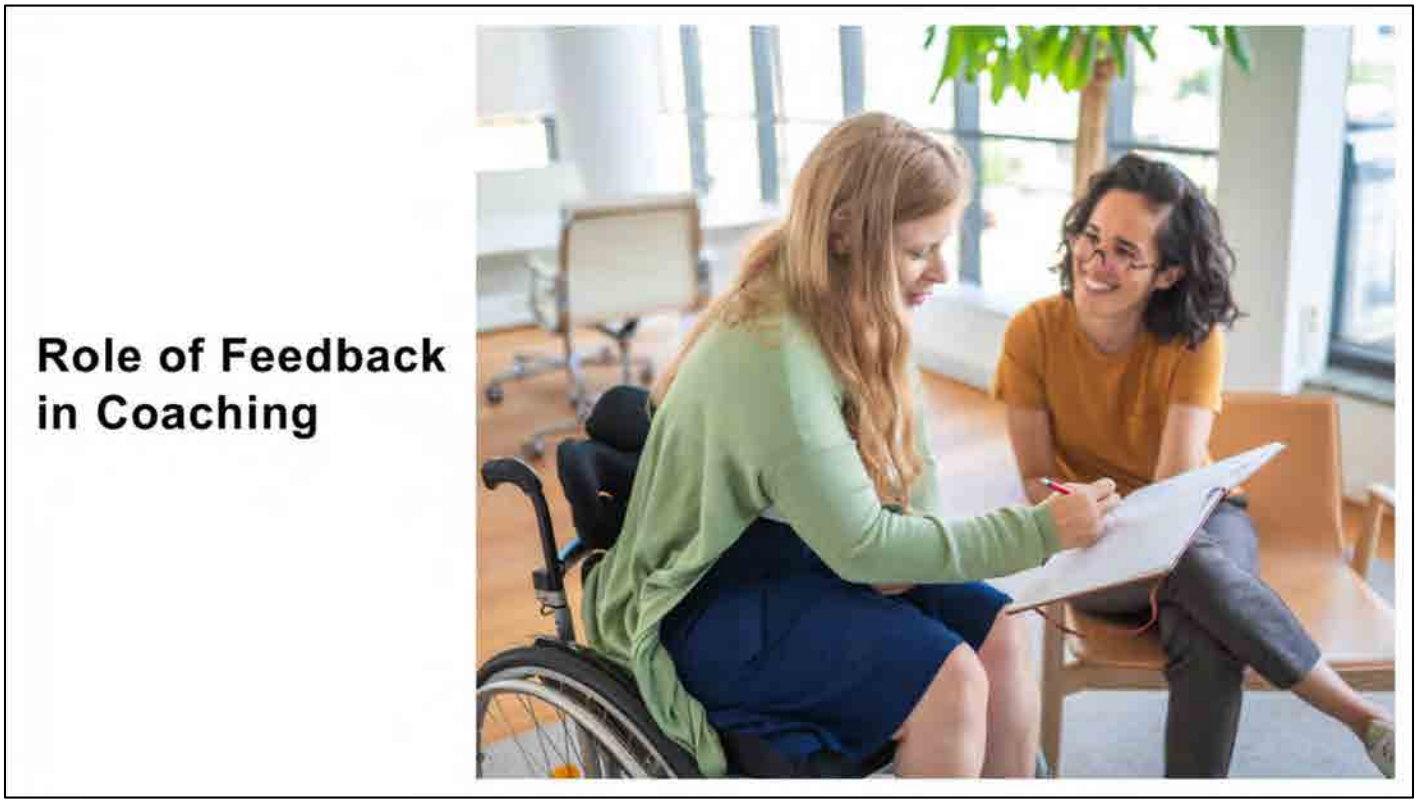
None

Interactions

None

References

None



Audio
Now that we've examined the key differences between coaching and traditional supervision, let's dive into a critical aspect of effective coaching: feedback.

Feedback is essential for fostering growth, improving performance, and building strong relationships. In the next section, we'll explore the importance of feedback, strategies for giving and receiving it effectively, and its role in driving continuous improvement and teams success.

Graphics
Stock photo ID: 2174331957

Interactions
None

References
None



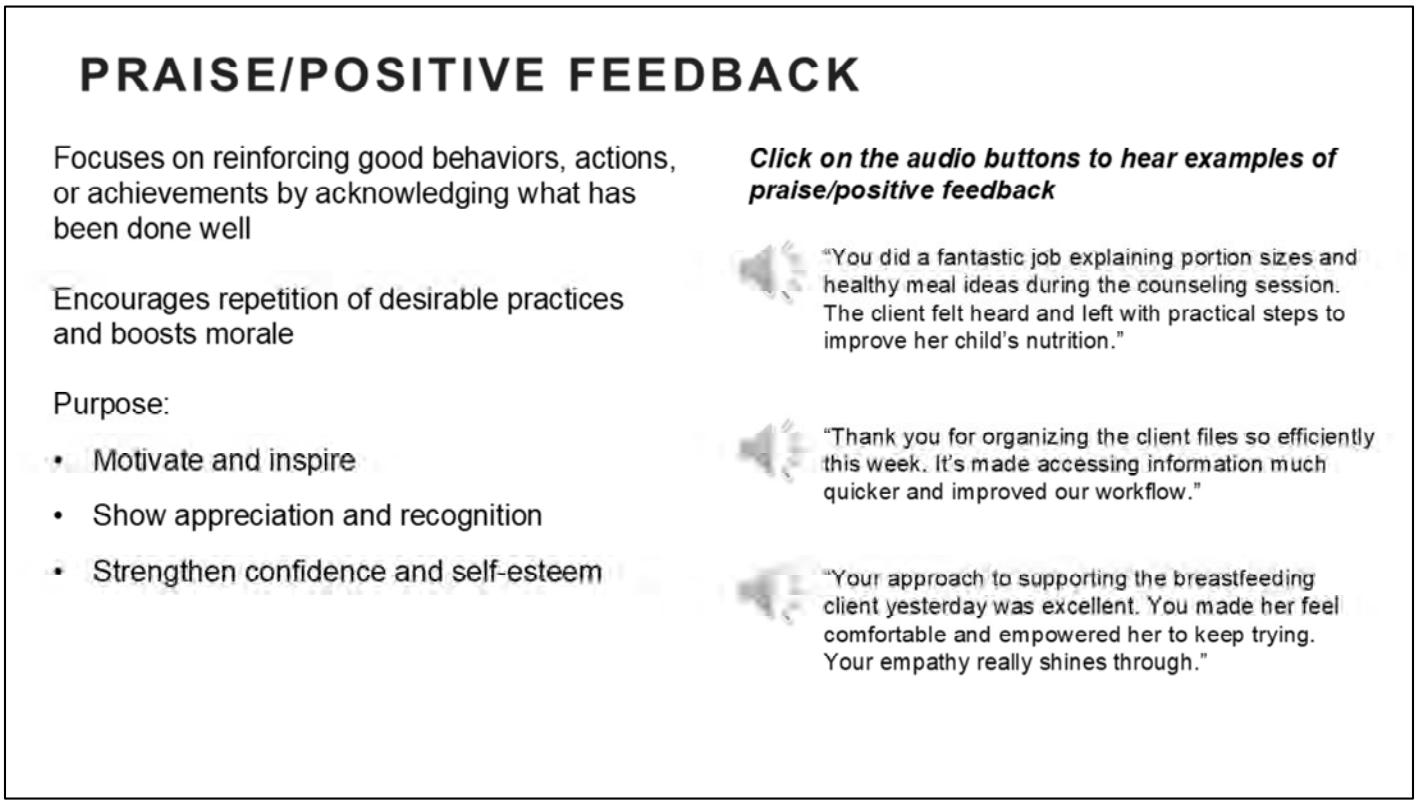
Audio
Feedback is the communication of evaluative or corrective information about an action, event, or process. It can provide an individual with the opportunity to consider the effects of their behavior and make changes.

There are two types of feedback: Praise or Positive, and Corrective or Constructive.

Graphics
iStock photo ID: 1398577959

Interactions
None

References
None



Audio

Praise or positive feedback focuses on reinforcing good behaviors, actions, or achievements by acknowledging what has been done well. It encourages repetition of desirable practices and boosts morale. The purpose of praise or positive feedback is to motivate and inspire, show appreciation and recognition, and strengthen confidence and self-esteem.

Let's hear some examples of this kind of feedback. Click on the audio buttons to hear examples of praise/positive feedback.

Graphics

None

Interactions

Clicking on each audio button plays the audio clip and reveals the text with the praise/positive feedback example

●"You did a fantastic job explaining portion sizes and healthy meal ideas during the counseling session. The client felt heard and left with practical steps to improve her child's nutrition."

●"Thank you for organizing the client files so efficiently this week. It's made accessing information much quicker and improved our workflow."

●"Your approach to supporting the breastfeeding client yesterday was excellent. You made her feel comfortable and empowered her to keep trying. Your empathy really shines through."

References

None



Audio
Corrective or constructive feedback focuses on addressing areas of improvement in a way that is supportive and solution-oriented. It provides guidance to help someone grow or correct mistakes without causing discouragement. The purpose of corrective or constructive feedback is to improve performance or behavior, provide clarity on expectations, and foster learning and growth.

Let's hear some examples of this kind of feedback. Click on the audio buttons to hear examples of corrective/constructive feedback.

Graphics
None

Interactions
Clicking on each audio button plays the audio clip and reveals the text with the praise/positive feedback example
●"Your recommendations during the session were helpful, but I noticed the client seemed confused by some of the terminology. Let's work on simplifying the language for clearer communication next time."
●"I saw that a few client appointments were double-booked this morning. Let's review the scheduling system together to avoid overlaps and ensure a smoother process."
●"I appreciate your passion for supporting as many clients as possible, but I noticed the sessions were a bit rushed and the clients didn't have much time to provide input on their individualized plan. Let's discuss strategies to manage time while still providing quality care."

References
None



Audio

Now that we've discussed the various types of feedback and how each can be used to guide and support staff development, let's explore the different opportunities you have to provide feedback in your role.

Remember that from a supervisor's perspective, observing staff provides critical insights into employee performance, highlighting both strengths and areas for improvement. By watching employees in action, supervisors can deliver precise, actionable feedback that is both relevant and impactful. This hands-on approach also enables real-time coaching and support, helping employees build their skills and address challenges effectively.

Recall from Module 1 that supervisors can gather insights on staff performance through a variety of methods including:

- Direct observations, which involves watching staff interact with participants or perform key job duties.
- Record reviews by reviewing case files, documentation, or reports.
- Case conferences whereby supervisors and staff discuss participant cases to assess decision-making and critical thinking.
- Staff meetings to notice how employees engage, contribute, and collaborate.
- Day-to-day interactions, which might look like informal conversations or observing how staff work with colleagues.
- And lastly, data analysis where you can assess performance metrics, such as quality and quantity of work completed.

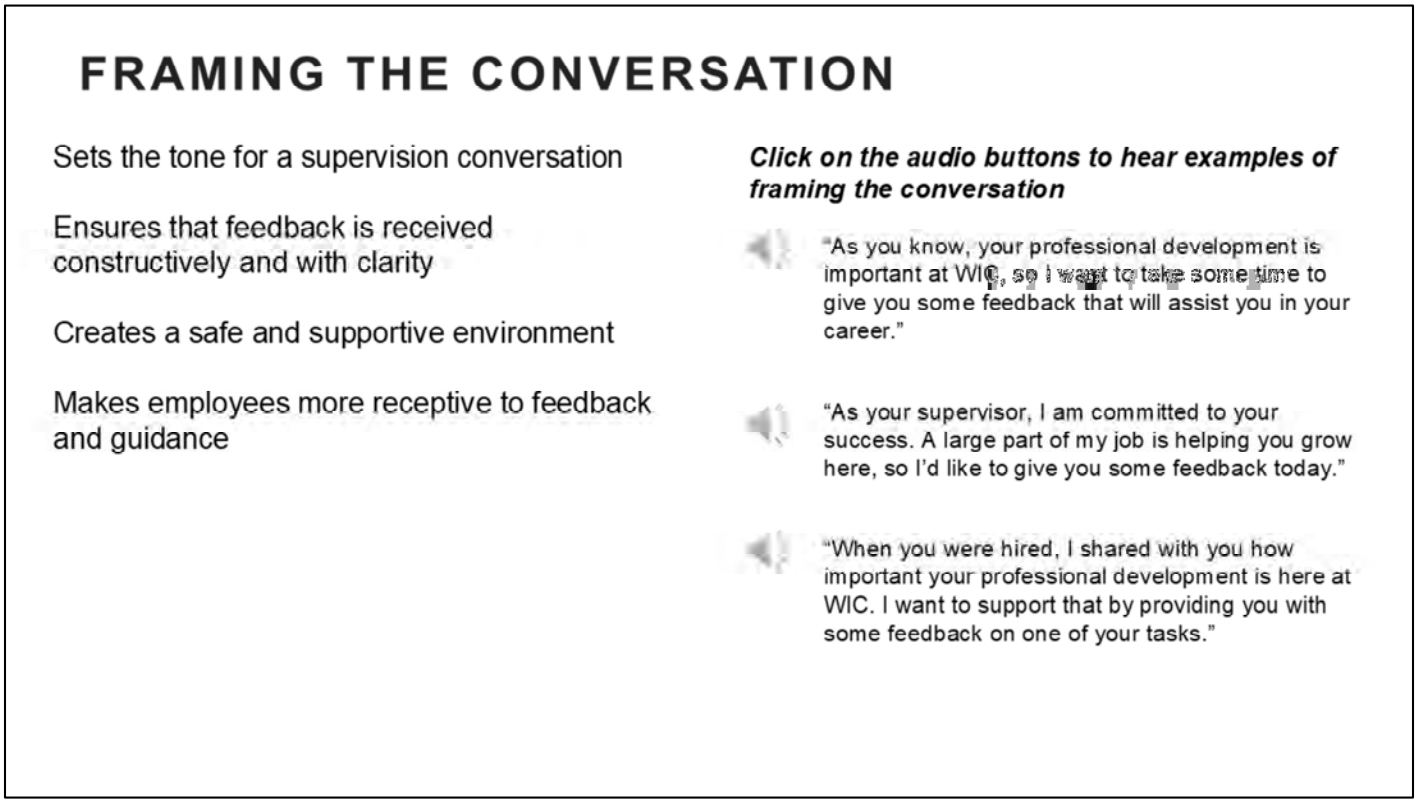
Each of these observation methods provide a unique opportunity for supervisors to deliver meaningful feedback.

Graphics
iStock photo ID: 2154608762

Interactions

None

References
None



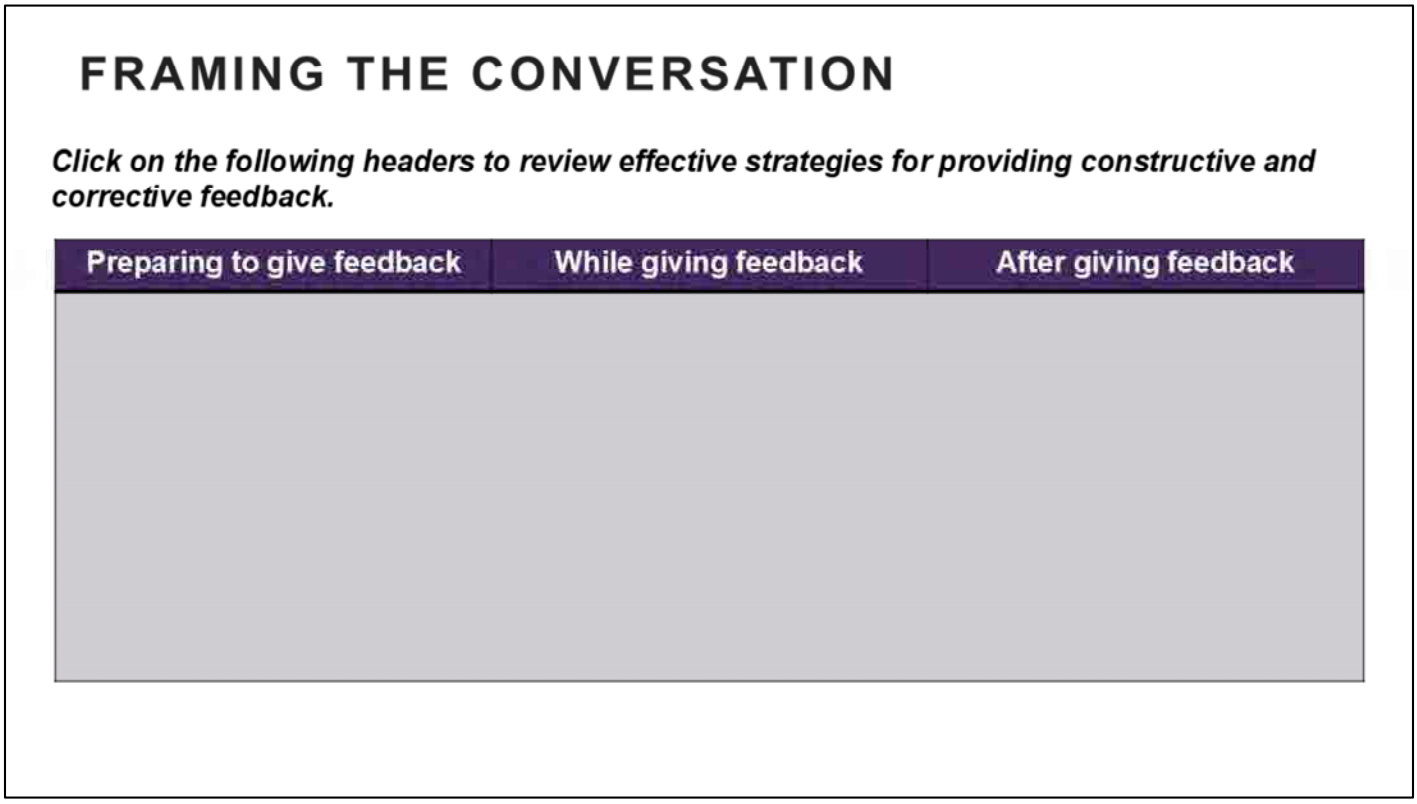
Audio
Before giving feedback, it's important to consider how you frame these conversations to ensure they are productive and well-received. Framing sets the tone for a supervision conversation and ensures that feedback is received constructively and with clarity. A well-framed conversation creates a safe and supportive environment, making employees more receptive to feedback and guidance.

Let's hear some examples of how you can do this. Click on the audio buttons to hear examples of framing the conversation.

Graphics
None

Interactions
Clicking on each speech bubble plays the audio clip and reveals the text with the framing example
●"As you know, your professional development is important at WIC, so I want to take some time to give you some feedback that will assist you in your career."
●"As your supervisor, I am committed to your success. A large part of my job is helping you grow here, so I'd like to give you some feedback today."
●"When you were hired, I shared with you how important your professional development is here at WIC. I want to support that by providing you with some feedback on one of your tasks."

References
None



Audio
Now, let's go over the steps to provide feedback. Click on the following headers to review effective strategies for providing constructive and corrective feedback

Graphics
None

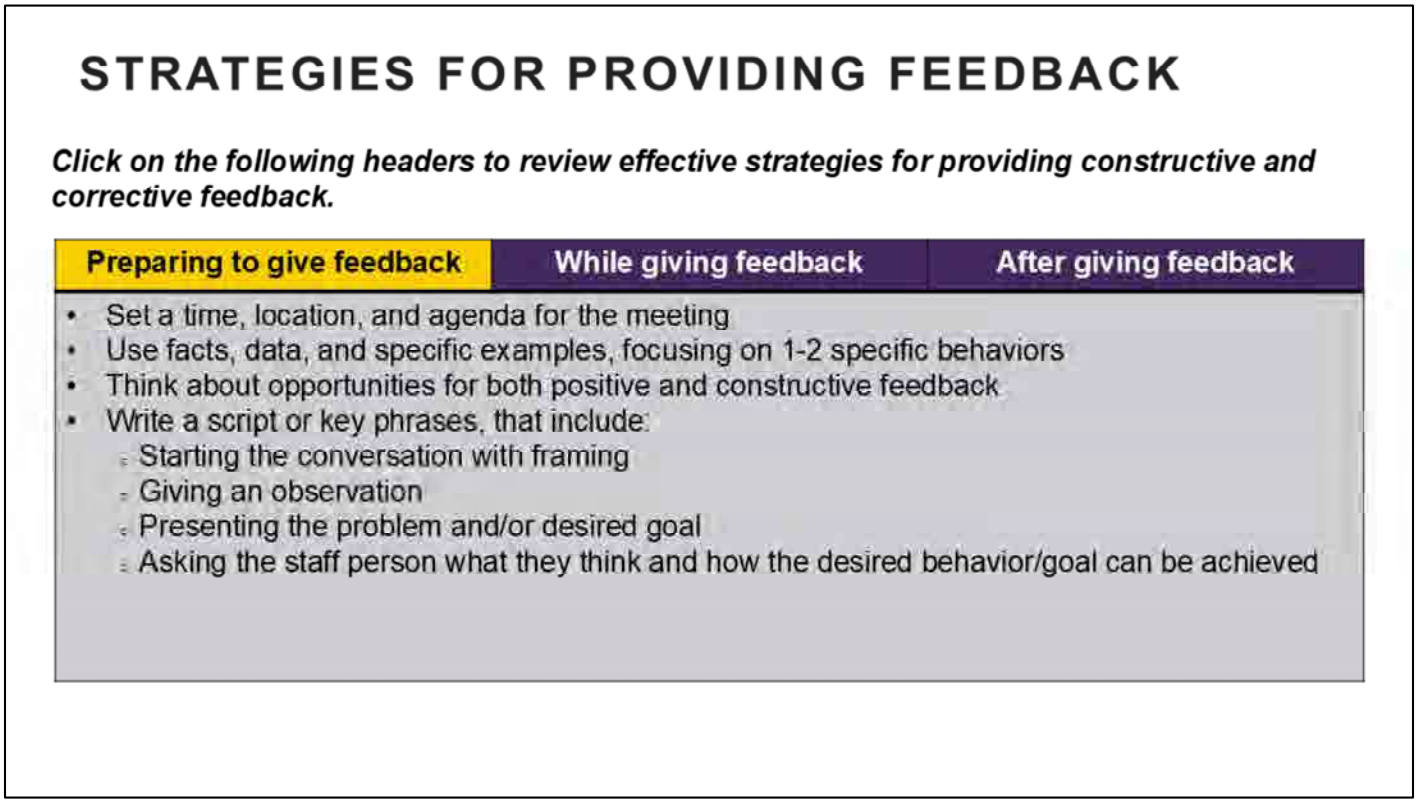
Interactions
Tab interaction with the following headers:

- Preparing to give feedback
- While giving feedback
- After giving feedback

See next three slides for how the on-screen text should appear for each tab.

See last slide in the section for how the screen should appear after the learner clicks on all three tabs.

References
None



Audio

When preparing to give feedback, it is important to:

- Set a time, location, and agenda for the meeting,
- Use facts, data, and specific examples, focusing on 1-2 specific behaviors,
- Think about opportunities for both positive and constructive feedback,
- And write a script or key phrases, that include:
    - Starting the conversation with framing,
    - Giving an observation,
    - Presenting the problem and/or desired goal, and
    - Asking the staff person what they think and how the desired behavior/goal can be achieved.

Graphics

None

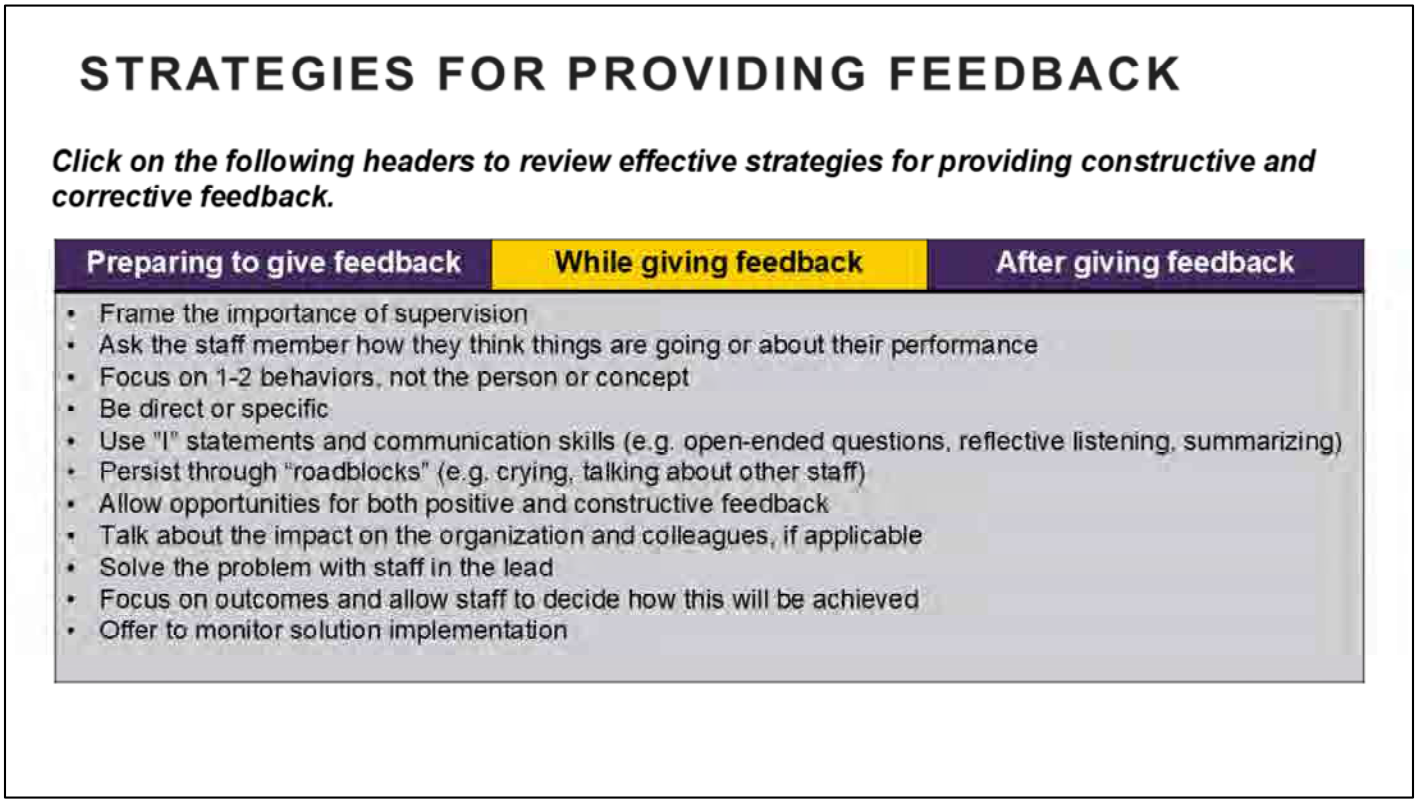
Interactions

Tab interaction with the following headers:

- Preparing to give feedback
- While giving feedback
- After giving feedback

References

None



Audio

While giving feedback, be sure to:

- Frame the importance of supervision,
- Ask the staff member how they think things are going or about their performance,
- Focus on 1-2 behaviors, not the person or concept,
- Be direct or specific,
- Use “I” statements and communication skills (e.g. open-ended questions, reflective listening, summarizing),
- Persist through “roadblocks” (e.g. crying, talking about other staff),
- Allow opportunities for both positive and constructive feedback,
- Talk about the impact on the organization and colleagues, if applicable,
- Solve the problem with staff in the lead,
- Focus on outcomes and allow staff to decide how this will be achieved, and
- Offer to monitor solution implementation.

Graphics

None

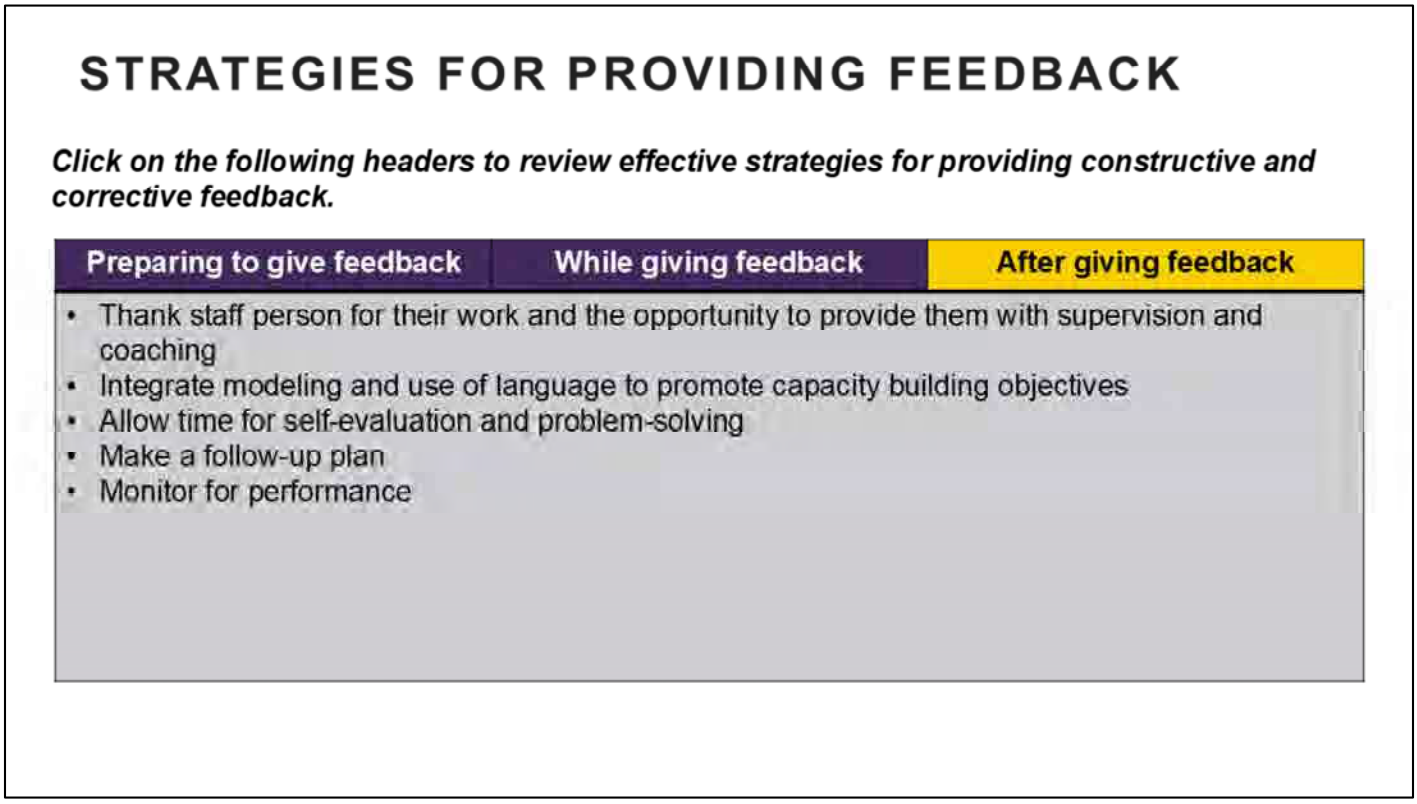
Interactions

Tab interaction with the following headers:

- Preparing to give feedback
- While giving feedback
- After giving feedback

References

None



Audio
After giving feedback:

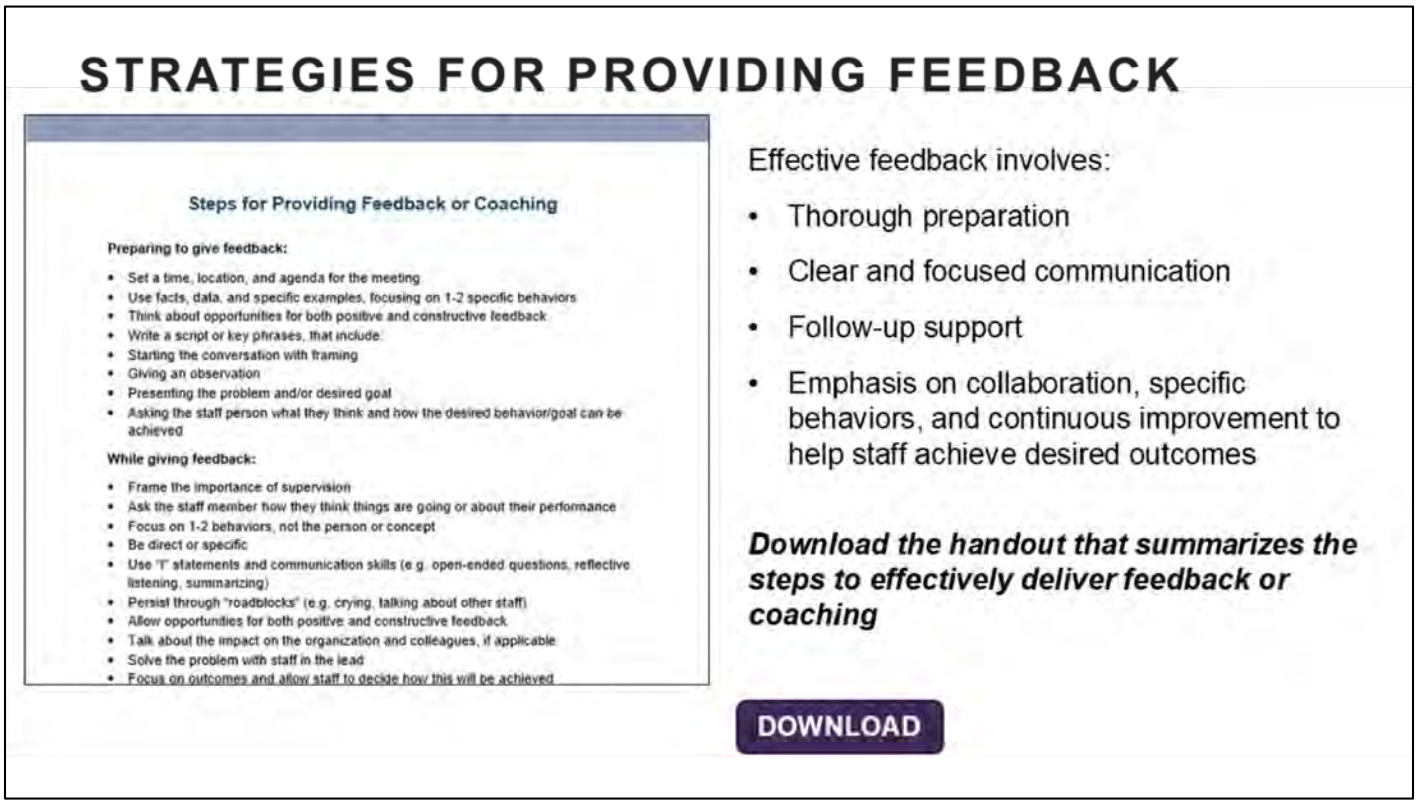
- Thank staff person for their work and the opportunity to provide them with supervision and coaching,
- Integrate modeling and use of language to promote capacity building objectives,
- Allow time for self-evaluation and problem-solving,
- Make a follow-up plan, and
- Monitor for performance.

Graphics
None

Interactions
Tab interaction with the following headers:

- Preparing to give feedback
- While giving feedback
- After giving feedback

References
None



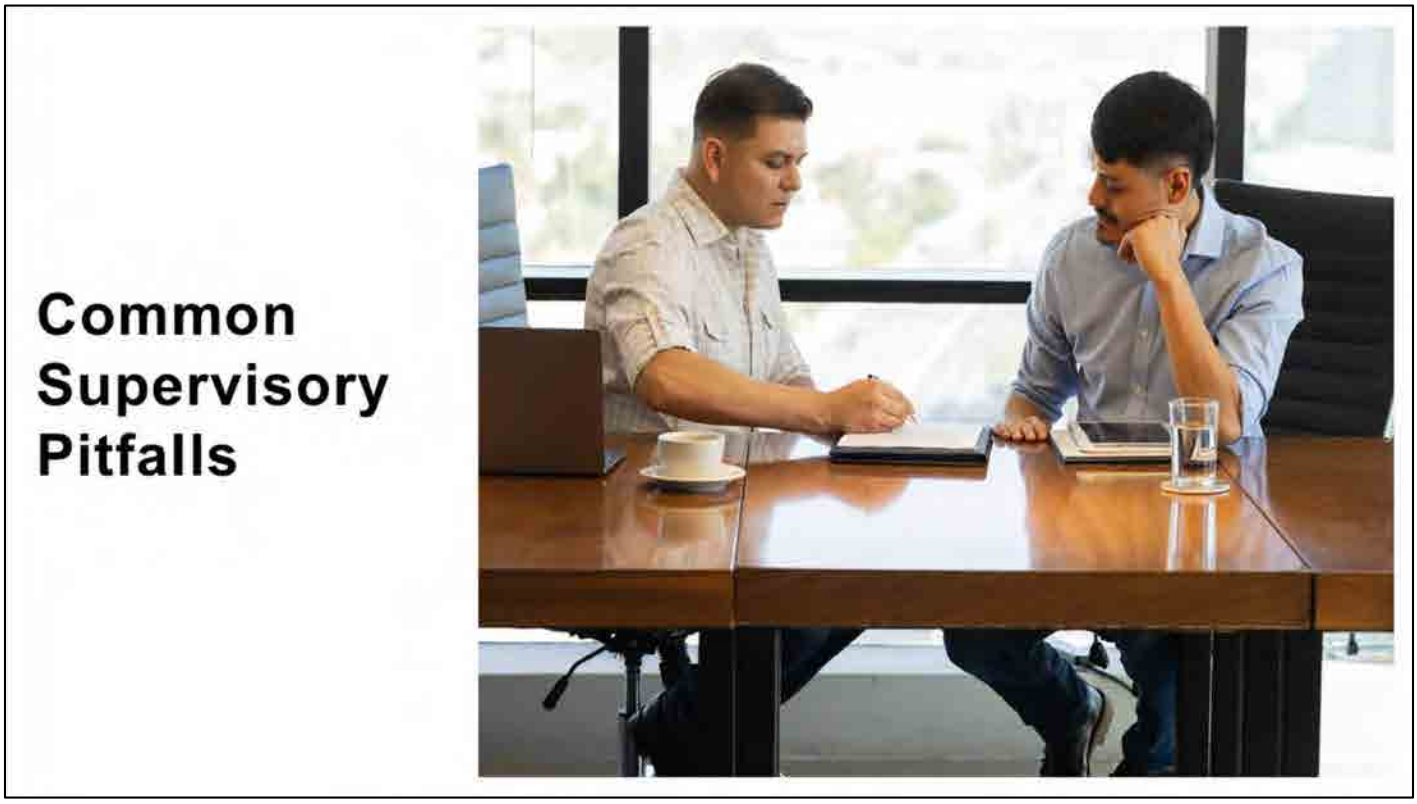
Audio
You can see that effective feedback involves thorough preparation, clear and focused communication, and follow-up support, emphasizing collaboration, specific behaviors, and continuous improvement to help staff achieve desired outcomes.

Download the following handout that summarizes the steps to effectively deliver feedback or coaching.

Graphics
Handout screenshot

Interactions
Share *Steps for Providing Feedback or Coaching* handout as a downloadable PDF

References
None

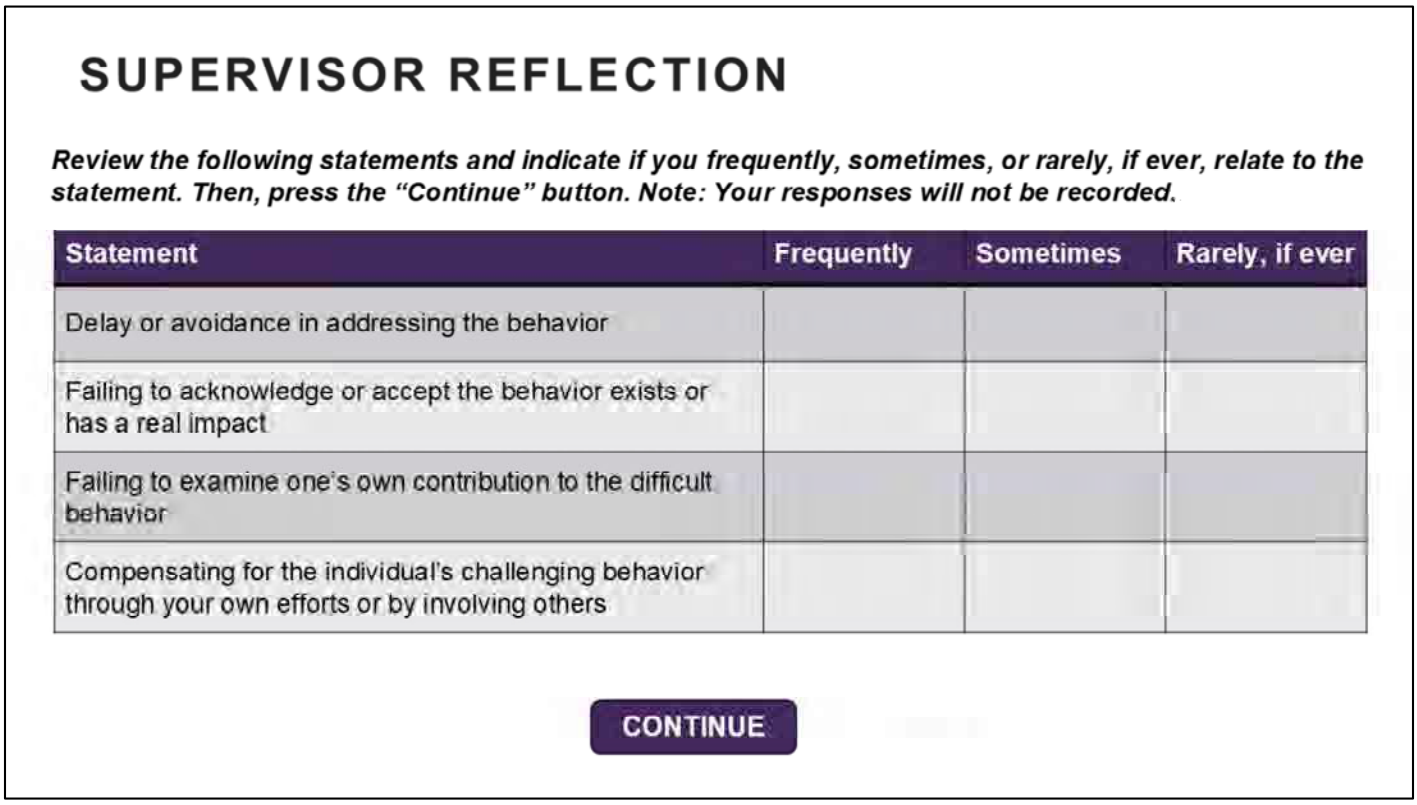


Audio
Now let’s explore common supervisory pitfalls and assess which areas may be opportunities for your own growth and improvement.

Graphics
iStock image ID: 1925647770

Interactions
None

References
None



SUPERVISOR REFLECTION

Review the following statements and indicate if you frequently, sometimes, or rarely, if ever, relate to the statement. Then, press the "Continue" button. Note: Your responses will not be recorded.

Statement	Frequently	Sometimes	Rarely, if ever
Delay or avoidance in addressing the behavior			
Failing to acknowledge or accept the behavior exists or has a real impact			
Failing to examine one's own contribution to the difficult behavior			
Compensating for the individual's challenging behavior through your own efforts or by involving others			

CONTINUE

Audio
Take a moment to reflect on your role as a supervisor. Review the following statements and indicate if you frequently, sometimes, or rarely, if ever, relate to the statement. Then, press the "Continue" button. Note: Your responses will not be recorded.

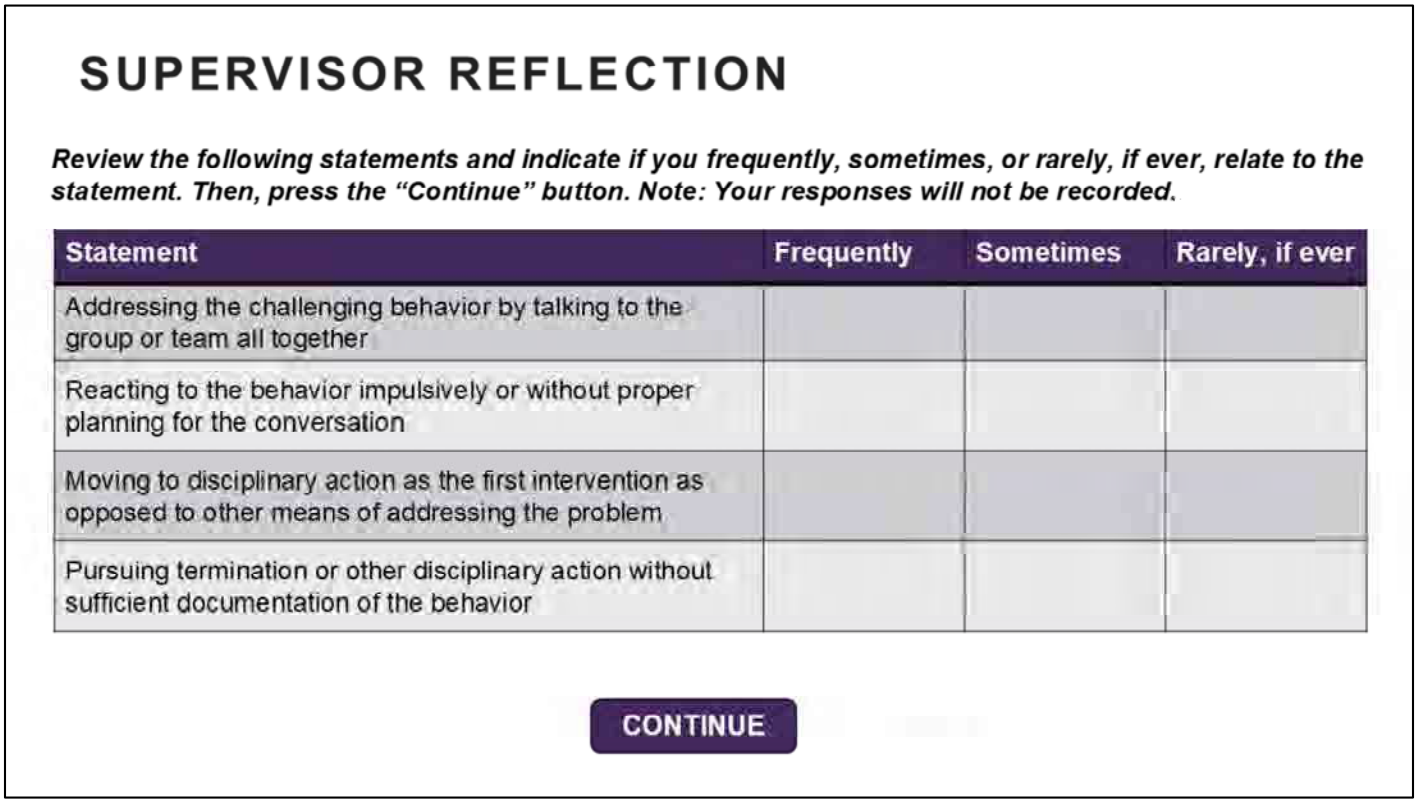
Graphics
None

Interactions
Interactive list with "Continue" button – Learner must select an option (Frequently/Sometimes/Rarely, if ever) for all of the statements before being allowed to continue.

Interactive list with the following items:

- Delay or avoidance in addressing the behavior
- Failing to acknowledge or accept the behavior exists or has a real impact
- Failing to examine one's own contribution to the difficult behavior
- Compensating for the individual's challenging behavior through your own efforts or by involving others

References
None



Audio

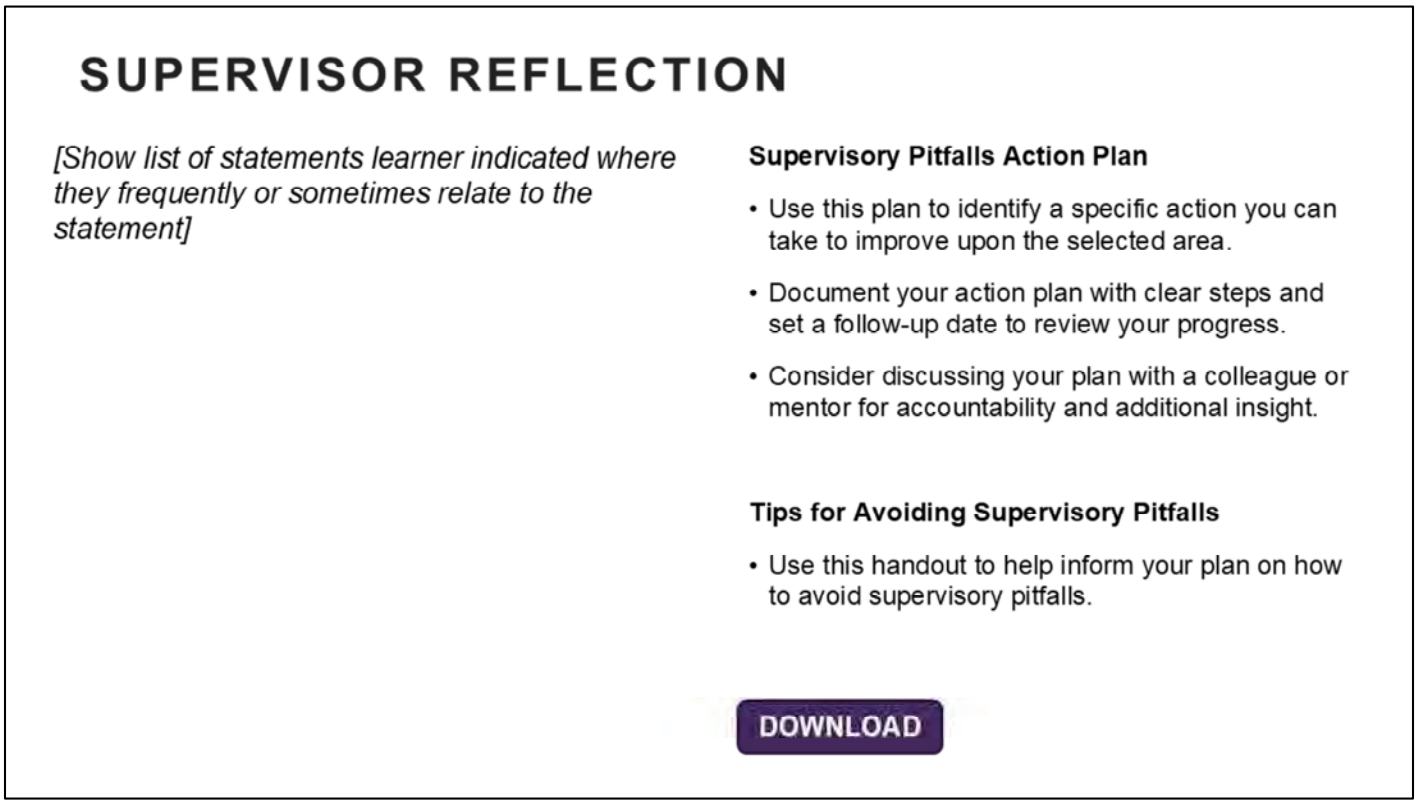
Graphics
None

Interactions
Interactive list with "Continue" button – Learner must select an option (Frequently/Sometimes/Rarely, if ever) for all of the statements before being allowed to continue.

Interactive list with the following items:

- Addressing the challenging behavior by talking to the group or team all together
- Reacting to the behavior impulsively or without proper planning for the conversation
- Moving to disciplinary action as the first intervention as opposed to other means of addressing the problem
- Pursuing termination or other disciplinary action without sufficient documentation of the behavior

References
None



Audio
Take a moment to identify one or two of the statements where you indicated that you frequently or sometimes relate to the statement.

[Share *Supervisory Pitfalls Action Plan* and *Tips for Avoiding Supervisory Pitfalls* as downloadable PDFs]

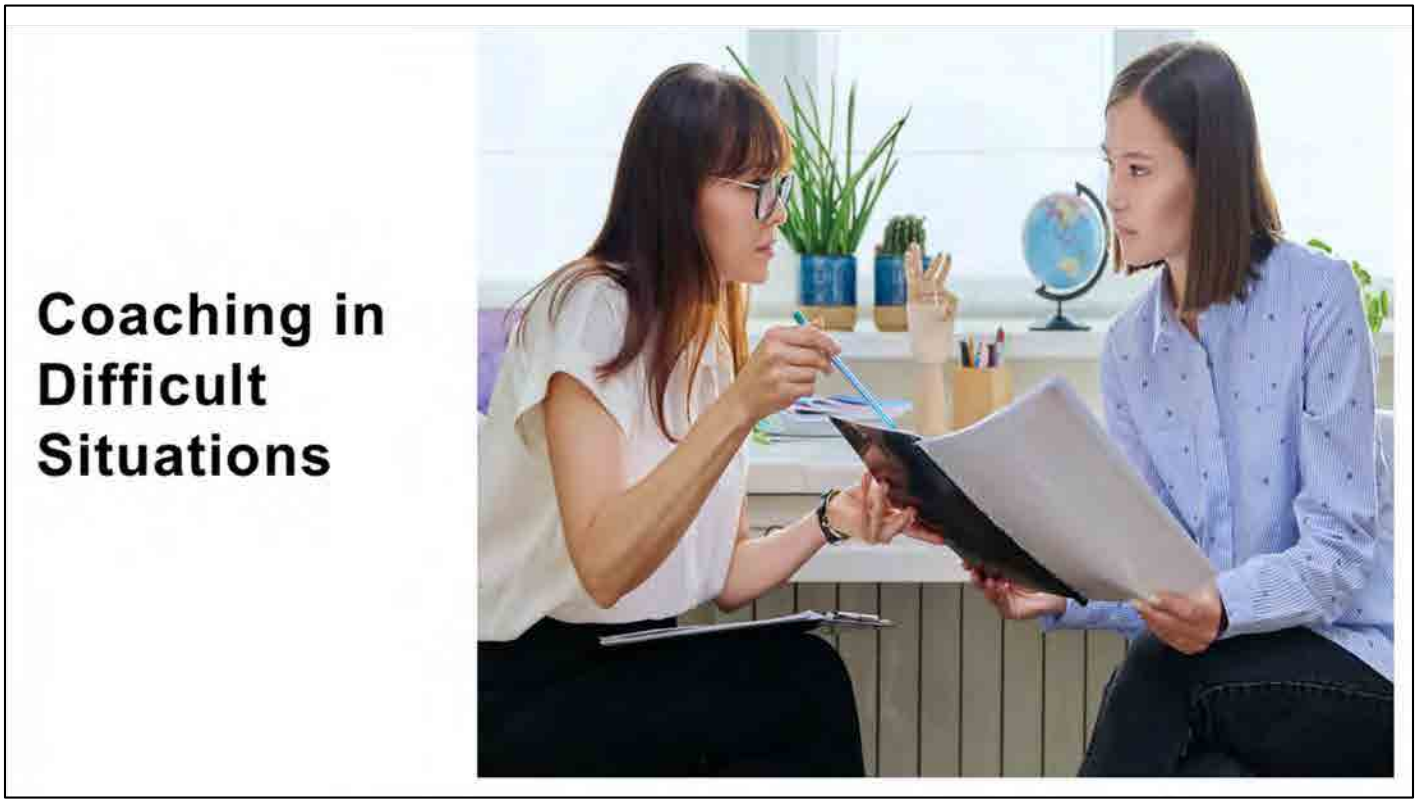
Use this plan to identify a specific action you can take to improve upon the selected area. Document your action plan with clear steps and set a follow-up date to review your progress. Consider discussing your plan with a colleague or mentor for accountability and additional insight. Use this handout to help inform your plan on how to avoid supervisory pitfalls.

Graphics
None

Interactions
Show list of statements learner indicated where they frequently or sometimes relate to the statement on the left side of the screen.

Download button leads to *Supervisory Pitfalls Action Plan* and *Tips for Avoiding Supervisory Pitfalls* handout

References
None

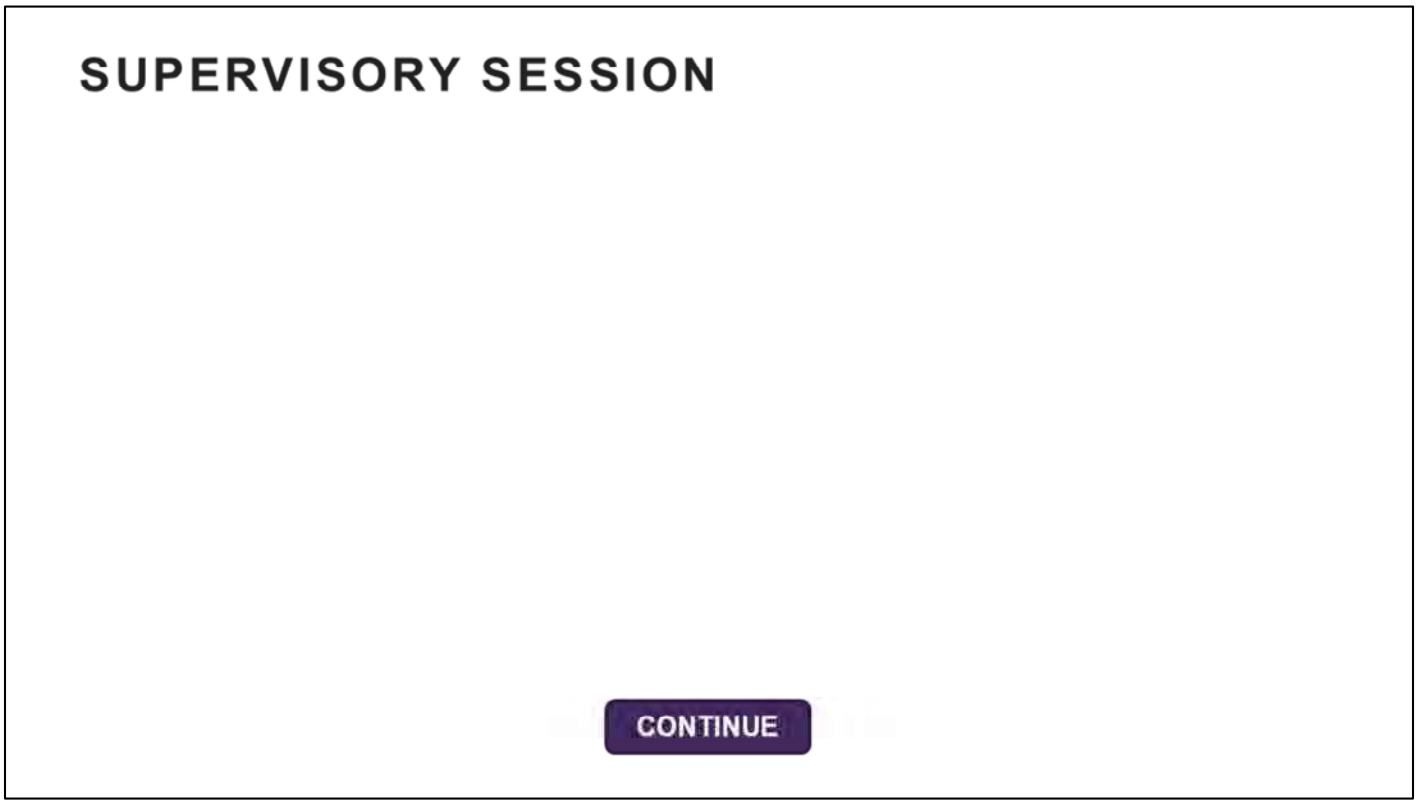


Audio
As a supervisor, handling challenging moments with your team is an essential skill that can have a significant impact on both individual performance and team dynamics.

Graphics
iStock photo ID: 1808365184

Interactions

References



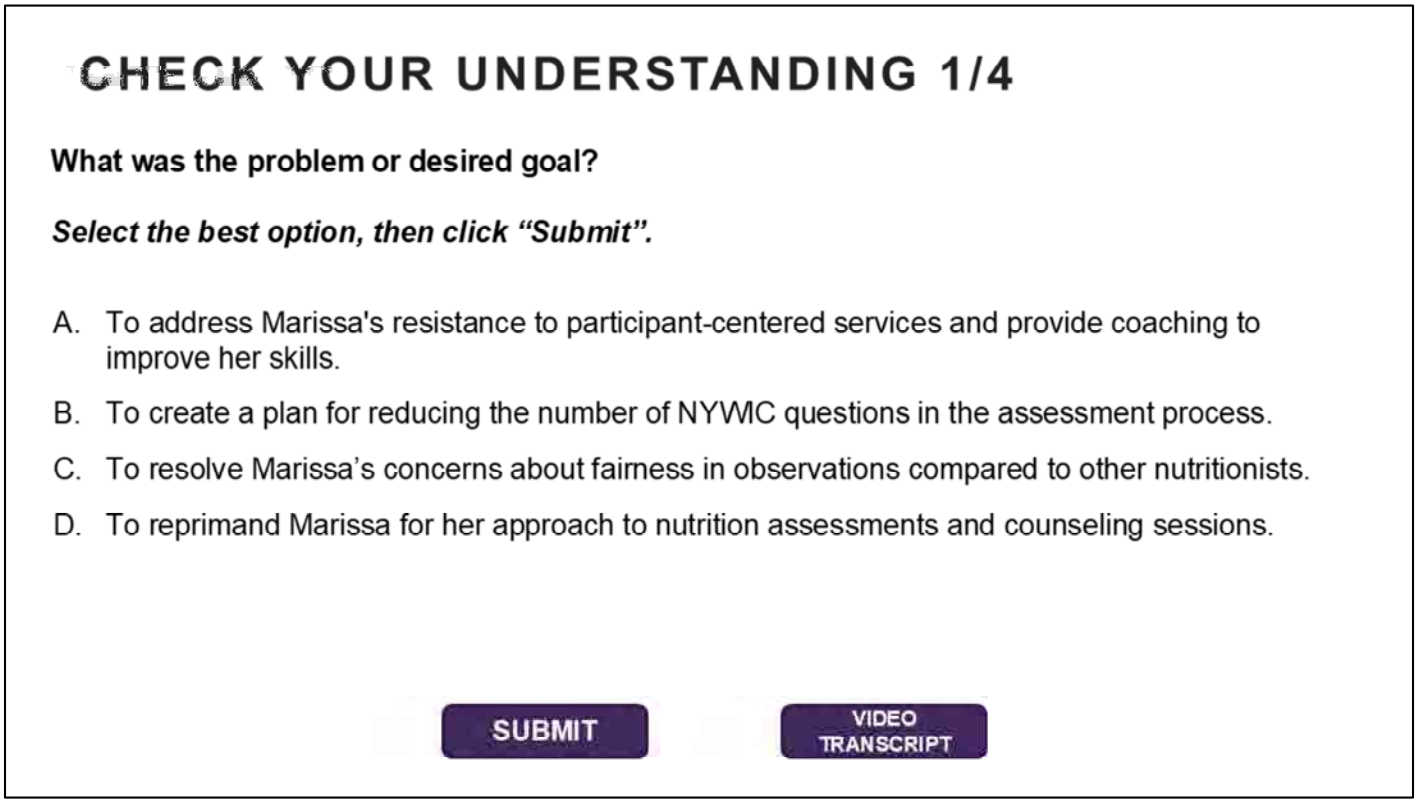
Audio
Now, you'll watch a demonstration of how to approach a difficult situation with confidence, providing constructive feedback while maintaining a supportive and motivating environment.

Graphics

Interactions
Show Supervisory Session video (4:48)

Have "Continue" button appear after the video has been played

References
None



Audio
Take a moment to check your understanding of the supervisory session by answering the following four multiple choice and response questions. Click on the "Video Transcript" button at any time to open the video transcript and review it again.

What was the problem or desired goal? Select the best option, then click "Submit".

Graphics

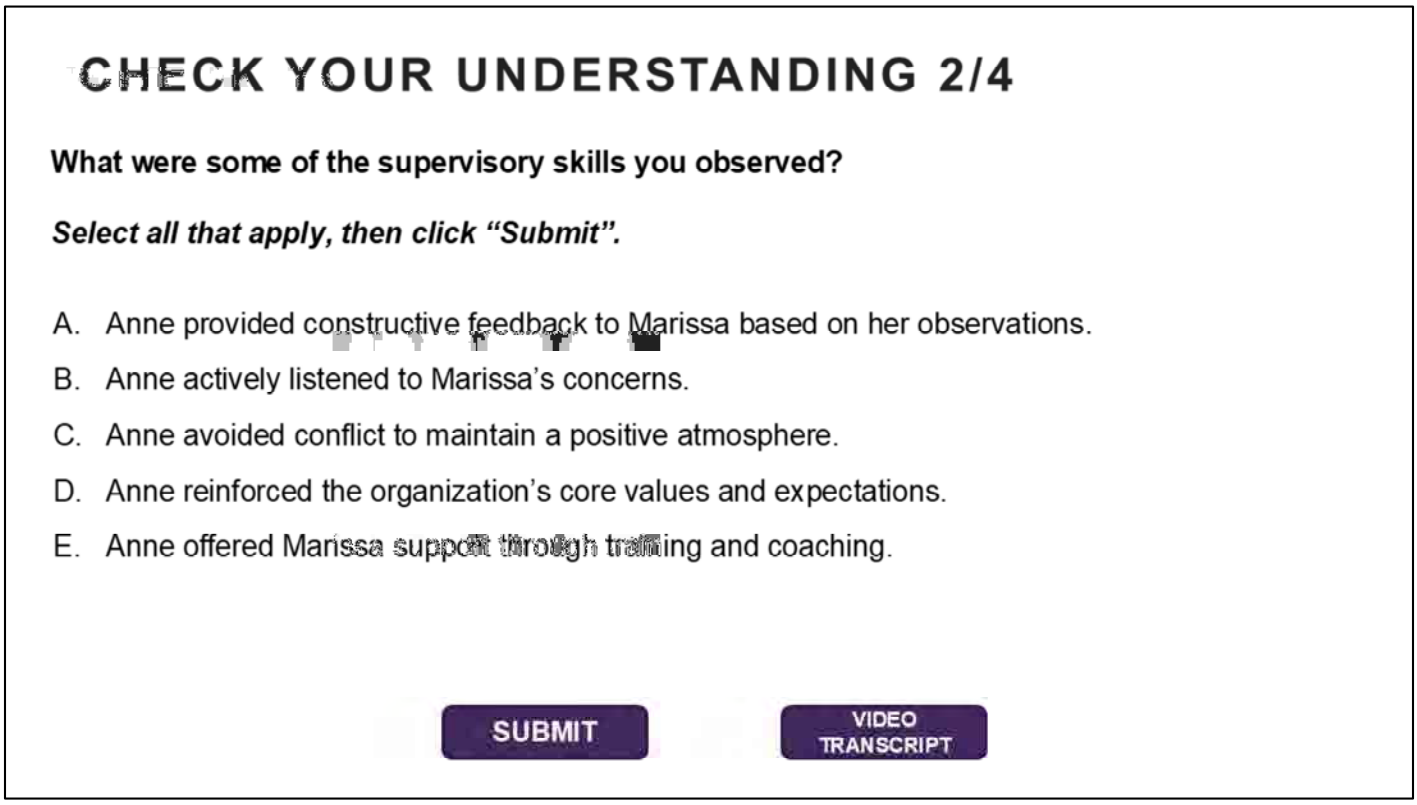
Interactions
Multiple choice question [Correct response: A]

Allow learner up to two attempts to respond to the question before revealing the correct responses and feedback

- **Feedback if answered correctly:** Correct! Anne was concerned about Marissa's approach to the assessment process as she observed that Marissa was not utilizing all her participant-centered skills.
- **Feedback after answering incorrectly:** Sorry, this is not the correct response. Try again.
- **Feedback after answering incorrectly two times:** Nice try – the correct response is A. Anne was concerned about Marissa's approach to the assessment process as she observed that Marissa was not utilizing all her participant-centered skills.

Include a button that opens up a window that allows the learner to review the video transcript (will send video transcript along with storyboards)

References
None



Audio
What were some of the supervisory skills you observed? Select all that apply, then click "Submit".

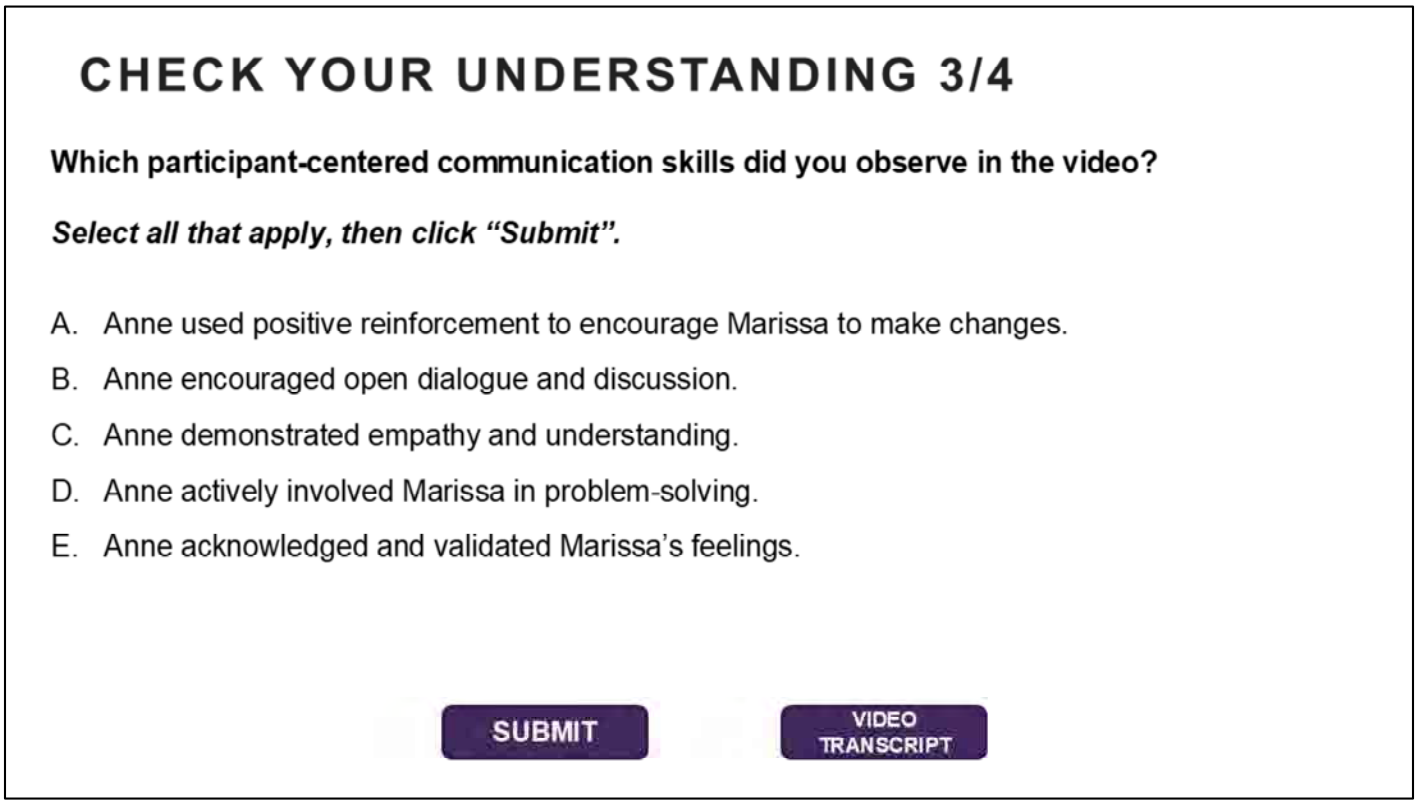
Graphics
None

Interactions
Multiple response question [Correct responses: A, C, D, and E]
Allow learner up to two attempts to respond to the question before revealing the correct responses and feedback

- **Feedback if answered correctly:** Correct! Anne made specific observations to how Marissa conducted the assessment to provide constructive feedback on improving her utilization of participant-centered skills (A). She asked Marissa to tell her more about her perspective on participant-centered skills and actively listened to her concerns (C). Anne reiterated that participants know what is best for them as a core value of WIC. She concludes the session by creating an enhanced training plan for Marissa (E).
- **Feedback after answering incorrectly:** Sorry, at least one of these answers isn't correct and/or you did not select a correct response. Try again.
- **Feedback after answering incorrectly two times:** Good try – the correct answers are A, C, D, and E. Anne made specific observations to how Marissa conducted the assessment to provide constructive feedback on improving her utilization of participant-centered skills (A). She asked Marissa to tell her more about her perspective on participant-centered skills and actively listened to her concerns (C). Anne reiterated that participants know what is best for them as a core value of WIC. She concludes the session by creating an enhanced training plan for Marissa (E).

Include a button that opens up a window that allows the learner to review the video transcript (will send video transcript along with storyboards)

References
None



Audio
Which participant-centered communication skills did you observe in the video? Select all that apply, then click "Submit".

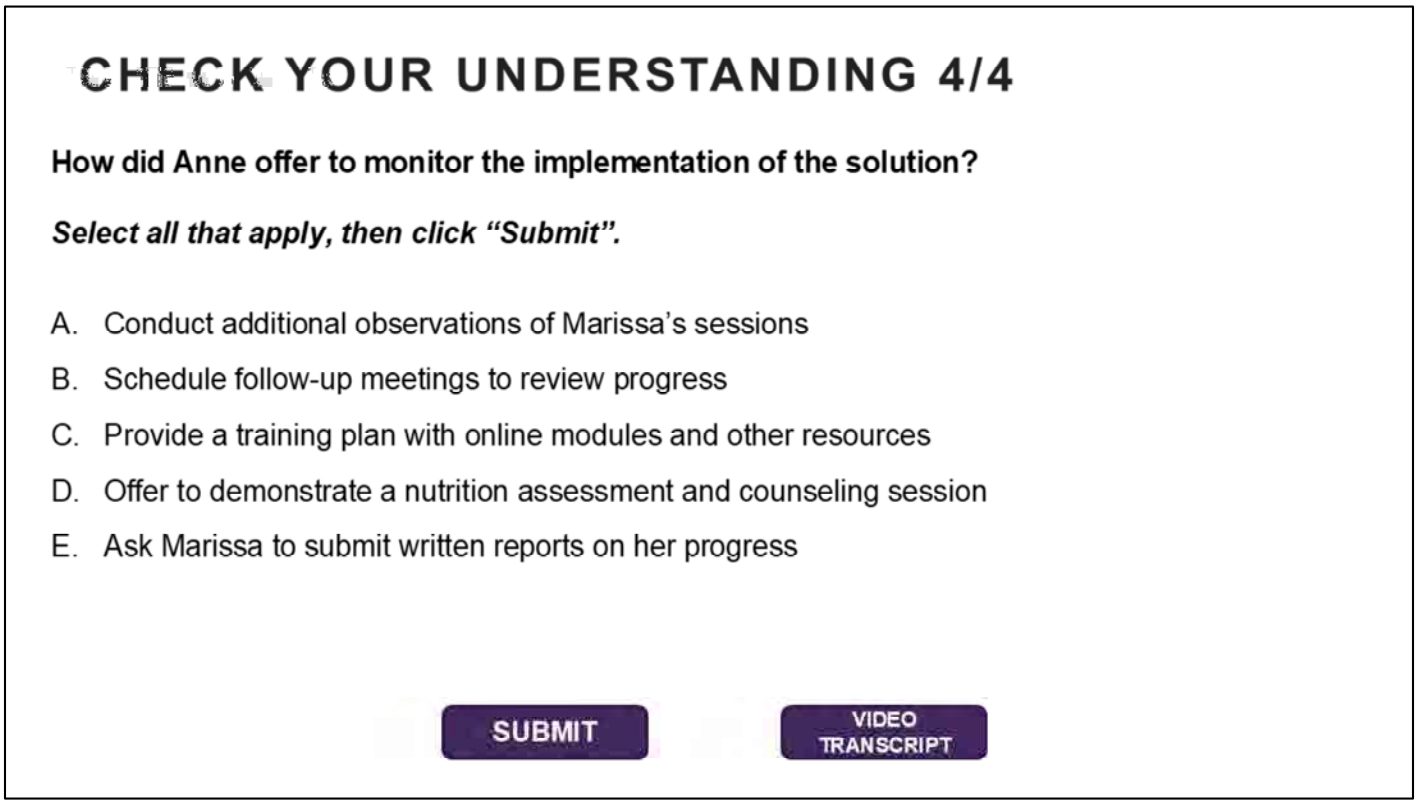
Graphics
None

Interactions
Multiple response question [Correct responses: B, C, D, and E]
Allow learner up to two attempts to respond to the question before revealing the correct responses and feedback

- **Feedback if answered correctly:** Correct! Anne encouraged open dialogue and discussion by asking Marissa to tell her more about her perspective on participant-centered services (B).Throughout the conversation, Anne empathized and understood Marissa's frustrations and concerns (C). Anne involved Marissa in problem-solving by asking for her perspective, offering a tailored training plan, and inviting her input (D). Anne acknowledged and validated Marissa's feelings by recognizing her concerns, frustrations, and anxieties (E).
- **Feedback after answering incorrectly:** Sorry, at least one of these answers isn't correct and/or you did not select a correct response. Try again.
- **Feedback after answering incorrectly two times:** Good try – the correct answers are B, C, D, and E. Anne encouraged open dialogue and discussion by asking Marissa to tell her more about her perspective on participant-centered services (B).Throughout the conversation, Anne empathized and understood Marissa's frustrations and concerns (C). Anne involved Marissa in problem-solving by asking for her perspective, offering a tailored training plan, and inviting her input (D). Anne acknowledged and validated Marissa's feelings by recognizing her concerns, frustrations, and anxieties (E).

Include a button that opens up a window that allows the learner to review the video transcript (will send video transcript along with storyboards)

References
None



Audio
How did Anne offer to monitor the implementation of the solution? Select all that apply, then click "Submit".

Graphics
None

Interactions
Multiple response question [Correct responses: A, B, and C]

Allow learner up to two attempts to respond to the question before revealing the correct responses and feedback

- **Feedback if answered correctly:** Correct! Anne offered to be with Marissa more often during her sessions (A), offered to meet again on Friday to review her progress (B), and provided a detailed training plan (C).
- **Feedback after answering incorrectly:** Sorry, at least one of these answers isn't correct and/or you did not select a correct response. Try again.
- **Feedback after answering incorrectly two times:** Good try – the correct answers are A, B, and C. Anne offered to be with Marissa more often during her sessions (A), offered to meet again on Friday to review her progress (B), and provided a detailed training plan (C).

Include a button that opens up a window that allows the learner to review the video transcript (will send video transcript along with storyboards)

References
None

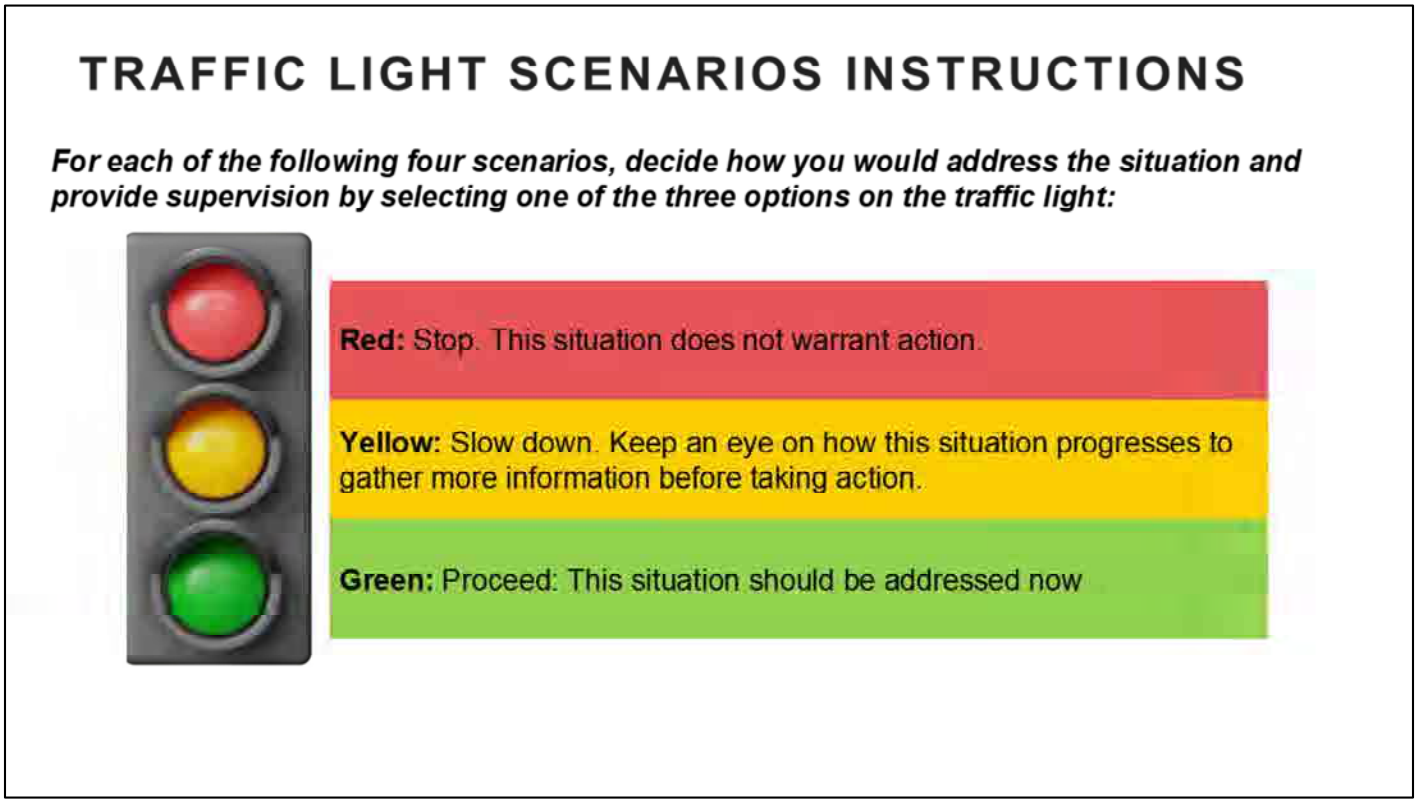


Audio
Before we conclude the course, let’s check your understanding of the material from Module 2.

Graphics
iStock image ID: 1487353402

Interactions
None

References
None



Audio

For each of the following four scenarios, decide how you would address the situation and provide supervision by selecting one of the three options on the traffic light:

- Red: Stop. This situation does not warrant action.
- Yellow: Slow down. Keep an eye on how this situation progresses to gather more information before taking action. Or,
- Green: Proceed: This situation should be addressed now.

You can click on the “Traffic Light Legend” button to show what the traffic light options mean at any time.

Graphics

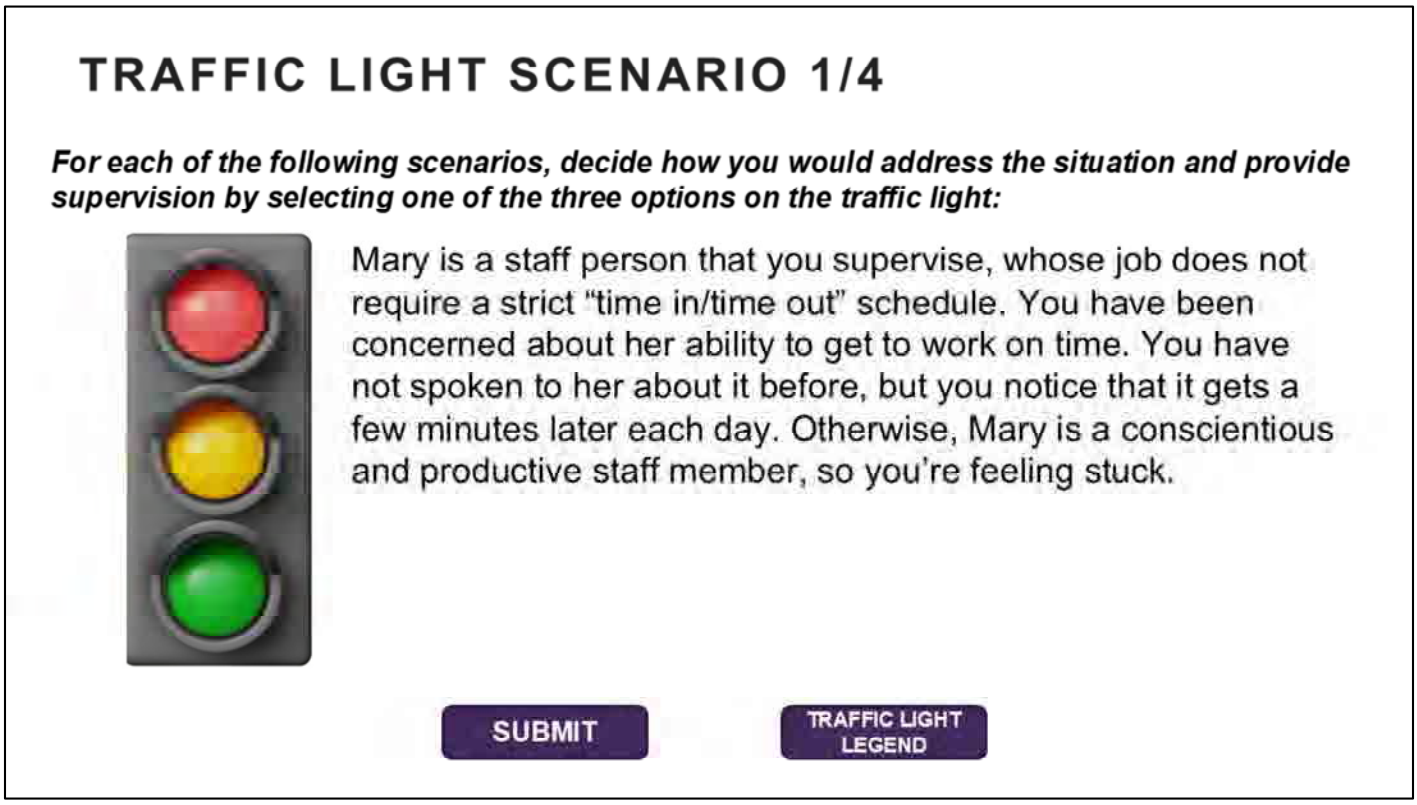
iStock image ID: 1872074128

Interactions

None

References

None



Audio

Mary is a staff person that you supervise, whose job does not require a strict “time in/time out” schedule. You have been concerned about her ability to get to work on time. You have not spoken to her about it before, but you notice that it gets a few minutes later each day. Otherwise, Mary is a conscientious and productive staff member, so you’re feeling stuck.

Graphics

iStock image ID: 1872074128

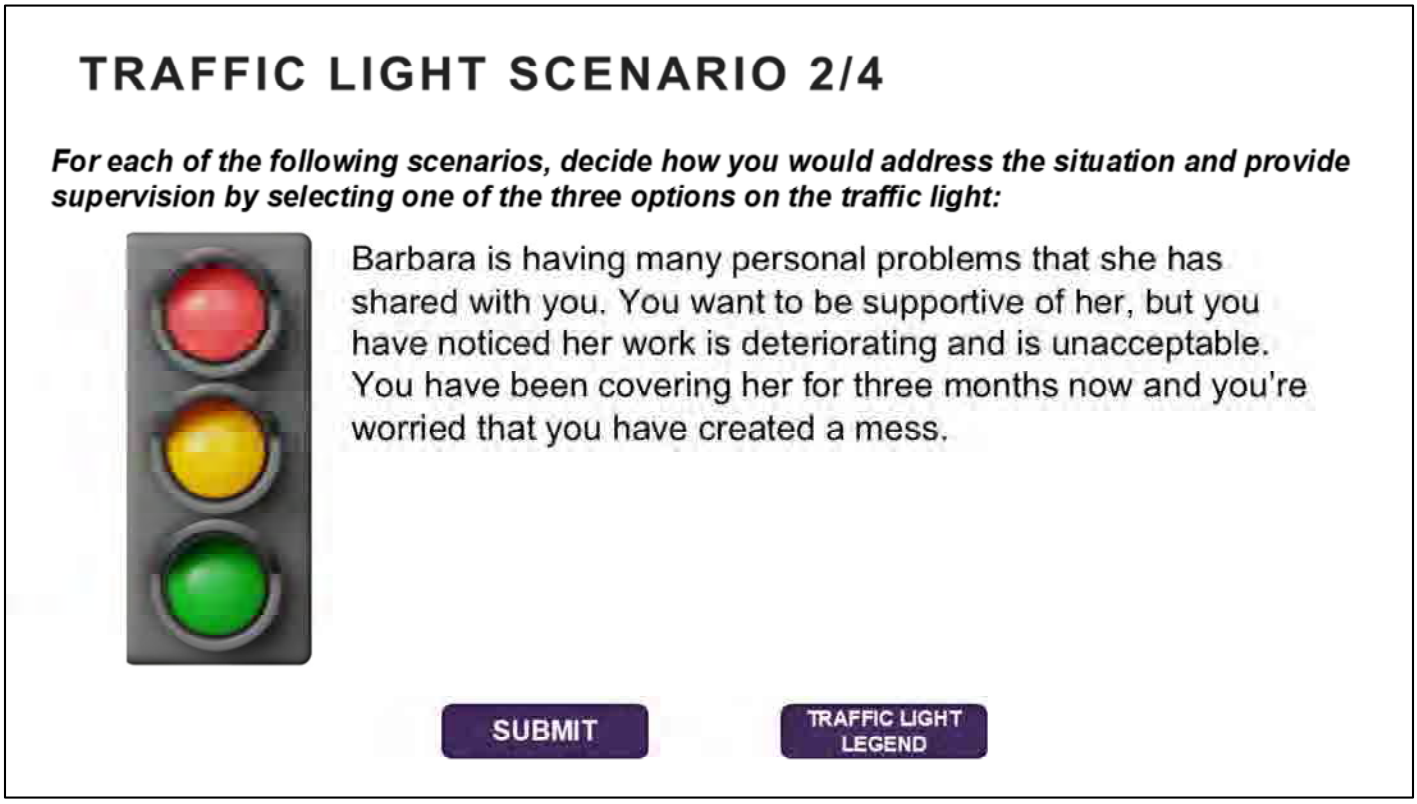
Interactions

Clicking on the “Traffic Light Legend” button should open up the table with the explanations of each color of the traffic light.
The learner should be able to click on the traffic light colors to select their responses.
Multiple response question [Correct response: Yellow]

Allow learner up to two attempts to respond to the question before revealing the correct responses and feedback
●Feedback if answered correctly: Correct! Since Mary is otherwise a conscientious and productive employee, this situation calls for monitoring. It’s important to observe if this pattern continues before taking action. A conversation may be needed if the tardiness worsens, but immediate action is not necessary.
●Feedback after answering incorrectly: Sorry, this is not the correct response. Try again.
●Feedback after answering incorrectly two times: Good try – the correct answer is yellow. Since Mary is otherwise a conscientious and productive employee, this situation calls for monitoring. It’s important to observe if this pattern continues before taking action. A conversation may be needed if the tardiness worsens, but immediate action is not necessary

References

None



Audio

Barbara is having many personal problems that she has shared with you. You want to be supportive of her, but you have noticed her work is deteriorating and is unacceptable. You have been covering her for three months now and you're worried that you have created a mess.

Graphics
iStock image ID: 1872074128

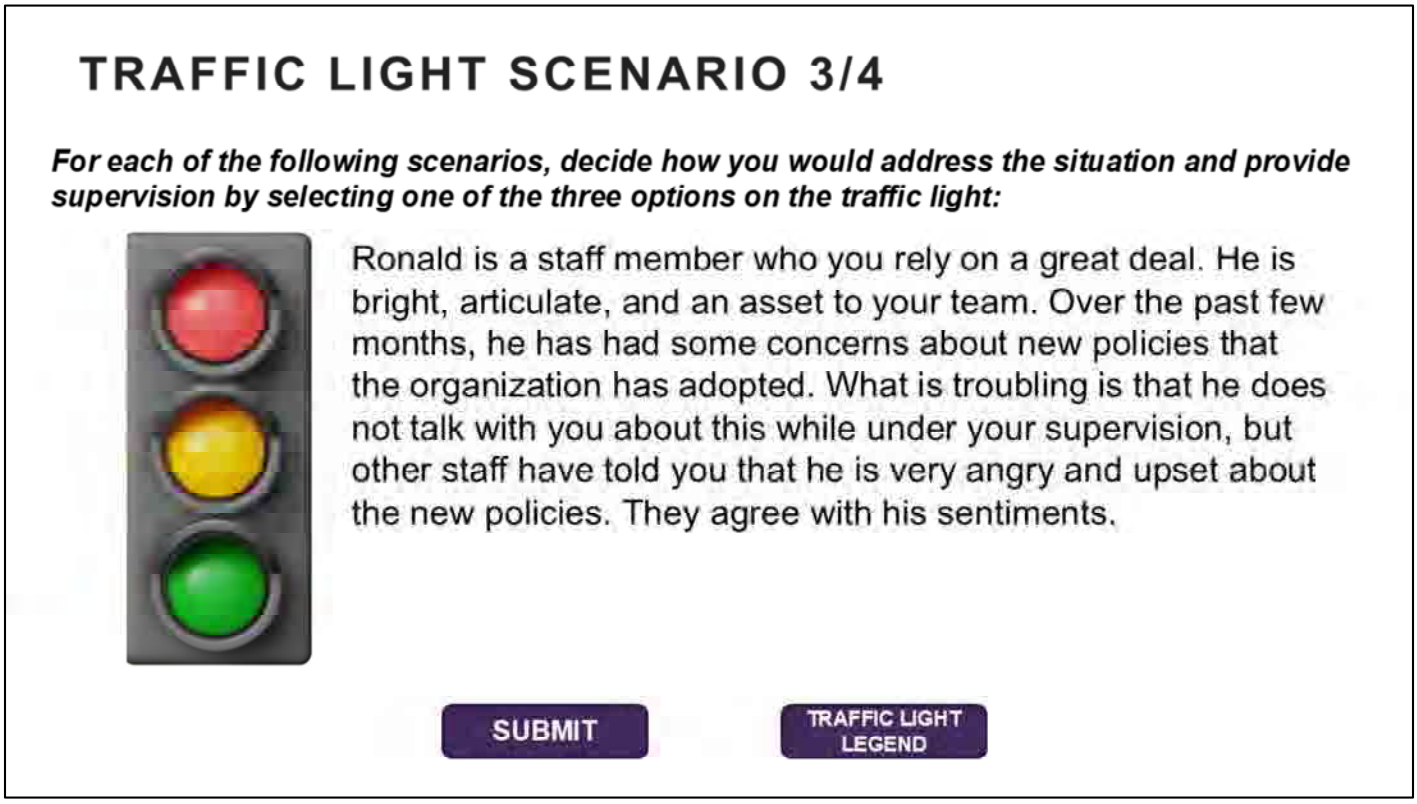
Interactions
Clicking on the "Traffic Light Legend" button should open up the table with the explanations of each color of the traffic light.

The learner should be able to click on the traffic light colors to select their responses. Multiple response question [Correct response: Green]

Allow learner up to two attempts to respond to the question before revealing the correct responses and feedback

- Feedback if answered correctly: Correct! Barbara's personal issues have been affecting her work for a significant time, and covering for her has created complications. It is necessary to address the issue now to set appropriate boundaries and provide her with the necessary support or accommodations.
- Feedback after answering incorrectly: Sorry, this is not the correct response. Try again.
- Feedback after answering incorrectly two times: Good try – the correct answer is green. Barbara's personal issues have been affecting her work for a significant time, and covering for her has created complications. It is necessary to address the issue now to set appropriate boundaries and provide her with the necessary support or accommodations.

References
None



Audio

Ronald is a staff member who you rely on a great deal. He is bright, articulate, and an asset to your team. Over the past few months, he has had some concerns about new policies that the organization has adopted. What is troubling is that he does not talk with you about this while under your supervision, but other staff have told you that he is very angry and upset about the new policies. They agree with his sentiments.

Graphics
iStock image ID: 1872074128

Interactions
Clicking on the “Traffic Light Legend” button should open up the table with the explanations of each color of the traffic light.

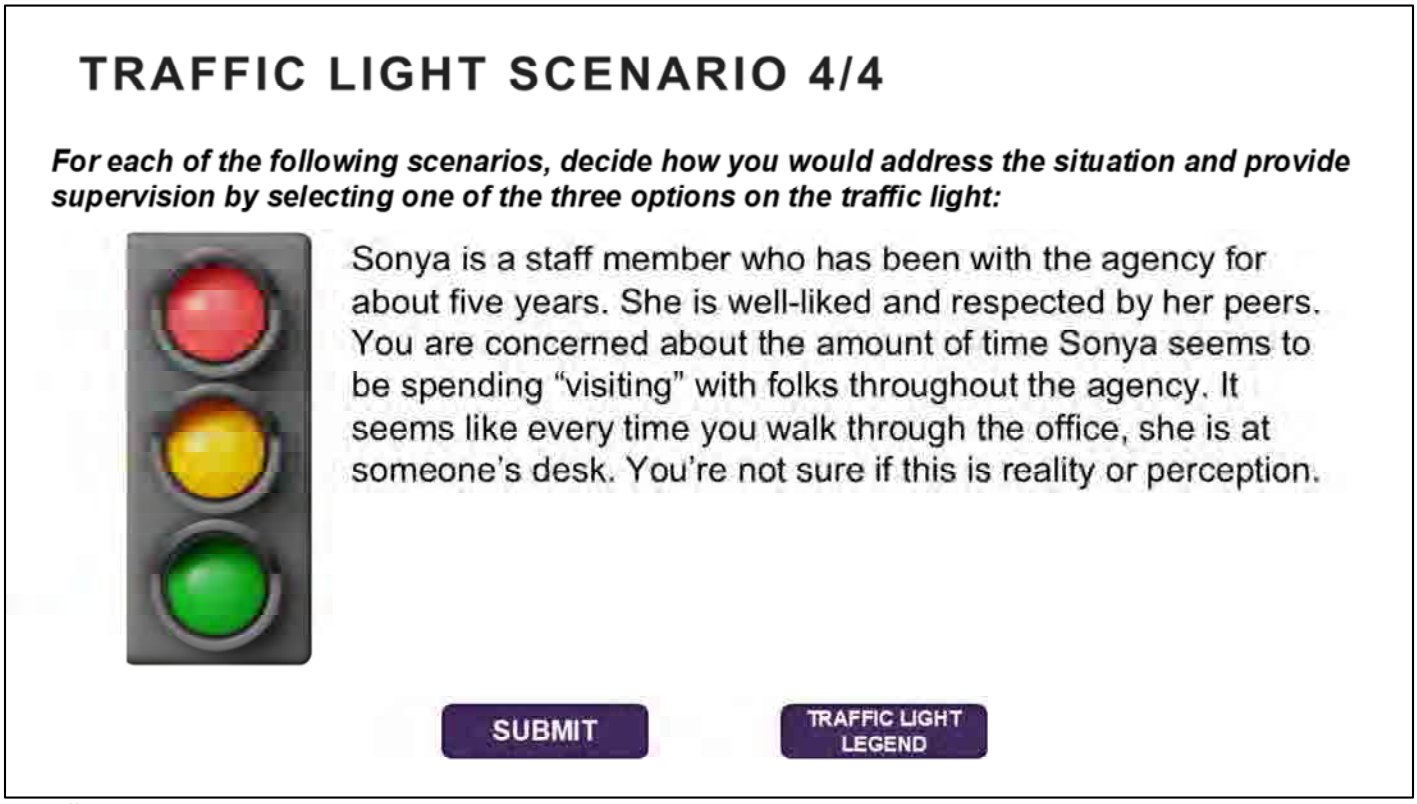
The learner should be able to click on the traffic light colors to select their responses. Multiple response question [Correct response: Green]

Allow learner up to two attempts to respond to the question before revealing the correct responses and feedback
●**Feedback if answered correctly:** Correct! Ronald’s concerns about the new policies appear to be shared by other staff members, which suggests that the policy change is impacting team morale more broadly. It’s essential to address these concerns collectively rather than focusing solely on Ronald. Organize a team discussion to openly address feedback about the new policies, create a space for all staff to express their views, and reinforce the importance of staff bringing concerns directly to you in the future. This approach can help improve team cohesion, support staff in feeling heard, and prevent further miscommunication or dissatisfaction.
●**Feedback after answering incorrectly:** Sorry, this is not the correct response. Try again.

- **Feedback after answering incorrectly two times:** Good try – the correct answer is green. Ronald's concerns about the new policies appear to be shared by other staff members, which suggests that the policy change is impacting team morale more broadly. It's essential to address these concerns collectively rather than focusing solely on Ronald. Organize a team discussion to openly address feedback about the new policies, create a space for all staff to express their views, and reinforce the importance of staff bringing concerns directly to you in the future. This approach can help improve team cohesion, support staff in feeling heard, and prevent further miscommunication or dissatisfaction.

References

None



Audio
Sonya is a staff member who has been with the agency for about five years. She is well-liked and respected by her peers. You are concerned about the amount of time Sonya seems to be spending "visiting" with folks throughout the agency. It seems like every time you walk through the office, she is

at someone's desk. You're not sure if this is reality or perception.

Graphics
iStock image ID: 1872074128

Interactions
Clicking on the "Traffic Light Legend" button should open up the table with the explanations of each color of the traffic light.

The learner should be able to click on the traffic light colors to select their responses.

Multiple response question [Correct response: Yellow]

Allow learner up to two attempts to respond to the question before revealing the correct responses and feedback
- **Feedback if answered correctly:** Correct! Since Sonya is well-liked and respected, it's important to observe if the "visiting" is affecting her work or the team's productivity. Keep an eye on it, gather more information, and address it if it becomes disruptive.
- **Feedback after answering incorrectly:** Sorry, this is not the correct response. Try again

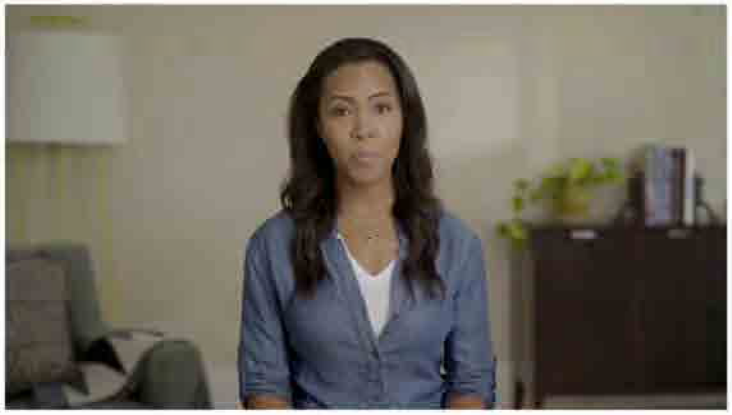
- **Feedback after answering incorrectly two times:** Good try – the correct answer is yellow. Since Sonya is well-liked and respected, it's important to observe if the “visiting” is affecting her work or the team's productivity. Keep an eye on it, gather more information, and address it if it becomes disruptive.

Refernces
None

GIVING FEEDBACK TO SHARITA

Your supervisor wants to talk to you about an employee that you supervise and creating a plan to give them feedback.

Play the following video to hear what your supervisor has to say.



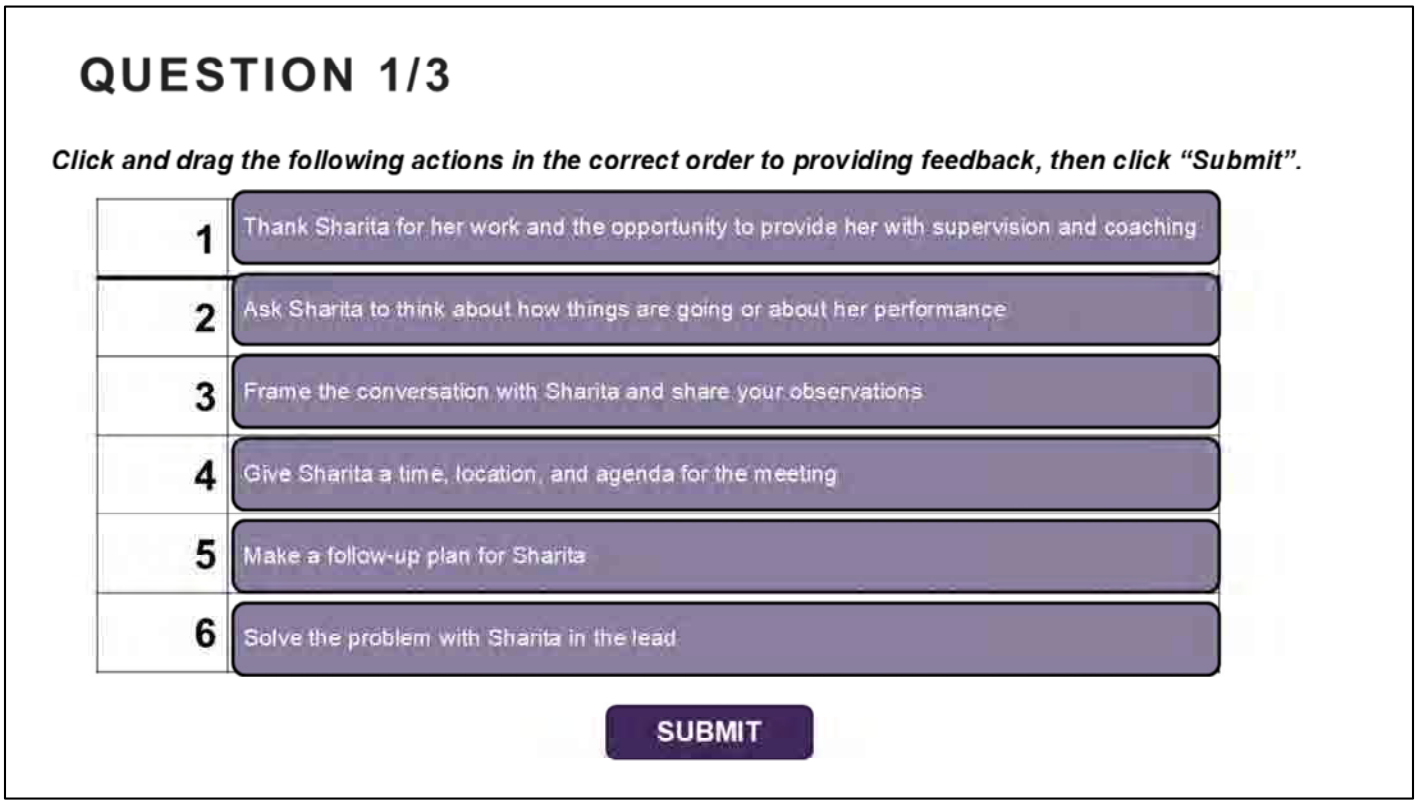
Audio
Your supervisor wants to talk to you about an employee that you supervise and creating a plan to give them feedback. Play the following video to hear what your supervisor has to say.

[Video transcript: Please have a one-on-one with Sharita. As the Breastfeeding Coordinator, she's a key part of the team, but I've noticed concerns. She's been consistently negative about new policies and complaining about WIC regulations. Given your experience, I expect you to motivate the team and help with buy-in for new initiatives. It's time to address this and help her refocus.]

Graphics
None

Interactions
Video: https://app.vyond.com/videos/40e13f84-6a46-4dfe-b4da-ce9338e0e5e0

References
None



Audio
Answer the following questions about how you would go about with developing a plan to give Sharita feedback.

Click and drag the following actions in the correct order to providing feedback, then click "Submit".

Graphics
None

Intereactions
Sorting activity

Correct responses:
1. Give Sharita a time, location, and agenda for the meeting
2. Frame the conversation with Sharita and share your observations
3. Ask Sharita to think about how things are going or about her performance
4. Solve the problem with Sharita in the lead
5. Thank Sharita for her work and the opportunity to provide her with supervision and coaching*
6. Make a follow-up plan for Sharita and monitor for performance*
   *Note: 5 and 6 can be interchangeable

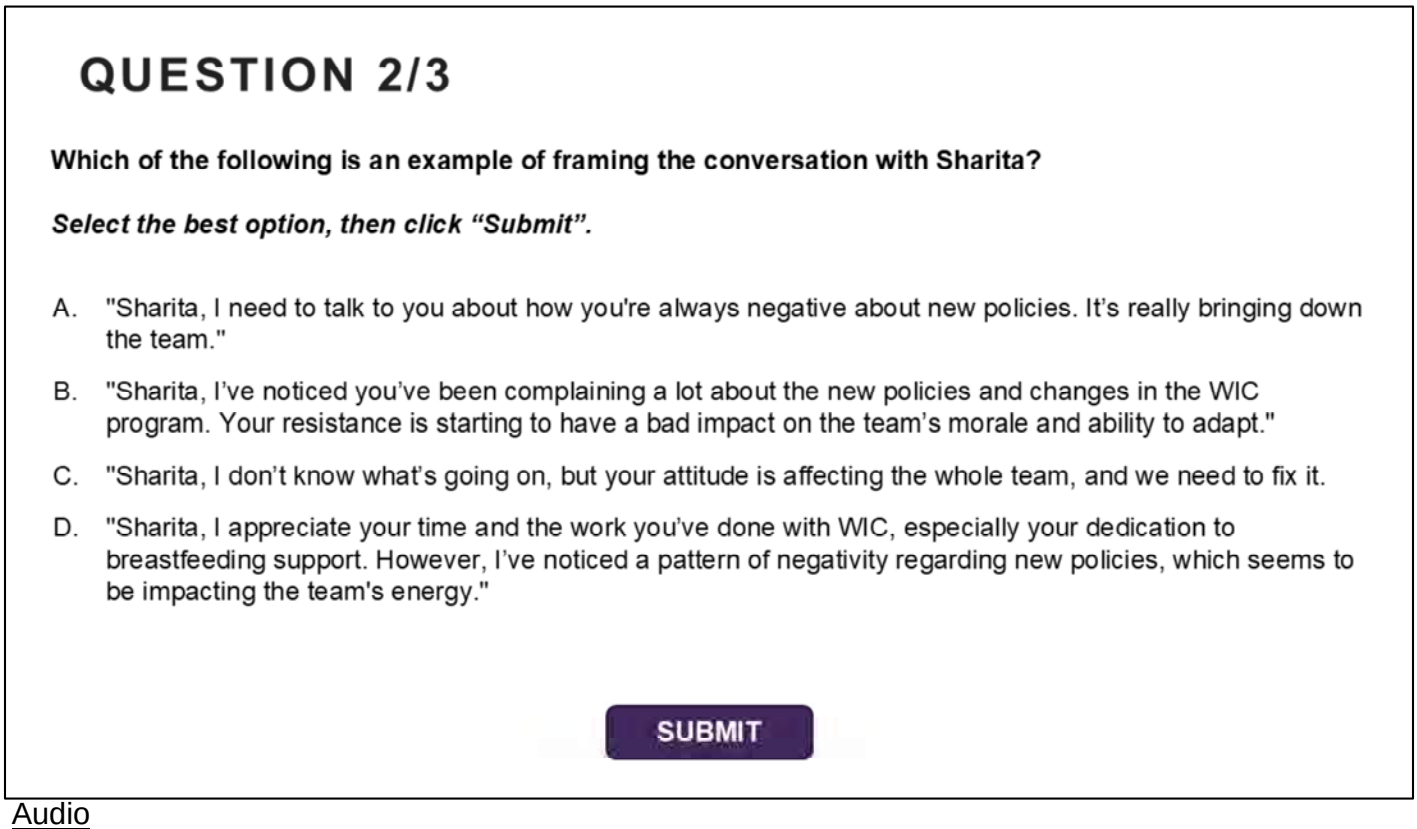
- **Feedback if answered correctly:** Correct! Prepare to give Sharita feedback by giving her a time, location, and agenda for the meeting. Start the conversation by framing it and sharing your observations. While giving feedback, make sure you take the time to ask Sharita to think about how things are going for her or about her performance. With Sharita in the lead, solve the problem together. After giving feedback, thank Sharita for her work and the opportunity to provide supervision and coaching and create a follow-up and monitoring plan for her to conclude the session (these two steps can be interchangeable).

- **Feedback after answering incorrectly:** Sorry, at least one of these answers isn't correct in the correct order. Try again.

- **Feedback after answering incorrectly two times:** Good try – review the correct answers on screen. Prepare to give Sharita feedback by giving her a time, location, and agenda for the meeting. Start the conversation by framing it and sharing your observations. While giving feedback, make sure you take the time to ask Sharita to think about how things are going for her or about her performance. With Sharita in the lead, solve the problem together. After giving feedback, thank Sharita for her work and the opportunity to provide supervision and coaching and create a follow-up and monitoring plan for her to conclude the session (these two steps can be interchangeable).

References

None



Audio

Which of the following is an example of framing the conversation with Sharita? Select the best option, then click "Submit".

Graphics
None

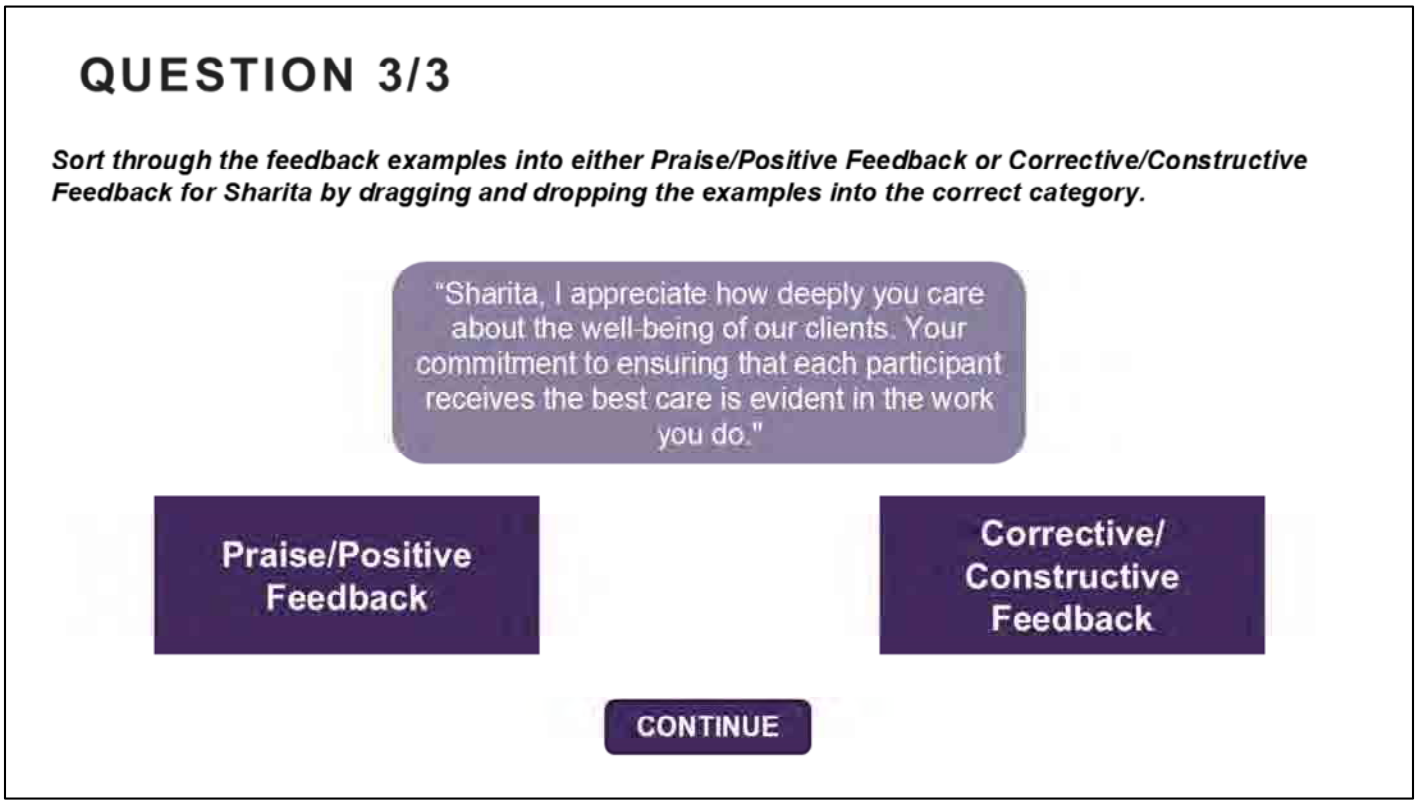
Interactions
Multiple choice question [Correct response: D]

Allow learner up to two attempts to respond to the question before revealing the correct responses and feedback
Feedback if answered correctly: Correct! Recall that framing sets the tone for a supervision conversation and ensures that feedback is received constructively and with clarity. A well-framed conversation creates a safe and supportive environment, making employees more receptive to feedback and guidance. The correct response (D) starts with some positive feedback for Sharita, shares your observation, and presents the problem with its impact on the team.

- **Feedback after answering incorrectly:** Sorry, this is not the correct response. Try again.

- **Feedback after answering incorrectly two times:** Nice try – the correct response is D. Recall that framing sets the tone for a supervision conversation and ensures that feedback is received constructively and with clarity. A well-framed conversation creates a safe and supportive environment, making employees more receptive to feedback and guidance. The correct response (D) starts with some positive feedback for Sharita, shares your observation, and presents the problem with its impact on the team.

References
None



Audio
Sort through the feedback examples into either praise or positive feedback or corrective or constructive feedback for Sharita by dragging and dropping the examples into the correct category.

Graphics
None

Interactions
Sorting activity

Learner drag and drops each feedback example into one of the two groups: Praise/Positive or Corrective/Constructive. Each example should appear one a time. Learner should get immediate feedback once they drag and drop the example into one of the groups. Show the “Continue” button at the conclusion of the activity.

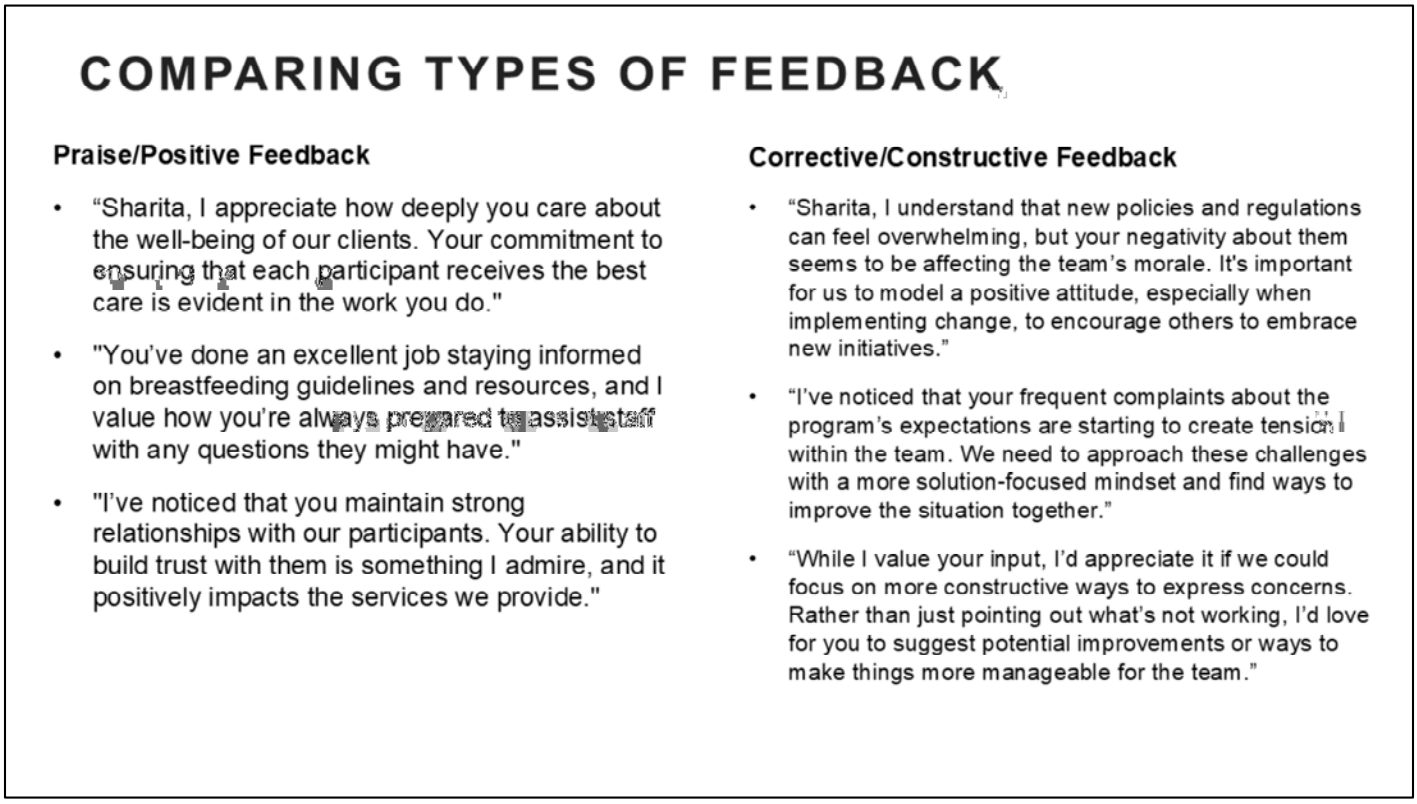
Praise/Positive Feedback:
•“Sharita, I appreciate how deeply you care about the well-being of our clients. Your commitment to ensuring that each participant receives the best care is evident in the work you do."
•"You’ve done an excellent job staying informed on breastfeeding guidelines and resources, and I value how you’re always prepared to assist staff with any questions they might have."
•"I’ve noticed that you maintain strong relationships with our participants. Your ability to build trust with them is something I admire, and it positively impacts the services we provide."

Corrective/Constructive Feedback:
•“Sharita, I understand that new policies and regulations can feel overwhelming, but your negativity about them seems to be affecting the team’s morale. It's important for us to model a positive attitude, especially when implementing change, to encourage others to embrace new initiatives.”

- “I’ve noticed that your frequent complaints about the program’s expectations are starting to create tension within the team. We need to approach these challenges with a more solution-focused mindset and find ways to improve the situation together.”
- “While I value your input, I’d appreciate it if we could focus on more constructive ways to express concerns. Rather than just pointing out what’s not working, I’d love for you to suggest potential improvements or ways to make things more manageable for the team.”

References

None



Audio

Recall that praise or positive feedback focuses on reinforcing good behaviors, actions, or achievements by acknowledging what has been done well. On the other hand, corrective or constructive feedback focuses on addressing areas of improvement in a way that is supportive and solution-oriented.

Graphics
None

Interactions
None

References
None

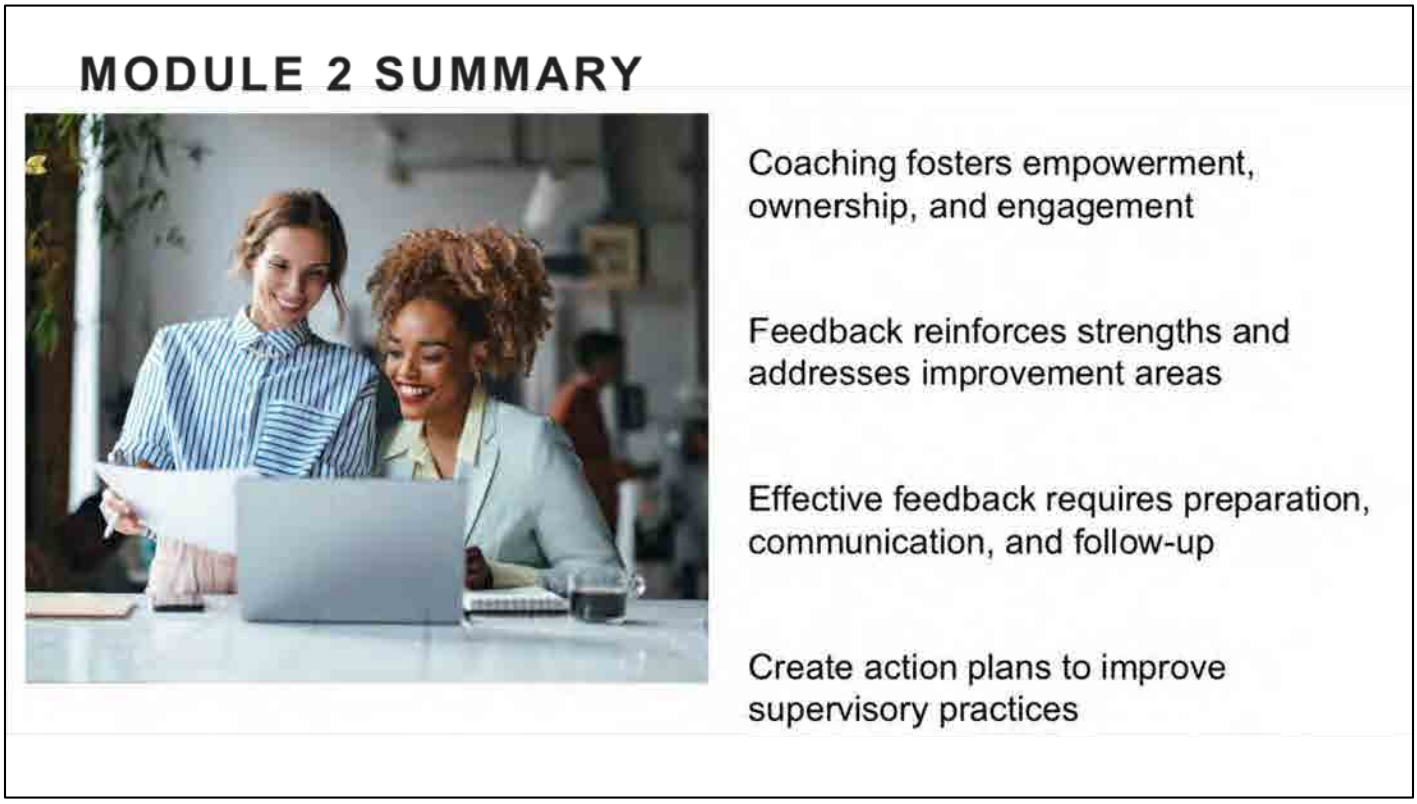


Audio
Before we conclude the course, let’s summarize what we've covered in Module 2.

Graphics
iStock image ID: 2094337676

Interactions
None

References
None



Audio

Coaching is a supervisory approach that builds performance and motivation by fostering empowerment, ownership, and engagement among staff. Unlike traditional supervision, which focuses on monitoring performance, coaching emphasizes outcomes and allows staff to decide how to achieve them. Feedback is central to coaching, with both positive and corrective feedback used to reinforce strengths and address areas for improvement. Effective feedback requires preparation, open communication, and follow-up, ensuring clarity, support, and opportunities for development. Supervisors should avoid common pitfalls, like delaying feedback or reacting impulsively, and instead create action plans to improve their supervisory practices.

Graphics

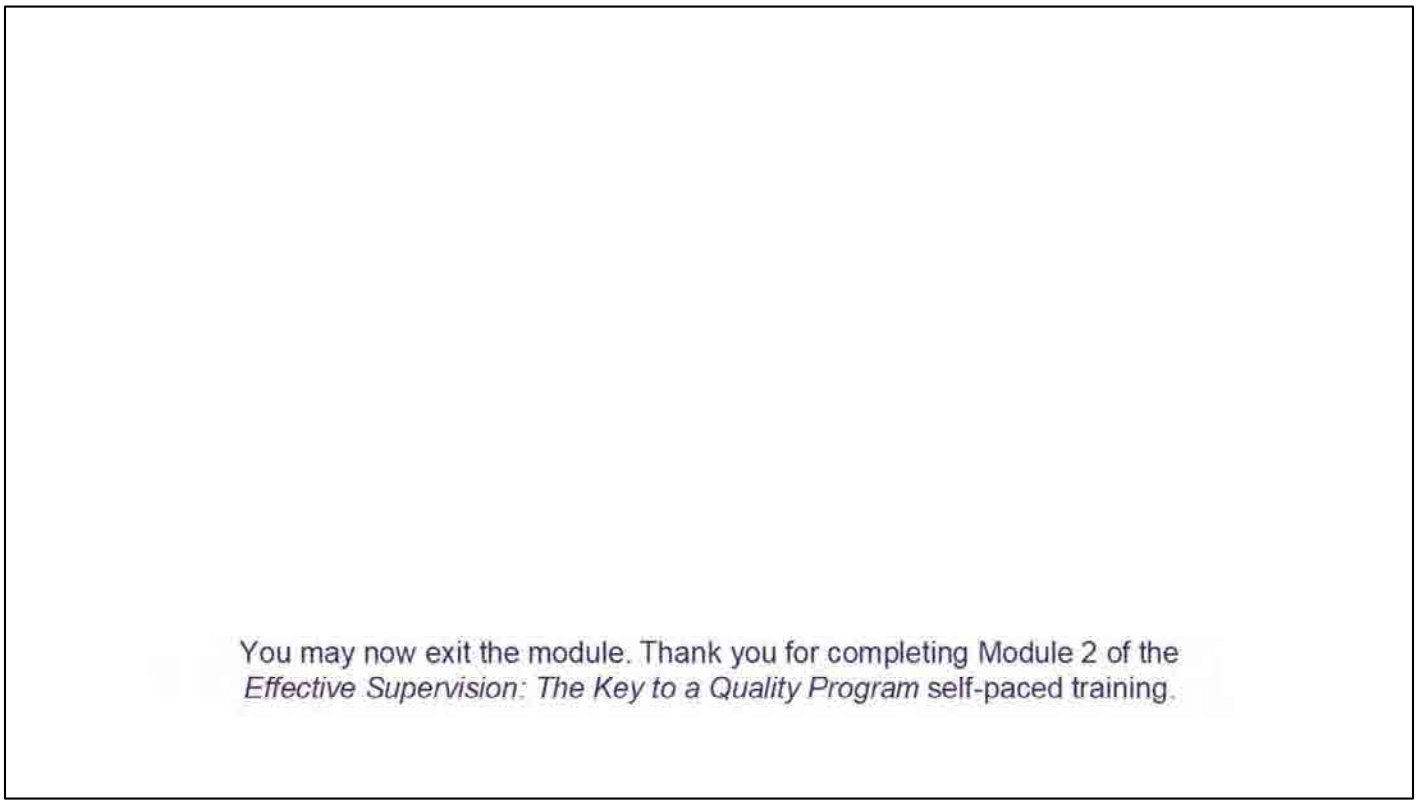
iStock photo ID: 1626848397

Interactions

None

References

None



Audio

Thank you for completing Module 2 of the *Effective Supervision: The Key to a Quality Program* self-paced training. You may now exit the module.

Graphics
None

Interactions
Learner should be able to exit module and return to LMS homepage

References
None

Example Learning Community

2024-25 NYS WIC Learning Community Kickoff Webinar:
Managing Your WIC Agency: Putting the Pieces Together
Check-In #1
November 7, 2024
10:00-11:00 AM

Goal:
The goal of this kickoff webinar is to introduce local agency implementation teams to the overall goal and objectives of the 2024-25 Learning Community*: Managing Your WIC Agency: Putting the Pieces Together*, providing an orientation to the learning community model, and overview of the learning community framework.

Description:
The 2024-25 Learning Community will provide a comprehensive opportunity to examine staffing, scheduling, caseload, staff retention, and nutrition education. In this first remote check-in session, we will orient the twelve Local Agencies who have been selected to participate in this exciting opportunity. We will provide a foundation of the Institute for Healthcare Improvement (IHI) learning community model, introduce expectations and the learning community process moving forward, and provide concrete next steps. We are thrilled to learn more about the implementation teams and introduce them to their colleagues around the State to create a community that embodies the "all teach, all learn" model and embraces a passion for serving New York State WIC participants.

Presenters:
CAI Learning Community Training Team

Target Audience:
The designated implementation teams from each of the local agencies selected to participate in the 2024-25 Learning Community.

Length of Training:
60 minutes

Continuing Education:
0 CPEU
1 CEU
0 LCERPs

Learning Objectives:
As a result of this remote check-in, attendees will be able to:
1. Discuss the overall goal and objectives of the 2024-25 Learning Community: Managing Your WIC Agency: Putting the Pieces Together
2. Name at least two areas of exploration related to managing a WIC agency
3. Describe the effectiveness of the Institute of Healthcare Improvement Model on the current Learning Community framework
4. Convey at least two expectations around participation in the 2024-25 Learning Community related to attendance, communication, collaboration, logistics, and the calendar of events

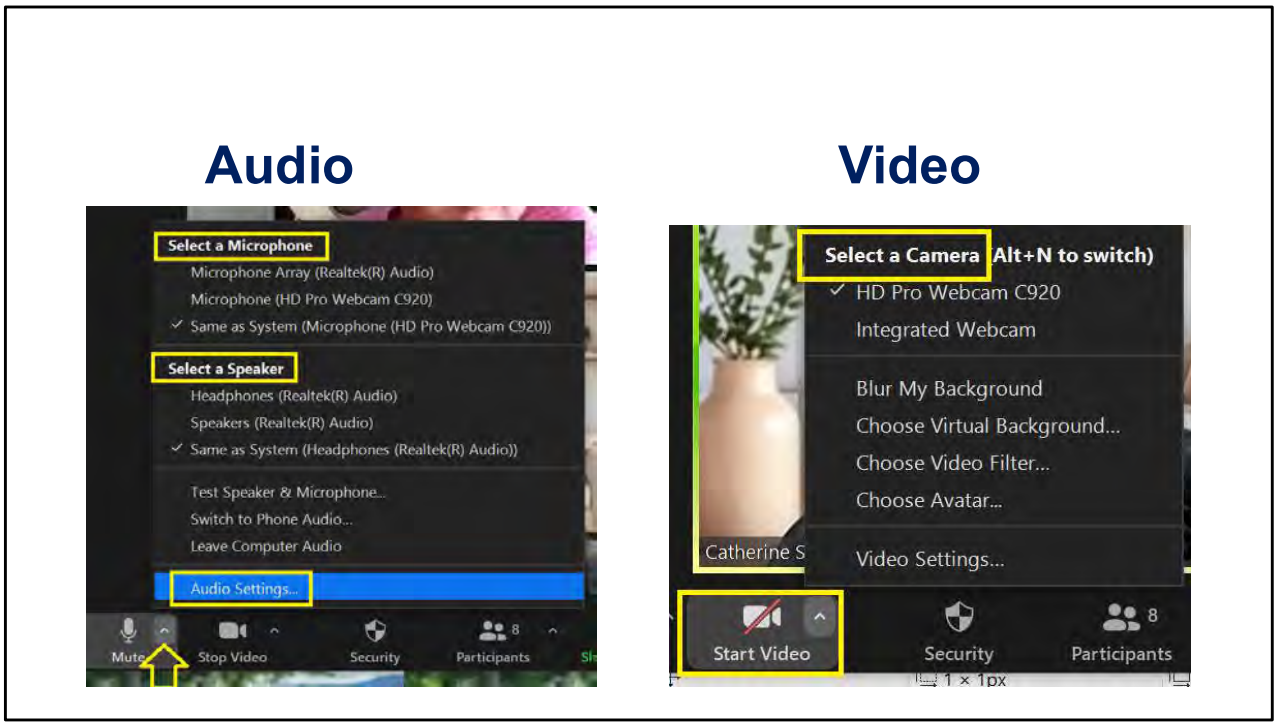
Teaching Methods:
- PowerPoint

- Interactions such as true/false questions, multiple choice questions, videos

Materials Needed:
This webinar will include an informative presentation with interactive components.
- PowerPoint

Agenda/outline:
- Welcome & opening
    - Goal and objectives for today's kickoff webinar
- Who are we as a community and what are everyone's roles?
    - CAI team
    - Regional office representatives
        - Participating as learners
    - Central office representative
    - Local agency implementation teams
        - New York State map showing locations
        - Poll questions to get to know each other
- This year's learning community topic
    - Goal and objectives of the 2024-25 Learning Community
    - Review themes and highlights from interviews
    - Main "buckets" of exploration
        - Staff retention
        - Scheduling of participants
        - Scheduling of staff
        - Caseload management
        - Nutrition education
        - Site workflow
- The learning community framework
    - Description of the Institute for Healthcare Improvement model and connection to learning community framework
- Expectations and plan
    - Local Agency implementation team expectations
    - Overview of plan and process moving forward
    - Capacity and Demand Tool prework and individual meeting reminders
    - Calendar of events
        - Learning sessions
        - Action periods
        - Check-ins
- Communication and resources located within the NYS WIC Hub
    - Review of Learning Community page of the NYS WIC Resource Hub
- Wrap-up and next steps

Resources:
Institute for Healthcare Improvement. (2003). *The Breakthrough Series: IHI's collaborative model for achieving breakthrough improvement*. https://www.ihi.org/resources/white-papers/breakthrough-series-ihis-collaborative-model-achieving-breakthrough



Start 10 minutes early once folks are logging on

While we wait for the training to begin, we want to ensure everyone can participate today. Be sure to check your audio and video and ensure your microphone and camera are working. If you are having any trouble, please chat the producer for help troubleshooting. On the slide are 2 screenshots showing you where to access the audio and video settings on Zoom. Please be sure the correct microphone and speaker on your computer are selected if you are using computer audio, if not please select phone audio and call the dial-in number that appears. Please be sure to start your video and ensure the correct camera is selected on your device.

It is an expectation of training that you will participate and engage, which includes being on camera and speaking. We want to hear your voices and see your faces. There are interactive components to training, including breakout rooms where you'll need to speak to your colleagues, so we want to ensure everyone has a working microphone and camera today. If you do not, please chat the producer to let them know. We want to make sure that everyone has the best training experience they can.

Producer share in chat Link to Zoom FAQ regarding audio and video: https://support.zoom.com/hc/en/category?id=kb_category&kb_category=31293e9a8720391089a37408dabb35b8



Production/Trainer:

****PRODUCER RECORD TO CLOUD****

PRODUCER ENABLE CLOSED CAPTIONING

- Decide who will present slides before the webinar begins.
- Admit trainees into the training 10 minutes prior to the training start time.
- Trainers and/or production staff can start building engagement with those who log on early by encouraging them to chat in their name, local agency, etc.

Trainer/Production

Welcome participants while they are logging on.

- Good morning
- Once everyone is in attendance, introduce the topic

This webinar is being recorded so staff may look back or staff that missed it can view.
Trainer/Production:

Ask participants to re-name themselves so that their agency name is included with their own name (can be abbreviated). Will explain how to do so more clearly in a few moments.



Without further ado, we'd like to welcome our Implementation Teams and congratulate all of you on your acceptance into the Learning Community!

Announce agency names – slide is animated to display each agency individually.

- Broome County Health Department
- Cayuga County Health Department
- Catholic Charities of Western New York – South Buffalo site
- Community Health Center of the North Country
- Community Health Center of Richmond
- Monroe County Health Department
- NYC Health + Hospitals Metropolitan
- Oak Orchard Health
- Open Door Family Medical Center
- Opportunity Development Association (ODA) of Williamsburg
- Public Health Solutions – Ocean Ave site
- Warren County Health Services

We received an abundance of applications this year and you all are the 12 agencies selected. You represent an elite cohort of teams selected to participate in this

strategic thinking process. This is not a training – this is a collaborative, interactive, iterative process where we are going to roll up our sleeves and work together to identify best practices which can be applied across the state.

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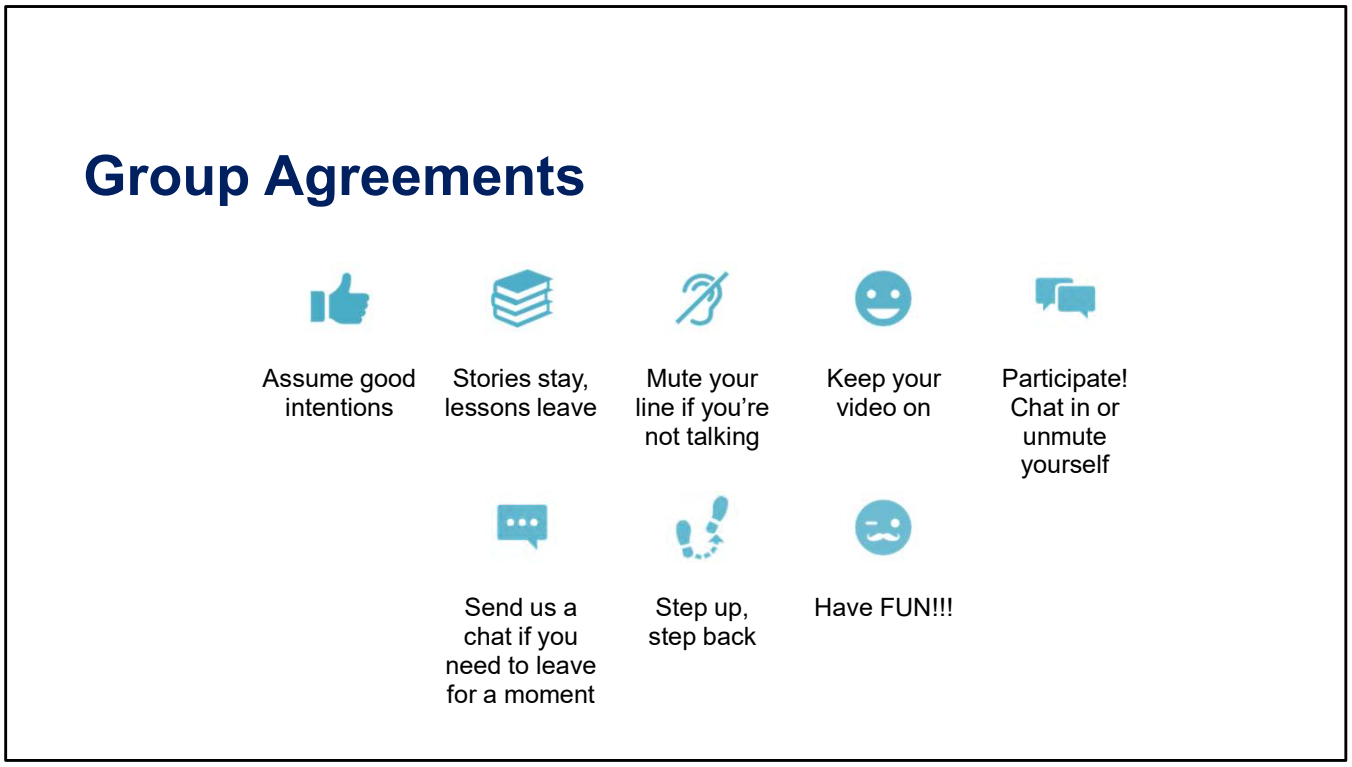
Stock illustration ID:1248913701



[Production] Copy and paste contact information into the chat.

Funding for this training provided by the USDA.

And you see on screen, the contact information for each entity should you have any questions.



Before we begin let's talk about some group agreements which will help us accomplish that collaborative learning environment we were talking about earlier.

- Assume good intentions
- Stories stay, lessons leave
- Mute your line if you are not talking
- Please keep your video on!
- Participate! Chat in or unmute yourself – highlight all teach/all learn as a key component of the learning community.
- Send us a chat if you need to leave for a moment
- Step up, step back
- And most importantly, have fun!

Before I move on can folks give me a thumps up or turn on video so I know we are in agreement with these that would be great!

Producer paste this into the chat, while trainer reads this message: "At CAI we support breastfeeding, if you are nursing and need to step away to pump please chat the producer to make them aware. We have a policy that trainees may not miss more than 15 minutes,but this is waived for those who are nursing. It's important that you inform the producer or trainers that you are taking a break to pump so we can ensure you are allowed back into the training."

Our Goal for Today

Introduce the overall goal and objectives of the 2024-25 Learning Community, providing an orientation to the learning community model and overview of the learning community framework.



Our goal today is to introduce the overall goal and objectives of the 2024-25 Learning Community, providing an orientation to the learning community model, and overview of the learning community framework.

Our Objectives for Today



1. Discuss the overall goal and objectives of the 2024-25 Learning Community
2. Name at least two areas of exploration related to managing a WIC agency

Attendees will be able to…

1. Discuss the overall goal and objectives of the 2024-25 Learning Community: Managing Your WIC Agency: Putting the Pieces Together
2. Name at least two areas of exploration related to managing a WIC agency

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Our Objectives for Today

3. Describe the effectiveness of the Institute for Healthcare Improvement (IHI) Model on the current Learning Community framework
4. Convey expectations around learning community participation



Attendees will be able to…

3. Describe the influence of the Institute for Healthcare Improvement Model (IHI) on the current Learning Community framework
4. Convey at least two expectations around participation in the 2024-25 Learning Community related to attendance, communication, collaboration, logistics, and the calendar of events.

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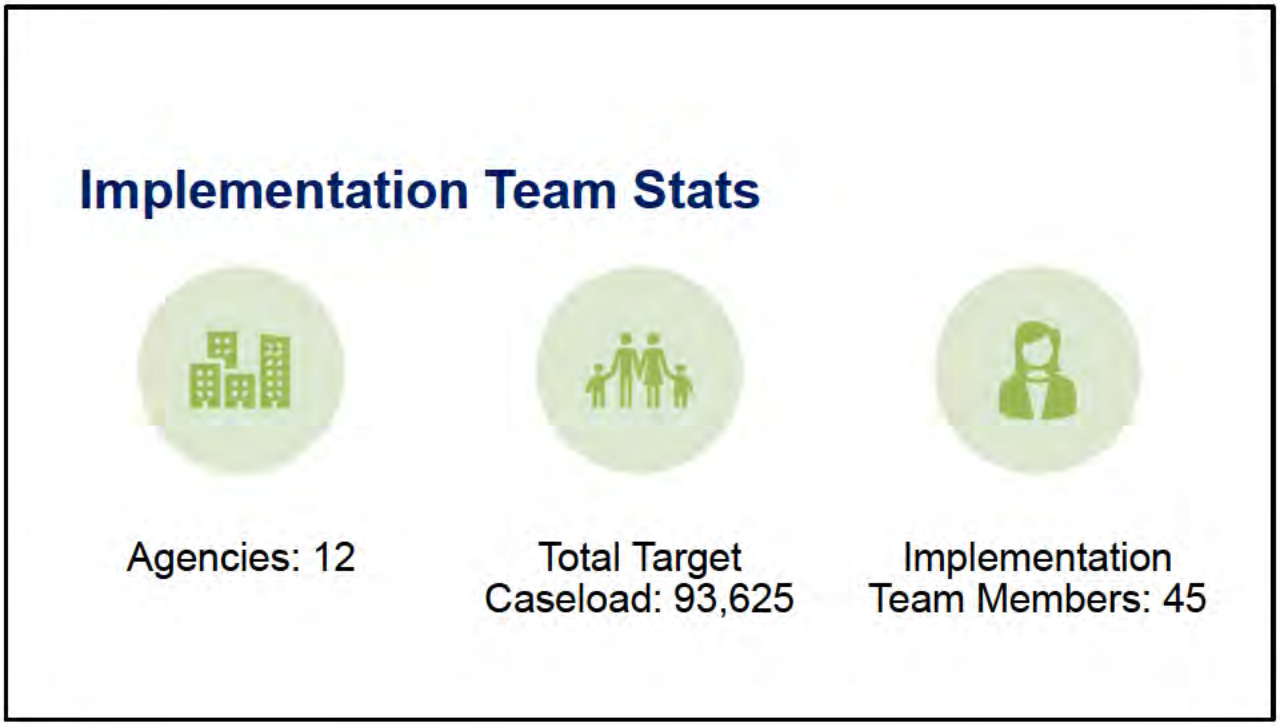
Introducing our New York State Department of Health Learning Community Colleagues

NEW YORK STATE | WIC Program

Regional office representatives are here to participate and learn alongside all of us.

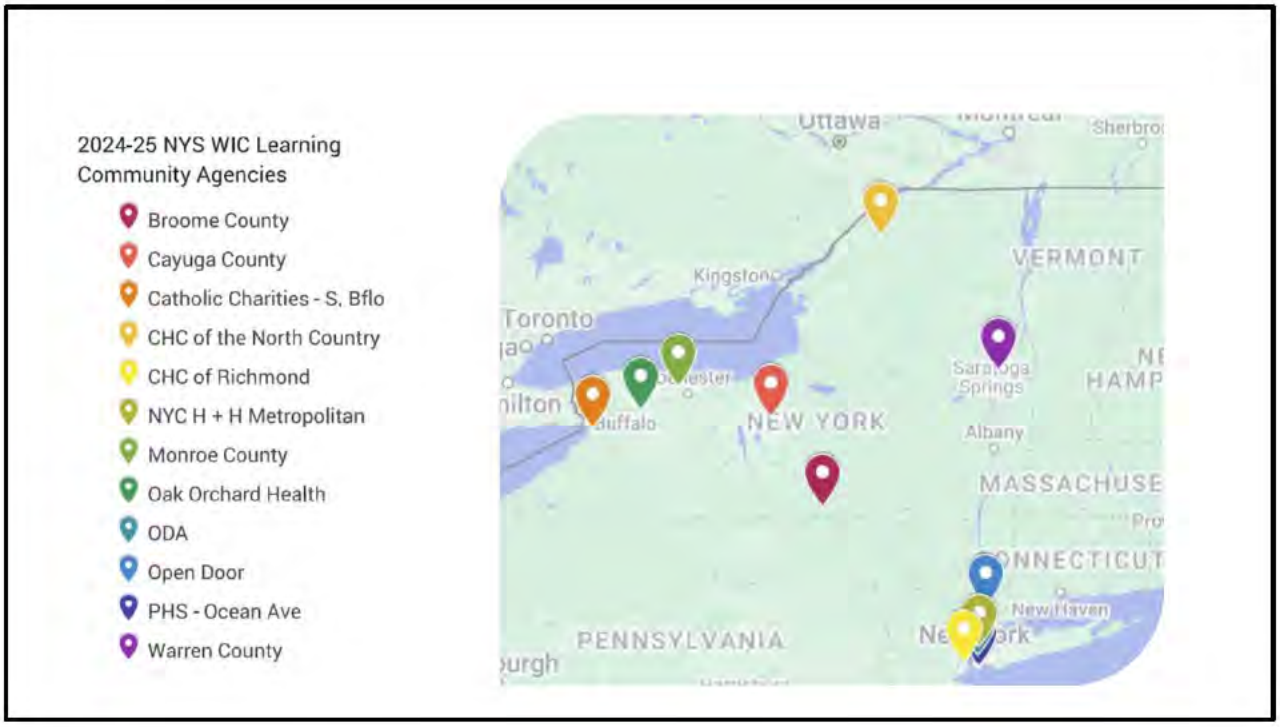
Introduce:
MARO: Keith Bedney and Cindy Olvina
Capital: Dylan Farnan
Central: Kay (Catherine) Brewster
Western: Arielle Januszkiewicz

Our Central Office observer, Melissa Sharp, is here to help us shape content for you all, ensure we are in alignment with NYS policies and guidance, and to take back your ideas and suggestions to the larger NYS DOH team.



Now let's learn a little more about our implementation teams…

There are 12 agencies in this LC cohort.
Some agencies are over caseload and some are under caseload, but collectively you are roughly serving about 94,000 participants!
There are 45 implementation team members participating.



We have teams from across our beautiful state. Going from left to right, in Western region we have:

- Catholic Charities of Western New York – South Buffalo site (orange pin)
- Oak Orchard Health (Kelly green pin)
- Monroe County Health Department (lime green pin)

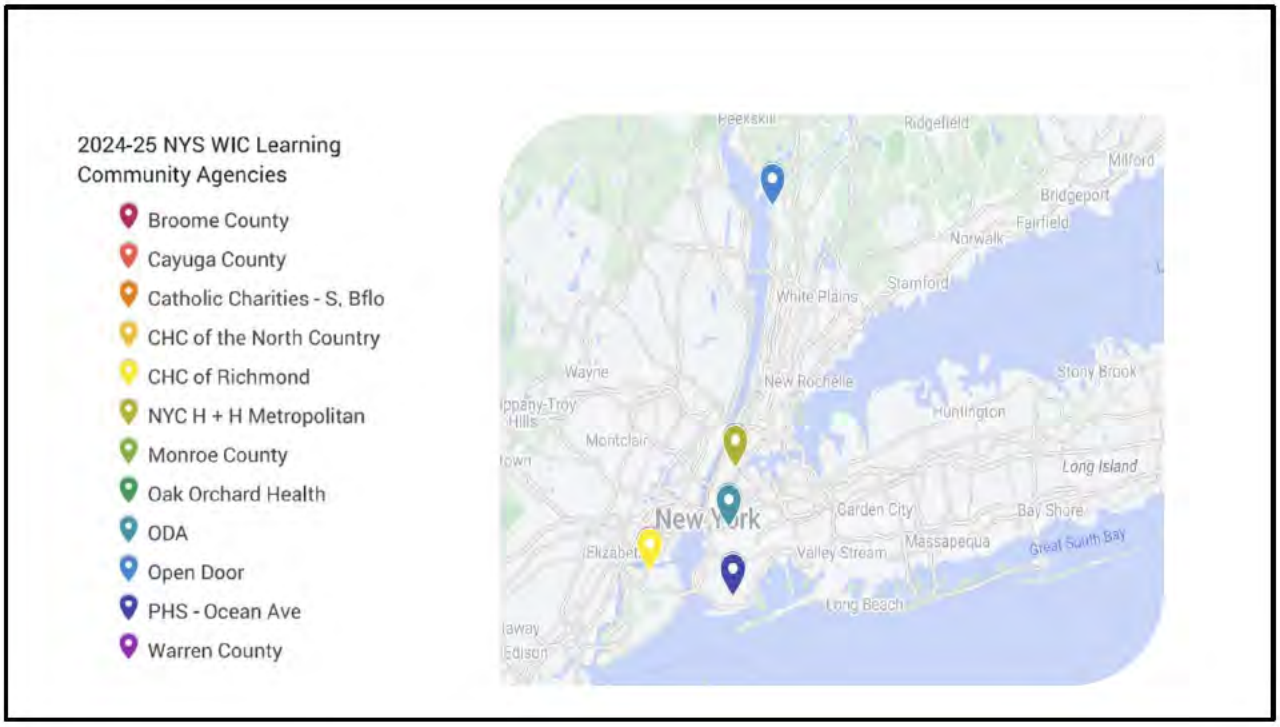
From Central region:

- Cayuga County Health Department (coral red pin)
- Broome County Health Department (deeper red pin)
- Community Health Center of the North Country (gold pin)

From Capital region:

- Warren County Health Services (purple pin)

Review MARO agencies on next slide



Zoomed in view of MARO agencies

Full names:

- Open Door Family Medical Center (blue pin)
- NYC Health + Hospitals Metropolitan (chartreuse pin)
- Opportunity Development Association (ODA) of Williamsburg (teal pin)
- Community Health Center of Richmond (yellow pin)
- Public Health Solutions – Ocean Ave site (indigo pin)

Getting to Know You via Mentimeter



Use the QR code or click the link in the chat to participate

Next, we have some questions for you to answer on Mentimeter. Please use the QR code or click the link dropped in the chat to participate.

*Note to CAI staff: Link and QR code will need to be updated – only valid for 14 days
Link: https://www.menti.com/alwjux4grs9t

Trainer or producer to share Mentimeter in presentation mode as answers come in.

Mentimeter questions:

- How long have you worked for WIC? (multiple choice)
    - Talking point: It is wonderful to have such a range of WIC experience in our group from those who are brand new and can provide fresh insights and perspectives to those who history of the program.
- Which roles have you held, or do you currently hold at WIC? (multiple choice - can select more than one response)
    - Talking point: Look at the diverse roles we have had with WIC – these experiences and perspectives are going to be invaluable as we start to brainstorm ideas and solutions. There is a reason we ask for your implementation teams to be comprised of members from a variety of job roles. We all have valuable perspectives to contribute.

- Have you worked for more than one WIC agency? (multiple choice)
  - Follow up question for trainer to ask: Of those who have worked in more than one agency, has anyone worked for WIC in another state or territory?
- Have you ever participated in a learning community/collaborative? (whether with WIC or not) (multiple choice)
- What are you hoping to get out of this learning community? (open ended response)
  - Possible talking points:
    - These reasons to participate in the LC are consistent with what we heard in the agency interviews.
    - Many of you said that you were interested in learning from other agencies and sharing best practices to strengthen their own programs, better serve participants, become more cohesive as a team, and manage your caseload optimally.
    - Your agencies are committed to balancing operational improvements with staff well-being and participant satisfaction while navigating significant transitions and seeking growth.

The Overall Goal of the LC

To provide local agencies with a comprehensive opportunity to examine staffing, caseload, staff retention, and nutrition education.



Review with agencies the overall goal of the Learning Community which is to…. [on-screen]

Overall Learning Community Objectives

By participating in this learning community, agencies will:

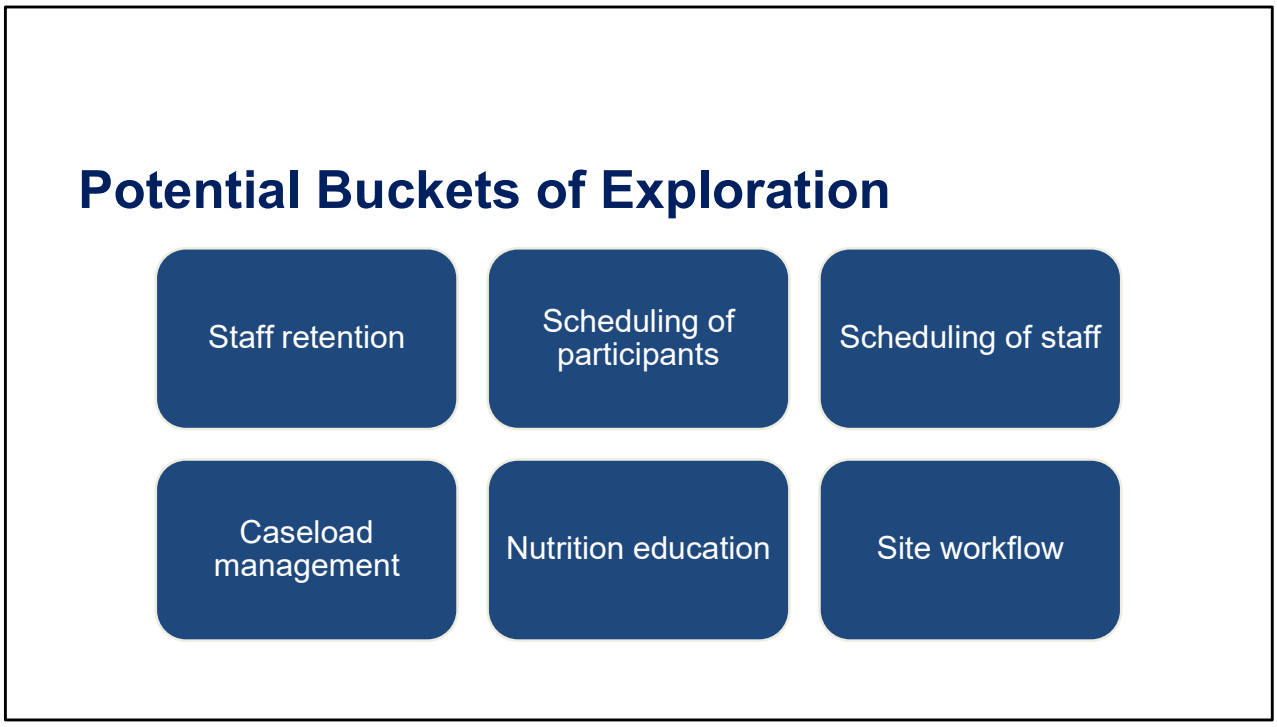
- Explore challenges and opportunities related to staff retention
- Use data to examine their agency's caseload and staffing plan
- Identify and implement effective scheduling strategies
- Collaborate with other WIC agencies to manage caseload in new and creative ways

(cont on next slide)

Overall Learning Community Objectives

By participating in this learning community, agencies will:

- Explore workflow steps for nutrition education options including online, phone, and in-person
- Discuss how to best communicate nutrition education options with participants, ensuring “real choice”
- Analyze the possibility of using group facilitation for nutrition education, including video conferencing



Based on our goal and our objectives, as well as what we heard from you in your agency interviews, some of the areas we think will become big players in our learning community are listed on the slide. They are staff retention, scheduling of participants and staff, caseload management, nutrition education, and site workflow.

These are the areas we want to try to innovate in – to explore possible ideas and solutions where we might be able to streamline our processes without decreasing the quality of the services we provide.

Let's talk a little more about each one on the next slides.

Staff Retention

What can we do to retain staff?

Even with limited resources, what practices can we put in place to keep staff professionally satisfied?



We heard in your interviews that many of you have been operating short staffed – struggling with vacancies, staff retention, and turnover. And, you care about staff morale and avoiding burnout.

So, some questions we might explore in this learning community include:

- What can we do to retain staff?
- Even with limited resources, what practices can we put in place to keep staff professionally satisfied?

Scheduling of Participants



How are we scheduling currently and where might there be room for improvement?

What scheduling practices do we need to put in place to accommodate our caseload and comply with the 10/20-day requirement?

How can we work with NYWIC to get staff the information they need about the schedule?

We also heard in your interviews that you want your schedules to serve participants well. You want schedules that function smoothly, identify appointment modality (phone or in-person), accommodate your caseloads, and comply with the 10/20 day requirement.

Some questions we might explore around this topic include:

- How are we scheduling currently and where might there be room for improvement?
- What scheduling practices do we need to put in place to accommodate our caseload and comply with the 10/20 day requirement?
- How can we work with NYWIC to get our staff the information they need about the schedule?

We have already started the capacity and demand tool process – this tool will give you information to help your team answer these questions.

Scheduling of Staff

How can we think creatively about which staff roles carry out various tasks?

Are there tasks that could be reassigned to different roles or staff at other locations to more equally distribute the workload?

Have we established good communication between locations for staff to effectively work together?



The other side of the scheduling coin is scheduling staff. We heard in your interviews that want staff workloads to be equitably distributed. Many of you operate in multiple locations and you want to make sure staff time is being utilized optimally. You want to make sure that schedules serve staff well and give them the time they need for their job tasks.

So, we might explore:

- How can we think creatively about which staff roles carry out various tasks?
- Are there tasks that could be reassigned to different roles or staff at other locations to more equally distribute the workload?
- Have we established good communication between locations for staff to effectively work together?

Caseload Management



How can we innovate to serve the demand we have in our area? What are the possibilities?

How can we serve participants in both an efficient and high-quality manner?

We know that caseloads are a big concern – we heard that in your interviews as well. Some of you are under your target caseloads, and some are above, but you all have a desire to serve participants without lowering quality services. We also heard that concerns about staff becoming burnt out impact your caseload management.

We might explore caseload management by asking ourselves:

- How can we innovate to serve the demand we have in our area? What are the possibilities?
- How can we serve participants in both an efficient and high-quality manner?

These questions lead us into our next area…

Nutrition Education

In what ways could the online nutrition education process be streamlined so that it saves staff time?

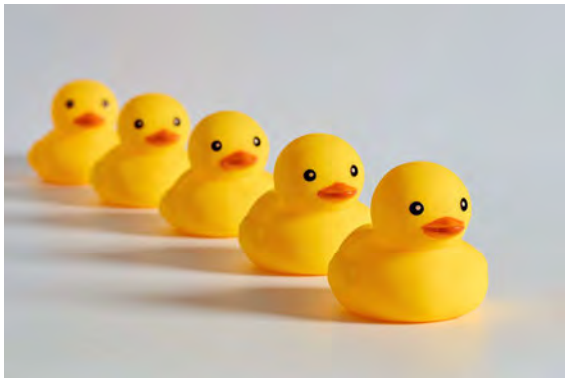
Could group nutrition education be utilized to see more participants in less time?



Several agencies are thinking about or already working on how to provide services such as online nutrition education or nutrition education groups via video conferencing to help free up appointment slots in the schedule. We are curious about:

- In what ways could the online nutrition education process be streamlined so that it saves staff time?
- Could group nutrition education be utilized to see more participants in less time?

Site Workflow



Where are there spots in our workflow that could be streamlined?

How can we ensure consistency in processes across sites?

We also heard that you are thinking about how to improve site workflow including ensuring appointments flow smoothly for participants and having consistent processes between locations. Many of you are in a time of transition with changes in sites or in leadership so that has prompted conversations around workflow as well.

Some questions we might explore include:

- Where are there spots in our workflow that could be streamlined?
- How can we ensure consistency in processes across sites? How can we get our ducks in a row?

Small Group Discussion

Which “buckets” are you interested in exploring further?

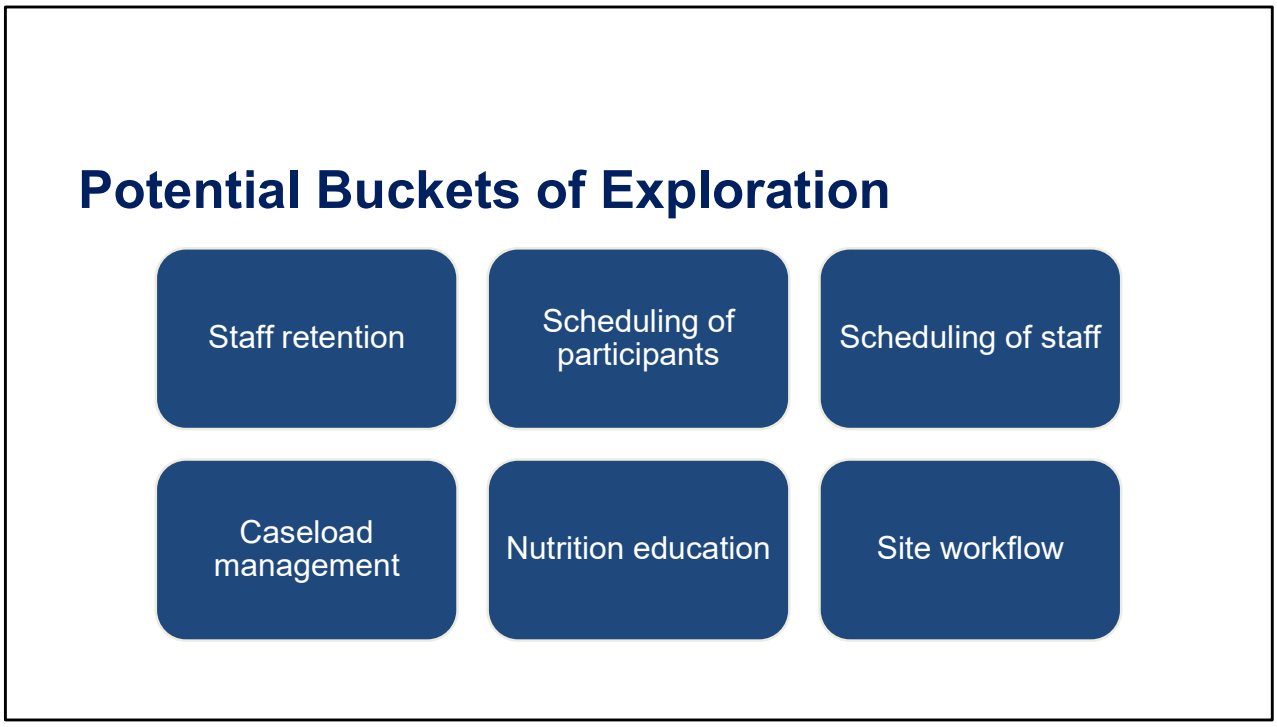


***PRODUCER: PAUSE RECORDING at breakout.**
Participants will be sent into breakout rooms as follows:

[Production] to copy and paste instructions for breakout rooms into the chat:
Introduce yourselves and discuss the areas you are most interested in exploring and why.
Staff retention
Scheduling of participants
Scheduling of staff
Caseload management
Nutrition education
Site workflow

10 minutes, 2-3 agencies per breakout room – will group agencies with like caseloads together (one RO staff per breakout room).

Please be prepared to share a little bit about the areas you’re interested in exploring when you return to the main floor.



***PRODUCER: RESUME RECORDING**

Please annotate over the areas that came up most often in your group.

Debrief and process as able.

Strengths You Bring to This Work



Dedicated, adaptable, resilient staff

Communication and teamwork

Participant-centered approach

We also heard, in interviews, about your many strengths - these include:

1. Staff are dedicated, adaptable, and resilient

- Staff are dedicated to a fault, with many willing to take on extra work to help participants, even at personal cost.
- Clerical staff play a crucial role, ensuring participants get appointments when needed.
- Many staff have personal WIC experience, which fosters empathy and connection with participants.
- Some teams reported that their staff demonstrated resilience and flexibility, especially during COVID, rallying together to meet challenges.
- Staff are open to change and new processes, describing themselves as “ever-evolving.”
- Positive attitudes towards feedback and input: The staff embraces opportunities to adapt and grow.

- Nutritionists seek help when needed, showing a collaborative mindset.

2. Strong Communication and Teamwork

- Frequent communication: Teams use daily check-ins and/or weekly or monthly formal meetings ensure smooth operations.
- Staff use Microsoft Teams or other collaborative tools to stay connected and aligned.
- Open communication culture: Supervisors encourage input, fostering a sense of belonging—"We value your input."
- Some teams reported that they work constructively through differences and maintain positive morale.

3. Participant-Centered Approach

- Participants are the priority: Staff provide polite, respectful service, ensuring participants feel heard, welcomed, and reassured.
- The entire team is committed to going above and beyond.
- Staff avoid conflict and turn challenges around, creating a positive experience for participants.
- Flexible scheduling to accommodate participants' needs.
- Staff prioritize building relationships with participants to foster trust and long-term engagement.
- The counseling provided by nutritionists is participant-centered, ensuring meaningful engagement.

These strengths will serve us all well as we do this work. Let's transition into looking at how the learning community will carry out its work.

Institute for Healthcare Improvement Model

The science of improvement

- Identify clear aim & measurement
- Brainstorm possible change
- Small tests of specific changes
- Learn alongside other implementation teams



Now that we know what we are going to explore together, let's talk about how we'll conduct that exploration.

The Institute for Healthcare Improvement has developed and refined a model over the last 30 years or so for healthcare organizations to use to improve their quality, safety, and value. improvement. This model is based on the science of improvement. And this is what we've molded our learning community after.

It starts by identifying a clear aim for improvement. We've done that in laying out the goal and objectives for the learning community that we just discussed.

Then the model says that the next thing we have to do is brainstorm the possible changes that might get us to the results we want. We will do that at Learning Session 1 on December 4-5.

After that, you start making those changes in small doses, over a predetermined amount of time, and constantly assess whether your progress is making a difference or not. You all will work on testing those ideas over action period 1 which starts after Learning Session 1 and goes until Learning Session 2 in February.

And the real magic of the model is that multiple implementation teams test changes and learn alongside each other. We will ensure you have opportunities to talk with each other about what you are finding. We will be in it together.

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Combine Science with Practice

"If we keep on doing what we have been doing, we're going to keep on getting what we have been getting."

-Wandersman (2008)

So, the opposite of this quote is essentially what we want to do.

[read quote]

If we want to get something DIFFERENT, we have to DO something DIFFERENT. If we want our agencies to run more smoothly, we have to be willing to investigate change.

In most cases for anything you're aiming to improve, you start with a gap between science/data and the day-to-day realities.

The driving vision behind the learning community is that when science is matched with practice, when you take the time to complete self or organizational-assessments, look at minutes in a time study or participant experience surveys, it can make a big difference in outcomes.

Every piece of information we study over the course of the learning community, will give us the science behind what we're doing in the agencies and therefore a different and honest perspective.

Transition into expectations – these are the logistics and details of how we will work together.

Capacity and Demand Tool

Submit prework worksheet by November 15

Email Deb at dbonzo@caiglobal.org with any questions

Click link to sign up for individual agency meeting to go over results

For the capacity and demand tool, the next steps are:

- Submit prework by Nov 15
- Email Deb at dbonzo@caiglobal.org with any questions
- Click link to sign up for individual agency meeting to go over results

Learning Sessions

Learning Session #1
- December 4-5, 9:00 AM -12:15 PM

Learning Session #2
- February 26-27,1:00-4:15 PM

Learning Session #3
- May 6-7, 9:00 AM-12:15 PM



Learning Sessions
As you know from the tentative calendar of events, there are three technical assistance intensive workshops, called Learning Sessions, in which…

- LA Implementation teams from all participating organizations come together to learn more about the chosen topic, and plan changes that may lead to an improvement in the provision of hybrid services and make an action plan on where to start.
- This is where the bulk of that collaborative “think-tank,” IHI-inspired work and learning will take place.
- For that reason, the expectation is that all members of the implementation team attend these events, as, they are the areas where we will do the most work, cover the most information, collaborate and innovate together.
- Each Learning Session is a two-day event.
- Please note all learning sessions are virtual, and for shorter durations of about 3 hours with a 15-minute break in each.

Action Periods



Periods between each Learning Session

- Teams return to their organizations
- Test planned changes in their settings

The action periods are the timeframes between each of the learning sessions when implementation teams will return to their agency and implement the planned changes, initiatives, surveys or investigative work etc.

Check-ins

Check-in #2
- January 8, 2:00-4:00 PM

Check-in #3
- January 30, 9:00-10:30 AM

Check-in #4
- March 20, 9:00-11:00 AM

Check-in #5
- April 16, 2:30-4:00 PM



During the action periods, we will have “check-ins,” which are also virtual.

For these events, the entire implementation team is always invited and welcome, with the expectation that at least one member of the team must attend and share the information with their colleagues.

Primarily, at the check-in events CAI will ask agencies to share some information on their current progress, concerns/barriers or other issues coming to light and what they are planning for their next steps.

For anyone who is new to the Learning Community, it’s also important to know that occasionally, the check in events may include certain experts from the field sharing information we feel would be helpful to the implementation teams or shedding light on questions we raise during the bigger learning sessions.

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Summative Congress



Live, virtual, statewide report out event

- Implementation teams should make every effort to attend
- WIC Coordinators and DOH staff may observe

May 7, 1:00-3:30 PM

Summative Congress highlights

Event will be from 1:30-3:30 but agency presenters should sign on 30 min early.

Production: to share copy of revised tentative calendar into the chat.

Navigating the Hub



Next we would like to show you how the Learning Community looks in the resource hub, how to navigate, register for courses, etc.

Navigate away from PowerPoint slides to demonstrate the sections of the Learning Community in the Resource Hub, and where the PowerPoint slides from this session will appear for colleagues not in attendance today to access. Along with the recording.

Transition into the wrap-up.

Wrap Up and Next Steps

Please email any additional questions to Kelley Berardi & Maria Dentino at kberardi@caiglobal.org & mdentino@caiglobal.org



Remember, the first Learning Session is December 4-5 from 9:00 AM – 12:15 PM, it's very important to register ASAP.

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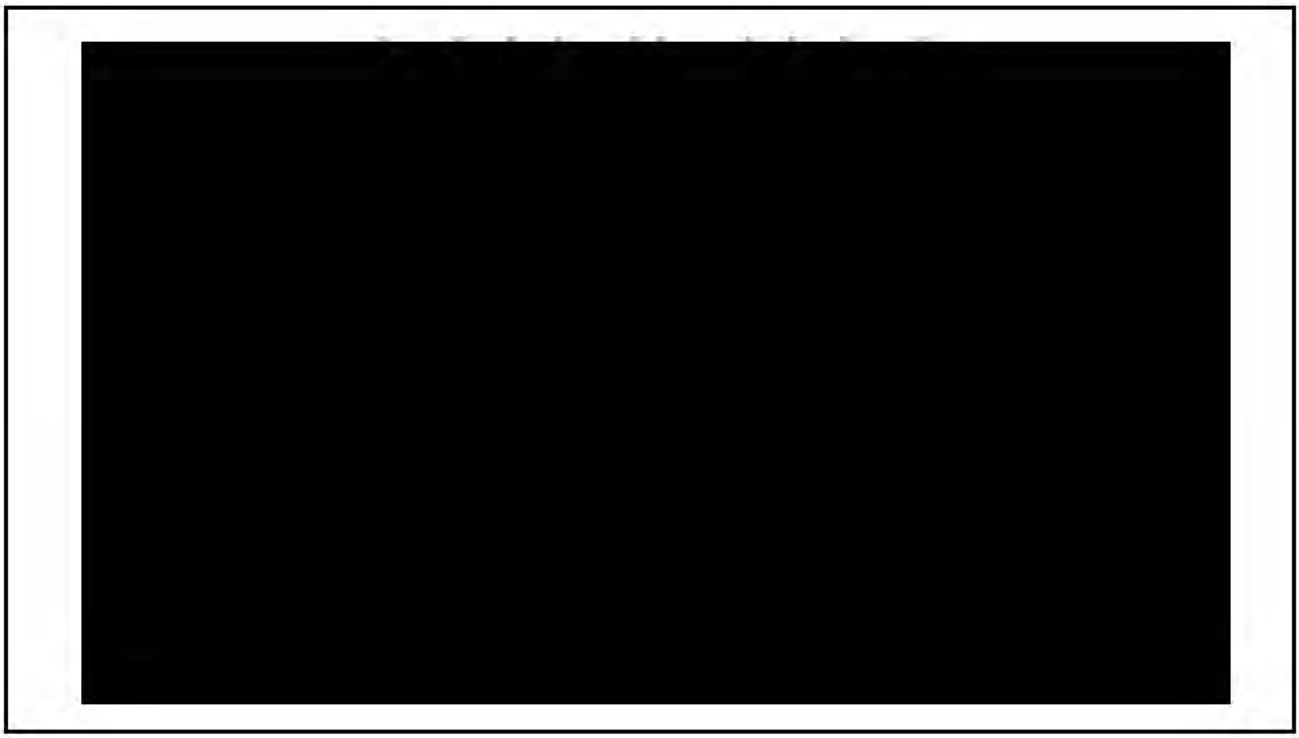


Thank you for joining! We look forward to seeing you at the Learning Session 1 in December.

References

Institute for Healthcare Improvement. (2003). *The Breakthrough Series: IHI's collaborative model for achieving breakthrough improvement*. https://www.ihi.org/resources/white-papers/breakthrough-series-ihis-collaborative-model-achieving-breakthrough

2024-25 NYS WIC Learning Community
Check-In #2
January 8, 2025
2:00 – 4:00 PM

Goal: Learning community implementation teams will apply their agency's capacity and demand tool results to their current scheduling practices, identifying any areas for improvement.

Description: In Learning Session 1, we started considering how the capacity and demand tool results might impact our agencies. In Check-In 2, we will continue this conversation, so that agencies can fully process the meaning of their results and pinpoint where they may need to make changes. We will take the scheduling conversation we started in Learning Session 1 deeper as well and practice problem-solving tough scheduling headaches. Each agency will also share a progress update on their action plan.

Presenters:
CAI Learning Community Training Team

Target Audience:
- The designated implementation teams from each of the local agencies selected to participate in the 2024-25 Learning Community.
- We will especially encourage attendance by those with influence over their agency's scheduling practices.

Length of Training:
120 minutes

Continuing Education:
1.75 CPEU (pending CDR approval)
_2_CEU
0 LCERPs

Learning Objectives:
As a result of this check-in, attendees will be able to:
1. Explore the impacts of limiting access to WIC
2. Identify what the capacity and demand tool results mean for their agency
3. Problem solve difficult scheduling scenarios
4. Discuss progress and barriers faced by local agency implementation teams on their action plans to date

Teaching Methods:
- PowerPoint
- Interactions such as true/false questions, multiple choice questions, videos

Materials Needed:
This webinar will include an informative presentation with interactive components.

- PowerPoint

Agenda/outline:

I. Welcome & Introductions
    a. Thank attendees for evaluation feedback from Learning Session 1 and briefly review
    b. Goal and objectives for the check-in
II. Limiting Access
    a. Poll with scenarios
        i. Attendees will review the scenario and determine if each is limiting access or not
        ii. Trainer will discuss whether each scenario represents an example of limiting access
        iii. Example scenario: A local agency has decided to offer in-person appointments three days per week.
            1. Correct answer: Yes, this is limiting access.
    b. WIC Policy 1101 Physical Presence states:
        i. Local agency staff must offer both in-person and remote services for all appointment types at all sites during all hours of operation including extended hours.
        ii. Local agencies must offer all WIC applicants and participants the choice to attend appointments and receive WIC services in-person or remotely.
        iii. Local agencies must not mandate any applicant or participant to be physically present to apply for or receive benefits or services.
    c. Processing:
        i. How does limiting access relate to health equity?
            1. Increasing access to WIC improves health equity
            2. In New York State, we've taken an equity lens and applied it to when and how appointments happen.
        ii. How does limiting access impact your agency's schedule and workload?
            1. Limiting access complicates scheduling
                a. Limiting access increases no-shows as appointments are more likely to be inconvenient for participants
                b. Higher no-show rate creates more work for staff (calls to reschedule) and decreases the number of available appointment slots
III. But What Is the Capacity and Demand Tool Really Saying?
    a. Introduce the section
        i. Continue the conversation from Learning Session 1 to optimize use of the data.
        ii. How can you use this good data to evaluate your current practices?
        iii. The capacity and demand tool is a planning tool, not a report card

b. Influencing capacity and demand
    i. What is capacity?
        1. Ability to see participants – based on hours of operation and nutritionist availability
    ii. Capacity brainstorm
        1. Mixed groups, Mentimeter open-ended response
        2. Task: How can you increase capacity without hiring more staff?
        3. Possible responses: Capacity can be increased by altering:
            a. Hours of operation
            b. When nutritionists are pulled from the schedule for other activities, such as staff meetings
            c. When first and last appointments are usually scheduled
            d. Which job roles do which tasks (what can support staff take over?)
            e. Decreasing no-show rate
    iii. What is demand?
        1. The number of participants an agency or nutritionist needs to see in a given amount of time for either their current or target caseload
    iv. Demand brainstorm
        1. Mixed groups, Mentimeter open-ended response
        2. Task: What factors influence demand?
        3. Possible responses: Demand is influenced by:
            a. No-show rate (need to schedule more participants per day when there is higher no-show rate)
            b. Caseload
                i. Outreach
                ii. Retention
                    1. E.g. If participants are better oriented and less likely to drop off the program, that decreases demand
            c. Number of visits you need
                i. If you require more visits, like for newly oriented participants, picking up eWIC cards, newly delivered parents, or for Farmers Market benefits, you have increased demand
c. Interview with Kristina Schoonmaker, WIC Coordinator at Onondaga Health Department
    i. Kristina’s agency participated in last year’s learning community. She will share how the capacity and demand tool illuminated where her agency needed to make changes and how she accomplished making those changes.
d. Activity: Small group discussion with other agencies with similar demand/nutritionist/hour, each small group facilitated by a trainer

i. Groups:
    1. Warren, North Country, Cayuga, Open Door
    2. Public Health Solutions, Broome, Oak Orchard, Richmond
    3. Monroe, NYC H + H Metropolitan, Opportunity Development Association, Catholic Charities
ii. Questions for discussion:
    1. Were you surprised by your participants per nutritionist per hour number? What does this mean for your day-to-day operations?
    2. Do you have a scheduling guidance document and if so, how do you use it?
    3. How does your summary sheet compare to your day-to-day work? If you have a scheduling guidance document, how does it jive with these results?

e. Review previous Learning Community data on the average amount of time needed for different appointment types as well as adjustments needed for high risk and language translation
    i. Of course there will be outliers, but agencies should plan according to the average time
f. Making changes
    i. Staff must be involved in finding the solutions
    ii. Some of these decisions seem easy, but how you orchestrate these changes can be difficult
g. Interested implementation teams can share their scheduling guidance document with Deb Bonzo and receive coaching

IV. Problem Solving Tough Scheduling Headaches Large Group Activity
a. The trainer will lead the large group through several scenarios and ask attendees to brainstorm potential solutions.
b. How could you solve each problem?
    i. Topic: 10/20-day rule
        1. Potential scenario: Your 10/20-day report is several pages long.
        2. CAI will record and post clip of Deb demonstrating how to use NYWIC scheduling templates to accommodate 75% of appointments 3 months in advance and the remaining 25% 7-10 days ahead
    ii. Topic: Workload is not evenly distributed
        1. Scenario: Your agency has two locations. Your capacity and demand tool shows that nutritionists at location A must see 3.5 participants per hour, while location B only has to see 1.5 participants per hour.
    iii. Topic: No consistency in scheduling
        1. Scenario: Your agency has a scheduling guidance document, but staff are not adhering to it. Everyone is scheduling appointments differently.
    iv. Topic: Balance between staff needs and participants needs

1. Scenario: Your agency's last appointment time offered is 3 pm so that staff have time for documentation. The majority of your participants want late afternoon appointments.

v. Topic: Big gaps in the handoff between support staff and nutritionists
   1. Scenario: You are receiving participant complaints that they never know when to expect WIC to call. Participants say they requested their appointment times because they knew they would be available, such as on their lunch break or during nap time.
   2. Catholic Charities of Western New York is willing to share their system for ensuring that there is not a long gap in services between the support staff and the nutritionist.

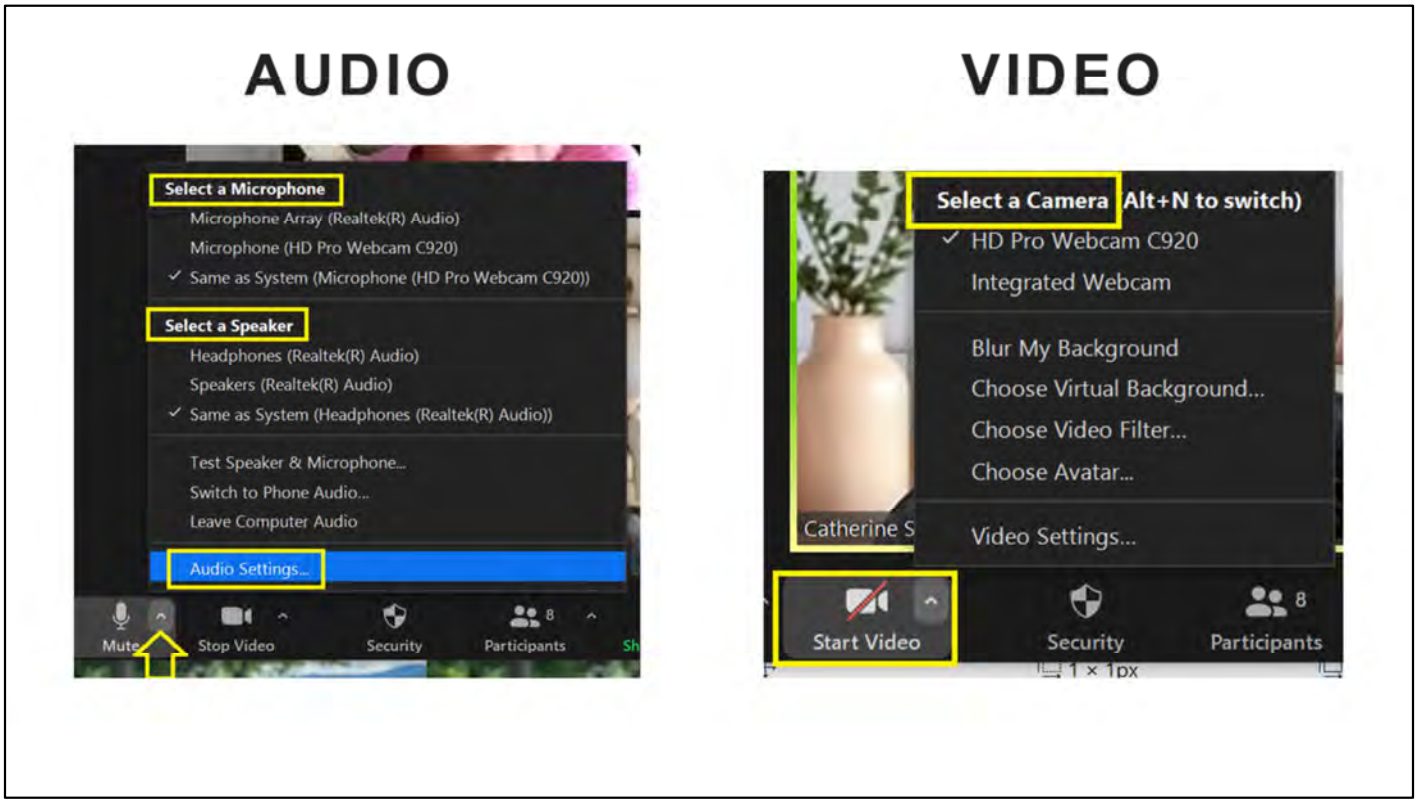
vi. Topic: Having appointments be more detailed than needed
   1. Scenario: You did a time study and found that most nutritionists are spending 30-40 minutes per person for certifications.

V. Implementation Teams Action Plan Progress Update
   a. Implementation teams will be divided into groups based on their action plan topics. Each group will have a CAI trainer present to facilitate.
   b. Tentative Groups:
      i. Online Nutrition Education: ODA, Richmond, Monroe
      ii. Scheduling and Workflow: Broome, Oak Orchard, Open Door, Public Health Solutions
      iii. Miscellaneous/Multiple Topics: Catholic Charities, Cayuga, North Country, Warren

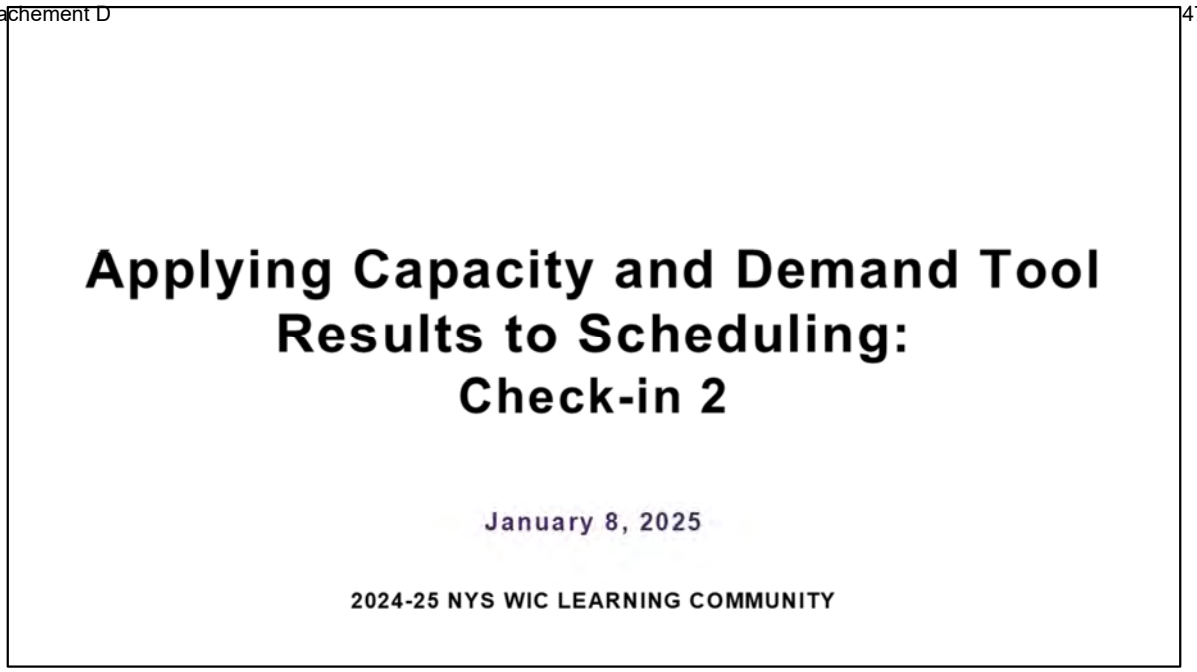
VI. Wrap-Up and Next Steps

Resources:

New York State Department of Health. (2024, June). *New York State WIC program manual, section 1101: Physical presence.* Albany, New York: New York State Department of Health.



- Start 10 minutes early or once folks are logging on
- While we wait for the training to begin, we want to ensure everyone can participate today. Be sure to check your audio and video and ensure your microphone and camera are working. If you are having any trouble, please chat the producer for help troubleshooting. On the slide are 2 screenshots showing you where to access the audio and video settings on Zoom. Please be sure the correct microphone and speaker on your computer are selected if you are using computer audio, if not please select phone audio and call the dial-in number that appears. Please be sure to start your video and ensure the correct camera is selected on your device.
- It is an expectation of training that you will participate and engage, which includes being on camera and speaking. We want to hear your voices and see your faces. There are interactive components to training, including breakout rooms where you'll need to speak to your colleagues, so we want to ensure everyone has a working microphone and camera today. If you do not, please chat the producer to let them know. We want to make sure that everyone has the best training experience they can.
- Producer share in chat Link to Zoom FAQ regarding audio and video: https://support.zoom.com/hc/en/category?id=kb_category&kb_category=31293e9a8720391089a37408dabb35b8



- Production/Trainer:
- ****PRODUCER RECORD TO CLOUD****
- ***PRODUCER ENABLE CLOSED CAPTIONING***

- Decide who will present slides before the check in begins.
- Admit trainees into the training 10 minutes prior to the training start time.
- Trainers and/or production staff can start building engagement with those who log on early by encouraging them to chat in their name, local agency, etc.
  - Trainer/Production
  - Welcome participants while they are logging on.
- Good afternoon
- Once everyone is in attendance, introduce the topic

- We will record this check in and store it in the Learning Community tile of the NYS WIC Resource Hub. All of the resources we share throughout todays webinar, including a copy of the PPT slides, will be made available with the recorded version on NYS WIC Resource Hub in a few business days
- **Producer chat this in and read aloud "At CAI we support breastfeeding, if you are nursing and need to step away to pump please chat the producer to make them aware. Policy is waived for those who are nursing. It's important that you inform the producer or trainers that you are taking a break to pump so we can ensure you are allowed back into the training."**



Production:

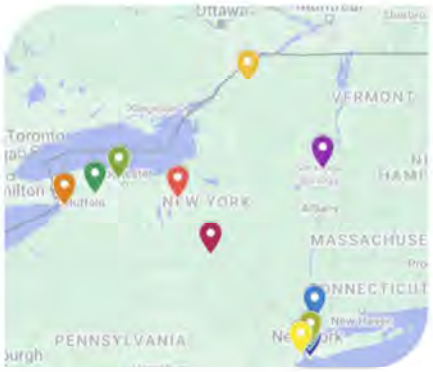
Make sure to add the trainers and producers to the slide before the training begins.

Trainer/Production:

- Introduce trainers and production staff
- Pass off to production staff

2024-25 NYS WIC LEARNING COMMUNITY TEAMS

- Broome County Health Department
- Cayuga County Health Department
- Catholic Charities of Western New York – South Buffalo site
- Community Health Center of the North Country
- Community Health Center of Richmond



- Welcome to our 2024-2025 Learning Community implementation teams! (read agency names)

2024-25 NYS WIC LEARNING COMMUNITY TEAMS



- Monroe County Health Department
- Oak Orchard Health
- Opportunity Development Association (ODA) of Williamsburg
- Open Door Family Medical Center
- Public Health Solutions – Ocean Ave site
- Warren County Health Services

- Welcome to our 2024-2025 Learning Community implementation teams! (read agency names)

SPECIAL NOTE

All of the policies shared in the training programs, are derived from United States Department of Agriculture (USDA) federal regulations and/or USDA guidance and curriculums (which apply to all WIC programs across the country), and/or New York State laws and regulations.

The Food and Nutrition Service of the United States Department of Agriculture, (FNS) is responsible for WIC Program administration.



- Please note, that immediately following the Policy section of each policy in the WIC Program Manual, is the regulations section, which either includes the direct links for reference or lists the complete regulations.

- The Food and Nutrition Service provides assistance to State agencies and evaluates all levels of Program operations to ensure that the goals of the Program are achieved in the most effective and efficient manner possible.



- We record all of our live webinars and store them on-demand for folks to view later if they couldn't make the live recording. All of the resources we share throughout todays webinar, including a copy of the PPT slides, will be made available with the recorded version on the on-demand webinar page of the NYS WIC Resource Hub in a few business days
- Per policy, you must register in order to attend the webinar. If you did not register through the Resource Hub, you will not have access to the evaluation and certificate.
- NYS DOH policy is that anyone who misses 15 minutes of a webinar will be removed and asked to view the recording another time, the webinar Zoom "door" will close 15 minutes after the start time today and no one will be permitted in after that time. Please ensure your participant name you joined with matches the name you registered under, as that is how attendance is taken and you will receive credit today.

Those of you who've done trainings with us know we highly value group agreements as they help us have successful trainings.

So, in our time together we want to make sure we :

Are assuming good intentions,
- Come with good intentions yourself

Stories stay, and lessons leave
- We want you to share freely today,

Please make sure you are on mute if you are not intentionally sharing
- Also please make sure to keep your video on throughout the training. It's my understanding that this is a training requirement

And of course participate!
- We want you to Chat in or unmute yourself and participate in your breakout groups,

And if you need to step away
- Please chat one of us the trainers or our producer to let us know

Step up, step back also known as share the air!
- SO, if you are someone who normally engages a lot make sure to create space for others and if you are less of a sharer we encourage you to try to participate more

And most importantly, have fun!

Before I move on can folks give me a thumps up or turn on video so I know we are in agreement

with these that would be great!

REFLECTING ON LEARNING SESSION 1

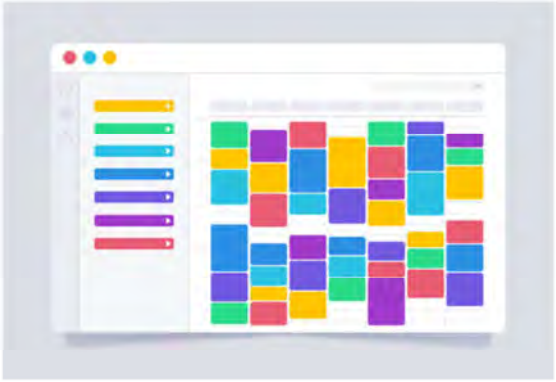
Thank you for your feedback on Learning Session 1!



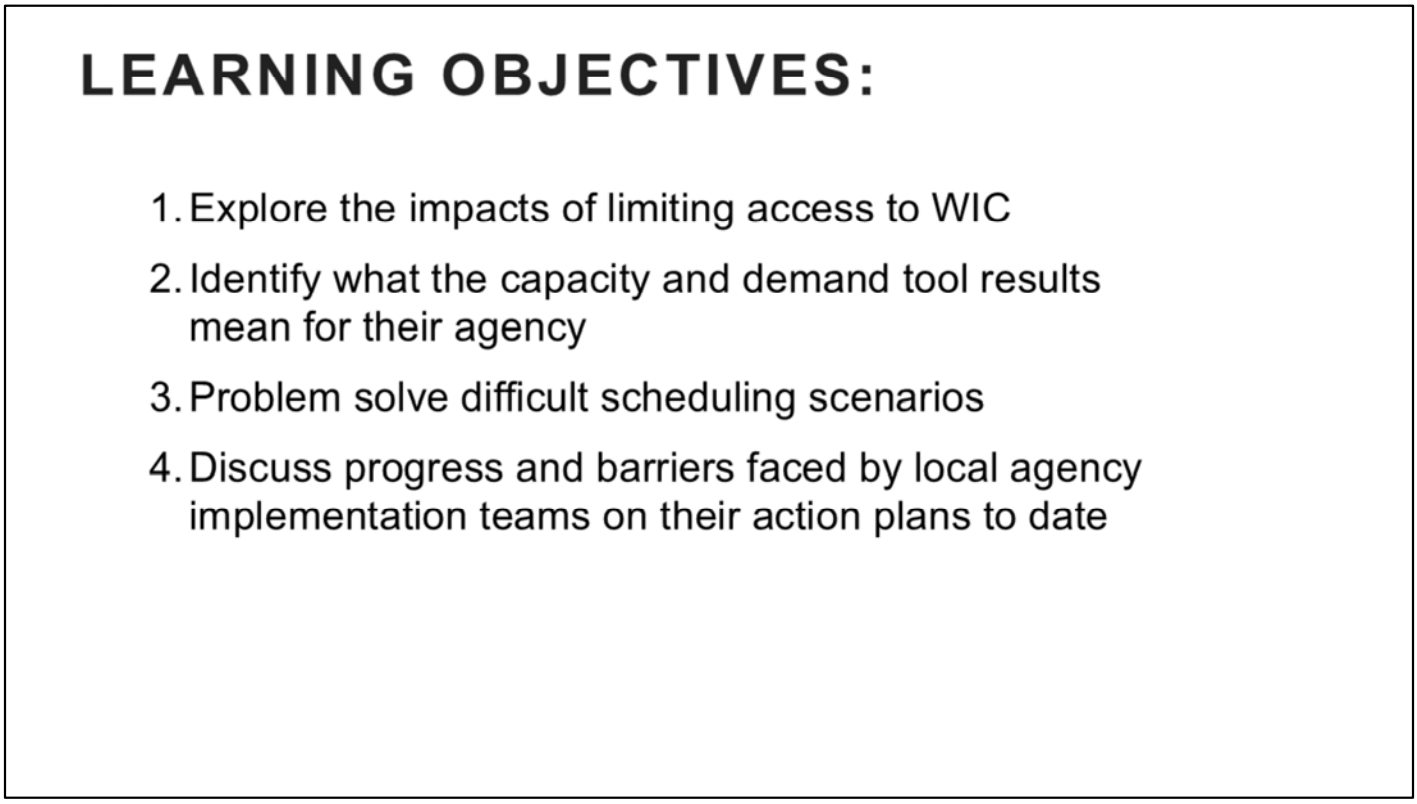
- Thank attendees for evaluation feedback from Learning Session 1 and briefly review attendee feedback!

TRAINING GOAL:

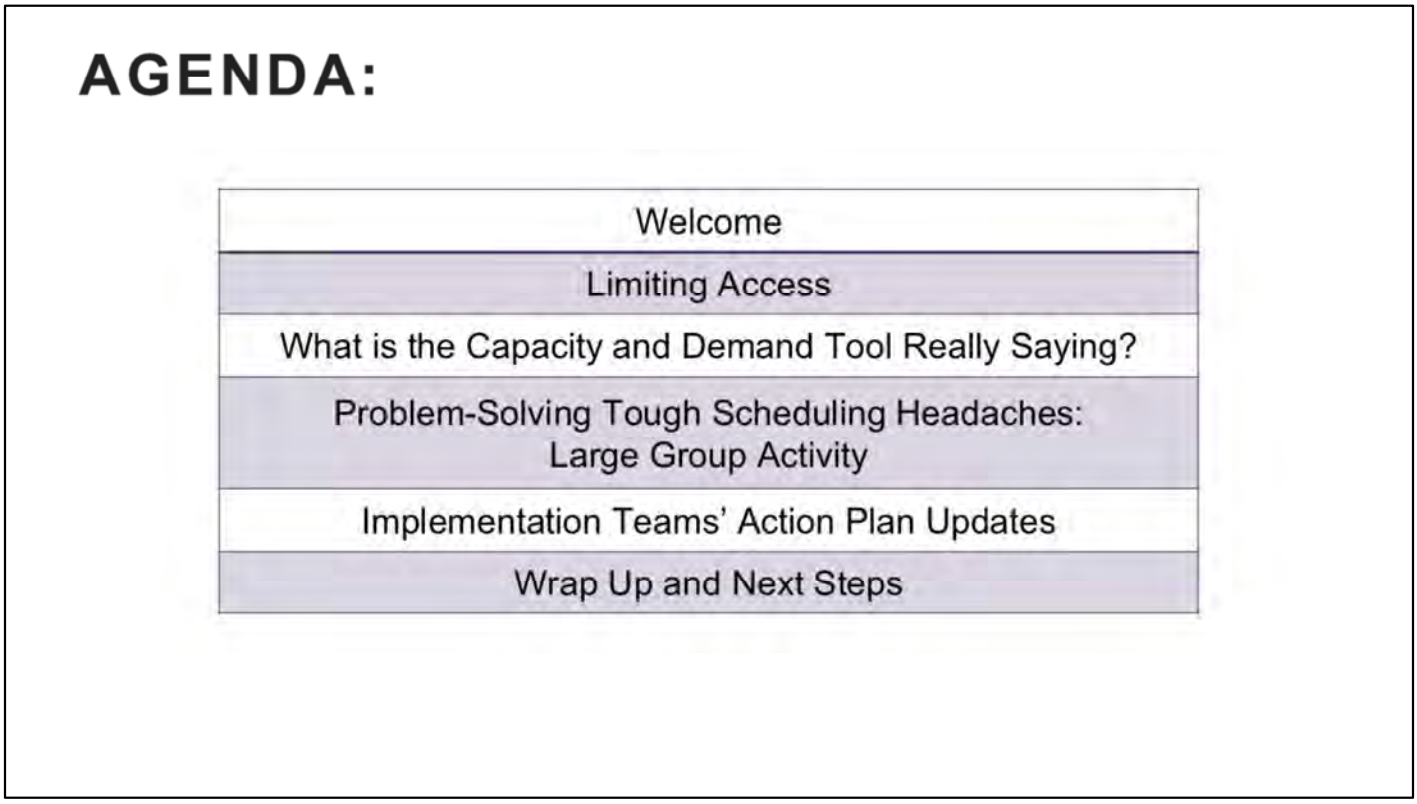
Learning community implementation teams will apply their agency's capacity and demand tool results to their current scheduling practices, identifying any areas for improvement.



- Provide overview of training goal:
  - Learning community implementation teams will apply their agency's capacity and demand tool results to their current scheduling practices, identifying any areas for improvement.



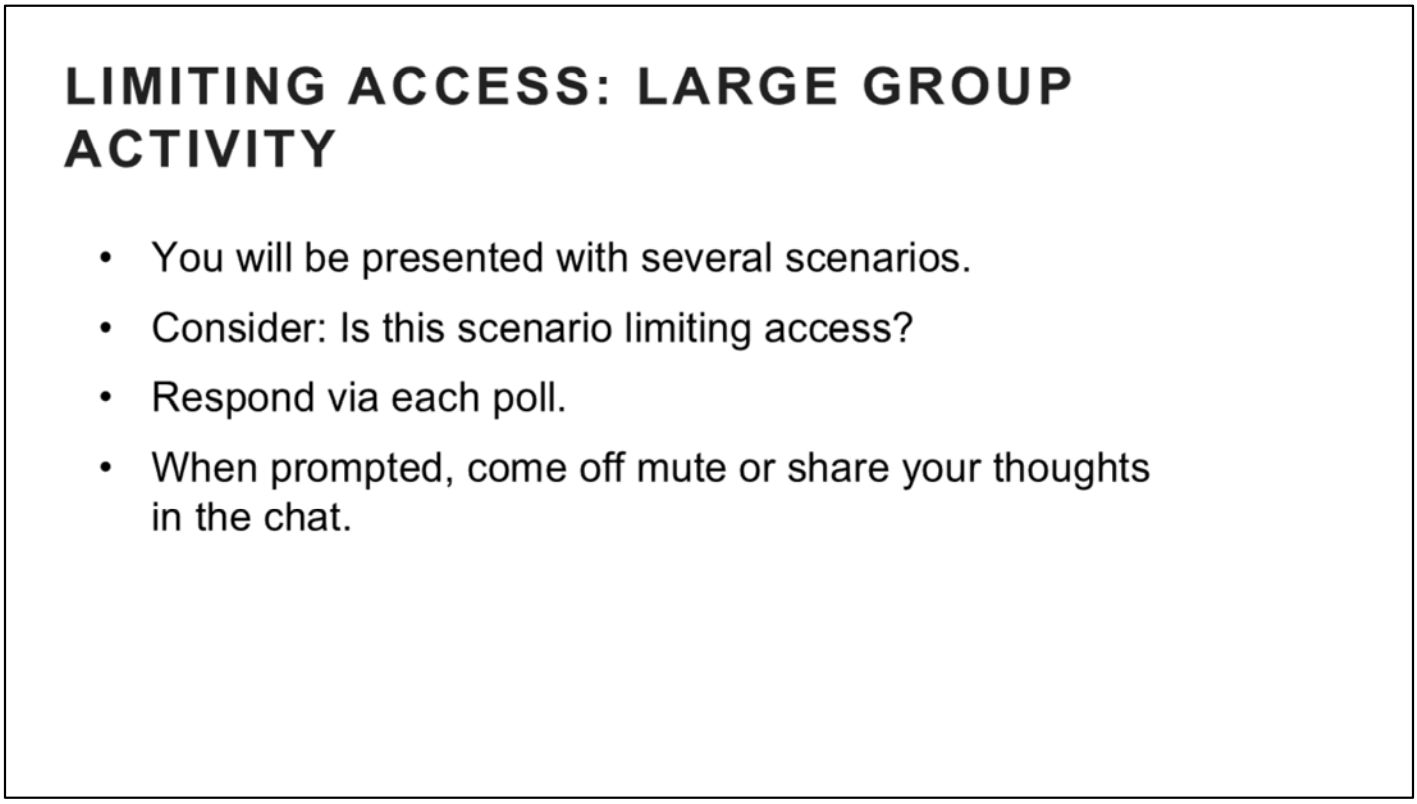
- Provide overview of learning objectives:
  1. Explore the impacts of limiting access to WIC
  2. Identify what the capacity and demand tool results mean for their agency
  3. Problem solve difficult scheduling scenarios
  4. Discuss progress and barriers faced by local agency implementation teams on their action plans to date



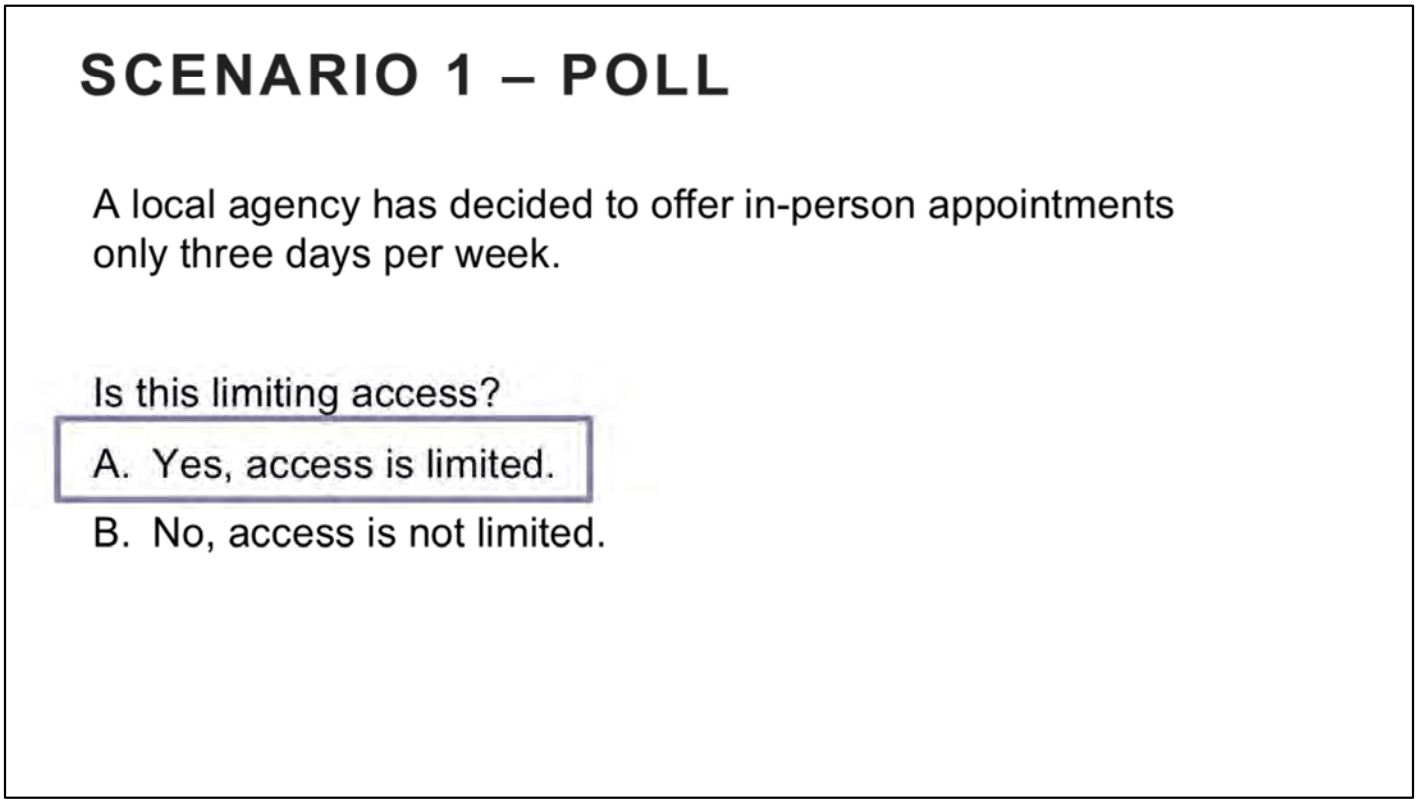
- Provide overview of agenda for the check-in



- Introduce the next section: Limiting Access.

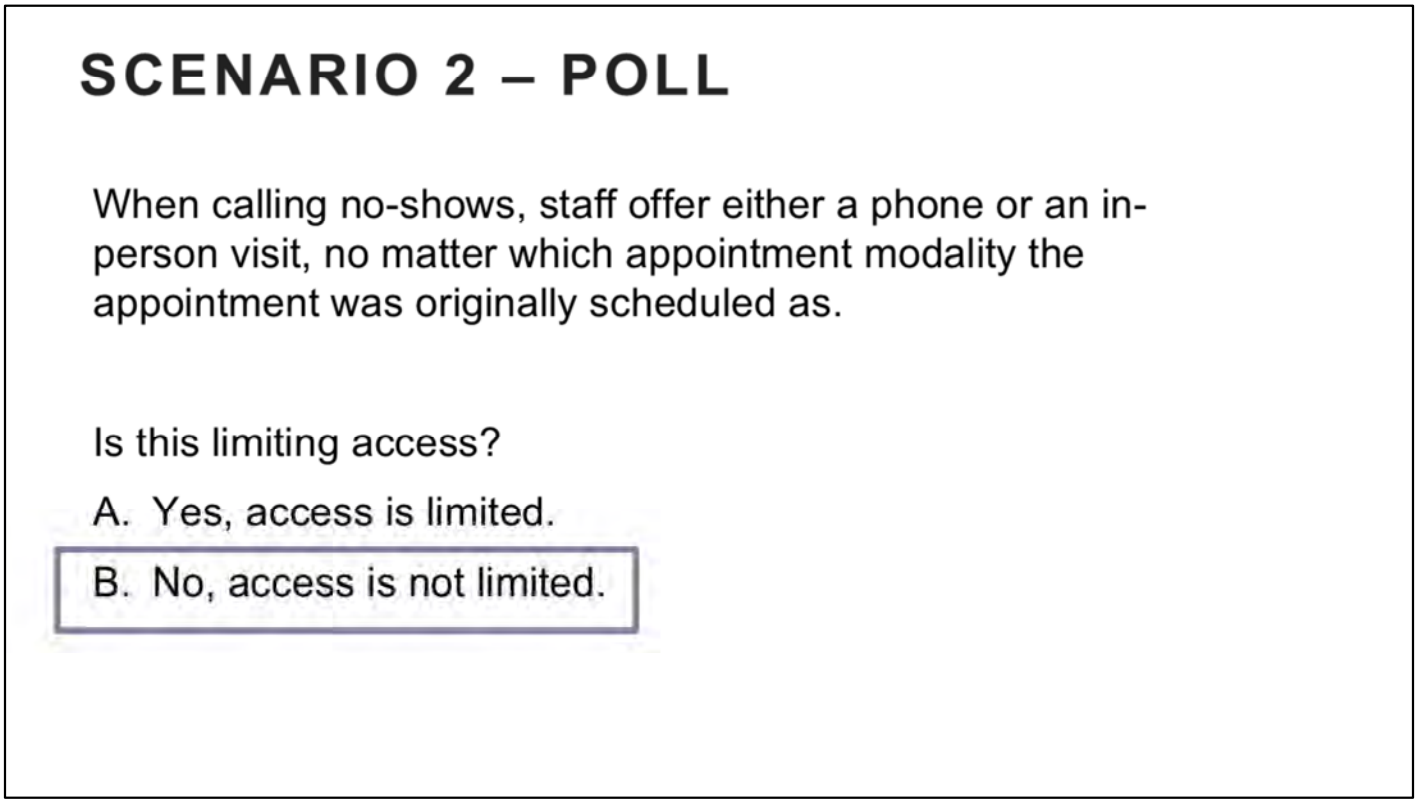


- In this next activity, I'm going to lead the large group through scenarios.
- For each scenario, I want you to consider: Is this scenario limiting access?
- When prompted, feel free to come off mute or share your thoughts in the chat.



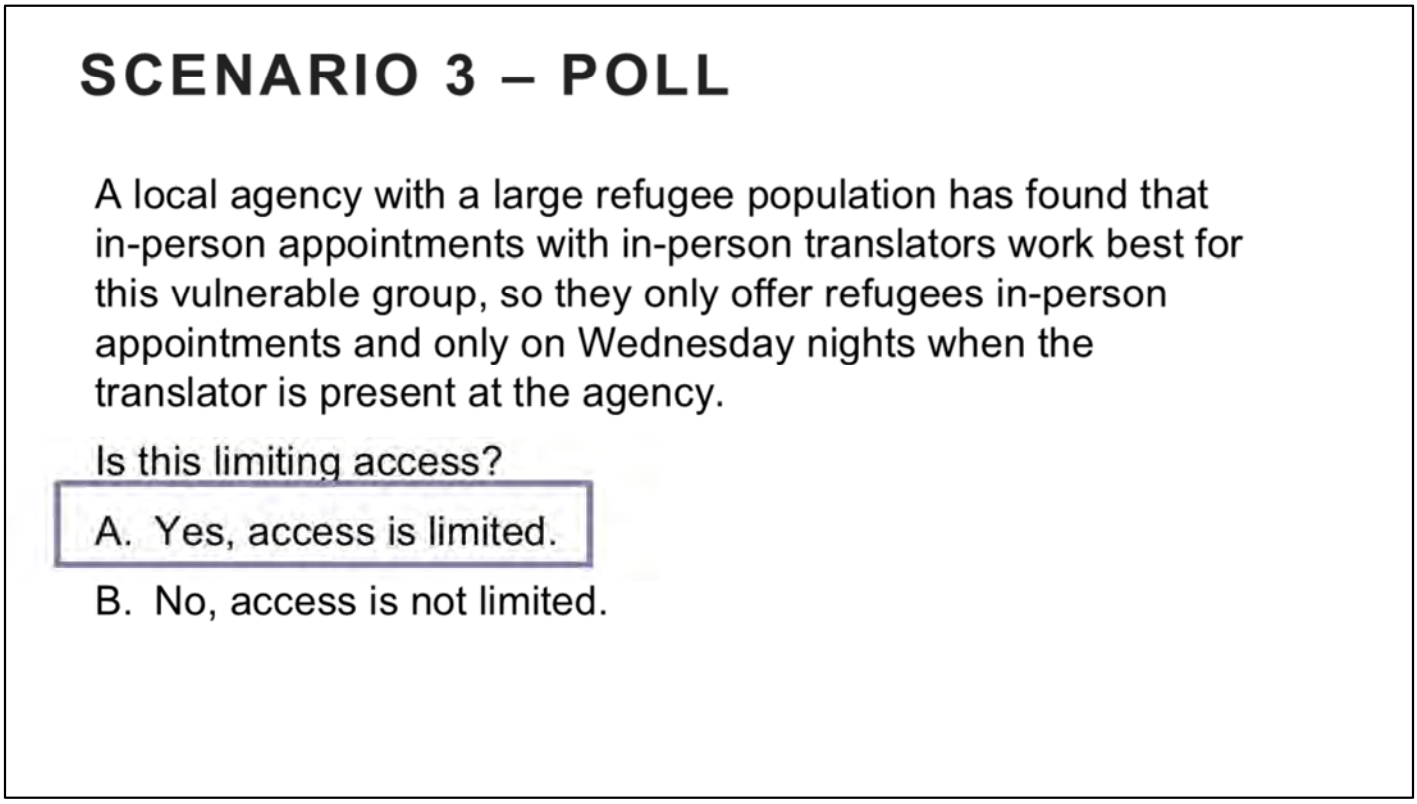
- Scenario 1: A local agency has decided to offer in-person appointments only three days per week.
- Ask the large group: Is this limiting access? Ask trainees to respond to the poll; allow time for discussion.
- Correct answer: Yes, access is limited.

Producer: When prompted, launch the poll then close the poll and share the results when instructed.
[Click] to have the correct answer appear when the Facilitator notes “The correct answer is…”



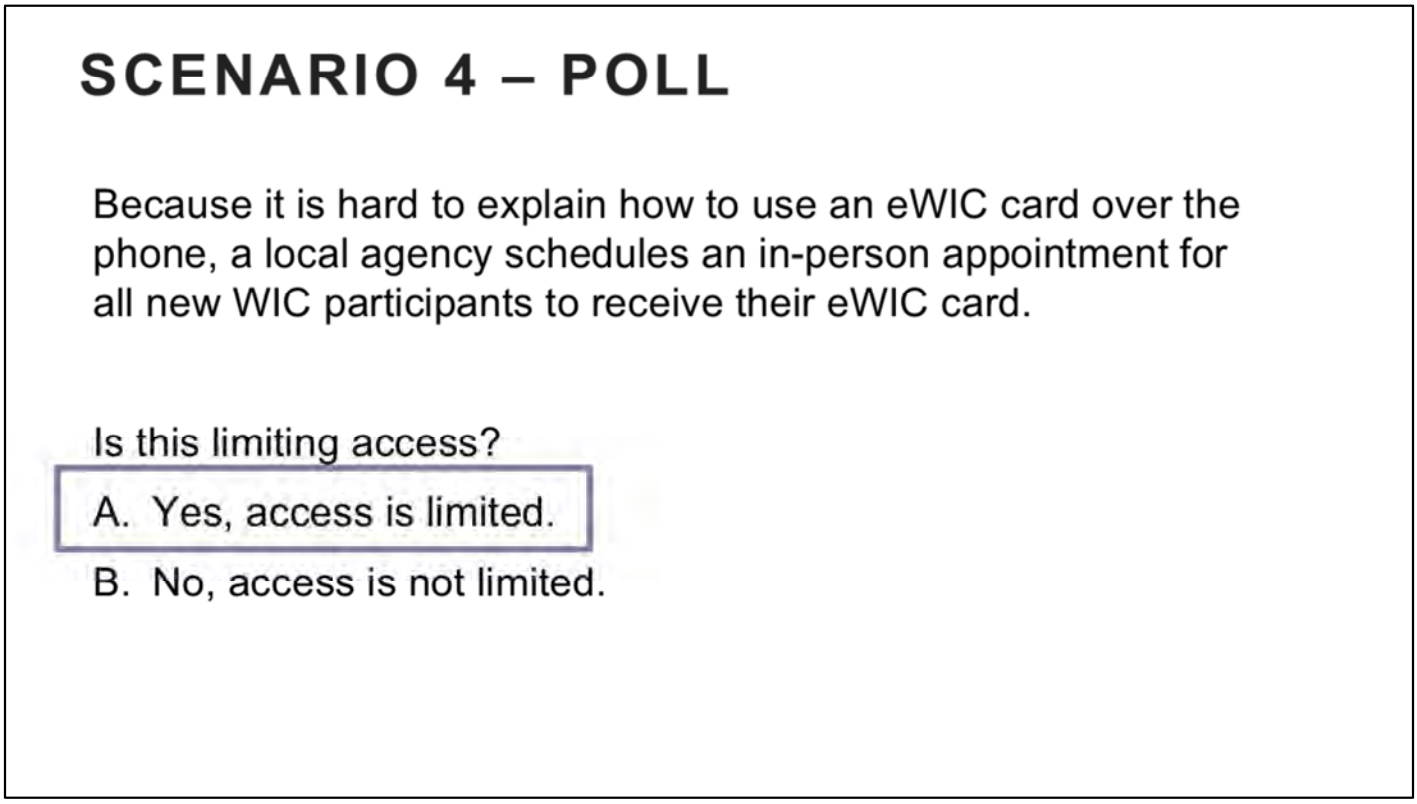
- Scenario 2: When calling no-shows, staff offer either a phone or an in-person visit, no matter which appointment modality the appointment was originally scheduled as.
- Ask the large group: Is this limiting access? Ask trainees to respond to the poll; allow time for discussion.
- Correct answer: No, access is not limited.

Producer: When prompted, launch the poll then close the poll and share the results when instructed.
[Click] to have the correct answer appear when the Facilitator notes "The correct answer is…"



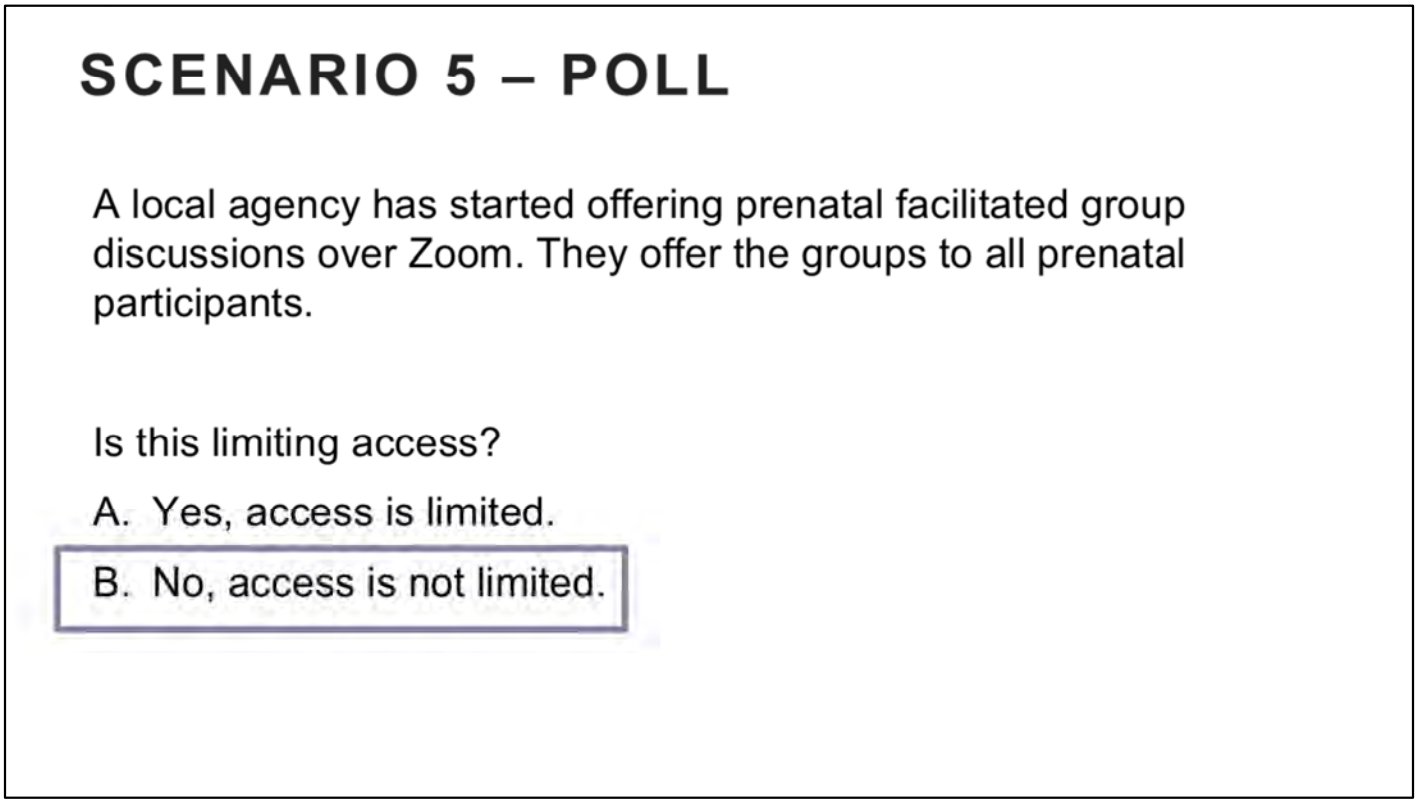
- Scenario 3: A local agency with a large refugee population has found that in-person appointments with in-person translators work best for this vulnerable group, so they only offer refugees in-person appointments and only on Wednesday nights when the translator is present at the agency.
- Ask the large group: Is this limiting access? Ask trainees to respond to the poll; allow time for discussion. Correct answer: Yes, access is limited.

Producer: When prompted, launch the poll then close the poll and share the results when instructed.
[Click] to have the correct answer appear when the Facilitator notes “The correct answer is…”



- Scenario 4: Because it is hard to explain how to use an eWIC card over the phone, a local agency schedules an in-person appointment for all new WIC participants to receive their eWIC card.
- Ask the large group: Is this limiting access? Ask trainees to respond to the poll; allow time for discussion.
- Correct answer: Yes, access is limited.

Producer: When prompted, launch the poll then close the poll and share the results when instructed.
[Click] to have the correct answer appear when the Facilitator notes “The correct answer is…”



- Scenario 5: A local agency has started offering prenatal facilitated group discussions over Zoom. They offer the groups to all prenatal participants.
- Ask the large group: Is this limiting access? Ask trainees to respond to the poll; allow time for discussion.
- Correct answer: No, access is not limited.

Producer: When prompted, launch the poll then close the poll and share the results when instructed.
[Click] to have the correct answer appear when the Facilitator notes “The correct answer is…”

WIC POLICY 1101 PHYSICAL PRESENCE:



- Local agency staff must offer both in-person and remote services for all appointment types at all sites during all hours of operation including extended hours.

WIC Policy 1101 Physical Presence states:

- Local agency staff must offer both in-person and remote services for all appointment types at all sites during all hours of operation including extended hours.

WIC POLICY 1101 PHYSICAL PRESENCE:

- Local agencies must offer all WIC applicants and participants the choice to attend appointments and receive WIC services in-person or remotely.



WIC Policy 1101 Physical Presence states:

- Local agencies must offer all WIC applicants and participants the choice to attend appointments and receive WIC services in-person or remotely.

WIC POLICY 1101 PHYSICAL PRESENCE:



- Local agencies must not mandate any applicant or participant to be physically present to apply for or receive benefits or services.

WIC Policy 1101 Physical Presence states:

- Local agencies must not mandate any applicant or participant to be physically present to apply for or receive benefits or services.

LARGE GROUP DISCUSSION



Go to gallery view and process by asking the following questions:

- What was surprising about this conversation?
- How does limiting access relate to health equity?
- How does limiting access impact your agency's schedule and workload?
- What actions are you considering as a result of this discussion?

Make the following points if they don't come out in the discussion:

- Increasing access to WIC improves health equity
- In New York State, we've taken an equity lens and applied it to when and how appointments happen

- Limiting access increases no-shows as appointments are more likely to be inconvenient for participants
- Higher no-show rate creates

more work for staff and decreases the number of available appointment slots

DEMAND TOOL REALLY SAYING?

- Introduce the next section: What is the Capacity & Demand Tool Really Saying?
- We are going to continue the conversation from Learning Session 1 to optimize the use of the capacity and demand data.
- How can you use this good data to evaluate your current practices?
- The capacity and demand tool is a planning tool, not a report card

WHAT IS CAPACITY?

Capacity is:

- The ability to see participants – based on hours of operation and nutritionist availability



- The ability to see participants – based on hours of operation and nutritionist availability

BREAKOUT DISCUSSION TASK

Discuss and respond to the Mentimeter:

- How can you increase capacity without hiring more staff?



- In a few minutes, we're going to send you to discuss in small groups -"How can you increase capacity without hiring more staff?"
- Once you get into your groups, choose one person to document the group's ideas in Mentimeter.
- You will have X minutes to discuss your response. Please go ahead and scan the QR code for the Mentimeter so you are ready to discuss with your peers and respond.
- We will ask you to also identify a reporter who will be prepared to summarize what you talked about in your groups when you return to the main training floor.

- Any questions before we do this activity? Everyone have the Mentimeter ready to go?
- We are going to drop the discussion question into the chat as well as the Menti link and code to join.

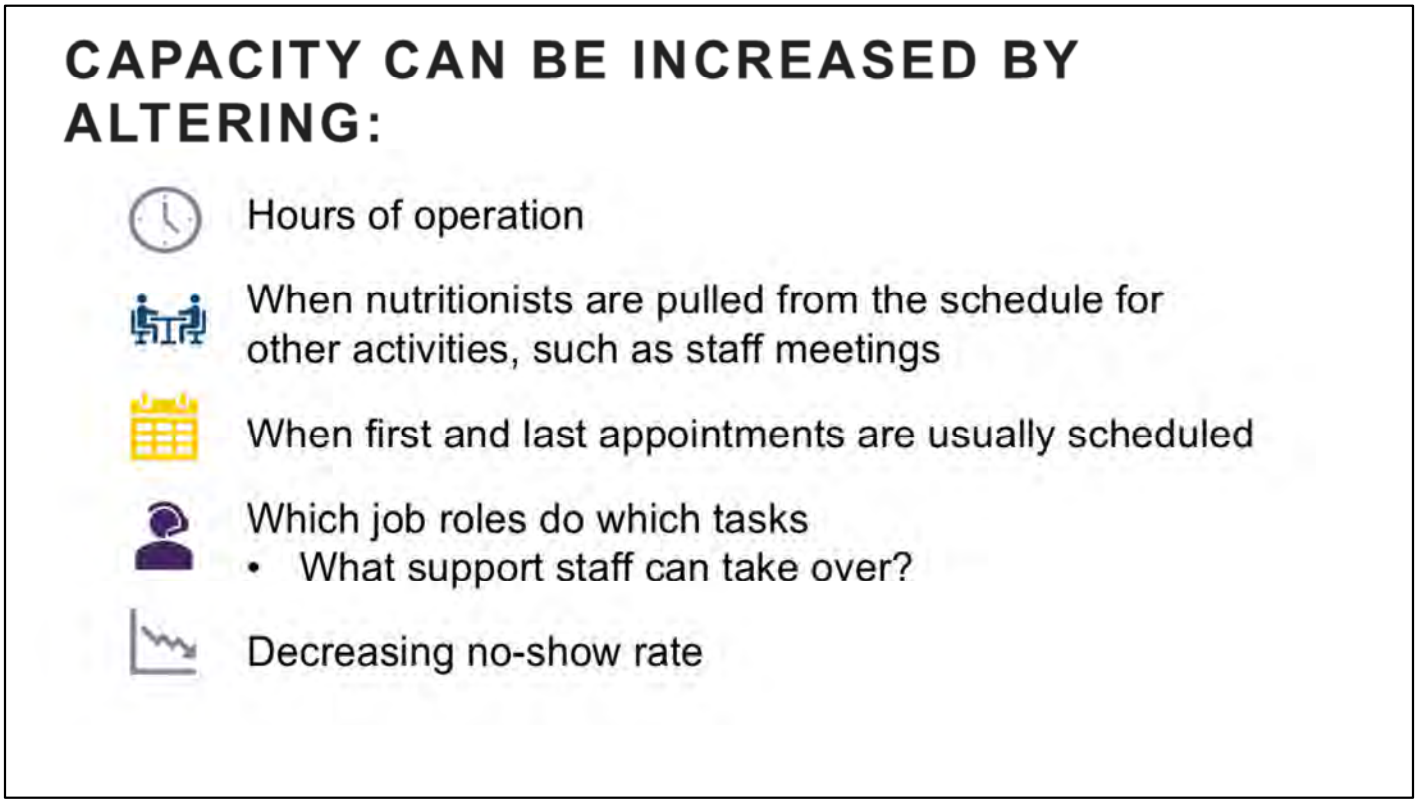
- **Production task –** Drop question, Menti link and code into the chat:
  - How can you increase capacity without hiring more staff?

- **Production task –** mixed groups of 5 (1 DOH participant in each of the breakout rooms), X minutes (leave CAI Staff & DOH observer in main room)

LARGE GROUP DISCUSSION



- Go to gallery view when participants are brought back to the main training floor.
- Reflect on some of the Mentimeter responses.
- Ask for one reporter per group to share a summary of what came up in their breakout sessions using the following debrief questions:
  - What came up in your small groups?
  - What similarities and differences did you observe in your discussion with your peers?
  - What are you taking away?



Capacity can be increased by altering:

- Hours of operation
- When nutritionists are pulled from the schedule for other activities, such as staff meetings
- When first and last appointments are usually scheduled
- Which job roles do which tasks
  - What support staff can take over?
- Decreasing no-show rate

WHAT IS DEMAND?



Demand is:

- The number of participants an agency or nutritionist needs to see in a given amount of time for either their current or target caseload

- The number of participants an agency or nutritionist needs to see in a given amount of time for either their current or target caseload

BREAKOUT DISCUSSION TASK

Discuss and respond to the Mentimeter:

- What factors influence demand?



[redacted]

- In a few minutes, we're going to send you to discuss in small groups -"What factors influence demand?"
- Once you get into your groups, choose one person to document the group's ideas in Mentimeter.
- You will have X minutes to discuss your response. Please go ahead and scan the QR code for the Mentimeter so you are ready to discuss with your peers and respond.
- We will ask you to also identify a reporter who will be prepared to summarize what you talked about in your groups when you return to the main training floor.

- Any questions before we do this activity? Everyone have the Mentimeter ready to go?
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- **Production task –** Drop question, Menti link and code into the chat:
  - What factors influence demand?

- **Production task –** mixed groups of 5 (1 DOH participant in each of the breakout rooms), X minutes (leave CAI Staff & DOH observer in main room)

LARGE GROUP DISCUSSION



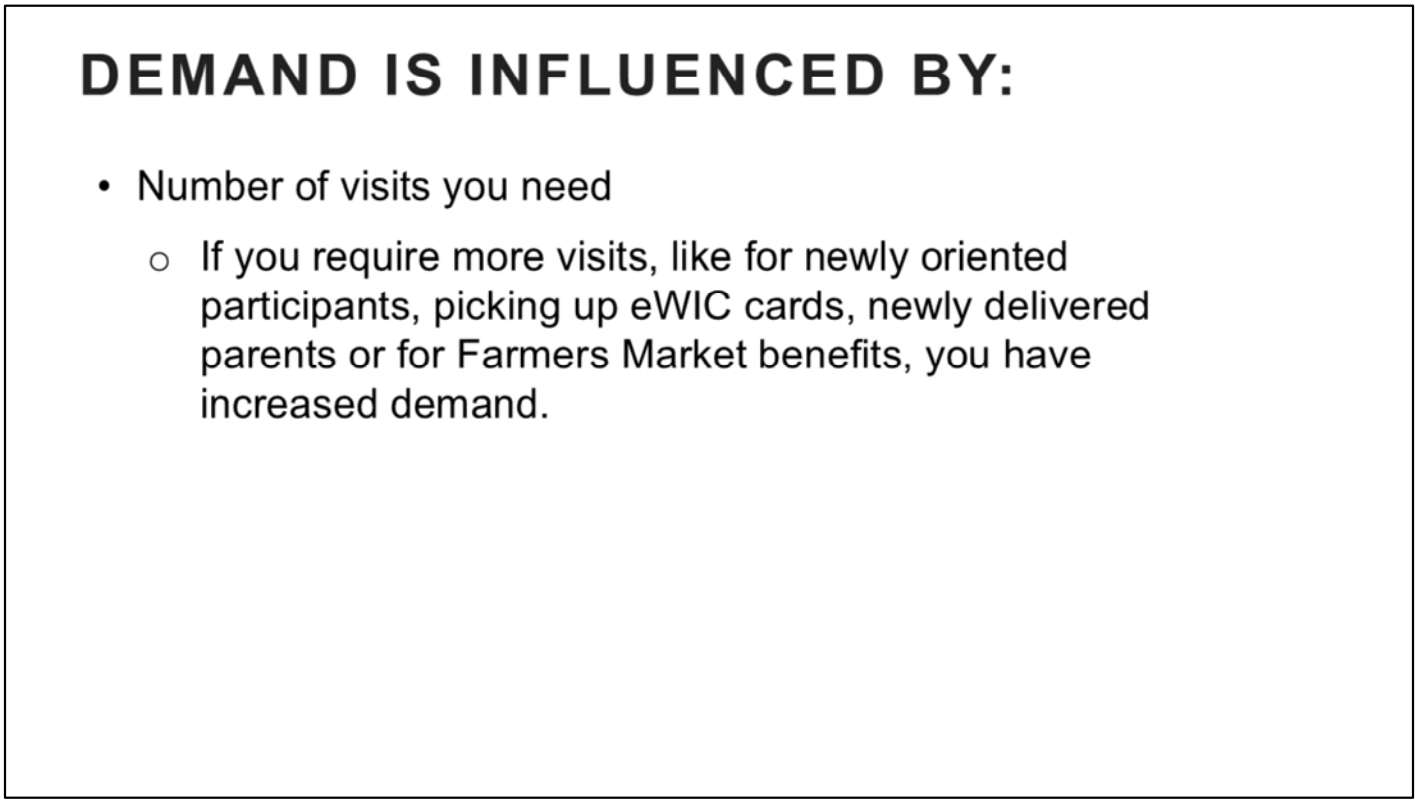
- Go to gallery view when participants are brought back to the main training floor.
- Reflect on some of the Mentimeter responses.
- Ask for one reporter per group to share a summary of what came up in their breakout sessions using the following debrief questions:
  - What came up in your small groups?
  - Are there any factors that influence demand that you hadn’t considered?
  - What are you taking away?

DEMAND IS INFLUENCED BY:



- No-show rate
  - Need to schedule more participants per day when there is higher no-show rate
- Caseload
  - Outreach
  - Retention

- No-show rate
  - Need to schedule more participants per day when there is higher no-show rate
- Caseload
  - Outreach
  - Retention
    - E.g. If participants are better oriented and less likely to drop off the program, that decreases demand



- Number of visits you need
  - If you require more visits, like for newly oriented participants, picking up eWIC cards, newly delivered parents or for Farmers Market benefits, you have increased demand.

INTERVIEW: REFLECTING ON THE CAPACITY AND DEMAND TOOL

Kristina Schoonmaker

WIC Coordinator

Onondaga Health Department

2023-24 WIC Learning Community Participant

- Introduce Kristina Schoonmaker, WIC Coordinator at Onondaga Health Department
- Kristina's agency participated in last year's learning community. She will share how the capacity and demand tool illuminated where her agency needed to make changes and how she accomplished making those changes.
- Interview questions

1. What did the Capacity and Demand data tell you about your scheduling practices?
2. What was your reaction to the number of appointments that your nutritionist needs to see per hour?

3. What changes did you identify as a results of completing the Capacity and Demand Tool?
4. How did you present the changes to your staff? How did you create staff buy-in?
5. How is your new scheduling system going?
6. What has been the benefit to staff, participants, and agency from your new scheduling practices?

BREAKOUT DISCUSSION TASK

Discuss:

- Were you surprised by your participants per nutritionist per hour number? What does this mean for your day-to-day operations?
- Do you have a scheduling guidance document and if so, how do you use it?
- How does your summary sheet compare to your day-to-day work? If you have a scheduling guidance document, how does it jive with these results?

- Please find your agency's summary sheet from the capacity and demand tool.
- In a few minutes, we're going to send you to discuss in small groups to discuss the above questions related to the capacity and demand summary sheet. [Review questions]
- You will be paired with other agencies with similar demand/ nutritionist/ hour.
- You will have X minutes to discuss your responses. Each small group will be facilitated by a CAI trainer.
- We will ask you to also identify a reporter who will be prepared to summarize what you talked about in your groups when you return to the

main training floor.

- Any questions before we do go into our breakout groups?
- We are going to drop the discussion questions into the chat.

- **Production task –** Drop questions into the chat:
  - Were you surprised by your participants per nutritionist per hour number? What does this mean for your day-to-day operations?
  - Do you have a scheduling guidance document and if so, how do you use it?
  - How does your summary sheet compare to your day-to-day work? If you have a scheduling guidance document, how does it jive with these results?

- **Production task –** Breakout groups:
  - Warren, North Country, Cayuga, Open Door (CAI Trainer – X)
  - Public Health Solutions, Broome, Oak Orchard, Richmond (CAI Trainer – X)
  - Monroe, NYC H + H Metropolitan, Opportunity Development Association, Catholic Charities (CAI Trainer – X)

LARGE GROUP DISCUSSION



- Go to gallery view when participants are brought back to the main training floor.
- Ask for one reporter per group to share a summary of what came up in their breakout sessions using the following debrief questions:
  - What came up in your small groups?
  - What similarities or differences did you observe in your peers' responses?
  - What are you taking away?



- Now we are going to review previous Learning Community data on the average amount of time needed for different appointment types as well as adjustments needed for high risk and language translation
- Of course there will be outliers, but agencies should plan according to the average time.

AVERAGE TIME WITH THE NUTRITIONIST

Appointment Type	Time (minutes)
Certification	22
Recertification	16
Health and Nutrition Update	9
Nutrition Education	9
Food Package Change	9
Multiple Types	19

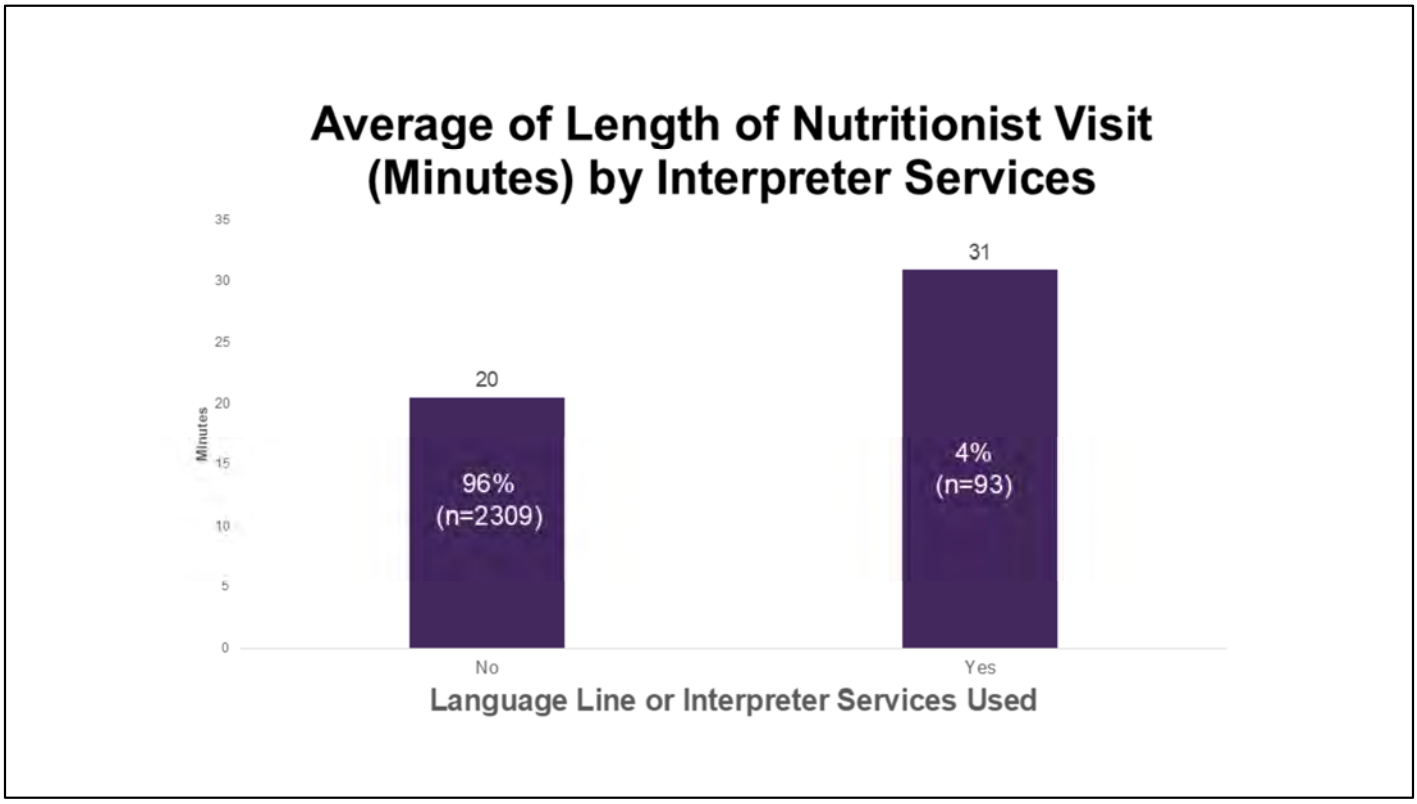
- The 2022-2023 Learning Community collected data on how long it took nutritionists for appointments based on the type of appointment and the number of participants in the appointment
    - Average time by appointment type:
        - Certification: 22 minutes
        - Recertification: 16 minutes
        - Health and Nutrition Update/Nutrition Education: 9 minutes
        - Food package change: 9 minutes
        - Multiple visit types: 19 minutes

AVERAGE TIME WITH THE NUTRITIONIST

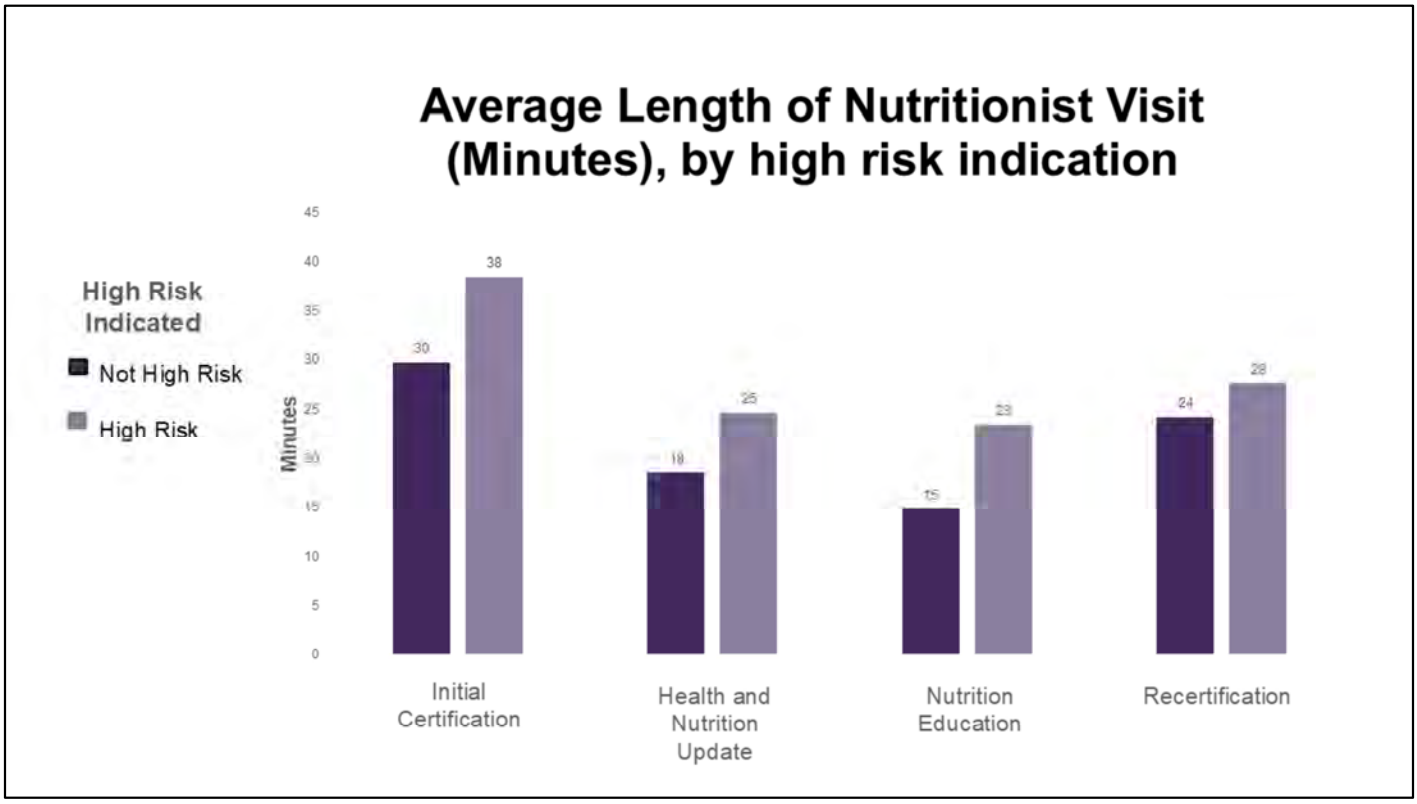
Number of Participants in household	Time (minutes)
1	11
2	15
3	19
4	20

*Language line adds 12 minutes on average

    - Avg time by number of participants:
        - 1: 11 minutes
        - 2: 15 minutes
        - 3: 19 minutes
        - 4: 20 minutes
- Also, in the 2019-2020 Learning Community, we found that using the language line adds an extra 12 minutes on average
- If it would be helpful to implementation teams, we could post scheduling guidance in the Learning Community tab of the WIC Resource Hub
    - We could include scheduling guidance from any agency willing to share theirs
    - We could also post the slide deck with the data from 2022-2023 Learning Community



We knew the 11 Learning Community agencies used the language lines and interpreter services to communicate with participants who preferred to use languages besides English. Agencies expressed that visits where the language line was needed likely took longer than those that did not utilize the line and felt that SO MANY visits utilized the language line. We wondered if this was an accurate statement that so many visits used the language line and that using the language line took so much longer. The nutritionist visit time study confirmed that on average, visits where the language line was utilized took 11 minutes longer than a visit where the line wasn't utilized. We know that we can't do quality PCS without the language line.

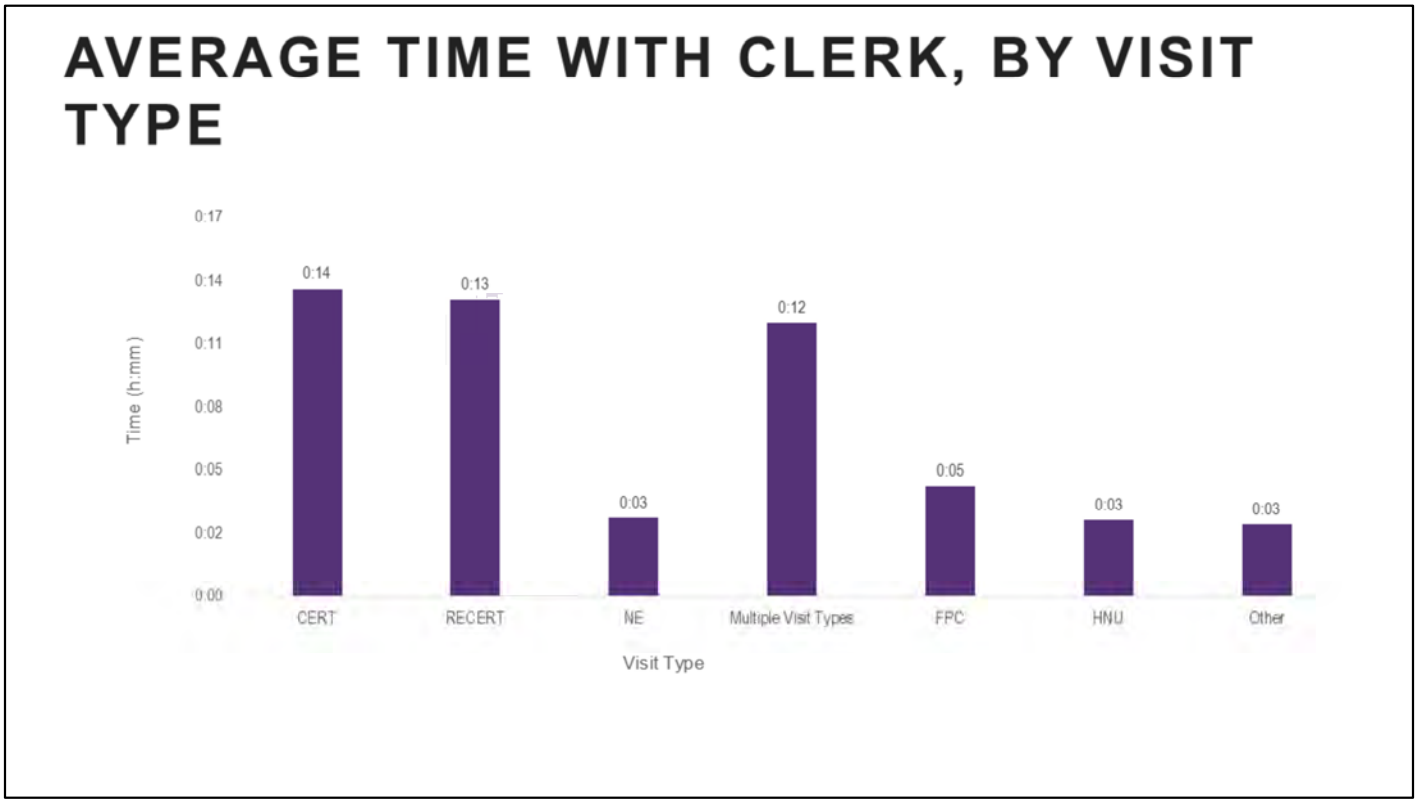


Similar to the language line, agencies believed appointments with High Risk participants took up a lot of time in their appointment schedules. In the time study, we found that appointments coded as High Risk took longer than those not indicated as High Risk. We were happy to see that nutritionists spend more time with High Risk participants.

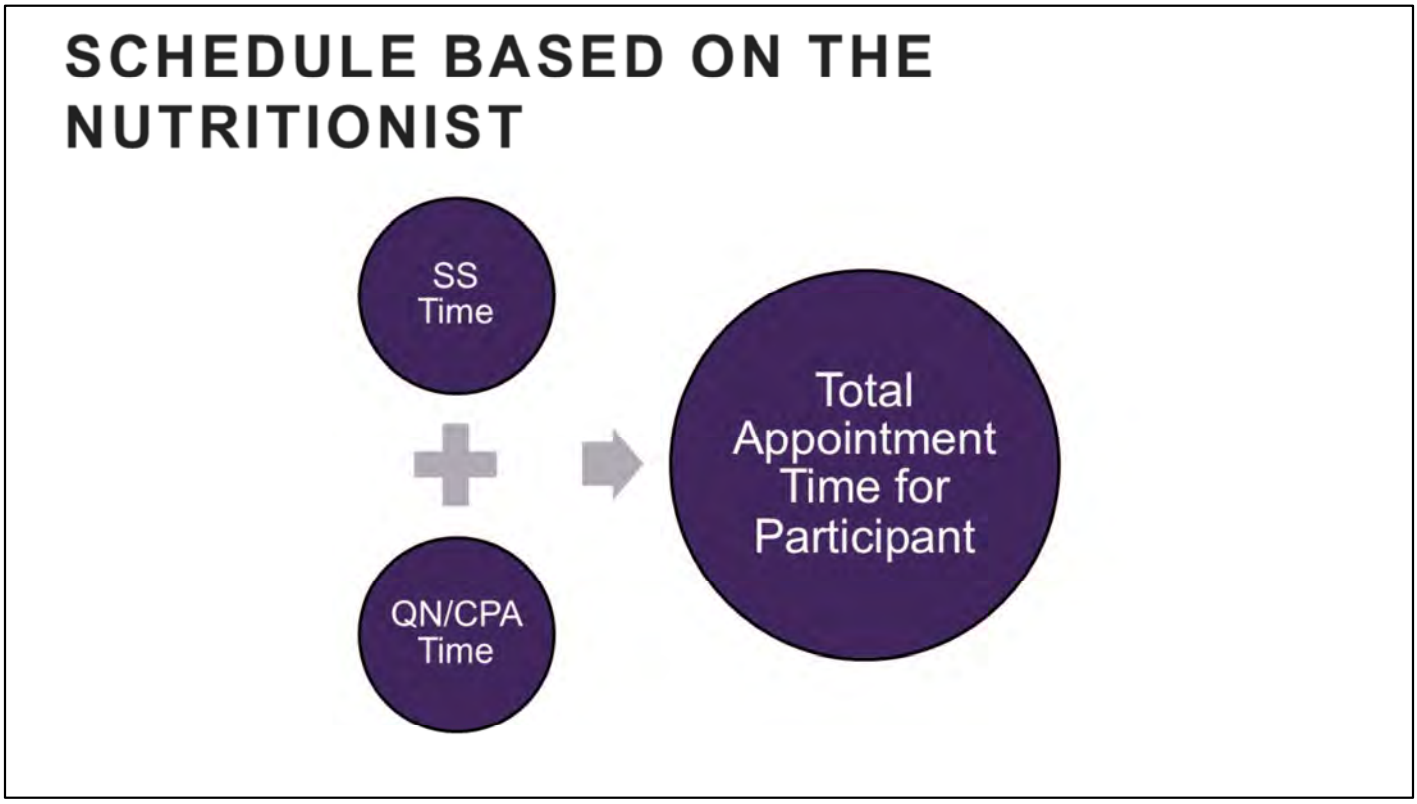
We heard from Learning Community teams the barrier was they had so many High Risk appointments throughout the day; NYS DOH pulled appointment data for a one-month period in 2019 and found that for each of the eleven agencies, 19-28% of participants were indicated as HR.

We were delighted to see that all nutritionists at all eleven sites had more than enough time to provide PCS. Then, we wanted to look at clerks to see if they had enough time to do PCS as they completed intake tasks with participants.

- **[NOTE:]** Some agencies indicated their visit was high risk, either through the visit type, or in the comments. We created a new variable with this data to show the average difference in length between visits that were high risk and those that were not. Since HR was not a variable that was collected through the time study, this data has limitations.



- The 2022-2023 Learning Community collected data on how long the clerk (support staff) spent with each visit type.
    - This chart shows the average time the clerks spent with participants, by visit type. [Review average visit times]
    - It ranged from an average 14 minutes at the longest for certification and 3 minutes on-average for nutrition education, health and nutrition update, and visits that were categorized as other.



The nutritionist's portion of the appointment is longer than the support staff's portion. So, the schedule should be built based on how long the nutritionist needs with the participant.

Each agency needs to make the best decision regarding the amount of time assigned to each appointment type, based on the provided data and insights from their capacity and demand tool. This approach will help agencies allocate the appropriate amount of time for each appointment type within the NYWIC schedule.

MAKING CHANGES



- Staff must be involved in finding the solutions
- Some of these decisions seem easy, but how you orchestrate these changes can be difficult

- To make changes, staff must be involved in finding the solutions
- Some of these decisions seem easy, but how you orchestrate these changes can be difficult

COACHING ON SCHEDULING GUIDANCE



- Interested implementation teams can share their scheduling guidance document with Deb Bonzo (dbonzo@caiglobal.org) and receive follow-up coaching

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Process the information shared in gallery view:

- What do you make of the information we just shared?
- What has your wheels turning?

PROBLEM-SOLVING TOUGH SCHEDULING HEADACHES: LARGE GROUP ACTIVITY

- Introduce the next section: Problem-Solving Tough Scheduling Headaches – Large Group Activity.

PROBLEM-SOLVING TOUGH SCHEDULING HEADACHES: LARGE GROUP ACTIVITY

- You will be presented with several scheduling "headaches" or scenarios.
- Consider: How could you solve the problem?
- When prompted, come off mute or share your thoughts in the chat.



- In this next activity, I'm going to lead the large group through several scheduling scenarios. I want you to consider how could you solve the problem.
- I will ask you to help brainstorm potential solutions by coming off mute or sharing in the chat.

10/20-DAY RULE

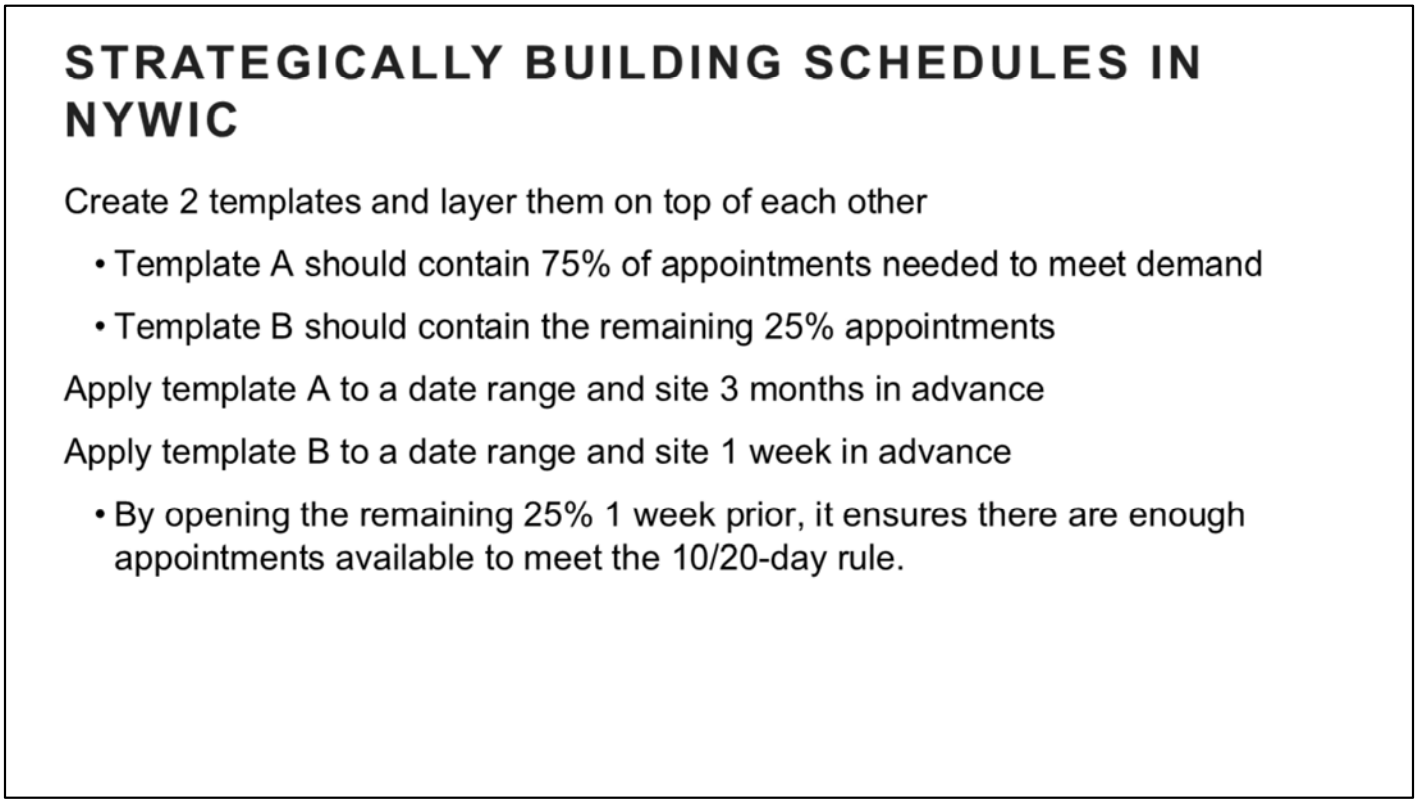
Scenario:

Your 10/20-day report is several pages long.



- Potential scenario: Your 10/20-day report is several pages long.
- Ask the large group: How could you solve this problem?

. Trainer to encourage the group to consider how to *prevent* the report from being so long, rather than just considering how to process the report.

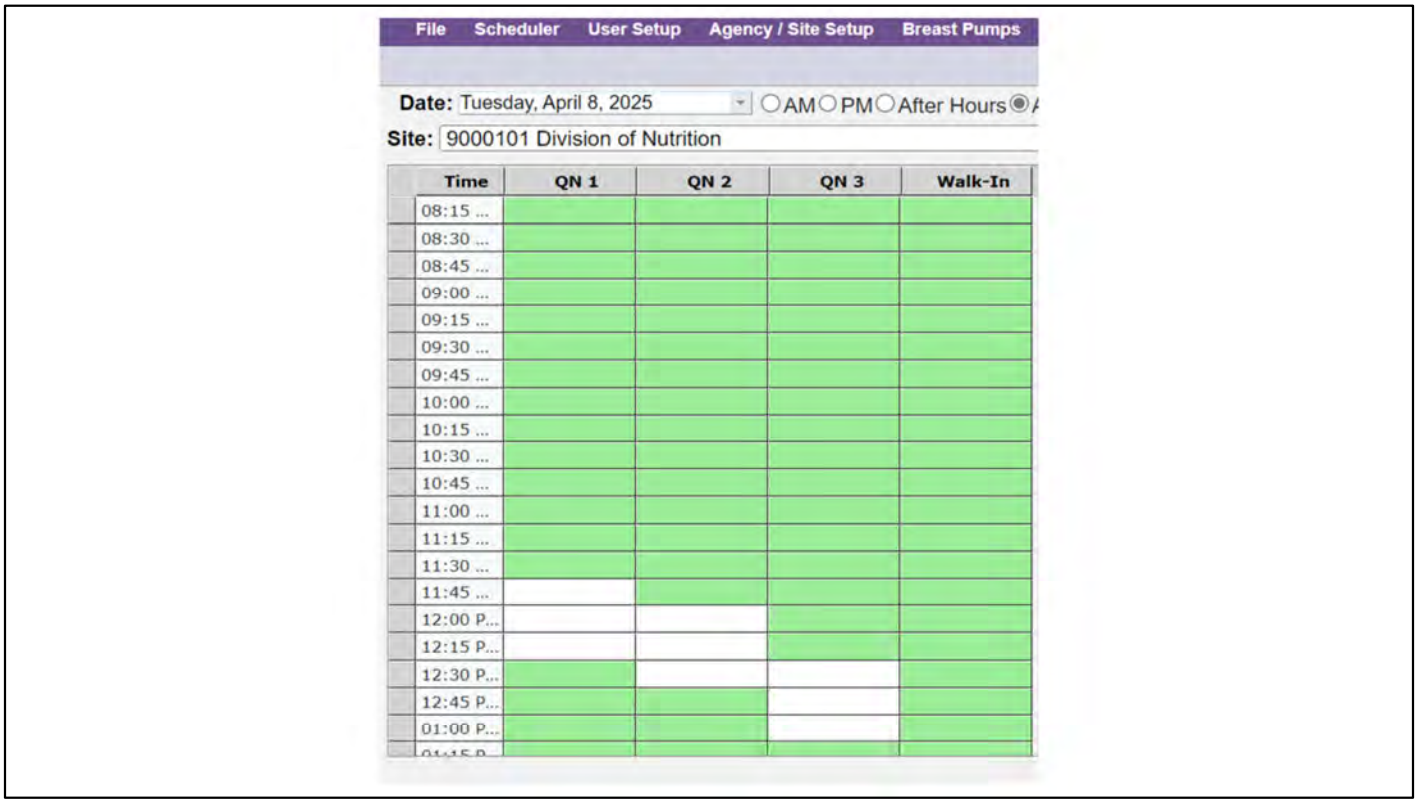


The idea here is to strategically design a system for your agency to accommodate the 10/20-day rule, to ensure that you always have appointments available to accommodate new applicants.

- Consider how many appointment slots your agency offers per week and how you might withhold about 25% of these slots – maybe that means opening only 3 of your 4 nutritionist lines daily 3 months out or if you are a smaller agency with only 1 nutritionist line holding back some appointments on some days
- Create 2 templates and layer them on top of each other
    - Template A should have enough appointment slots to meet 75% of demand
    - Template B should have enough appointment slots to meet the remaining 25% of demand
- Apply template A to a date range and site 3 months in advance
- Apply template B to a date range and site 1 week in advance
    - By opening the remaining 25% of appointments about 1 week prior, it ensures there are enough appointments available to meet the 10/20-day rule.
- Monitor the schedule
    - Monitor the schedule daily or at a minimum weekly
    - Staff should be instructed to notify the WIC Coordinator (or person in charge of scheduling) immediately if there are no appointments available or if out of compliance (10/20-day rule)
    - Run the 10/20-day report monthly; review participants that appear on this report and

why.

- The objective is to ensure priority appointments are available at all times, following the 10/20-day rule.
    - Your healthcare provider has a certain number of appointments available for emergencies, and the restaurant has a designated number of reservations available for walk-ins.


File
Scheduler
User Setup
Agency / Site Setup
Breast Pumps
Date: Tuesday, April 8, 2025
AM PM After Hours
Site: 9000101 Division of Nutrition
Time
QN 1
QN 2
QN 3
Walk-In
08:15 ...
08:30 ...
08:45 ...
09:00 ...
09:15 ...
09:30 ...
09:45 ...
10:00 ...
10:15 ...
10:30 ...
10:45 ...
11:00 ...
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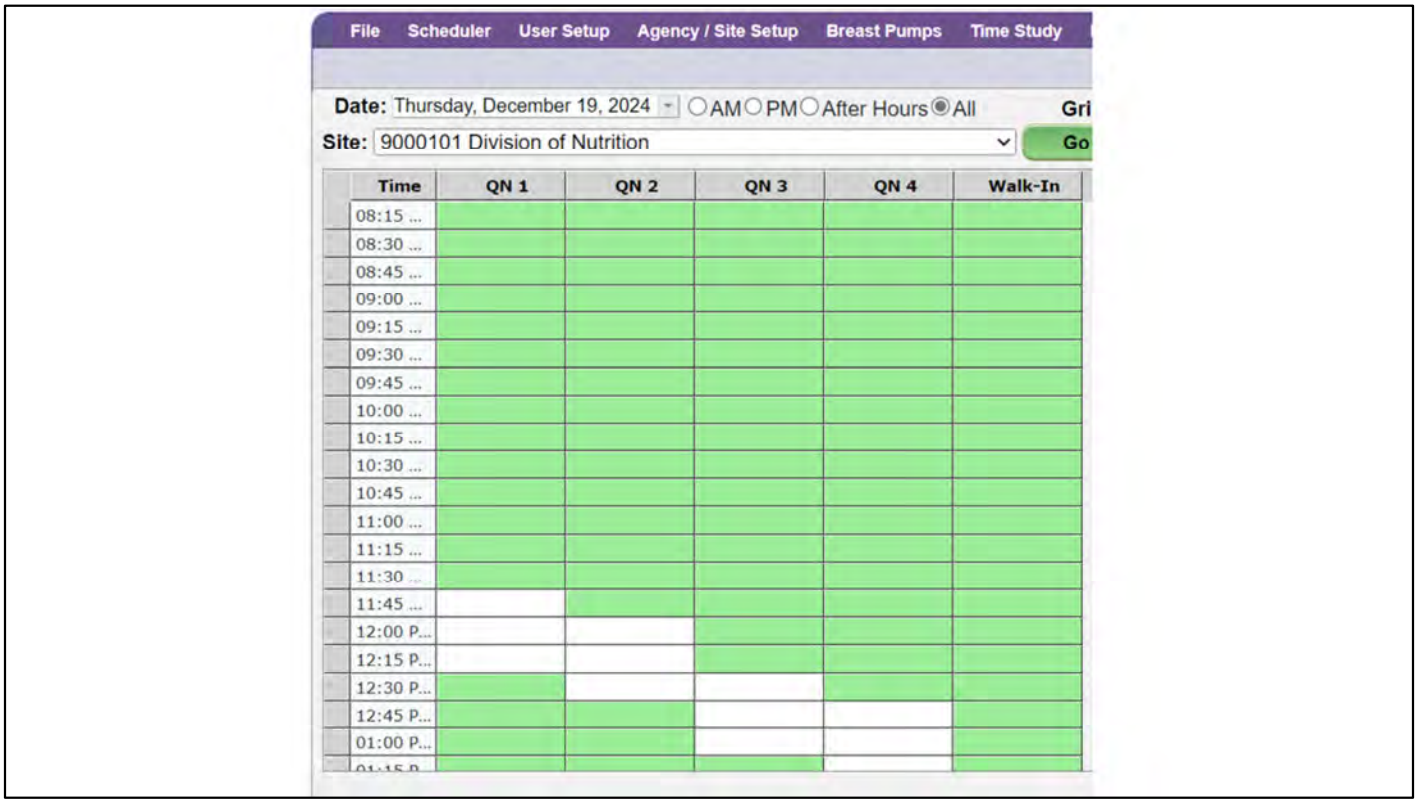
12:00 P...
12:15 P...
12:30 P...
12:45 P...
01:00 P...

Template A



Template A with Template B laid over it

Coaching is available if anyone wants to work with Deb on this concept of building at 75% template and 25% template for scheduling.

WORKLOAD IS NOT EVENLY DISTRIBUTED

Scenario:

Your agency has two locations. Your capacity and demand tool shows that nutritionists at location A must see 3.5 participants per hour, while location B only has to see 1.5 participants per hour.

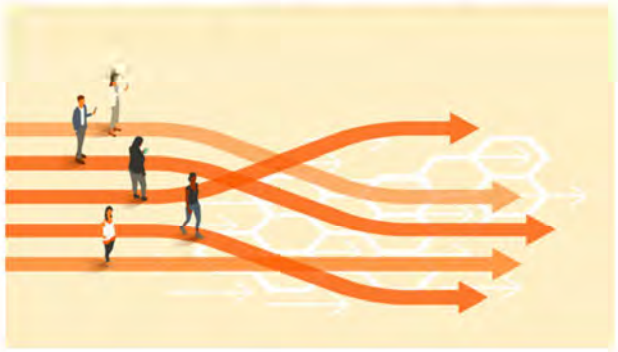


- Scenario: Your agency has two locations. Your capacity and demand tool shows that nutritionists at location A must see 3.5 participants per hour, while location B only has to see 1.5 participants per hour.
- Ask the large group: How could you solve this problem?

NO CONSISTENCY IN SCHEDULING

Scenario:

Your agency has a scheduling guidance document, but staff are not adhering to it. Everyone is scheduling appointments differently.



- Scenario: Your agency has a scheduling guidance document, but staff are not adhering to it. Everyone is scheduling appointments differently.
- Ask the large group: How could you solve this problem?

BALANCE BETWEEN STAFF NEEDS AND PARTICIPANT NEEDS

Scenario:

Your agency's last appointment time offered is 3 pm so that staff have time for documentation. The majority of your participants want late afternoon appointments.



- Scenario: Your agency's last appointment time offered is 3 pm so that staff have time for documentation. The majority of your participants want late afternoon appointments.
- Ask the large group: How could you solve this problem?

BIG GAPS IN THE HANDOFF BETWEEN SUPPORT STAFF AND NUTRITIONISTS

Scenario:

You are receiving participant complaints that they never know when to expect WIC to call. Participants say they requested their appointment times because they knew they would be available, such as on their lunch break or during nap time.



- Scenario: You are receiving participant complaints that they never know when to expect WIC to call. Participants say they requested their appointment times because they knew they would be available, such as on their lunch break or during nap time.
- Ask the large group: How could you solve this problem?
- Ask Wendy Seiflein from Catholic Charities of Western New York to share their system for ensuring that there is not a long gap in services between the support staff and the nutritionist.

HAVING APPOINTMENTS BE MORE DETAILED THAN NEEDED

Scenario:

You did a time study and found that most nutritionists are spending 30-40 minutes per person for certifications.



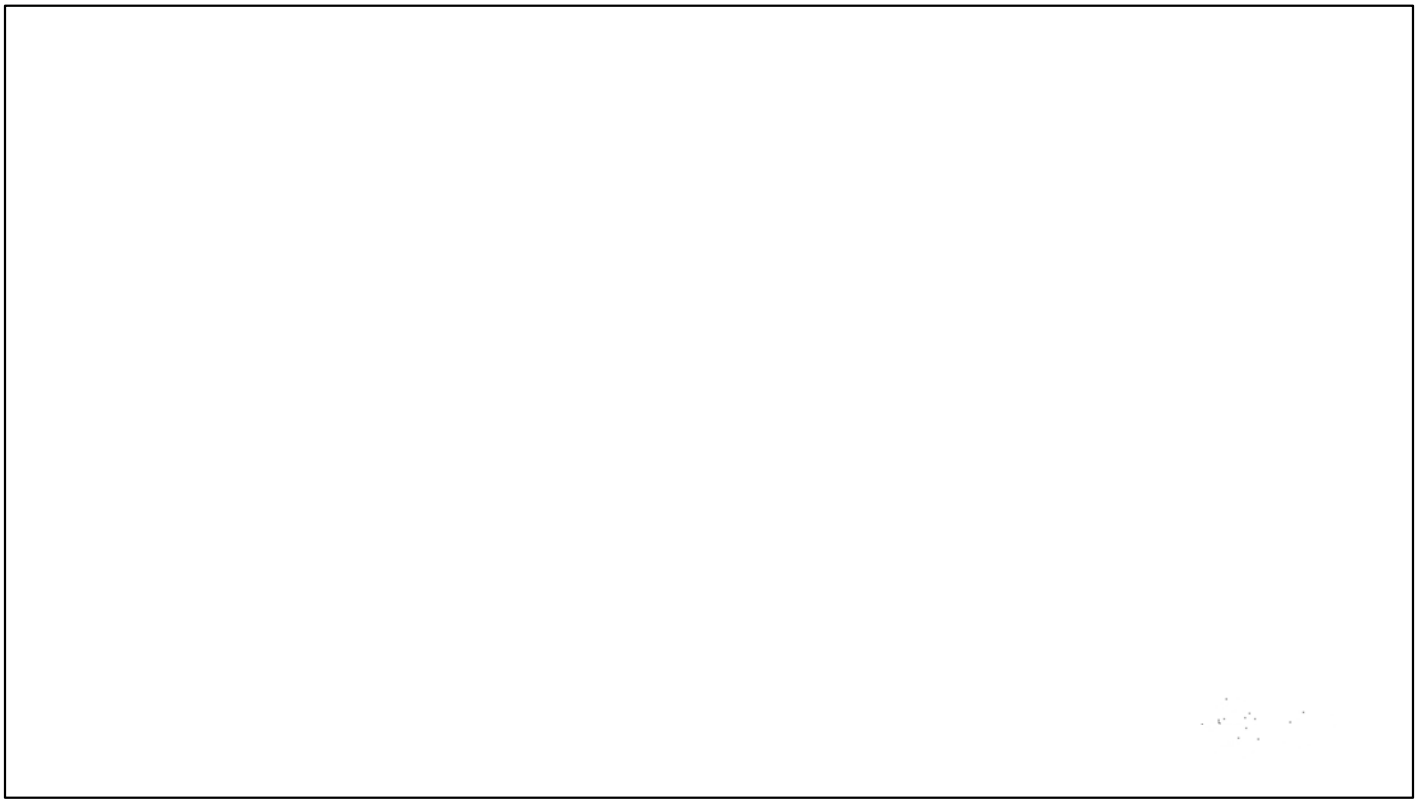
- Scenario: You did a time study and found that most nutritionists are spending 30-40 minutes per person for certifications
- Ask the large group: How could you solve this problem?

After the group has finished discussing this problem, take the slides down and go to gallery view for processing.

Processing:

- What was it like to trouble shoot these scheduling problems?
- How do they compare to scheduling issues your agency faces?
- What solutions or ideas are you taking away from this

activity?



- Introduce the next section: Implementation Teams’ Action Plan Progress Update.

BREAKOUT DISCUSSION TASK

In your breakout groups:

- One representative from your implementation team will provide an update on your team's progress on your action plan.

A CAI Trainer will be in your group to facilitate.

- In a few minutes, we're going to send you into breakout groups to provide an update on progress on your action plan to others in the learning community. Identify one representative from your implementation team who will provide this update. We have grouped you with other agencies with similarly themed action plan topics and there will be a CAI trainer in your group to facilitate.
- Any questions before we do this activity? We are going to drop breakout discussion task into the chat. You will have X minutes to provide an update on your action plan progress with your peers.

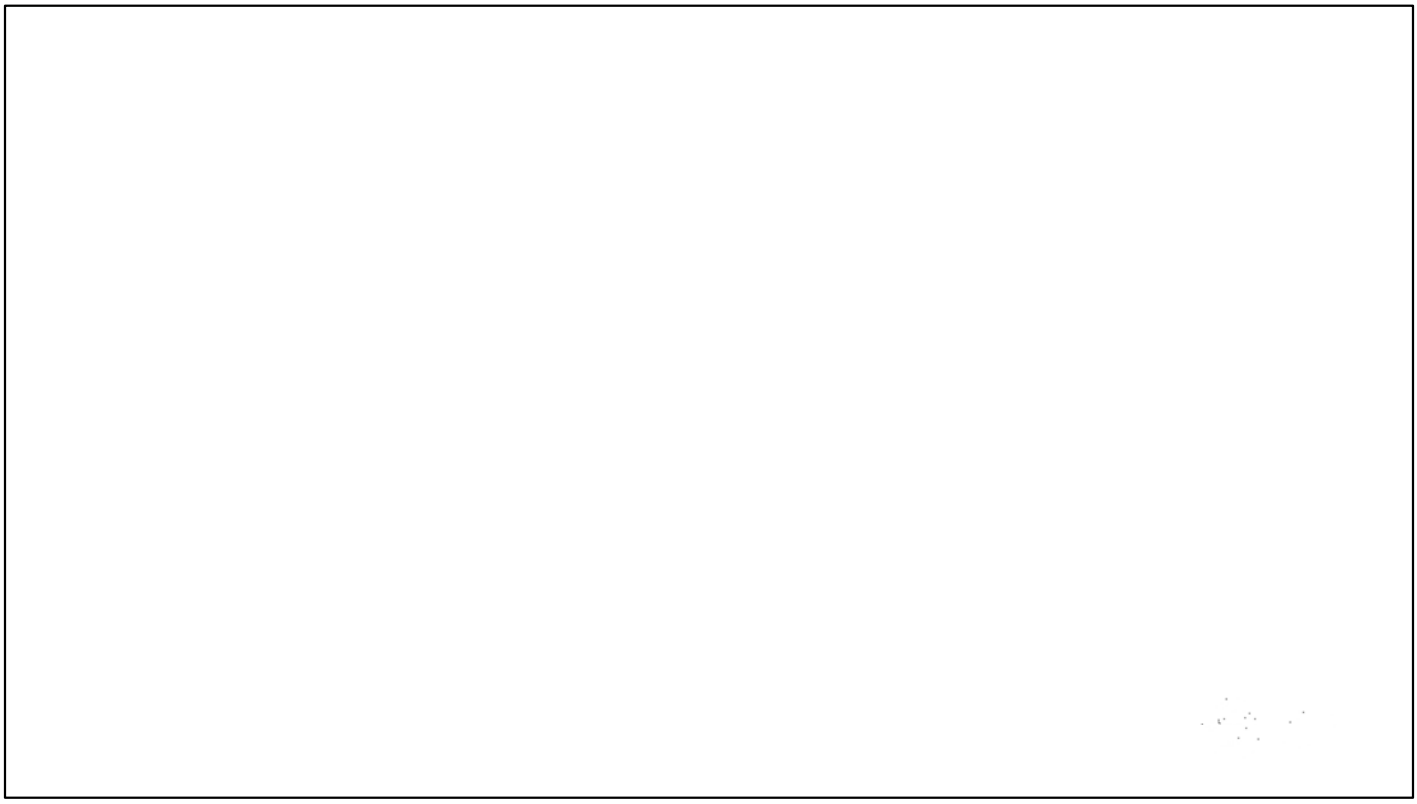
Production task – Drop into the chat:

- One representative from your implementation team will provide an update on your team's progress on your action plan.

- **Production task –** Groups for X minutes:
    i. Online Nutrition Education, facilitated by CAI trainer, X: ODA, Richmond, Monroe
    ii. Scheduling and Workflow, facilitated by CAI trainer, X: Broome, Oak Orchard, Open Door, Public Health Solutions
    iii. Miscellaneous/Multiple Topics, facilitated by CAI trainer, X: Catholic Charities, Cayuga, North Country, Warren

CAI trainer instructions: While in breakout rooms, ask each team to report out on their progress, and, as time permits, encourage teams to share potential solutions with each other.

After the small group time has elapsed, bring the large group back together in gallery view and ask groups to share a few highlights from their discussions.



- Introduce the next section: Wrap-Up and Next Steps

UPCOMING LEARNING COMMUNITY EVENTS



Remote Check-In #3

January 30, 2025

9:00-10:30AM

Learning Session #2

February 26-27, 2025

1:00-4:15PM

- We have two upcoming learning community events.
- Our next event is Remote Check-in 3 on January 30 from 9-10:30am.
- Then, our next learning session is on February 26-27 from 1:00-4:15pm.



RDs and DTRs seeking continuing education credits through the Commission on Dietetic Registration are encouraged to complete an additional evaluation (producer drop link in chat): WIC RD/CPEU Optional Evaluation (alchemer.com)

THANK YOU!



- Please log into your NYS WIC Resource Hub account to complete your evaluation and receive your certificate
- Link to hub: https://nyswicresourcehub.unhosting.site/ , locate this particular course, and complete the evaluation.
- Evaluations will close after 5 business days and no longer be available. If you do not complete the evaluation within this timeframe you will not receive your certificate.



Production
Thank you for joining us today! I hope it was helpful and can help guide you as you do this important work!

REFERENCES

New York State Department of Health. (2024, June). *New York State WIC program manual, section 1101: Physical presence*. Albany, New York: New York State Department of Health.

2024-25 NYS WIC Learning Community
Check-In #3
January 30, 2025
9:00 - 10:30 AM

Goal: Learning community implementation teams will explore challenges and successes around online nutrition education implementation as well as share action plan progress updates.

Description: In Check-In 3, the Learning Community will begin a deeper dive into online nutrition education as a potential opportunity for providing high quality and efficient nutrition education. Although many agencies have made progress in offering online nutrition education, we want to focus on how to fully optimize this option. Attendees will discuss challenges to implementation of online nutrition education as well as identify successes. The check-in will also include action plan progress updates from each Learning Community team.

Presenters:
CAI Learning Community Training Team

Target Audience:
The designated implementation teams from each of the local agencies selected to participate in the 2024-25 Learning Community.

Length of Training:
90 minutes

Continuing Education:
1.25 CPEU (pending CDR approval)
1.5 CEU
0 LCERPs

Learning Objectives:
As a result of this check-in, attendees will be able to:

1. Identify challenges around implementation of online nutrition education
2. Highlight successes around implementation of online nutrition education
3. Discuss progress and barriers faced by local agency implementation teams on their action plans to date

Teaching Methods:

- PowerPoint
- Small and large group discussion

Materials Needed:
This webinar will include an informative presentation with interactive components.

- PowerPoint

[redacted]

- Poll Everywhere
- Online Nutrition Education Lesson worksheet

Agenda/outline:

I. Welcome & Introductions
   a. Thank attendees for evaluation feedback from Check-In 2 and briefly review
   b. Goal and objectives for the check-in

II. Online Nutrition Education
   a. For many years, New York State WIC staff wanted an online nutrition education option. Now that it is an option, we need to improve our efforts in utilizing it.
   b. Mixed group discussion: What's challenging about online nutrition education? What gets in the way?
      i. Groups will capture their responses in Poll Everywhere. Groups will be able to add unlimited open-ended responses and upvote other group responses that they agree with.
      ii. CAI will capture responses to inform Learning Session 2 as well as share with the New York State Department of Health Learning Community Subject Matter Expert and online nutrition education team.
   c. Mixed group discussion: What have been your successes so far with online nutrition education?
      i. Groups will capture their responses in Poll Everywhere. Groups will be able to add unlimited open-ended responses and upvote other group responses that they have also experienced.
      ii. CAI will capture responses to inform Learning Session 2 as well as share with the New York State Department of Health Learning Community Subject Matter Expert and online nutrition education team.
   d. Homework assignment: Each learning community implementation team member will complete one wichealth lesson in preparation for Learning Session 2.
      i. Rationale: WIC staff need to be familiar with wichealth lessons to best promote them to participants.
      ii. CAI will assign lesson topics by implementation team to ensure that a variety of lesson topics are viewed and can be discussed at Learning Session 2.
      iii. CAI will provide a worksheet for implementation team members to use to capture their thoughts about the lesson.
      iv. Implementation team members who need wichealth accounts created should request account access from their coordinator as soon as possible as accounts must be created after Regional Office approval.

III. Implementation Teams Action Plan Progress Update

[redacted]

a. Large group action plan report out: Each implementation team will share a progress update on their action plan.

IV. Wrap-Up and Next Steps
   a. Reminder to complete homework assignment
   b. Reminder to register and attend Learning Session 2 on February 26-27, 2025.
   c. Evaluation

Resources:

New York State Department of Health. (2022, October). *New York State WIC program manual, section 1200: Nutrition education contacts and materials.* Albany, New York: New York State Department of Health.

New York State Department of Health. (2024, July 29). *Local agency memo #24: Online nutrition education guidance using wichealth.* Unpublished document found in WIC library.

New York State Department of Health. (2024, July). *Online nutrition education guidance using wichealth.* Unpublished document found in WIC library.

New York State Department of Health. (2024, December). *November 2024 online nutrition education summary [spreadsheet].* Provided by New York State Department of Health.

New York State Department of Health. (2025, January). *November 2024 number of participants enrolled by agency.* Provided by New York State Department of Health.

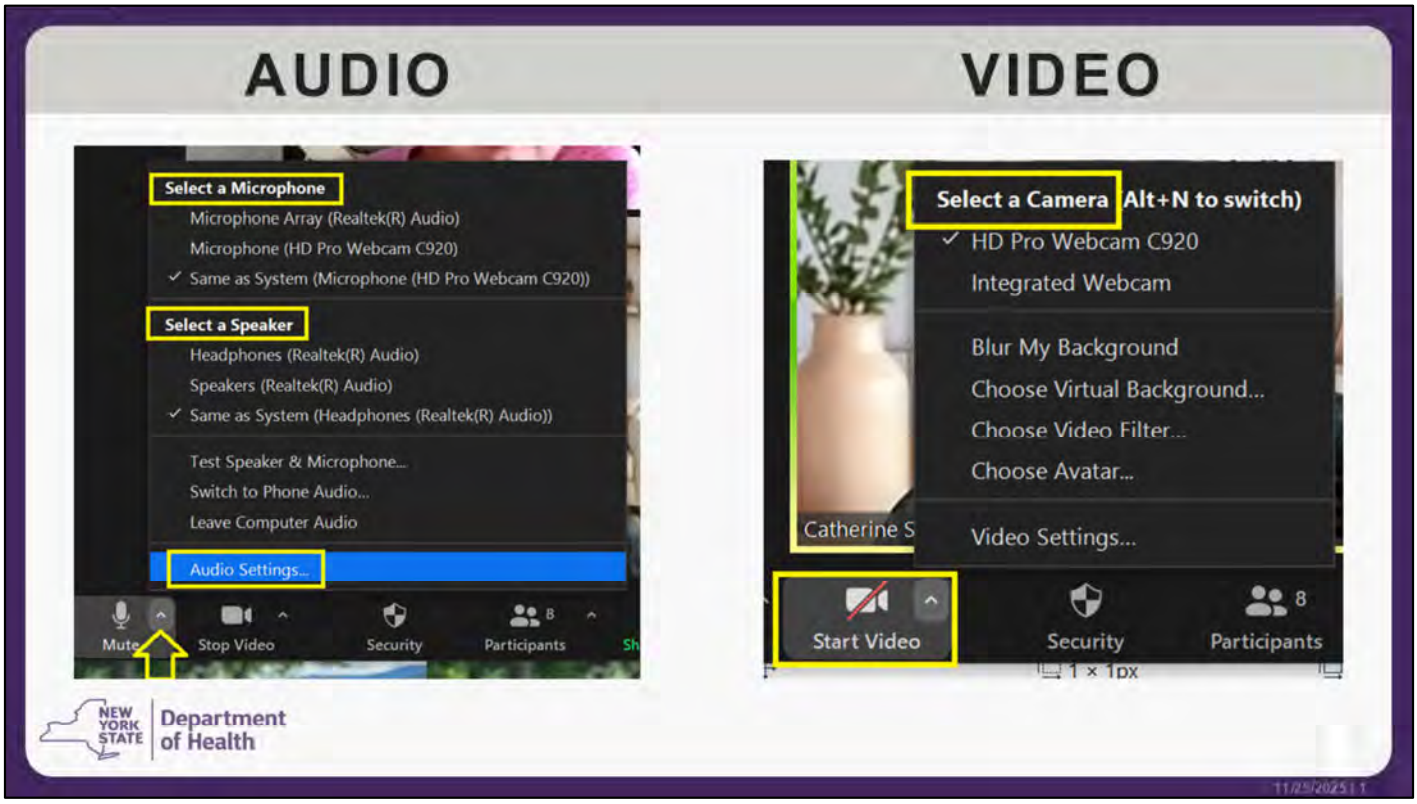
Worksheet: Reflecting on a wichealth Lesson

Homework:

- In preparation for Learning Session 2, complete one wichealth lesson of your choice.
- Fill out the worksheet below to capture your thoughts about the lesson.
- Bring the worksheet with you to Learning Session 2 on February 26-27, 2025.

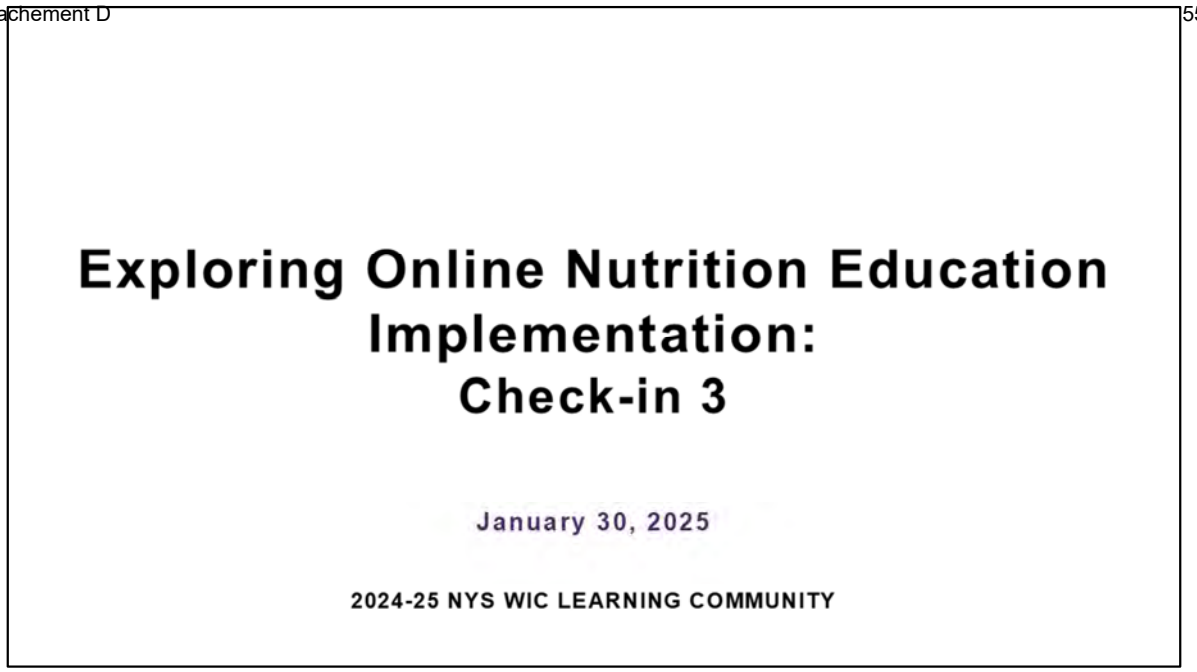
Title of Lesson Viewed:
•
What did you notice as you viewed the lesson?
•
What are the strengths and benefits of the lesson?
•
Other Notes:
•

[redacted]



- Start 10 minutes early or once folks are logging on
- Maria to share slides
- While we wait for the training to begin, we want to ensure everyone can participate today. Be sure to check your audio and video and ensure your microphone and camera are working. If you are having any trouble, please chat the producer for help troubleshooting. On the slide are 2 screenshots showing you where to access the audio and video settings on Zoom. Please be sure the correct microphone and speaker on your computer are selected if you are using computer audio, if not please select phone audio and call the dial-in number that appears. Please be sure to start your video and ensure the correct camera is selected on your device.
- It is an expectation of training that you will participate and engage, which includes being on camera and speaking. We want to hear your voices and see your faces. There are interactive components to training, including breakout rooms where you'll need to speak to your colleagues, so we want to ensure everyone has a working microphone and camera today. If you do not, please chat the producer to let them know. We want to make sure that everyone has the best training experience they can.
- Producer share in chat Link to Zoom FAQ regarding audio and video:

https://support.zoom.com/hc/en/category?id=kb_category&kb_category=31293e9a8720391089a37408dabb35b8



9 AM DEB (10 minutes)

- Production/Trainer:
- ****PRODUCER RECORD TO CLOUD****
- ***PRODUCER ENABLE CLOSED CAPTIONING***

- Trainers and/or production staff can start building engagement with those who log on early by encouraging them to chat in their name, local agency, etc.
  - Trainer/Production
  - Welcome participants while they are logging on.
- Good afternoon
- Once everyone is in attendance, introduce the topic

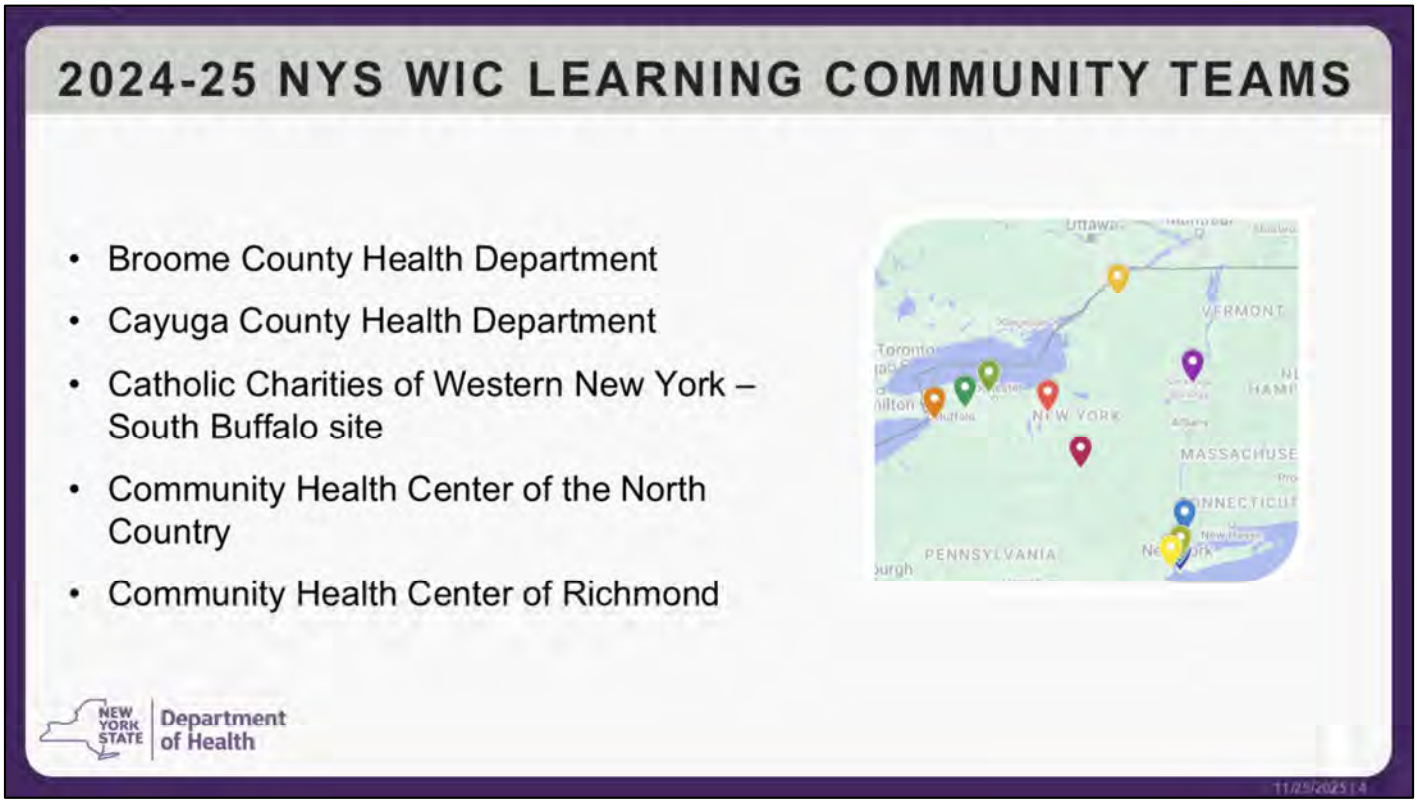
- We will record this check in and store it in the Learning Community tile of the NYS WIC Resource Hub. All of the resources we share throughout today's webinar, including a copy of the PPT slides, will be made available with the recorded version on NYS WIC Resource Hub in a few business days

- **Producer chat this in and read aloud "At CAI we support breastfeeding, if you are nursing and need to step away to pump please chat the producer to make them aware. Policy is waived for those who are nursing. It's important that you inform the producer or trainers that you are taking a break to pump so we can ensure you are allowed back into the training."**

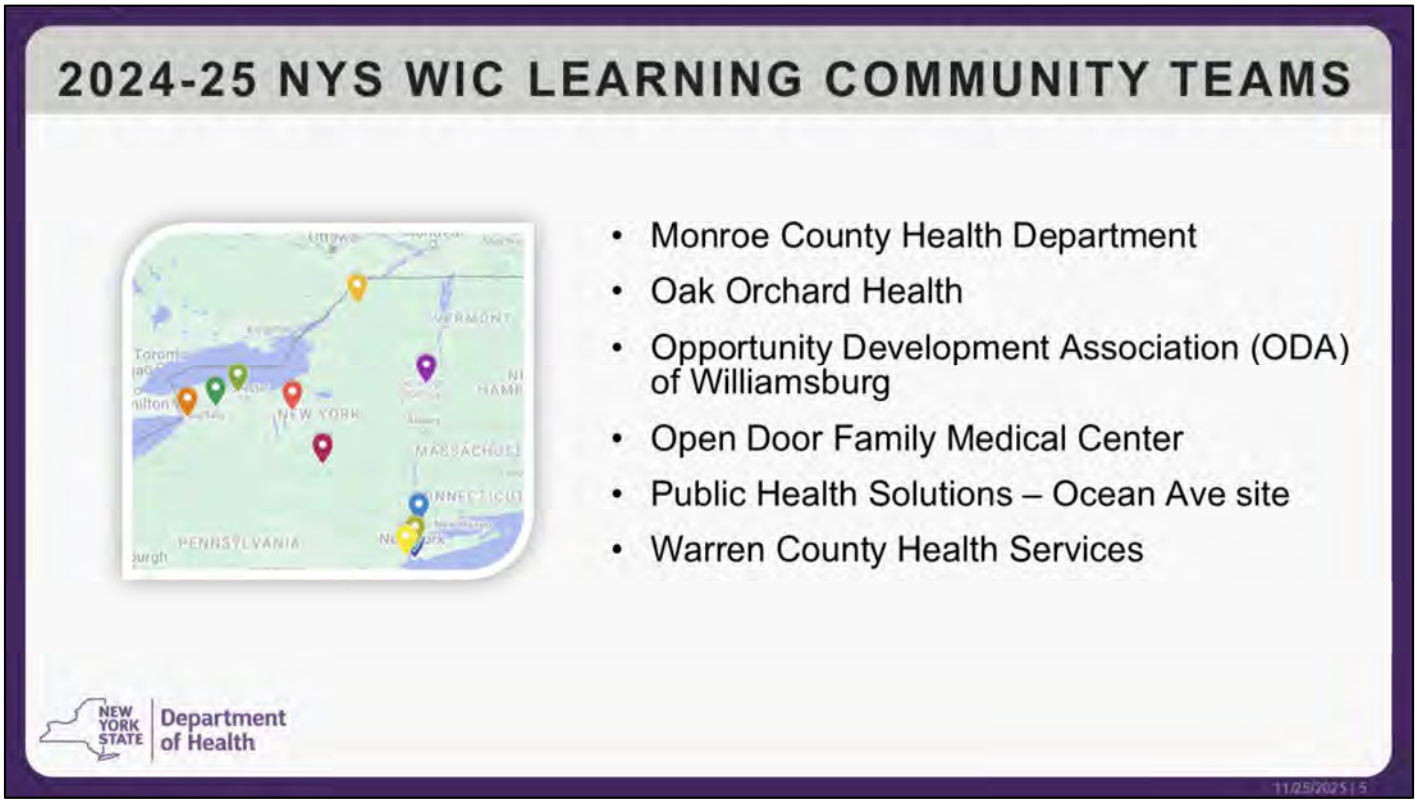


Trainer/Production:

- Introduce trainers and production staff



- Welcome to our 2024-2025 Learning Community implementation teams! (read agency names)

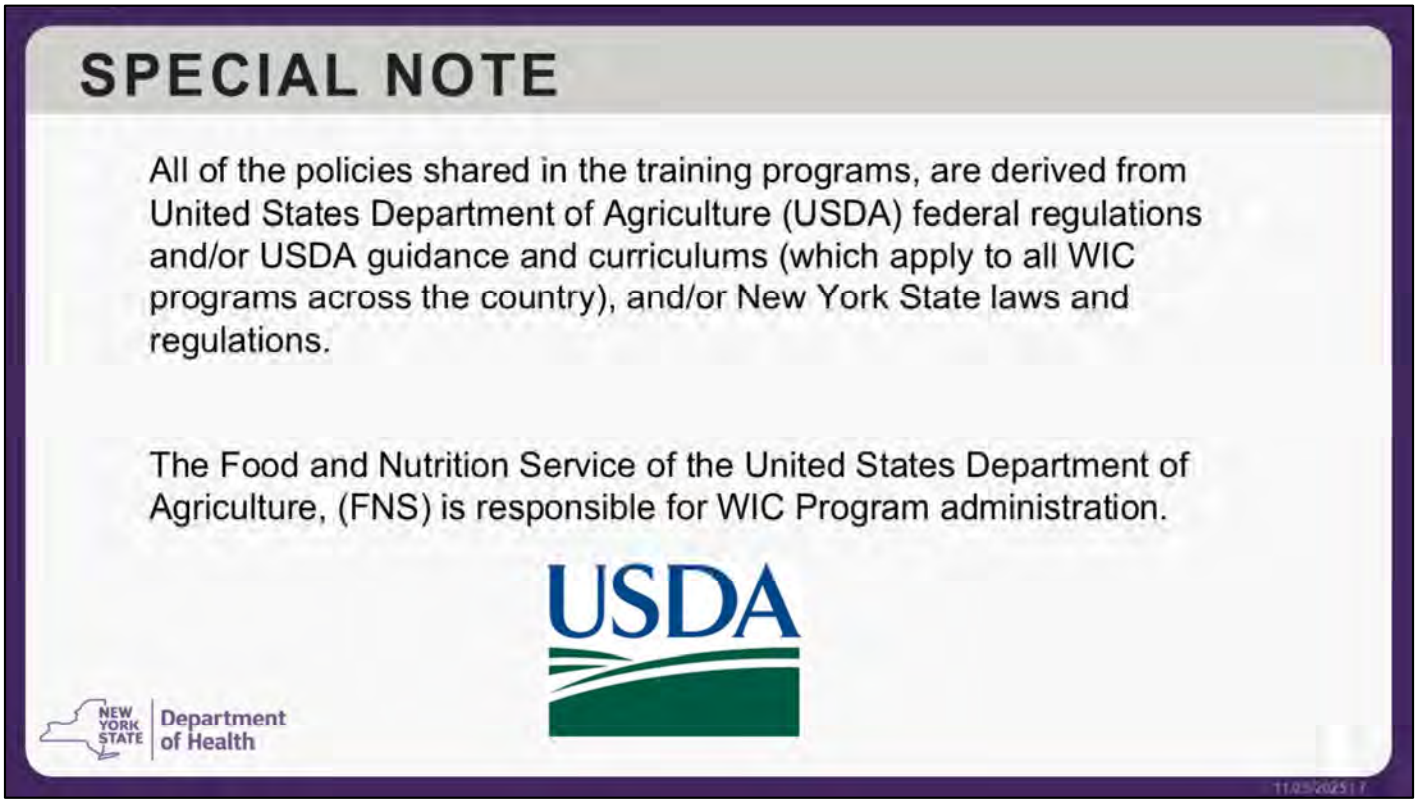


- Welcome to our 2024-2025 Learning Community implementation teams! (read agency names)

I also want to welcome the regional office representatives learning alongside us as well as our central office DOH observer, Melissa Sharp.



- [redacted]
- Funding for this training provided by the USDA.
- Here is the contact information for both NYS DOH and CAI
- We will be providing you with a copy of today's PPT at the end of the training so, no need to worry about copying this information down.



- Please note, that immediately following the Policy section of each policy in the WIC Program Manual, is the regulations section, which either includes the direct links for reference or lists the complete regulations.

- The Food and Nutrition Service provides assistance to State agencies and evaluates all levels of Program operations to ensure that the goals of the Program are achieved in the most effective and efficient manner possible.



On the slide are our group agreements. We've reviewed them before so I don't want to spend a lot of time on them, but I do want to highlight "step up, step back," also known as "share the air." We did receive some feedback on the last evaluation that there was an issue with this group agreement in one of the breakout rooms where one person dominated the conversation – please ensure that everyone has the opportunity to share their thoughts as this is crucial to us being a successful learning community.

- Please ensure your Zoom name you joined with matches the name you registered under, as that is how attendance is taken and you will receive credit today.

- No break today – feel free to step away if you need, try to minimize time away.

Those of you who've done trainings with us know we highly value group agreements as they help us have successful trainings.

So, in our time together we want to make sure we :

Are assuming good intentions,
- Come with good intentions yourself

Stories stay, and lessons leave
- We want you to share freely today,

Please make sure you are on mute if you are not intentionally sharing
- Also please make sure to keep your video on throughout the training.

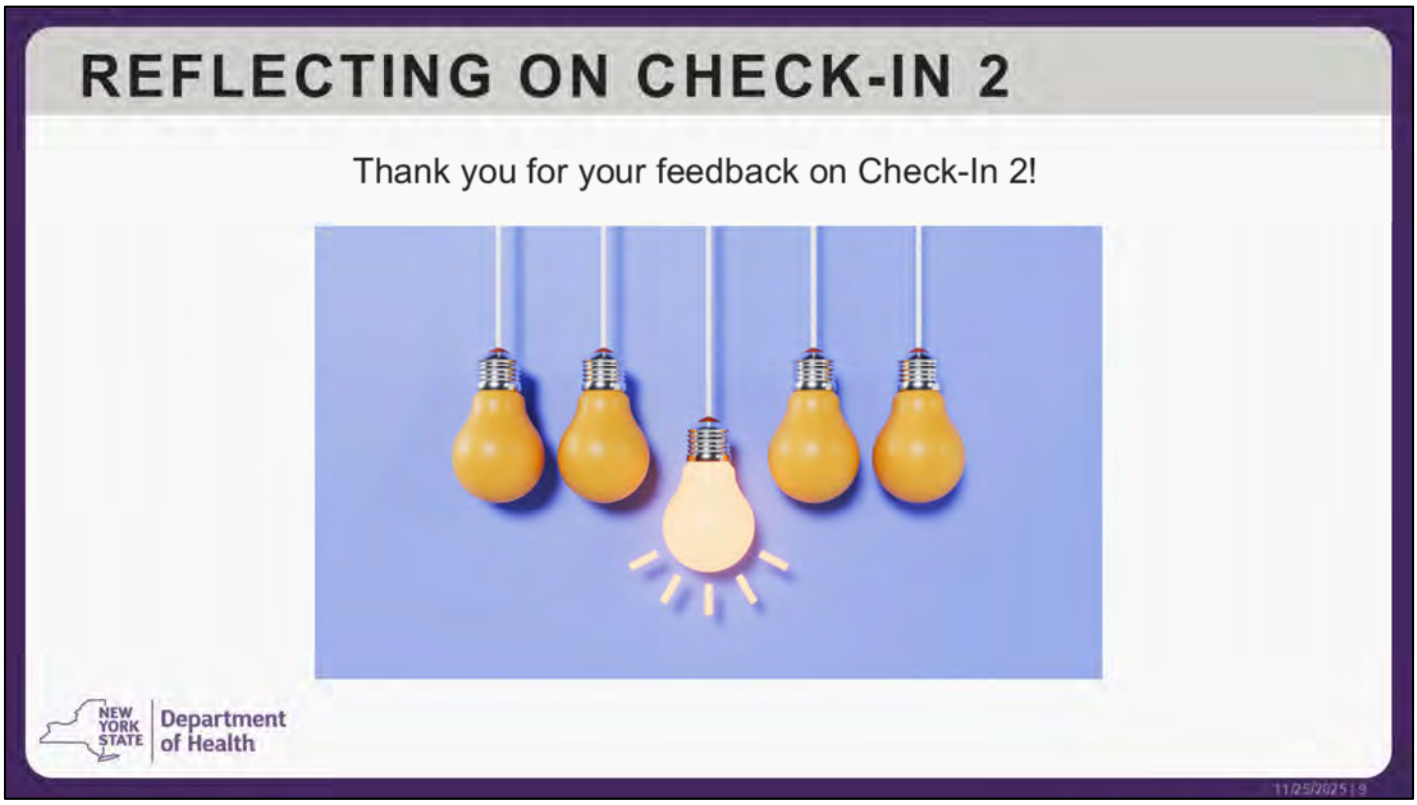
And of course participate!
- We want you to Chat in or unmute yourself and participate in your breakout groups,

And if you need to step away
- Please chat one of us the trainers or our producer to let us know

Step up, step back also known as share the air!
- SO, if you are someone who normally engages a lot make sure to create space for others and if you are less of a sharer we encourage you to try to participate more

And most importantly, have fun!

Before I move on can folks give me a thumps up or turn on video so I know we are in agreement with these that would be great!

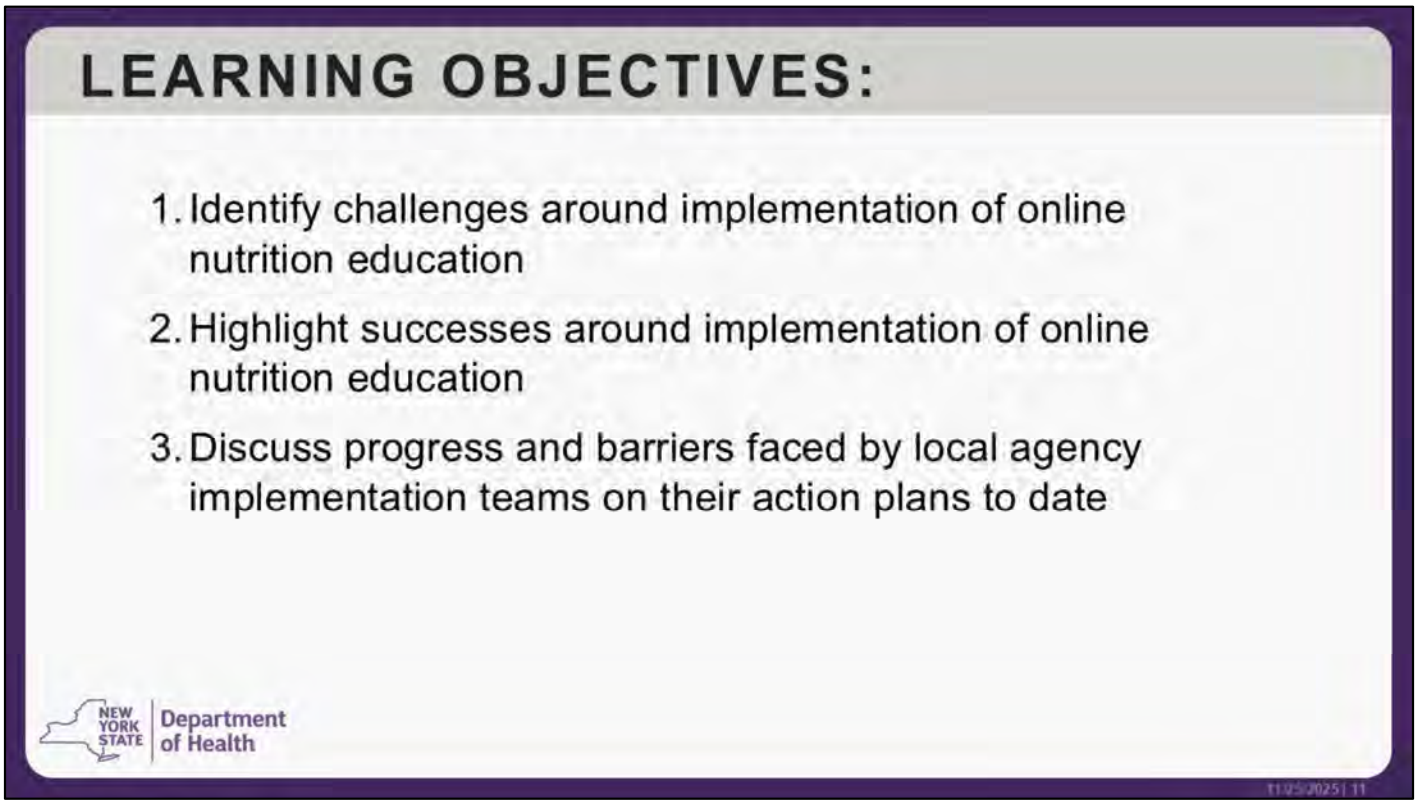


- Thank attendees for evaluation feedback from Check-in 2 and briefly review attendee feedback!

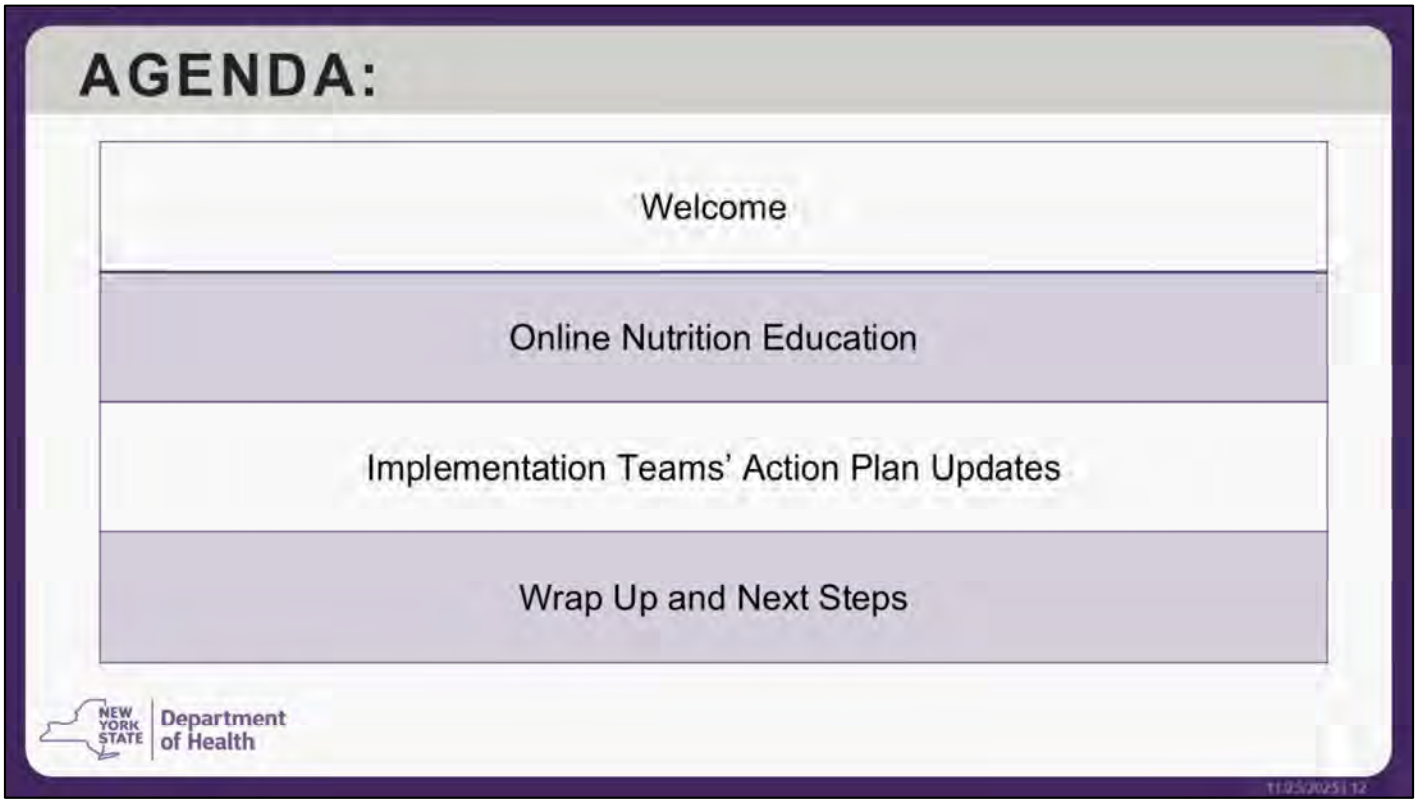


We have built today's session based on this feedback. We'll be taking a deeper dive into the online nutrition education implementation.

- Provide overview of training goal:
  - Learning community implementation teams will explore challenges and successes around online nutrition education implementation as well as share action plan progress updates.



- Provide overview of learning objectives:
  1. Identify challenges around implementation of online nutrition education
  2. Highlight successes around implementation of online nutrition education
  3. Discuss progress and barriers faced by local agency implementation teams on their action plans to date



- Provide overview of agenda for the check-in



9:10 MARIA (40 Minutes)

- Introduce the next section: Online Nutrition Education.
- For many years, New York State WIC staff wanted an online nutrition education option. Now that it is an option, we need to improve our efforts in utilizing it.



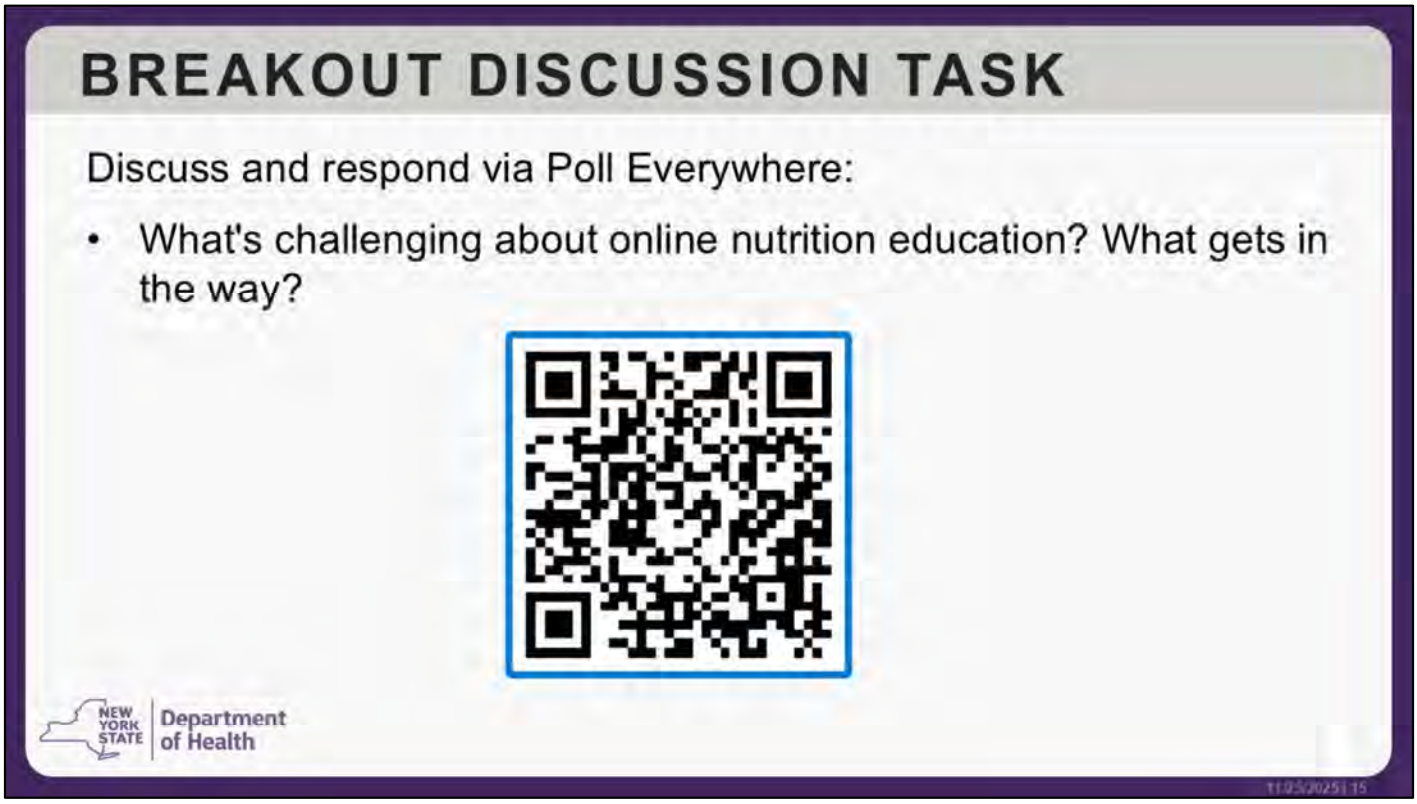
- In a few minutes, we're going to send you to discuss in small groups -"What have been your successes so far with online nutrition education?"
- Once you get into your groups, choose one person to document the group's ideas in Poll Everywhere.
- Groups will be able to add unlimited open-ended responses and upvote other group responses that they agree with.
- CAI will capture responses to inform Learning Session 2 as well as share with the New York State Department of Health Learning Community Subject Matter Expert and online nutrition education team.
- You will have 10 minutes to discuss your response. Please go ahead and scan the QR code for the Poll Everywhere so you are ready to discuss with your peers and respond.
- We will ask you to also identify a reporter who will be prepared to summarize what you talked about in your groups when you return to the main training floor.
- Any questions before we do this activity? Everyone have the Poll Everywhere ready to go?
- We are going to drop the discussion question into the chat as well as the Poll Everywhere link and code to join.

- **Production task –** Drop question and Poll Everywhere link into the chat:
  - What's challenging about online nutrition education? What gets in the way?
  - https://PollEv.com/discourses/aKlyi7oUelamx3FgXjzDD/respond

- **Production task –** mixed groups of 5 (1 DOH participant in each of the breakout rooms), 10 minutes (leave CAI Staff & DOH observer in main room)

Debrief/Process:

- How did the conversation go in your group?
- Tell us more about ____ success
- What do you notice when you look at the results?
- What themes do you see as you review the responses?



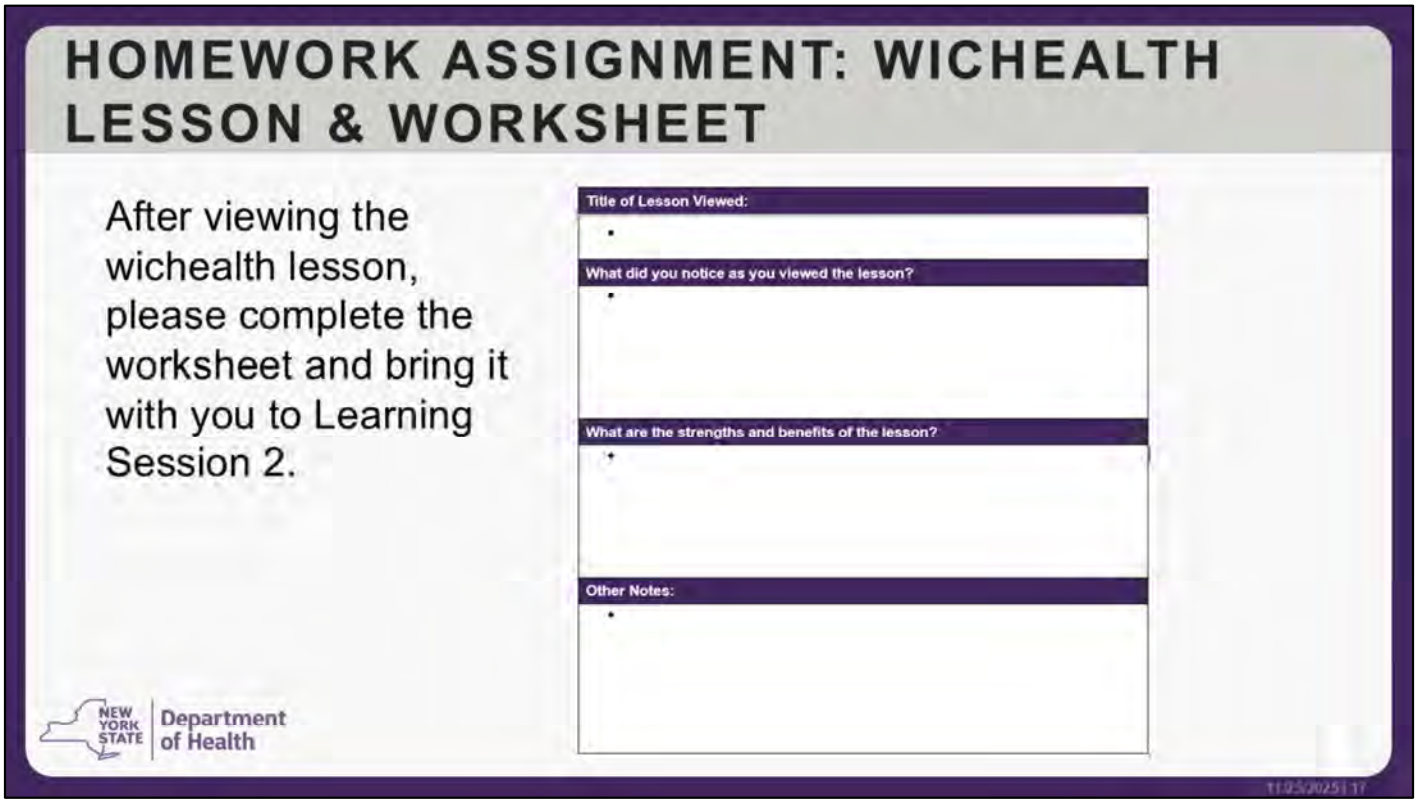
- In a few minutes, we're going to send you to discuss in small groups -"What's challenging about online nutrition education? What gets in the way?"
- Once you get into your groups, choose one person to document the group's ideas in Poll Everywhere.
- Groups will be able to add unlimited open-ended responses and upvote other group responses that they agree with.
- CAI will capture responses to inform Learning Session 2 as well as share with the New York State Department of Health Learning Community Subject Matter Expert and online nutrition education team.
- You will have 10 minutes to discuss your response. Please go ahead and scan the QR code for the Poll Everywhere so you are ready to discuss with your peers and respond.
- We will ask you to also identify a reporter who will be prepared to summarize what you talked about in your groups when you return to the main training floor.
- Any questions before we do this activity? Everyone have the Poll Everywhere ready to go?
- We are going to drop the discussion question into the chat as well as the Poll Everywhere link to join.

- **Production task –** Drop question and Poll Everywhere link into the chat:
  - What's challenging about online nutrition education? What gets in the way?
  - https://PollEv.com/discourses/zJAoOj4DgGtJ1oG1I1yuc/respond

- **Production task –** mixed groups of 5 (1 DOH participant in each of the breakout rooms), 10 minutes (leave CAI Staff & DOH observer in main room)



- Homework assignment: Each learning community implementation team member will complete one wichealth lesson in preparation for Learning Session 2.
- Rationale: WIC staff need to be familiar with wichealth lessons to best promote them to participants.
- CAI will provide a worksheet for implementation team members to use to capture their thoughts about the lesson.
- Implementation team members who need wichealth accounts created should request account access from their coordinator as soon as possible as accounts must be created after Regional Office approval.



- Walk participants through the worksheet they will complete.

END by 9:50

IMPLEMENTATION TEAMS' ACTION PLAN PROGRESS UPDATE

9:50 DEB (35 minute)

- Introduce the next section: Implementation Teams' Action Plan Progress Update.

One of the main purposes of a Learning Community Check In is to check in on how your action plans are going. We want to give you the opportunity to share any progress you've had on your action plans.

ACTION PLAN UPDATE

- Warren County Health Services
- Community Health Center of Richmond
- Public Health Solutions – Ocean Ave site
- Open Door Family Medical Center
- Opportunity Development Association of Williamsburg



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Large group action plan report out: Each implementation team will share a progress update on their action plan following the order above.

2 min per team



Large group action plan report out: Each implementation team will share a progress update on their action plan following the order above.

Processing:

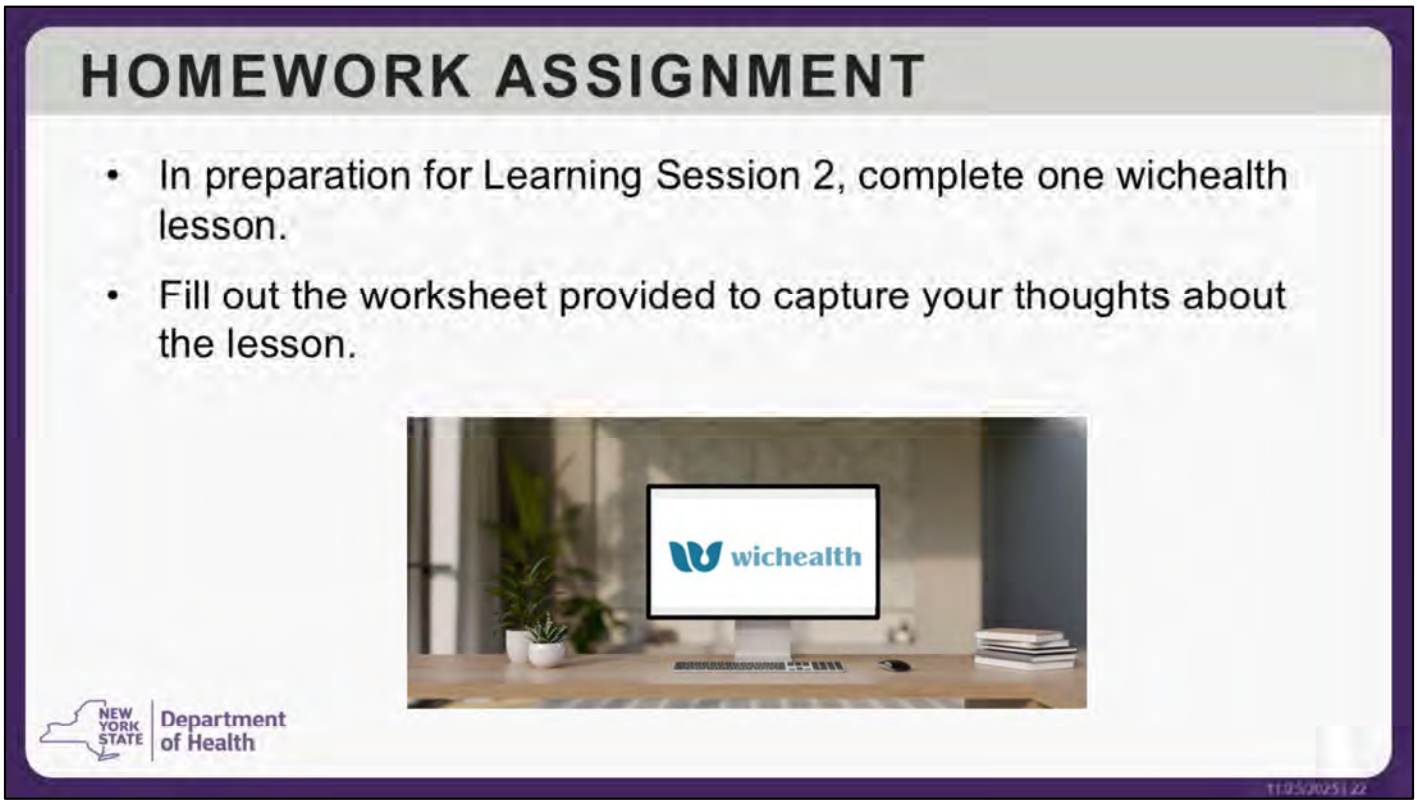
- What patterns or themes did you notice among your peers' report-outs?
- Where are you going from here?

END by 10:25



10:25 MARIA

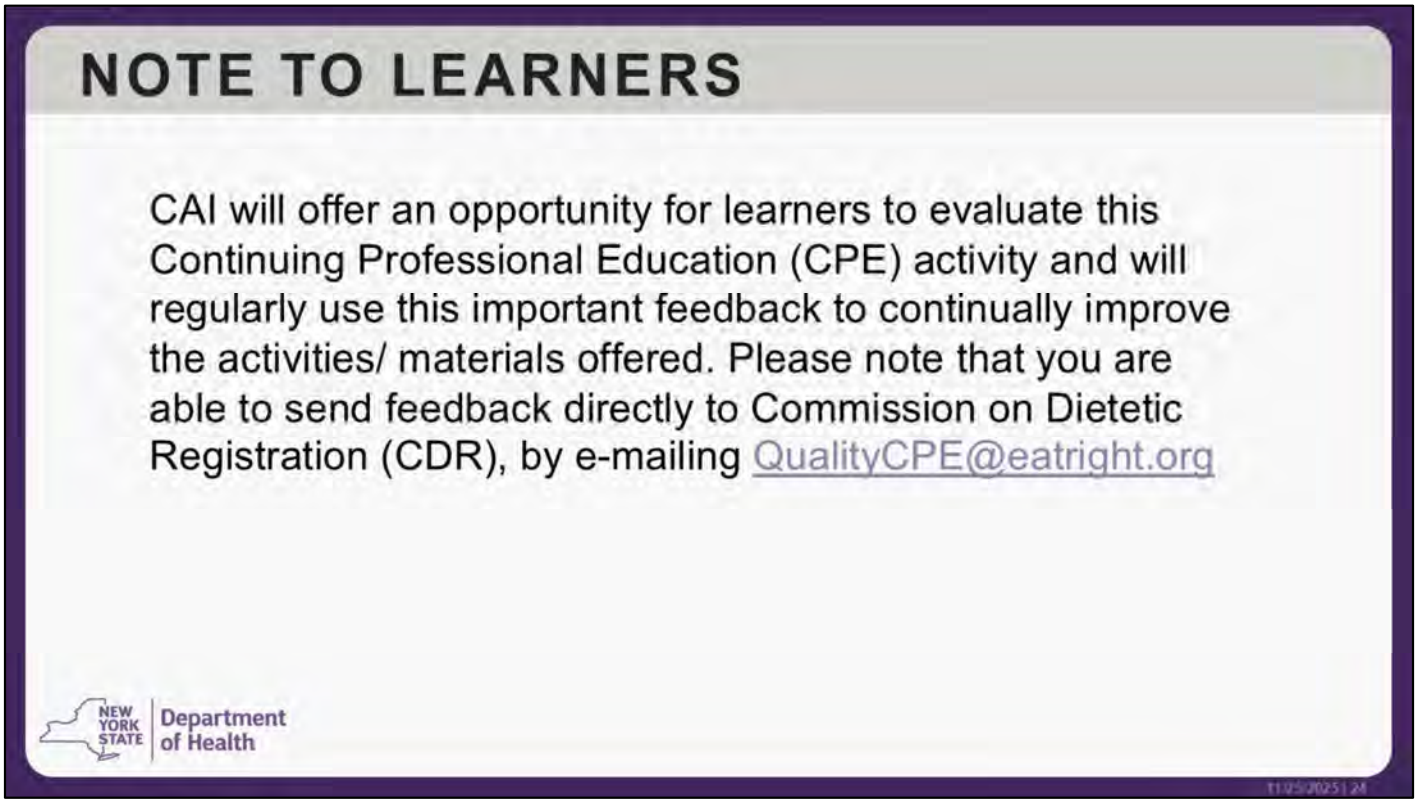
- Introduce the next section: Wrap-Up and Next Steps



- As a reminder, in preparation for Learning Session 2, complete one wichealth lesson.
- Fill out the worksheet provided to capture your thoughts about the lesson.
- We will email a copy of the worksheet.



- Our next learning session is on February 26-27 from 1:00-4:15pm.
  - LS 2 is mandatory for all team members
  - Your feedback and discussions today will inform Learning Session 2!



RDs and DTRs seeking continuing education credits through the Commission on Dietetic Registration are encouraged to complete an additional evaluation (producer drop link in chat): WIC RD/CPEU Optional Evaluation (alchemer.com)

- Optional Eval: WIC RD/CPEU Optional Evaluation (alchemer.com)

REFERENCES

New York State Department of Health. (2022, October). New York State WIC program manual, section 1200: Nutrition education contacts and materials. Albany, New York: New York State Department of Health.

New York State Department of Health. (2024, July 29). Local agency memo #24: Online nutrition education guidance using wichealth. Unpublished document found in WIC library.

New York State Department of Health. (2024, July). Online nutrition education guidance using wichealth. Unpublished document found in WIC library.

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REFERENCES

New York State Department of Health. (2024, December). November 2024 online nutrition education summary [spreadsheet]. Provided by New York State Department of Health.

New York State Department of Health. (2025, January). November 2024 number of participants enrolled by agency. Provided by New York State Department of Health.

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2024-25 NYS WIC Learning Community
Check-In #4: Reflecting on Action Period 1
March 20, 2025
9:00 – 11:00 AM

Goal: To reflect on progress made, barriers identified, and learnings from Action Period 1

Description: In the first half of our Learning Community, we discussed how WIC has changed, assessed our organizations, considered who makes up our caseloads, and explored issues and strategies around scheduling WIC participants, including utilizing the capacity and demand tool. For Check-In 4, we would like implementation teams to report on their findings from Action Period 1. Reflecting on and discussing what was accomplished will help teams identify progress made and learnings from Action Period 1, as well as help prepare the Learning Community to summarize its findings to share with the rest of New York State WIC at the Summative Congress.

[redacted]

Target Audience:
2024-25 Learning Community Local Agency Implementation Teams and Regional Office Representatives

Length of Training:
120 minutes

Continuing Education:
1.75 CPEU (pending CDR approval)
2 CEU
0 LCERPs

Learning Objectives:
As a result of this check-in, attendees will be able to:
1. Discuss progress, barriers faced, and learnings from local agency implementation teams on action plans to date
2. Review January 2025 online nutrition education data

Teaching Methods:
- PowerPoint
- Large group discussion

Materials Needed:
This webinar will include an informative presentation with interactive components.
- PowerPoint
- Learning Session 2 Evaluation Report

- January 2025 Online Nutrition Education agency data dashboards
- Online Nutrition Education Tips document

Agenda/outline:

I. Welcome & Introductions
   a. Thank attendees for evaluation feedback from Learning Session 2 and briefly review
   b. Review responses from wichealth to questions (S. Edgar, personal communication, 3/5/25)
      i. **What is the average lesson completion time?**
      On average, lessons take about **7 minutes** to complete. However, this varies depending on the lesson content and the participant's engagement—some explore all available resources, while others focus only on the required materials.
      ii. **What reading level are the lessons written for?**
      Lessons are designed for a reading level between 5th and 7th grade, and we use a readability checker on all parts of the lesson. While some lessons may include medical terminology, slightly increasing the level, we prioritize clear and accessible language.
      iii. **When are accounts archived?**
      Participant accounts are never archived unless requested. Participants always have access to lessons on wichealth. Similarly, staff accounts remain active indefinitely unless we are informed that they should be deleted.
   c. Review CAI developed resource: Online Nutrition Education Tips
      i. Summary document of ideas shared in Learning Session 2
   d. Goal and objectives for the check-in

II. Implementation Teams Action Plan 1 Progress Update
   a. Large group action plan reports: Each implementation team will share a structured progress update on their action plan.
   b. Prior to the check-in, CAI will email each team and ask them to review their action plans from Action Period 1 and share their responses to the following questions. CAI will create slides for each team to use to report out based on these responses.
      i. What did you complete in Action Period 1?
         1. If you developed any materials, please email to Maria mdentino@caiglobal.org
      ii. What barriers did you run into?
      iii. What work needs to be continued?
      iv. What did you learn?
   c. Each agency will be given about 5-7 minutes to report out
   d. Implementation teams will be given time to ask each other questions

III. January Online Nutrition Education data
   a. Brief review of how the numbers changed from December to January – State totals and Learning Community totals

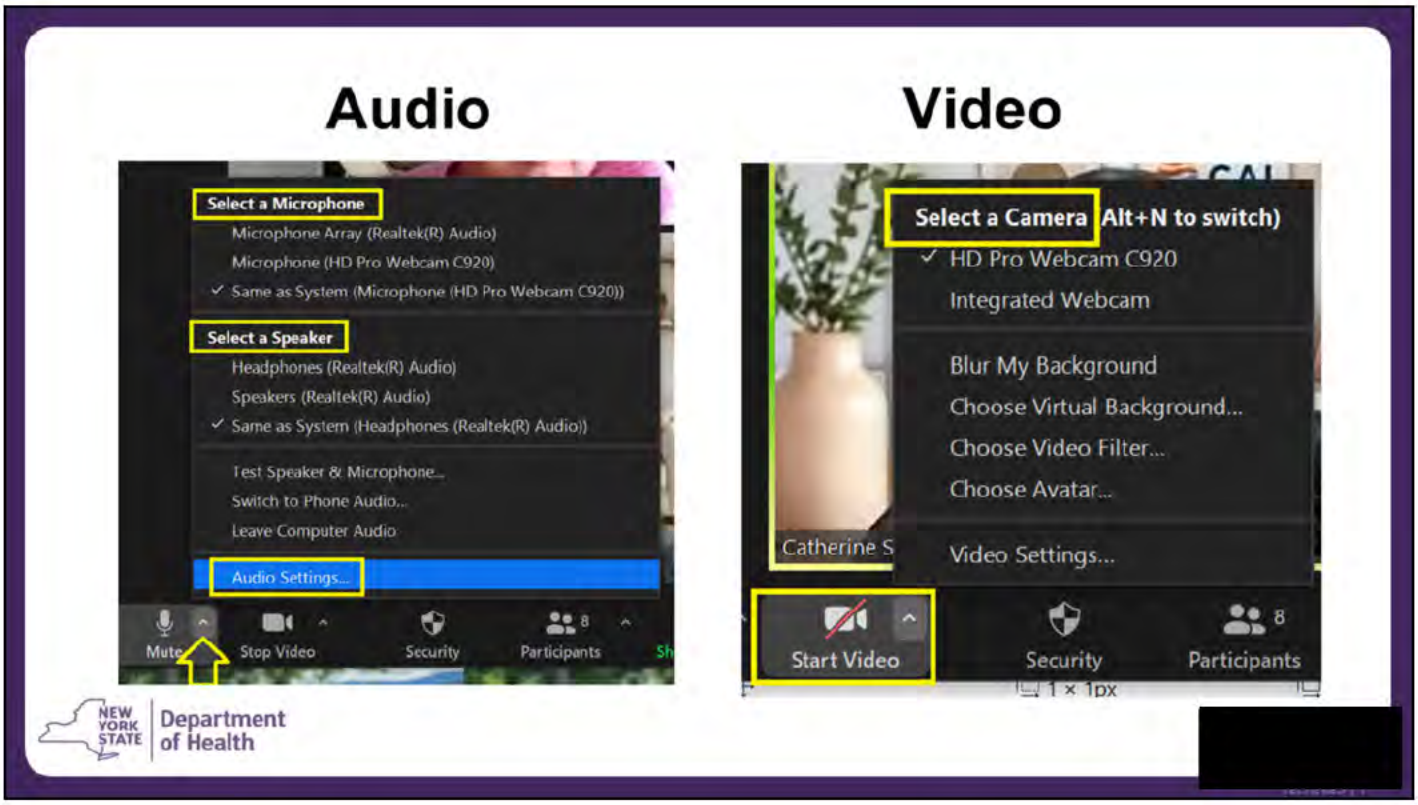
   b. Provide January data dashboards by agency
      i. Reminder that many agencies did not start working on online nutrition education until March, so this data will not reflect their efforts if this is the case

IV. Wrap-Up and Next Steps
   a. Reminder for at least one team member to register and attend Check-In 5 on April 16, 2025, 2:30-4:00 pm
   b. Evaluation

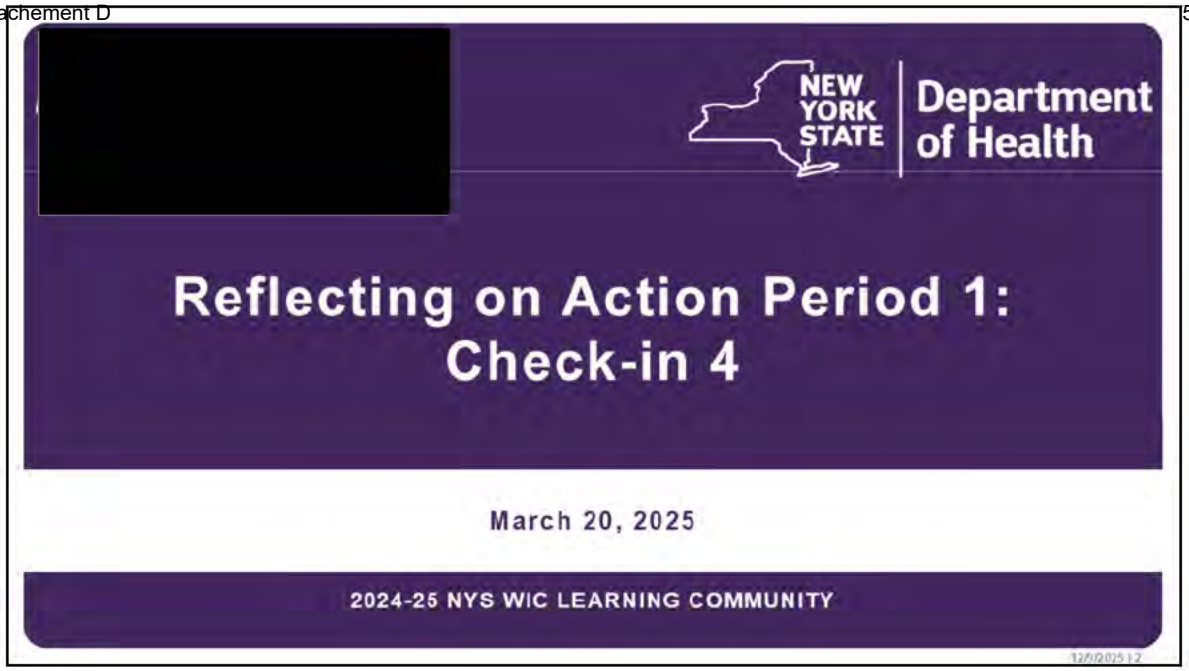
Resources:

New York State Department of Health. (2025, February). *January 2025 Online Nutrition Education Summary*. Albany, New York: New York State Department of Health.

New York State Department of Health. (2025, March). *Caseload Report Workbook (FFY 2025).* Albany, New York: New York State Department of Health.



- Start 10 minutes early/once folks are logging on
- While we wait for the training to begin, we want to ensure everyone can participate today. Be sure to check your audio and video and ensure your microphone and camera are working. If you are having any trouble, please chat the producer for help troubleshooting. On the slide are 2 screenshots showing you where to access the audio and video settings on Zoom. Please be sure the correct microphone and speaker on your computer are selected if you are using computer audio, if not please select phone audio and call the dial-in number that appears. Please be sure to start your video and ensure the correct camera is selected on your device.
- It is an expectation of training that you will participate and engage, which includes being on camera and speaking. We want to hear your voices and see your faces. There are interactive components to training, including breakout rooms where you'll need to speak to your colleagues, so we want to ensure everyone has a working microphone and camera today. If you do not, please chat the producer to let them know. We want to make sure that everyone has the best training experience they can.
- Producer share in chat Link to Zoom FAQ regarding audio and video: https://support.zoom.com/hc/en/category?id=kb_category&kb_category=31293e9a8720391089a37408dabb35b8



9 AM

Production/Trainer:

- ****PRODUCER RECORD TO CLOUD****
- ***PRODUCER ENABLE CLOSED CAPTIONING***

- Trainers and/or production staff can start building engagement with those who log on early by encouraging them to chat in their name, local agency, etc.
  - Trainer/Production
  - Welcome participants while they are logging on.
- Good afternoon
- Once everyone is in attendance, introduce the topic

- We will record this check in and store it in the Learning Community tile of the NYS WIC Resource Hub. All of the resources we share throughout today's webinar, including a copy of the PPT slides, will be made available with the recorded version on NYS WIC Resource Hub in a few business days.

- **Producer chat this in and read aloud "At CAI we support breastfeeding, if you are nursing and need to step away to pump please chat the producer to make them aware. Policy is waived for those who are nursing. It's important that you inform the producer or trainers that you are taking a break to pump so we can ensure you are allowed back into the training."**



Trainer/Production:

- Introduce trainers and production staff

2024-25 NYS WIC LEARNING COMMUNITY TEAMS

- Broome County Health Department
- Cayuga County Health Department
- Catholic Charities of Western New York – South Buffalo site
- Community Health Center of the North Country
- Community Health Center of Richmond



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[redacted]

- Welcome to our 2024-2025 Learning Community implementation teams! (read agency names)

2024-25 NYS WIC LEARNING COMMUNITY TEAMS



- Monroe County Health Department
- Oak Orchard Health
- Opportunity Development Association (ODA) of Williamsburg
- Open Door Family Medical Center
- Public Health Solutions – Ocean Ave site
- Warren County Health Services

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[redacted]

- Welcome to our 2024-2025 Learning Community implementation teams! (read agency names)

I also want to welcome the regional office representatives learning alongside us as well as our central office DOH observer, Melissa Sharp.

SPECIAL NOTE

All of the policies shared in the training programs, are derived from United States Department of Agriculture (USDA) federal regulations and/or USDA guidance and curriculums (which apply to all WIC programs across the country), and/or New York State laws and regulations.

The Food and Nutrition Service of the United States Department of Agriculture, (FNS) is responsible for WIC Program administration.

USDA

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- Please note, that immediately following the Policy section of each policy in the WIC Program Manual, is the regulations section, which either includes the direct links for reference or lists the complete regulations.
- The Food and Nutrition Service provides assistance to State agencies and evaluates all levels of Program operations to ensure that the goals of the Program are achieved in the most effective and efficient manner possible.



On the slide are our group agreements. We've reviewed them before so I don't want to spend a lot of time on them, but I do want to highlight "step up, step back," also known as "share the air." We did receive some feedback on the last evaluation that there was an issue with this group agreement in one of the breakout rooms where one person dominated the conversation – please ensure that everyone has the opportunity to share their thoughts as this is crucial to us being a successful learning community.

- Please ensure your Zoom name you joined with matches the name you registered under, as that is how attendance is taken and you will receive credit today.

- No break today – feel free to step away if you need, try to minimize time away.

Those of you who've done trainings with us know we highly value group agreements as they help us have successful trainings.

So, in our time together we want to make sure we :

Are assuming good intentions,
- Come with good intentions yourself

Stories stay, and lessons leave
- We want you to share freely today,

Please make sure you are on mute if you are not intentionally sharing
- Also please make sure to keep your video on throughout the training.

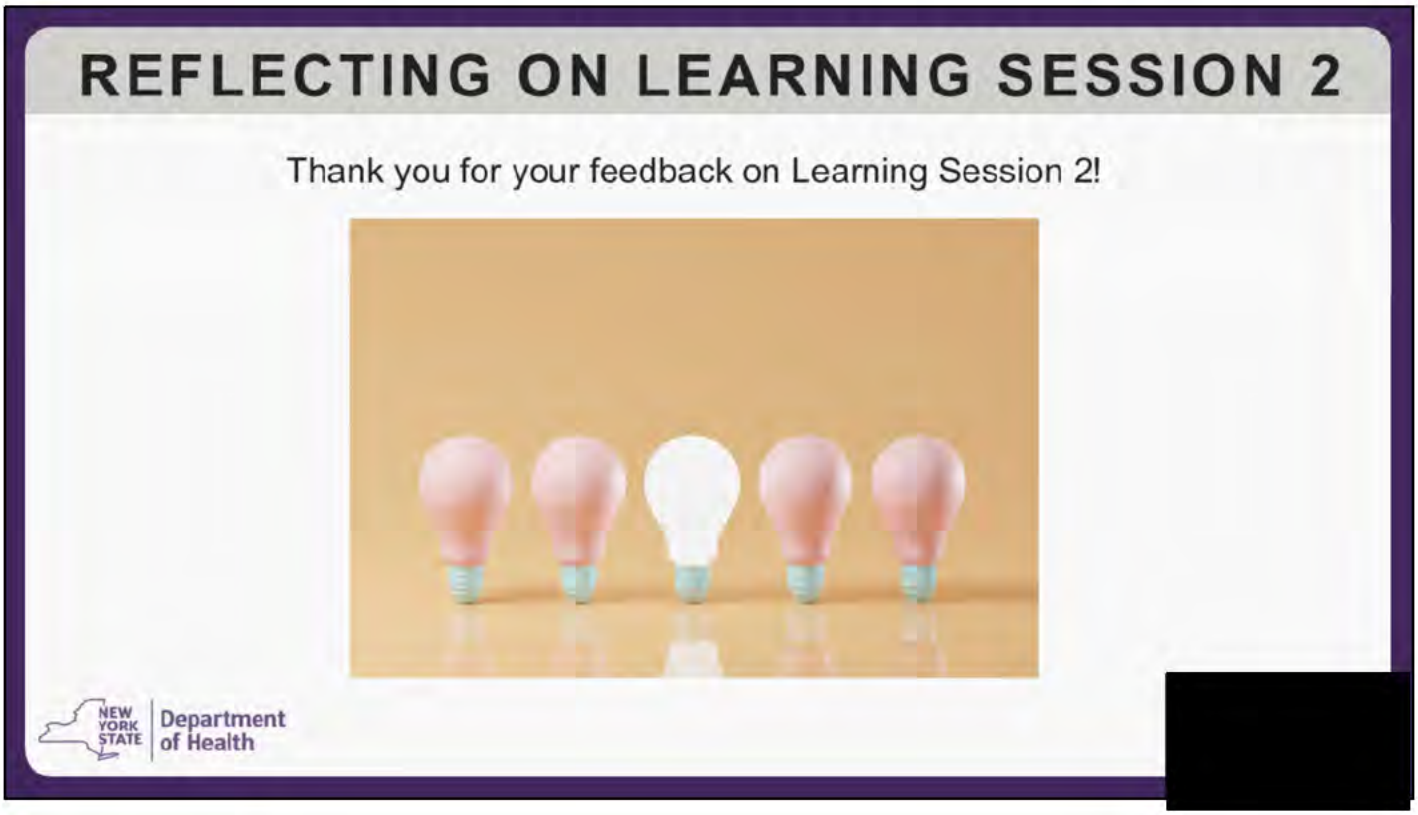
And of course participate!
- We want you to Chat in or unmute yourself and participate in your breakout groups,

And if you need to step away
- Please chat one of us the trainers or our producer to let us know

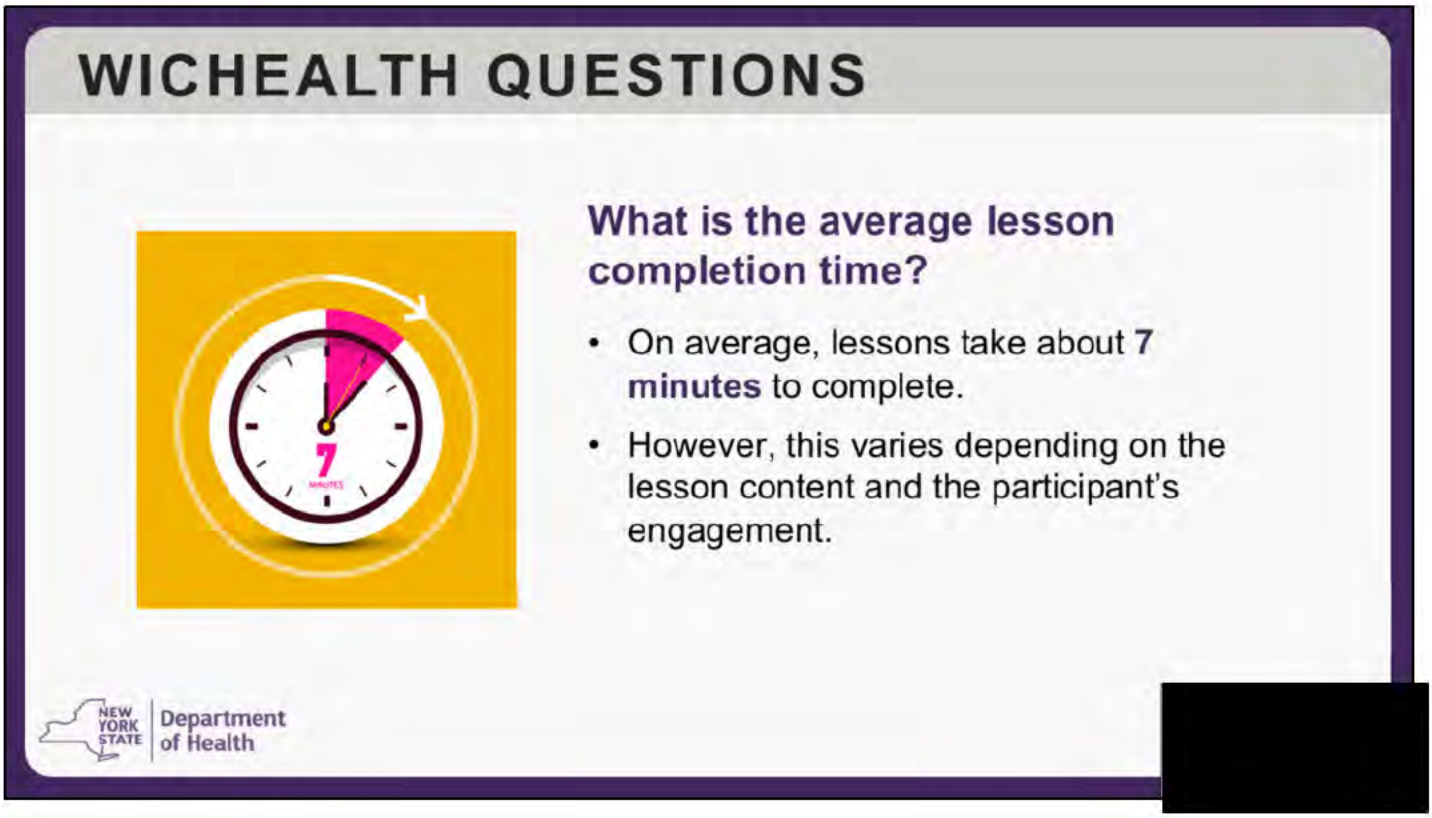
Step up, step back also known as share the air!
- SO, if you are someone who normally engages a lot make sure to create space for others and if you are less of a sharer we encourage you to try to participate more

And most importantly, have fun!

Before I move on can folks give me a thumps up or turn on video so I know we are in agreement with these that would be great!



- Thank attendees for evaluation feedback from Learning Session 2!
- Briefly review attendee feedback!



- Now we want to take some time to review responses from wichealth to your questions.
- First – What is the average lesson completion time?
  - On average, lessons take about **7 minutes** to complete.
  - However, this varies depending on the lesson content and the participant's engagement—some explore all available resources, while others focus only on the required materials

WICHEALTH QUESTIONS



What reading level are the lessons written for?

- Lessons are designed for a reading level **between 5th and 7th grade**, and wichealth uses a readability checker on all parts of the lesson.
- While some lessons may include medical terminology, slightly increasing the level, wichealth prioritizes clear and accessible language.

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[redacted]

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  - Lessons are designed for a reading level between 5th and 7th grade, and wichealth uses a readability checker on all parts of the lesson.
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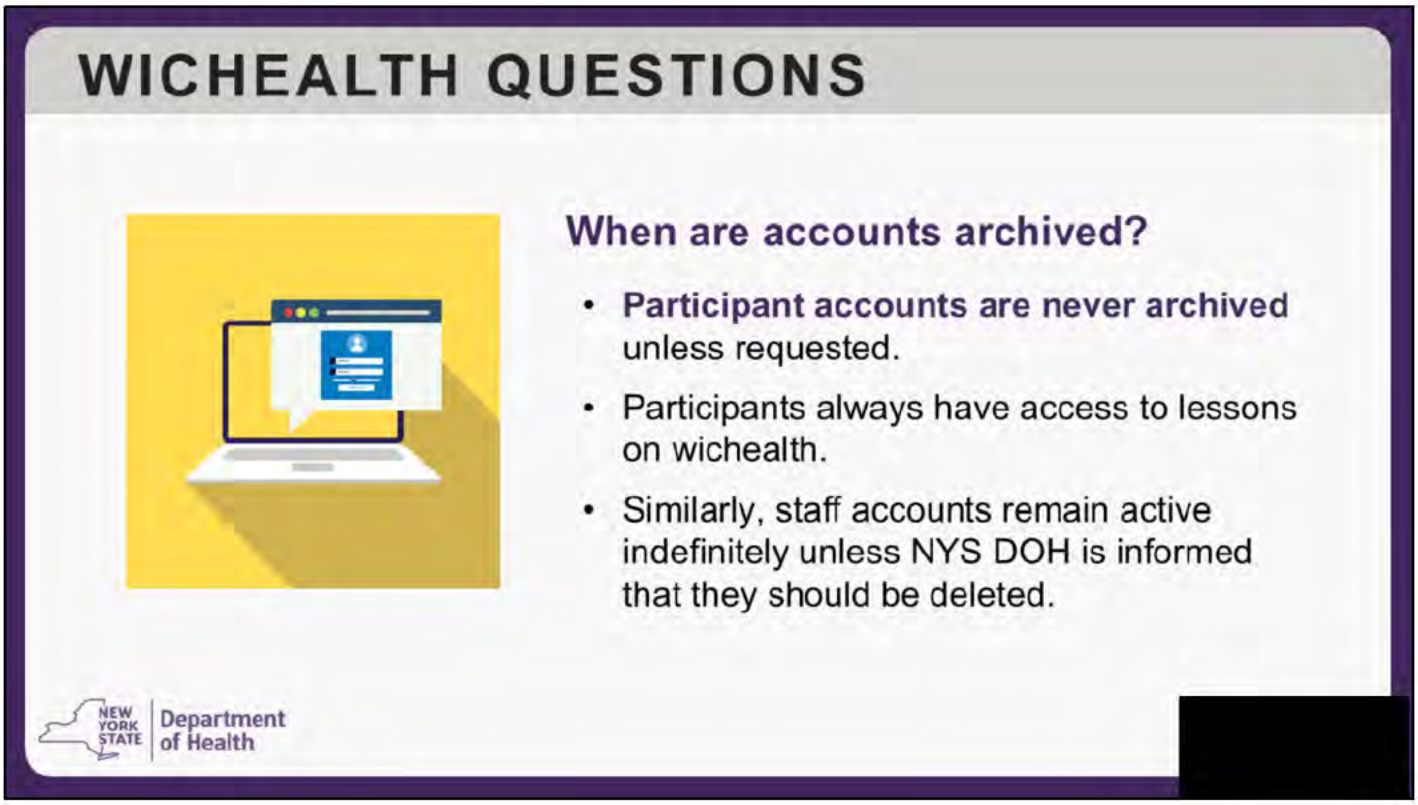

- **When are accounts archived?**
  - **Participant accounts are never archived** unless requested. Participants always have access to lessons on wichealth. Similarly, staff accounts remain active indefinitely unless we are informed that they should be deleted.



Hunger Solutions New York has released the new social media toolkit that we mentioned was coming in Learning Session. It is called, "WIC Nutrition Education: Healthy Eating Made Easy for Families" and is currently available in English, with Spanish coming soon. On the slide is an example of a caption and an image included in the toolkit. Since the focus of the toolkit is on nutrition education in general, some messages cover online NE and some do not.

Producer to drop link in chat: https://hungersolutionsny.org/federal-nutrition-programs/wic/resources/#education

RESOURCE: ONLINE NUTRITION EDUCATION TIPS


2024-25 NYS WIC Learning Community

Online Nutrition Education (NE) Tips

These ideas and tips were developed by the 2024-2025 Learning Community. By implementing these strategies, we can increase awareness, accessibility, and completion of online nutrition education, ultimately improving participant engagement and outcomes.

Spreading the Word About Online NE

Improving Online NE Offerings

CAI

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- Developed by the 2024-2025 Learning Community
- By implementing these strategies, we can increase awareness, accessibility, and completion of online nutrition education
- Ultimately, improving participant engagement and outcomes

[redacted]

- Review CAI developed resource – Online Nutrition Education Tips
  - Developed and informed by the 2024-2025 LC
  - This resource is a summary of ideas shared in Learning Session 2
    - By implementing these strategies, we can increase awareness, accessibility, and completion of online NE
    - Ultimately, improving participant engagement and outcomes

TRAINING GOAL:

To reflect on progress made, barriers identified, and learnings from Action Period 1



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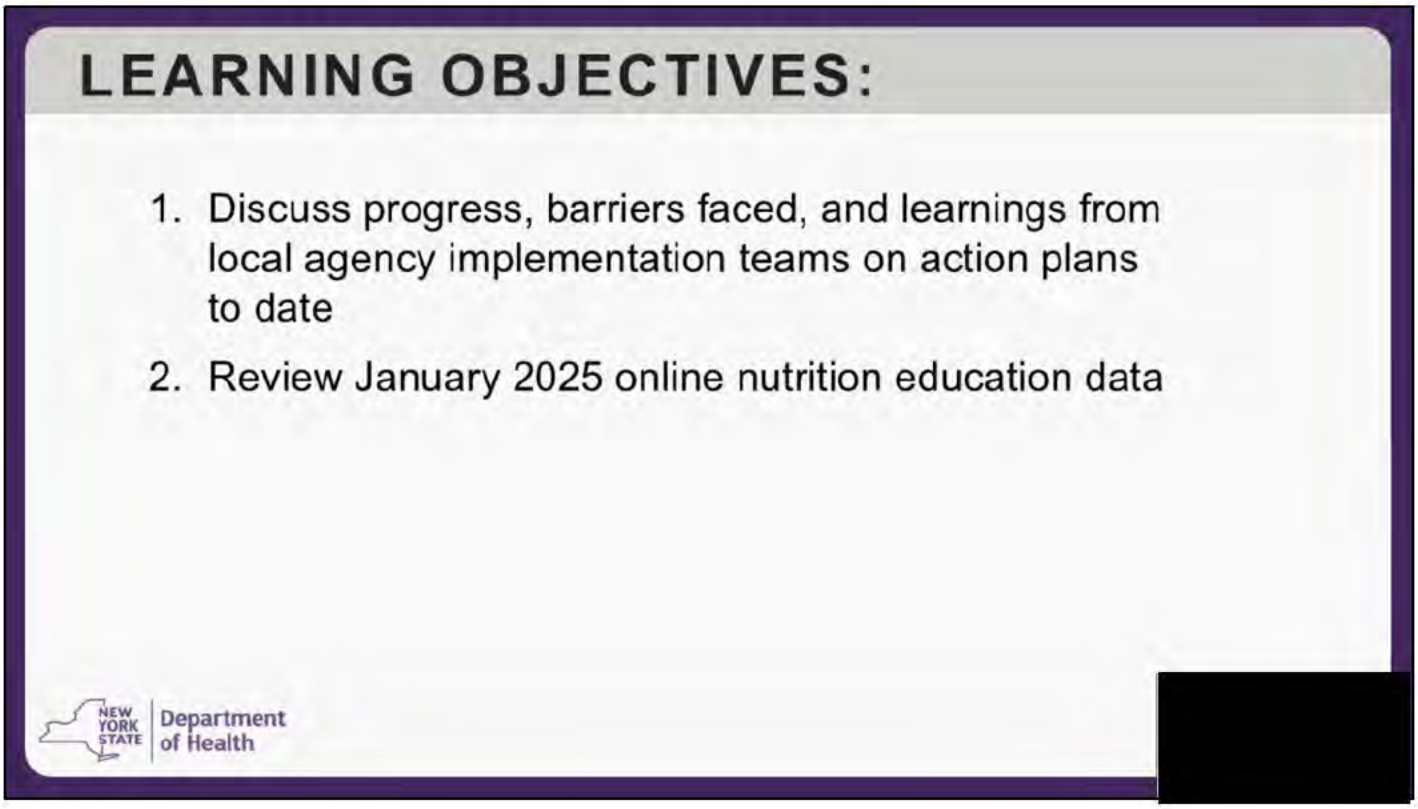
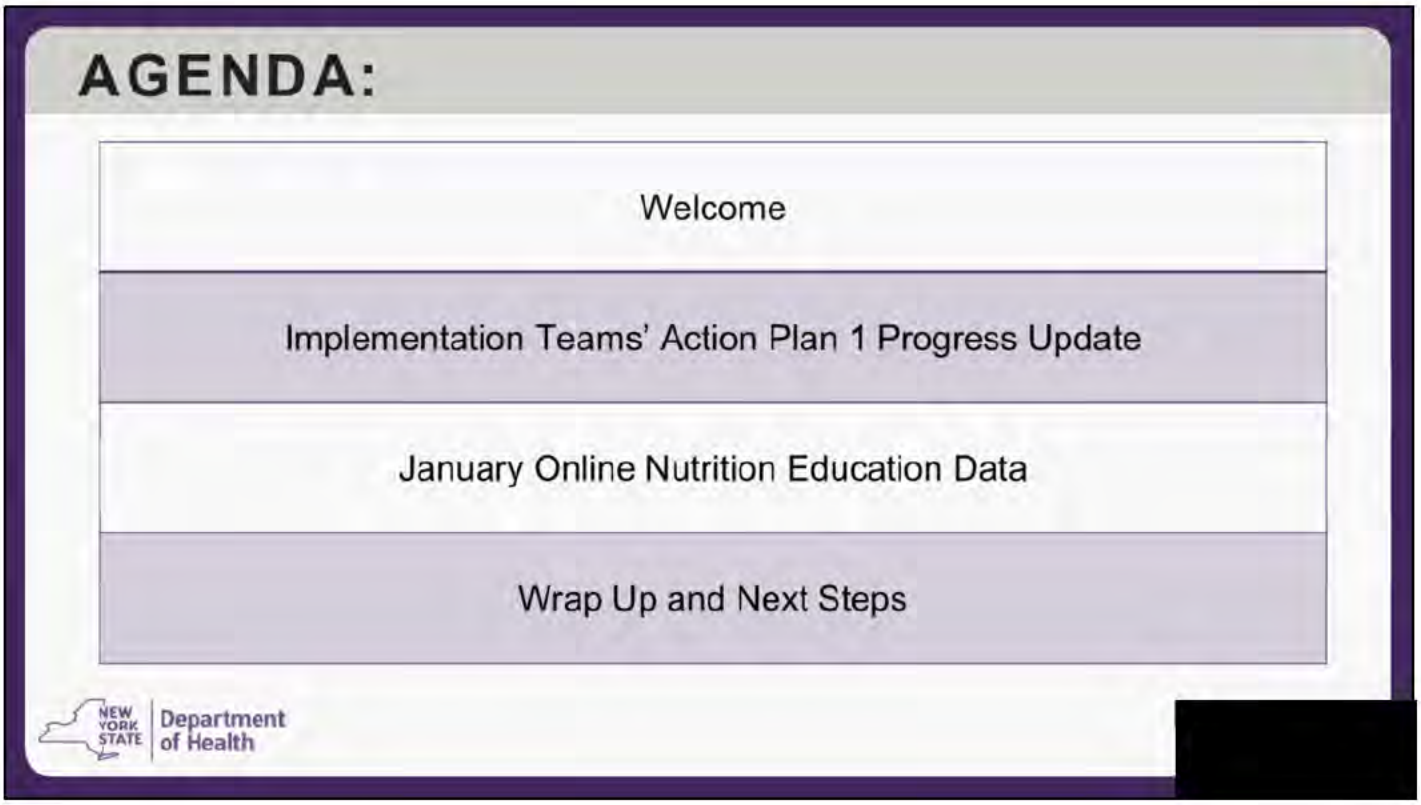
[redacted]

- Provide overview of training goal:
  - To reflect on progress made, barriers identified, and learnings from Action Period 1



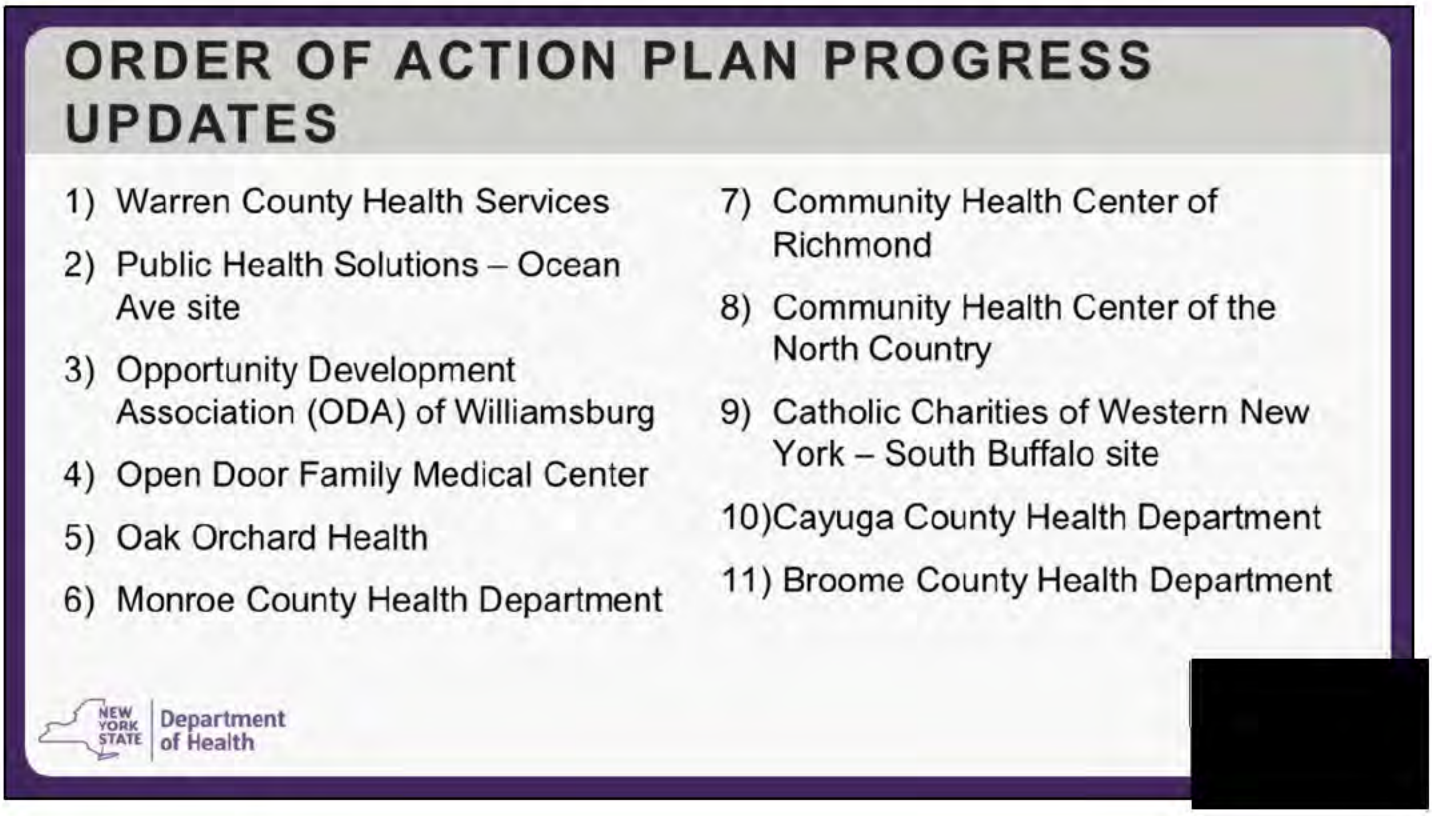
- Provide overview of learning objectives:
  1. Discuss progress, barriers faced, and learnings from local agency implementation teams on action plans to date
  2. Review January 2025 online nutrition education data



- Provide overview of agenda for the check-in



- Introduce the next section: Implementation Teams' Action Plan 1 Progress Update.
- During this section, each implementation team will share a structured progress update on their action plan. We asked you to review your action plans from Action Period 1 and share your responses to the following questions:
  - What did you complete in Action Period 1?
  - What barriers did you run into?
  - What work needs to be continued?
  - What did you learn?
- Each agency/ implementation team will be given 5-7 minutes to report out.
- We will then open the floor for implementation teams to ask each other questions.



- Here is the order of the progress updates (reverse alphabetical order).
- We are going to post the order in the chat
- **[Production - place below into chat]:**
  1) Warren County Health Services
  2) Public Health Solutions – Ocean Ave site
  3) Opportunity Development Association (ODA) of Williamsburg
  4) Open Door Family Medical Center
  5) Oak Orchard Health
  6) Monroe County Health Department
  7) Community Health Center of Richmond
  8) Community Health Center of the North Country
  9) Catholic Charities of Western New York – South Buffalo site
  10) Cayuga County Health Department
  11) Broome County Health Department



- We are going to kick off the action plan progress update by hearing from Warren County Health Services.

WHAT DID YOU COMPLETE IN ACTION PERIOD 1?

- Capacity and demand tool to understand number of participants to be seen in an hour by Qualified Nutritionist (QN)



[redacted]

WHAT BARRIERS DID YOU RUN INTO?

- Scheduling changes

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[redacted]

WHAT WORK NEEDS TO BE CONTINUED?

- Using scheduling best practices
  - Changing our existing appointment times to:
    - Less than 15 minutes for Nutrition Education (NE) / Health and Nutrition Update (HNU)
    - 30 minutes for certification / recertification
    - Adding 15 minutes to a certification with language line

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[redacted]

WHAT DID YOU LEARN?

- Scheduling best practices

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[redacted]



- Introduce the next agency to report out: Public Health Solutions – Ocean Ave site

WHAT DID YOU COMPLETE IN ACTION PERIOD 1?

- We enhanced our participant tracker by adding new columns, including process date and color coding to indicate next steps.
- Additionally, we began conducting weekly spreadsheet reviews and provided staff with refresher training on the policy.



[redacted]

WHAT BARRIERS DID YOU RUN INTO?

Some challenges we face include:

- Difficulty reaching participants, as they don't always answer calls.
- Even after contact is made, there is often a delay in receiving required documents, making it difficult to complete processing within the 10/20-day time frame.
- Additionally, many participants do not pick up their eWIC cards after their appointments.
- Remote appointments tend to take longer, whereas in-person appointments are more efficient since participants bring all necessary documents with them.

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[redacted]

WHAT WORK NEEDS TO BE CONTINUED?

- We continue to use the updated version of the spreadsheet and conduct weekly monitoring to identify participants who were not reached within the 10/20-day time frame.



[redacted]

WHAT DID YOU LEARN?

- Learning the data for processing participants was helpful.
- By tracking participant contact dates, we could identify those who had not been reached within the 10/20-day time frame.
- Implementing the color-coding system was effective, and with proper monitoring, we confirmed that adhering to the 10/20-day rule is achievable.

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[redacted]



- Introduce the next agency to report out: Opportunity Development Association of Williamsburg

WHAT DID YOU COMPLETE IN ACTION PERIOD 1?

- Staff creating their wichealth login
- Distributing guidance on wichealth

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[redacted]

WHAT BARRIERS DID YOU RUN INTO?

- None - staff were receptive

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[redacted]

WHAT WORK NEEDS TO BE CONTINUED?

- Reviewing guidance on wichealth so that QNs can offer online NE to participants

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[redacted]

WHAT DID YOU LEARN?

- Remove the bandaid mindset -- it may seem hard at first, but once you do whatever it is that needs to be done, the rest is easy

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[redacted]



- Introduce the next agency to report out: Open Door Family Medical Center

WHAT DID YOU COMPLETE IN ACTION PERIOD 1?

- We did a thorough assessment of our local agency scheduling practices and made adjustments to workflows based on ideas we tested.

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[redacted]

WHAT BARRIERS DID YOU RUN INTO?

- Finding time for the learning community team to review reports and NYWIC while completing our assessment.

NEW YORK STATE | Department of Health

[redacted]

WHAT WORK NEEDS TO BE CONTINUED?

- We will continue to open 90% of the future schedule to help make space for 10/20 day appointments
- We will space appointments out to 3 months apart except in special cases
- We will continue follow up calls to new participants after certifications.

NEW YORK STATE | Department of Health

[redacted]

WHAT DID YOU LEARN?

- Scheduling best practices.
- We were also reminded of the importance of staff buy-in when making adjustments to procedures.



[redacted]



- Introduce the next agency to report out: Oak Orchard Health

WHAT DID YOU COMPLETE IN ACTION PERIOD 1?

- In Action Period 1, Oak Orchard WIC worked to reevaluate current site schedules for efficiency and even distribution of workload between staff.
- Temp sites were evaluated and days decreased at each site
- New NYWIC templates were created and implemented for all sites based off of each Nutritionist name instead of by appointment type
- Teams of staff/sites were created to evenly distribute workload
- New scheduling guidance was created for staff





WHAT BARRIERS DID YOU RUN INTO?

- Staff buy in took some time and many questions for clarification and purpose were asked.
- Very time consuming to move appointments from old templates to new templates

NEW YORK STATE | Department of Health

[redacted]

WHAT WORK NEEDS TO BE CONTINUED?

- All steps were completed from Action Period 1. We will continue to evaluate the schedules for even workload distribution.



[redacted]

WHAT DID YOU LEARN?

- Staff are resilient and teamwork is essential.
- Despite the fear and unknowns of change, they persevered and worked through the change together, they asked questions for better understanding, and have successfully implemented the new schedules for almost 2 months.



[redacted]



- Introduce the next agency to report out: Monroe County Health Department

WHAT DID YOU COMPLETE IN ACTION PERIOD 1?

- We were able to create and roll out a script for Nutritionists to use when scheduling NE appointments to better sell online NE.
- We also created an email for all staff to use when sending registration information about online NE for consistent messaging
- We trained support staff to be able to help participants access wichealth and set up an account so if participants call requesting help any staff member can help

NEW YORK STATE | Department of Health

[redacted]

WHAT BARRIERS DID YOU RUN INTO?

- Staff buy-in and getting them to consistently use the script and email created was the biggest barrier.

NEW YORK STATE | Department of Health

[redacted]

WHAT WORK NEEDS TO BE CONTINUED?

- We are continuing all of our action plan from Action Period 1 and have built on it for Action Period 2.

NEW YORK STATE | Department of Health

[redacted]

WHAT DID YOU LEARN?

- That staff buy-in is the biggest challenge to offering online NE.
- Staff struggle with the value since it does not seem to save time but takes time to explain and help participants register.

NEW YORK STATE | Department of Health

[redacted]



- Introduce the next agency to report out: Community Health Center of Richmond

WHAT DID YOU COMPLETE IN ACTION PERIOD 1?

- In Action Period 1, our focus was on boosting the number of participants using wichealth.
- We created an informative one-page document for participants about wichealth and established a new procedure to remind them when their online NE is due.
- Additionally, we outlined a new procedure for how we assist those interested in enrolling in WIC health online.



[redacted]

WHAT DID YOU COMPLETE IN ACTION PERIOD 1? (CONT.)

- During this time, we maintained a high percentage of participants who were offered wichealth and who accepted 92 and 74% respectively, however we did not see much growth in the number of participants completing online lessons.
- Additionally, we also reflected on our schedule and productivity. The demand and capacity tool was very insightful.
- We developed our own daily tracker to monitor the number of participants scheduled and served daily to ensure that we are keeping up with our growing demand.

NEW YORK STATE | Department of Health

[redacted]

WHAT BARRIERS DID YOU RUN INTO?

- Reminder calls consume significant time, and despite these notifications, participants frequently do not complete the online education.
- The recent assignment from the learning community, which required WIC staff to complete an online lesson, highlighted an important issue. We had not recognized that many lessons required extensive reading, potentially contributing to low compliance rates.
- Furthermore, we are currently facing delays with our sponsoring agency in establishing an account with Teletask, which we anticipate will help reduce the time burden associated with making numerous phone calls.

NEW YORK STATE | Department of Health

[redacted]

WHAT WORK NEEDS TO BE CONTINUED?

- We are focused on identifying wichealth lessons that are appropriate for participants with low literacy levels.
- By doing so, we aim to provide tailored recommendations for lessons that may be less challenging for them to complete, ultimately increasing the number of online lessons completed.
- Additionally, we are actively monitoring our scheduling and strategizing on how to effectively address the growing demand.

NEW YORK STATE | Department of Health

[redacted]

WHAT DID YOU LEARN?

- The most valuable lesson we've learned so far is how to evaluate our demand and capacity to serve our current caseload.
- This understanding allows us to make informed predictions about our scheduling and staffing requirements as our demand continues to increase.

NEW YORK STATE | Department of Health

[redacted]



- Introduce the next agency to report out: Community Health Center of the North Country

WHAT DID YOU COMPLETE IN ACTION PERIOD 1?

- We were able to complete an entire change in our Site Workflow with a specific focus on changing appointment processes and identifying staff roles.

NEW YORK STATE | Department of Health

[redacted]

WHAT BARRIERS DID YOU RUN INTO?

- Barriers we encountered were small and have just taken some revisiting and multiple editing sessions to overcome.
- Part of our site workflow was creating and identifying each staff's responsibilities in our new appointment system.
- We have had to go back to our developed guidance multiple times to edit and add to the document.



[redacted]

WHAT WORK NEEDS TO BE CONTINUED?

- We continue to use our entire new processes into daily practices.

NEW YORK STATE | Department of Health

[redacted]

WHAT DID YOU LEARN?

- We learned that overall, changes have been very positive and staff and participants are both liking new appointment flow.
- This is reflected in already increased caseload participation numbers and decreased no-show rates.



[redacted]



- Introduce the next agency to report out: Catholic Charities of Western NY – South Buffalo site

WHAT DID YOU COMPLETE IN ACTION PERIOD 1?

- Our team developed a WIC Orientation Linktree and piloted rollout to Initial Priority Certification (PCERT) appointments.
- We included information about using the eWIC card, setting up the WIC2Go app, links to WIC Connect, WIC Vendors and approved food items, in addition to an introduction to wichealth and setting up an account.
- We provided a tab including information available to our most common Limited English Proficient (LEP) families: Spanish, Arabic, and Bengali.



[redacted]

WHAT BARRIERS DID YOU RUN INTO?

- The only barrier identified at this time is that our current phone system at times limits the ability for staff to text the link to families.
- Emailing the link makes it a bit cumbersome when getting participants to access the link while on the phone with them.

NEW YORK STATE | Department of Health

[redacted]

WHAT WORK NEEDS TO BE CONTINUED?

- We are using the Linktree to increase our offering of wichealth. This is a great tool that eventually all participants will have and use.
- We can then direct them to the Linktree when promoting wichealth at each appointment.
- We are starting with those Initial PCERTs as well as sharing the Linktree/wichealth with any participants who missed their appointments.

NEW YORK STATE | Department of Health

[redacted]

WHAT DID YOU LEARN?

- Out pilot program yielded a very positive response from staff and participants alike.
  - Since pilot started on 2/10/2025, we had roughly 180 views to the Linktree and 350 clicks within the links
- Not only was it a time-saver at appointments, we also anticipate a decrease in callbacks as participants can refer back to the Linktree after the initial appointment.
- Staff state it engages the participant as they have something to look at as key aspects of WIC are highlighted during the appointment.

NEW YORK STATE | Department of Health

[redacted]

WHAT DID YOU LEARN? (CONT.)

- Our LEP participants also stated they like the benefit of having materials available in their language and helps staff when utilizing a translator to go through information with the aid of the translator.
- This confirms to us that starting with this as a base will benefit us when re-launching wichealth.

NEW YORK STATE | Department of Health

[redacted]



- Introduce the next agency to report out: Cayuga County Health Dpt

WHAT DID YOU COMPLETE IN ACTION PERIOD 1?

- Scheduling changes.
  - We used Deb's recommendation to open only 75% of the schedule 3 months out.
- Completed more of our Nutrition Services Administration (NSA) goal.

NEW YORK STATE | Department of Health



WHAT BARRIERS DID YOU RUN INTO?

- Staffing changes: we had a nutritionist resign and so this has changed our ability to open more of the schedule.

NEW YORK STATE | Department of Health

[redacted]

WHAT WORK NEEDS TO BE CONTINUED?

- We are still continuing to find time to schedule specific time for our staff for Nutrition Coordinator (NC), Breastfeeding Coordinator (BFC), etc. We are still struggling a bit with this amongst staffing changes.

NEW YORK STATE | Department of Health

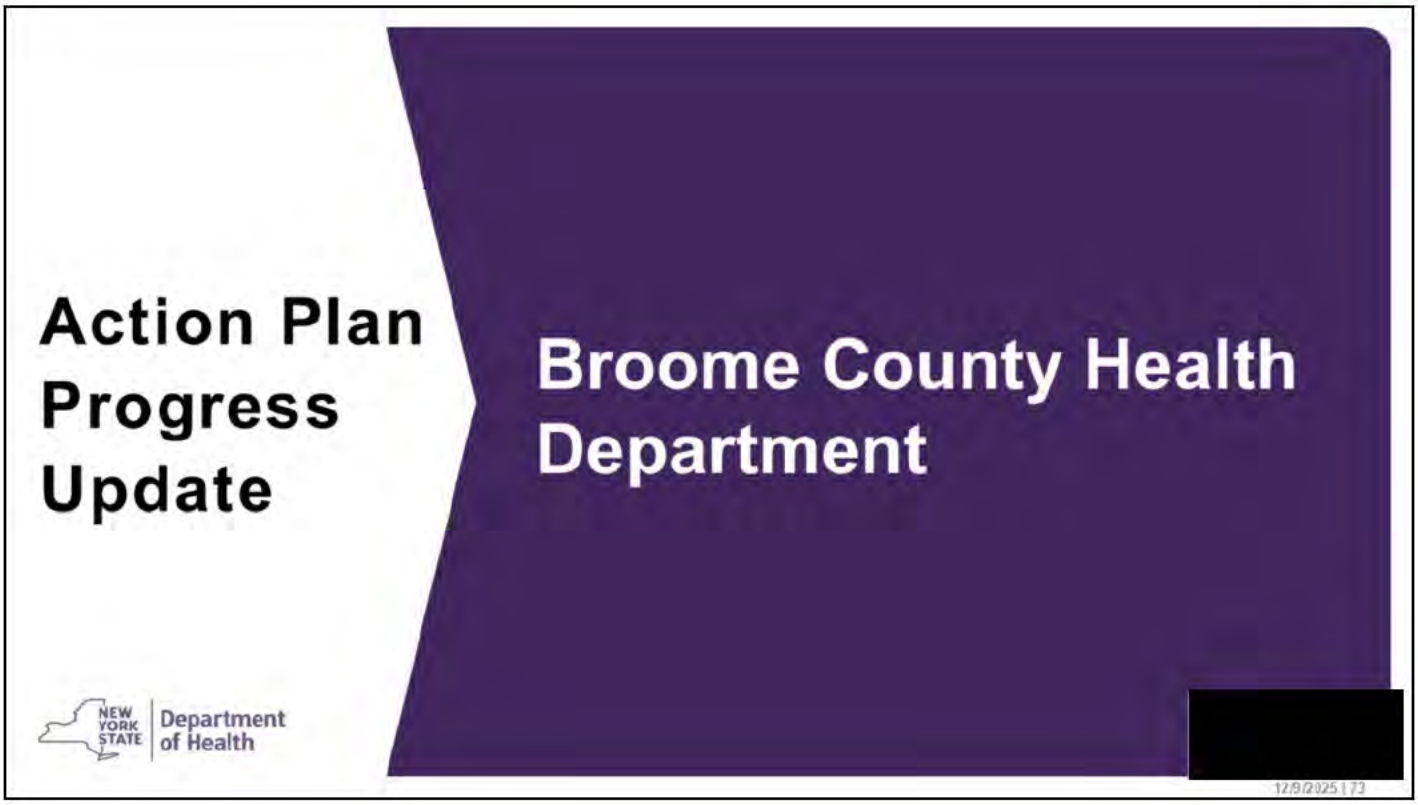
[redacted]

WHAT DID YOU LEARN?

- Staffing and our action plan needs to be flexible to accommodate any changes that arise.

NEW YORK STATE | Department of Health

[redacted]



- Introduce the next agency to report out: Broome County HD

WHAT DID YOU COMPLETE IN ACTION PERIOD 1?

- We implemented scheduling 75% of the weekly Thursday schedule and opening the Thursday column one week ahead to be sure we were scheduling within the 10/20 day timeframe

NEW YORK STATE | Department of Health

[redacted]

WHAT BARRIERS DID YOU RUN INTO?

- No real barriers

NEW YORK STATE | Department of Health

[redacted]

WHAT WORK NEEDS TO BE CONTINUED?

- We will continue to monitor the schedule to be sure no additional appointments are needed

NEW YORK STATE | Department of Health

[redacted]

WHAT DID YOU LEARN?

- How a simple change can help 100%

NEW YORK STATE | Department of Health

[redacted]



Introduce the next section: January Online Nutrition Education Data

- We have created updated dashboards for you with your January Online Nutrition Education data. These have been emailed to your team. We encourage you to take some time to review these.
- We want to remind you that many agencies did not start working on online nutrition education until March, so your January data will not reflect your efforts if this is the case.
- We'll now share how the online nutrition education data changed from December to January for NYS and the Learning Community as a whole so that you have that context when reviewing your agency data.



Looking at the data for the Learning Community as a whole, 89 more participants were offered online nutrition education in January 2025 than in December 2024.

We also saw the number of participants accepting online nutrition increase by 18.

And, caseloads for January increased by over 500 participants from December. So, for some agencies, you might see your percentage of eligible participants offered online nutrition education decrease even though the raw number of those being offered increased, because those caseload increases happened as well.

Let Deb or Maria know if you have any questions about your January data dashboards.



- Introduce the next section: Wrap-Up and Next Steps

UPCOMING LEARNING COMMUNITY EVENT



Check-In #5

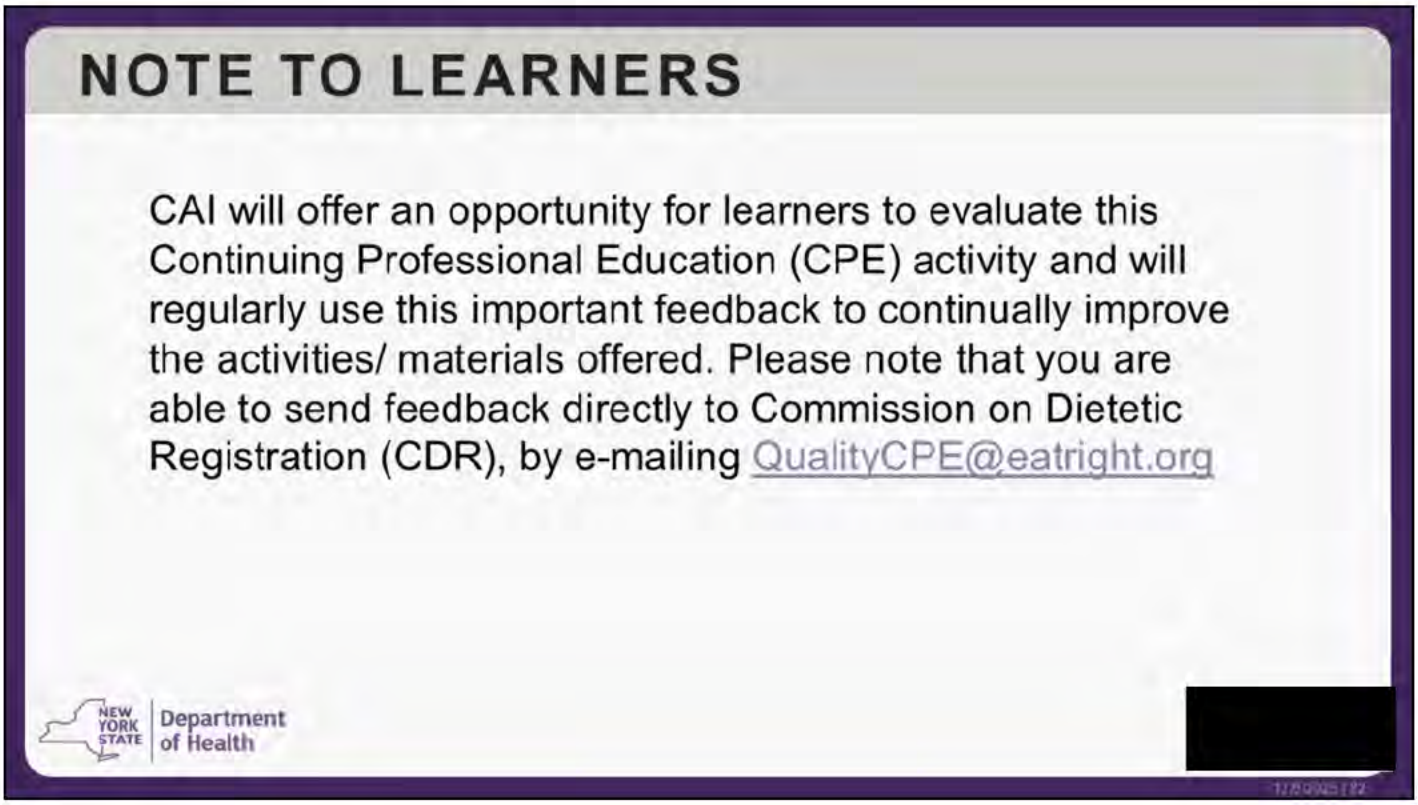
April 16, 2025

2:30-4:00 PM

NEW YORK STATE | Department of Health

[redacted]

- Our next event is Check-In #5 on April 16, 2025 from 2:30-4:00pm
  - At least one team member should register and attend!



RDs and DTRs seeking continuing education credits through the Commission on Dietetic Registration are encouraged to complete an additional evaluation (producer drop link in chat): WIC RD/CPEU Optional Evaluation (alchemer.com)

- Optional Eval: WIC RD/CPEU Optional Evaluation (alchemer.com)

REFERENCES

New York State Department of Health. (2025, February). *January 2025 Online Nutrition Education Summary*. Albany, New York: New York State Department of Health.

New York State Department of Health. (2025, March). *Caseload Report Workbook (FFY 2025)*. Albany, New York: New York State Department of Health.

NEW YORK STATE | Department of Health

[redacted]


NEW YORK STATE
Department of Health
[redacted]
12/9/2025 | 85

2024-25 NYS WIC Learning Community
Check-In #5: Staff Retention
April 16, 2025
2:30 – 4:00 PM

Goal: To open the Learning Community conversation on staff retention and reflect on Action Period 2 progress to date

Description:
As we have heard during this Learning Community, staff vacancies greatly impact program operations and staff are a WIC agency's most valuable resource. Check-In 5 will provide implementation teams with the opportunity to analyze key factors influencing staff retention, as well as assess their team's progress in implementation efforts, and review recent online nutrition education data. Through guided discussions and collaborative activities, participants will reflect on their workplace experiences to identify common themes affecting staff retention. They will also evaluate their implementation team's accomplishments, determine next steps, and prepare key updates to share with the larger group. Additionally, the session will include a brief review of February 2025 online nutrition education data. Attendees will leave with a clearer understanding of strategies to support staff retention and a roadmap for continued implementation success.

Presenters:
CAI Learning Community Training Team

Target Audience:
2024-25 Learning Community Local Agency Implementation Teams and Regional Office Representatives

Length of Training:
90 minutes

Continuing Education:
1.25 CPEU (pending CDR approval)
___CEU (TBD by DOH)
0 LCERPs

Learning Objectives:
As a result of this check-in, attendees will be able to:
1. Analyze key factors influencing staff retention by reflecting on their own workplace experiences and collaboratively identifying common themes
2. Assess their implementation team's progress by reflecting on accomplishments, identifying next steps, and highlighting key updates to share with the larger group
3. Review February 2025 online nutrition education data

Teaching Methods:

- PowerPoint
- Small group discussion
- Large group discussion

Materials Needed:
This webinar will include an informative presentation with interactive components.

- PowerPoint
- Check In 4 Evaluation Report
- Mentimeter
- February 2025 Online Nutrition Education agency data dashboards

Agenda/outline:

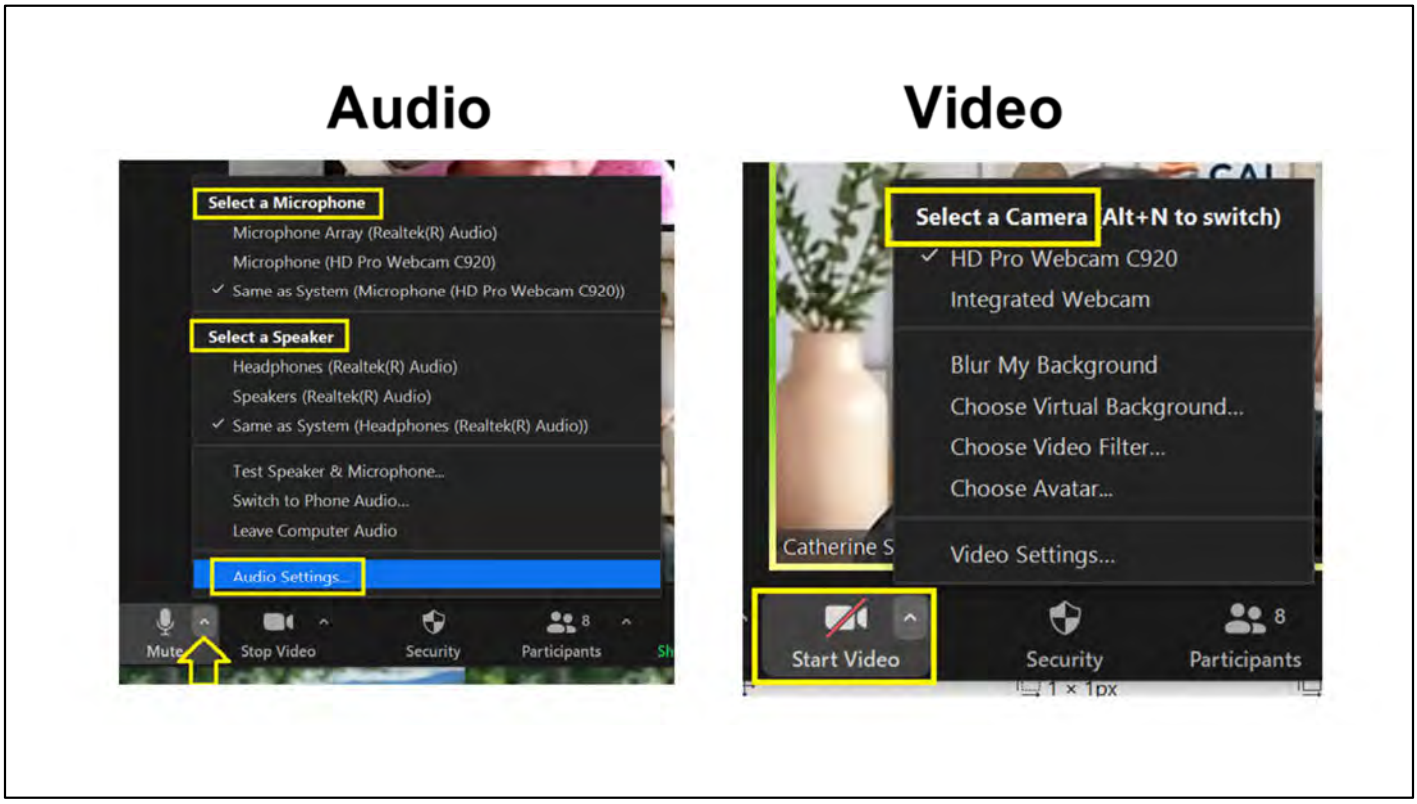
I. Welcome & Introductions
   a. Thank attendees for evaluation feedback from Check In 4 and briefly review
   b. Goal and objectives for the check-in
II. Staff Retention
   a. Small, mixed groups with DOH representatives evenly dispersed, and supervisors separated from their own staff as much as possible
   b. Discussion prompts: Thinking about both your current job and previous jobs:
      i. What factors contributed to you staying at your job? What helps you enjoy your work and want to keep coming back?
      ii. What factors would influence you to leave? What makes you think about other job opportunities?
   c. Groups will capture their thoughts using Mentimeter's open-ended response feature
   d. Wrap up this section, encouraging WIC staff to think about what keeps them at their job and retention strategies which will be explored further in Learning Session 3
III. Implementation Teams Action Plan Progress Update
   a. Implementation teams will be given 10 minutes to reflect on their current action plans:
      i. What have you accomplished so far?
      ii. What will your team be working on next?
   b. Implementation teams will capture their responses to each question on slides and will bold their top highlights
   c. Slides will be reviewed with the large group
IV. February Online Nutrition Education data
   a. Provide February data dashboards by agency
      i. Reminder that many agencies did not start working on online nutrition education until March, so this data will not reflect their efforts if this is the case
V. Wrap-Up and Next Steps
   a. Reminders

   i. Learning Session 3, May 6-7, 2025, 9:00 AM–12:15 PM
   ii. Summative Congress, May 7, 2025, 1:30-3:30 PM
   iii. Complete survey about your team's accomplishments and learnings for Action Period 2 to inform Summative Congress development
b. Plug for Building Stronger Support: Ensuring WIC Participants See the Same Nutritionist Webinar, May 20, 2025, 2-3 pm, with Deb Bonzo
   i. This topic came up in Check-In 4 and influences nutritionist job satisfaction.
c. Evaluation

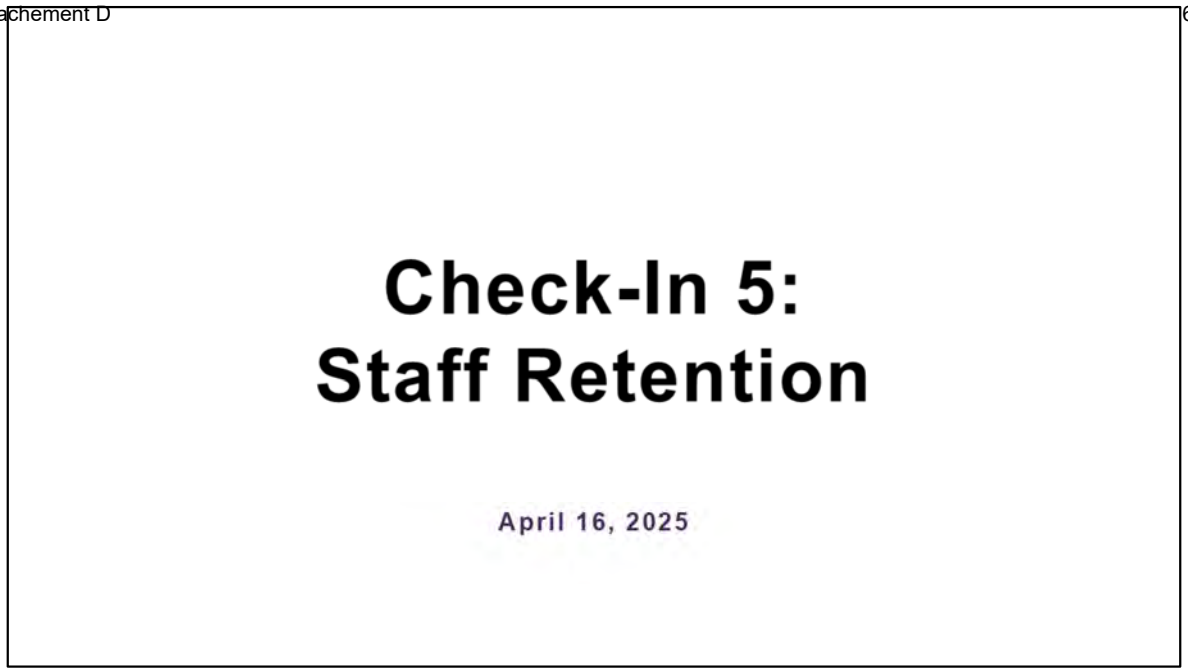
Resources:

New York State Department of Health. (2025, March). *February 2025 online nutrition education summary*. Albany, New York: New York State Department of Health.

New York State Department of Health. (2025, April). *Caseload report workbook (FFY 2025).* Albany, New York: New York State Department of Health.



- Start 10 minutes early/once folks are logging on
- While we wait for the training to begin, we want to ensure everyone can participate today. Be sure to check your audio and video and ensure your microphone and camera are working. If you are having any trouble, please chat the producer for help troubleshooting. On the slide are 2 screenshots showing you where to access the audio and video settings on Zoom. Please be sure the correct microphone and speaker on your computer are selected if you are using computer audio, if not please select phone audio and call the dial-in number that appears. Please be sure to start your video and ensure the correct camera is selected on your device.
- It is an expectation of training that you will participate and engage, which includes being on camera and speaking. We want to hear your voices and see your faces. There are interactive components to training, including breakout rooms where you'll need to speak to your colleagues, so we want to ensure everyone has a working microphone and camera today. If you do not, please chat the producer to let them know. We want to make sure that everyone has the best training experience they can.
- Producer share in chat Link to Zoom FAQ regarding audio and video: https://support.zoom.com/hc/en/category?id=kb_category&kb_category=31293e9a8720391089a37408dabb35b8



2:30 PM

Production/Trainer:

- ****PRODUCER RECORD TO CLOUD****
- ***PRODUCER ENABLE CLOSED CAPTIONING***
- ***PRODUCER TURN ON AI NOTETAKING***

- Trainers and/or production staff can start building engagement with those who log on early by encouraging them to chat in their name, local agency, etc.
  - Trainer/Production
  - Welcome participants while they are logging on.
- Good morning
- Once everyone is in attendance, introduce the topic

- We will record this check in and store it in the Learning Community tile of the NYS WIC Resource Hub. All of the resources we share throughout today's webinar, including a copy of the PPT slides, will be made available with the recorded version on NYS WIC Resource Hub in a few business days.

- **Producer chat this in and read aloud "At CAI we support breastfeeding, if you are nursing and need to step away to pump please chat the producer to make them aware. Policy is waived for those who are nursing. It's important that you inform the producer or trainers that you are taking a break to pump so we can ensure you are allowed back into the training."**

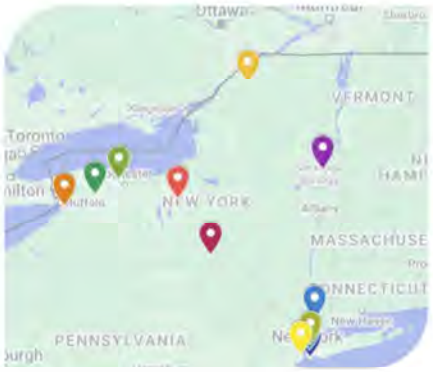


Trainer/Production:

- Introduce trainers and production staff

2024-25 NYS WIC LEARNING COMMUNITY TEAMS

- Broome County Health Department
- Cayuga County Health Department
- Catholic Charities of Western New York – South Buffalo site
- Community Health Center of the North Country
- Community Health Center of Richmond



- Welcome to our 2024-2025 Learning Community implementation teams! (read agency names)

2024-25 NYS WIC LEARNING COMMUNITY TEAMS



- Monroe County Health Department
- Oak Orchard Health
- Opportunity Development Association (ODA) of Williamsburg
- Open Door Family Medical Center
- Public Health Solutions – Ocean Ave site
- Warren County Health Services

- Welcome to our 2024-2025 Learning Community implementation teams! (read agency names)

I also want to welcome the regional office representatives learning alongside us as well as our central office DOH observer, Melissa Sharp.

SPECIAL NOTE

All of the policies shared in the training programs, are derived from United States Department of Agriculture (USDA) federal regulations and/or USDA guidance and curriculums (which apply to all WIC programs across the country), and/or New York State laws and regulations.

The Food and Nutrition Service of the United States Department of Agriculture, (FNS) is responsible for WIC Program administration.



- Please note, that immediately following the Policy section of each policy in the WIC Program Manual, is the regulations section, which either includes the direct links for reference or lists the complete regulations.

- The Food and Nutrition Service provides assistance to State agencies and evaluates all levels of Program operations to ensure that the goals of the Program are achieved in the most effective and efficient manner possible.

SPEAKER DISCLOSURE

I hereby certify that, to the best of my knowledge, no aspect of my current personal or professional circumstance places me in the position of having a conflict of interest with this presentation. I hereby certify that, to the best of my knowledge, neither I (including any member of my immediate family) nor any individual or entity with whom or with which I have a significant working relationship have (has) received something of value from a commercial party related directly or indirectly to the subject of this presentation.

Can be quickly bypassed by saying “the speaker has no disclosures to share”



- We record all of our live webinars and store them on-demand for folks to view later if they couldn't make the live recording. All of the resources we share throughout todays webinar, including a copy of the PPT slides, will be made available with the recorded version on the on-demand webinar page of the NYS WIC Resource Hub in a few business days
- Per policy, you must register in order to attend the webinar. If you did not register through the Resource Hub, you will not have access to the evaluation and certificate.
- NYS DOH policy is that anyone who misses 15 minutes of a webinar will be removed and asked to view the recording another time, the webinar Zoom "door" will close 15 minutes after the start time today and no one will be permitted in after that time. Please ensure your participant name you joined with matches the name you registered under, as that is how attendance is taken and you will receive credit today.

Those of you who've done trainings with us know we highly value group agreements as they help us have successful trainings.

So, in our time together we want to make sure we :

Are assuming good intentions,
- Come with good intentions yourself

Stories stay, and lessons leave
- We want you to share freely today,

Please make sure you are on mute if you are not intentionally sharing
- Also please make sure to keep your video on throughout the training. It's my understanding that this is a training requirement

And of course participate!
- We want you to Chat in or unmute yourself and participate in your breakout groups,

And if you need to step away
- Please chat one of us the trainers or our producer to let us know

Step up, step back also known as share the air!
- SO, if you are someone who normally engages a lot make sure to create space for others and if you are less of a sharer we encourage you to try to participate more

And most importantly, have fun!

Before I move on can folks give me a thumps up or turn on video so I know we are in agreement

with these that would be great!

REFLECTING ON CHECK-IN 4

Thank you for your feedback on Check-In 4!



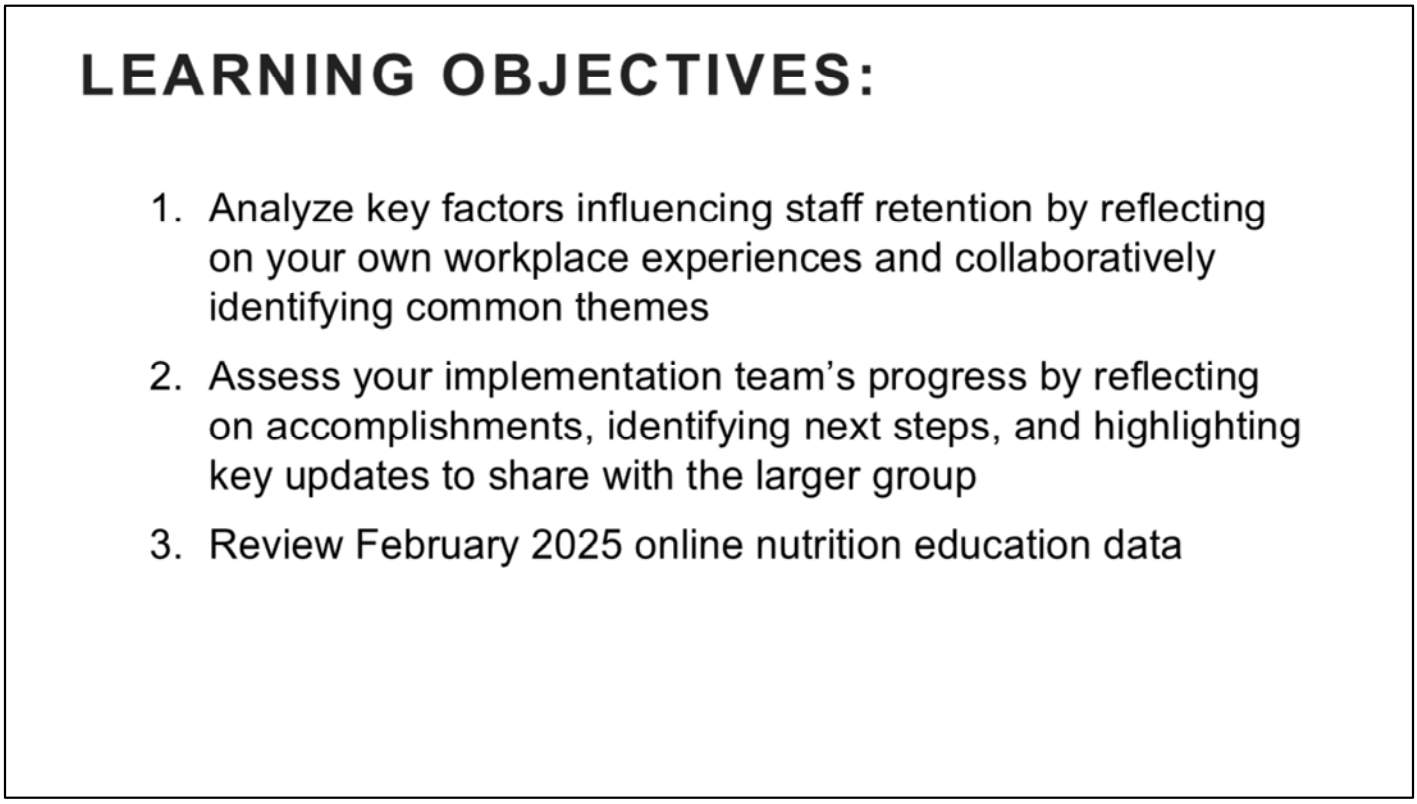
- Thank attendees for evaluation feedback from Check In 4!
- Briefly review attendee feedback

TRAINING GOAL:

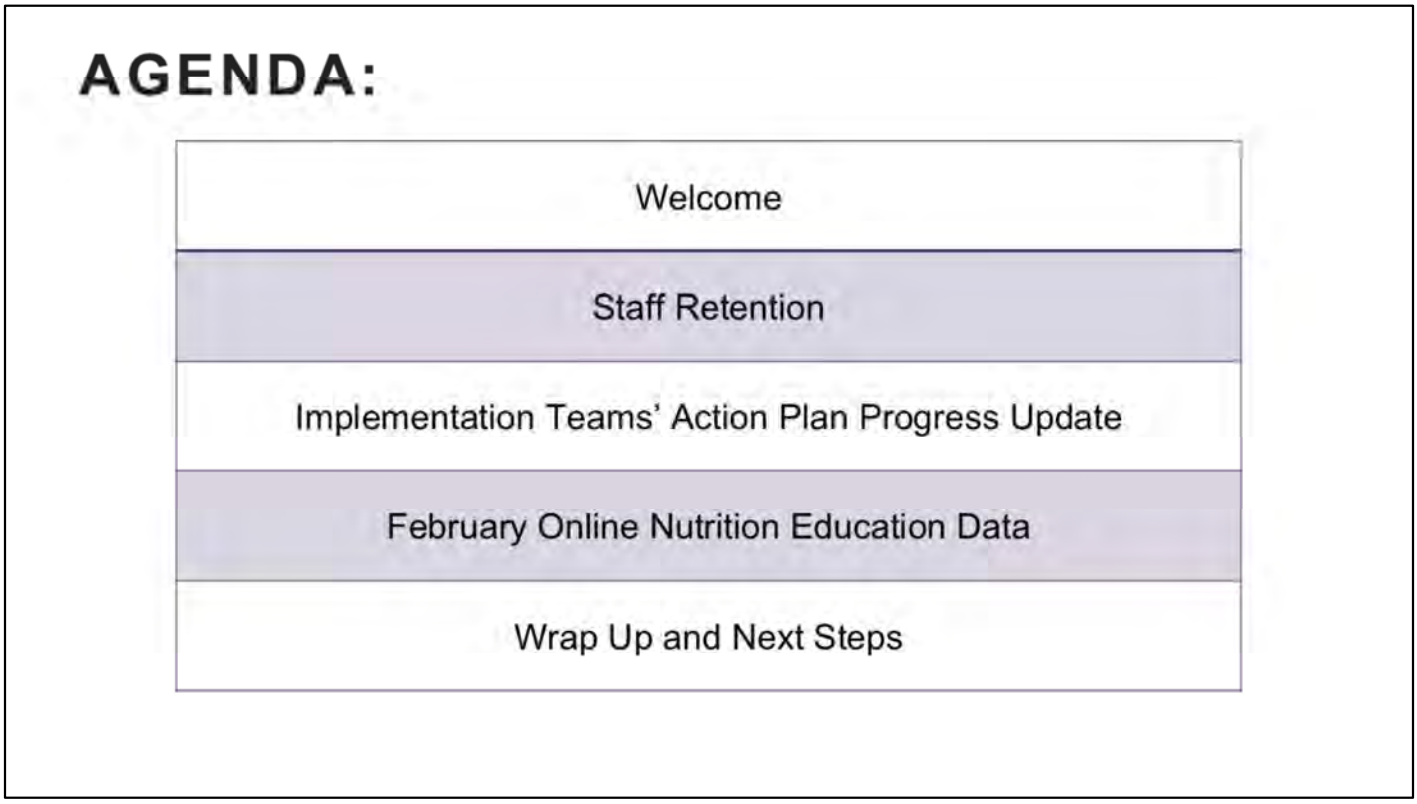
To open the Learning Community conversation on staff retention and reflect on Action Period 2 progress to date



- Provide overview of training goal:
  - To open the Learning Community conversation on staff retention and reflect on Action Period 2 progress to date



- Provide overview of learning objectives:
  1. Analyze key factors influencing staff retention by reflecting on their own workplace experiences and collaboratively identifying common themes
  2. Assess their implementation team's progress by reflecting on accomplishments, identifying next steps, and highlighting key updates to share with the larger group
  3. Review February 2025 online nutrition education data



- Provide overview of agenda for the check-in

END by X time



- Introduce the next section: Staff Retention

BREAKOUT GROUP DISCUSSION TASK

Discuss and respond via Mentimeter:

Thinking about both your current job and previous jobs:

- What factors contributed to you staying at your job? What helps you enjoy your work and want to keep coming back?
- What factors would influence you to leave? What makes you think about other job opportunities?

- ***Producer TO HIT PRESENT ON MENTI [WIC LC –Check In 5], wait to screen share (screenshare to meeting room while participants are in breakout and leave up)***

- In a few minutes, we're going to send you to discuss in small groups -"What factors contributed to staying at your job? What helps you enjoy your work and want to keep coming back?" And "What factors would influence you to leave? What makes you think about other job opportunities?:
- Once you get into your groups, choose one person to document the group's ideas in Mentimeter.
- You will have X minutes to discuss your responses. Please go ahead and scan the QR code to access Mentimeter so you are ready to discuss with your peers and respond.
- The first series of questions is on the first Menti board and the second series of questions is on the second Menti board.
- Any questions before we do this activity? Everyone have Mentimeter ready to go?
- We are going to drop the discussion questions into the chat as well as the Mentimeter link to join. You are welcome to use either this link or the QR code provided.

- **Production task –** Drop question and Mentimeter link into the chat:
- Thinking about both your current job and previous jobs:
    - What factors contributed to you staying at your job? What helps you enjoy your work and want to keep coming back?

- What factors would influence you to leave? What makes you think about other job opportunities?

https://www.menti.com/alz9xpesqfqy

- **Production task –** mixed groups of 5 (DOH representatives evenly dispersed, supervisors separated from their own staff as much as possible, leave CAI in the main room), X minutes

LARGE GROUP DISCUSSION



Producer: Screenshare Mentimeter responses during the debrief. Pause screenshare during the Processing and go to gallery view.

Debrief:

- What do you notice when you look at the results?
- What themes do you see as you review the responses?

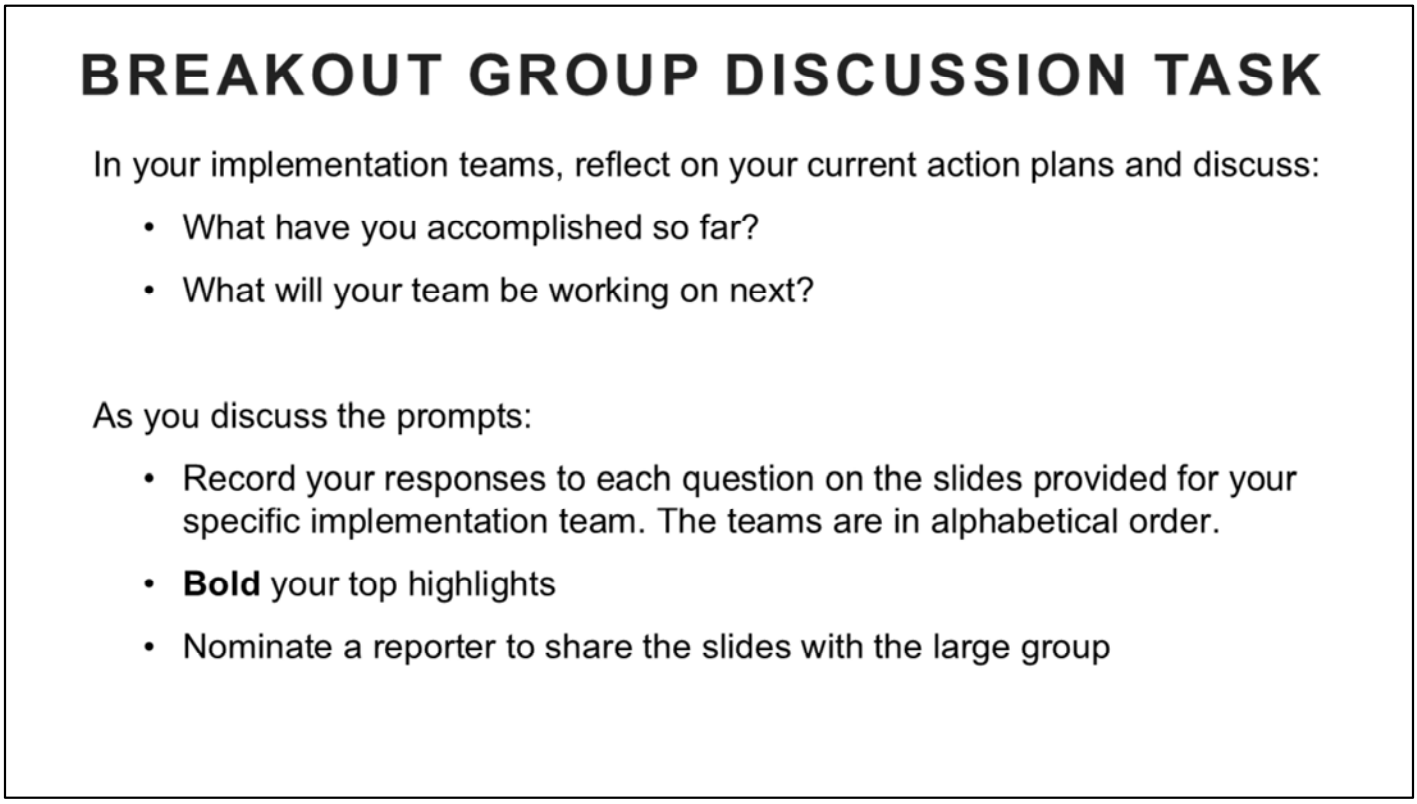
Process:

- What was it like to really start thinking about what factors influence someone's desire to stay at a job or desire to leave?
- What does this tell us about staff retention?
- What are you taking away?

Wrap up this section, encouraging WIC staff to think about what keeps them at their job and retention strategies which will be explored further in Learning Session 3

ACTION PLAN PROGRESS

- Introduce the next section: Implementation Teams' Action Plan Progress Update.
- During this section, implementation teams will have time to reflect on your progress thus far and where you are heading next.



- In a few minutes, we're going to send you into breakout groups with your implementation teams to reflect on your current action plans. If you are the only person attending with your agency, you may be by yourself or you may have a DOH RO representative in your group with you.
- Please discuss: "What have you accomplished so far?" and "What will your team be working on next?" and choose one person to document your responses on the slides provided.
- Please go ahead and open the slide deck dropped into the chat. You will find the header/ title slide with your team's name on it and fill out the two slides provided afterwards. The teams are in alphabetical order by agency name.
- The first slide is an instructions slide if you need a reminder on the instructions. The second slide is lists the slide numbers for each team.
- You will have 10 minutes to discuss your responses. As you wrap-up your discussion, please nominate one person from your team to present the slides to the larger group.
- Any questions before we do this activity? Everyone have the slide deck ready to go?
- We are going to drop the discussion questions into the chat as well as the link to the slides.

- **Production task –** Drop questions and link to slide deck into the chat.
- Reflect on your current action plans and discuss:
  - What have you accomplished so far?
  - What will your team be working on next?

- **Production task –** Implementation teams breakout groups (leave CAI Staff & DOH observers in main room), 10 minutes

LARGE GROUP REPORT OUT



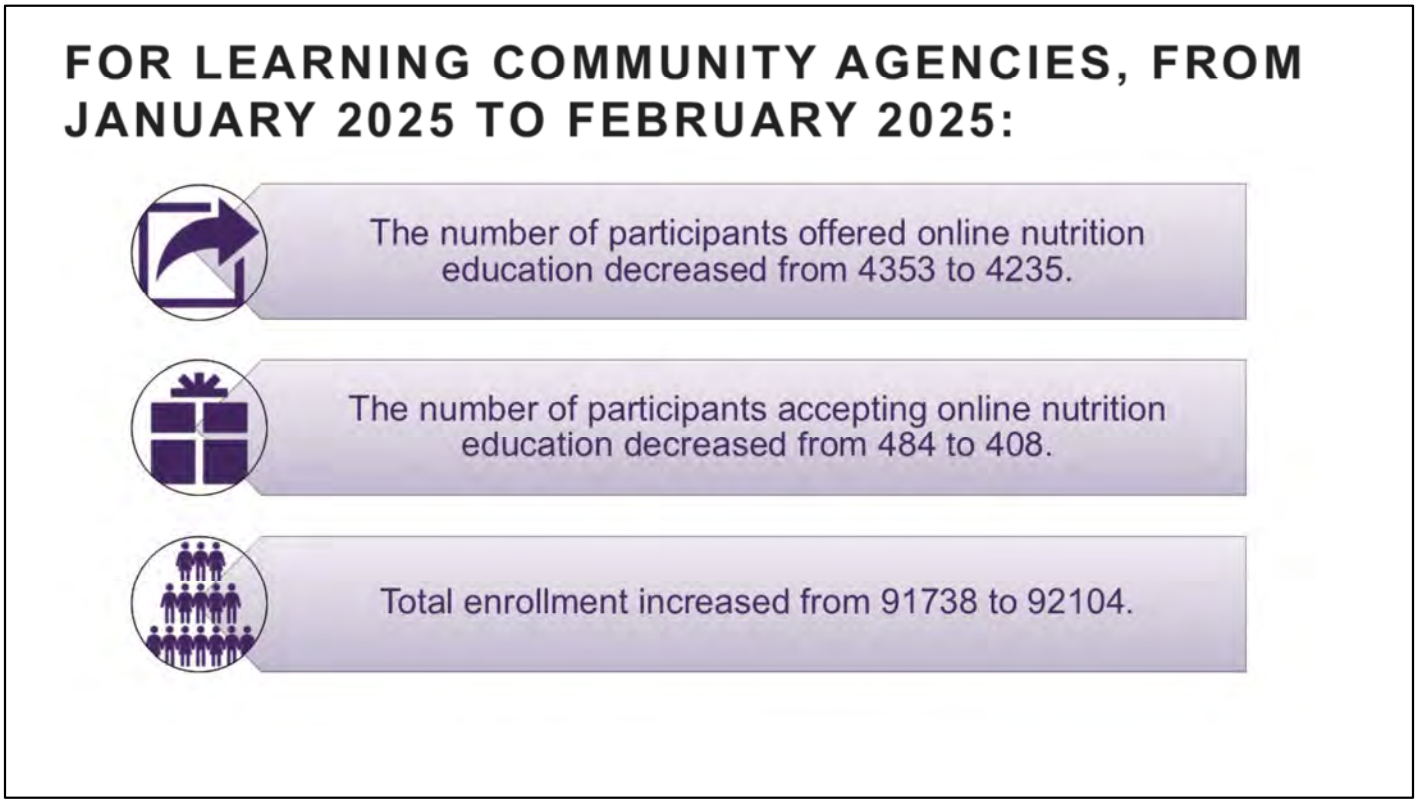
Producer: Screenshare the completed report out slide deck

- Call on one implementation team at a time, based on their order in the presentation deck, to share-out their slides.

FEBRUARY ONLINE NUTRITION EDUCATION DATA

Introduce the next section: February Online Nutrition Education Data

- We have created updated dashboards for you with your February Online Nutrition Education data. These have been emailed to your team. We encourage you to take some time to review these.
- We want to remind you that many agencies did not start working on online nutrition education until March, so your February data will not reflect your efforts if this is the case.
- We'll now share how the online nutrition education data changed from December to February for NYS and the Learning Community as a whole so that you have that context when reviewing your agency data.



Looking at the data for the Learning Community as a whole, 118 fewer participants were offered online nutrition education in February 2025 than in January 2025.

We also saw the number of participants accepting online nutrition decrease by 76.

And caseloads for February increased by 366 participants from January.

Let Deb or Maria know if you have any questions about your February data dashboards.



- Introduce the next section: Wrap-Up and Next Steps

UPCOMING LEARNING COMMUNITY EVENT



Learning Session 3

May 6-7, 2025

9:00 AM-12:15 PM

Summative Congress

May 7, 2025

1:30-3:30 PM

- Our next learning session is on May 6-7, 2025 from 9:00am-12:15pm.
  - Learning Session 3 is mandatory for all team members
  - Your feedback and discussions today will inform Learning Session 3!
  - We will use some of the Learning Session 3 time to prepare for the Summative Congress.

- Then, we will celebrate our time together and each implementation team's progress during the afternoon of May 7th from 1:30-3:30pm.
  - The Summative Congress is also mandatory for all team members

SUMMATIVE CONGRESS PRE-WORK



- Coordinators, respond to Maria's email by **April 18** about your implementation team's accomplishments and learnings to inform the Summative Congress development.

- Coordinators, respond to Maria's email about your team's accomplishments and learnings to inform Summative Congress development

UPCOMING WEBINAR OPPORTUNITY

Webinar Opportunity:

Building Stronger Support: Ensuring WIC Participants See the Same Nutritionist

May 20, 2025

2:00-3:00 PM



- We invite you to join us for the upcoming webinar: Building Stronger Support: Ensuring WIC Participants See the Same Nutritionist Webinar, from May 20, 2025, 2-3 pm, with Deb Bonzo
- This topic came up in Check-In 4 and influences nutritionists' job satisfaction.
- You can register for this webinar in the WIC Resource Hub.



RDs and DTRs seeking continuing education credits through the Commission on Dietetic Registration are encouraged to complete an additional evaluation (producer drop link in chat): WIC RD/CPEU Optional Evaluation (alchemer.com)

- Optional Eval: WIC RD/CPEU Optional Evaluation (alchemer.com)



Production
Thank you for joining us today! I hope it was helpful and can help guide you as you do this important work!

-

New York State Department of Health. (2025, March). *February 2025 online nutrition education summary*. Albany, New York: New York State Department of Health.

New York State Department of Health. (2025, April). *Caseload report workbook (FFY 2025).* Albany, New York: New York State Department of Health.

BREAKOUT GROUP DISCUSSION TASK

In your implementation teams, reflect on your current action plans and discuss:

- What have you accomplished so far?
- What will your team be working on next?

As you discuss the prompts:

- Record your responses to each question on the slides provided for your specific implementation team. The teams are in alphabetical order.
- **Bold** your top highlights
- Nominate a reporter to share the slides with the large group

TEAM SLIDE NUMBERS

1. Broome County Health Department: Slides 3-5
2. Catholic Charities of Western New York – South Buffalo site: Slides 6-8
3. Cayuga County Health Department: Slides 9-11
4. Community Health Center of the North Country: Slides 12-14
5. Community Health Center of Richmond: Slides 15-17
6. Monroe County Health Department: Slides 18-20
7. Oak Orchard Health: Slides 21-23
8. Open Door Family Medical Center: Slides 24-26
9. ODA of Williamsburg: Slides 27-29
10. Public Health Solutions – Ocean Ave: Slides 30-32
11. Warren County Health Services: Slides 33-35

Action Plan Progress Update

Broome County Health Department

WHAT HAVE YOU ACCOMPLISHED SO FAR?

WHAT WILL YOUR TEAM BE WORKING ON NEXT?

Action Plan Progress Update

Catholic Charities of Western New York – South Buffalo site

WHAT HAVE YOU ACCOMPLISHED SO FAR?

WHAT WILL YOUR TEAM BE WORKING ON NEXT?

Action Plan Progress Update

Cayuga County Health Department

WHAT HAVE YOU ACCOMPLISHED SO FAR?

WHAT WILL YOUR TEAM BE WORKING ON NEXT?

Action Plan Progress Update

Community Health Center of the North Country

WHAT HAVE YOU ACCOMPLISHED SO FAR?

WHAT WILL YOUR TEAM BE WORKING ON NEXT?

Action Plan Progress Update

Community Health Center of Richmond

WHAT HAVE YOU ACCOMPLISHED SO FAR?

WHAT WILL YOUR TEAM BE WORKING ON NEXT?

Action Plan Progress Update

Monroe County Health Department

WHAT HAVE YOU ACCOMPLISHED SO FAR?

WHAT WILL YOUR TEAM BE WORKING ON NEXT?

Action Plan Progress Update

Oak Orchard Health

WHAT HAVE YOU ACCOMPLISHED SO FAR?

WHAT WILL YOUR TEAM BE WORKING ON NEXT?

Action Plan Progress Update

Open Door Family Medical Center

WHAT HAVE YOU ACCOMPLISHED SO FAR?

WHAT WILL YOUR TEAM BE WORKING ON NEXT?

Action Plan Progress Update

Opportunity Development Association (ODA) of Williamsburg

WHAT HAVE YOU ACCOMPLISHED SO FAR?

WHAT WILL YOUR TEAM BE WORKING ON NEXT?

Action Plan Progress Update

Public Health Solutions – Ocean Ave site

WHAT HAVE YOU ACCOMPLISHED SO FAR?

WHAT WILL YOUR TEAM BE WORKING ON NEXT?

Action Plan Progress Update

Warren County Health Services

WHAT HAVE YOU ACCOMPLISHED SO FAR?

WHAT WILL YOUR TEAM BE WORKING ON NEXT?

2024-25 New York State WIC Learning Community: Learning Session 1

2-Day Training
Trainer's Manual



Table of Contents

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Training Description

This two-day learning session is designed to support WIC agency implementation teams and regional office staff in adapting to evolving needs in agency management and participant service. Attendees will engage in group discussions, breakout sessions, and hands-on activities focused on evaluating current systems, understanding caseload demographics, exploring agency capacity and demand, and refining scheduling practices. The session culminates in developing action plans tailored to each agency's unique challenges, with guidance on developing effective action plans provided.

Target Audience: The designated performance improvement (implementation teams) from each of the local agencies selected to participate in the 2024-25 Learning Community.

Length: Day 1: 3 hours
Day 2: 3 hours

Maximum Number of Trainees: 75

Training Goal and Objectives

Goal: To provide learning community implementation teams and regional office representatives with the opportunity to assess current agency operations and identify potential changes to test in action period 1.

Objectives: By the end of this training, trainees will be able to:

1. Identify recent organizational changes within WIC
2. Evaluate key operational areas using an organizational assessment to identify strengths and areas for improvement
3. Consider the impact of caseload demographics on agency operations
4. Utilize the capacity and demand tool to assess agency resource allocation, participant scheduling, and operational capacity
5. Develop effective action plans to implement new strategies and workflows, incorporating best practices in scheduling and operational coordination

Materials

To conduct this training, you will require the following materials:

Trainer's Materials

- PowerPoint slides
- Pluses & Minuses Link
- Link to the NYS WIC Resource Hub

Handouts and Worksheets:

- Day 1
  - Organizational Assessment
  - Breakout Discussion: The Cozy Café
- Day 2
  - Action Planning template

2024-25 NYS WIC Learning Community: Learning Session 1 Day 1 at-a-Glance

9:00 AM-12:15 PM

Time	Trainer	Activity	Time Required
9:00AM-9:10AM	Deb	Welcome & Introductions	10 minutes
9:10AM-9:45AM	Maria	WIC Agencies: Oh, How We've Changed	35 minutes
9:45AM-10:30AM	Deb	Organizational Assessment	45 minutes
10:30AM-10:45AM		Break	15 minutes
10:45AM-11:30AM	Michelle	Overall Clinic Operations	45 minutes
11:30AM-12:05PM	Maria	Understanding Your Caseload and Community	35 minutes
12:05PM-12:15PM	Maria	Day 1 Closing & Next Steps	10 minutes

2024-25 NYS WIC Learning Community: Learning Session 1 Day 2 at-a-Glance

9:00 AM-12:15 PM

Time	Trainer	Activity	Time Required
9:00AM-9:05AM	Maria	Welcome Back	5 minutes
9:05AM-9:55AM	Deb	Capacity and Demand Tool	50 minutes
9:55AM-10:40AM	Deb	Scheduling Participants and Staff	45 minutes
10:40AM-10:55AM		Break	15 minutes
10:55AM-12:10PM	Maria	Action Planning	75 minutes
12:10PM-12:15PM	Maria	Closing & Next Steps	5 minutes

2023-24 NYS WIC Learning Community: Learning Session 3 Day 1 Facilitator's Guide

9:00AM-9:10AM

Welcome & Introductions

TRAINER:

TIME REQUIRED: 10 minutes

SECTION PURPOSE: To welcome trainees to the learning session and introduce the trainers, training goal, objectives, agenda, and purpose of the training

LEARNING METHODOLOGIES:

- N/A

MATERIALS NEEDED:

- No handouts/ resources required for this section

<u>DESCRIPTION</u>:

Step 1: Using the PowerPoint slides, introduce trainers, and training topic

- Welcome the teams to the training
- Introduce production staff.

Step 2: Review objectives and training agenda,

- Review the group agreements.
- Review the training goal and learning objectives for the virtual session
- Go over *Agenda for Day 1*
- Briefly thank attendees for completing the evaluation for the Learning Community Kickoff and mention a few highlights from their feedback.

Lead into the next activity.

9:10-9:45AM

WIC Agencies: Oh, How We've Changed

TRAINER:

TIME REQUIRED: 35 minutes

SECTION PURPOSE: To help trainees reflect on changes they have witnessed or experienced during their time at WIC

LEARNING METHODOLOGIES:

- Lecturette
- Breakout sessions, small groups
- Large group discussion

MATERIALS NEEDED:

- N/A

DESCRIPTION:

Step 1: Introduce the breakout group discussion

- Introduce the breakout group discussion:
  - In this next section, we are going to spend some time reflecting on the changes to our WIC agencies that we have experienced over the past several years. Our agencies look different than they did 4 to 5 years ago.
  - In just a few minutes, we are going to send you into breakout groups with your peers. We want you to discuss:
    - What changes have you witnessed in the last 4-5 years?
    - If you haven't been with WIC that long, what changes have you seen in your time with WIC?
  - We will ask you to first identify a reporter who will be prepared to summarize what you talked about in your groups when you return to the main training floor.
  - Any questions before we do this activity? We are going to drop the discussion questions into the chat. You will have 10 minutes to discuss the questions with your peers.
- The trainer/ producer will then provide an overview of what a breakout room will look like and how to ask for help from the training team if needed.

Step 2: Process the activity

- Ask for one reporter per group to share a summary of what came up in their breakout sessions using the following debrief questions:
    - What came up in your small groups?
    - What similarities or differences did you observe in your discussion with your peers?
    - What are you taking away?

Step 3: Provide a review of WIC agency changes

- Provide a review of changes:
    - Decreased no-show rates
    - 92% of appointments served by phone (as per 2023-24 Learning Community data)
    - Online nutrition education is an option
    - Streamlined certifications - allowing one document for all proofs of eligibility
    - Participant needs may have changed – may have more language line needs or agencies may serve participants who aren't in their communities
    - Growing caseloads – New York State's caseload has grown, though not all agencies have been impacted
    - Changes/improvements in NYWIC
    - New requirements for substance use, sex, and race questions
    - Some agencies have staff working from home
- Transition to the next section:
    - With all these changes, arises a need to assess whether our old systems are still serving us well. Perhaps it is time to make some changes.

Lead into the next activity.

9:45-10:30AM

Organizational Assessment

TRAINER:

TIME REQUIRED: 45 minutes

SECTION PURPOSE: To help Local Agency Implementation teams complete an organizational assessment to serve as a starting point for their action periods and action planning in the learning community

LEARNING METHODOLOGIES:

- Independent activity
- Breakout sessions, implementation teams
- Large group discussion

MATERIALS NEEDED:

- Organizational Assessment

DESCRIPTION:

Step 1: Introduce organizational assessment

- Introduce the organizational assessment:
    - In this next section, we are going to each complete an organizational assessment. This was created specifically for our learning community as a starting point to see where we are and where we may want to act.
    - In our kickoff session, we reviewed the six “buckets” of exploration for this learning community. The organizational assessment has the same six “buckets” that you will assess:
        - Scheduling of participants
        - Scheduling of staff
        - Caseload management
        - Staff retention
        - Nutrition education
        - Site workflow
    - For the next 5-10 minutes, we would like for you to complete the organizational assessment individually.
    - [Review the screenshot of the categories on the screen.]
    - We encourage you to not spend too much time in one place. Put an X or highlight where your agency resonates in your opinion and experience.

- New York State Department of Health Regional Office Representatives will complete the organizational assessment for an agency or agencies in their region.
- We are going to drop the organizational assessment into the chat. Please download it and use the next 5-10 minutes to silently complete it.
- Please give us a “thumbs up” or type into the chat when you have completed it.

Step 2: Initiate the breakout group discussion, implementation teams

- Introduce the breakout group discussion for implementation teams:
  - In a few minutes, we’re going to send you to breakout groups with your implementation teams to discuss the results of your organizational assessments. We want for you to discuss: “What are all the challenges you are facing in each “bucket”? What are the improvements you have already made?”
  - You will have 20 minutes to discuss your responses to the following questions.
  - We will ask you to first identify a reporter who will be prepared to summarize what you talked about in your groups when you return to the main training floor.
  - Any questions before we do this activity? We are going to drop the discussion questions into the chat. You will have 20 minutes to discuss the questions with your team.

Step 3: Process the discussion

- Ask for one reporter per group to share a summary of what came up in their breakout sessions using the following debrief questions:
  - What kinds of things came up in your groups?
  - Were there any pieces on the organizational assessment you hadn’t considered?
  - Where do you feel inspired or stuck?

Lead into the BREAK.

10:30AM-10:45AM

Break

15-minute break

Lead into the next activity.

10:45AM-11:30AM

Overall Clinic Operations

TRAINER:

TIME REQUIRED: 45 minutes

SECTION PURPOSE: To help trainees consider a fictional scenario and discuss the intricacies of managing a WIC agency

LEARNING METHODOLOGIES:
- Scenario/ simulation
- Breakout sessions, small groups
- Large group discussion

MATERIALS NEEDED:
- Breakout Discussion: The Cozy Café handout

DESCRIPTION:

Step 1: Introduce the topic and Cozy Café
- Tell participants:
  - In this next section, we are going to do a deeper dive into clinic operations.
  - We know from our experiences at our agency that if one thing changes, it often impacts many other things!
  - Let's look at this restaurant – called the Cozy Café and the changes they have experienced in the past few years.
- Provide an overview of the Cozy Café and invite participants to follow along:

- You are the owner and manager of the Cozy Café. You have a great reputation in your community and prior to COVID, you primarily served breakfast and lunch and were busy every day. When COVID “hit” you worked hard to survive and created a menu that was designed primarily for pick up or delivery. That strategy saved your restaurant and now you have built a new business model for pick-up and delivery with a focus primarily on dinners. A handful of customers still come to the restaurant but that is no longer your main source of revenue.
- In the new model you have a team of staff who take orders by phone and online. They help customers choose their meals, navigate whether it will be a delivery or pick up and then process the payment. The orders are then transmitted electronically to the kitchen staff where food is prepared and packed.
- Some packaged food bags are brought back to the front desk for pick up while others remain in the back of the restaurant to be transferred to the delivery organization like Door Dash or Uber Eats. As your business continues to grow, so do the challenges:
  - As orders come into the Cozy Café, there is not a lot of coordination with the kitchen staff so often there are more orders than they can handle.
  - Many staff were more comfortable with the breakfast and lunch menu and now are challenged by creating healthy, delicious dinners.
  - Your hours of operation have changed, and they need to change again but you are getting resistance from staff.
  - The Cozy Café had a reputation for wonderful customer service and now the on-line and phone ordering has not sustained that reputation.
  - You have several repeat customers so you’re not sure how to add new menu options while keeping the “family favorites”.

Step 2: Initiate the breakout group discussion, small groups

- Introduce the breakout group discussion, small groups
  - In small groups, we want you to come up with viable solutions for the Cozy Café based on their recent changes and the challenges they are experiencing.
  - We will ask you to first identify a reporter who will be prepared to summarize what you talked about in your groups when you return to the main training floor.
  - Any questions before we do this activity? We are going to drop the scenario with your breakout discussion task into the chat. You will have 20 minutes to discuss the questions with your peers.

Step 3: Process the discussion

- Ask for one reporter per group to share a summary of what came up in their breakout sessions using the following debrief questions:
    - What came up in your small groups?
    - How does this scenario compare to the intricacies of managing a WIC agency?
    - What are you taking away as it relates to your agency and clinic operations?

Lead into the next activity.

11:30AM-12:05PM

Understanding Your Caseload & Community

TRAINER:

TIME REQUIRED: 35 minutes

SECTION PURPOSE: To help Local Agency Implementation teams further develop an understanding of their caseload and the community they serve

LEARNING METHODOLOGIES:
- Breakout sessions, implementation teams
- Large group discussion

MATERIALS NEEDED:
- N/A

DESCRIPTION:

Step 1: Initiate the breakout group discussion, implementation teams
- Tell trainees:
    - Now we are going to move to the last section of Day 1 – understanding your caseload and community. Who makes up your caseload and your community? What do you know about who you are serving?
- Introduce the breakout group discussion for implementation teams:
    - In a few minutes, we're going to send you to breakout groups with your implementation teams to discuss your caseloads. We want you to explore and respond to the following questions: "How has your caseload changed? What are the demographics of your caseload?"

- You might consider: What languages do our participants need services provided in? Are we retaining children on your program longer than previously? Do we have many working families who perhaps need more evening/ weekend appointments? If you want to pull reports to answer these questions, you can, but it's also perfectly fine just to answer from your gut.
- You will have 15 minutes to discuss your responses to the following questions.
- We will ask you to first identify a reporter who will be prepared to summarize what you talked about in your groups when you return to the main training floor.
- Any questions before we do this activity? We are going to drop the discussion questions into the chat. You will have 15 minutes to discuss the questions with your team.

Step 2: Process the discussion

- Ask for one reporter per group to share a summary of what came up in their breakout sessions using the following debrief questions:
  - What came up in your small groups?
  - What patterns or themes did you notice?
  - How does what you know about your caseload and your community impact how you run your agency?

Lead into the next activity.

12:05-12:15PM

Closing & Next Steps

TRAINER:

TIME REQUIRED: 10 minutes

SECTION PURPOSE: To close day 1 of the Learning Session

LEARNING METHODOLOGIES:

- N/A

MATERIALS NEEDED:

- Pluses & Minuses link

DESCRIPTION:

Step 1: Prompt a closing reflection

- Ask attendees to share their thoughts or reflections to the following questions:
  - What ideas are already percolating for you?
  - What are you starting to consider for changes you might make?

Step 2: Share the pluses and minuses list and ask trainees to complete it to better inform day 2

- Prompt production to share the link to the pluses and minuses list into the chat
- Tell trainees that once they have completed this list, they can sign off and we look forward to seeing them tomorrow.

Step 3: Thank trainees and identify highlights from the day's training

- Thank trainees for their participation and hard work.
- Remind trainees about the Zoom link for the following session.
- Answer any lingering questions.

2024-25 NYS WIC Learning Community: Learning Session 3 Day 2 Facilitator's Guide

9:00AM-9:05AM

Welcome Back

TRAINER:

TIME REQUIRED: 5 minutes

SECTION PURPOSE: To welcome attendees back for the second day of the training and review a summary of the pluses and minuses

LEARNING METHODOLOGIES:
- N/A

MATERIALS NEEDED:
- Pluses & Minuses list

DESCRIPTION:

Step 1: Using the PowerPoint slides, introduce trainers, CAI, and training topic
- Welcome the teams back to the training
- Summarize the pluses and minuses from Day 1

Step 2: Review training agenda
- Go over *Day 2 Agenda,* including breaks

Lead into the next activity.

9:05-9:55AM

Capacity and Demand Tool Results

TRAINER:

TIME REQUIRED: 50 minutes

SECTION PURPOSE: To provide Local Agency Implementation teams an opportunity to consider what the capacity and demand tool can teach them about scheduling

LEARNING METHODOLOGIES:
- Lecturette
- Large group discussion
- Breakout sessions, implementation teams

MATERIALS NEEDED:
- N/A

DESCRIPTION:

Step 1: Introduce the discussion about the Capacity and Demand Tool
- Tell trainees:
    - We are now going to consider what the capacity and demand tool can teach us about scheduling.
    - As part of the Learning Community, each agency completed the capacity and demand tool and met with Deb and Sabrina to review their results.
    - The Capacity and Demand Tool helps the agencies determine the number of participants they need to see per hour, per day, per week, and per month in order to meet their target caseload.
    - This tool allows us to answer questions like, “do you have enough appointments per hour to meet your agency’s target caseload?”

Step 2: Present example data for the Capacity and Demand Tool
- [Slide 42] Capacity and Demand Data
    - We’d like to share some example data for the Capacity and Demand Tool today. The CAI WIC Agency has felt very busy lately - participants are waiting for their appointments longer than the team would like and staff feel like they barely have time to use the restroom between appointments. We will look at the completed Capacity and Demand Tool for the CAI WIC; here is the key information that we put into the tool.
        - Example: CAI WIC Agency

        - Annual Target Caseload: 5,102
        - Agency Hours Open and Available:
            - Open – 42.5
            - Available – 29.75
        - Nutritionists: 6 (including Nutritionist Coordinator and Breastfeeding Coordinator)
            - 125.75 Hours of Nutritionist Staff Time / Week
        - No-Show Rate: 5%
- [Slide 43] Agency Hours Open and Available
    - CAI WIC Agency is open 8.5 hours per day or 42.5 hours per week. When we think about the time this agency is available to meet with participants each week, we see they are available for 29.75 hours. They are unavailable at the following times:
        - First appointment is scheduled for 30 minutes after opening (Monday-Friday)
        - Last appointment is scheduled 1.5 hours before closing (Monday-Wednesday)
        - Closed for 2 hours every Thursday for staff meeting
        - No appointments scheduled past noon on Fridays
- [Slide 44] Agency Nutritionist Availability
    - 6 Nutritionists are on staff, including the Nutrition Coordinator and Breastfeeding Coordinator. Tarisha, Michelle, Sabrina, and Zada are each available to meet with participants 29.75 hours per week. They are at work for 8.5 hours per day, get half an hour for lunch each day, and are scheduled with participants based on what was mentioned for the agency's available hours (i.e., first appointment is scheduled 30 minutes after opening, last appointment is 1.5 hours before closing, staff meeting on Thursdays, and no appointments scheduled past noon on Fridays).
    - Deb and Maria serve as the Nutrition Coordinator and Breastfeeding Coordinator, respectively; with their additional responsibilities, they have less time to meet with WIC participants each week.
- [Slide 45] No Show Appointments
    - CAI WIC Agency had a 5% no-show rate for February.
- [Slide 46] Summary Report – Demand
    - Here is the first table from the Capacity and Demand Tool's Summary Report. Our agency has an annual target caseload of 5,102. When multiplied by 4, assuming that each participant comes in for four visits throughout the year, we have a multiplied number of participants seen annually of 20,408. This is the demand for WIC appointments and services at our agency.
- [Slide 47] Summary Report – Agency Capacity
    - Based on when our agency is open and available each week, we have 29.8 hours per week to meet with participants. This number is multiplied by 42 weeks to tell us that the agency is open and available for 1,249.5

hours annually. We multiply by 42 instead of 52 weeks to take into account holidays, staff vacation time, and staff sick time. 42 is a standard multiplier when modeling capacity and demand in similar healthcare settings. The hours we are open and available each week and throughout the year are part of our capacity to provide WIC services.

- [Slide 48] Summary Report – Participants Seen per Hour
    - Based on when our agency is open and available and nutritionists are available to meet with participants, we can see the number of participants that need to be seen each hour to achieve caseload goals on this slide. At our agency, 16.3 participants need to be seen each hour at the agency to meet caseload goals. We've also calculated the number of participants that each Nutritionist Full-time Equivalent (FTE) and each Nutritionist must see per hour. Each Nutritionist Full-time Equivalent (FTE) must see 5.2 participants per hour, but since none of our Nutritionists are available to meet with participants for 40 hours per week, this number combines time from multiple nutritionists. If we want to look at how many participants each Nutritionist must see per hour when they are available to meet with participants, we look at the bottom number, 3.9. This was calculated based on how many participants the agency must see each week and how many available hours of nutritionist staff time we have per week. So for our agency, we need to see 16.3 participants each hour and each nutritionist needs to see 3.9 participants per hour for each hour they're available to meet caseload goals.
- [Slide 49] Summary Report – Participants Scheduled
    - The last slide talked about how many participants we need to see each hour; this slide looks at how many we need to schedule each hour. We know that not every participant attends every single scheduled appointment. These calculations take into account our no-show rate to tell us that each year, we need to schedule 21,453 participants. At the agency, 17.2 participants need to be scheduled each hour so that we see the number of participants needed to meet our caseload goals. For each nutritionist, 4.1 participants need to be scheduled each hour so that each nutritionist sees the number of participants needed to meet our caseload goals.
    - If we at the CAI WIC agency need to schedule 4.1 participants per hour, that means we need to schedule 1-2 participants every 15 minutes. Currently, our scheduling guidance document says most appointments should be 30 minutes in length.
- [Slide 50] Summary Report – Participants Scheduled per Day
    - This table shows the number of participants that need to be scheduled each day to achieve our participant caseload goals and accounts for appointments where the participant does not come. This table is based on the number of hours our agency is available each day to meet with

participants. Thursday has fewer participants scheduled because we have our staff meetings in the afternoon and are unavailable to meet with participants. Fridays have fewer scheduled participants because we don't schedule appointments past 12pm.

- [Slide 51] Summary Report – Participants per Nutritionist
    - This is the last table included in the Summary Report; it shows the number of participants that need to be scheduled and seen each week for each Nutritionist, based on the number of hours per week that each Nutritionist is available. On the left, we see that Tarisha, Michelle, Sabrina, and Zada need to have 120.8 participants scheduled each week to see 115 participants, which is the number needed to meet our caseload goals. Deb has far fewer hours each week to meet with participants, and so 27.4 participants need to be scheduled for her each week so that she sees 26.1 participants. And Maria as the Breastfeeding Coordinator does not have any time to meet with participants no participants are scheduled with her.

Step 3: Initiate large group discussion to process example data

- What does this tell you about our hypothetical CAI agency?
- How does this agency's capacity compare to their demand?
- What are some changes that the CAI WIC agency could make?

Step 4: Initiate a breakout group discussion, implementation teams

- In just a few minutes, we are going to send you into breakout groups with your implementation teams to discuss: "What did you learn from your agency's capacity and demand tool? What does it mean for your agency?" We ask that you have your summary sheet with you.
- You will have 15 minutes to discuss your responses to the following questions.
- We will ask you to first identify a reporter who will be prepared to summarize what you talked about in your groups when you return to the main training floor.
- Any questions before we do this activity? We are going to drop the discussion questions into the chat. You will have 15 minutes to discuss the questions with your team.

Step 5: Process the activity

- What came up in your small groups?
- Where is your team going from here?
- What's next for your agency around scheduling?

9:55-10:40AM

Scheduling Participants & Staff

TRAINER:

TIME REQUIRED: 45 minutes

SECTION PURPOSE: To provide an overview of scheduling best practices and considerations for Learning Community implementation teams to improve their scheduling of participants and staff

LEARNING METHODOLOGIES:
- Lecturette
- Breakout group discussion, small groups
- Large group discussion

MATERIALS NEEDED:
- N/A

DESCRIPTION:
Step 1: Introduce the topic of scheduling
- Tell trainees:
    - In this next section of the day, we are going to focus on scheduling participants and staff.
    - In many cases, scheduling practices have been inherited – “this is the way we’ve always done it”
    - It is likely time to reassess and perhaps make some changes in accordance with the changes our agencies have undergone as discussed in Day 1.
    - Flexibility is key - use trial and error to find what works best but know that it may need to be changed as time goes on.

Step 2: Begin the lecturette on best practices on scheduling
- [Slide 56] Offer flexibility in scheduling
    - Make it as easy as possible for the participant
    - Offer maximum flexibility around scheduling and rescheduling appointments
    - Offer a variable schedule to accommodate participants’ needs
- [Slide 57] Offer real choice
    - Offer real choice around appointment modalities (in-person vs remote)
    - Don’t limit access. All appointment types must be available at every site every day.

        - Example of limiting access: PCERTs are only offered on Fridays
- [Slide 58] Repeat scheduling
    - Schedule with the same nutritionist for each visit to build rapport and improve staff job satisfaction
- [Slide 59] Appointment reminders & prioritization
    - Ensure you are following the “10/20-day rule” to prioritize appointments
    - Implement an appointment reminder system
        - Text
        - Call
- [Slide 60] Reduce schedule complexity
    - There should be consistency in scheduling across the agency
        - All staff should schedule the same – meaning that all staff give the same appointment types the same amount of time
        - Provide staff with scheduling guidance to help accomplish this.
    - Build the schedule based on capacity
        - Compare usual appointment times to staff work hours
- [Slide 61] Reduce appointment type variability
    - Standardize appointment type/length by exploring average participant time per visit
    - Agencies can do their own research to determine what these lengths should be or can use what we’ve learned in prior learning communities
- [Slides 62-63] The 2022-2023 learning community collected data on how long it took nutritionists for appointments based on the type of appointment and the number of participants in the appointment
    - Average time by appointment type:
        - Certification: 22 minutes
        - Recertification: 16 minutes
        - Health and Nutrition Update/Nutrition Education: 9 minutes
        - Food package change: 9 minutes
        - Multiple visit types: 19 minutes
    - Avg time by number of participants in the household:
        - 1: 11 minutes
        - 2: 15 minutes
        - 3: 19 minutes
        - 4: 20 minutes
    - Also, in the 2019 Learning Community, we found that using the language line adds an extra 12 minutes on average
    - If it would be helpful to implementation teams, we could post scheduling guidance in the Learning Community tab of the WIC Resource Hub
        - We could include scheduling guidance from any agency willing to share theirs
        - We could also post the slide deck with the data from the 2022-2023 learning community
- [Slide 64] Plan for the “unexpected”
    - The “unexpected” may include:
        - Walk-ins

        - No shows
        - Emergency appointments
        - Online nutrition education follow-up calls
        - Drop-in appointments for heights/ weights and blood work
        - Reviewing medical documentation forms
    - We can expect that these things will happen, we just don't always know when they will happen
- [Slide 65] Agencies will need to determine how to plan for these depending on their circumstances. Different solutions will be appropriate for different agencies. Some considerations might be:
    - Do you have enough staff to have one nutritionist devoted to these items?
    - Would it work to pull the Coordinator, Nutrition Coordinator, Breastfeeding Coordinator, or Outreach Coordinator when these needs arise?
    - Could you block time in a nutritionist's schedule to make online nutrition education follow up calls?
    - What trends have you seen in the past in when no-shows occur? E.g first week of school has more no-shows.
    - Can you afford to make appointment times generous enough that there is a little down time between appointments to accomplish these tasks?
- [Slide 66] Use data to inform future scheduling
    - Conduct an appointment flow analysis
        - This is where you track the amount of time from the start of an appointment to the end
    - Conduct time studies (different than the NYS DOH required time studies)
        - Track the amount spent by each position during each appointment
    - CAI can provide coaching on how to do appointment flow analysis and time studies
    - Use the data obtained to:
        - Determine standard appointment lengths
        - Explore why there might be differences from one staff person to another (in the same position)
            - Ask why there might be differences. Is someone skipping steps? Are there things someone is doing that could be streamlined?
        - Compare your data to data collected in previous learning communities
    - Utilize NYWIC reports
- [Slide 67] Maximize resources and staffing
    - Be thoughtful about how staff time is allocated. The objective is to provide high-quality care within the finite amount of time staff are available.
    - Review WPM 1460 Local Agency Nutrition Staff policy supplement to see if you can utilize the Nutrition Coordinator or Breastfeeding Coordinator for appointments
- [Slide 68] Show table from WPM 1460 policy supplement on Nutrition Coordinator and Breastfeeding Coordinator time

    - If your implementation team is considering revising the number of hours that the Nutrition Coordinator and Breastfeeding Coordinator are allotted, we encourage you to review WPM 1460 and its policy supplement as there are additional details included, for example:
        - WPM 1460 says each of these roles must spend adequate time to complete their required duties
        - The amount of time allotted for the BFC is to manage the PC program and the pump program – additional time may be needed for other BFC duties, like planning National Breastfeeding Month events and training nutrition staff
- [Slide 69] Appointment coordination
    - Honor appointment times, whether in-person or remote
        - Call participants for their remote appointment at the scheduled time – not before or after
    - Minimize wait times
        - Have a system in place for appointment coordination so the participant is never waiting
- [Slide 70] Walk-ins and handoffs
    - Know how to handle walk-ins
    - Ensure a seamless transition from support staff to nutritionist
- [Slide 71] Note writing
    - Notes should be written immediately after the appointment
- [Slide 72] No shows and follow-up
    - Nutritionist calls no-shows for Health and Nutrition Update and Nutrition Education visits and offers to complete appointments immediately
- [Slide 73] Communication
    - Communicate effectively with participant/ AR and make sure it is a good time to complete the appointment
- [Slide 74] High-risk participants
    - High-risk participants should be assessed by the QN the same day the high-risk criteria is identified and should be scheduled with a QN for recertifications
- [Slide 75] Task assignment
    - Assign relevant tasks to employees based on their experience and skill set
- [Slide 76] Monitoring and analyzing the schedule
    - Create a system to monitor and analyze the schedule
        - While all staff should monitor the schedule regularly, there should be a go-to “scheduling person.”
        - This could be the coordinator or someone else.

Step 2: Initiate the breakout group discussion, small groups

- Tell trainees:
    - In a few minutes, we’re going to send you into groups with your peers to process the lecturette and talk about where you feel as though you can strengthen scheduling.

- Once again, we will ask you to first identify a reporter who will be prepared to summarize what you talked about in your groups when you return to the main training floor.
- Any questions before we do this activity? We are going to drop the discussion question into the chat. You will have 15 minutes to discuss the question with your peers.
- Prompt production to send LA implementation teams into breakout sessions in mixed groups

Step 3: Process the discussion

- What came up in your small groups?
- What patterns or themes did you notice among your peers' report-outs?
- Where are you going from here? What's next for your agency around scheduling?

Lead into the BREAK.

10:40-10:55AM

Break

15-minute break

Lead into the next activity.

10:55AM-12:10PM

Action Planning

TRAINER:

TIME REQUIRED: 75 minutes

SECTION PURPOSE:

LEARNING METHODOLOGIES:

- Lecturette
- Breakout group discussion, implementation teams
- Large group discussion

MATERIALS NEEDED:

- Action planning template

<u>DESCRIPTION</u>:

Step 1: Provide time to LA implementation teams to create action plans to support their efforts between learning sessions

- Talking points might include:
    - Now for this last breakout session, we are going to pivot to an essential part of the day where we put pen to paper to plan out our steps for improvement over the next 30-60 days.
    - These are the six “buckets” we are exploring in this learning community [review buckets].
    - We ask you to fill out an action plan for one to two of the following possible “buckets” or improvement areas. These are areas you want to enhance or areas that you want to explore in innovative ways.
    - You and your team can choose to continue any work you haven’t finished yet, choose new areas to explore, perhaps inspired by our conversations over these last two days, or work on something else you’ve been discussing in your agency. Just please be sure that what you choose to work on fits within our Learning Community theme.
        - Think about low-hanging fruit
        - Think about gaps that you’d really like to fill
        - Think about areas you’d like to roll up our sleeves and work on
        - There could be an area you want to modify or change or try something new or interesting
        - These are going to be some of your priority areas
    - [Review action plan worksheet and columns to be completed]
    - As you fill out an action plan for one to two of the following possible improvement areas or areas you want to enhance or areas that you want to explore in innovative ways, we want you to keep the following things in mind.
        - Well-written action plans are complete and specific with action steps and people assigned to them
        - Goals are measurable and timely; we suggest you assign dates to them so you can track your progress and stay on schedule.
    - [Review example of a weaker action plan]
    - [Review example of a strong action plan]
    - Each agency will be given 30 minutes to begin filling out action plans for 1-2 areas that you want to focus on.
    - Fill out an action plan for one to two of the possible improvement areas, or areas you want to enhance or explore in innovative ways.

    - Please complete it and return to Maria Dentino at CAI by close of business on Tuesday, December 10th.
    - When we return, implementation teams will share 1-2 action steps they plan on taking from their action plan templates with the group.
- Prompt production to share the action plan Word document into the chat and assure all trainees can access, then send into breakout sessions for 30 minutes.

Step 2: Initiate time for action plan report-outs

- Ask each agency to report out on 1-2 action steps they plan on taking in the next 30-60 days:
    - Catholic Charities of Western New York – South Buffalo site
    - Oak Orchard Health
    - Monroe County Health Department
    - Cayuga County Health Department
    - Broome County Health Department
    - Community Health Center of the North Country
    - Warren County Health Services
    - Open Door Family Medical Center
    - NYC Health + Hospitals Metropolitan
    - Opportunity Development Association of Williamsburg
    - Community Health Center of Richmond
    - Public Health Solutions – Ocean Ave site

Lead into the next activity.

12:10-12:15PM

Closing & Next Steps

TRAINER:

TIME REQUIRED: 5 minutes

SECTION PURPOSE: To describe next steps, close Learning Session 1, and ask trainees to complete Evaluations

LEARNING METHODOLOGIES:

- N/A

MATERIALS NEEDED:

- Link to the NYS WIC Resource Hub

DESCRIPTION:

Step 1: Review next steps information

- Provide overview of the next remote check-in on January 8, 2025 from 2:00-4:00pm

Step 2: Detail continuing education credits and how to complete the Session evaluation to receive the certificate

- RDs and DTRs seeking continuing education credits through the Commission on Dietetic Registration are encouraged to complete an additional evaluation
- Please log into your NYS WIC Resource Hub account to complete your evaluation and receive your certificate
- Evaluations will close after 5 business days and no longer be available. If you do not complete the evaluation within this timeframe you will not receive your certificate.

Step 3: Thank trainees and identify highlights from training

- Thank trainees for their participation and hard work.

Day 1 Handouts and Worksheets

Organizational Assessment

Directions: Read each of the following statements below. Reflect on where your agency is currently and check the category that applies.

	We are currently doing it.	We are planning to do it in the next 60 days.	We are thinking about it but have no concrete plan yet.	We haven't thought about this yet.
Scheduling of Participants				
Our local agency has utilized the thoughtful input of our entire staff to modify and improve how we schedule participants.				
Our local agency has strong systems in place to ensure the 10/20-day rule is followed.				
Scheduling of Staff				
Our local agency has good data on appointments by "time slots" and has considered or made changes to staff schedules.				
Caseload Management				
Our sponsoring agency is very aware of the changes that the ARPA waivers generated in terms of caseload, scheduling and staffing.				
Our local agency has "spread the word" that WIC is easier and better than ever.				
Our local agency is over our assigned caseload, and we have several strategies in place to ensure quality services.				
Our local agency is below our assigned caseload and we have a newly designed outreach plan focusing on virtual services.				

Organizational Assessment (Continued)

Directions: Read each of the following statements below. Reflect on where your agency is currently and check the category that applies.

	We are currently doing it.	We are planning to do it in the next 60 days.	We are thinking about it but have no concrete plan yet.	We haven't thought about this yet.
Caseload Management (Continued)				
Our local agency has a strategy for reducing or closing our temp sites yet maintaining our presence in our rural communities.				
Our local agency tracks the number of hours and costs associated with the language line.				
Our local agency has been re-thinking our alternative hours to accommodate more working families.				
Staff Retention				
Our sponsoring agency, along with our local agency, has a strategy in place to strengthen staff retention.				
Nutrition Education				
Our local agency has been thinking through all the systems in place to offer online nutrition education.				
Site Workflow				
Our local agency has cross-trained staff, where appropriate, to maximize staff utilization.				

Organizational Assessment (Continued)

Directions: Read each of the following statements below. Reflect on where your agency is currently and check the category that applies.

	We are currently doing it.	We are planning to do it in the next 60 days.	We are thinking about it but have no concrete plan yet.	We haven't thought about this yet.
Site Workflow (Continued)				
Our local agency has systems in place to ensure smooth "handoff" from the support staff to the nutritionist.				
Our local agency is using technology like Microsoft Teams or Google Chat to ensure clinic flow.				
Our local agency takes into account the input of our entire staff through staff meetings, trainings and huddles to continually improve our day-to-day operations.				

Breakout Discussion: The Cozy Café

You are the owner and manager of the Cozy Café. You have a great reputation in your community and prior to COVID, you primarily served breakfast and lunch and were busy every day. When COVID “hit” you worked hard to survive and created a menu that was designed primarily for pick up or delivery. That strategy saved your restaurant and now you have built a new business model for pick-up and delivery with a focus primarily on dinners. A handful of customers still come to the restaurant but that is no longer your main source of revenue.

In the new model you have a team of staff who take orders by phone and online. They help customers choose their meals, navigate whether it will be a delivery or pick up and then process the payment. The orders are then transmitted electronically to the kitchen staff where food is prepared and packed.

Some packaged food bags are brought back to the front desk for pick up while others remain in the back of the restaurant to be transferred to the delivery organization like Door Dash or Uber Eats. As your business continues to grow, so do the challenges:

- As orders come into the Cozy Café, there is not a lot of coordination with the kitchen staff so often there are more orders than they can handle.
- Many staff were more comfortable with the breakfast and lunch menu and now are challenged by creating healthy, delicious dinners.
- Your hours of operation have changed, and they need to change again but you are getting resistance from staff.
- The Cozy Café had a reputation for wonderful customer service and now the on-line and phone ordering has not sustained that reputation.
- You have several repeat customers so you’re not sure how to add new menu options while keeping the “family favorites”.

In your small groups, come up with viable solutions for the Cozy Café.

Day 2 Handouts and Worksheets

Action Planning: 2024-25 Learning Community Learning Session #1

Instructions:

- Choose one or two areas to target (e.g., Scheduling of Participants, Caseload Management, etc.)
- Fill out each section of that area completely
- Return the completed action plans to Maria Dentino at mdentino@caiglobal.org by COB December 10th, 2024

Scheduling of Participants					
Steps – *Actions to be taken*	***Who is Responsible***	***Resources Required***	***Start Date***	***Completion Date***	***Desired Outcomes***
1.					
2.					
3.					

4.					

Scheduling of Staff					
Steps – ***Actions to be taken***	***Who is Responsible***	***Resources Required***	***Start Date***	***Completion Date***	***Desired Outcomes***
1.					
2.					
3.					
4.					

Caseload Management					
Steps – *Actions to be taken*	***Who is Responsible***	***Resources Required***	***Start Date***	***Completion Date***	***Desired Outcomes***
1.					
2.					
3.					
4.					

Staff Retention					
Steps – *Actions to be taken*	***Who is Responsible***	***Resources Required***	***Start Date***	***Completion Date***	***Desired Outcomes***
1.					
2.					
3.					
4.					

Nutrition Education					
Steps – ***Actions to be taken***	***Who is Responsible***	***Resources Required***	***Start Date***	***Completion Date***	***Desired Outcomes***
1.					
2.					
3.					
4.					

Site Workflow					
Steps – ***Actions to be taken***	***Who is Responsible***	***Resources Required***	***Start Date***	***Completion Date***	***Desired Outcomes***
1.					
2.					
3.					
4.					

[Optional Write-in Area]					
Steps – ***Actions to be taken***	***Who is Responsible***	***Resources Required***	***Start Date***	***Completion Date***	***Desired Outcomes***
1.					
2.					
3.					
4.					

2024-25 NYS WIC Learning Community
Learning Session #1
December 4-5, 2024
9:00 AM-12:15 PM

Goal: To provide learning community implementation teams and regional office representatives with the opportunity to assess current agency operations and identify potential changes to test in action period 1.

Description: This two-day learning session is designed to support WIC agency implementation teams and regional office staff in adapting to evolving needs in agency management and participant service. Attendees will engage in group discussions, breakout sessions, and hands-on activities focused on evaluating current systems, understanding caseload demographics, exploring agency capacity and demand, and refining scheduling practices. The session culminates in developing action plans tailored to each agency's unique challenges, with guidance on developing effective action plans provided.

Presenters:
Deb Bonzo
Maria Dentino
Other CAI staff TBD

Target Audience:
Learning Community Implementation Team Members

Length of Training:
6 hours (2, 3-hour sessions)

Continuing Education:
~5.5 CPEUs TBD by CDR
6 CEUs

Learning Objectives:
As a result of this learning session, participants will be able to:

- Identify recent organizational changes within WIC
- Evaluate key operational areas using an organizational assessment to identify strengths and areas for improvement
- Consider the impact of caseload demographics on agency operations
- Utilize the capacity and demand tool to assess agency resource allocation, participant scheduling, and operational capacity
- Develop effective action plans to implement new strategies and workflows, incorporating best practices in scheduling and operational coordination

Teaching Methods:

- PowerPoint
- Interactions such as true/false questions, multiple choice questions, videos

Materials Needed:
This webinar will include an informative presentation with interactive components.

- PowerPoint
- Organizational assessment
- Action plan template

Agenda/outline:

Day 1

- Welcome and introductions
  - Briefly thank attendees for completing evaluation for kickoff and mention a few highlights from their feedback
- Oh, how we've changed
  - Our agencies look different than they did 4-5 years ago
  - Mixed group discussion:
    - What changes have you witnessed in the last 4-5 years, or, if you haven't been with WIC that long, what changes have you seen in your time with WIC?
  - Processing discussion and review of changes such as:
    - 92% of appointments served by phone (as per 2023-24 Learning Community data)
    - Decreased no-show rates
    - Participants may have changed – may have more language line needs or agencies may serve participants who aren't in their communities
    - Online nutrition education is an option
    - Streamlined certifications - allowing one document for all proofs of eligibility
    - Growing caseloads – New York State's caseload has grown, though not all agencies have been impacted
    - Changes/improvements in NYWIC
    - New requirements for substance use, sex, and race questions
    - Some agencies have staff working from home
  - With all these changes, arises a need to assess whether our old systems are still serving us well. Perhaps it is time to make some changes.
- Organizational assessment
  - Each attendee will complete an organizational assessment individually, and then discuss with their implementation team in a breakout room. The organizational assessment will cover the six "buckets" of exploration previously identified:
    - Scheduling of participants
    - Scheduling of staff
    - Caseload management
    - Staff retention
    - Nutrition education
    - Site workflow
  - New York State Department of Health Regional Office Representatives will complete the organizational assessment for an agency or agencies in their region and then meet in their own breakout room to discuss
- Implementation team breakout room discussion: What are all the challenges you are facing in each "bucket"? What are the improvements you've already made?
  - Large group discussion
- Break
- Overall clinic operations
  - Activity to discuss the intricacies of managing a WIC agency
  - When one thing changes, it often impacts many others

    - Are the systems your agency has in place fully coordinated?
- Understanding your caseload and community
    - Who makes up your caseload and your community? What do you know about who you are serving? Implementation teams will discuss questions such as:
        - How has your caseload changed?
        - What are the demographics of your caseload?
        - What languages do our participants need services provided in?
        - Are we retaining children on your program longer than previously?
        - Do we have many working families who perhaps need more evening/weekend appointments?
    - How does what you know about your caseload and your community impact how you run your agency?
- Day 1 wrap up
    - Ask attendees to share: What ideas are already percolating for you? What are you starting to consider for changes you might make?

Day 2

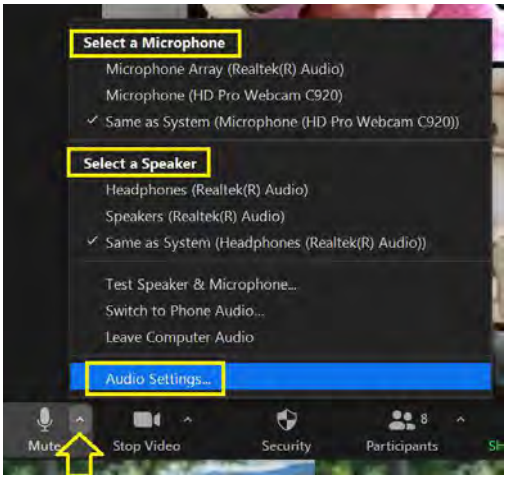
- Capacity and demand tool
    - Explanation of the tool
    - Large group discussion using a capacity and demand tool for a fictional agency (CAI WIC)
    - Implementation team groups will discuss:
        - What did you learn from your agency's capacity and demand tool? What does it mean for your agency?
- Scheduling participants and staff
    - In many cases, scheduling practices have been inherited – "this is the way we've always done it"
    - It is likely time to reassess and perhaps make some changes in accordance with the changes our agencies have undergone as discussed in Day 1
    - Flexibility is key - use trial and error to find what works best but know that it may need to be changed as time goes on
    - Lecturette on scheduling best practices
    - Mixed groups discussion
- Break
- Action plans
    - Lecturette on how to develop a strong action plan
        - Examples of strong and weak action plans
    - Implementation team time to work on their action plans
        - Regional office staff will be assigned to breakout rooms with teams outside of their region to observe the process
    - Implementation teams will report out their action plans
- Wrap up and closing
    - Next check-in: January 8, 2025, 2-4 pm

Resources:

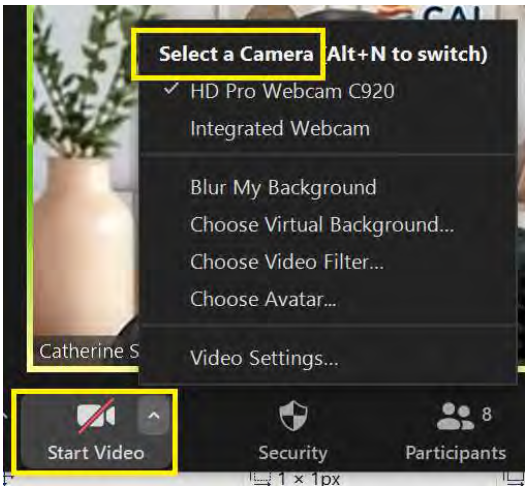
Cicatelli Associates, Inc. & New York State Department of Health. (2024). *2023-2024 Learning community desk audit data*.

United States Department of Agriculture, Food and Nutrition Service. (2024, June 12). *WIC caseload management and cost savings strategies*. https://www.fns.usda.gov/wic/caseload-cost-saving-strategies

Audio



Video



Start 10 minutes early/once folks are logging on

While we wait for the training to begin, we want to ensure everyone can participate today. Be sure to check your audio and video and ensure your microphone and camera are working. If you are having any trouble, please chat the producer for help troubleshooting. On the slide are 2 screenshots showing you where to access the audio and video settings on Zoom. Please be sure the correct microphone and speaker on your computer are selected if you are using computer audio, if not please select phone audio and call the dial-in number that appears. Please be sure to start your video and ensure the correct camera is selected on your device.

It is an expectation of training that you will participate and engage, which includes being on camera and speaking. We want to hear your voices and see your faces. There are interactive components to training, including breakout rooms where you'll need to speak to your colleagues, so we want to ensure everyone has a working microphone and camera today. If you do not, please chat the producer to let them know. We want to make sure that everyone has the best training experience they can.

Producer share in chat Link to Zoom FAQ regarding audio and video: https://support.zoom.com/hc/en/category?id=kb_category&kb_category=31293e9a8720391089a37408dabb35b8

Welcome to Learning Session 1!

Adapting to Evolving Needs in Agency Management and Participant Service

Day 1 | December 4, 2024

Production/Trainer:

******PRODUCER RECORD TO CLOUD******

*****PRODUCER ENABLE CLOSED CAPTIONING*****

- Decide who will present slides before the webinar begins.
- Admit trainees into the training 10 minutes prior to the training start time.
- Trainers and/or production staff can start building engagement with those who log on early by encouraging them to chat in their name, local agency, etc.

Trainer/Production

Welcome participants while they are logging on.

- Good morning/Good afternoon
- Once everyone is in attendance, introduce the topic – adapting to evolving needs in agency management and participant service

- Please rename yourselves with your agency's name.**
- *Cat, Kelley, Tarisha & Lana- rename attendees with agency name

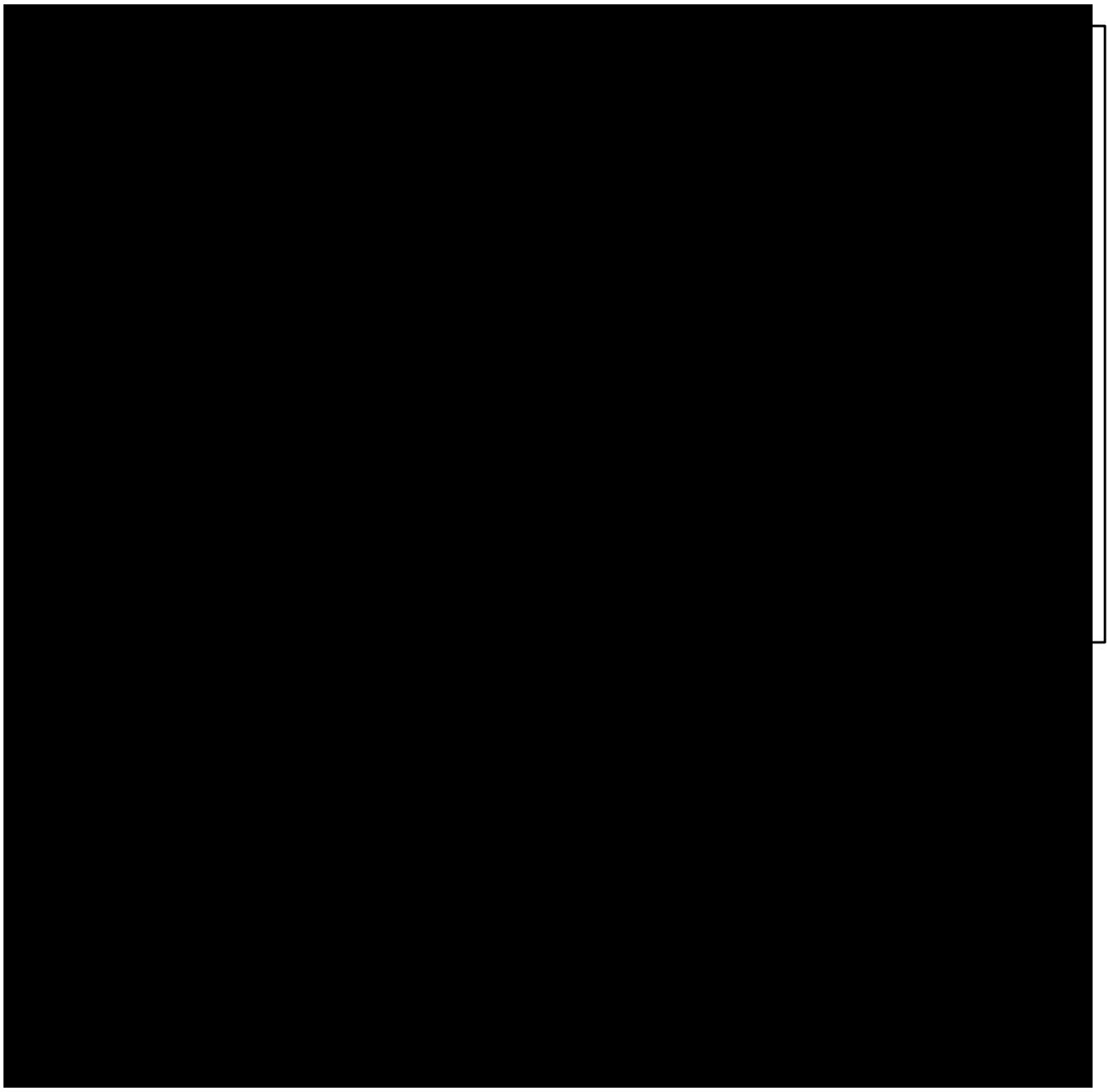


Production:

Make sure to add the trainers and producers to the slide before the training begins.

Trainer/Production:

- Introduce trainers and production staff
- Pass off to production staff



We will be providing you with a copy of today’s PPT at the end of the training

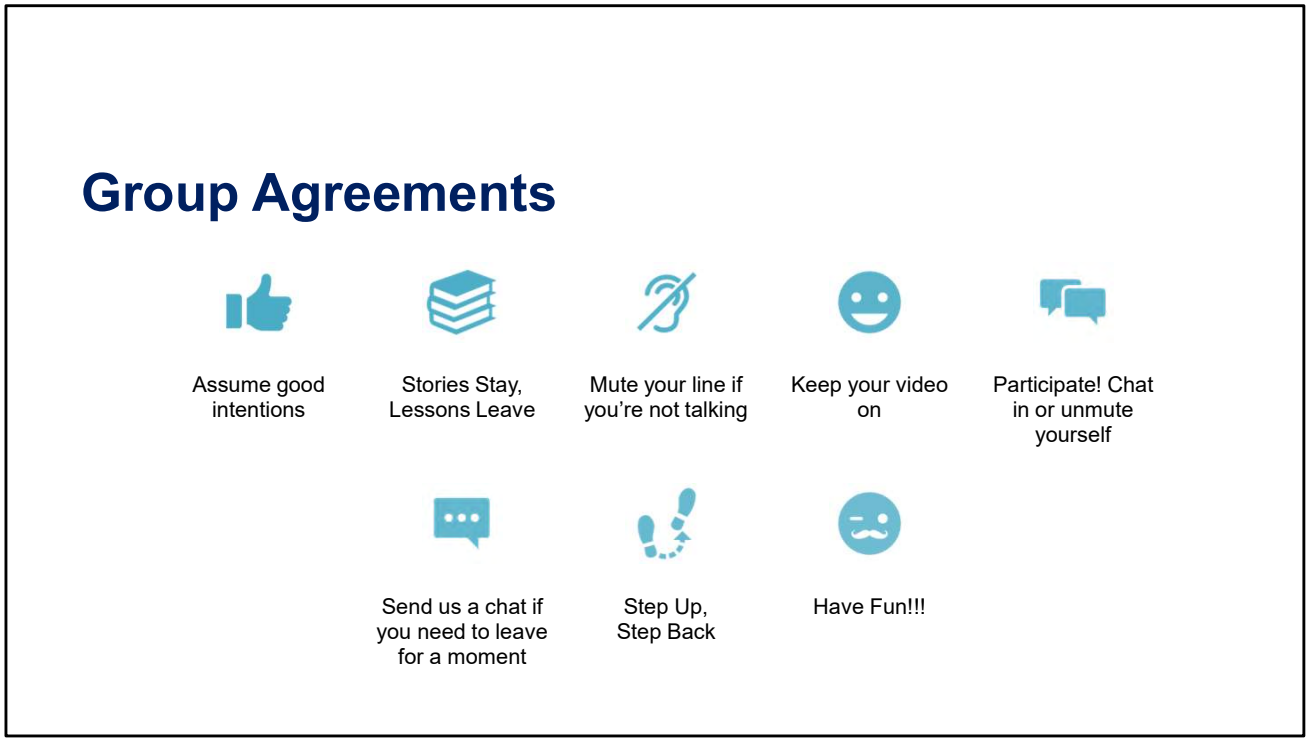
- so, no need to worry about copying this information down.

Special Note

- All of the policies shared in the training programs, are derived from United States Department of Agriculture (USDA) federal regulations and/or USDA guidance and curriculums (which apply to all WIC programs across the country), and/or New York State laws and regulations.
- The Food and Nutrition Service of the United States Department of Agriculture, (FNS) is responsible for WIC Program administration.



- Please note, that immediately following the Policy section of each policy in the WIC Program Manual, is the regulations section, which either includes the direct links for reference or lists the complete regulations.
- The Food and Nutrition Service provides assistance to State agencies and evaluates all levels of Program operations to ensure that the goals of the Program are achieved in the most effective and efficient manner possible.



- We record all of our live webinars and store them on-demand for folks to view later if they couldn't make the live recording. All of the resources we share throughout todays webinar, including a copy of the PPT slides, will be made available with the recorded version on the on-demand webinar page of the NYS WIC Resource Hub in a few business days
- Per policy, you must register in order to attend the webinar. If you did not register through the Resource Hub, you will not have access to the evaluation and certificate.
- Please ensure your participant name you joined with matches the name you registered under, as that is how attendance is taken and you will receive credit today.

Those of you who've done trainings with us know we highly value group agreements as they help us have successful trainings.

So, in our time together we want to make sure we :

Are assuming good intentions,
- come with good intentions yourself

Stories stay, and lessons leave
- we want you to share freely today,

Please make sure you are on mute if you are not intentionally sharing
- Also please make sure to keep your video on throughout the training. It's my understanding that this is a training requirement

And of course participate!
- We want you to Chat in or unmute yourself and participate in your breakout groups,

And if you need to step away
- please chat one of us the trainers or our producer to let us know

Step up, step back also known as share the air!
- SO, if you are someone who normally engages a lot make sure to create space for others and if you are less of a sharer we encourage you to try to participate more

And most importantly, have fun!

Before I move on can folks give me a thumps up or turn on

video so I know we are in agreement with these that would be great!

Training Goal:



- To provide learning community implementation teams and regional office representatives with the opportunity to assess current agency operations and identify potential changes to test in action period 1

Review the goal of today and tomorrow's learning session 1: To provide learning community implementation teams and regional office representatives with the opportunity to assess current agency operations and identify potential changes to test in action period 1

Learning Objectives:

- Identify recent organizational changes within WIC
- Evaluate key operational areas using an organizational assessment to identify strengths and areas for improvement
- Consider the impact of caseload demographics on agency operations
- Utilize the capacity and demand tool to assess agency resource allocation, participant scheduling, and operational capacity
- Develop effective action plans to implement new strategies and workflows, incorporating best practices in scheduling and operational coordination

- Review Learning Objectives
- Explain these learning objectives will be tackled over the next 2 days

Agenda – Day 1

Welcome
Oh, How We've Changed
Organizational Assessment
Break
Overall Clinic Operations
Understanding Your Caseload & Community
Day 1 Closing & Next Steps

- Review the agenda for today's learning session

Reflecting on the Learning Community Kickoff



Briefly thank attendees for completing evaluation for kickoff and mention a few highlights from their feedback

WIC Agencies:
Oh, How We've Changed



- Introduce this next section– reflecting on the changes to our WIC agencies that we have experienced over the past several years.

WIC Agencies: Oh, How We've Changed



- Our agencies look different than they did 4-5 years ago…

Breakout Discussion Task

Discuss:

- What changes have you witnessed in the last 4-5 years?
- If you haven't been with WIC that long, what changes have you seen in your time with WIC?

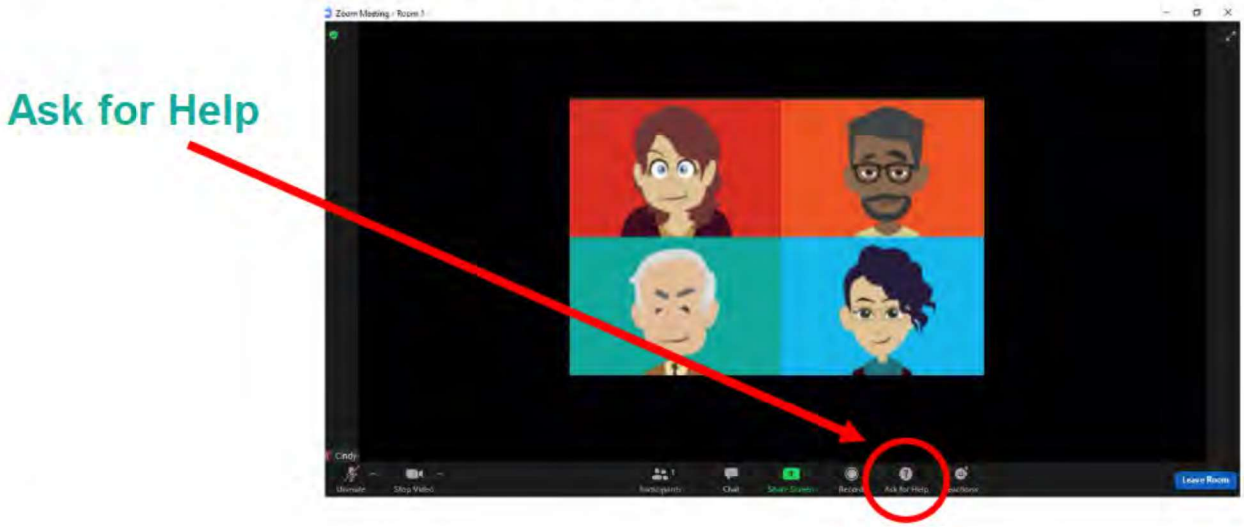
- In a few minutes, we're going to send you to discuss in small groups - "What changes have you witnessed in the last 4-5 years? If you haven't been with WIC that long, what changes have you seen in your time with WIC?" You will have 10 minutes to discuss your responses to the following questions.
- We will ask you to first identify a reporter who will be prepared to summarize what you talked about in your groups when you return to the main training floor.
- Any questions before we do this activity? We are going to drop the discussion questions into the chat. You will have 10 minutes to discuss the questions with your peers.

Production task – Drop questions into the chat:

- What changes have you witnessed in the last 4-5 years?
- If you haven't been with WIC that long, what changes have you seen in your time with WIC?

Production task – mixed groups of 5 (1 DOH participant in each of the breakout rooms), 10 minutes (leave CAI Staff & DOH observer in main room)

Breakout Room Instructions



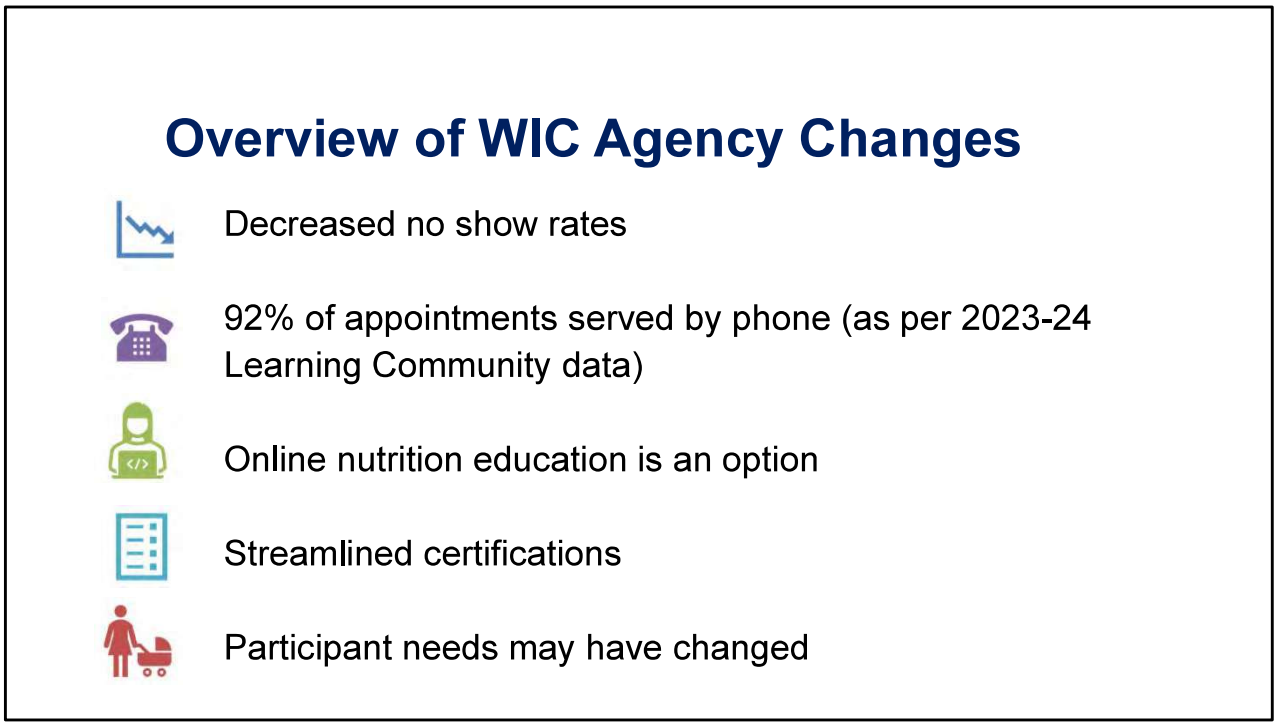
Trainer/Production

- Show trainees what breakout would look like
- **Advise trainees not to leave their breakout room or Zoom;** after the time is up all breakout rooms will be brought back to the main room and they do not need to leave on their own, they should remain in the breakout room for the entirety of the activity even if they finish early
- **Advise trainees** that it may take up to one minute for their partner(s) to appear in the breakout room due to differences between internet speeds/connectivity and even firewalls

Large Group Discussion



- Go to gallery view when participants are brought back to the main training floor.
- Ask for one reporter per group to share a summary of what came up in their breakout sessions using the following debrief questions:
  - What came up in your small groups?
  - What similarities and differences did you observe in your discussion with your peers?
  - What are you taking away?



- Provide a review of changes:
  - Decreased no-show rates
  - 92% of appointments served by phone (as per 2023-24 Learning Community data)
  - Online nutrition education is an option
  - Streamlined certifications - allowing one document for all proofs of eligibility
  - Participant needs may have changed – may have more language line needs or agencies may serve participants who aren't in their communities

Overview of WIC Agency Changes



Growing caseloads



Changes/ improvements in NYWIC



New requirements for substance use, sex and race questions



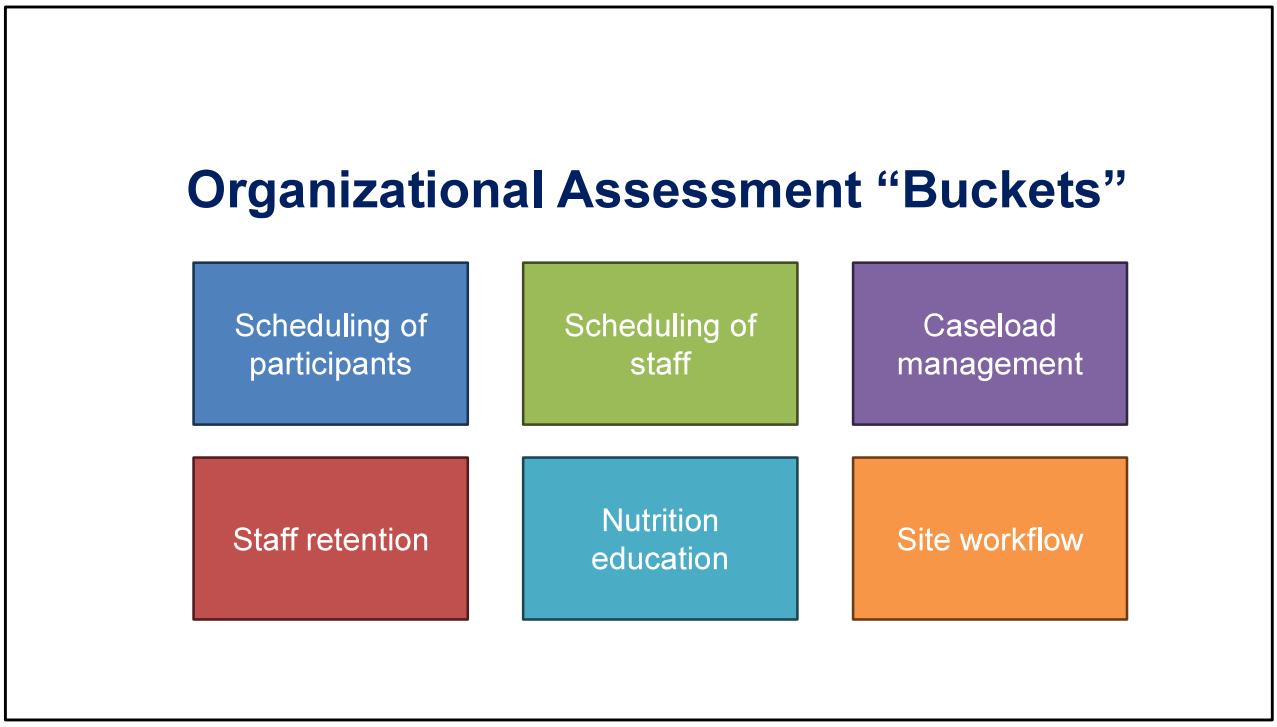
Some agencies have staff working from home

- Provide a review of changes:
  - Growing caseloads – New York State's caseload has grown, though not all agencies have been impacted
  - Changes/improvements in NYWIC
  - New requirements for substance use, sex, and race questions
  - Some agencies have staff working from home
- With all these changes, arises a need to assess whether our old systems are still serving us well. Perhaps it is time to make some changes.

Organizational Assessment



- In this next section, we are going to each complete an organizational assessment. This was created specifically for our learning community as a starting point to see where we are and where we may want to act.



- In our kickoff session, we reviewed the six "buckets" of exploration for this learning community. The organizational assessment has the same six "buckets" that you will assess:
  - Scheduling of participants
  - Scheduling of staff
  - Caseload management
  - Staff retention
  - Nutrition education
  - Site workflow

KB0

Individual Task

- For the next 5-10 minutes, complete the organizational assessment individually.

	We are currently doing it.	We are planning to do it in the next 60 days.	We are thinking about it but have no concrete plan yet.	We haven't thought about this yet.
Scheduling of Participants				
Our local agency has utilized the thinking of our entire staff to modify and improve how we schedule participants.				
Our local agency has strong systems in place to ensure the 10/20 rule is followed.				

- For the next 5-10 minutes, complete the organizational assessment individually.
- [Review the screenshot of the categories on the screen.]
- Do not spend too much time in any one place– put an X or highlight where your agency resonates, in your opinion and experience.

- New York State Department of Health Regional Office Representatives will complete the organizational assessment for an agency in their region.
- We are going to drop the organizational assessment into the chat. Please download it and use the next 5-10 minutes to silently complete it.
- Please give us a "thumbs up" or type into the chat when you have completed it.

Production task – Drop handout into chat entitled "Day 1A- Organizational assessment"

Implementation Team Breakout Discussion Task

Discuss:

- What are all the challenges you are facing in each “bucket”?
- What are the improvements you have already made?

- In a few minutes, we’re going to send you to breakout groups with your implementation teams to discuss the results of your organizational assessments. We want for you to discuss: “What are all the challenges you are facing in each “bucket”? What are the improvements you have already made?”
- You will have 20 minutes to discuss your responses to the following questions.
- We will ask you to first identify a reporter who will be prepared to summarize what you talked about in your groups when you return to the main training floor.
- Any questions before we do this activity? We are going to drop the discussion questions into the chat. You will have 20 minutes to discuss the questions with your team.

Production task – Implementation team (by agency + DOH participants in their own) breakout groups for 20 minutes

Large Group Discussion



- Go to gallery view when participants are brought back to the main training floor.
- Ask for one reporter per group to share a summary of what came up in their breakout sessions using the following debrief questions:
  - What kinds of things came up in your groups?
  - Were there any pieces on the organizational assessment you hadn't considered?
  - Where do you feel inspired or stuck?

Time for a Break!

- The session will resume in 15 minutes
  - Turn off audio
  - Turn off camera



- Time for a break! Please return in 15 minutes at X time.
- You should not log out of Zoom but we ask you to mute yourselves and turn off your camera for the break.

Overall Clinic Operations



- Introduce this next section– doing a deeper dive into clinic operations.
- We know from our experiences at our agency that if one thing changes, it often impacts many other things!
- Let's look at this restaurant – called the Cozy Café and the changes they have experienced in the past few years.

The Cozy Café



Producer- drop handout in chat

Breakout Discussion Task – The Cozy Café

- In your small groups, come up with viable solutions for the Cozy Café.

- In small groups, we want you to come up with viable solutions for the Cozy Café based on their recent changes and the challenges they are experiencing.
- We will ask you to first identify a reporter who will be prepared to summarize what you talked about in your groups when you return to the main training floor.
- Any questions before we do this activity? We are going to drop the scenario with your breakout discussion task into the chat. You will have 15 minutes to discuss the questions with your peers.

Production task – Drop handout into chat entitled “Day 1B- The Cozy Café Breakout Discussion”

Production task – mixed groups of 5 (1 DOH participant in each of the breakout rooms), 15 minutes (leave CAI Staff & DOH observer in main room)

Large Group Discussion



- Go to gallery view when participants are brought back to the main training floor.
- Ask for one reporter per group to share a summary of what came up in their breakout sessions using the following debrief questions:
  - What came up in your small groups?
  - How does this scenario compare to the intricacies of managing a WIC agency?
  - What are you taking away as it relates to your agency and clinic operations?

Understanding Your Caseload & Community



- Now we are going to move to the last section of Day 1 – understanding your caseload and community. Who makes up your caseload and your community? What do you know about who you are serving?

Implementation Team Breakout Discussion Task

Discuss:

- How has your caseload changed?
- What are the demographics of your caseload?

- In a few minutes, we're going to send you to breakout groups with your implementation teams to discuss your caseloads. We want you to explore and respond to the following questions- "How has your caseload changed? What are the demographics of your caseload?"
  - You might consider: What languages do our participants need services provided in? Are you retaining children on your program longer than previously? Do you have many working families who perhaps need more evening/ weekend appointments? If you want to pull reports to answer these questions, you can, but it's also perfectly fine just to answer from your gut.
- You will have 15 minutes to discuss your responses to the following questions.
- We will ask you to first identify a reporter who will be prepared to summarize what you talked about in your groups when you return to the main training floor.
- Any questions before we do this activity? We are going to drop the

discussion questions into the chat. You will have 15 minutes to discuss the questions with your team.

Production task – Drop the questions into the chat:

- How has your caseload changed?
- What are the demographics of your caseload?

Production task – Implementation team breakout groups for 15 minutes

Large Group Discussion



- **Production -** Change to gallery view when participants return from their breakout sessions for the debrief and processing.
- Debrief the conversations by asking for reporters to unmute and summarize what they talked about in their sessions.

Process the “Understanding Your Caseload” implementation team discussion.

- What came up in your small groups?
- What patterns or themes did you notice?
- How does what you know about your caseload and your community impact how you run your agency?

Closing & Next Steps



- Tell trainees that we are now going to wrap-up Day 1.

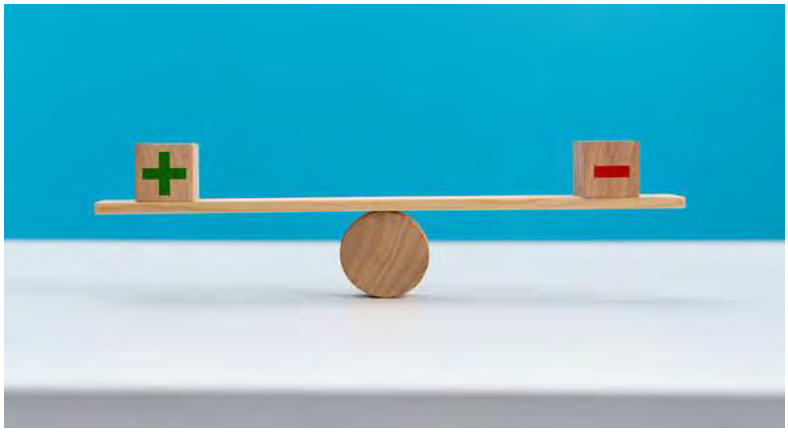
Closing Reflection

- What ideas are already percolating for you?
- What are you starting to consider for changes you might make?



- Ask attendees to share: What ideas are already percolating for you? What are you starting to consider for changes you might make?

Day 1 Pluses & Minuses

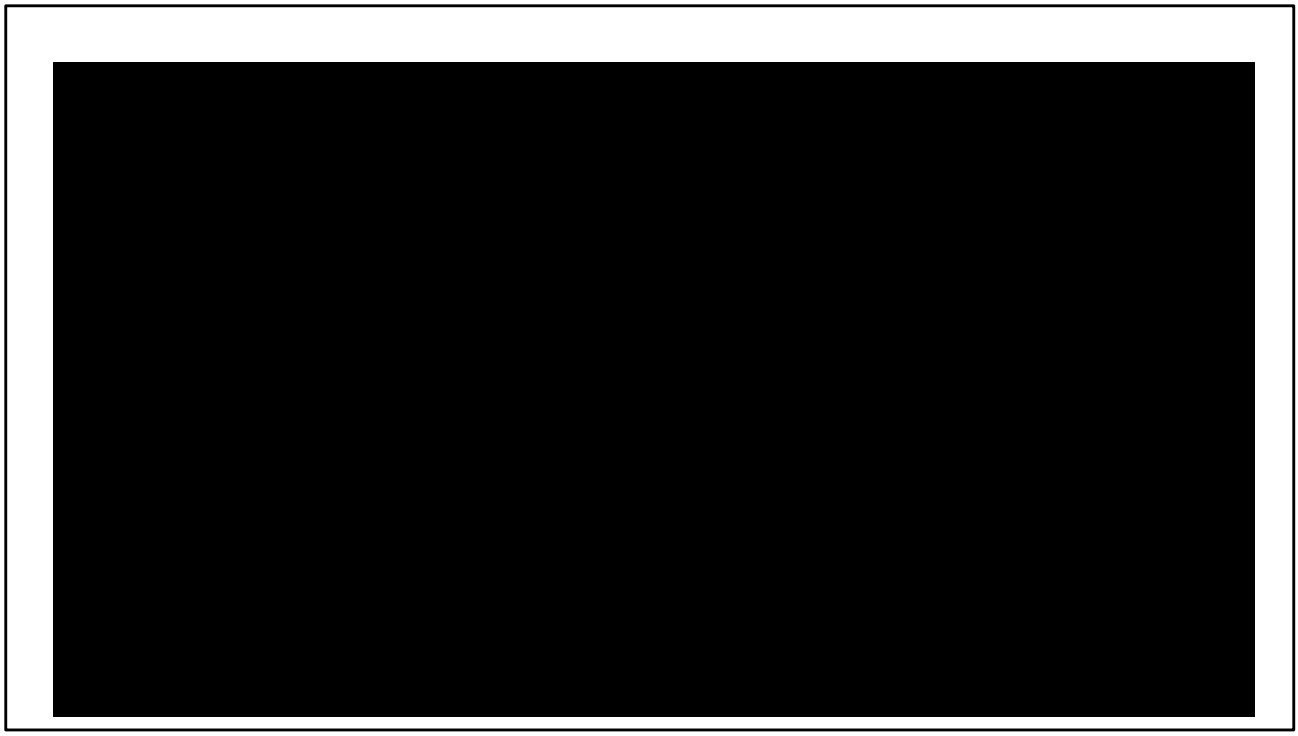


Share pluses and minuses list and ask trainees to complete to better inform day 2
Prompt production to share the link to the pluses and minuses list into the chat

@Production task: Share link:

Tell trainees that once they have completed their pluses and minuses that they are okay to sign off and we look forward to seeing them at 9:00am tomorrow!

•(INTERNAL: For trainers - Report link:



Thank trainees and identify highlights from the day's training

Thank you for joining us today! I hope it was helpful and can help guide you as you do this important work!

- Remind participants about the Zoom link for the following session.
- Answer any lingering questions.

Welcome to Learning Session 1!

Adapting to Evolving Needs in Agency Management and Participant Service

Day 2 | December 5, 2024

Production/Trainer:

****PRODUCER RECORD TO CLOUD****

PRODUCER ENABLE CLOSED CAPTIONING

- Decide who will present slides before the webinar begins.
- Admit trainees into the training 10 minutes prior to the training start time.
- Trainers and/or production staff can start building engagement with those who log on early by encouraging them to chat in their name, local agency, etc.

Trainer/Production

Welcome participants while they are logging on.

- Good morning/Good afternoon
- Welcome trainees to Day 2 where we will continue to discuss adapting to evolving needs in agency management and participant service!

- We record all of our live webinars and store them on-demand for folks to view later if they couldn't make the live recording. All of the resources we share throughout todays webinar, including a copy of the PPT slides, will be made available with the recorded version on the on-demand webinar page of the NYS WIC Resource Hub in a few business days
- Reminder of our policy, you MUST register in order to attend a webinar. If you did not register through the Resource Hub, you will not have access to the evaluation and certificate. NYS DOH policy is that anyone who misses 15 minutes of a webinar will be removed and asked to view the recording another time, the webinar Zoom "door" will close 15 minutes after the start time today and no one will be permitted in after that time.
- Producer chat this in and read aloud "At CAI we support breastfeeding, if you are nursing and need to step away to pump please chat the producer to make them aware. Policy is waived for those who are nursing. It's important that you inform the producer or trainers that you are taking a break to pump so we can ensure you are allowed back into the training."



Trainer/Production:

- Introduce trainers and production staff
- Pass off to production staff

Reflecting on Day 1



- Reflect on themes that emerged from Day 1 of the Learning Session 1.
- Summarize pluses and minuses from Day 1. Discuss how we are addressing the minuses in this learning session or future learning community events.
- Ask trainees if they have any simmering questions from Day 1.

Agenda – Day 2

Welcome Back
Capacity and Demand Tool
Scheduling Participants and Staff
Break
Action Planning
Day 2 Closing & Next Steps

- Review the agenda for today's learning session

Capacity and Demand Tool



- Tell trainees we are now going to consider what the capacity and demand tool can teach us about scheduling.
- As part of the Learning Community, each agency completed the capacity and demand tool and met with Deb and Sabrina to review their results.
- The Capacity and Demand Tool helps the agencies determine the number of participants they need to see per hour, per day, per week, and per month in order to meet their target caseload.
- This tool allows us to answer questions like, “do you have enough appointments per hour to meet your agency’s target caseload?”

Capacity and Demand Data

- Example: CAI WIC Agency
- Annual Target Caseload: 5,102
- Agency Hours Open and Available:
  - Open – 42.5
  - Available – 29.75
- Nutritionists: 6 (including Nutrition Coordinator and Breastfeeding Coordinator)
  - 125.75 Hours of Nutritionist Staff Time / Week
- No-Show Rate: 5%

We'd like to share some example data for the Capacity and Demand Tool today. The CAI WIC Agency has felt very busy lately - participants are waiting for their appointments longer than the team would like and staff feel like they barely have time to use the restroom between appointments. We will look at the completed Capacity and Demand Tool for the CAI WIC; here is the key information that we put into the tool. [read info on slide]

Agency Hours Open and Available

- Open: 42.5 hours / week
- Available: 29.75 hours / week

- Unavailable time:
  - First appointment is scheduled for 30 minutes after opening (Monday-Friday)
  - Last appointment is scheduled 1.5 hours before closing (Monday-Wednesday)
  - Closed for 2 hours every Thursday for staff meeting
  - No appointments scheduled past noon on Fridays

CAI WIC Agency is open 8.5 hours per day or 42.5 hours per week. When we think about the time this agency is available to meet with participants each week, we see they are available for 29.75 hours. They are unavailable at the following times [read unavailable time from slide].

Agency Nutritionist Availability

- 6 Nutritionists on staff → 125.75 hours of Nutritionist Staff Time / Week

Nutritionist Staff Names	Hours Available/Week
Tarisha	29.75
Michelle	29.75
Sabrina	29.75
Zada	29.75
Deb, Nutrition Coordinator	6.75
Maria, Breastfeeding Coordinator	0

6 Nutritionists are on staff, including the Nutrition Coordinator and Breastfeeding Coordinator. Tarisha, Michelle, Sabrina, and Zada are each available to meet with participants 29.75 hours per week. They are at work for 8.5 hours per day, get half an hour for lunch each day, and are scheduled with participants based on what was mentioned for the agency's available hours (i.e., first appointment is scheduled 30 minutes after opening, last appointment is 1.5 hours before closing, staff meeting on Thursdays, and no appointments scheduled past noon on Fridays).

Deb and Maria serve as the Nutrition Coordinator and Breastfeeding Coordinator, respectively; with their additional responsibilities, they have less time to meet with WIC participants each week.

No Show Appointments

- 70 no-show appointments / 1367 scheduled appointments =

5% no-show rate

CAI WIC Agency had a 5% no-show rate for February 2024.

Summary Report - Demand

Summary Report

	Table 1. Demand
Annual Target Caseload	**5102**
Number of Participants Seen Annually	**20408**

This table shows the multiplied number of participants seen annually based on the Local Agency's Annual Target Caseload. It assumes that each participant has 4 appointments throughout the year. This is the **demand** for appointments.

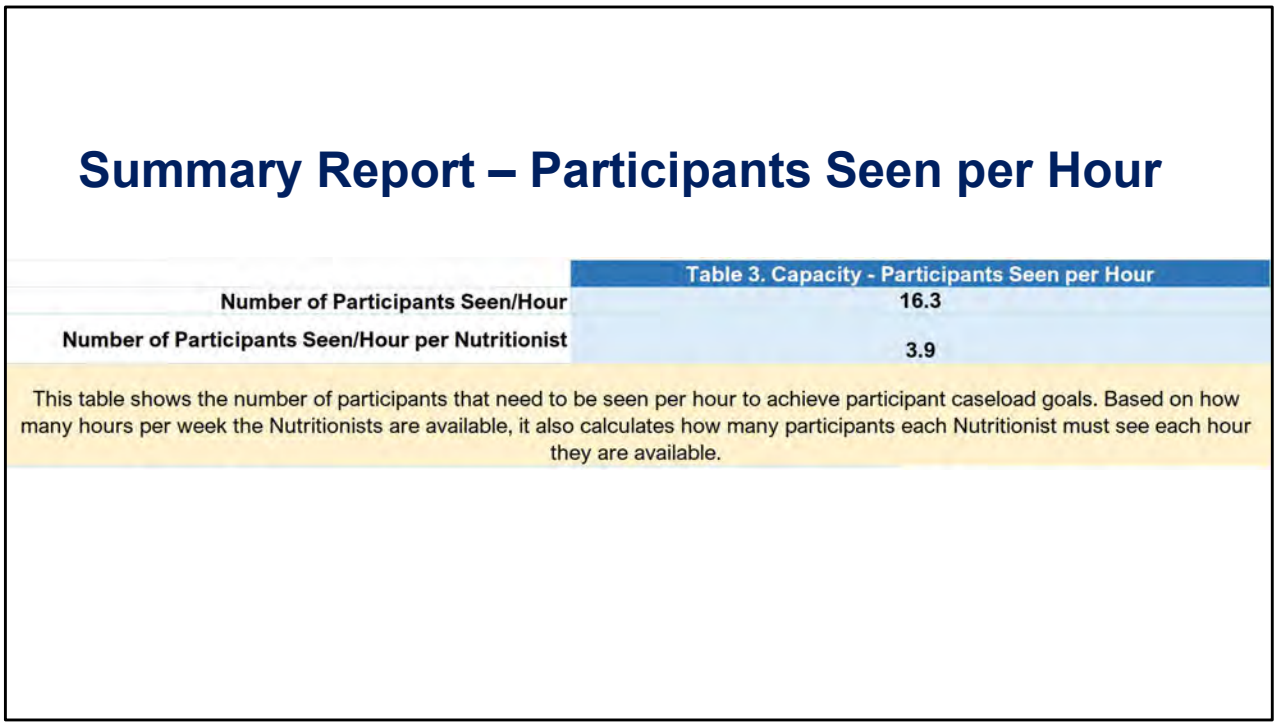
[read info from slide]
Here is the first table from the Capacity and Demand Tool's Summary Report. Our agency has an annual target caseload of 5,102. When multiplied by 4, assuming that each participant comes in for four visits throughout the year, we have a multiplied number of participant visits of 20,408. This is the demand for WIC appointments and services at our agency.

Summary Report – Agency Capacity

	Table 2. Capacity - Hours Open and Available
Total Hours Open and Available Each Week	**29.8**
Total Hours Open and Available Annually	**1249.5**

This table summarizes the total hours the Local Agency is open and available to provide services to participants each week and annually. The hours the Local Agency is open and available is part of the **capacity** to provide WIC services.

[read info from slide]
Based on when our agency is open and available each week, we have 29.8 hours per week to meet with participants. This number is multiplied by 42 weeks to tell us that the agency is open and available for 1,249.5 hours annually. We multiply by 42 instead of 52 weeks to take into account holidays, staff vacation time, and staff sick time. 42 is a standard multiplier when modeling capacity and demand in similar healthcare settings. The hours we are open and available each week and throughout the year are part of our capacity to provide WIC services.



[read info from slide]
Based on when our agency is open and available and nutritionists are available to meet with participants, we can see the number of participants that need to be seen each hour to achieve caseload goals on this slide. At our agency, 16.3 participants need to be seen each hour at the agency to meet caseload goals. If we want to look at how many participants each Nutritionist must see per hour when they are available to meet with participants, we look at the bottom number, 3.9. This was calculated based on how many participants the agency must see each week and how many available hours of nutritionist staff time we have per week. So for our agency, we need to see 16.3 participants each hour and each nutritionist needs to see 3.9 participants per hour for each hour they're available to meet caseload goals.

Summary Report – Participants Seen per Hour

	Table 3. Capacity - Participants Seen per Hour
Number of Participants Seen/Hour	16.3
Number of Participants Seen/Hour for Each Nutritionist FTE	5.2
Number of Participants Seen/Hour per Nutritionist	3.9

This table shows the number of participants that need to be seen per hour to achieve participant caseload goals. It also shows how many participants each Nutritionist FTE must see each hour. Based on how many hours per week the Nutritionists are available, it also calculates how many participants each Nutritionist must see each hour they are available.

FTE = Full-time Equivalent

[read info from slide]
Based on when our agency is open and available and nutritionists are available to meet with participants, we can see the number of participants that need to be seen each hour to achieve caseload goals on this slide. At our agency, 16.3 participants need to be seen each hour at the agency to meet caseload goals. We've also calculated the number of participants that each Nutritionist Full-time Equivalent (FTE) and each Nutritionist must see per hour. Each Nutritionist Full-time Equivalent (FTE) must see 5.2 participants per hour, but since none of our Nutritionists are available to meet with participants for 40 hours per week, this number combines time from multiple nutritionists. If we want to look at how many participants each Nutritionist must see per hour when they are available to meet with participants, we look at the bottom number, 3.9. This was calculated based on how many participants the agency must see each week and how many available hours of nutritionist staff time we have per week. So for our agency, we need to see 16.3 participants each hour and each nutritionist needs to see 3.9 participants per hour for each hour they're available to meet caseload goals.

Summary Report – Participants Scheduled

	Table 4. Capacity - Participants Scheduled
Number of Participants Scheduled Annually	21453.0
Number of Participants Scheduled Hourly	17.2
Number of Participants Scheduled Hourly per Nutritionist	4.1

This table shows the number of participants that need to be scheduled annually and hourly to achieve your participant caseload goals. It also shows the number of participants that need to be scheduled hourly for each nutritionist when they are available. This accounts for appointments where the participant does not come (no show appointments) to show how many participants must be scheduled so that the agency sees the number of participants needed to meet caseload goals.

[read info from slide]
The last slide talked about how many participants we need to see each hour; this slide looks at how many we need to schedule each hour. We know that not every participant attends every single scheduled appointment. These calculations take into account our no-show rate to tell us that each year, we need to schedule 21,453 participants. At the agency, 17.2 participants need to be scheduled each hour so that we see the number of participants needed to meet our caseload goals. For each nutritionist, 4.1 participants need to be scheduled each hour so that each nutritionist sees the number of participants needed to meet our caseload goals.

If we at the CAI WIC agency need to schedule 4.1 participants per hour, that means we need to schedule 1-2 participants every 15 minutes. Currently, our scheduling document says most appointments should be 30 minutes in length.

Summary Report – Participants Scheduled per Day

	Table 5. Capacity - Participants Scheduled per Day
Monday	115.9
Tuesday	115.9
Wednesday	115.9
Thursday	103.0
Friday	60.1
Saturday	0.0
Sunday	0.0

This table shows the number of participants needed to be scheduled each day to achieve participant caseload goals. It accounts for appointments where the participant does not come (no show appointments) to show how many participants must be scheduled so that the agency sees the number of participants needed to meet caseload goals.

[read info from slide]
This table shows the number of participants that need to be scheduled each day to achieve our participant caseload goals and accounts for appointments where the participant does not come. This table is based on the number of hours our agency is available each day to meet with participants. Thursday has fewer participants scheduled because we have our staff meetings in the afternoon and are unavailable to meet with participants. Fridays have fewer scheduled participants because we don't schedule appointments past 12pm.

Summary Report – Participants per Nutritionist

	Table 6. Capacity - Participants Scheduled and Seen Weekly per Nutritionist	
	Participants Scheduled Each Week Per Nutritionist	Participants Seen Each Week Per Nutritionist
Tarisha	120.8	115.0
Michelle	120.8	115.0
Sabrina	120.8	115.0
Zada	120.8	115.0
Deb, NC	27.4	26.1
Maria, BFC	0.0	0.0

This table shows the number of participants that need to be scheduled each week and seen each week, per nutritionist, to achieve participant caseload goals. These numbers are based on the hours each nutritionist is available to meet with participants each week. The left-hand column showing Scheduled accounts for appointments where the participants does not come (no show appointments), and the right-hand column showing Seen details how many participants must be seen by each nutritionist to meet caseload goals.

[read info from slide]
This is the last table included in the Summary Report; it shows the number of participants that need to be scheduled and seen each week for each Nutritionist, based on the number of hours per week that each Nutritionist is available. On the left, we see that Tarisha, Michelle, Sabrina, and Zada need to have 120.8 participants scheduled each week to see 115 participants, which is the number needed to meet our caseload goals. Deb has far fewer hours each week to meet with participants, and so 27.4 participants need to be scheduled for her each week so that she sees 26.1 participants. And Maria as the Breastfeeding Coordinator does not have any time to meet with participants no participants are scheduled with her.

Large Group Discussion

- What does this tell you about our hypothetical CAI agency?
- How does this agency's capacity compare to their demand?
- What are some changes that the CAI WIC agency could make?

Producer: Go to gallery view for the large group discussion

Initiate large group discussion to process example data

- What does this tell you about our hypothetical CAI agency?
- How does this agency's capacity compare to their demand?
- What are some changes that the CAI WIC agency could make based on the information from the capacity and demand tool?

Implementation Team Breakout Discussion Task

Discuss:

- What did you learn from your agency's capacity and demand tool?
- What does it mean for your agency?

- In a few minutes, we're going to send you into groups with your implementation= teams to discuss the above questions.
- We ask that you have your summary sheet in front of you.
  - You will have 15=minutes to discuss your=responses to the following questions.
  - We will ask you to first identify a reporter who=will be prepared to summarize what you=talked about in your groups when you return=to the main training floor.
  - Any questions before we do this activity? We=are going to drop the discussion questions=into the chat. You will have 15 minutes to discuss the questions with your team.
  -

Production task – Drop questions into chat:
• What did you learn from your agency's capacity and demand tool?
• What does it mean for your agency?

Production task – implementation teams (DOH participants assigned to implementation teams, not same region as agency), 15 minutes

Large Group Discussion



- Go to gallery view when participants are brought back to the main training floor.
- Ask for one reporter per group to share a summary of what came up in their breakout sessions using the following debrief questions:
  - What came up in your small groups?
  - Where are you going from here?
  - What's next for your agency around scheduling?

Scheduling Participants & Staff



- In this next section of the day, we are going to focus on scheduling participants and staff.
- In many cases, scheduling practices have been inherited – “this is the way we’ve always done it”
- It is likely time to reassess and perhaps make some changes in accordance with the changes our agencies have undergone as discussed in Day 1
- Flexibility is key - use trial and error to find what works best but know that it may need to be changed as time goes on

Offer Flexibility in Scheduling

- Make it as easy as possible for the participant
- Offer maximum flexibility around scheduling and rescheduling appointments
- Offer a variable schedule to accommodate participants' needs



- Make it as easy as possible for the participant
- Offer maximum flexibility around scheduling and rescheduling appointments
- Offer a variable schedule to accommodate participants' needs

Offer Real Choice

- Offer real choice around appointment modalities (in-person vs. virtual)
- Don’t limit access – all appointment types must be available at every site during hours of operation



- Offer real choice around appointment modalities (in-person vs virtual)
- Don’t limit access. All appointment types must be available at every site during hours of operation. Example of limiting access: PCERTs are only offered on Fridays

Repeat Scheduling

- Schedule with the same nutritionist for each visit to build rapport and improve staff job satisfaction



- Schedule with the same nutritionist for each visit to build rapport and improve staff job satisfaction

Appointment Reminders & Prioritization

- Ensure you are following the “10/20-day rule” to prioritize appointments
- Implement an appointment reminder system
  - Text
  - Call



- Ensure you are following the “10/20-day rule” to prioritize appointments
- Implement an appointment reminder system
  - Text
  - Call

Reduce Schedule Complexity

- All staff should schedule the same
- Build the schedule based on capacity
  - Compare usual appointment times to staff work hours



- There should be consistency in scheduling across the agency –
  - All staff should schedule the same - meaning that all staff give the same appointment types the same amount of time
  - Provide staff with scheduling guidance to help accomplish this.
- Build the schedule based on capacity
  - Compare usual appointment times to staff work hours

Reduce appointment variability



- Explore average participant time per visit
- Agencies can do this research or use data from prior learning communities

- Reduce appointment type variability
  - Standardize appointment type/length by exploring average participant time per visit
  - Agencies can do their own research to determine what these lengths should be or can use what we've learned in prior learning communities

Average time with the nutritionist

Appointment Type	Time (minutes)
Certification	22
Recertification	16
Health and Nutrition Update	9
Nutrition Education	9
Food Package Change	9
Multiple Types	19

- The 2022-2023 learning community collected data on how long it took nutritionists for appointments based on the type of appointment and the number of participants in the appointment
    - Average time by appointment type:
        - Certification: 22 minutes
        - Recertification: 16 minutes
        - Health and Nutrition Update/Nutrition Education: 9 minutes
        - Food package change: 9 minutes
        - Multiple visit types: 19 minutes

Average time with the nutritionist

Number of Participants in household	Time (minutes)
1	11
2	15
3	19
4	20

*Language line adds 12 minutes on average

    - Avg time by number of participants:
        - 1: 11 minutes
        - 2: 15 minutes
        - 3: 19 minutes
        - 4: 20 minutes
- Also, in the 2019 Learning Community, we found that using the language line adds an extra 12 minutes on average
- If it would be helpful to implementation teams, we could post scheduling guidance in the Learning Community tab of the WIC Resource Hub
    - We could include scheduling guidance from any agency willing to share theirs
    - We could also post the slide deck with the data from 2022-2023 learning community

Plan for the "unexpected"

- Walk-ins
- No shows
- Emergency appointments
- Online nutrition education follow-up calls
- Drop-in appointments for heights/ weights and blood work
- Reviewing medical documentation



- Plan for the "unexpected"
  - The "unexpected" may include:
    - Walk-ins
    - No shows
    - Emergency appointments
    - Online nutrition education follow-up calls
    - Drop-in appointments for heights/ weights and blood work
    - Reviewing medical documentation forms
  - We can expect that these things will happen, we just don't always know when they will happen

Ideas of how to plan for the "unexpected"

- Assign a nutritionist to these items for the whole day or block part of the schedule
- Pull in the Coordinator, Nutrition Coordinator, Breastfeeding Coordinator, or Outreach Coordinator when these needs arise
- Consider historical trends
- Make appointment times generous to allow for some wiggle room

- Agencies will need to determine how to plan for these depending on their circumstances. Different solutions will be appropriate for different agencies. Some considerations might be:
  - Do you have enough staff to have one nutritionist devoted to these items?
  - Would it work to pull the Coordinator, Nutrition Coordinator, Breastfeeding Coordinator, or Outreach Coordinator when these needs arise?
  - Could you block time in a nutritionist's schedule to make online nutrition education follow up calls?
  - What trends have you seen in the past in when no-shows occur? E.g first week of school has more no-shows.
  - Can you afford to make appointment times generous enough that there is a little down time between appointments to accomplish these tasks?

Use Data to Inform Future Scheduling

- Conduct an appointment flow analysis
- Conduct time studies
- Utilize NYWIC reports



- Use data to inform future scheduling
  - Conduct an appointment flow analysis
    - This is where you track the amount of time from the start of an appointment to the end
  - Conduct time studies (different than the NYS DOH required time studies)
    - Track the amount spent by each position during each appointment
  - CAI can provide coaching on how to do appointment flow analysis and time studies
  - Use the data obtained to:
    - Determine standard appointment lengths
    - Explore why there might be differences from one staff person to another (in the same position)
      - Ask why there might be differences. Is someone skipping steps? Are there things someone is doing that could be streamlined?

        - Compare your data to data collected in previous learning communities
    - Utilize NYWIC reports

Maximize Resources & Staffing

- Be thoughtful about how staff time is allocated
- Review WPM 1460 Local Agency Nutrition Staff policy supplement



- Be thoughtful about how staff time is allocated. The objective is to provide high-quality care within the finite amount of time staff are available.
- Review WPM 1460 Local Agency Nutrition Staff policy supplement to see if you can utilize the Nutrition Coordinator or Breastfeeding Coordinator for appointments

Nutrition Coordinator and Breastfeeding Coordinator Time

Total Target Caseload	Minimum Allotted Hours Per Week
0-1,000	1-3
1,001-2,000	3-6
2,001-3,000	6-10
3,001-6,000	10-15
6,001-8,000	15-20
8,001-15,000	20-25
15,000+	25+

On the slide is a table from WPM 1460 Local Agency Nutrition Staff policy supplement which shows the minimum allotted hours for the Nutrition Coordinator and Breastfeeding Coordinator roles based on target caseload. If your implementation team is considering revising the number of hours that the Nutrition Coordinator and Breastfeeding Coordinator are allotted, we encourage you to review WPM 1460 and its policy supplement as there are additional details included (eg WPM 1460 says each of these roles must spend adequate time to complete their required duties, the amount of time allotted for the BFC is to manage the PC program and the pump program – additional time may be needed for other BFC duties, like planning National Breastfeeding Month events and training nutrition staff.)

Appointment Coordination

- Honor appointment times, whether in-person or virtual
  - Call participants for their virtual appointment at the scheduled time – not before or after
- Minimize wait times
  - Have a system in place for appointment coordination so the participant is never waiting



- Honor appointment times, whether in person or virtual. Minimize wait times.
  - Call participants for their virtual appointment at the scheduled time, not before, not after.
  - Have a system in place for appointment coordination so the participant is never waiting

Walk-ins and Handoffs

- Know how to handle walk-ins
- Ensure a seamless transition from support staff to nutritionist



- Know how to handle walk-ins
- The handoff from support staff to nutritionist should be seamless

Note Writing

- Notes should be written immediately after the appointment



- Notes should be written immediately after the appointment

No-Shows and Follow-Up

- Nutritionist calls no-shows for Health and Nutrition Update and Nutrition Education visits and offers to complete appointments immediately



- Nutritionist calls no-shows for Health and Nutrition Update and Nutrition Education visits and offers to complete appointments immediately

Communication

- Communicate effectively with participant/ AR and make sure it is a good time to complete the appointment



- Communicate effectively with participant/ AR and make sure it is a good time to complete appointment

High-Risk Participants

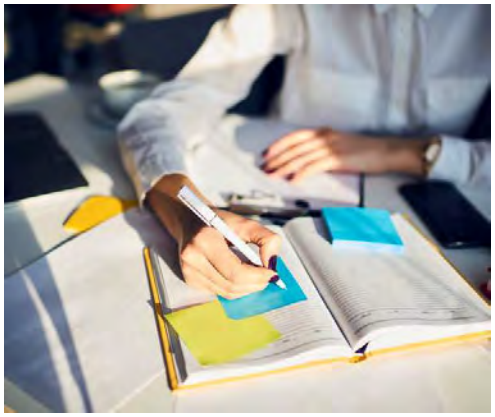
- High-risk participants should be assessed by the QN the same day the high-risk criteria is identified and should be scheduled with a QN for recertifications



- High-risk participants should be assessed by the QN the same day the high-risk criteria is identified and should be scheduled with a QN for recertifications

Task Assignment

- Assign relevant tasks to employees based on their experience and skill set



- Assign relevant tasks to employees based on their experience and skill set

Monitoring & Analyzing the Schedule

- Create a system to monitor and analyze the schedule
  - While all staff should monitor the schedule regularly, there should be a go-to “scheduling person.”
  - This could be the coordinator or someone else.



- Create a system to monitor and analyze the schedule
  - While all staff should monitor the schedule regularly, there should be a go-to “scheduling person.”
  - This could be the coordinator or someone else.

Breakout Discussion Task

Discuss:

- Where can we strengthen scheduling?

- In a few minutes, we're going to send you into=groups with your peers to process the lecturette=and talk about where you feel as though you can=strengthen scheduling.
- Once again, we will ask you to first identify a=reporter who will be prepared to summarize what=you talked about in your groups when you return=to the main training floor.
- Any questions before we do this activity? We are=going to drop the discussion question into the=chat. You will have 15 minutes to discuss the question with your peers.
- Prompt production to send LA implementation teams into breakout sessions in mixed groups

Production task – Drop question into chat:

• Where can we strengthen scheduling?

Production task – mixed groups of 5 (1 DOH participant in each of the breakout rooms), 15 minutes (leave CAI Staff & DOH observers in main room)

Large Group Discussion



- Go to gallery view when participants are brought back to the main training floor.
- Ask for one reporter per group to share a summary of what came up in their breakout sessions using the following debrief questions:
  - What came up in your small groups?
  - What patterns or themes did you notice among your peers' report-outs?
  - Where are you going from here? What's next for your agency around scheduling?

Time for a Break!

- The session will resume in 15 minutes
  - Turn off audio
  - Turn off camera



- Time for a break! Please return in 15 minutes at X time.
- You should not log out of Zoom but we ask you to mute yourselves and turn off your camera for the break.

Action Planning



- Now, we are going to pivot to an essential part of the day where we put pen to paper to plan out our steps for improvement over the next 30-60 days.

Possible Improvement/ Enhancement Areas

1. Scheduling of participants
2. Scheduling of staff
3. Caseload management
4. Staff retention
5. Nutrition education
6. Site workflow
7. Optional Write-in Area

- These are the six “buckets” we are exploring in this learning community.
- We ask you to fill out an action plan for one to two of the following possible “buckets” or improvement areas. These are areas you want to enhance or areas that you want to explore in innovative ways.
- You and your team can choose to continue any work you haven’t finished yet, choose new areas to explore, perhaps inspired by our conversations over these last two days, or work on something else you’ve been discussing in your agency. Just please be sure that what you choose to work on fits within our Learning Community theme.
- Think about low-hanging fruit
- Think about gaps that you’d really like to fill
- Think about areas you’d like to roll up our sleeves and work on
- There could be an area you want to modify or change or try something new or interesting
- These are going to be some of your priority areas

Action Plan Template

Scheduling of Participants					
Steps – *Actions to be taken*	*Who is Responsible*	*Resources Required*	*Start Date*	*Completion Date*	*Desired Outcomes*
1.					
2.					
3.					
4.					

- Review action plan worksheet and columns to be completed
- Implementation teams will work together to create action plans
  - Regional office staff will be assigned to breakout rooms with teams outside of their region to observe the process

Action Plans

- Well-written action plans are complete and specific
- Goals are measurable and timely



- As you fill out an action plan for one to two of the following possible improvement areas or areas you want to enhance or areas that you want to explore in innovative ways, we want you to keep the following things in mind.
- Well-written action plans are complete and specific with action steps and people assigned to them
- Goals are measurable and timely; we suggest you assign dates to them so you can track your progress and stay on schedule.

Example of a Weaker Action Plan

Scheduling of Participants					
Steps – Actions to be taken	***Who is Responsible***	***Resources Required***	***Start Date***	***Completion Date***	***Desired Outcomes***
1. Schedule more appointments	Staff		12/10/24	2/25/25	See more participants
2.					
3.					

Example of a Strong Action Plan

Scheduling of Participants					
Steps – Actions to be taken	***Who is Responsible***	***Resources Required***	***Start Date***	***Completion Date***	***Desired Outcomes***
1. Revise scheduling guidance document	Learning Community Team	Old scheduling guidance doc, capacity and demand tool results	12/10/24	1/8/25	Evenly distribute workload, have enough appointment slots for caseload
2. Train all staff on revised guidance	Coordinator	Revised guidance doc	1/14/25 (meeting)	1/14/25	Consistency in scheduling
3. Monitor schedule for implementation	Site manager	Revised guidance doc, NYWIC	1/21/25	2/25/25	At least 75% of appointments are scheduled correctly

Implementation Team Breakout Discussion Task

- Choose one or two possible areas
- Fill out each section of that action plan completely
- Return the completed action plans to Maria at mdentino@caiglobal.org
- Due COB Tuesday, December 10th

- Each agency will be given 30 minutes to=begin filling out action plans for 1-2 areas=that you want to focus on.
- Fill out an action plan for one to two of the=possible improvement areas, or areas you=want to enhance or explore in innovative=ways.
- Please complete it and return to Maria=Dentino at CAI by close of business on=Tuesday, December 10th.
- When we return, implementation teams will share 1-2 action steps they plan on taking from their action plan templates with the group.

Production task – Drop “Day 2 - Action planning template” into chat
Production task - Send trainees into implementation teams for 30 minutes.

Action Plan Report-Out



- Catholic Charities of Western New York – South Buffalo site
- Oak Orchard Health
- Monroe County Health Department
- Cayuga County Health Department
- Broome County Health Department
- Community Health Center of the North Country
- Warren County Health Services

Ask each agency to report out on 1-2 action steps they plan on taking in the next 30-60 days.

Action Plan Report-Out

- Open Door Family Medical Center
- NYC Health + Hospitals Metropolitan
- Opportunity Development Association of Williamsburg
- Community Health Center of Richmond
- Public Health Solutions – Ocean Ave site



Ask each agency to report out on 1-2 action steps they plan on taking in the next 30-60 days.

Closing & Next Steps



- Tell trainees it is now time to close out today’s session.

Remote Check-in #2

January 8, 2025
2:00 – 4:00 pm



- Remote Check in #2
  - The next remote session is scheduled for: January 8th, 2025 from 2:00pm-4:00pm
  - Everyone on the implementation team is welcome to attend, but only one person from each agency is required
  - [Provide overview of next remote check-in topic]
  - **Production** to share registration link into the chat:

Note to learners

CAI will offer an opportunity for learners to evaluate this Continuing Professional Education (CPE) activity and will regularly use this important feedback to continually improve the activities/ materials offered. Please note that you are able to send feedback directly to Commission on Dietetic Registration (CDR), by e-mailing QualityCPE@eatright.org.

RDs and DTRs seeking continuing education credits through the Commission on Dietetic Registration are encouraged to complete an additional evaluation (producer drop link in chat): WIC RD/CPEU Optional Evaluation (alchemer.com)

Thank you!



Please log into your NYS WIC Resource Hub account to complete your evaluation and receive your certificate

Link to hub: https://nyswicresourcehub.unhosting.site/ , locate this particular course, and complete the evaluation.
Production: Put link to hub into chat.

Evaluations will close after 5 business days and no longer be available. If you do not complete the evaluation within this timeframe you will not receive your certificate.

[redacted]



[redacted]

Thank you for joining us today! I hope it was helpful and can help guide you as you do this important work! We look forward to seeing you soon.

References

1) Cicatelli Associates, Inc. & New York State Department of Health. (2024). *2023-2024 Learning community desk audit data*.

2) United States Department of Agriculture, Food and Nutrition Service. (2024, June 12). *WIC caseload management and cost savings strategies*. https://www.fns.usda.gov/wic/caseload-cost-saving-strategies

2024-25 NYS WIC Learning Community
Learning Session #2
February 26-27, 2025
1:00-4:15 PM

Goal: Learning Community members will explore online nutrition education implementation and identify opportunities for innovation and change.

Description: This two-day learning session marks the halfway point of our Learning Community and provides a critical opportunity for teams to reflect on progress, explore data-driven strategies, and refine their approach to online nutrition education. Attendees will discuss online nutrition education implementation and identify possible actionable strategies to test in their agencies. By the end of this session, teams will be equipped with tools and a direction for their second action plan to optimize their efforts leading up to the Summative Congress in 10 weeks.

Presenters:
Deb Bonzo
Maria Dentino
Other CAI staff TBD

Target Audience:
Learning Community Implementation Team Members

Length of Training:
6 hours (2, 3-hour sessions)

Continuing Education:
~5.5 CPEUs TBD by CDR
_6.5_CEU (TBD by DOH)
0 LCERPs

Learning Objectives:
As a result of this check-in, attendees will be able to:

1. Discuss the benefits of online nutrition education for both participants and staff
2. Evaluate data around staff offering and participant acceptance of online nutrition education
3. Identify tools and strategies that may improve staff offering and participant acceptance of online nutrition education
4. Explore the online nutrition education process, identifying key juncture points and opportunities for enhancement
5. Develop an effective action plan for Action Period 2

Teaching Methods:

- PowerPoint
- Interactions such as polling, videos, small and large group discussions

Materials Needed:
This learning session will include an informative presentation with interactive components.

- PowerPoint
- Video clip from 2025 Managers Workshop participant interviews
- Completed homework assignments
- Implementation teams' data dashboards
- Each agency's action plans from Learning Session 1

*CAI will send a reminder to agencies to bring the last three items in advance of the session

Agenda/outline:
Day 1

- Welcome & Introductions
    - Thank attendees for evaluation feedback from Check-In 3 and briefly review
    - Learning session 2 marks the halfway point of the Learning Community!
    - Our Summative Congress is only 10 weeks away. Over these next two days, we want you to think about where you'd like to go with your next action plan. You will be sharing the highlights of your accomplishments with the rest of the state at the Summative Congress, so keep that in mind as your team chooses your direction.
    - Goal and objectives
- Warmup – Large Group Discussion
    - Scenario: You're part of a sales team for an online vendor. You've analyzed your data and realized that 70% of customers have created an account but only 22% are purchasing.
    - Discussion: What do you do about this? How do you analyze this? How do you impact this?
- Online Nutrition Education Benefits to Participants Lecturette
    - Show 1-min video clip from participant interview regarding her experience with online nutrition education
    - Many people have become accustomed to using online methods to accomplish other tasks in their lives (banking, shopping, etc.)
    - Information provided is evidence-based, free from bias, a good option in lieu of the misinformation found on social media
    - Lessons use behavior change models and are designed to create positive behavior changes.
    - May decrease barriers to completion because lessons can be completed at any time
    - Innovative and exciting way for participants to learn/receive nutrition education
    - High participant satisfaction

        - In the 2023 WIC Multi-State WIC Participant Satisfaction Survey, participants rated online nutrition education as a 3.7 out of 4 (4 is very satisfied and 1 is very unsatisfied) (National WIC Association, 2024)
        - Data from wichealth
            - 91% recommend wichealth to others
            - 89% believe they can make a change
            - 85% prefer wichealth over other options
            - 100% consider wichealth high quality education
            - 100% are satisfied with the nutrition education topics
            - 112% higher WIC program retention for wichealth users

- Homework Assignment Report Out
    - Small, mixed groups
    - Discussion questions:
        - What was the experience like to look at one of these lessons?
        - How did it shift your thinking about how you offer them?
        - What are some of the benefits? What are the strengths?
        - What other ideas do you have from this experience?
        - Would it be helpful to have all staff view the lessons or review more lessons? Wichealth superuser?
- Lecturette: Benefits of online nutrition education to staff/agency, policy review
    - Could impact clinic flow - has the potential to free up appointment slots
    - Could alleviate burden on nutritionists, especially if nutrition assistants are utilized
    - Messaging provided is consistent and evidence-based
    - Study evaluating 24.1% of wichealth lessons completed in 2023-2024 found that over 88% were actively preparing for or engaged in active change, with minimal relapse (Bensley & Brusk, 2024)
    - Policy review
        - WIC policy 1200 Nutrition Education Contacts and Materials (10/22) says, “must inform participants of available delivery methods for nutrition education”
        - Online Nutrition Education Guidance Using wichealth: Staff must offer the option of online nutrition education for nutrition education appointments to all participants throughout the certification, regardless of prior declination by a participant at a previous appointment, as circumstances and preferences may change.
- Break
- Understanding Data on Offering and Acceptance of Online Nutrition Education

    - Show overall state data on offering and acceptance of online nutrition education and discuss how to make sense of these numbers
        - Offering
            - We can look at 2024 and see how the data changed month-to-month
            - We can also estimate how many participants should be offered online nutrition education and compare the data to that estimate
                - We know from policy that 100% of participants who are being scheduled for a nutrition education appointment should have this option offered.
                - Roughly one-third of an agency's caseload is seen each month and of those, roughly one-half should be offered online nutrition education as they are not being scheduled for either a certification or a health and nutrition update.
                - Therefore, we propose that one-sixth of an agency's caseload should be offered online nutrition education each month.
        - Acceptance
            - When reviewing data, it is helpful to identify a benchmark to compare to
            - Potential benchmarks:
                - 2023 Multi-State WIC Participant Satisfaction Survey: 35% of participants reported using online nutrition education to interact with WIC services (National WIC Association, 2024)
                    - Perhaps this is a rough benchmark for agencies to use? It is likely a low estimate for what acceptance could be because this number is capturing those who **completed** online nutrition education. Acceptance is likely a higher number than completion.
                - State average
                - High-performing agencies, deidentified
    - Show the range of the 11 agencies with deidentified data
- Exploring Our Data on Online Nutrition Education Offering and Acceptance
    - Provide each agency with their own data (will do this without sharing each agency's data with other agencies)
    - In implementation teams, discuss:

        - What do you make of your data?
        - What have been the challenges around offering?
        - Why might participants not accept online nutrition education?
        - Have you done any problem solving around offering and if so, what?
        - How can we influence participant acceptance?
- Possible Tools and Strategies to Improve Offering and Acceptance
    - Scripts
    - Enrolling everyone in wichealth at their initial appointment
    - Messaging on websites, social media, outreach materials
    - Wichealth videos and Resource Library
        - How to create an account
        - How to complete a lesson
        - Promotional materials for clients and staff, including flyer in English and Spanish
        - Social media for Facebook and Instagram
    - Track/review data at staff meetings
    - Train staff
    - Have staff view lessons to increase excitement and familiarity

- Day 1 Wrap Up
    - Pros and cons

Day 2

- Welcome Back
    - Review pros and cons
    - What thoughts have you had between yesterday and today?
- Online Nutrition Education Process
    - Lecturette with polls and discussion interspersed: Walk through flow chart created by CAI of the agency's process of online nutrition education
        - Poll questions to ask about the various steps, for example:
            - When and who is assisting with account creation?
            - Who is monitoring reports and follow up activities?
            - Does your protocol for missed appointments incorporate online NE "missed appointments"?
        - Trainer to facilitate large group discussion on steps of the process
    - As your acceptance rate improves, your systems for handling online nutrition education may need to change
- Implementation Team Discussion
    - What ideas bubbled up?

    - Where are the opportunities to strengthen online nutrition education – offering, acceptance, monitoring, etc.?
    - What systems need to be put in place in order for you to be successful?
    - What's next for you regarding online nutrition education, if anything?
    - Large group debrief discussing what came up – document thoughts in Mentimeter or elsewhere? Shared Word doc?

- Break
- Action Plan 2 Development
    - Lecturette:
        - Review of "buckets" of exploration
        - Review your agency's Action Plan 1
            - Did you complete all of your goals?
                - If so, celebrate and choose some new goals to work on
                - If not, identify what got in the way. Decide if you'd like to modify what you were doing and/or choose new goals.
            - Example of reviewing action plan
        - Again, we are halfway through the Learning Community, you have 10 weeks left before the Summative Congress for these goals
    - Implementation teams will have time to work on their action plans and then report out to the larger group
- Wrap Up and Next Steps
    - Next check-in: March 20, 2025, 9:00 – 11:00 AM

Resources:

Bensley, R. J. & Brusk, J. J. (2024, November). *Behavioral IQ: Tracking progress, empowering change*. Presented at the National WIC Association Nutrition Education and Breastfeeding Conference, Baltimore, MD.

National WIC Association. (2024, February). *2023 Multi-state WIC participant satisfaction survey*. https://media.nwica.org/2023%20multistate%20wic%20survey%201.pdf

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2024-25 New York State WIC Learning Community: Learning Session 2

2-Day Training
Trainer's Manual



2024-25

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Training Description

This two-day learning session marks the halfway point of our Learning Community and provides a critical opportunity for teams to reflect on progress, explore data-driven strategies, and refine their approach to online nutrition education. Attendees will discuss online nutrition education implementation and identify possible actionable strategies to test in their agencies. By the end of this session, teams will be equipped with tools and a direction for their second action plan to optimize their efforts leading up to the Summative Congress in 10 weeks.

Target Audience: The designated performance improvement (implementation teams) from each of the local agencies selected to participate in the 2024-25 Learning Community.

Length: Day 1: 3 hours
Day 2: 3 hours

Maximum Number of Trainees: 75

Training Goal and Objectives

Goal: Learning Community members will explore online nutrition education implementation and identify opportunities for innovation and change.

Objectives: By the end of this training, trainees will be able to:

1. Discuss the benefits of online nutrition education for both participants and staff
2. Evaluate data around staff offering and participant acceptance of online nutrition education
3. Identify tools and strategies that may improve staff offering and participant acceptance of online nutrition education
4. Explore the online nutrition education process, identifying key juncture points and opportunities for enhancement
5. Develop an effective action plan for Action Period 2

Materials

To conduct this training, you will require the following materials:

Trainer's Materials

- PowerPoint slides
- Video clip from 2025 Managers Workshop participant interviews
- Completed homework assignments
- Implementation teams' data dashboards
- Each agency's action plans from Learning Session 1
- Pluses & Minuses Link
- Link to the NYS WIC Resource Hub

Handouts and Worksheets:

- Day 2
  - WIC Learning Community Learning Session #2: Padlet Whiteboard
  - Action Planning template

2024-25 NYS WIC Learning Community: Learning Session 2 Day 1 at-a-Glance

1:00 PM-4:15 PM

Time	Trainer	Activity	Time Required
1:00PM-1:10PM	Maria	Welcome & Introductions	10 minutes
1:10PM-1:25PM	Deb	Warm-Up: Large Group Discussion	15 minutes
1:25PM-1:40PM	Maria	Online Nutrition Education – Benefits to Participants	15 minutes
1:40PM-2:05PM	Deb	Homework Assignment Report Out	25 minutes
2:05PM-2:15PM	Maria	Online Nutrition Education – Benefits and Staff and Agency	10 minutes
2:15PM-2:30PM		Break	15 minutes
2:30PM-3:15PM	Sabrina	Understanding Data on Offering and Acceptance of Online Nutrition Education	45 minutes
3:15PM-4:00PM	Sabrina	Exploring Our Data on Online Nutrition Education and Offering	45 minutes
4:00PM-4:10PM	Maria	Possible Tools and Strategies to Improve Offering and Acceptance	10 minutes
4:10PM-4:15PM	Maria	Day 1 Wrap-Up & Next Steps	5 minutes

2024-25 NYS WIC Learning Community: Learning Session 2 Day 2 at-a-Glance

1:00-4:15 PM

Time	Trainer	Activity	Time Required
1:00PM-1:10PM	Deb	Welcome Back	10 minutes
1:10PM-1:55PM	Maria	Online Nutrition Education Process	45 minutes
1:55PM-2:40PM	Deb	Implementation Team Discussion	45 minutes
2:40PM-2:55PM		Break	15 minutes
2:55PM-4:10PM	Maria	Action Planning	75 minutes
4:10PM-4:15PM	Maria	Wrap-Up & Next Steps	5 minutes

2023-24 NYS WIC Learning Community: Learning Session 2 Day 1 Facilitator's Guide

1:00PM-1:10PM

Welcome & Introductions

TRAINER: Maria

TIME REQUIRED: 10 minutes

SECTION PURPOSE: To welcome trainees to the learning session and introduce the trainers, training goal, objectives, agenda, and purpose of the training

LEARNING METHODOLOGIES:

- N/A

MATERIALS NEEDED:

- No handouts/ resources required for this section

DESCRIPTION:

Step 1: Using the PowerPoint slides, introduce trainers, and training topic

- Welcome the teams to the training
- Introduce production staff.

Step 2: Review objectives and training agenda,

- Review the group agreements.
- Briefly thank attendees for completing the evaluation for the Learning Community Remote Check-In 3 and mention a few highlights from their feedback.
- Learning session 2 marks the halfway point of the Learning Community!
- Share where we are in the Learning Community, such as:
    - Our Summative Congress is only 10 weeks away. Over these next two days, we want you to think about where you'd like to go with your next action plan. You will be sharing the highlights of your accomplishments with the rest of the state at the Summative Congress, so keep that in mind as your team chooses your direction.
- Review the training goal and learning objectives for the virtual session

- Go over *Agenda for Learning Session 2 - Day 1*

Lead into the next activity.

1:10-1:25PM

Warm-Up: Large Group Discussion

TRAINER: Deb

TIME REQUIRED: 15 minutes

SECTION PURPOSE: To help trainees analyze a scenario related to online accounts and activity

LEARNING METHODOLOGIES:
- Large group discussion

MATERIALS NEEDED:
- N/A

DESCRIPTION:

Step 1: Introduce the large group discussion
- We want to kick off today's session by looking at a scenario and discussing it as a large group.
- Scenario: You're part of a sales team for an online vendor. You've analyzed your data and realized that 70% of customers have created an account but only 22% are purchasing.

Step 2: Process the scenario in the large group discussion
- Process the scenario using the following debrief questions:
  - What do you do about this?
  - How do you analyze this?
  - How do you impact this?

Lead into the next activity.

1:25-1:40PM

Online Nutrition Education – Benefits to Participants

TRAINER: Maria

TIME REQUIRED: 15 minutes

SECTION PURPOSE: To help Local Agency Implementation teams consider the benefits of online nutrition education for WIC participants

LEARNING METHODOLOGIES:
- Video
- Lecturette

MATERIALS NEEDED:
- Video clip from 2025 Managers Workshop participant interviews

DESCRIPTION:

Step 1: Facilitate the lecturette
- Introduce the lecturette:
  - In this next section, we are going to explore the benefits of online nutrition education on our WIC participants.
  - We want to take some time right now to hear from a WIC participant regarding her personal experience with online nutrition education.
- Play the 1-minute clip from Video clip from 2025 Managers Workshop participant interviews
- Continue the lecturette:
  - Many people have become accustomed to using online methods to accomplish other tasks in their lives (banking, shopping, etc.)
  - Information provided is evidence-based, free from bias, a good option in lieu of the misinformation found on social media
  - Lessons are designed to create positive behavior changes
  - May decrease barriers to completion because lessons can be completed at any time.
  - Innovative and exciting way for participants to learn/receive nutrition education
  - High participant satisfaction

        - In the 2023 WIC Multi-State WIC Participant Satisfaction Survey, participants rated online nutrition education as a 3.7 out of 4 (4 is very satisfied and 1 is very unsatisfied) (National WIC Association, 2024)
    - Data from wichealth
        - 91% recommend wichealth to others
        - 89% believe they can make a change
        - 85% prefer wichealth over other options
        - 100% consider wichealth high quality education
        - 100% are satisfied with the nutrition education topics
        - 112% higher WIC program retention for wichealth users

Step 2: Process the lecturette

- Initiate a large group discussion:
    - What surprised you in this review of the benefits of online nutrition education?

Lead into the next activity.

1:40PM-2:05PM

Homework Assignment Report Out

TRAINER: Deb

TIME REQUIRED: 25 minutes

SECTION PURPOSE: To help trainees process their homework assignment with their peers

LEARNING METHODOLOGIES:

- Breakout sessions, small groups
- Large group discussion

MATERIALS NEEDED:

- N/A

DESCRIPTION:

Step 1: Initiate the breakout group discussion, small groups

- Introduce the breakout group discussion, small groups

- In a few minutes, we're going to send you into mixed groups to discuss your homework, which was to view one online nutrition education wichealth lesson.
- When you get into your breakout room, introduce yourselves and share which lesson you viewed.
- Identify a reporter who will be prepared to summarize what you talked about in your groups when you return to the main training floor, then discuss the questions we have on the slide. We'll also drop them in chat.
    - What was the experience like to look at one of these lessons?
    - How did it shift your thinking about how you offer them?
    - What are some of the benefits? What are the strengths?
    - What other ideas do you have from this experience?
    - Would it be helpful to have all staff view the lessons or review more lessons?
- We will ask you to first identify a reporter who will be prepared to summarize what you talked about in your groups when you return to the main training floor.
- Any questions before we do this activity? We are going to drop the discussion questions into the chat. You will have 15 minutes to discuss the questions with your peers.

Step 3: Process the discussion

- Ask for one reporter per group to share a summary of what came up in their breakout sessions using the following debrief questions:
    - What came up in your small groups?
    - What similarities and differences did you observe in your discussion with your peers?
    - What are you taking away?

2:05-2:15PM

Online Nutrition Education – Benefits to Staff and Agency

TRAINER: Maria

TIME REQUIRED: 10 minutes

SECTION PURPOSE: To help Local Agency Implementation teams consider the benefits of online nutrition education to WIC staff and their agency

LEARNING METHODOLOGIES:

- Lecturette

MATERIALS NEEDED:

- N/A

DESCRIPTION:

Step 1: Facilitate the lecturette

- Introduce the lecturette:
  - We centered the benefits of online nutrition education to participants and reflected upon our personal experiences watching a wichealth lesson.
  - In this next section, we are going to explore the benefits of online nutrition education to our WIC staff and agency.
- Continue the lecturette:
  - Could impact clinic flow - has the potential to free up appointment slots
  - Could alleviate burden on nutritionists, especially if nutrition assistants are utilized
  - Messaging provided is consistent and evidence-based
  - Study evaluating 24.1% of wichealth lessons completed in 2023-2024 found that over 88% were actively preparing for or engaged in active change, with minimal relapse (Bensley & Brusk, 2024)
- Continue the lecturette, reviewing relevant policies:
  - WIC policy 1200 Nutrition Education Contacts and Materials (10/22) says, “must inform participants of available delivery methods for nutrition education”
  - Online Nutrition Education Guidance Using wichealth: Staff must offer the option of online nutrition education for nutrition education appointments to all participants throughout the certification, regardless of prior declination by a participant at a previous appointment, as circumstances and preferences may change.

Step 2: Summarize and process the first half of the session

- Tell trainees:
  - So far, we have discussed the benefits of online nutrition education for participants, staff, and the agency. We’ve covered the policy and guidance around offering online nutrition education, and discussed how it went to experience a wichealth lesson.
  - What sticks out to you from what we’ve discussed so far?
  - What might you do with this information?

Lead into the BREAK.

2:15PM-2:30PM

Break

15-minute break

Lead into the next activity.

2:30PM-3:15PM

Understanding Data on Offering and Acceptance of Online Nutrition Education

TRAINER: Sabrina

TIME REQUIRED: 45 minutes

SECTION PURPOSE: To help trainees consider data around offering and participant acceptance of online nutrition education

LEARNING METHODOLOGIES:
- Lecturette

MATERIALS NEEDED:
- N/A

DESCRIPTION:

Step 1: Introduce the lecturette
- Tell participants:
  - Let's take some time now to dig deeper into some data around offering and participant acceptance of online nutrition education.
- Continue the lecturette:
  - Offering
    - [Slide 38] We can look at 2024 data from the entire state and see how the data changed month-to-month
    - [Slide 39] We can look at 2024 from the Learning Community agencies and see how the data changed month-to-month

- [Slide 40] We can also estimate how many participants should be offered online nutrition education and compare the data to that estimate
    - We know from policy that 100% of participants who are being scheduled for a nutrition education appointment should have this option offered.
    - Roughly one-third of an agency's caseload is seen each month and of those, roughly one-half should be offered online nutrition education as they are not being scheduled for either a certification or a health and nutrition update.
    - Therefore, we propose that one-sixth of an agency's caseload should be offered online nutrition education each month.
- [Slide 41] **85** Local Agencies included in the analysis using December 2024 data
    - When we say, "eligible participants," we are referring to the calculation we just did on the previous slide to identify those participants due for nutrition education at their next appointment.
    - On average, 36% of eligible participants were offered Online Nutrition Education in December 2024; that ranged from 0% on the low end to 97% at the highest
    - Trainer note, in case of questions: we cleaned out agencies that had fewer than 100 eligible participants for these calculations; smaller estimates are less stable, and each participant makes a bigger impact and can impact the % of participants offered more greatly. Data from 5 agencies were cleaned out during this process.

o Acceptance

- [Slide 42] When reviewing data, it is helpful to identify a benchmark to compare to
    - Potential benchmarks:
        - 2023 Multi-State WIC Participant Satisfaction Survey: 35% of participants reported using online nutrition education to interact with WIC services (National WIC Association, 2024)
            - It is likely a low estimate for what acceptance could be because this number is capturing those who **completed** online nutrition education. Acceptance is likely a higher number than completion.
- [Slide 43] On average statewide, 20% of participants that were offered Online Nutrition Education accepted the service in

December 2024. This ranged from 0% on the low end to 100% at the max

- When we look more closely at agencies that offered Online Nutrition Education to at least 100 participants, the highest acceptance rate was 55%
    - Note: we looked at agencies with >=100 participants because both agencies with 100% acceptance rate had offered Online NE to less than 10 participants; these smaller samples are hard to deduce trends from

- Learning Community Offering of Online Nutrition Education
    - [Slide 44] In December at the Learning Community Agencies, on average, 43% of eligible participants were offered Online Nutrition Education. The lowest was 0% of eligible participants at one agency, and the highest was 92% of eligible participants at another agency.
        - Here is a screenshot of sample data on a handout - you will receive a handout with your agency's own data shortly. On the table on the handout, you will see:
        - your agency's total enrollment; in this example, 3,862 participants
        - The number of participants eligible for Online NE; in this example, 644 participants
        - The number of participants offered Online NE in December 2024; in this example 277 participants were offered online NE, and
        - The percentage of eligible participants who were offered Online NE; in this case 43% of participants
        - Your agency's handout will also include a donut chart showing this same information. Here, you can see that 43% of the eligible participants were offered Online NE.
- Learning Community Acceptance of Online Nutrition Education
    - [Slide 45] This slide looks at the percentage of participants who accepted Online Nutrition Education, after being offered. On average, across all Learning Community agencies, 18% of participants accepted Online Nutrition Education (this is slightly lower than the statewide average of 20%). This ranged from 0% at the low end to 74% at the high end in December 2024.
        - You will also receive this data for your agency. Here is the table we looked at on the last slide, but with more information shown on the right.
        - This cell shows that 50 participants accepted Online NE, which gives us an 18% acceptance rate because 50 of the

277 participants who were offered Online NE ended up accepting.
- And here is a donut chart showing us this measure – 18% of participants who were offered online NE accepted it.

Lead into the next activity.

3:15-4:00PM

Exploring Our Data on Online Nutrition Education Offering and Acceptance

TRAINER: Sabrina

TIME REQUIRED: 45 minutes

SECTION PURPOSE: To help Local Agency Implementation teams analyze their agency's data on offering and acceptance of online nutrition education

LEARNING METHODOLOGIES:
- Breakout sessions, implementation teams
- Large group discussion

MATERIALS NEEDED:
- N/A

DESCRIPTION:

Step 1: Initiate the breakout group discussion, implementation teams
- Tell trainees:
  - Now we want to transition to analyzing our own data on offering and acceptance of online nutrition education.
- Introduce the breakout group discussion for implementation teams:
  - In a few minutes, we're going to send you to breakout groups with your implementation teams to discuss your data. We want you to explore and respond to the following questions as guidance for your team's discussion:
    - What do you make of your data?
    - What have been the challenges around offering?
    - Why might participants not accept online nutrition education?
    - Have you done any problem-solving around offering and if so, what?
    - How can we influence participant acceptance?

- You will have 25 minutes to discuss your responses to the following questions.
- We will ask you to first identify a reporter who will be prepared to summarize what you talked about in your groups when you return to the main training floor.
- Any questions before we do this activity? We are going to drop the discussion questions into the chat. You will have 25 minutes to discuss the questions with your team.

Step 2: Process the discussion

- Ask for one reporter per group to share a summary of what came up in their breakout sessions using the following debrief questions:
  - What came up in your small groups?
  - What patterns or themes did you notice?
  - What are you taking away?

Lead into the next activity.

4:00-4:10PM

Possible Tools and Strategies to Improve Offering and Acceptance

TRAINER: Maria

TIME REQUIRED: 10 minutes

SECTION PURPOSE: To identify tools and strategies that may improve staff offering and participant acceptance of online nutrition education

LEARNING METHODOLOGIES:

- Lecturette

MATERIALS NEEDED:

- N/A

DESCRIPTION:

Step 1: Facilitate the lecturette

- Introduce the lecturette:
  - Let's review some possible tools and strategies to improve offering and acceptance of online nutrition education in this last section of Day 1!
- Continue the lecturette:
  - Scripts
  - Enrolling everyone in wichealth at their initial appointment
  - Messaging on websites, social media, outreach materials
  - Wichealth videos and Resource Library
    - [Play video: *How to create an account*]
    - [Play video: *How to complete a lesson*]
    - Promotional materials for clients and staff, including flyer in English and Spanish
    - Social media for Facebook and Instagram
      - Hunger Solutions New York is also working on a new Nutrition Education Social Media Toolkit, which should be released soon.
  - Track/review data at staff meetings
  - Train staff
  - Have staff view lessons to increase excitement and familiarity

Lead into the next activity.
4:10-4:15PM

Day 1 Wrap-Up

TRAINER: Maria

TIME REQUIRED: 5 minutes

SECTION PURPOSE: To close day 1 of the Learning Session

LEARNING METHODOLOGIES:

- N/A

MATERIALS NEEDED:

- Pluses & Minuses link

DESCRIPTION:

Step 1: Share the pluses and minuses list and ask trainees to complete it to better inform day 2

- Prompt production to share the link to the pluses and minuses list into the chat
- Tell trainees that once they have completed this list, they can sign off and we look forward to seeing them tomorrow.

Step 2: Thank trainees and identify highlights from the day's training

- Thank trainees for their participation and hard work.
- Remind trainees about the Zoom link for the following session.
- Answer any lingering questions.

2024-25 NYS WIC Learning Community: Learning Session 2 Day 2 Facilitator's Guide

1:00-1:10PM

Welcome Back

TRAINER: Deb

TIME REQUIRED: 10 minutes

SECTION PURPOSE: To welcome attendees back for the second day of the training and review a summary of the pluses and minuses

LEARNING METHODOLOGIES:
- N/A

MATERIALS NEEDED:
- Pluses & Minuses list

DESCRIPTION:

Step 1: Using the PowerPoint slides, introduce trainers, CAI, and training topic
- Welcome the teams back to the training
- Summarize the pluses and minuses from Day 1
    - Ask trainees, "What thoughts have you had between yesterday and today?"

Step 2: Review training agenda
- Go over *Day 2 Agenda,* including breaks

Lead into the next activity.

1:10-1:55PM

Online Nutrition Education Process

TRAINER: Maria

TIME REQUIRED: 45 minutes

SECTION PURPOSE: To explore the online nutrition education process

LEARNING METHODOLOGIES:
- Lecturette
- Polls
- Large group discussion

MATERIALS NEEDED:
- N/A

DESCRIPTION:

Step 1: Facilitate lecturette on the online nutrition education process
- [Slide 64] Share with attendees:
    - To kick off today's session, we are going to walk through the agency's process of online nutrition education
    - New York State Department of Health (NYS DOH) has created an excellent guidance document for us on Online Nutrition Education, which can be found in the WIC Library.
    - We felt it might be helpful to create a visual version of the process, so we created a flow chart, which NYS DOH reviewed and approved.
    - Because it may be overwhelming to look at all at once, we are going to look at each piece before sharing the whole chart with you. The purpose of looking at this is to identify places in the online nutrition education process which may require extra thought or systems put in place.
- [Slide 65] Discuss the key:
    - First we'd like to highlight the key. There are some abbreviations used throughout the flow chart and these are all spelled out in the key. (Review the abbreviations used.)
    - As we walk through the flow chart, we'll highlight where we are in the document by outlining it in red, as we've done here in the upper right corner.

- [Slide 66] Review the steps when a participant declines online nutrition education:
    - Next, let's look at the left side of the document with the offering step. You can see that we have followed the traditional flow chart formatting and used ovals for the start and end points of a process.
    - So, in this view, we can see the entire process when a participant declines online nutrition education. (Review these steps.)
    - When the participant accepts, the process continues further, and we'll look at that more in a moment.
    - First, we want to look at the job roles involved here in this portion. In the first light purple rectangle after "Start", we can see that the job roles involved are "staff," so this could be QN/CPAs, nutrition assistants, or support staff. But then please note that both of the smaller light purple rectangles documenting the participant's refusal or acceptance of online nutrition education specify QN/CPA.
    - This is saying that while all staff can offer online NE, only QN/CPAs have access to the Online Nutrition Education grid in NYWIC to document this.
- [Slide 66 – Poll] We want to pause and hear how this looks in your agency. [Review poll options]. Please respond to the launched poll.
    - Poll question: How do you all handle this in your agency?
        - Our support staff don't offer online nutrition education.
        - Support staff ask the QN/CPA to document for them.
        - We haven't considered this yet.
        - I don't know.
    - If attendees select the 2nd option, ask: How do your support staff usually notify the nutritionists to document for them? Sticky notes? Teams? Email?
- [Slide 67] Introduce the options for acceptance and account creation:
    - If we continue by looking at the online NE acceptance path, we see that after the QN/CPA documents, we come to another yellow diamond, indicating a yes or no decision, this time about whether the participant already has a wichealth account. If the participant does not already have an account, the next step is a light purple rectangle titled, "Account creation."
- [Slide 67 – Poll] While we put account creation here, after the participant has accepted online nutrition education, we have heard that some agencies encourage participants to create accounts at other times. When does your agency encourage participants to create accounts?
    - [Review poll options]. Please respond to the launched poll.
    - Poll question: While we put account creation here, after the participant has accepted online nutrition education, we have heard that some agencies encourage participants to create accounts at other times. When does your agency encourage participants to create accounts?

        - During the appointment after they accepted online nutrition education (just like the flow chart shows)
        - When they enroll in WIC, such as at their certification appointment
        - After their appointment
        - Some other time (please write in chat)
        - I don't know
    - Initiate debrief of responses and large group discussion:
        - You'll notice that in the light purple rectangle titled, "Account creation," it also says that staff must offer to assist.
        - Who helps participants create accounts?
        - When does the account creation assistance occur?
- [Slide 68] Discuss the lesson completion reminder:
    - Whether the participant already has an account or not, the next step for us as WIC staff is to provide a reminder to the participant to complete the lesson – it's recommended that the reminder is sent at least 7 days prior to the due date to give the participant adequate time to complete the lesson.
- [Slide 68 – Poll] How are reminders provided?
    - [Review poll options]. Please respond to the launched poll.
    - Poll question: How are reminders provided?
        - Via our autodialer
        - We manually call or text the reminders
        - Some other way (please write in chat)
    - Share with attendees:
        - Some other things your agency might want to consider:
            - When are reminders sent? Would sending them more reminders help participants complete their lessons?
            - Who is responsible for sending reminders?
- [Slide 69] Discuss when staff must review the Online Nutrition Education report or the Participants Eligible for Issuance dashboard:
    - After the reminder, we move on to the next light purple box, which is where staff must review either the Online Nutrition Education report or the Participants Eligible for Issuance dashboard at least weekly.
- [Slide 69 – Poll] Who in your agency reviews the report/ dashboard?
    - [Review poll options]. Please respond to the launched poll.
    - Poll question: Who in your agency reviews the report/ dashboard?
        - Support Staff
        - Nutrition Assistant
        - Qualified Nutritionist/Competent Professional Authority
        - Nutrition Coordinator
        - Manager
        - There is no set role assigned to this at present.
    - Share with attendees:

        - Something for your agency to consider is how frequently should we review this report/dashboard, based on our agency's needs.
- [Slide 70] Discuss lesson follow up with participants:
    - If we follow the paths from the yellow diamond, we can see that if the participant has completed the lesson, a Qualified Nutritionist, Competent Professional Authority, or Nutrition Assistant calls to follow up. If they have not completed, any staff may call to follow up.
    - Initiate a large group discussion:
        - How are you handling follow up? Is it the same person who reviewed the report? Is it the same job role whether the lesson was completed or not?
        - How does what is on the report/ dashboard get communicated to the person making the calls (if they are two or three different people)?
- [Slide 71] Share:
    - Here in this segment of the flow chart we see what we hope is the outcome of online nutrition education – the participant completed the lesson, the QN/CPA or nutrition assistant is able to reach them, answers any questions they have, issues benefits, and schedules the next appointment.
    - Initiate a large group discussion:
        - Are any of you using Nutrition Assistants in this role? How is that working?
- [Slide 72] Discuss when a participant has completed their lesson but is unable to be reached for follow up:
    - If the participant has completed their lesson, but we are unable to reach them for follow up, the next step, as shown in the light purple rectangle, is for staff to review the note field in the Nutrition Education Completion grid.
    - When staff review the note field in the Nutrition Education Completion grid, they are looking for the participant's response to the survey question regarding whether they understand their rights and responsibilities and would like their food package issued.
    - If the participant has selected that they understand their rights and responsibilities and want their food package issued, then the QN/CPA or NA can issue benefits, schedule the next appointment and notify the AR. If not, staff may not issue benefits and documents all attempts to contact the participant.
- [Slide 72 – Poll] Who in your agency reviews the Nutrition Education Completion grid?
    - [Review poll options]. Please respond to the launched poll.
    - Poll question: Who in your agency reviews the Nutrition Education Completion grid?
        - The same person who attempted to reach the participant

        - Support Staff
        - Nutrition Assistant
        - Qualified Nutritionist/Competent Professional Authority
    - Initiate a large group discussion:
        - How is your agency handling this step? What have you found works or doesn't work?
- [Slide 73] Share:
    - Now let's shift gears and look at what happens if the participant did not complete their lesson. (Review steps.)
    - Initiate a large group discussion:
        - How does your agency handle these steps? Who is responsible for them? What has worked or hasn't worked?
- [Slide 74] Provide attendees with the Online Nutrition Education Flow Chart into the chat.

Step 2: Initiate large group discussion to facilitate discussion on steps of the process

- Concluding point:
    - As your acceptance rate improves, your systems for handling online nutrition education may need to change

1:55PM-2:40PM

Implementation Team Discussion

TRAINER: Deb

TIME REQUIRED: 45 minutes

SECTION PURPOSE: To help Local Agency Implementation teams process the online nutrition education process lecturette, identifying key juncture points and opportunities for enhancement

LEARNING METHODOLOGIES:

- Breakout sessions, implementation teams
- Large group discussion

MATERIALS NEEDED:

- WIC Learning Community Learning Session #2: Padlet Whiteboard

DESCRIPTION:

Step 1: Initiate the breakout group discussion, implementation teams

- Tell trainees:
  - Let's move to discussing our online nutrition education process with our implementation teams.
- Introduce the breakout group discussion for implementation teams:
  - In a few minutes, we're going to send you into your implementation teams to discuss the lecturette and your agency's online nutrition education process using some questions as prompts. We want for you to consider:
    - What ideas bubbled up?
    - Where are the opportunities to strengthen online nutrition education – offering, acceptance, monitoring, etc.?
    - What systems need to be put in place in order for you to be successful?
    - What's next for you regarding online nutrition education, if anything?
  - Then, we want you to list on the Padlet (which is an interactive whiteboard) your responses to:
    - What ideas do you have to strengthen your agency's online nutrition education process?
  - Let's do a quick orientation to the Padlet:

        - This is an interactive whiteboard we will use throughout our Learning Community. We are going to screenshare and walk you through how to post a sticky note.
        - The navigation bar is on the right hand side of your screen. Hover slowly over each icon to learn more.
        - Click on the icon that looks like a square with a corner folded down. This is your sticky note button.
        - Pick a color for your sticky note. Then, click somewhere on the screen where you want to post your sticky note.
        - In your implementation teams, we want you to pick one person to click on the Padlet link in the chat and screenshare with the rest of the group.
        - The Padlet whiteboard for this activity is on whiteboard 2 (and 3 if you run out of room!). To get to whiteboard 2, just click the number 2 on the lefthand side of your screen.
    - Any questions before we do this activity? You will have 25 minutes in your teams to discuss the questions and respond to the whiteboard prompt.

Step 2: Process the discussion

- Ask for one reporter per group to share a summary of what came up in their breakout sessions using the following debrief questions:
    - What came up in your small groups?
    - What patterns or themes did you notice?
    - What are you taking away?

Lead into the BREAK.

2:40-2:55PM

Break

15-minute break

Lead into the next activity.

2:55PM-4:10PM

Action Planning

TRAINER: Maria

TIME REQUIRED: 75 minutes

SECTION PURPOSE:

LEARNING METHODOLOGIES:
- Lecturette
- Breakout group discussion, implementation teams
- Large group discussion

MATERIALS NEEDED:
- Action planning template

DESCRIPTION:

Step 1: Provide time to LA implementation teams to create action plans to support their efforts between learning sessions
- Talking points might include:
    - Now for this last breakout session, we are going to pivot to an essential part of the day where we put pen to paper to plan out our steps for improvement over the next 30-60 days.
    - Each agency will be given 30 minutes to begin filling out Action Plan 2 on online nutrition education.
    - Please complete it and return to Cat Smith at CAI by close of business on Wednesday, March 5th, 2025.
    - When we return, implementation teams will share 1-2 action steps they plan on taking from their action plan templates with the group.
- Prompt production to share the action plan Word document into the chat and assure all trainees can access, then send into breakout sessions for 30 minutes.

Step 2: Initiate time for action plan report-outs
- Ask each agency to report out on 1-2 action steps they plan on taking in the next 30-60 days:
    - Open Door Family Medical Center
    - Opportunity Development Association of Williamsburg
    - Community Health Center of Richmond
    - Public Health Solutions – Ocean Ave site
    - Broome County Health Department
    - Community Health Center of the North Country
    - Warren County Health Services
    - Catholic Charities of Western New York – South Buffalo site
    - Oak Orchard Health
    - Monroe County Health Department

- Cayuga County Health Department

Lead into the next activity.

4:10-4:15PM

Wrap-Up & Next Steps

TRAINER: Maria

TIME REQUIRED: 5 minutes

SECTION PURPOSE: To describe next steps, close Learning Session 2, and ask trainees to complete Evaluations

LEARNING METHODOLOGIES:

- N/A

MATERIALS NEEDED:

- Link to the NYS WIC Resource Hub

DESCRIPTION:

Step 1: Review next steps information

- Provide overview of the next remote check-in on March 20, 2025 from 9:00-11:00am.

Step 2: Detail continuing education credits and how to complete the Session evaluation to receive the certificate

- RDs and DTRs seeking continuing education credits through the Commission on Dietetic Registration are encouraged to complete an additional evaluation
- Please log into your NYS WIC Resource Hub account to complete your evaluation and receive your certificate
- Evaluations will close after 5 business days and no longer be available. If you do not complete the evaluation within this timeframe you will not receive your certificate.

Step 3: Thank trainees and identify highlights from training

- Thank trainees for their participation and hard work.

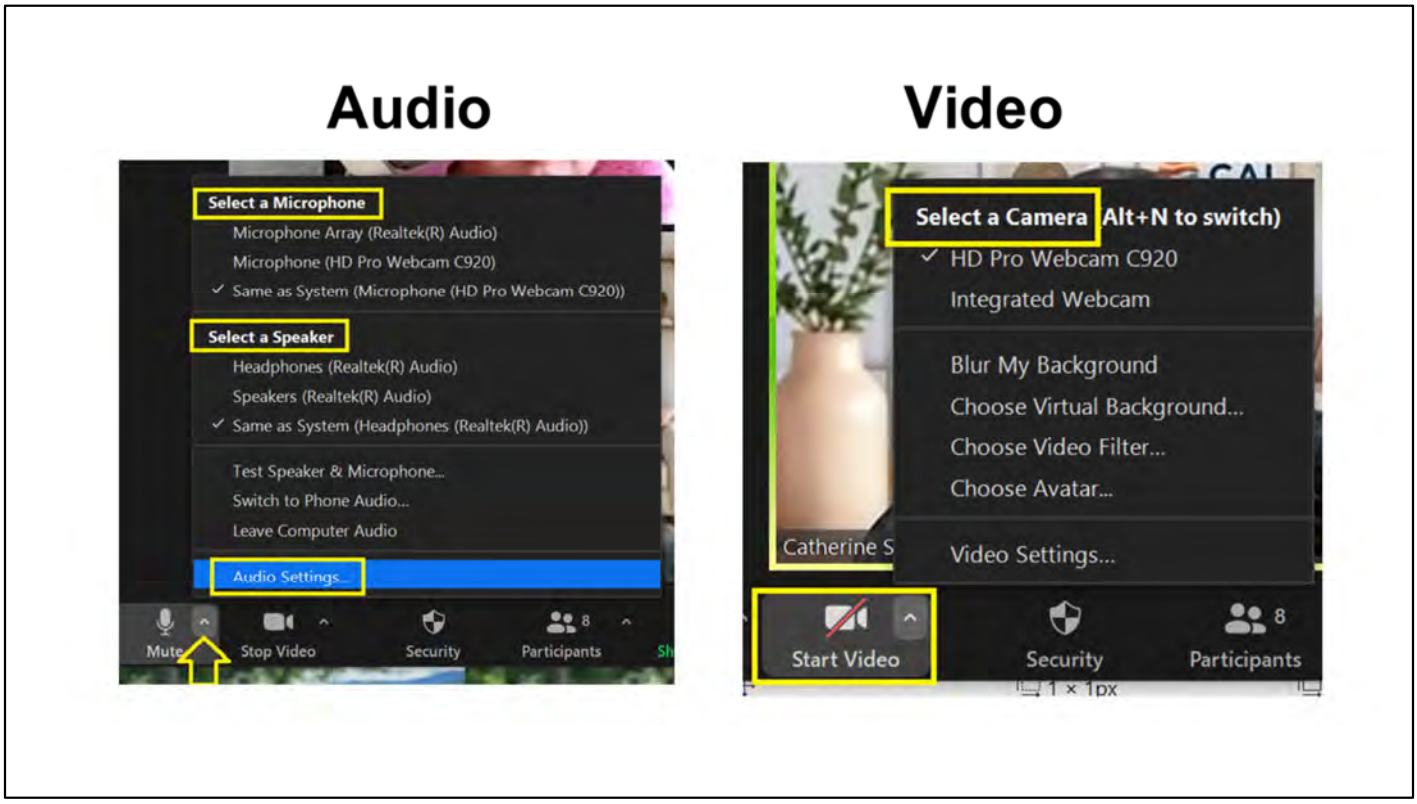
Day 2 Handouts and Worksheets

Action Plan 2
2024-25 Learning Community Learning Session #2

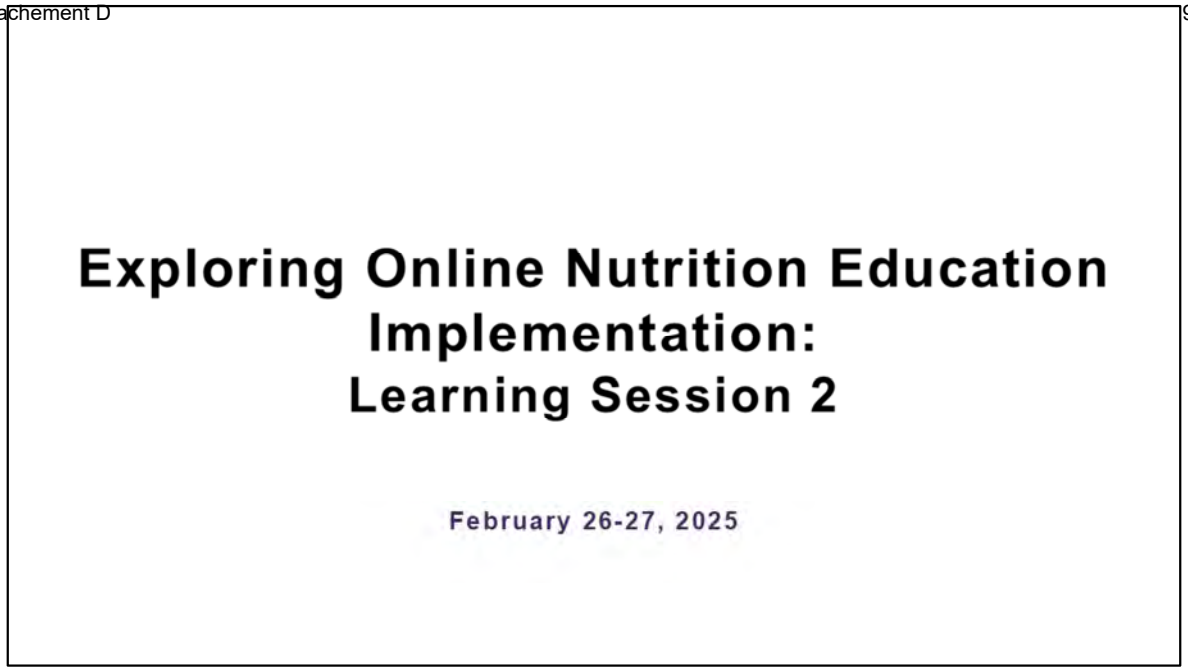
Instructions:

- Identify action steps for Online Nutrition Education and fill out the columns associated with each step completely
- Return the completed action plans to Cat Smith at CSmith@caiglobal.org by COB Wednesday, March 5, 2025

Online Nutrition Education					
Steps – ***Actions to be taken***	***Who is Responsible***	***Resources Required***	***Start Date***	***Completion Date***	***Desired Outcomes***
1.					
2.					
3.					
4.					



- Start 10 minutes early/once folks are logging on
- While we wait for the training to begin, we want to ensure everyone can participate today. Be sure to check your audio and video and ensure your microphone and camera are working. If you are having any trouble, please chat the producer for help troubleshooting. On the slide are 2 screenshots showing you where to access the audio and video settings on Zoom. Please be sure the correct microphone and speaker on your computer are selected if you are using computer audio, if not please select phone audio and call the dial-in number that appears. Please be sure to start your video and ensure the correct camera is selected on your device.
- It is an expectation of training that you will participate and engage, which includes being on camera and speaking. We want to hear your voices and see your faces. There are interactive components to training, including breakout rooms where you'll need to speak to your colleagues, so we want to ensure everyone has a working microphone and camera today. If you do not, please chat the producer to let them know. We want to make sure that everyone has the best training experience they can.
- Producer share in chat Link to Zoom FAQ regarding audio and video: https://support.zoom.com/hc/en/category?id=kb_category&kb_category=31293e9a8720391089a37408dabb35b8



(10 minutes)

- Production/Trainer:
- ******PRODUCER RECORD TO CLOUD******
- *****PRODUCER ENABLE CLOSED CAPTIONING*****

- Trainers and/or production staff can start building engagement with those who log on early by encouraging them to chat in their name, local agency, etc.
  - Trainer/Production
  - Welcome participants while they are logging on.
- Good afternoon
- Once everyone is in attendance, introduce the topic

- **Producer chat this in and read aloud "At CAI we support breastfeeding, if you are nursing and need to step away to pump please chat the producer to make them aware. Policy is waived for those who are nursing. It's important that you inform the producer or trainers that you are taking a break to pump so we can ensure you are allowed back into the training."**

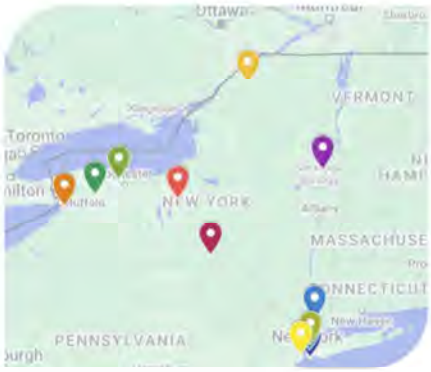


Trainer/Production:

- Introduce trainers and production staff

2024-25 NYS WIC LEARNING COMMUNITY TEAMS

- Broome County Health Department
- Cayuga County Health Department
- Catholic Charities of Western New York – South Buffalo site
- Community Health Center of the North Country
- Community Health Center of Richmond



- Welcome to our 2024-2025 Learning Community implementation teams! (read agency names)

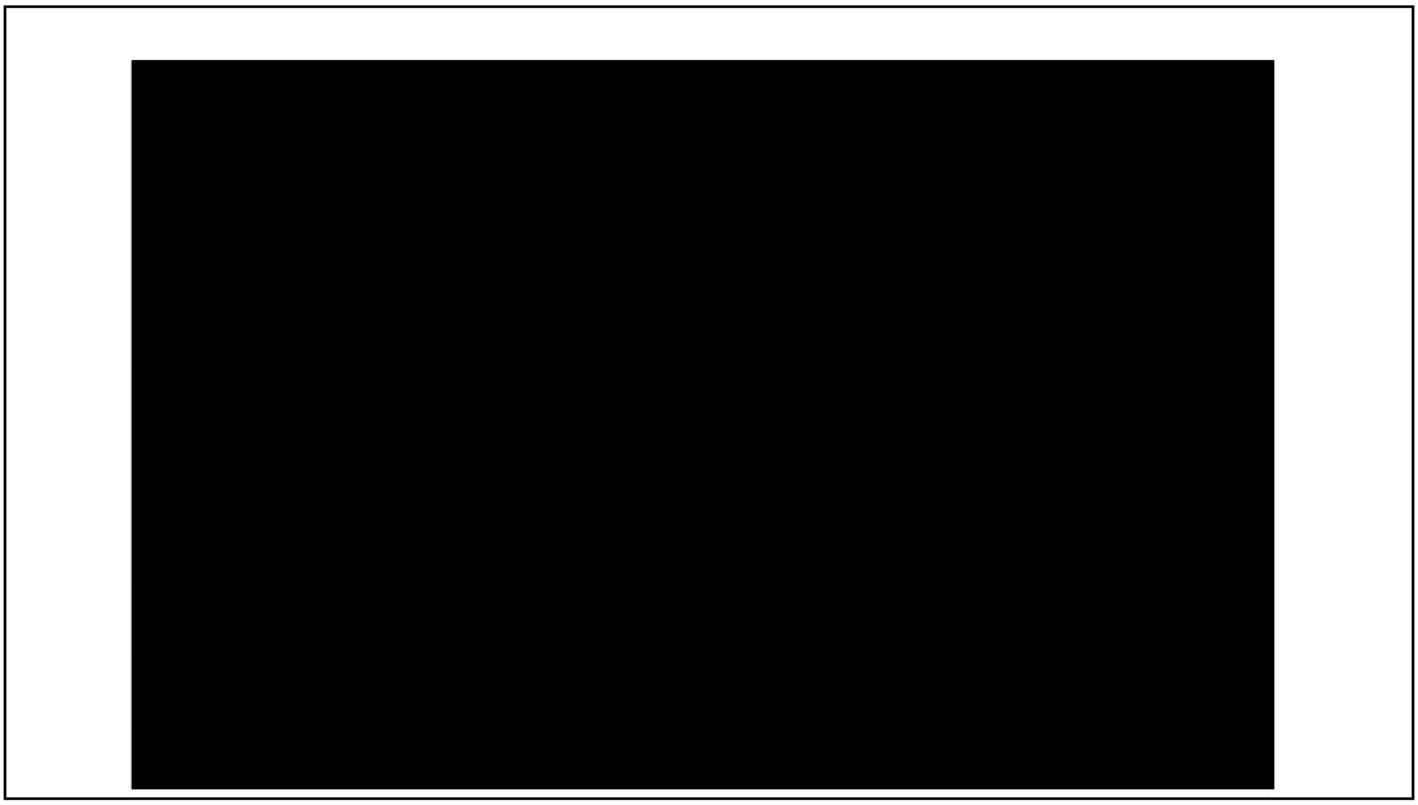
2024-25 NYS WIC LEARNING COMMUNITY TEAMS



- Monroe County Health Department
- Oak Orchard Health
- Opportunity Development Association (ODA) of Williamsburg
- Open Door Family Medical Center
- Public Health Solutions – Ocean Ave site
- Warren County Health Services

- Welcome to our 2024-2025 Learning Community implementation teams! (read agency names)

I also want to welcome the regional office representatives learning alongside us as well as our central office DOH observers, Melissa Sharp and Samantha Edgar.



- [redacted]
- Funding for this training provided by the USDA.
- Here is the contact information for both NYS DOH and CAI
- We will be providing you with a copy of today's PPT at the end of the training so, no need to worry about copying this information down.

SPECIAL NOTE

All of the policies shared in the training programs, are derived from United States Department of Agriculture (USDA) federal regulations and/or USDA guidance and curriculums (which apply to all WIC programs across the country), and/or New York State laws and regulations.

The Food and Nutrition Service of the United States Department of Agriculture, (FNS) is responsible for WIC Program administration.



- Please note, that immediately following the Policy section of each policy in the WIC Program Manual, is the regulations section, which either includes the direct links for reference or lists the complete regulations.

- The Food and Nutrition Service provides assistance to State agencies and evaluates all levels of Program operations to ensure that the goals of the Program are achieved in the most effective and efficient manner possible.



On the slide are our group agreements.

- Please ensure your Zoom name you joined with matches the name you registered under, as that is how attendance is taken and you will receive credit today.

Those of you who've done trainings with us know we highly value group agreements as they help us have successful trainings.

So, in our time together we want to make sure we :

Are assuming good intentions,
- Come with good intentions yourself

Stories stay, and lessons leave
- We want you to share freely today,

Please make sure you are on mute if you are not intentionally sharing
- Also please make sure to keep your video on throughout the training.

And of course participate!
- We want you to Chat in or unmute yourself and participate in your breakout groups,

And if you need to step away
- Please chat one of us the trainers or our producer to let us know

Step up, step back also known as share the air!
- SO, if you are someone who normally engages a lot make sure to create space for others and if you are less of a sharer we encourage you to try to participate more

And most importantly, have fun!

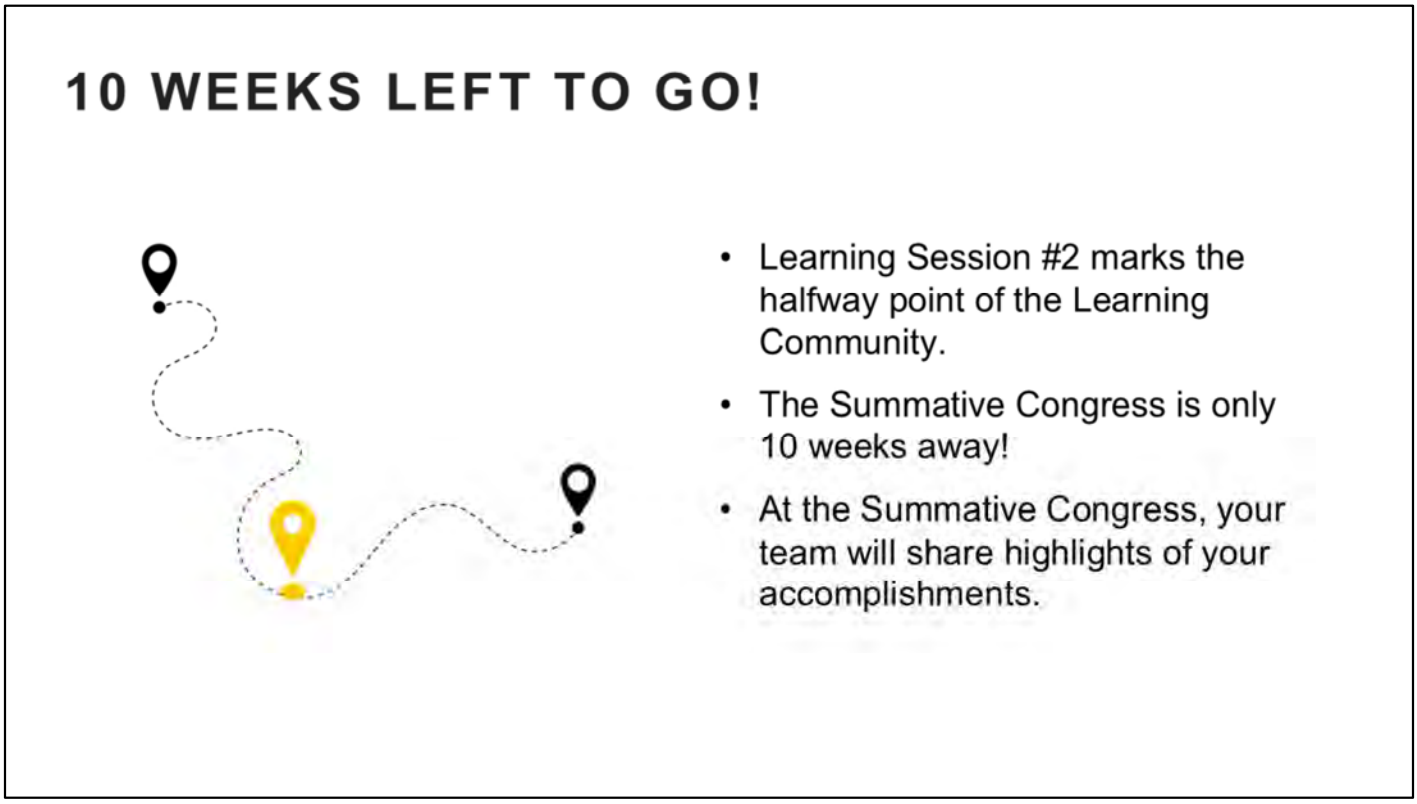
Before I move on can folks give me a thumps up or turn on video so I know we are in agreement with these that would be great!

REFLECTING ON CHECK-IN 3

Thank you for your feedback on Check-In 3!



- Thank attendees for evaluation feedback from Check-in 3 and briefly review attendee feedback!



- Learning session 2 marks the halfway point of the Learning Community!
- Our Summative Congress is only 10 weeks away. Over these next two days, we want you to think about where you'd like to go with your next action plan. You will be sharing the highlights of your accomplishments with the rest of the state at the Summative Congress, so keep that in mind as your team chooses your direction.

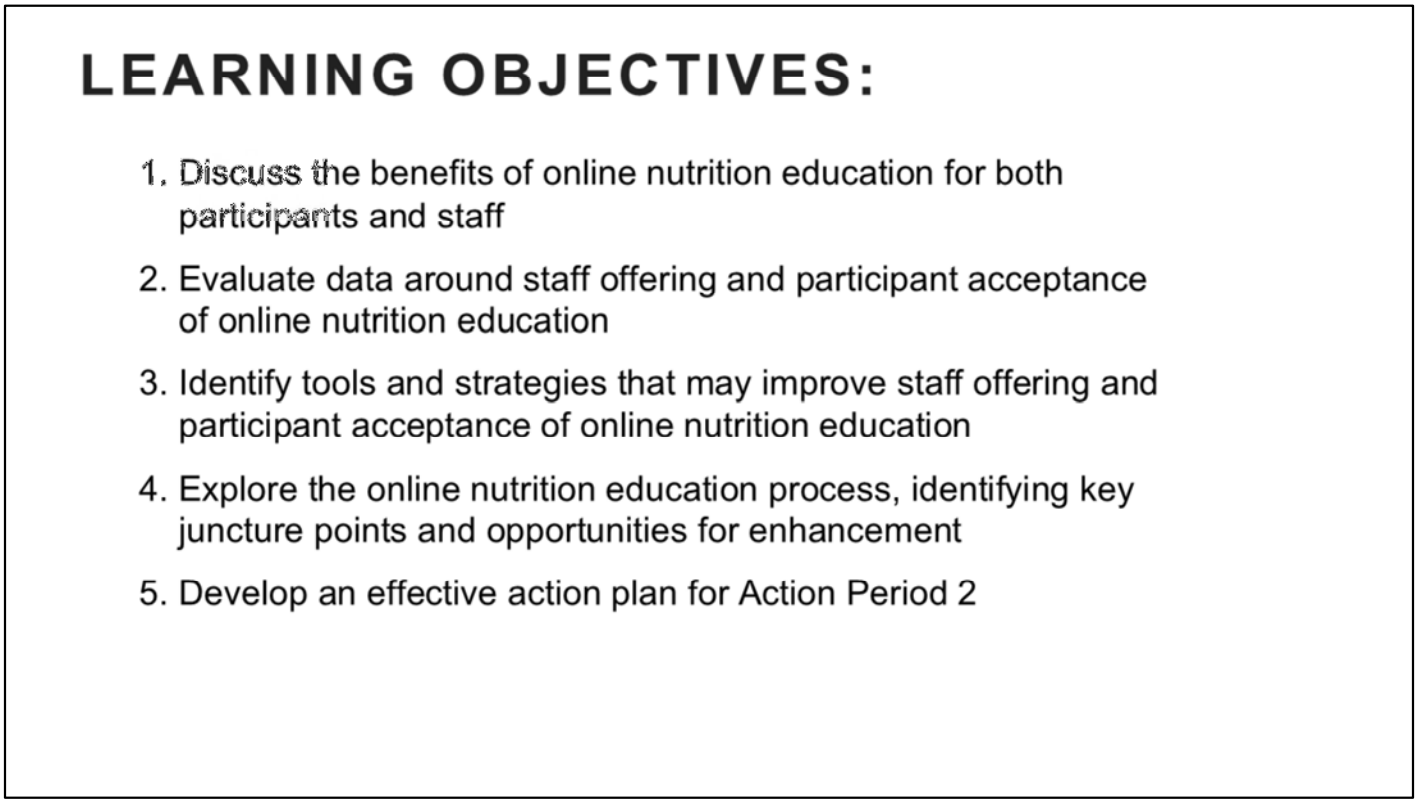
TRAINING GOAL:

Learning Community members will explore online nutrition education implementation and identify opportunities for innovation and change.



We'll be taking a deeper dive into the online nutrition education implementation, continuing our discussion from Remote Check in #3.

- Provide overview of training goal:
  - Learning Community members will explore online nutrition education implementation, identify opportunities for innovation and change..

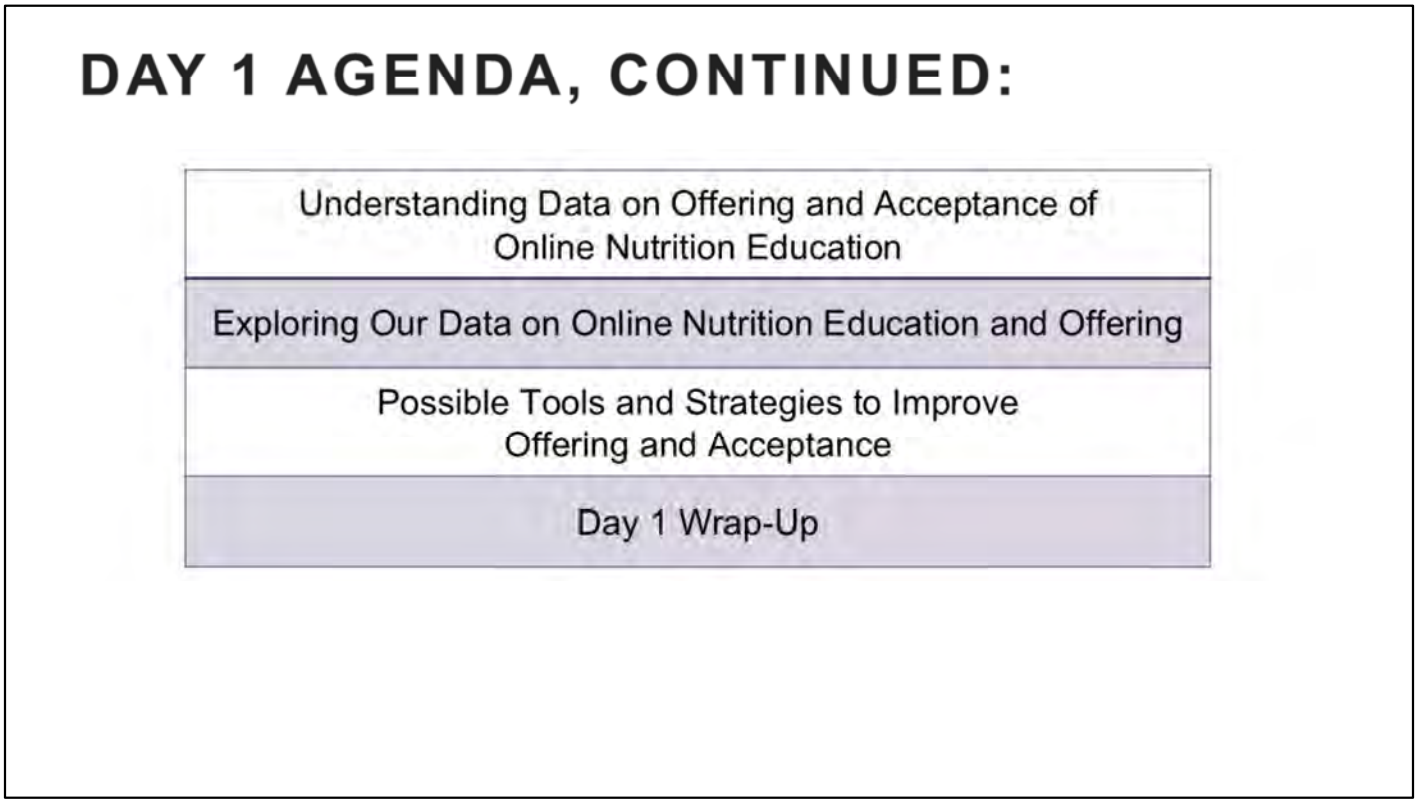


Provide overview of learning objectives:

1. Discuss the benefits of online nutrition education for both participants and staff
2. Evaluate data around staff offering and participant acceptance of online nutrition education
3. Identify tools and strategies that may improve staff offering and participant acceptance of online nutrition education
4. Explore the online nutrition education process, identifying key juncture points and opportunities for enhancement
5. Develop an effective action plan for Action Period 2



- Provide overview of agenda for Day 1 of Learning Session #2

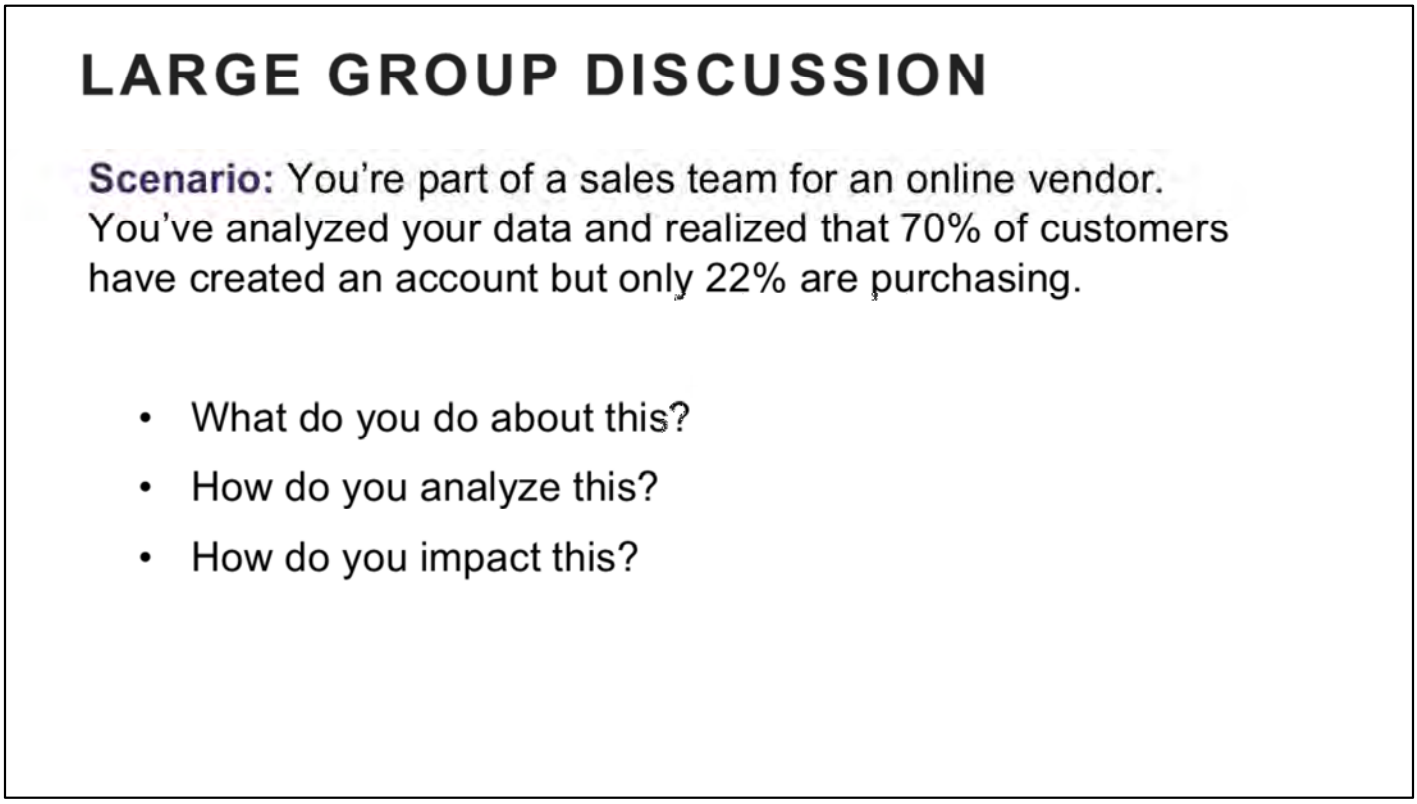


- Provide overview of agenda for Day 1 of Learning Session #2

WARM-UP: LARGE GROUP DISCUSSION

(15 Minutes)

- We want to kick off today's session by looking at a scenario and discussing it as a large group.

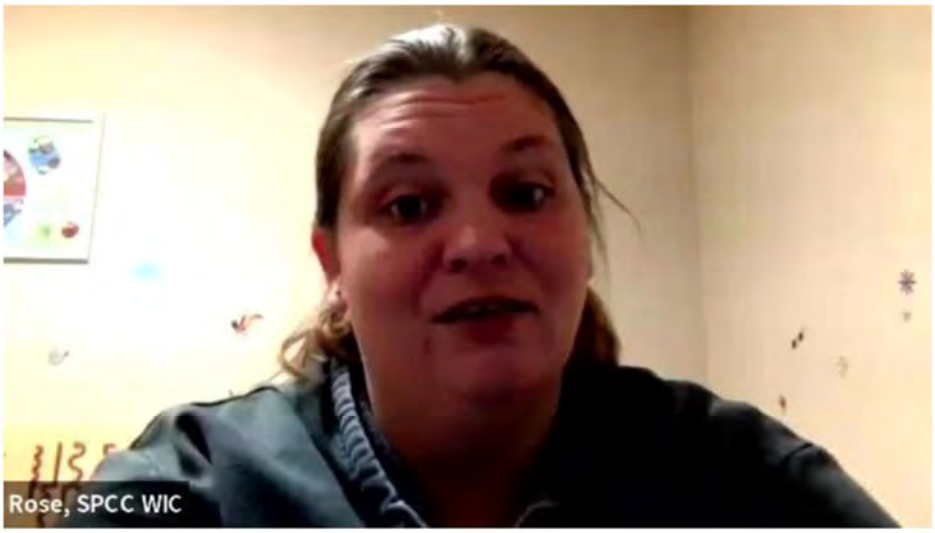


- Scenario: You're part of a sales team for an online vendor. You've analyzed your data and realized that 70% of customers have created an account but only 22% are purchasing.
- Discussion: What do you do about this? How do you analyze this? How do you impact this?

ONLINE NUTRITION EDUCATION – BENEFITS TO PARTICIPANTS

- Introduce this next section: exploring the benefits of online nutrition education on participants.

A WIC PARTICIPANT'S EXPERIENCE WITH ONLINE NUTRITION EDUCATION



- We want to take some time now to hear from a WIC participant regarding her experience with online nutrition education.

Producer: Play video. It should be programmed to start at 4:28 and last about one minute.

BENEFITS TO PARTICIPANTS: ONLINE IS THE NEW "NORM"



- Many people have become accustomed to using online methods to accomplish other tasks in their lives (i.e., banking, shopping, etc.)

- Many people have become accustomed to using online methods to accomplish other tasks in their lives (banking, shopping, etc.)

BENEFITS TO PARTICIPANTS: INFORMATION IS EVIDENCE-BASED

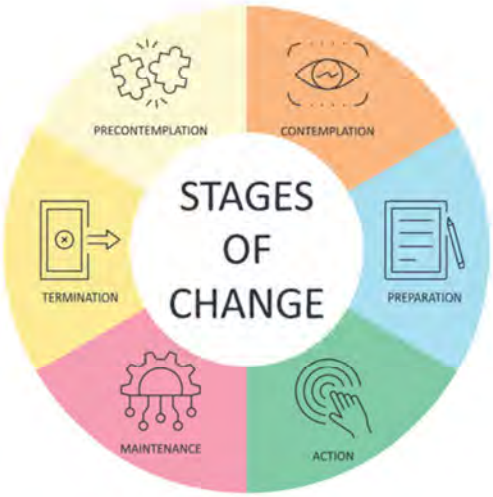


- Information provided is evidence-based and free from bias

- Information provided is evidence-based, free from bias, a good option in lieu of the misinformation found on social media

BENEFITS TO PARTICIPANTS: DESIGNED TO CREATE POSITIVE BEHAVIOR CHANGES

- Lessons use behavior changes models
- They are designed to create positive behavior changes



- Lessons use behavior changes models
- They are designed to create positive behavior changes

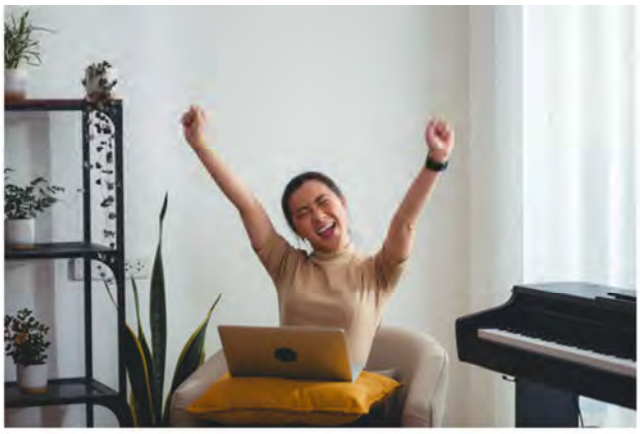
BENEFITS TO PARTICIPANTS: MORE ACCESSIBLE, FEWER BARRIERS

- May decrease barriers to completion because lessons can be completed at any time



- Because lessons can be completed at any time, this may decrease barriers for participants – for example, they can complete their nutrition education in the middle of the night when they are up nursing their baby or when they are on a break at work.

BENEFITS TO PARTICIPANTS: AN INNOVATIVE WAY TO LEARN



- Innovative and exciting way for participants to learn and receive nutrition education

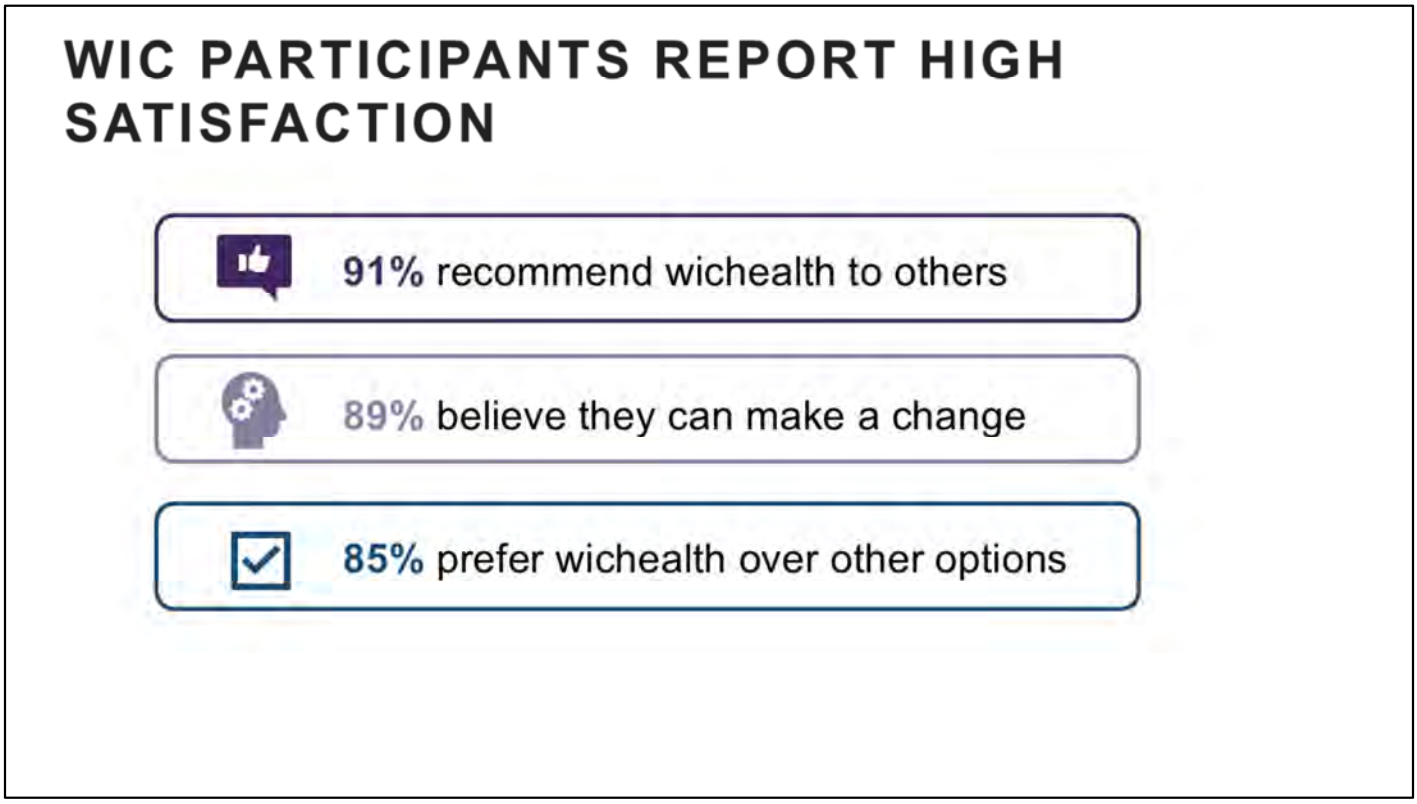
- Innovative and exciting way for participants to learn/ receive nutrition education

WIC PARTICIPANTS REPORT HIGH SATISFACTION WITH ONLINE NE

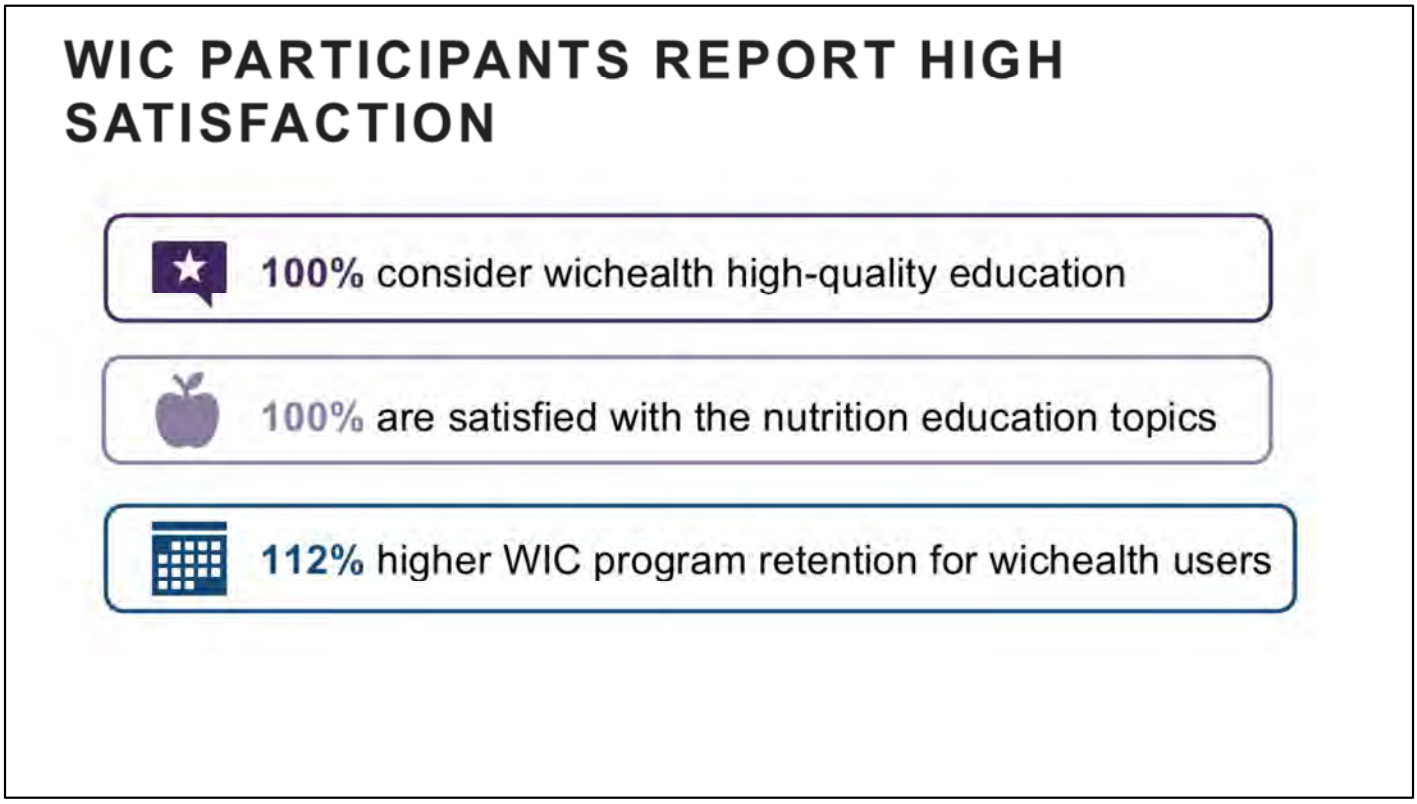
In the 2023 WIC Multi-State WIC Participant Satisfaction Survey, participants rated online nutrition education as **3.7 out of 4**.



- In the 2023 WIC Multi-State WIC Participant Satisfaction Survey, participants rated online nutrition education as a 3.7 out of 4 (4 is very satisfied and 1 is very unsatisfied) (National WIC Association, 2024)
- Figure shown is Figure7 from page 20 of 2023 multistate wic survey 1.pdf



- Data from wichealth
  - 91% recommend wichealth to others
  - 89% believe they can make a change
  - 85% prefer wichealth over other options



- Data from wichealth
  - 100% consider wichealth high-quality education
  - 100% are satisfied with the nutrition education topics
  - 112% higher WIC program retention for wichealth users

- Processing:
  - What surprised you in this review of the benefits of online nutrition education?

HOMEWORK ASSIGNMENT REPORT OUT

(25 minutes)

- Introduce the next section: Homework Assignment Report Out

BREAKOUT GROUP DISCUSSION TASK

Reflecting on your homework assignment, discuss:

- What was the experience like to look at one of these lessons?
- How did it shift your thinking about how you offer them?
- What are some of the benefits? What are the strengths?
- What other ideas do you have from this experience?
- Would it be helpful to have all staff view the lessons or review more lessons?



- In a few minutes, we're going to send you into mixed groups to discuss your homework, which was to view one online nutrition education wichealth lesson.
- When you get into your breakout room, introduce yourselves and share which lesson you viewed.
- Identify a reporter who will be prepared to summarize what you talked about in your groups when you return to the main training floor, then discuss the questions we have on the slide. We'll also drop them in chat.
- Prompt production to send LA implementation teams into breakout sessions in mixed groups

Production task – Drop into chat the below breakout questions:

- Reflecting on your homework assignment, discuss:
  - What was the experience like to look at one of these lessons?
  - How did it shift your thinking about how you offer them?
  - What are some of the benefits? What are the strengths?
  - What other ideas do you have from this experience?
  - Would it be helpful to have all staff view the lessons or review more lessons?

Production task – mixed groups of 5 (1 DOH participant in each of the breakout rooms), 15 minutes (leave CAI Staff & DOH observers in main room)

LARGE GROUP DISCUSSION



- Go to gallery view when participants are brought back to the main training floor.
- Ask for one reporter per group to share a summary of what came up in their breakout sessions using the following debrief questions:
  - What came up in your small groups?
  - What similarities and differences did you observe in your discussion with your peers?
  - What are you taking away?

ONLINE NUTRITION EDUCATION – BENEFITS TO STAFF AND AGENCY

(10 mins)

- We centered the benefits of online nutrition education to participants and reflected upon our personal experiences watching a wichealth lesson.
- In this next section, we are going to explore the benefits of online nutrition education to our WIC staff and agency.

BENEFITS TO STAFF AND AGENCY: IMPROVING CLINIC FLOW & BURDEN



- Could positively impact clinic flow
- Has the potential to free up appointment slots
- Could alleviate the burden on nutritionists

- Could impact clinic flow - has the potential to free up appointment slots
- Could alleviate burden on nutritionists, especially if nutrition assistants are utilized

BENEFITS TO STAFF AND AGENCY: CONSISTENT MESSAGING



- The messaging provided in the wichealth online nutrition education lessons is **consistent** and **evidence-based**

- Messaging provided is consistent and evidence-based

BENEFITS TO STAFF AND AGENCY: ENGAGING IN ACTIVE CHANGE

A study evaluating 24.1% of wichealth lessons completed in 2023-2024 found that **over 88% were actively preparing for or engaged in active change**, with minimal relapse *(Bensley & Brusk, 2024)*



- Study evaluating 24.1% of wichealth lessons completed in 2023-2024 found that over 88% were actively preparing for or engaged in active change, with minimal relapse (Bensley & Brusk, 2024)

ONLINE NUTRITION EDUCATION: POLICY REVIEW

- WIC policy 1200 Nutrition Education Contacts and Materials (10/22) says, “LA staff must inform participants of available delivery methods for nutrition education”



- Policy review
  - WIC policy 1200 Nutrition Education Contacts and Materials (10/22) says, “LA staff must inform participants of available delivery methods for nutrition education”

ONLINE NUTRITION EDUCATION: POLICY REVIEW



- Online Nutrition Education Guidance Using wichealth: Staff must offer the option of online nutrition education for nutrition education appointments to all participants throughout the certification, regardless of prior declination by a participant at a previous appointment, as circumstances and preferences may change.

- Policy review
- Online Nutrition Education Guidance Using wichealth:Staff must offer the option of online nutrition education for nutrition education appointments to all participants throughout the certification, regardless of prior declination by a participant at a previous appointment, as circumstances and preferences may change.
- Take the slides down, summarize, and process the first half of the session:
  - So far, we have discussed the benefits of online nutrition education for participants, staff, and the agency. We've covered the policy and guidance around offering online nutrition education, and discussed how it went to experience a wichealth lesson.
  - What sticks out to you from what we've discussed so far?
  - What might you do with this information?

TIME FOR A BREAK!

- The session will resume in 15 minutes
  - Turn off audio
  - Turn off camera

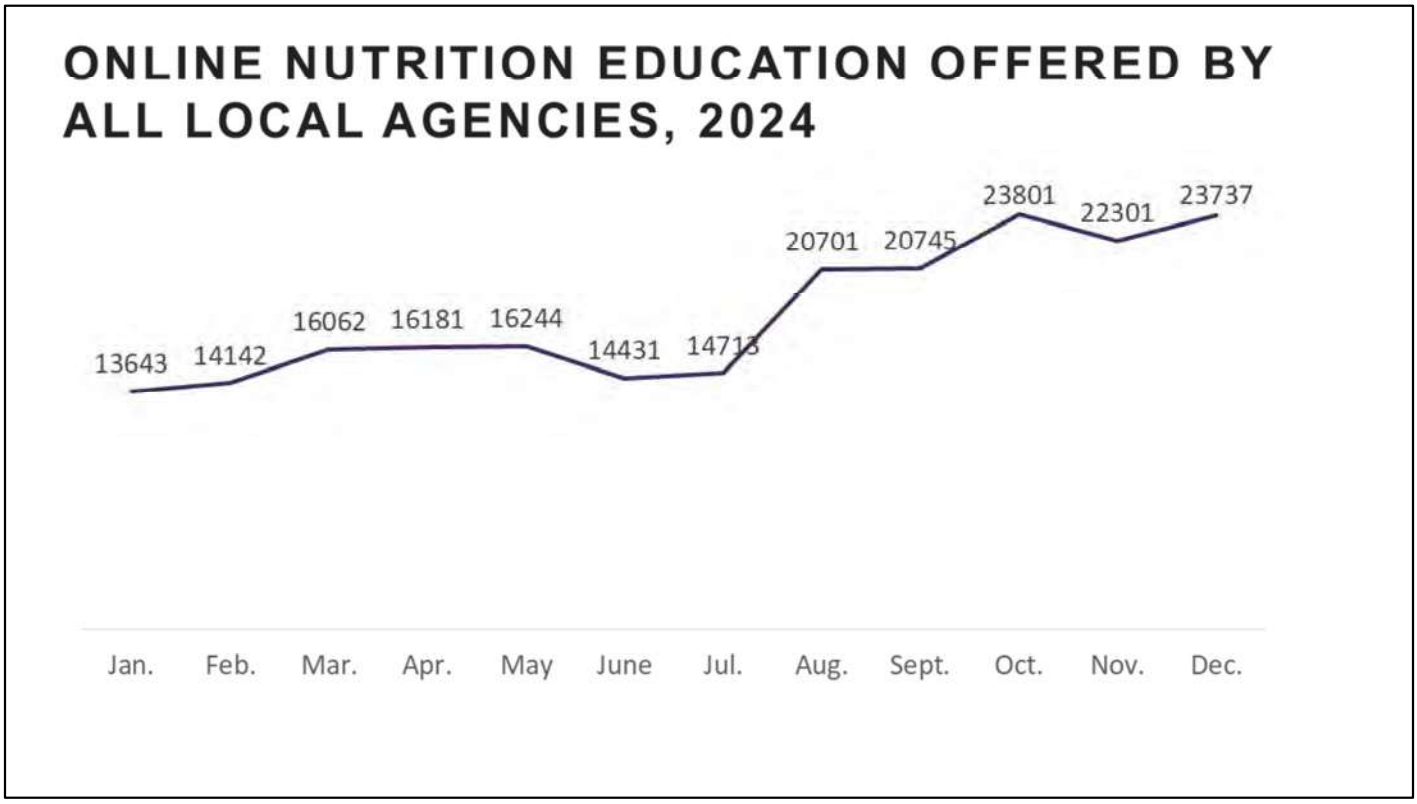


- Time for a break! Please return in 15 minutes at 2:30pm.
- You should not log out of Zoom but we ask you to mute yourselves and turn off your camera for the break.

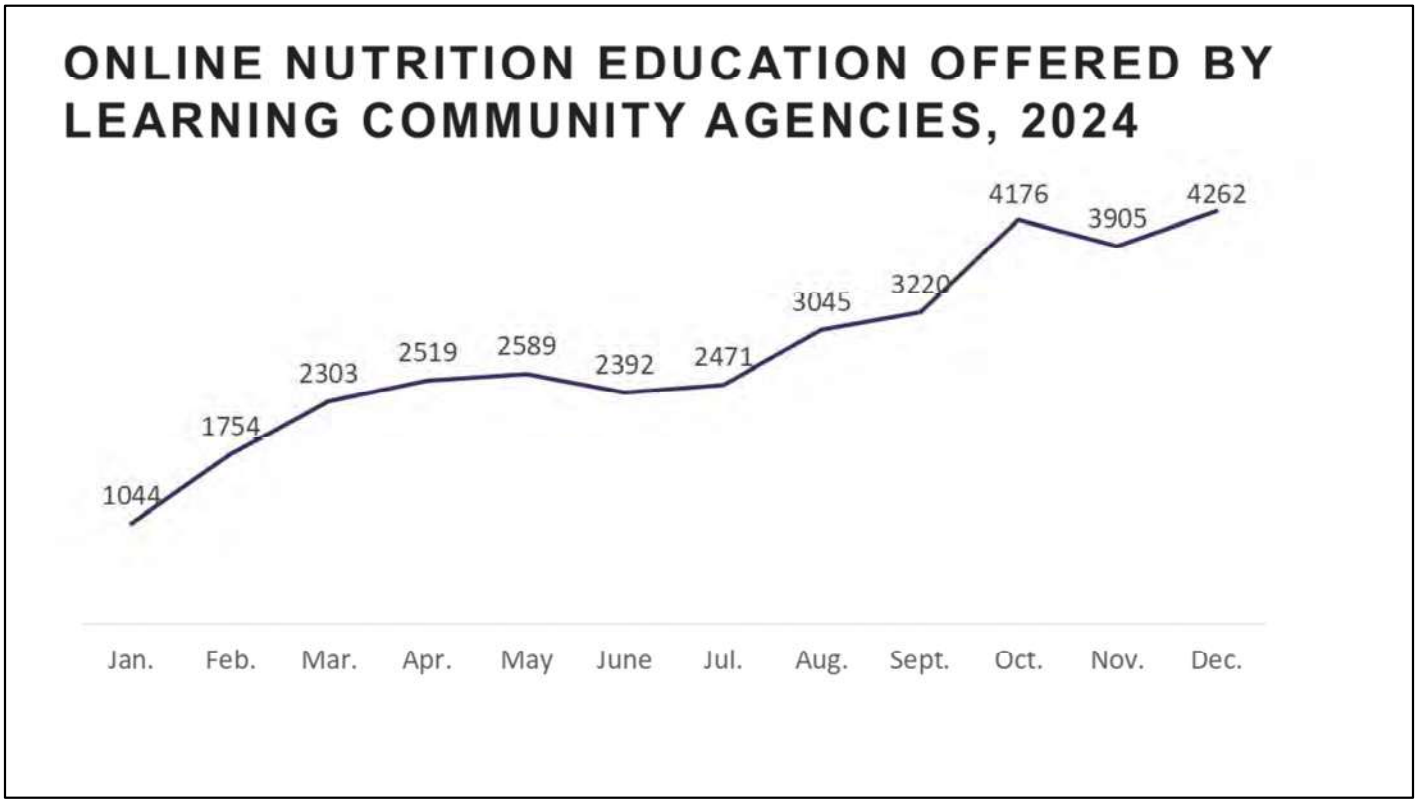
UNDERSTANDING DATA ON OFFERING AND ACCEPTANCE OF ONLINE NUTRITION EDUCATION

(45 min)

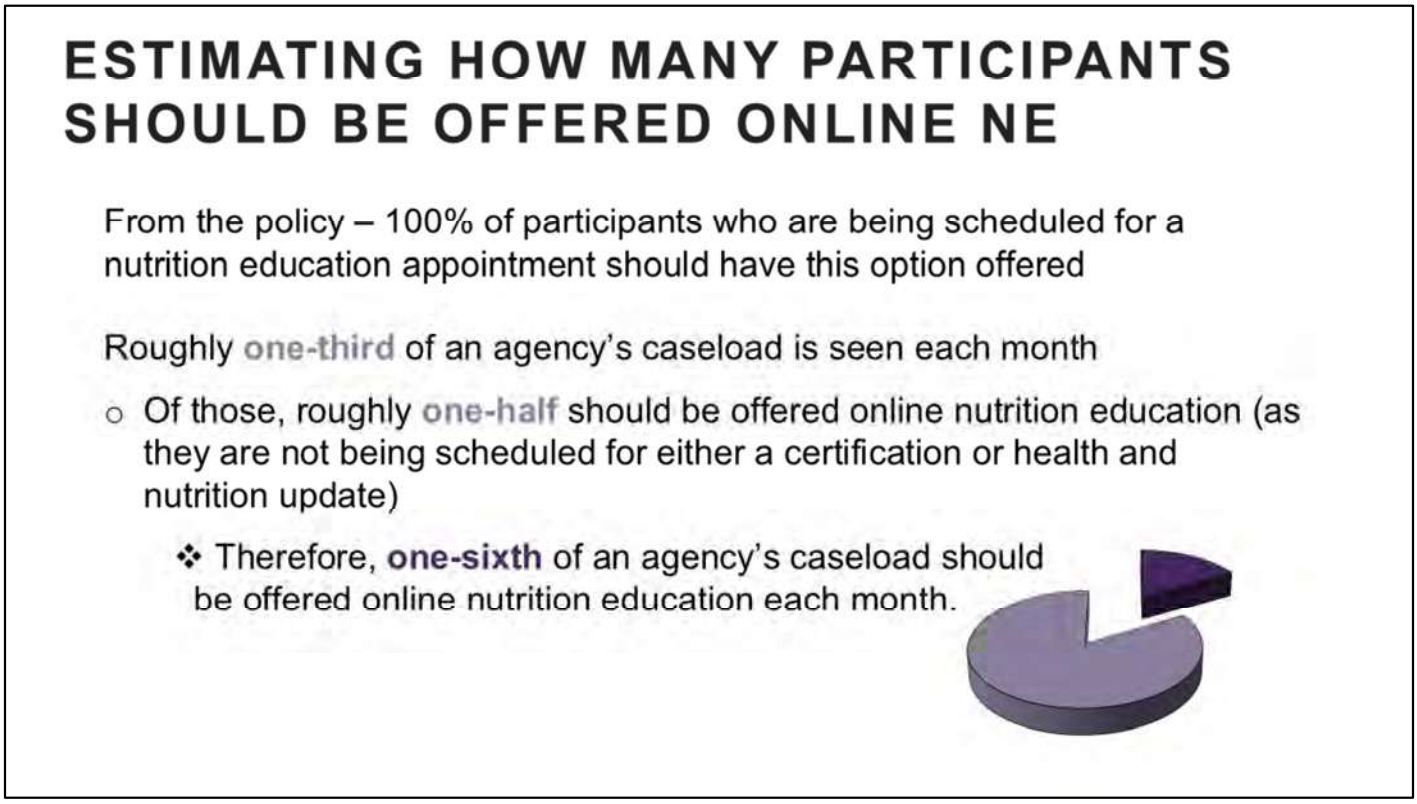
- Let's take some time now to dig deeper into some data around offering and participant acceptance of online nutrition education.



- Offering
  - We can look at 2024 data from the entire state and see how the data changed month-to-month



- Offering
  - We can look at 2024 from the Learning Community agencies and see how the data changed month-to-month



Producer Note: Animations in slide

- We can also estimate how many participants should be offered online nutrition education and compare the data to that estimate
    - We know from policy that 100% of participants who are being scheduled for a nutrition education appointment should have this option offered
    - **[CLICK]** Roughly one-third of an agency's caseload is seen each month
    - **[CLICK]** And of those, roughly one-half should be offered online nutrition education as they are not being scheduled for either a certification or a health and nutrition update.
    - **[CLICK]** Therefore, we propose that one-sixth of an agency's caseload should be offered online nutrition education each month.
    - **[CLICK** for pie chart to appear representing one-sixth]

STATEWIDE OFFERING OF ONLINE NUTRITION EDUCATION

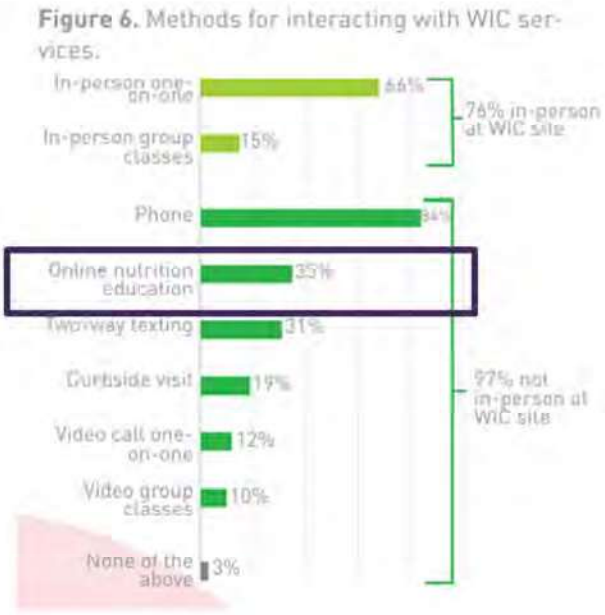
On average, 36% of eligible participants were offered Online Nutrition Education (range 0-97%) in December 2024



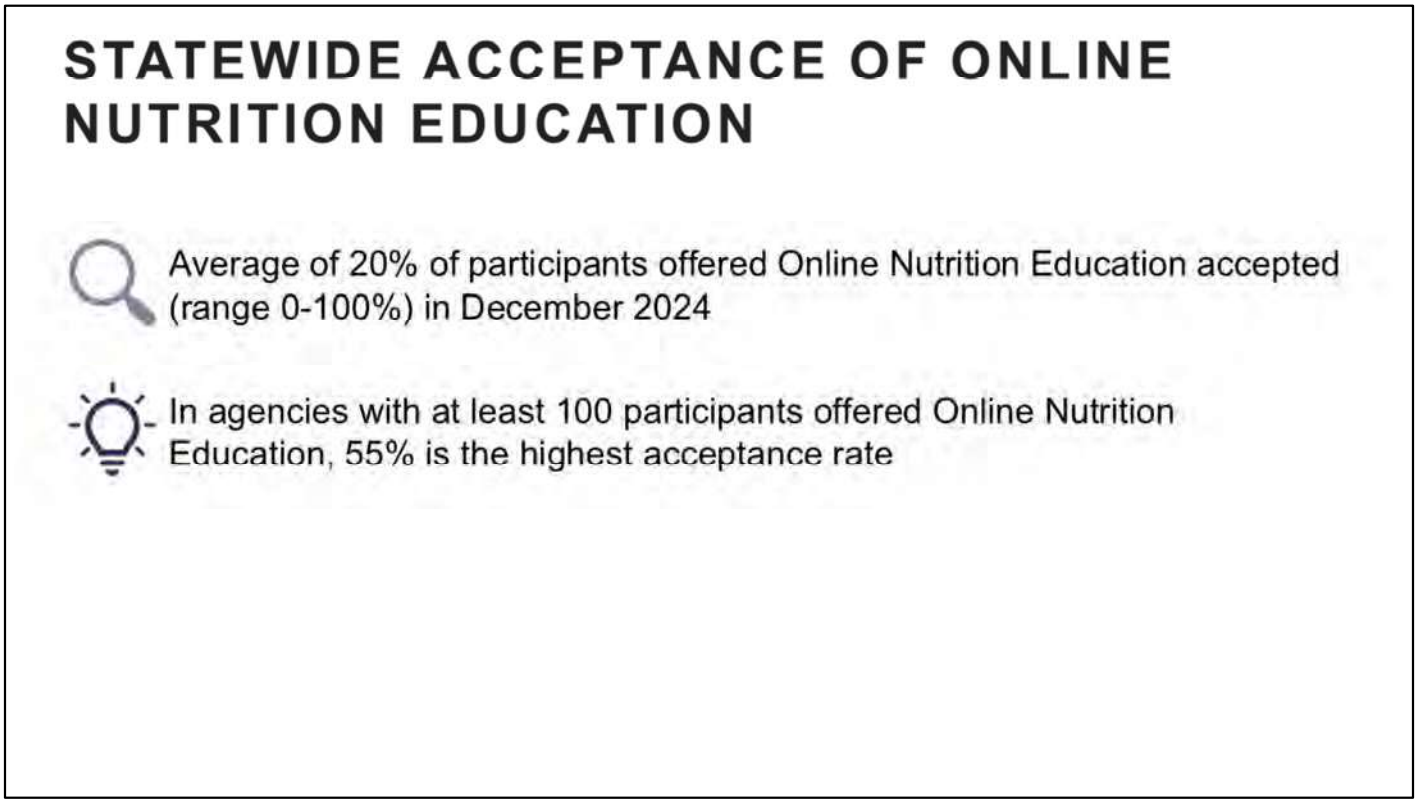
- When we say, “eligible participants,” we are referring to the calculation we just did on the previous slide to identify those participants due for nutrition education at their next appointment.
- 85 Local Agencies included in the analysis using December 2024 data
- On average, 36% of eligible participants were offered Online Nutrition Education in December 2024; that ranged from 0% on the low end to 97% at the highest
    - Trainer Note, in case of questions: we cleaned out agencies that had fewer than 100 eligible participants for these calculations; smaller estimates are less stable, and each participant makes a bigger impact and can impact the % of participants offered more greatly. Data from 5 agencies were cleaned out during this process.

PARTICIPANTS WHO COMPLETED ONLINE NUTRITION EDUCATION

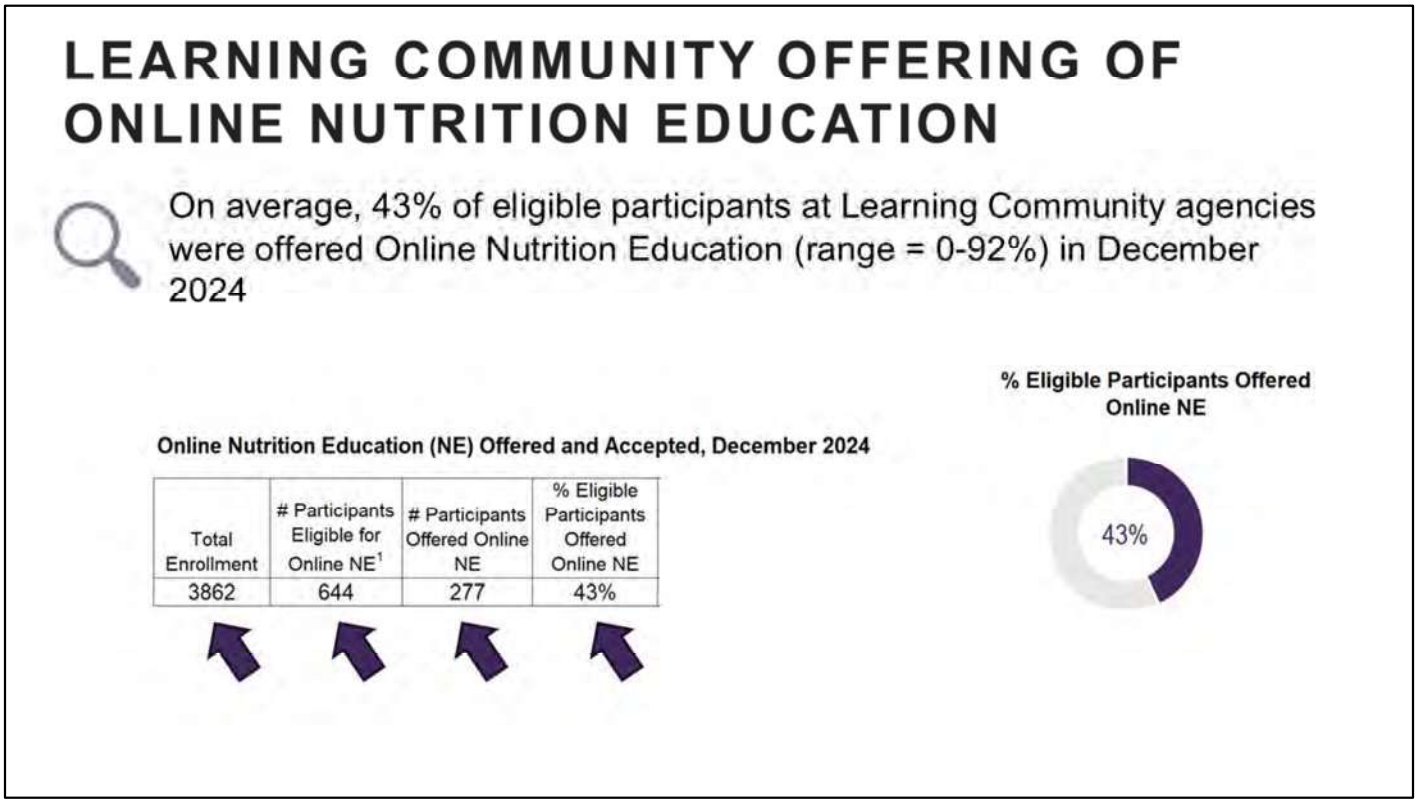
In the 2023 WIC Multi-State WIC Participant Satisfaction Survey, **35% of participants** reported using online nutrition education to interact with WIC services



- Acceptance
  - When reviewing data, it is helpful to identify a benchmark to compare to
  - Potential benchmarks:
    - 2023 Multi-State WIC Participant Satisfaction Survey: 35% of participants reported using online nutrition education to interact with WIC services (National WIC Association, 2024)
      - Perhaps this is a rough benchmark for agencies to use? It is likely a low estimate for what acceptance could be because this number is capturing those who **completed** online nutrition education. Acceptance is likely a higher number than completion.



- On average statewide, 20% of participants that were offered Online Nutrition Education accepted the service in December 2024. This ranged from 0% on the low end to 100% at the max
- When we look more closely at agencies that offered Online Nutrition Education to at least 100 participants, the highest acceptance rate was 55%
    - Note: we looked at agencies with >=100 participants because both agencies with 100% acceptance rate had offered Online NE to less than 10 participants; these smaller samples are hard to deduce trends from



Producer note: this slide has animation

In December at the Learning Community Agencies, on average, 43% of eligible participants were offered Online Nutrition Education. The lowest was 0% of eligible participants at one agency, and the highest was 92% of eligible participants at another agency.

[CLICK] Here is a screenshot of sample data on a handout - you will receive a handout with your agency's own data shortly. On the table on the handout, you will see:
[CLICK] your agency's total enrollment; in this example, 3,862 participants
[CLICK] the estimated number of participants eligible for Online NE; in this example, 644 participants
[CLICK] the number of participants offered Online NE in December 2024; in this example 277 participants were offered online NE, and
[CLICK] the percentage of eligible participants who were offered Online NE; in this case 43% of participants

[CLICK] Your agency's handout will also include a donut chart showing this same information. Here, you can see that 43% of eligible participants were offered Online NE.

LEARNING COMMUNITY ACCEPTANCE OF ONLINE NUTRITION EDUCATION

On average, 18% of participants at Learning Community agencies accepted Online Nutrition Education (range = 0 – 74%) in December 2024

Online Nutrition Education (NE) Offered and Accepted, December 2024

Total Enrollment	# Participants Eligible for Online NE[1]	# Participants Offered Online NE	% Eligible Participants Offered Online NE	# Participants Accepted Online NE	% Participants Accepted Online NE When Offered
3862	644	277	43%	50	18%

% Participants Accepted Online NE When Offered



Producer note: this slide has animation

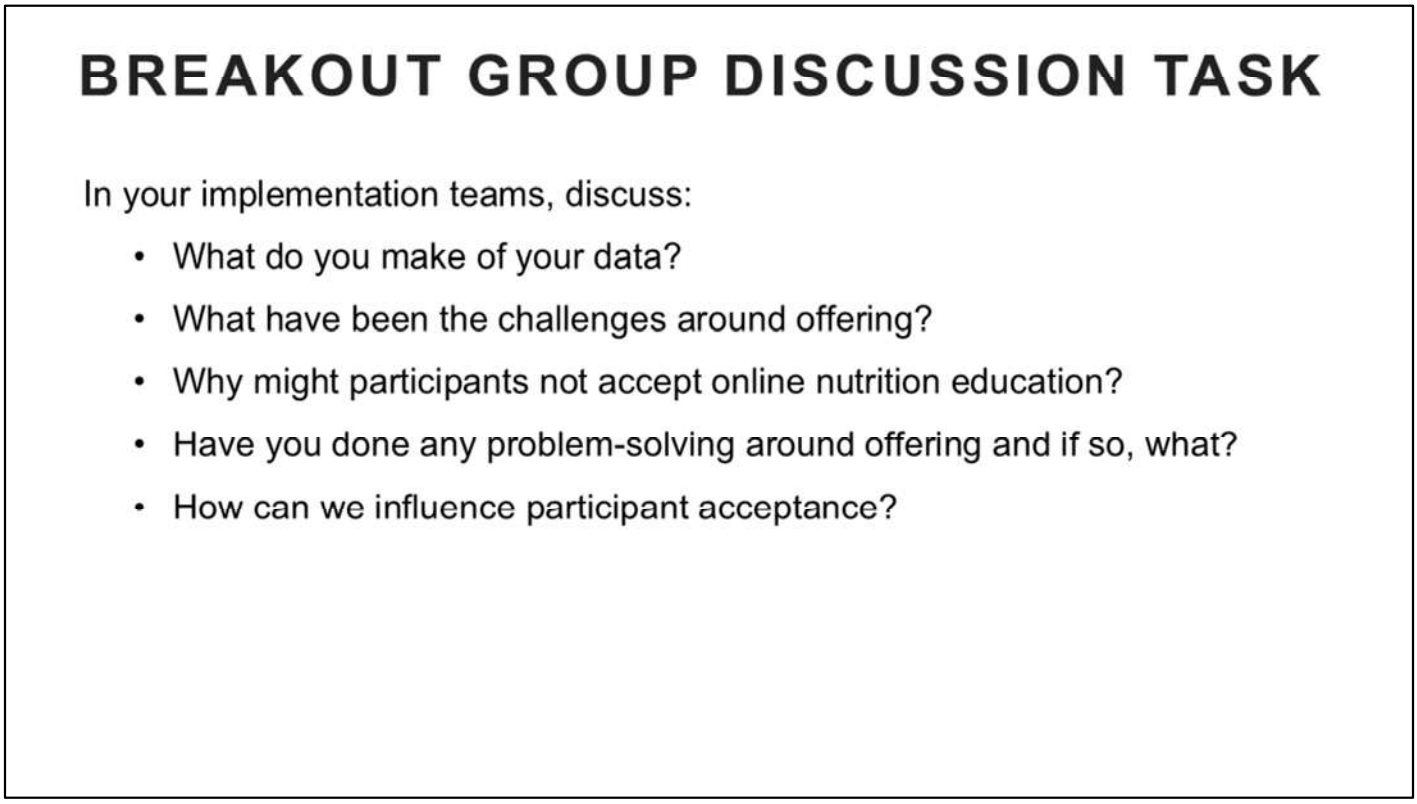
This slide looks at the percentage of participants who accepted Online Nutrition Education, after being offered. On average, across all Learning Community agencies, 18% of participants accepted Online Nutrition Education (this is slightly lower than the statewide average of 20%). This ranged from 0% at the low end to 74% at the high end in December 2024.

[CLICK] You will also receive this data for your agency. Here is the table we looked at on the last slide, but with more information shown on the right.
[CLICK] This cell shows that 50 participants accepted Online NE, which
[CLICK] gives us an 18% acceptance rate because 50 of the 277 participants who were offered Online NE ended up accepting.

[CLICK] And here is a donut chart showing us this measure – 18% of participants who were offered online NE accepted it.

EXPLORING OUR DATA ON ONLINE NUTRITION EDUCATION OFFERING AND ACCEPTANCE

(45 min)
Let's transition to analyzing our own data on offering and acceptance of online nutrition education.



- In a few minutes, we're going to send you into your implementation teams to discuss your agency's data on offering online nutrition education and participant acceptance. Use the following questions [read questions above] as guidance for your team's discussion.
- We ask you to first identify a reporter who will be prepared to summarize what you talked about in your groups when you return to the main training floor.
- Prompt production to send LA implementation teams into breakout sessions in their implementation teams

Production task – Drop below questions into chat:

- In your implementation teams, discuss:
  - What do you make of your data?
  - What have been the challenges around offering?
  - Why might participants not accept online nutrition education?
  - Have you done any problem-solving around offering and if so, what?
  - How can we influence participant acceptance?

Production task – Implementation teams breakout groups (1 DOH participant in each of the breakout rooms), 25 minutes (leave CAI Staff & DOH observers in main room)

LARGE GROUP DISCUSSION



CAI

- Go to gallery view when participants are brought back to the main training floor.
- Ask for one reporter per group to share a summary of what came up in their breakout sessions using the following debrief questions:
  - What came up in your small groups?
  - What patterns or themes did you notice?
  - What are you taking away?



(10 mins)

- Let's review some possible tools and strategies to improve offering and acceptance of online nutrition education in this last section of Day 1!

TOOLS AND STRATEGIES TO IMPROVE OFFERING AND ACCEPTANCE

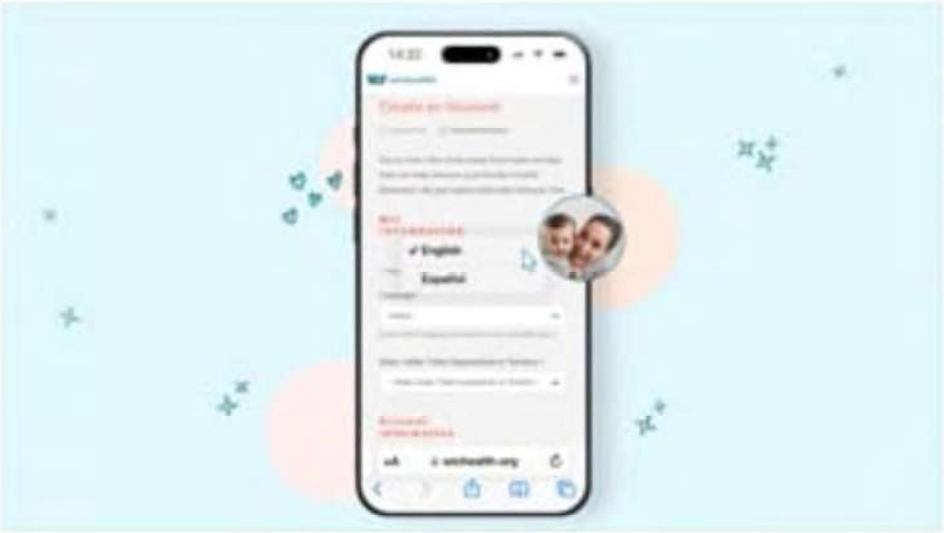


- Scripts
- Enrolling everyone in wichealth at their initial appointment
- Messaging on websites, social media, and outreach materials

Producer Note: Animations in this slide

- Scripts
- **[CLICK to appear]** Enrolling everyone in wichealth at orientation
- **[CLICK to appear]** Messaging on websites, social media, outreach materials

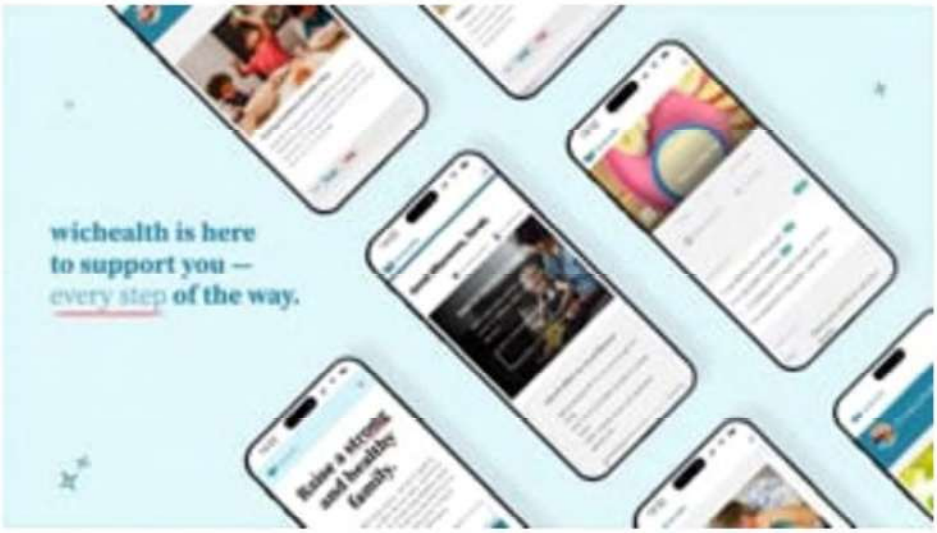
WICHEALTH VIDEO: HOW TO CREATE AN ACCOUNT



- Introduce the Wichealth video about how to create an account

Producer: Play video and share sound

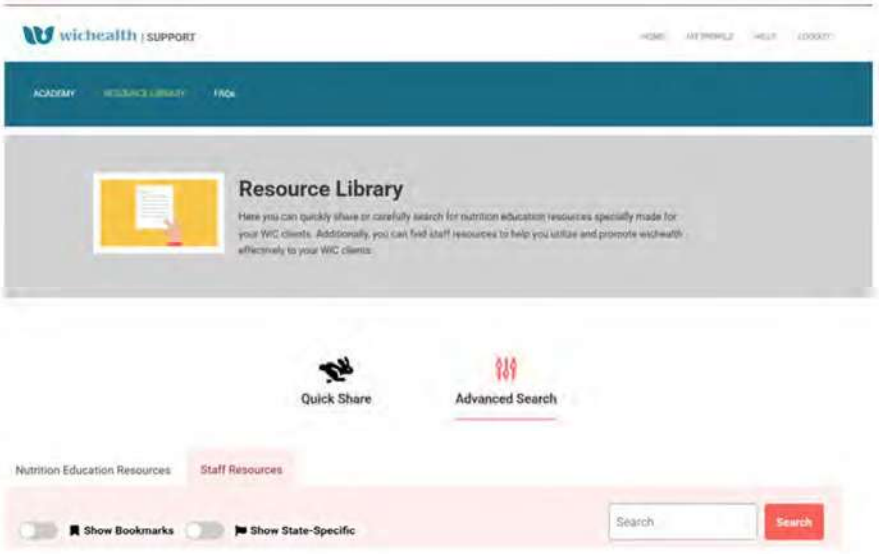
WICHEALTH VIDEO: HOW TO COMPLETE A LESSON



- Introduce the Wichealth video about how to complete a lesson

Producer: Play video and share sound

WICHEALTH PROMOTIONAL MATERIALS FOR CLIENTS AND STAFF



wichealth contains a number of resources staff can use, including promotional flyers, the videos we just saw, and social media materials.

Trainer to navigate to wichealth and show how to find these items and show examples.

Hunger Solutions New York is also working on a new Nutrition Education Social Media Toolkit, which should be released soon.

TOOLS AND STRATEGIES TO IMPROVE OFFERING AND ACCEPTANCE



- Track and review data at staff meetings
- Train staff
- Have staff view lessons to increase excitement and familiarity

Producer Note: Animations in this slide

- Track/ review data at staff meetings
- **[CLICK to appear]** Train staff
- **[CLICK to appear]** Have staff view lessons to increase excitement and familiarity



(5 min)

- Introduce the next section: Day 1 Wrap-Up

DAY 1 PLUSES & MINUSES



Your feedback is important to us!

Please complete the anonymous Pluses & Minuses feedback form using the link provided.

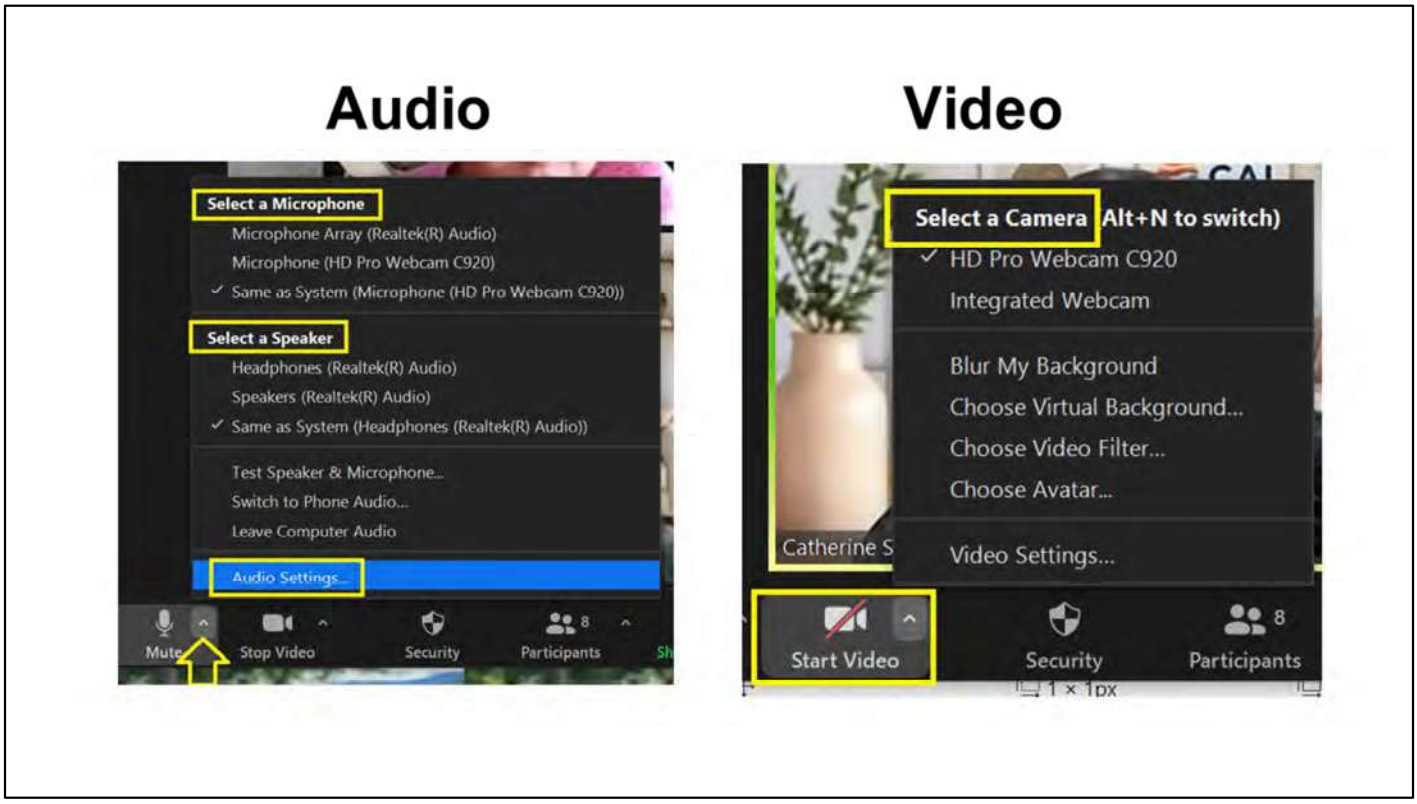
- **Share pluses and minuses list and ask trainees to complete to better inform day 2**
- Prompt production to share the link to the pluses and minuses list into the chat

@Production task: Share link: Pros/Cons Survey Link:
Tell trainees that once they have completed their pluses and minuses that they are okay to sign off and we look forward to seeing them tomorrow!

- (INTERNAL: For trainers - Report link:
- Pros/Cons Reporting Link (**CAI use only**):



Production
Thank you for joining us today! I hope it was helpful and can help guide you as you do this important work!

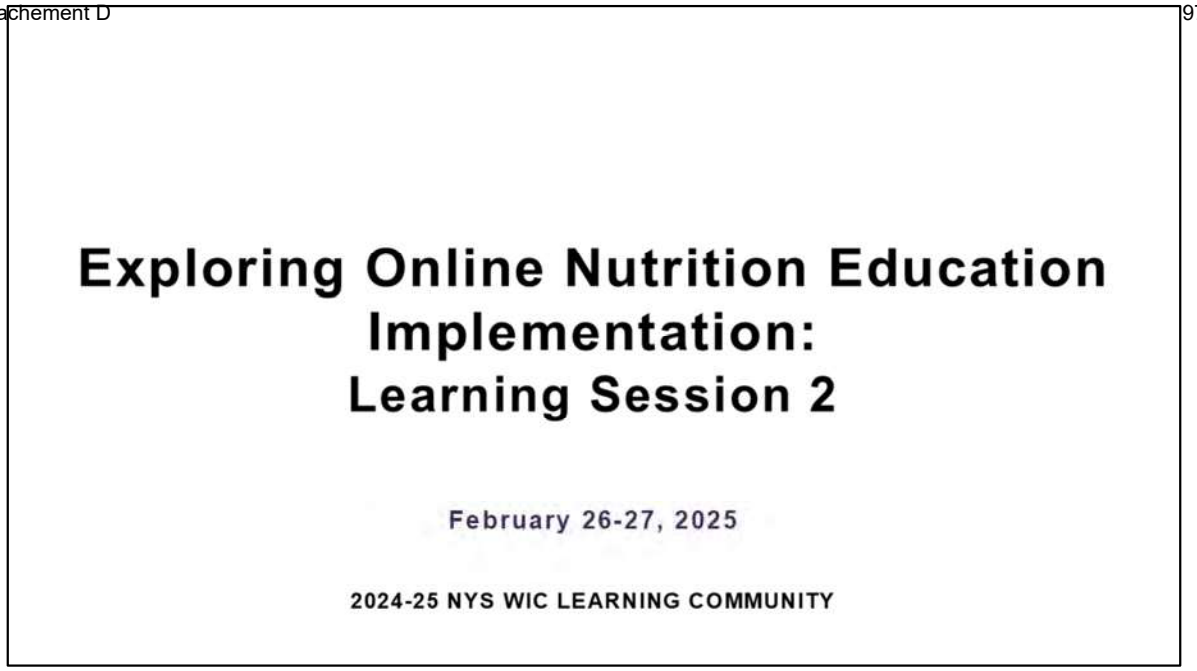


- Start 10 minutes early/once folks are logging on

- While we wait for the training to begin, we want to ensure everyone can participate today. Be sure to check your audio and video and ensure your microphone and camera are working. If you are having any trouble, please chat the producer for help troubleshooting. On the slide are 2 screenshots showing you where to access the audio and video settings on Zoom. Please be sure the correct microphone and speaker on your computer are selected if you are using computer audio, if not please select phone audio and call the dial-in number that appears. Please be sure to start your video and ensure the correct camera is selected on your device.

- It is an expectation of training that you will participate and engage, which includes being on camera and speaking. We want to hear your voices and see your faces. There are interactive components to training, including breakout rooms where you'll need to speak to your colleagues, so we want to ensure everyone has a working microphone and camera today. If you do not, please chat the producer to let them know. We want to make sure that everyone has the best training experience they can.

- Producer share in chat Link to Zoom FAQ regarding audio and video: https://support.zoom.com/hc/en/category?id=kb_category&kb_category=31293e9a8720391089a37408dabb35b8



(10 minutes)

- Production/Trainer:
- ******PRODUCER RECORD TO CLOUD******
- *****PRODUCER ENABLE CLOSED CAPTIONING*****

- Trainers and/or production staff can start building engagement with those who log on early by encouraging them to chat in their name, local agency, etc.
  - Trainer/Production
  - Welcome participants while they are logging on.
- Good afternoon
- Once everyone is in attendance, introduce the topic



Trainer/Production:

- Introduce trainers and production staff

REFLECTING ON DAY 1



- Review summary of pluses and minuses
- Prompt trainees to share:
  - What thoughts have you had between yesterday and today?



- Provide overview of agenda for Day 2 of Learning Session #2

ONLINE NUTRITION EDUCATION PROCESS

- To kick off today's session, we are going to walk through the agency's process of online nutrition education.

New York State Department of Health (NYS DOH) has created an excellent guidance document for us on Online Nutrition Education, which can be found in the WIC Library.

We felt it might be helpful to create a visual version of the process, so we created a flow chart, which NYS DOH reviewed and approved.

Because it may be overwhelming to look at all at once, we are going to look at each piece before sharing the whole chart with you. The purpose of looking at this is to identify places in the online nutrition education process which may require extra thought or systems put in place.



Key

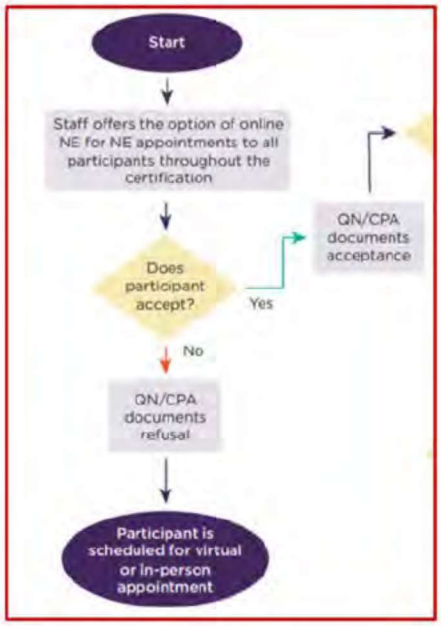
Key:
NE - Nutrition Education
QN - Qualified Nutritionist
CPA - Competent Professional Authority
NA - Nutrition Assistant
AR - Authorized Representative

First, we'd like to highlight the key. There are some abbreviations used throughout the flow chart and these are all spelled out in the key. (Review the abbreviations used.)

As we walkthrough the flow chart, we'll highlight where we are in the document by outlining it in red, as we've done here in the upper right corner.



Participant Refusal Path and Documenting the Offer



Next, let's look at the left side of the document with the offering step. You can see that we have followed the traditional flow chart formatting and used ovals for the start and end points of a process.

So, in this view, we can see the entire process when a participant declines online nutrition education. (Review these steps.)

When the participant accepts, the process continues further, and we'll look at that more in a moment.

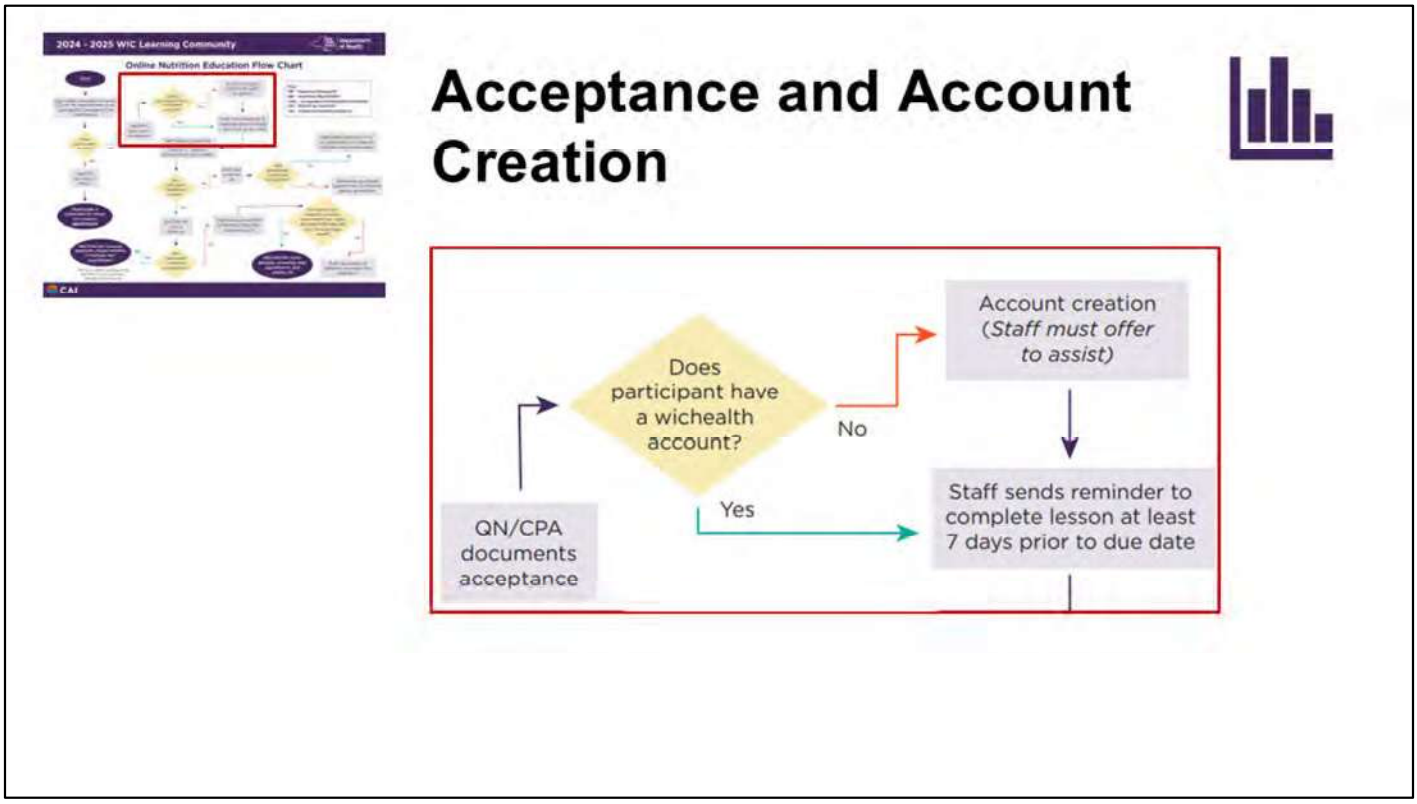
First, we want to look at the job roles involved here in this portion. In the first light purple rectangle after "Start", we can see that the job roles involved are "staff," so this could be QN/CPAs, nutrition assistants, or support staff. But then please note that both of the smaller light purple rectangles documenting the participant's refusal or acceptance of online nutrition education specify QN/CPA.

This is saying that while all staff can offer online NE, only QN/CPAs have access to the Online Nutrition Education grid in NYWIC to document this.

Poll question: How do you all handle this in your agency?

- Our support staff don't offer online nutrition education.
- Support staff ask the QN/CPA to document for them.
- We haven't considered this yet.
- I don't know.

If attendees select the 2nd option, trainer can ask: How do your support staff usually notify the nutritionists to document for them? Sticky notes? Teams? Email?



If we continue by looking at the online NE acceptance path, we see that after the QN/CPA documents, we come to another yellow diamond, indicating a yes or no decision, this time about whether the participant already has a wichealth account. If the participant does not already have an account, the next step is a light purple rectangle titled, “Account creation.”

Poll question: While we put account creation here, after the participant has accepted online nutrition education, we have heard that some agencies encourage participants to create accounts at other times. When does your agency encourage participants to create accounts?

- During the appointment after they accepted online nutrition education (just like the flow chart shows)
- When they enroll in WIC, such as at their certification appointment
- After their appointment
- Some other time (please write in chat)
- I don’t know

Discuss/debrief responses.

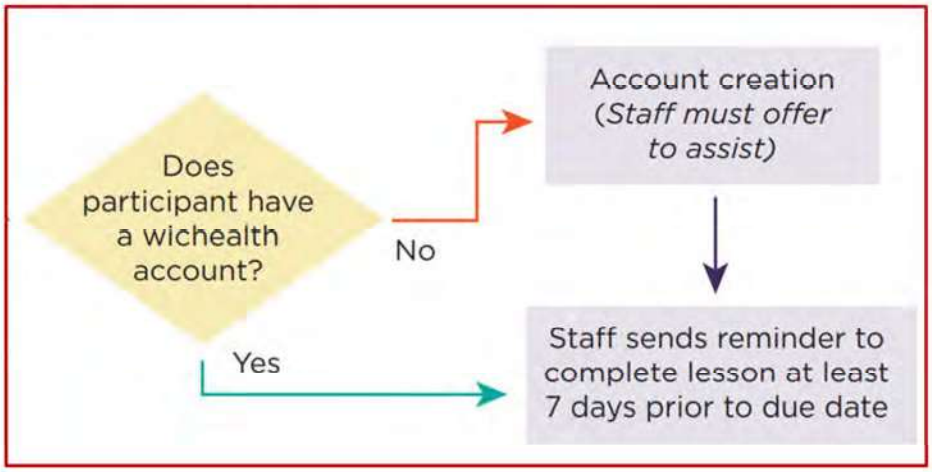
You’ll notice that in the light purple rectangle titled, “Account creation,” it also says that staff must offer to assist.

Large group discussion questions:

- Who helps participants create accounts?
- When does the account creation assistance occur?



Lesson Completion Reminder



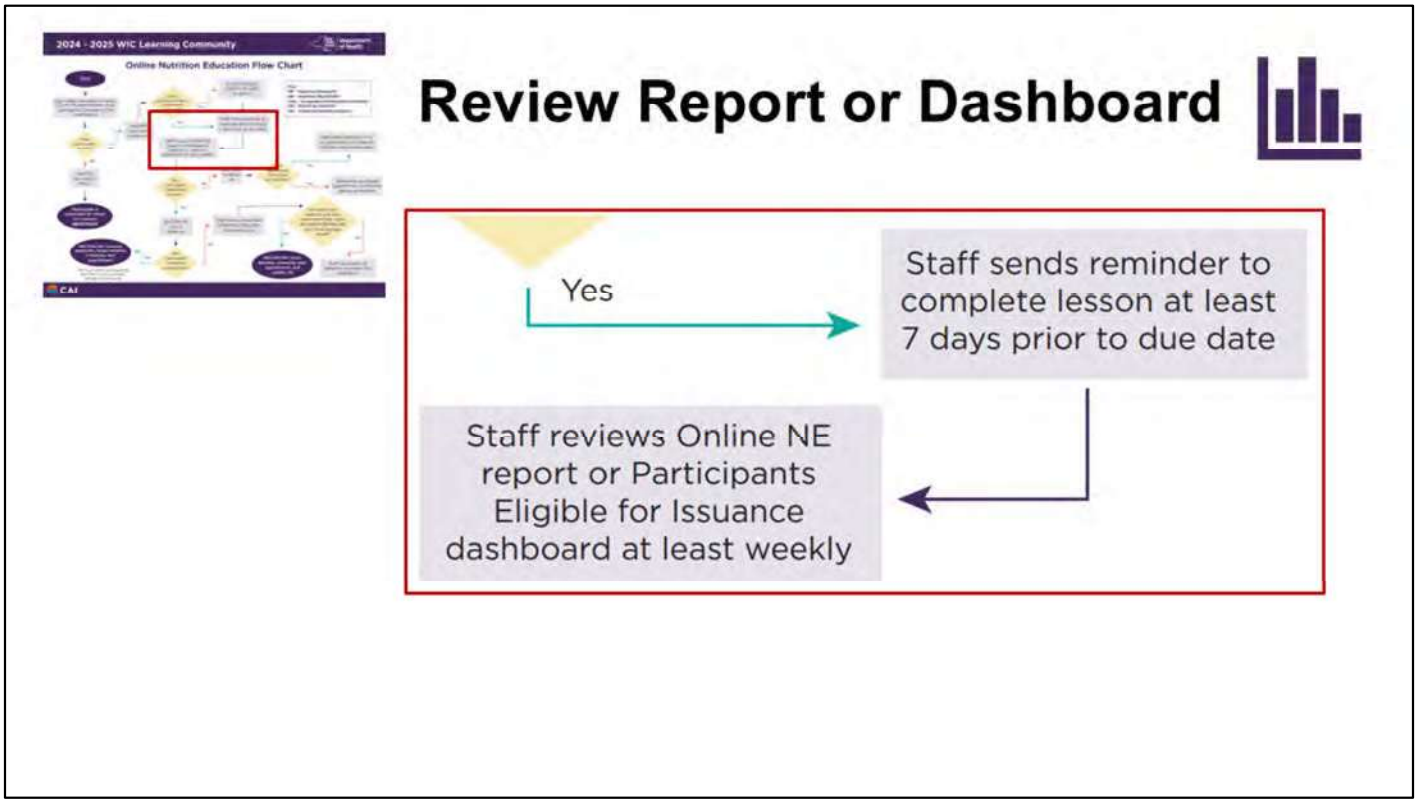
Whether the participant already has an account or not, the next step for us as WIC staff is to provide a reminder to the participant to complete the lesson – it's recommended that the reminder is sent at least 7 days prior to the due date to give the participant adequate time to complete the lesson.

Poll question:
How are reminders provided?

- Via our autodialer
- We manually call or text the reminders
- Some other way (please write in chat)

Some other things your agency might want to consider.

- When are reminders sent? Would sending them more reminders help participants complete their lessons?
- Who is responsible for sending reminders?



After the reminder, we move on to the next light purple box, which is where staff must review either the Online Nutrition Education report or the Participants Eligible for Issuance dashboard at least weekly.

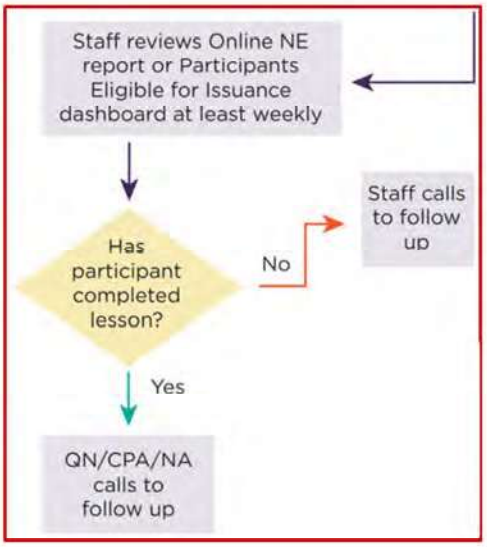
Poll questions:
Who in your agency reviews the report/dashboard?

- Support Staff
- Nutrition Assistant
- Qualified Nutritionist/Competent Professional Authority
- Nutrition Coordinator
- Manager
- There is no set role assigned to this at present.

Something for your agency to consider is how frequently should we review this report/dashboard, based on our agency's needs.



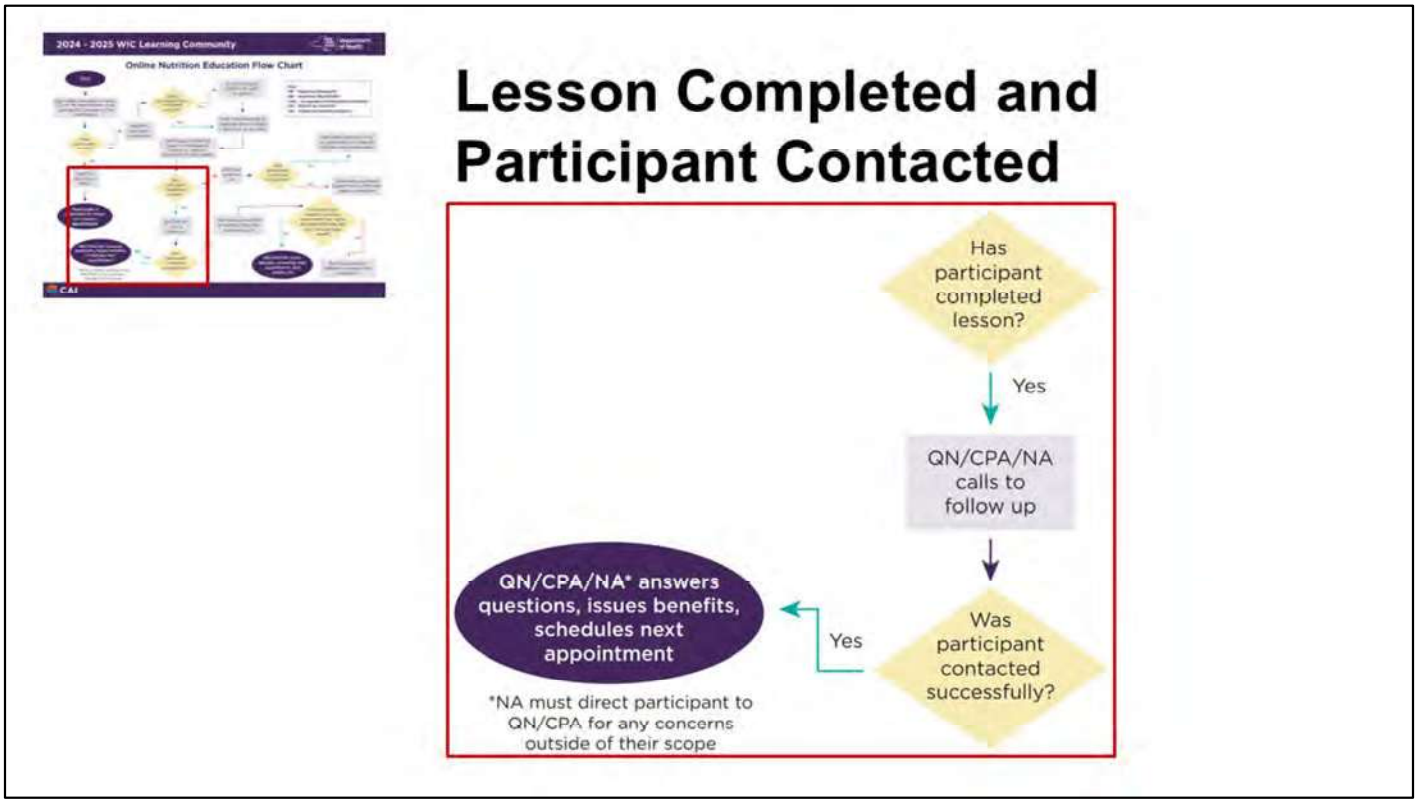
Lesson Follow Up



If we follow the paths from the yellow diamond, we can see that if the participant has completed the lesson, a Qualified Nutritionist, Competent Professional Authority, or Nutrition Assistant calls to follow up. If they have not completed, any staff may call to follow up.

Large group discussion:

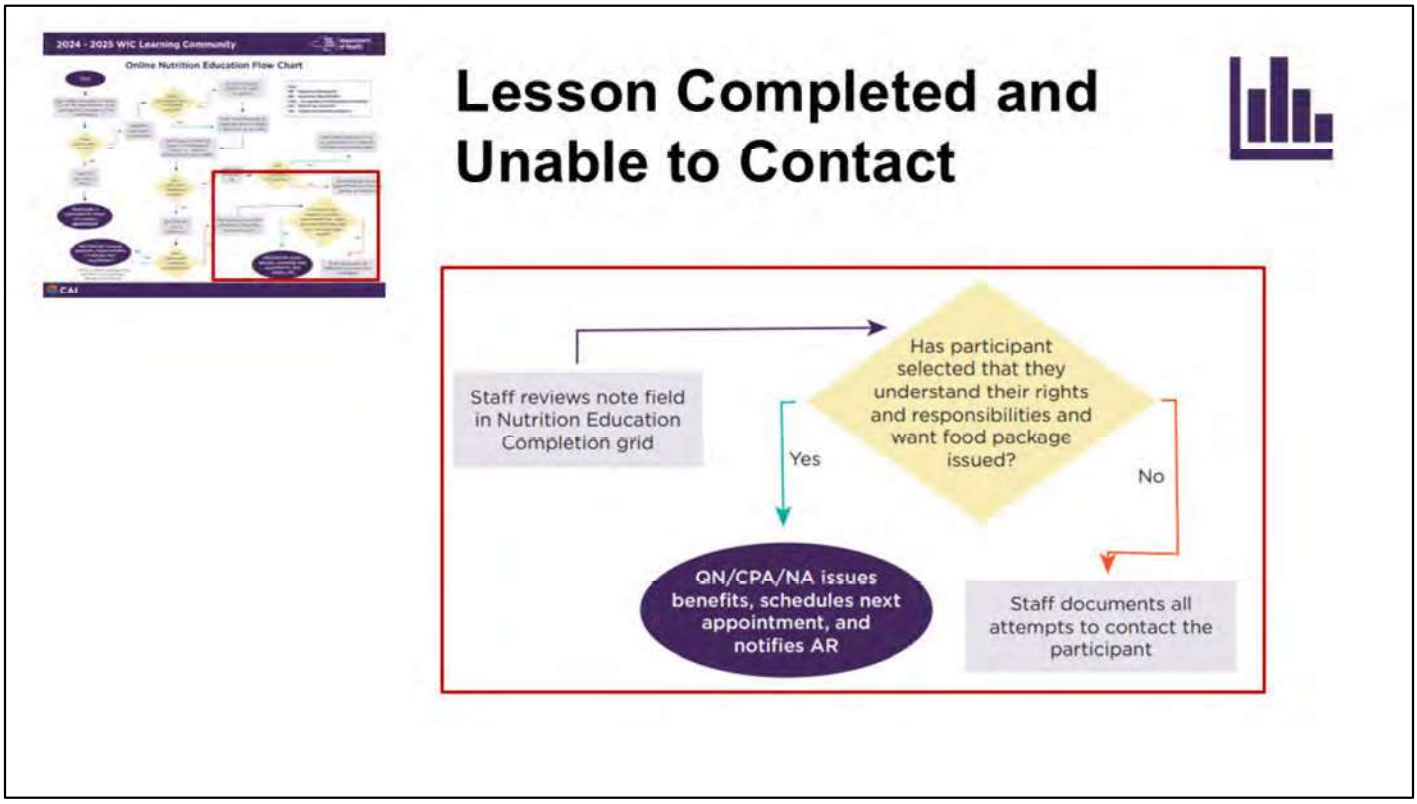
- How are you handling follow up? Is it the same person who reviewed the report? Is it the same job role whether the lesson was completed or not?
- How does what is on the report/dashboard get communicated to the person making the calls (if they are two or three different people)?



Here in this segment of the flow chart we see what we hope is the outcome of online nutrition education – the participant completed the lesson, the QN/CPA or nutrition assistant is able to reach them, ~~and~~ answers any questions they have, issues benefits, and schedules the next appointment.

Large group discussion:

- Are any of you using Nutrition Assistants in this role? How is that working?



If the participant has completed their lesson, but we are unable to reach them for follow up, the next step, as shown in the light purple rectangle, is for staff to review the note field in the Nutrition Education Completion grid.

When staff review the note field in the Nutrition Education Completion grid, they are looking for the participant's response to the survey question regarding whether they understand their rights and responsibilities and would like their food package issued.

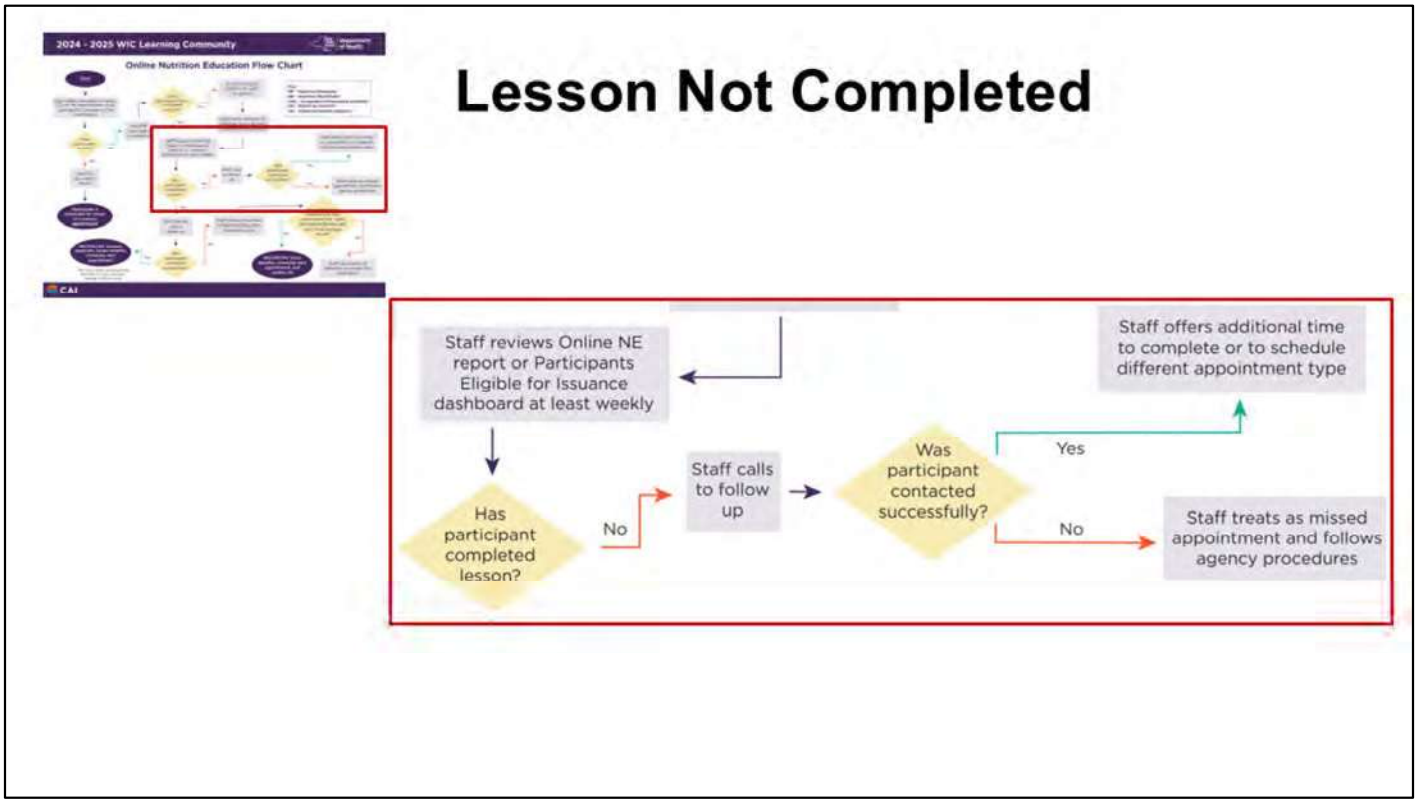
If the participant has selected that they understand their rights and responsibilities and want their food package issued, then the QN/CPA or NA can issue benefits, schedule the next appointment and notify the AR. If not, staff may not issue benefits and documents all attempts to contact the participant.

Poll Question:
Who in your agency reviews the Nutrition Education Completion grid?

- The same person who attempted to reach the participant
- Support Staff
- Nutrition Assistant
- Qualified Nutritionist/Competent Professional Authority

Large group discussion:

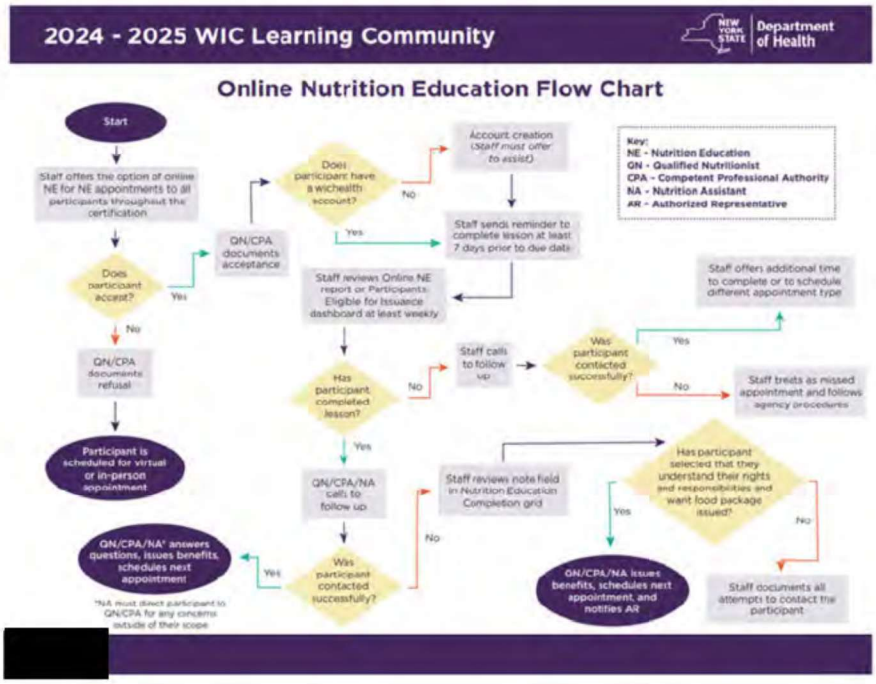
- How is your agency handling this step? What have you found works or doesn't work?



Now let's shift gears and look at what happens if the participant did not complete their lesson. (review steps)

Large group discussion:

- How does your agency handle these steps? Who is responsible for them? What has worked or hasn't worked?



We'll drop this document in the chat so that you all have access to it.

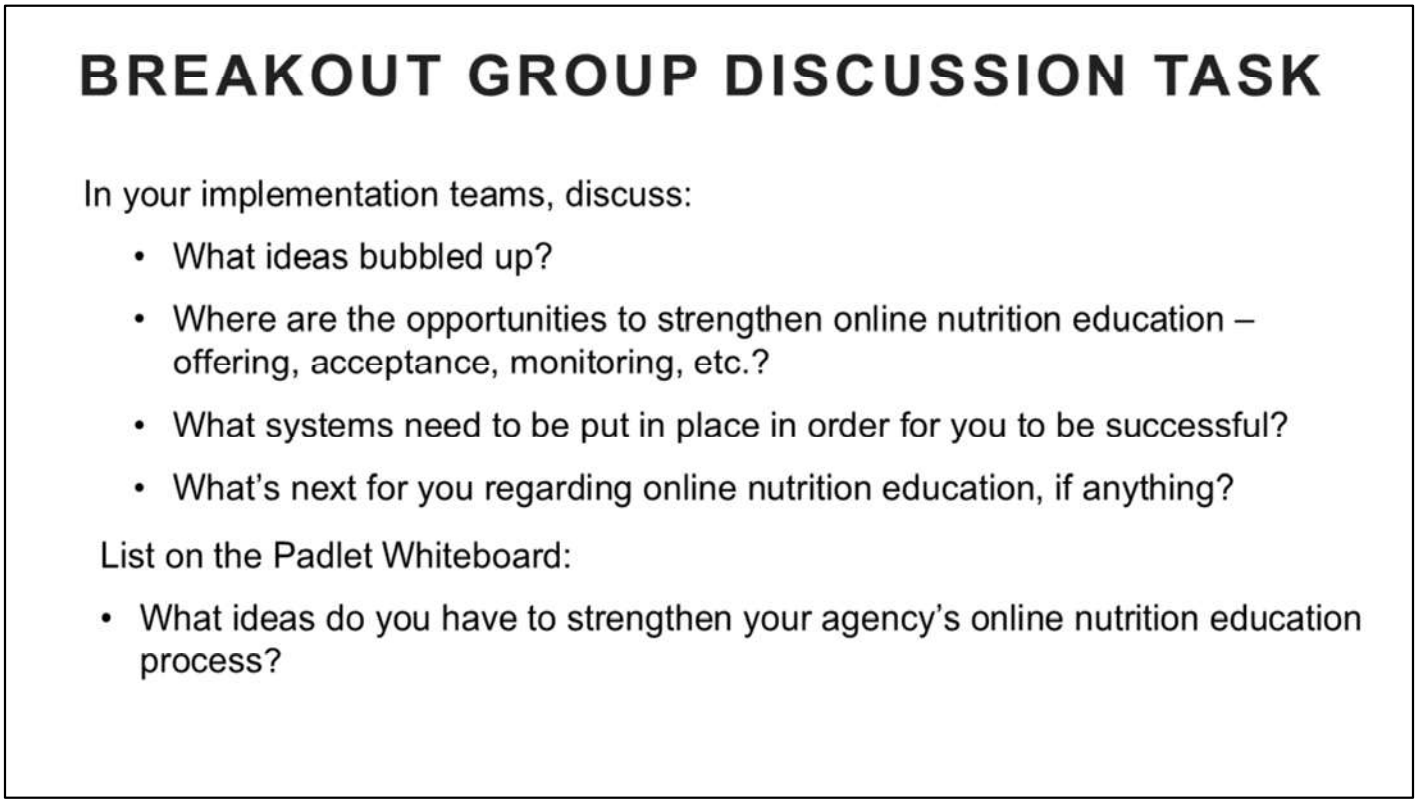
LARGE GROUP DISCUSSION



- Trainer to facilitate large group discussion on steps of the process
- As your acceptance rate improves, your systems for handling online nutrition education may need to change

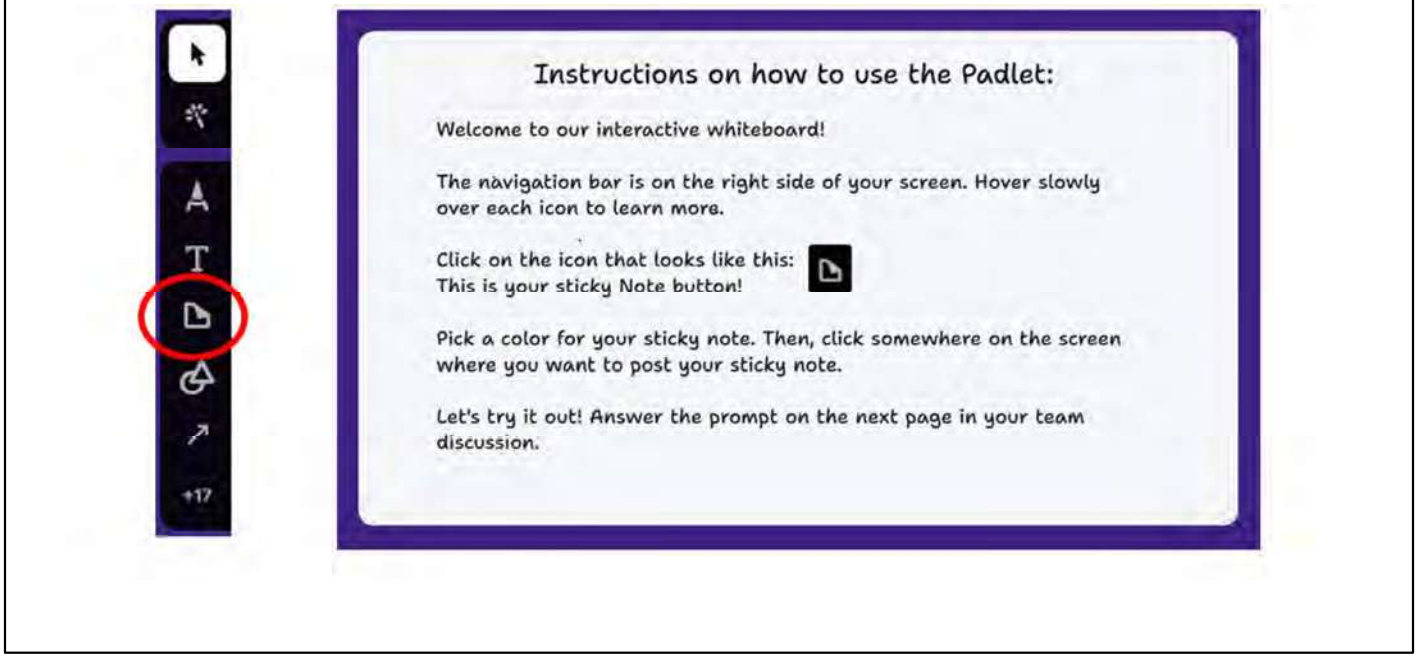
IMPLEMENTATION TEAM DISCUSSION

- Let's move to discussing our online nutrition education process with our implementation teams.



- In a few minutes, we're going to send you into your implementation teams to discuss the lecturette and your agency's online nutrition education process using some questions as prompts. We want for you to consider [review questions listed above].
- Then, we want you to list on the Padlet (which is an interactive whiteboard) your responses to:
  - What ideas do you have to strengthen your agency's online nutrition education process?

ORIENTATION TO THE PADLET



Production Task: Screenshare the Padlet and walk folks through how to post a sticky note.
https://padlet.com/eberrier1/padlet-wic-learning-session-2-vudpk9ybn94dsmcf

- Let's do a quick orientation to the Padlet. This is an interactive whiteboard we will use throughout our Learning Community. We are going to screenshare and walk you through how to post a sticky note.
- The navigation bar is on the right hand side of your screen. Hover slowly over each icon to learn more.
- Click on the icon that looks like a square with a corner folded down. This is your sticky note button.
- Pick a color for your sticky note. Then, click somewhere on the screen where you want to post your sticky note.
- In your implementation teams, we want you to pick one person to click on the Padlet link in the chat and screenshare with the rest of the group. The Padlet whiteboard for this activity is on whiteboard 2 (and 3 if you run out of room!). To get to whiteboard 2, just click the number 2 on the lefthand side of your screen.
- Any questions before we do this activity? You will have 25 minutes in your teams to discuss the questions and respond to the whiteboard prompt.

Production task – Drop questions and link to Padlet into chat:

- In your implementation teams, discuss:
  - What ideas bubbled up?
  - Where are the opportunities to strengthen online nutrition education – offering, acceptance, monitoring, etc.?
  - What systems need to be put in place in order for you to be successful?
  - What's next for you regarding online nutrition education, if anything?

Link to Padlet: https://padlet.com/eberrier1/padlet-wic-learning-session-2-vudpk9ybn94dsmcf

Production task – Implementation teams breakout groups (1 DOH participant in each of the breakout rooms), 25 minutes (leave CAI Staff & DOH observers in main room)

LARGE GROUP DISCUSSION



- Go to gallery view when participants are brought back to the main training floor.
- Ask for one reporter per group to share a summary of what came up in their breakout sessions using the following debrief questions:
  - What came up in your small groups?
  - What patterns or themes did you notice?
  - What are you going from here?

TIME FOR A BREAK!

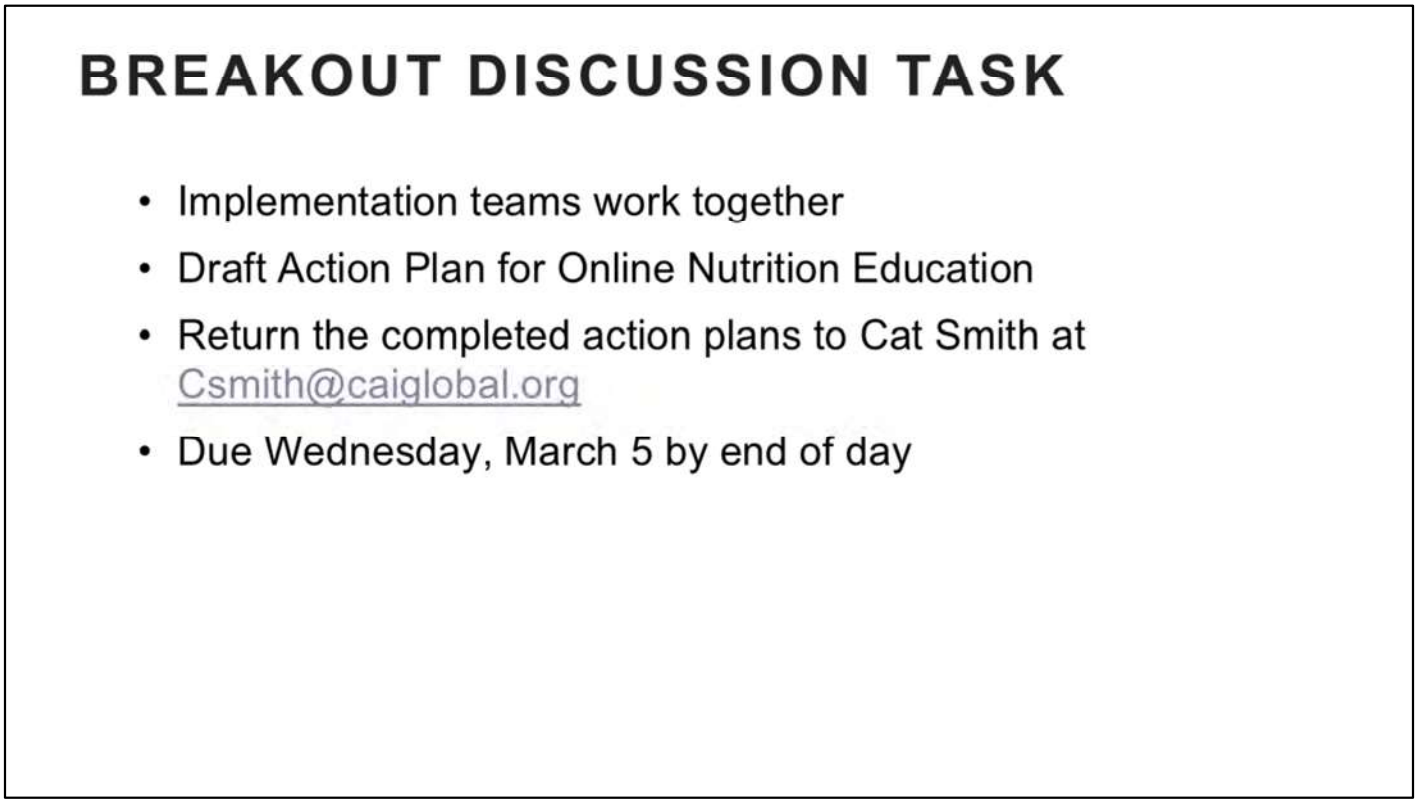
- The session will resume in 15 minutes
  - Turn off audio
  - Turn off camera



- Time for a break! Please return in 15 minutes at 2:55pm.
- You should not log out of Zoom but we ask you to mute yourselves and turn off your camera for the break.

ACTION PLAN 2 DEVELOPMENT

- Now for this last breakout session, we are going to pivot to an essential part of the day where we put pen to paper to plan out our steps for improvement over the next 30-60 days.



- Each agency will be given 30 minutes to begin filling out Action Plan 2.
- Please complete it and return to Cat Smith at CAI by close of business on Wednesday, March 5th, 2025.
- When we return, implementation teams will share 1-2 action steps they plan on taking from their action plan templates with the group.

Production task – Drop handout entitled “Day 2 – Action Plan 2 Template” into chat.
Production task - Send trainees into implementation teams for 30 minutes.

ACTION PLAN REPORT-OUT

- Open Door Family Medical Center
- Opportunity Development Association of Williamsburg
- Community Health Center of Richmond
- Public Health Solutions – Ocean Ave site
- Broome County Health Department
- Community Health Center of the North Country



Ask each agency to report out on 1-2 action steps they plan on taking in the next 30-60 days.

ACTION PLAN REPORT-OUT



- Warren County Health Services
- Catholic Charities of Western New York – South Buffalo site
- Oak Orchard Health
- Monroe County Health Department
- Cayuga County Health Department

Ask each agency to report out on 1-2 action steps they plan on taking in the next 30-60 days.



- Introduce the final section of the day: Wrap up and Next Steps

UPCOMING LEARNING COMMUNITY EVENT



Remote Check-in #4

March 20, 2025

9:00-11:00 AM

- Remote Check in #4
  - The next remote session is scheduled for: March 20th from 9:00am-11:00am
  - Everyone on the implementation team is welcome to attend, but only one person from each agency is required
  - [Provide overview of next remote check-in topic]

NOTE TO LEARNERS

CAI will offer an opportunity for learners to evaluate this Continuing Professional Education (CPE) activity and will regularly use this important feedback to continually improve the activities/ materials offered. Please note that you are able to send feedback directly to Commission on Dietetic Registration (CDR), by e-mailing QualityCPE@eatright.org

RDs and DTRs seeking continuing education credits through the Commission on Dietetic Registration are encouraged to complete an additional evaluation (producer drop link in chat): WIC RD/CPEU Optional Evaluation (alchemer.com)

- Optional Eval: WIC RD/CPEU Optional Evaluation (alchemer.com)



Production
Thank you for joining us today! I hope it was helpful and can help guide you as you do this important work!

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Wichealth. (n.d.) *How to complete a lesson [video].* https://dev.wichealth.org/?languageId=1

Wichealth. (n.d.) *Resource library – staff resources.* https://www.wichealth.org/Support/Library/Search?staff-resources=true

Wichealth. (n.d.) *wichealth – nutrition education that drives real results.* https://www.wichealth.org/discover

2024-25 NYS WIC Learning Community
Learning Session #3
May 6-7, 2025
9:00 AM - 12:15 PM

Goal: To strengthen WIC local agency operations by enhancing staff retention, fostering collaboration to manage caseloads, and utilizing data-driven approaches—such as online nutrition education metrics—to identify actionable strategies and next steps for continued improvement beyond the learning community.

Description: In this final session of the 2024-25 Learning Community, we will build on the insights from Check-In 5 to deepen our focus on staff retention—examining both the challenges and actionable strategies for improvement. We will also explore innovative approaches to interagency collaboration as a means to effectively manage caseloads and prevent staff burnout. Implementation teams will review the most recent data on online nutrition education to assess progress and inform future planning. As we reflect on our collective learning throughout the community, we will identify concrete next steps to sustain momentum and drive ongoing improvement. The session will conclude with dedicated time for Summative Congress preparation, ensuring each agency presenter is ready to share their work and insights with the broader NYS WIC community.

Presenters:
Deb Bonzo
Maria Dentino
Sabrina Baumgartner
Other CAI staff TBD

Target Audience:
Learning Community Implementation Team Members
NYS Department of Health Learning Community Regional Office Representatives

Length of Training:
Day 1: 3 hours
Day 2: 2 hours 20 minutes for everyone plus an additional 40 minutes for Summative Congress presenters

Continuing Education:
5 CPEUs (TBD by CDR)
_6_CEU (TBD by DOH)
0 LCERPs

Learning Objectives:
As a result of this session, attendees will be able to:
1. Demonstrate the importance and impact of staff retention
2. Explore challenges and opportunities related to staff retention

3. Describe one strategy that could be applied to their agency to improve staff retention
4. Discuss considerations for WIC local agency collaboration to manage caseloads
5. Showcase improvements through review of online nutrition education data
6. Identify next steps for their agency beyond the learning community

Teaching Methods:

- PowerPoint
- Interactions such as polling, word cloud, small and large group discussions

Materials Needed:

This learning session will include an informative presentation with interactive components.

- PowerPoint
- Mentimeter
- Implementation teams' data dashboards updated with March data

Agenda/outline:

Day 1

- Welcome & Introductions
    - Thank attendees for evaluation feedback from Check-In 5 and briefly review
    - Goal and objectives
- Importance and Impact of Staff Retention
    - Mentimeter poll: How many staff vacancies does your agency/site currently have?
        - 0
        - 1-2
        - 3 or more
        - I don't know
    - Mentimeter word cloud: What is the impact for you when other staff leave?
    - Lecturette
        - What is staff retention?
            - An organization's ability to keep quality employees (Indeed, 2025)
        - Why is staff retention important?
            - Staff retention matters because caseload is high, training is extensive, and recruitment is difficult.
- Factors Impacting Staff Retention
    - Review of work done in Check-In 5, attendees answered the following:
        - Thinking about both your current job and previous jobs:
            - What factors contributed to you staying at your job? What helps you enjoy your work and want to keep coming back?
            - What factors would influence you to leave? What makes you think about other job opportunities?

        - Discussion question: Is there anything missing from this list?
    - Lecturette: Review research on staff retention, strategies and best practices
- Break (15 minutes)
- Staff Retention Factors and Our Agency
    - Each implementation team will work in Mentimeter in breakout groups to sort a list of factors impacting staff retention into one of four quadrants: in our control and effective, in our control and not effective, outside of our control and effective, and outside of our control and not effective
        - The list of factors for sorting will come from both the factors identified in Check-In 5 and research
    - Regional office staff will be in their own group discussing, “What is within our control to do to support staff retention?”
    - Large group debrief
- Staff Retention Action Plan
    - From the quadrant of “in our control and effective,” implementation teams will choose one to three items to work on over the next one to six months
- Day 1 Wrap Up
    - Pros and cons

Day 2

- Welcome Back
    - Review pros and cons
    - What thoughts have you had between yesterday and today?
- Caseload Collaboration
    - In February, NYS WIC hit our highest caseload since 2016 (will update to March data if/when we receive it in early May)
    - NYS WIC’s highest caseload ever was 533,158 in July of 2012
    - NYS WIC’s lowest caseload was 359,191 in April of 2020. Since April 2020 there has been a steady increase.
    - Some agencies are stretched beyond their capacity
        - This may be because they are serving more than their target caseload and/or their nutritionist-to-participant ratio may be high due to demand or staff vacancies
    - Because not all agencies are stretched beyond their capacity, and because we can serve participants completely by phone, there is the opportunity for overextended agencies to collaborate with agencies who have some capacity to better serve participants and prevent staff burnout.
    - Small group discussion activity
        - Implementation teams will be divided by region to discuss:

- What would it take to collaborate with another agency to manage caseload?
- How would agencies identify and communicate with other agencies to work together?
- How would potential participants for referral be identified?
- Would only new participants be referred or would it be existing participants as well?
- How would participants be referred?
- Would participants stay with the receiving agency or would they return at some point?
- How could receiving agencies ensure that participants receive appropriate local referral and vendor information?

        - NYS Regional Office Representatives will discuss how they might assist with agency collaboration
    - Large group debrief
        - If agencies are curious about how they might communicate with each other, the following ideas could be shared:
            - We are hoping to help facilitate connections at a future manager's workshop., possibly in November
            - National WIC Association has online community – perhaps agencies could connect that way.
            - Agencies could ask their Regional Office to help identify other similar agencies they might connect with.
            - WIC Coordinators could set up their own informal meetings with agencies with similar caseloads/demographics.
    - Lecturette: Review work done in Capital region around agency caseload collaboration
- March Online Nutrition Education Data
    - This is the first month of data available after our Learning Session 2 on online nutrition education.
    - Present aggregate trends in online NE offering and acceptance in the Learning Community agencies over the past four months of data (December 2024-March 2025)
    - Provide each agency with their own data (will do this without sharing each agency's data with other agencies)
- Break (15 minutes)
- Pearls of Wisdom Reflection
    - Individual activity to reflect on:
        - What's the biggest learning you've had? What's one big ah-ha?

        - What's one thing you wish you knew 6 months ago?
        - What was this experience like for you?
- Action Plan for Sustainability
    - Small group breakout activity, implementation teams
    - In Day 1, you identified action steps for staff retention. Now we want to give you the opportunity to reflect on the other areas you worked in during this Learning Community (scheduling, online nutrition education) to discuss:
        - What are your next steps?
        - What still needs your attention? What is left to do?
        - What have you implemented that you're going to continue?
- Wrap Up and Next Steps
    - Evaluation: Learning Community Cumulative Evaluation
    - All attendees except for Summative Congress presenters will be dismissed.
- Summative Congress Rehearsal
    - This time will be used to help each agency's identified presenter prepare for the Summative Congress structured report-out presentations.

Resources:

Herrity, J. (2025, March). What is employee retention? Benefits, causes and strategies. *Indeed*. https://www.indeed.com/career-advice/career-development/definition-of-employee-retention

Minnesota Department of Health. (2024, August). *Women, infants, and children (WIC): Local agency staff workforce survey*. https://www.health.state.mn.us/docs/people/wic/localagency/workforce.pdf

Minnesota Department of Health. (2024, October). *WIC local agency staff workforce survey final report overview*. https://www.health.state.mn.us/docs/people/wic/localagency/workforceoverview.pdf

New York State Department of Health. (2025, January). *December 2024 online nutrition education summary [spreadsheet*]. Provided by New York State Department of Health.

New York State Department of Health. (2025, February). *January 2025 online nutrition education summary [spreadsheet*]. Provided by New York State Department of Health.

New York State Department of Health. (2025, February). *Guidance for agencies over target caseload*. Unpublished document from New York State Department of Health.

New York State Department of Health. (2025, March). *February 2025 online nutrition education summary [spreadsheet*]. Provided by New York State Department of Health.

New York State Department of Health. (2025, April). *March 2025 online nutrition education summary [spreadsheet].* Provided by New York State Department of Health.

2024-25 New York State WIC Learning Community: Learning Session 3

2-Day Training
Trainer's Manual



2024-25

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Training Description

In this final session of the 2024-25 Learning Community, we will build on the insights from Check-In 5 to deepen our focus on staff retention—examining both the challenges and actionable strategies for improvement. We will also explore innovative approaches to interagency collaboration as a means to effectively manage caseloads and prevent staff burnout. Implementation teams will review the most recent data on online nutrition education to assess progress and inform future planning. As we reflect on our collective learning throughout the community, we will identify concrete next steps to sustain momentum and drive ongoing improvement. The session will conclude with dedicated time for Summative Congress preparation, ensuring each agency presenter is ready to share their work and insights with the broader NYS WIC community.

Target Audience: The designated performance improvement (implementation teams) from each of the local agencies selected to participate in the 2024-25 Learning Community.

Length: Day 1: 3 hours
Day 2: 2 hours 20 minutes for everyone, plus an additional 40 minutes for Summative Congress presenters

Maximum Number of Trainees: 75

Training Goal and Objectives

Goal: To strengthen WIC local agency operations by enhancing staff retention, fostering collaboration to manage caseloads, and utilizing data-driven approaches, such as online nutrition education metrics, to identify actionable strategies and next steps for continued improvement beyond the learning community.

Objectives: By the end of this training, trainees will be able to:

1. Demonstrate the importance and impact of staff retention
2. Explore challenges and opportunities related to staff retention
3. Describe one strategy that could be applied to their agency to improve staff retention
4. Discuss considerations for WIC local agency collaboration to manage caseloads
5. Showcase improvements through review of online nutrition education data
6. Identify next steps for their agency beyond the learning community

Materials

To conduct this training, you will require the following materials:

Trainer's Materials

- PowerPoint slides
- Mentimeter
- Implementation teams' data dashboards updated with March data
- Pros & Cons Link
- Link to the NYS WIC Resource Hub

Handouts and Worksheets:

- Day 1
  - WIC Learning Community Learning Session #3: Padlet Whiteboard
  - Staff Retention Action Plan Template
- Day 2
  - Sustainability Action Plan Template

2024-25 NYS WIC Learning Community: Learning Session 3 Day 1 at-a-Glance

9:00AM-12:15PM

Time	Trainer	Activity	Time Required
9:00-9:10AM		Welcome & Introductions	10 minutes
9:10-9:30 AM		Importance and Impact of Staff Retention	20 minutes
9:30-9:50 AM		Factors Impacting Staff Retention	20 minutes
9:50-10:30 AM		Staff Retention Factors and Our Agency	40 minutes
10:30-10:45 AM		Break	15 minutes
10:45 AM-12:10 PM		Staff Retention Action Plan	85 minutes
12:10-12:15 PM		Day 1 Wrap-Up	5 minutes

2024-25 NYS WIC Learning Community: Learning Session 3 Day 2 at-a-Glance

9:00AM-12:15PM

Time	Trainer	Activity	Time Required
9:00-9:10AM		Welcome Back	10 minutes
9:10-9:50 AM		Caseload Collaboration	40 minutes
9:50-10:00 AM		March Online Nutrition Education Data	10 minutes
10:00-10:30 AM		Pearls of Wisdom Reflection	30 minutes
10:30-10:45 AM		Break	15 minutes
10:45-11:30 AM		Action Plan for Sustainability	45 minutes
11:30-11:35 AM		Wrap-Up & Next Steps	5 minutes
11:35AM-12:15PM		Summative Congress Rehearsal	40 minutes

2024-25 NYS WIC Learning Community: Learning Session 3 Day 1 Facilitator's Guide

9:00-9:10AM

Welcome & Introductions

TRAINER:

TIME REQUIRED: 10 minutes

SECTION PURPOSE: To welcome trainees to the learning session and introduce the trainers, training goal, objectives, agenda, and purpose of the training

LEARNING METHODOLOGIES:

- N/A

MATERIALS NEEDED:

- No handouts/ resources required for this section

DESCRIPTION:

Step 1: Using the PowerPoint slides, introduce trainers, and training topic

- Welcome the teams to the training
- Introduce production staff.

Step 2: Review objectives and training agenda,

- Review the group agreements.
- Briefly thank attendees for completing the evaluation for the Learning Community Remote Check-In 5 and mention a few highlights from their feedback.
- Learning session 3 is our last learning session for the Learning Community!
- Review the training goal and learning objectives for the virtual session
- Go over *Agenda for Learning Session 3 - Day 1*

Lead into the next activity.

9:10AM-9:30AM

Importance and Impact of Staff Retention

TRAINER:

TIME REQUIRED: 20 minutes

SECTION PURPOSE: To prompt trainees to share the impact of staff leaving and define staff retention and its importance

LEARNING METHODOLOGIES:

- Poll
- Word cloud
- Lecturette

MATERIALS NEEDED:

- Staff Retention Mentimeter Poll & Word Cloud

DESCRIPTION:

Step 1: Introduce the Mentimeter poll

- Talking points may include:
  - We are going to kick-off today's session by doing a pulse check of your agencies and your personal experiences around staff turnover.
  - We would like to hear from all of you about how many staff vacancies you currently have at your agency.
  - Using your phone to scan the QR code on the screen or using the Mentimeter link in the chat, please respond to the following question: How many staff vacancies do you currently have? The options are 0, 1 to 2, 3 or more, or I don't know.
- Debrief the poll by asking:
  - What do you notice by looking at the results?

Step 2: Introduce the Mentimeter WordCloud

- Talking points may include:
  - We would like to hear from all of you about the impact when staff leave.
  - Using your phone to scan the QR code on the screen or using the Mentimeter link in the chat, please respond to the following question: What is the impact for you when other staff leave?
  - This is the same QR code and link as before to access this Mentimeter question but we will drop it in the chat again.

- Time-permitting, debrief and process the WordCloud by asking questions, one at a time, such as:
    - What do you notice when you look at the results?
    - What themes do you see from the responses in the WordCloud?
    - What does this tell us about staff retention?
    - What are you taking away?

Step 3: Introduce the lecturette around staff retention

- Let's briefly ground ourselves in staff retention and why it is important.
    - What is staff retention?
        - An organization's ability to keep quality employees
    - Why is staff retention important?
        - Staff retention matters because:
            - Schedule is already built out with participant appointments scheduled for next 3 months but will take time to fill this opening and train appropriately
                - Training is extensive as WIC has many policies and procedures as well as orientation/training for sponsoring agency
                - Recruitment to fill opening can be difficult and time consuming
            - Job duties/tasks have to be reassigned
            - Shifts dynamics of organization

Lead into the next activity.

9:30AM-9:50AM

Factors Impacting Staff Retention

TRAINER:

TIME REQUIRED: 20 minutes

SECTION PURPOSE: To review responses in Check-In 5 trainees related to staff retention and review research on staff retention in public health, strategies to support staff retention, and benefits of working for WIC

LEARNING METHODOLOGIES:
- Large group discussion
- Lecturette

MATERIALS NEEDED:
- N/A

DESCRIPTION:

Step 1: Review work done in Check-In 5 and prompt a large group discussion
- In Check-In 5, you thought about both your current and previous jobs and considered:
    - What factors contributed to you staying at your job? What helps you enjoy your work and want to keep coming back?
    - What factors would influence you to leave? What makes you think about other job opportunities?
- For the question: What factors contributed to you staying at your job? What helps you enjoy your work and want to keep coming back?
    - Let's take a moment to review your responses and see what might be missing from the list.
        - This included: Transportation, Workplace environment, Pay rate/ benefits/ PTO, Hybrid scheduling/ flexibility, Coworkers, Progression/ career building/ promotes growth, Team work and good communication, Sense of accomplishment/ fulfillment/ purpose, Working with babies, Helping support women, Work schedule is family oriented, Relationship with participants, Stimulating, Having a good laugh, Good management/ supervisor, Seeing the impact of compassion and education for participants, Stimulating, Days vary with new people and situations, Nice to be on the proactive side of nutrition/ health, Getting along with team

    - Ask attendees: Is there anything missing from this list? What else might you add?
- For the question: What factors would influence you to leave? What makes you think about other job opportunities?
    - Let's take a moment to review your responses and see what might be missing from the list.
        - This included: Money/ Jobs with higher pay, Stress level, Lack of communication, Feeling unappreciated, Redundancy in work/ Same thing over and over again, Nit picky policies, Opportunities for hybrid work elsewhere, Money/ Travel time/ distance, Clinic schedules are tight, Retirement, Disconnect between sponsoring agency and WIC policies, No room for growth, Favoritism, Poor management, Difficult relationships with coworkers, Burnout, Ineffective leadership, Staffing issues, Boredom, Pay disparities
    - Ask attendees: Is there anything missing from this list? What else might you add?

Step 2: Facilitate the lecturette on staff retention

- Introduce the lecturette. Talking points may include:
    - We are going to be transitioning into a discussion on staff retention.
    - As many of you know, staff retention and staff turnover is a nationwide issue in the public health workforce.
- Continue the lecturette on staff retention as a nationwide issue in public health:
    - I want to start off by a quote by Nicole Weiss, who is a researcher at the Center for Public Health Systems who has done a lot of research in staff retention.
    - She said, "A better understanding of public health workforce turnover is critical to improving recruitment and retention strategies across the field of public health."

    - Researchers found that nearly half (46%) of all employees in state and public health agencies left their jobs in a five-year survey period (between 2017-2021). This may have been influenced by the pandemic.
    - Resigning was more common among younger staff: 75% of employees ages 35 or younger or with shorter tenures left their jobs.
    - Another study found that 31% of the public health workforce reported considering leaving their position at some time in the future.

    - In the fall of 2018, the National WIC Association gathered qualitative and quantitative data and information to assess recruitment and retention among the RD workforce.
    - The number of years worked in WIC was fairly evenly divided, except for those with the most and least experience. The largest percentage, 29%,

have worked in WIC less than 6 years, followed by 19% for 21-30 years, and 17% for 6-10 years.
    - I want to note for the survey responses, 78% of WIC agencies don't track RD/ RDN turnover. For the survey question: What was the turnover of WIC RD/ RDNs in your office during FY2017?
    - For the 22% of agencies that did track RD/RDN turnover, Figure 13 reveals that 83% experienced rates between 0% and 25%. Of the other agencies, for 8%, rates were between 26% and 50%; for 5%, rates were between 51% and 75%; and for the remaining 5%, rates were between 76% and 100%.
    - Information provided is evidence-based, free from bias, a good option in lieu of the misinformation found on social media
- Transition the lecturette to strategies and practices to support staff retention:
    - Now that we've grounded ourselves in some data, let's discuss strategies and practices to support staff retention.
- Continue the lecturette on strategies and practices to support staff retention:
    - In a statewide WIC survey of Minnesota WIC staff, there were 376 respondents and about 30% of WIC staff reported few or no career advancement opportunities.
    - In a national survey of the RD workforce at all levels of WIC, the second reason RD/ RDNs left WIC in the past year was limited opportunity for advancement. (The first was pay).
    - This suggests the importance of ongoing training and professional development to support job advancement.
    - Let's talk about some potential strategies for job advancement.

    - Strategies for workforce development and career advancement include:
        - Promoting time and support for obtaining certificates for advanced nutrition or breastfeeding training
        - Allowing time and flexibility for other continuing education activities
            - Highlight with staff that being able to get free credits on work time through the NYS WIC Training Center is a benefit and not something available in all jobs
        - Identify and share transparent career advancement pathways

    - Strategies for workforce development and career advancement include:

        - Encouraging participation in state or national WIC groups
        - Support mentoring or training other WIC staff or students
        - Support leadership roles in special projects, work groups and committees for the agency

    - 64% of the Minnesota WIC staff surveyed reported that they enjoyed working with other team members.

- Strategies for team collaboration include:
  - Project collaboration – promoting staff who may not work together an opportunity to do so
  - Celebrate wins – big and small – Acknowledge and celebrate progress and successes, especially related to changes in the system or structure and promote team shout outs
  - Team building activities – dedicated time during staff meeting to work together collaboratively
  - Foster connection beyond work roles – this can include informal check-ins and shared meals

- Other strategies for promoting team collaboration include:
  - Encourage open and honest communication – create safe spaces for honest communication among team members. Using group norms at the start of trainings and meetings can help support this.
  - Cross-train and knowledge sharing – allow co-workers to get to know each others' roles to build a better understanding of everyone's roles at WIC and cross-train when possible, which also supports career advancement
  - Implement collaborative decision-making – when we're able to, involve the team in brainstorming for solutions to create decisions that may impact their work, such as policies and schedules

- Staff feedback and incorporating what we learn is an essential strategy to promote employee retention.
- Strategies to strengthen opportunities for staff feedback include:
  - Routine staff surveys – this can be used to gather broader feedback on all things work related – communication, culture, leadership support, professional development needs, etc. Sharing results back with staff and discussing them can be really helpful.
  - Stay or retention interviews – Meeting with staff and asking questions like
    - "What keeps you here?"
    - "What could make your job easier or better?"
    - "What reason(s) might cause you to leave?"

- Other strategies to strengthen opportunities for staff feedback include:
  - Creating time in one-on-one check-ins and performance reviews to check-in on supervision and support
  - Quick feedback forms after trainings, meetings, or new initiatives to capture information quickly, similar to our Pros and Cons we do during Learning Session, asking two questions such as:
    - "What did you find helpful?"

        - "What would you change for next time?"
- Transition the lecturette to the benefits of working for WIC
    - Let's talk about some of the reasons people stay at WIC. What are the benefits?
        - The following data was collected from the Minnesota WIC staff statewide survey.
        - Some of the top benefits and reasons employees continue in their WIC job include:
            - Helping families
            - Feeling good about the work you do
            - Enjoying working with other members of your team
            - And flexible schedule and hours

Lead into the next activity.

9:50AM-10:30AM

Staff Retention Factors and Our Agency

TRAINER:

TIME REQUIRED: 40 minutes

SECTION PURPOSE: To provide time for trainees to review factors impacting staff retention and how they may be in their control and effective

LEARNING METHODOLOGIES:
- Padlet Sorting Activity
- Breakout group discussion, implementation teams
- Large group discussion

MATERIALS NEEDED:
- Padlet: Sort the factors impacting staff retention

DESCRIPTION:

Step 1: Initiate the breakout group discussion, implementation teams
- Introduce the breakout group discussion, implementation teams. Talking points may include:

    - In a few minutes, we're going to send you into your implementation teams with a unique Padlet link for each implementation team.
    - In just a moment we will orient you to the Padlet, but I want to provide the instructions first.
    - In your implementation teams, we want your implementation team to sort a list of factors impacting staff retention into one of four quadrants as it relates to your agency:
        - Is the factor in your control and effective?
        - Is this factor in your control and not effective?
        - Is this factor outside of your control and effective?
        - Is this factor outside of your control and not effective?
    - [Review some of the factors]
    - Let me pause so we can screenshare the Padlet and walk you through how to move around the sticky notes/ factors that impact staff retention and provide an example of sorting.
    - [Screenshare Padlet and provide an example of how an agency might consider the factor and sort it into one of the categories]
    - We will ask you to also identify a reporter who will be prepared to summarize what you talked about in your groups when you return to the main training floor.
    - Any questions before we do this activity? We are going to each agency's individual link into the chat. Please give me a thumbs up when you are able to access it. You will have X minutes to sort these factors with your implementation teams.
    - We will also ask that you don't close out of this Padlet after this activity as we will be using it in the next segment today!
- Note: Regional office staff will be in their own group discussing, "What is within our control to do to support staff retention?"

Step 3: Process the discussion

- Ask for one reporter per group to share a summary of what came up in their breakout sessions using the following debrief questions:
    - What came up in your small groups?
    - What themes came up in your discussion?
    - What did you learn about yourself, team or agency?
    - What are you taking away as it applies to staff retention?

Lead into the BREAK.

10:30AM-10:45AM

Break

15-minute break

Lead into the next activity.

10:45AM-12:10PM

Staff Retention Action Plan

TRAINER:

TIME REQUIRED: 85 minutes

SECTION PURPOSE: To provide time for trainees to plan action steps related to staff retention

LEARNING METHODOLOGIES:

- Breakout group discussion, implementation teams
- Large group discussion

MATERIALS NEEDED:

- Action planning template – Day 1

DESCRIPTION:

Step 1: Initiate the breakout group discussion, implementation teams

- Introduce the breakout group discussion, implementation teams. Talking points may include:
    - We are going to dedicate some time to action planning around staff retention, continuing your team's discussion around what is in your control and effective at your agency.
    - In your implementation teams:
        - Choose one to three items to work on over the next 1-6 months from your team's quadrant of "in our control and effective" for staff retention
        - When we return, implementation teams will share 1-2 action steps they plan on taking from their action plan templates with the group.

- Do you have any questions before we get started? Can I get a thumbs up that everyone is able to access the Action Plan template in the chat?
- Great, you will have X minutes with your implementation teams to work on this!

Step 2: Initiate time for action plan report-outs

- Ask each agency to report out on one highlight or action they are taking to support the staff retention items their team chose.
  - Oak Orchard Health
  - Catholic Charities of Western New York – South Buffalo site
  - Broome County Health Department
  - Monroe County Health Department
  - Cayuga County Health Department
  - Community Health Center of the North Country
  - Opportunity Development Association of Williamsburg
  - Public Health Solutions – Ocean Ave site
  - Warren County Health Services
  - Community Health Center of Richmond
  - Open Door Family Medical Center

Lead into the next activity.

12:10PM-12:15PM

Day 1 Wrap-Up

TRAINER:

TIME REQUIRED: 5 minutes

SECTION PURPOSE: To close day 1 of the Learning Session

LEARNING METHODOLOGIES:

- N/A

MATERIALS NEEDED:

- Pros & Cons link

DESCRIPTION:

Step 1: Share the pros and cons link and ask trainees to complete it to better inform day 2

- Prompt production to share the link to the pros and cons link into the chat
- Tell trainees that once they have completed this link, they can sign off and we look forward to seeing them tomorrow.

Step 2: Thank trainees and identify highlights from the day's training

- Thank trainees for their participation and hard work.
- Remind trainees about the Zoom link for the following session.
- Answer any lingering questions.

2024-25 NYS WIC Learning Community: Learning Session 3 Day 2 Facilitator's Guide

9:00-9:10AM

Welcome Back

TRAINER:

TIME REQUIRED: 10 minutes

SECTION PURPOSE: To welcome attendees back for the second day of the training and review a summary of the pros and cons

LEARNING METHODOLOGIES:
- N/A

MATERIALS NEEDED:
- Pros and Cons list

DESCRIPTION:

Step 1: Using the PowerPoint slides, introduce trainers, CAI, and training topic
- Welcome the teams back to the training
- Summarize the pluses and minuses from Day 1
    - Ask trainees, "What thoughts have you had between yesterday and today?"

Step 2: Review training agenda
- Go over *Day 2 Agenda,* including breaks

Lead into the next activity.

9:10AM-9:50AM

Caseload Collaboration

TRAINER:

TIME REQUIRED: 40 minutes

SECTION PURPOSE: To provide time for trainees to discuss collaborating with other agencies to manage caseloads and learn about an example of caseload collaboration

LEARNING METHODOLOGIES:
- Lecturette
- Breakout group discussion, small groups by region
- Large group discussion

MATERIALS NEEDED:
- N/A

DESCRIPTION:

Step 1: Introduce the section and facilitate lecturette
- We want to move to discussing caseload collaboration, as high caseloads can lead to burnout and affect staff retention. How can we foster collaboration with other agencies to manage caseloads?
- Let's review some data on NYS WIC's Caseloads.
    - In February, NYS WIC hit our highest caseload since 2016
    - NYS WIC's highest caseload ever was 533,158 in July of 2012
    - NYS WIC's lowest caseload was 359,191 in April of 2020. Since April 2020 there has been a steady increase.
- Some agencies are stretched beyond their capacity
    - This may be because they are serving more than their target caseload and/or their nutritionist-to-participant ratio may be high due to demand or staff vacancies
    - Because not all agencies are stretched beyond their capacity, and because we can serve participants completely by phone, there is the opportunity for overextended agencies to collaborate with agencies who have some capacity to better serve participants and prevent staff burnout.

Step 2: Initiate the breakout group discussion, by regions
- Introduce the breakout group discussion, implementation teams divided into regions. Talking points may include:

- In a few minutes, we're going to send you into breakout groups by region.
- In your groups we want you to discuss different questions related to collaborating with other agencies:
    - What would it take to collaborate with another agency to manage caseloads?
    - How would agencies identify other agencies to work with?
    - How would potential participants for referral be identified?
    - Would only new participants be referred or would it be existing participants as well?
    - How would participants be referred?
    - Would participants stay with the receiving agency or would they return at some point?
    - How could receiving agencies ensure that participants receive appropriate local referral and vendor information?
- You will have 20 minutes to discuss these questions with other implementation teams in your region.
- Do you have any questions before you get started?

Step 3: Initiate the large group discussion

- Ask for one reporter per group to share a summary of what came up in their breakout sessions using the following debrief questions:
    - What came up in your small groups?
    - What similarities or differences did you observe in your discussions?
    - Why was this important?
    - What are you taking away related to caseload collaborations with other agencies?
- If agencies are curious about how they might communicate with each other, the following ideas could be shared:
    - We are hoping to help facilitate connections at a future manager's workshop, possibly in November
    - National WIC Association has online community – perhaps agencies could connect that way.
    - Agencies could ask their Regional Office to help identify other similar agencies they might connect with.
    - WIC Coordinators could set up their own informal meetings with agencies with similar caseloads/demographics.

Step 3: Facilitate lecturette on an example of caseload collaboration

- Talking points may include:
    - As we know, caseload collaboration is great in theory—but how can it look in practice?
    - Some agencies in the Capital Region have been working with their Regional Office on how they might collaborate each other so we thought we'd share some of their ideas with you.

        - There are two agencies identified as referring agencies – they are over their target caseload and struggling to keep up with their demand.
        - There are five agencies who have agreed to receive referrals from the first two agencies plus two backup receiving agencies. So, 9 agencies participating in total.
    - The agencies and their RO have outlined the circumstances in which they would refer a participant to another agency.
        - They have laid out that local agencies (LAs) may refer applicants/participants to a different LA when an agency is:
            - Over target caseload
            - Unable to meet the 10/20-day requirement
            - Unable to meet an urgent appointment request within the applicant/participant's requested timeframe (Example: missed appointment with an urgent need to receive benefits)
    - * They are treating these scenarios are treated as 'referrals', not transfers.

Lead into the next activity.

9:50AM-10:00AM

March Online Nutrition Education Data

TRAINER: Sabrina

TIME REQUIRED: 10 minutes

SECTION PURPOSE: To help trainees consider data around offering and participant acceptance of online nutrition education

LEARNING METHODOLOGIES:
- Lecturette
- Large group discussion

MATERIALS NEEDED:
- N/A

DESCRIPTION:

Step 1: Review how data on offering and acceptance of online nutrition education has changed

- Tell participants:
  - Let's take some time now to dig deeper into some data around offering and participant acceptance of online nutrition education. This is the first month of data available after our Learning Session 2 on online nutrition education.
- Present the chart showing the number of participants offered online nutrition education from December 2024-March 2025 and review talking points
- Present the chart showing the number of participants accepting online nutrition education from December 2024-March 2025 and review talking points

Lead into the next activity.

10:00AM-10:30AM

Pearls of Wisdom Reflection

TRAINER:

TIME REQUIRED: 30 minutes

SECTION PURPOSE: For trainees to reflect on their time and lessons learned in the Learning Community

LEARNING METHODOLOGIES:

- Independent reflection

MATERIALS NEEDED:

- Mentimeter: https://www.menti.com/ala95x6qncpj

DESCRIPTION:

Step 1: Initiate the reflection

- We are so appreciative of the time we have spent in the Learning Community with you.
- For the next few minutes, reflect on your experience in this Learning Community and share your responses in Mentimeter to:
  - What's the biggest learning you've had? What's one big ah-ha?
  - What's one thing you wish you knew 6 months ago?
  - What was this experience like for you?

Step 2: Prompt a report out

- Review Mentimeter responses and prompt a few folks to share out their responses to this reflection, one question at a time.

Lead into the break.

10:30AM-10:45AM

Break

15-minute break

10:45AM-11:30AM

Action Plan for Sustainability

TRAINER:

TIME REQUIRED: 45 minutes

SECTION PURPOSE: To provide time for trainees to plan action steps related to the sustainability of their work

LEARNING METHODOLOGIES:

- Breakout group discussion, implementation teams
- Large group discussion

MATERIALS NEEDED:

- Action planning template – Day 2

DESCRIPTION:

Step 1: Initiate the breakout group discussion, implementation teams

- Introduce the breakout group discussion, implementation teams. Talking points may include:
    - We are going to dedicate some time to action planning sustainability, continuing the great work you have been doing in our time together.
    - In Day 1, you identified action steps for staff retention. Now we want to give you the opportunity to reflect on the other areas you worked in during this Learning Community (scheduling, online nutrition education) to discuss:
        - What are your next steps?
        - What still needs your attention? What is left to do?
        - What have you implemented that you're going to continue?
    - You may want to pull out your March online nutrition education data while considering these questions.
    - When we return, implementation teams will share 1-2 action steps they plan on taking from their action plan templates with the group.
        - Do you have any questions before we get started? Can I get a thumbs up that everyone is able to access the Action Plan template in the chat?
        - Great, you will have X minutes with your implementation teams to work on this!

Step 2: Initiate time for action plan report-outs

- Large group action plan report out: Ask each agency to report out on one highlight or action they are taking to support the sustainability of their work:
    - Warren County Health Services
    - Public Health Solutions – Ocean Ave site
    - Opportunity Development Association of Williamsburg
    - Community Health Center of the North Country
    - Cayuga County Health Department
    - Open Door Family Medical Center
    - Monroe County Health Department
    - Community Health Center of Richmond
    - Broome County Health Department
    - Catholic Charities of Western New York – South Buffalo site
    - Oak Orchard Health

Lead into the next activity.

11:30AM-11:35AM

Wrap-Up & Next Steps

TRAINER:

TIME REQUIRED: 5 minutes

SECTION PURPOSE: To describe next steps, close Learning Session 3, and ask trainees to complete Evaluations

LEARNING METHODOLOGIES:

- N/A

MATERIALS NEEDED:

- Link to the NYS WIC Resource Hub

DESCRIPTION:

Step 1: Introduce the wrap-up

- This is our last and final section of the day before the Summative Congress rehearsal for presenters and the Summative Congress!

Step 2: Detail continuing education credits and how to complete the Session evaluation to receive the certificate

- RDs and DTRs seeking continuing education credits through the Commission on Dietetic Registration are encouraged to complete an additional evaluation
- Please log into your NYS WIC Resource Hub account to complete your evaluation and receive your certificate
- Evaluations will close after 5 business days and no longer be available. If you do not complete the evaluation within this timeframe you will not receive your certificate.

Step 3: Thank trainees and identify highlights from training

- Thank trainees for their participation and hard work.
- Share:
    - After you have completed the evaluation, we ask all Summative Congress presenters to stay on the call. All other attendees, who are not presenting at the summative congress, can exit. We will see you at 1:30 to celebrate your accomplishments with the rest of NYS! Thank you!

Lead into Summative Congress Rehearsal.

11:35AM-12:15PM

Summative Congress Rehearsal

TRAINER:

TIME REQUIRED: 40 minutes

SECTION PURPOSE: To prepare presenters for Summative Congress

LEARNING METHODOLOGIES:
- Lecturette
- Large group discussion

MATERIALS NEEDED:
- Summative Congress PowerPoint slides

DESCRIPTION:

Step 1: Introduce rehearsal, share tips for presenters, and review agenda
- We will now be using this time to help you prepare for your structured report-outs in the Summative Congress. We are so grateful you have volunteered to present for your agency. We expect to have local agency coordinators and NYS DOH staff in attendance to hear about all the ideas and best practices you have to share from the hard work your agency did.
- Review tips for presenting
    - Display the Zoom background provided by CAI
    - It's important that you are on camera to make it an engaging presentation
    - Check your Zoom appearance
    - How is your lighting? Is your face centered on the screen?
    - Consider where to put your notes on your screen
    - Feel free to make the script your own, while still delivering the same points and staying within the time allotted
        - Examples
    - Make sure background noise is minimal – try to be in a quiet space if possible
    - Have fun!
- Review overall agenda for the Summative Congress

Step 2: Conduct rehearsal
- Switch to sharing Summative Congress slides and walkthrough
- Ensure everyone sounds good and technology is working

Handouts and Worksheets

Day 1:

- WIC Learning Community Learning Session #3: Padlet Whiteboard
- Staff Retention Action Plan Template

Day 2

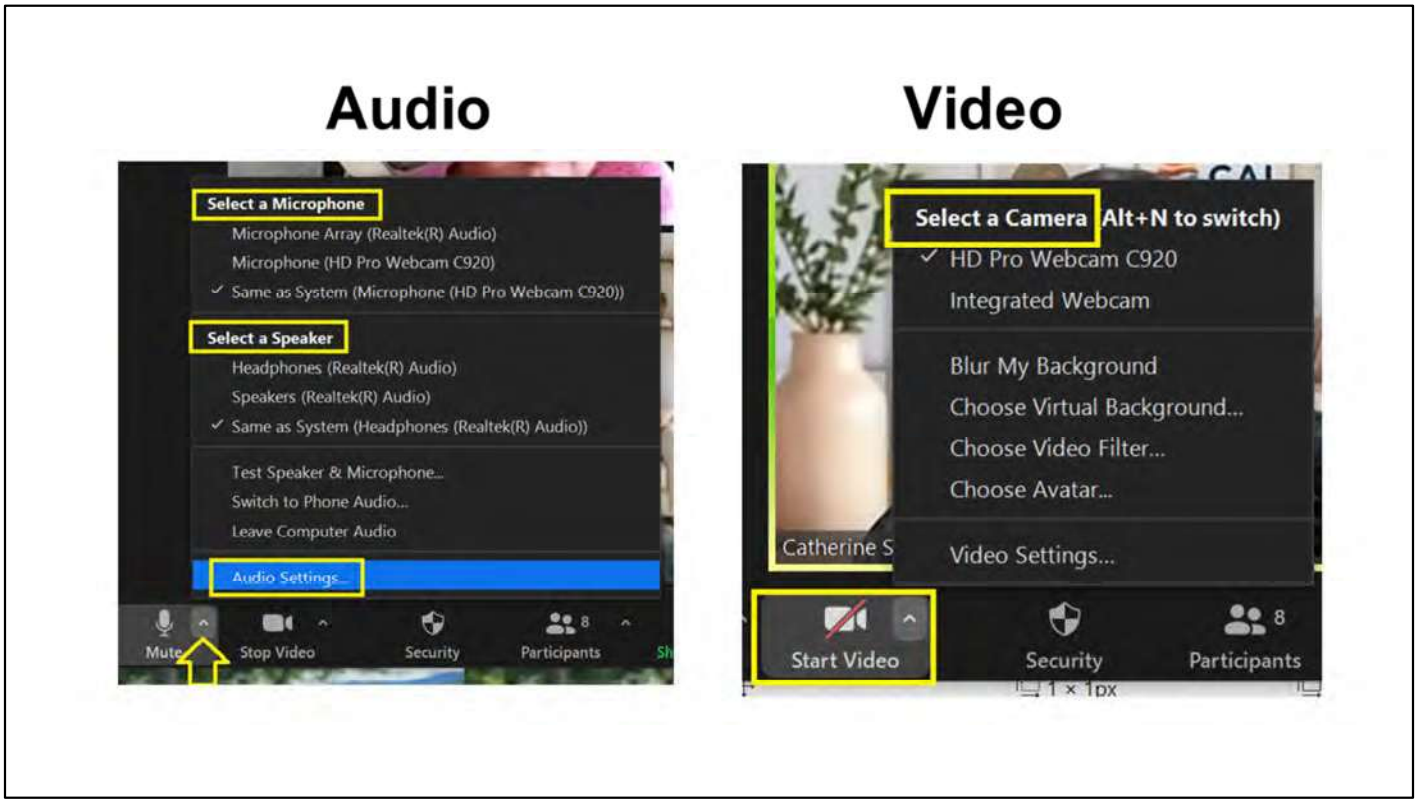
- Sustainability Action Plan Template

Action Plan 3: 2024-25 Learning Community Learning Session #3

Staff Retention				
Objective:				
Action Steps	***Who is Implementing?***	***Start Date***	***Completion Date***	***Who is Supervising?***
1.				
2.				
3.				
4.				

Action Plan 3: 2024-25 Learning Community Learning Session #3

(add topic here)				
Objective:				
Action Steps	***Who is Implementing?***	***Start Date***	***Completion Date***	***Who is Supervising?***
1.				
2.				
3.				
4.				

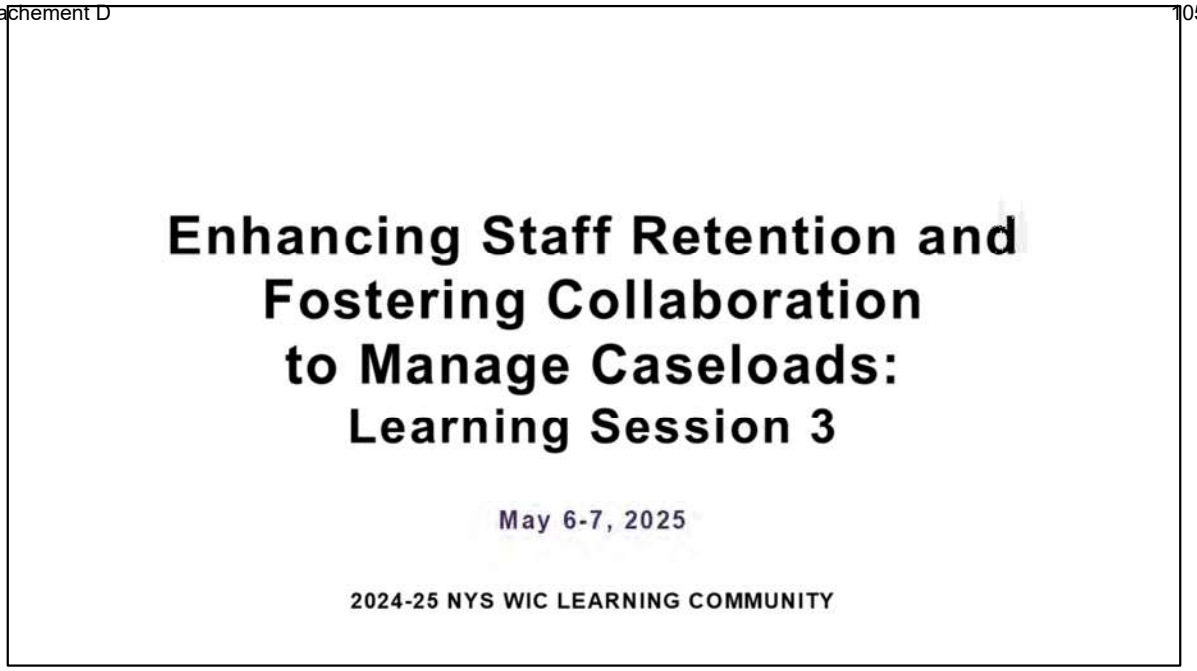


- Start 10 minutes early/once folks are logging on

- While we wait for the training to begin, we want to ensure everyone can participate today. Be sure to check your audio and video and ensure your microphone and camera are working. If you are having any trouble, please chat the producer for help troubleshooting. On the slide are 2 screenshots showing you where to access the audio and video settings on Zoom. Please be sure the correct microphone and speaker on your computer are selected if you are using computer audio, if not please select phone audio and call the dial-in number that appears. Please be sure to start your video and ensure the correct camera is selected on your device.

- It is an expectation of training that you will participate and engage, which includes being on camera and speaking. We want to hear your voices and see your faces. There are interactive components to training, including breakout rooms where you'll need to speak to your colleagues, so we want to ensure everyone has a working microphone and camera today. If you do not, please chat the producer to let them know. We want to make sure that everyone has the best training experience they can.

- Producer share in chat Link to Zoom FAQ regarding audio and video: https://support.zoom.com/hc/en/category?id=kb_category&kb_category=31293e9a8720391089a37408dabb35b8



9 AM

Production/Trainer:

- ***PRODUCER ENABLE CLOSED CAPTIONING***

- Trainers and/or production staff can start building engagement with those who log on early by encouraging them to chat in their name, local agency, etc.
  - Trainer/Production
  - Welcome participants while they are logging on.
- Good morning
- Once everyone is in attendance, introduce the topic

- All of the resources we share throughout today and tomorrow's sessions, including a copy of the PPT slides, will be made available on NYS WIC Resource Hub in a few business days.

- **Producer chat this in and read aloud "At CAI we support breastfeeding, if you are nursing and need to step away to pump please chat the producer to make them aware. Policy is waived for those who are nursing. It's important that you inform the producer or trainers that you are taking a break to pump so we can ensure you are allowed back into the training."**



Trainer/Production:

- Introduce trainers and production staff

2024-25 NYS WIC LEARNING COMMUNITY TEAMS

- Broome County Health Department
- Cayuga County Health Department
- Catholic Charities of Western New York – South Buffalo site
- Community Health Center of the North Country
- Community Health Center of Richmond



- Welcome to our 2024-2025 Learning Community implementation teams! (read agency names)

2024-25 NYS WIC LEARNING COMMUNITY TEAMS



- Monroe County Health Department
- Oak Orchard Health
- Opportunity Development Association (ODA) of Williamsburg
- Open Door Family Medical Center
- Public Health Solutions – Ocean Ave site
- Warren County Health Services

- Welcome to our 2024-2025 Learning Community implementation teams! (read agency names)

I also want to welcome the regional office representatives learning alongside us as well as our central office DOH observer, Melissa Sharp.



- [redacted]
- Funding for this training provided by the USDA.
- Here is the contact information for both NYS DOH and CAI
- We will be providing you with a copy of today's PPT at the end of the training so, no need to worry about copying this information down.

SPECIAL NOTE

All of the policies shared in the training programs, are derived from United States Department of Agriculture (USDA) federal regulations and/or USDA guidance and curriculums (which apply to all WIC programs across the country), and/or New York State laws and regulations.

The Food and Nutrition Service of the United States Department of Agriculture, (FNS) is responsible for WIC Program administration.

USDA

- Please note, that immediately following the Policy section of each policy in the WIC Program Manual, is the regulations section, which either includes the direct links for reference or lists the complete regulations.

- The Food and Nutrition Service provides assistance to State agencies and evaluates all levels of Program operations to ensure that the goals of the Program are achieved in the most effective and efficient manner possible.



On the slide are our group agreements. We've reviewed them before so I don't want to spend a lot of time on them, but I do want to highlight "step up, step back," also known as "share the air." We did receive some feedback on the last evaluation that there was an issue with this group agreement in one of the breakout rooms where one person dominated the conversation – please ensure that everyone has the opportunity to share their thoughts as this is crucial to us being a successful learning community.

- Please ensure your Zoom name you joined with matches the name you registered under, as that is how attendance is taken and you will receive credit today.

- No break today – feel free to step away if you need, try to minimize time away.

Those of you who've done trainings with us know we highly value group agreements as they help us have successful trainings.

So, in our time together we want to make sure we :

Are assuming good intentions,
- Come with good intentions yourself

Stories stay, and lessons leave
- We want you to share freely today,

Please make sure you are on mute if you are not intentionally sharing
- Also please make sure to keep your video on throughout the training.

And of course participate!
- We want you to Chat in or unmute yourself and participate in your breakout groups,

And if you need to step away
- Please chat one of us the trainers or our producer to let us know

Step up, step back also known as share the air!
- SO, if you are someone who normally engages a lot make sure to create space for others and if you are less of a sharer we encourage you to try to participate more

And most importantly, have fun!

Before I move on can folks give me a thumps up or turn on video so I know we are in agreement with these that would be great!

REFLECTING ON CHECK-IN 5

Thank you for your feedback on Check-In 5!



- Thank attendees for evaluation feedback from Check-in 5 and briefly review attendee feedback

TRAINING GOAL:

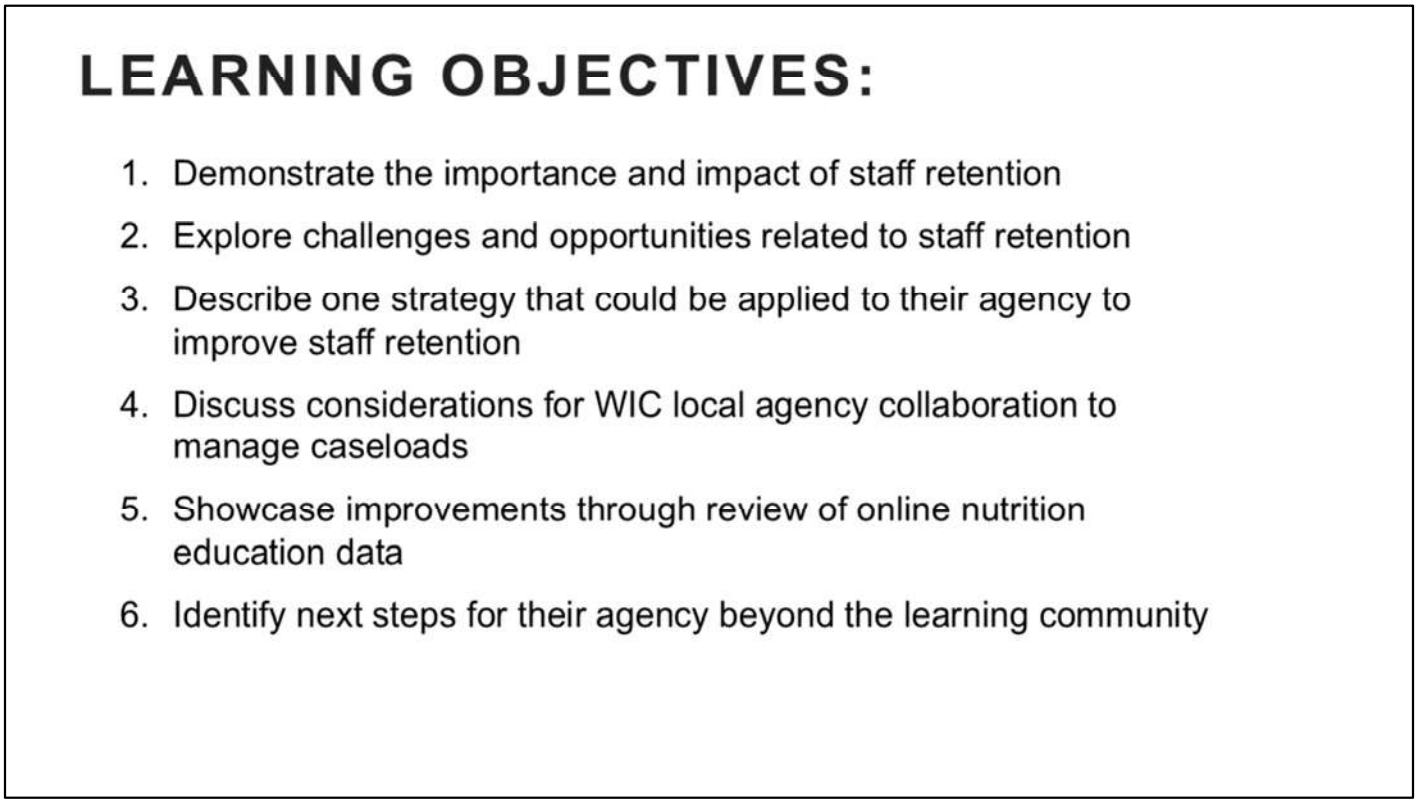


To strengthen WIC local agency operations by enhancing staff retention, fostering collaboration to manage caseloads, and utilizing data-driven approaches, such as online nutrition education metrics, to identify actionable strategies and next steps for continued improvement beyond the learning community.

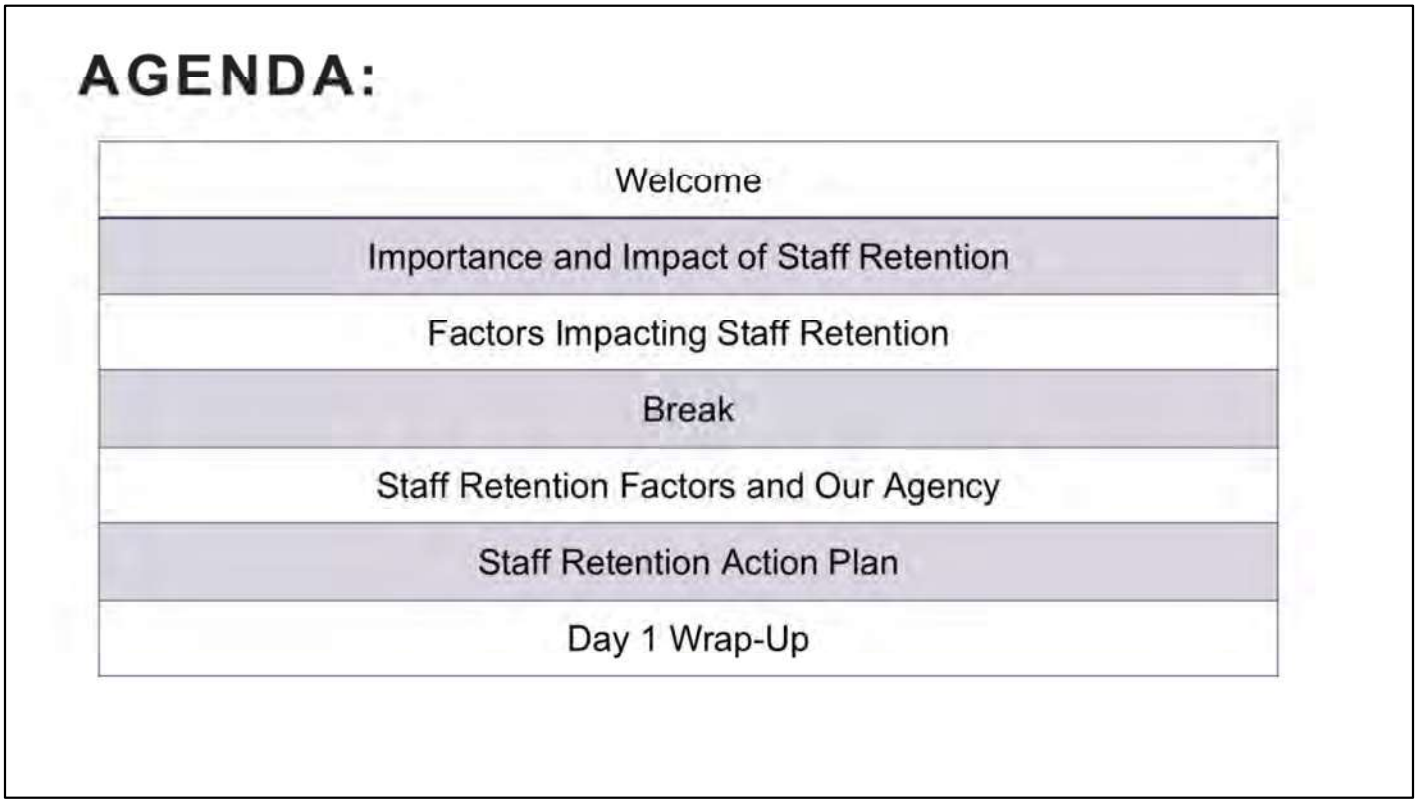
We have built today's session based on this feedback. We'll be taking a deeper dive into staff retention and managing caseloads.

- Provide overview of training goal:

To strengthen WIC local agency operations by enhancing staff retention, fostering collaboration to manage caseloads, and utilizing data driven approaches, such as online nutrition education metrics, to identify actionable strategies and next steps for continued improvement beyond the learning community.



- Provide overview of learning objectives:
  1. Demonstrate the importance and impact of staff retention
  2. Explore challenges and opportunities related to staff retention
  3. Describe one strategy that could be applied to their agency to improve staff retention
  4. Discuss considerations for WIC local agency collaboration to manage caseloads
  5. Showcase improvements through review of online nutrition education data
  6. Identify next steps for their agency beyond the learning community



- Provide overview of agenda for the Day 1 of the Learning Session



- Introduce the next section: the Importance of Impact of Staff Retention.

STAFF VACANCIES

Respond via Mentimeter:

How many staff vacancies do you currently have?

- ❑ 0
- ❑ 1 to 2
- ❑ 3 or more
- ❑ I don't know



- We would like to hear from all of you about how many staff vacancies you currently have at your agency.
- Using your phone to scan the QR code on the screen or using the Mentimeter link in the chat, please respond to the following question: How many staff vacancies do you currently have. The options are 0, 1 to 2, 3 or more, or I don't know.

- **Production task –** Drop Mentimeter link into the chat:
  - https://www.menti.com/ala95x6qncpj

Debrief:

- What do you notice when you look at the results?

IMPACT OF STAFF LEAVING

Respond via Mentimeter:

- What is the impact for you when other staff leave?



- We would like to hear from all of you about the impact when staff leave.
- Using your phone to scan the QR code on the screen or using the Mentimeter link in the chat, please respond to the following question: What is the impact for you when other staff leave?
- This is the same QR code and link as before to access this Mentimeter question but we will drop it in the chat again.

- **Production task –** Drop Mentimeter link into the chat:
  - https://www.menti.com/ala95x6qncpj

Debrief and Process :

- What do you notice when you look at the results?
- What themes do you see from the responses in the WordCloud?
- What does this tell us about staff retention?
- What are you taking away?

STAFF RETENTION



What is staff retention?

- An organization's ability to keep quality employees

(Indeed, 2025)

- Let's briefly ground ourselves in staff retention and why it is important.
- What is staff retention?
- An organization's ability to keep quality employees

STAFF RETENTION

Why is staff retention important?

- Participants are already scheduled for a staff role that is now vacant
- It takes time to recruit a new employee and train them



- Why is staff retention important?
- Staff retention matters because:
    - Schedule is already built out with participant appointments scheduled for next 3 months but will take time to fill this opening and train appropriately
        - Training is extensive as WIC has many policies and procedures as well as orientation/training for sponsoring agency
        - Recruitment to fill opening can be difficult and time consuming

STAFF RETENTION



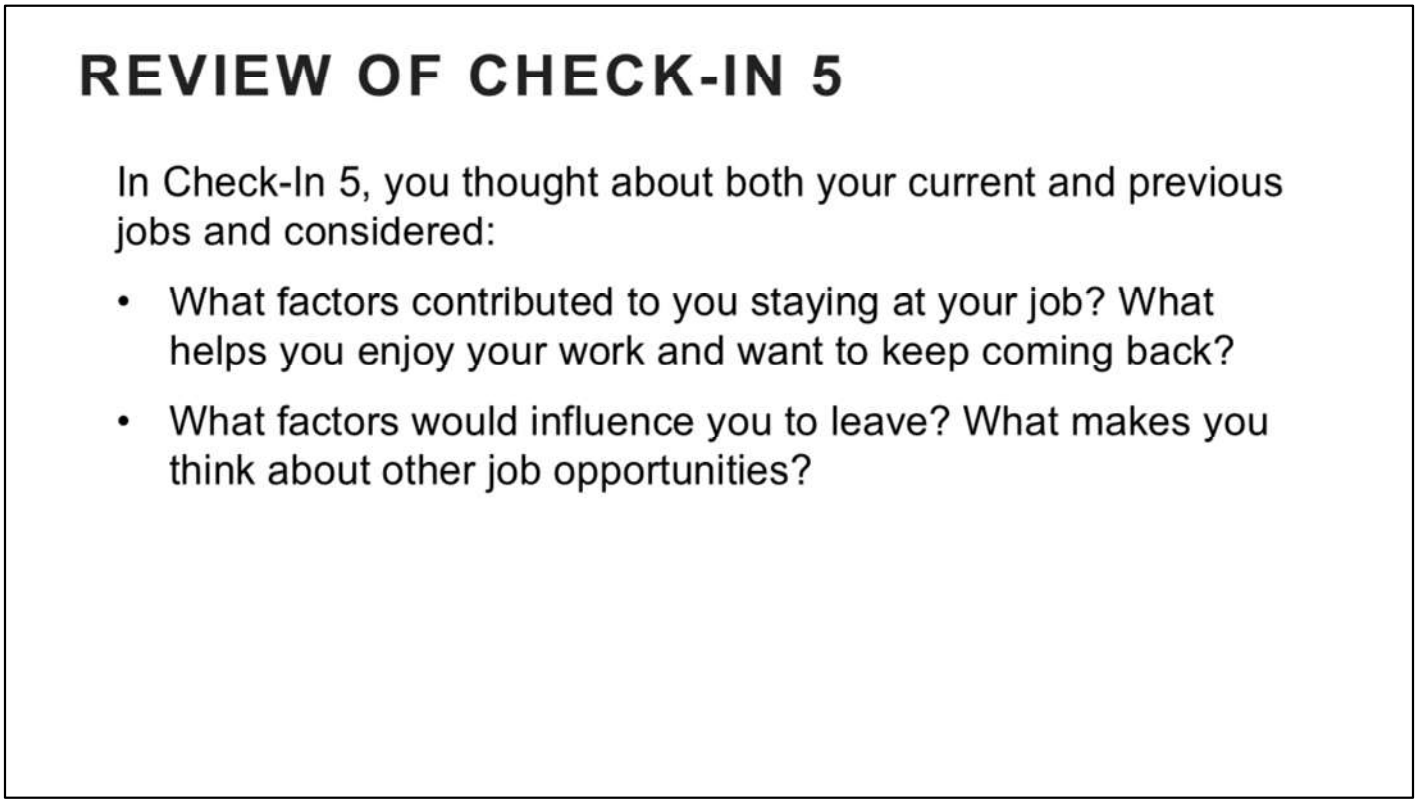
Why is staff retention important?

- Job duties/tasks must be reassigned
- Shifts the dynamics of the organization

- Why is staff retention important?
- Staff retention matters because
  - Job duties/tasks have to be reassigned
  - Shifts dynamics of organization



- Introduce the next section: Factors Impacting Staff Retention.



- Review of work done in Check-In 5, attendees answered the following:
  - Thinking about both your current job and previous jobs:
    - What factors contributed to you staying at your job? What helps you enjoy your work and want to keep coming back?
    - What factors would influence you to leave? What makes you think about other job opportunities?

WHAT CONTRIBUTED TO YOU STAYING AT YOUR JOB?

Transportation	Workplace Environment	Pay rate, Benefits, PTO	Hybrid scheduling/ flexibility	Coworkers
Progression/ Career Building/ Promotes Growth	Team Work and Good Communication	Sense of Accomplishment/ Fulfillment/ Purpose	Working with babies	Helping support women
Work schedule is family oriented	Relationship with participants	Stimulating	Having a good laugh	Good management/ supervisor
Seeing the impact of compassion and education for participants	Stimulating	Days vary with new people and situations	Nice to be on the proactive side of nutrition/ health	Getting along with team

- For the questions:
  - Thinking about both your current job and previous jobs:
    - What factors contributed to you staying at your job? What helps you enjoy your work and want to keep coming back?

- Let's take a moment to review your responses and see what might be missing from the list.
- [Briefly review responses.]
- Ask attendees:
  - Is there anything missing from this list? What else might you add?

WHAT FACTORS WOULD INFLUENCE YOU TO LEAVE?

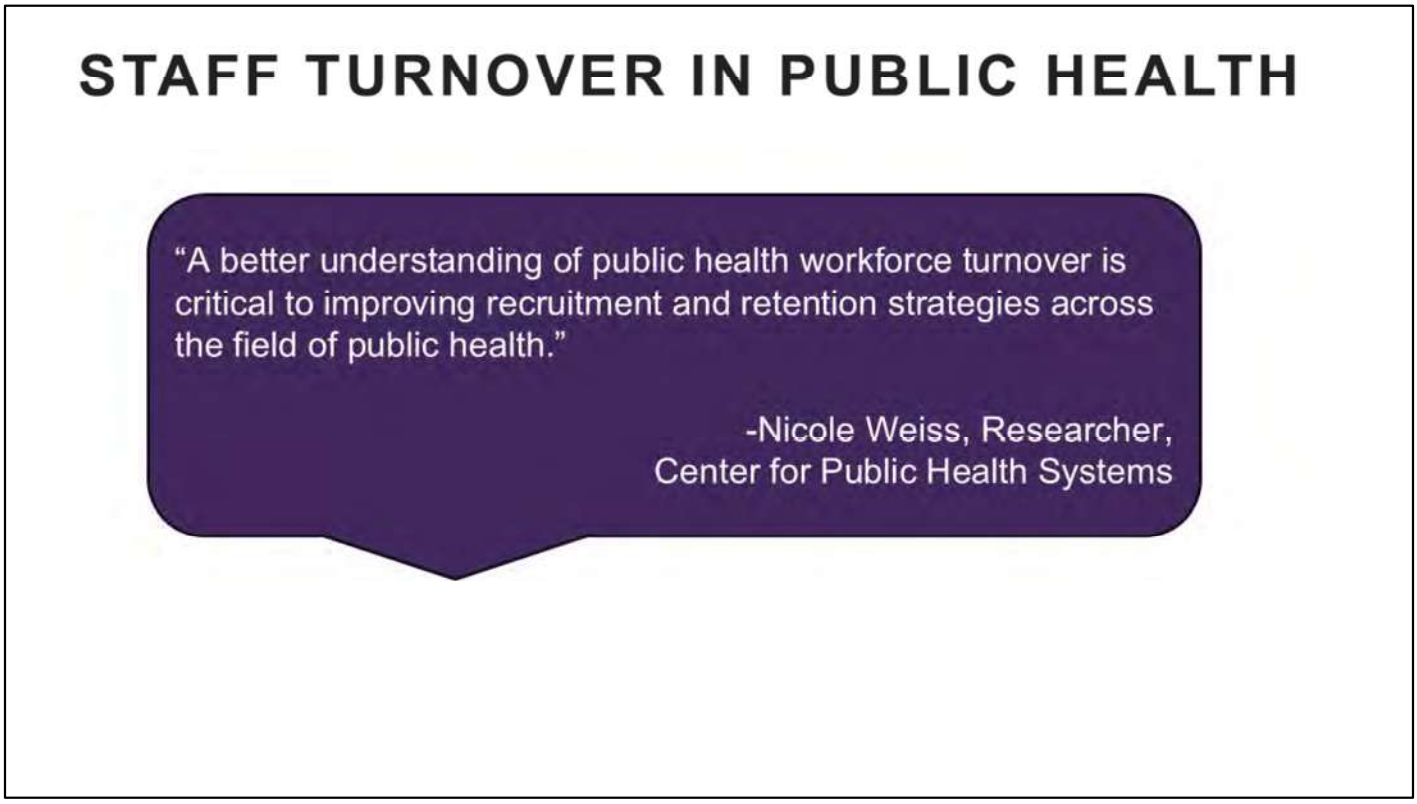
Money/ Jobs with higher pay	Stress Level	Lack of communication	Feeling unappreciated	Redundancy in work/ Same thing over and over again
Nit picky policies	Opportunities for hybrid work elsewhere	Moving/ Travel time/ distance	Clinic schedules are tight	Retirement
Disconnect between sponsoring agency and WIC policies	No room for growth	Favoritism	Poor management	Difficult relationships with coworkers
Burnout	Ineffective leadership	Staffing issues	Boredom	Pay disparities

- For the question:
  - Thinking about both your current job and previous jobs:
    - What factors would influence you to leave? What makes you think about other job opportunities?

- Let's take a moment to review your responses and see what might be missing from the list.
- [Briefly review responses.]
- Ask attendees:
  - Is there anything missing from this list? What else might you add?

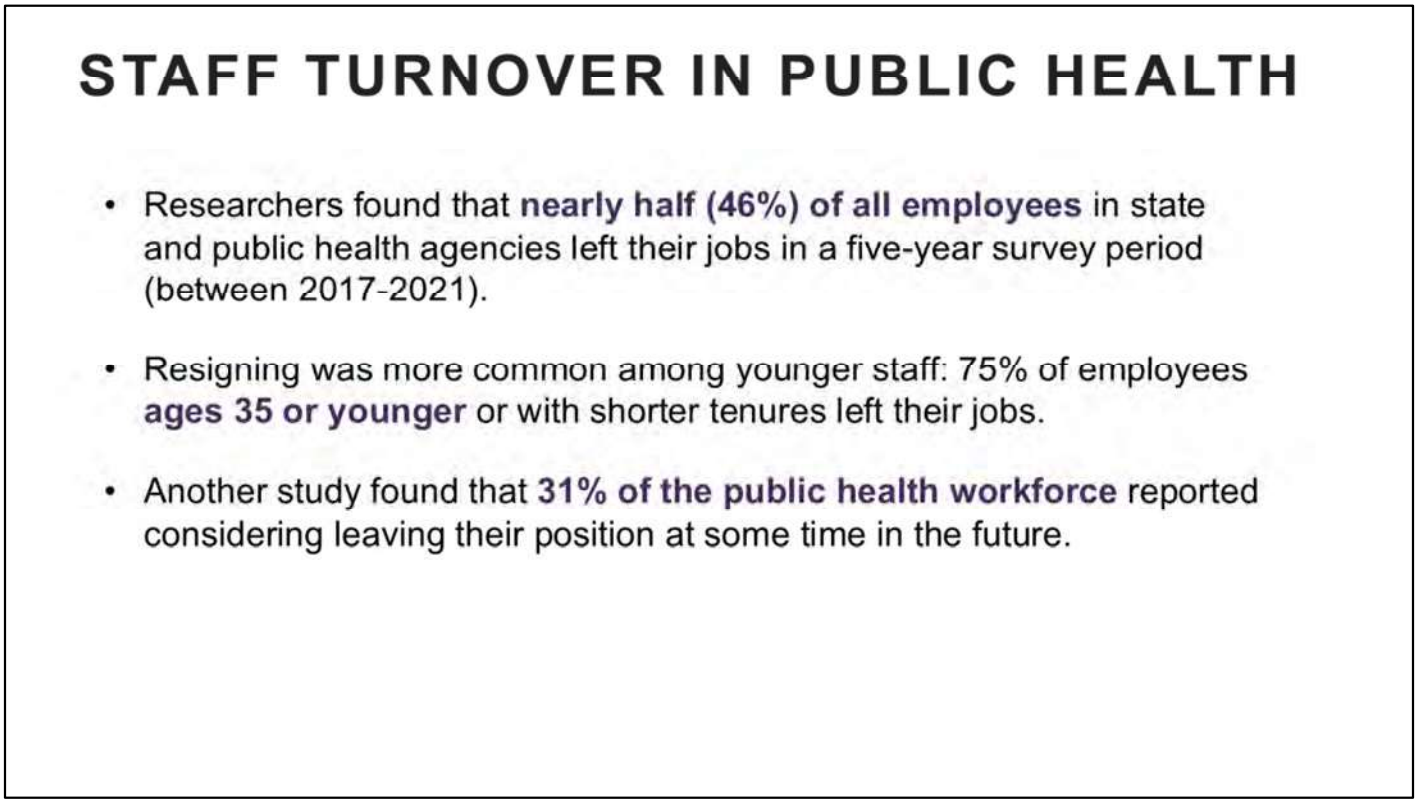
STAFF RETENTION A NATIONWIDE ISSUE IN PUBLIC HEALTH

- We are going to be transitioning into a discussion on staff retention.
- As many of you know, staff retention and staff turnover is a nationwide issue in the public health workforce.



- I want to start off by a quote by Nicole Weiss, who is a researcher at the Center for Public Health Systems who has done a lot of research in staff retention.
- She said, "A better understanding of public health workforce turnover is critical to improving recruitment and retention strategies across the field of public health."

- University of Minnesota School of Public Health. (2023, December 14). New study examines turnover in the U.S. public health workforce. https://www.sph.umn.edu/news/new-study-examines-turnover-in-the-u-s-public-health-workforce/



- Researchers found that nearly half (46%) of all employees in state and public health agencies left their jobs in a five-year survey period (between 2017-2021). This may have been influenced by the pandemic.
- Resigning was more common among younger staff: 75% of employees ages 35 or younger or with shorter tenures left their jobs.
- Another study found that 31% of the public health workforce reported considering leaving their position at some time in the future.

- Citations:
- Harvard T.H. Chan School of Public Health. (2023, June 26). *U.S. governmental public health workforce shrank by half in five years, study finds*. https://hsph.harvard.edu/news/u-s-governmental-public-health-workforce-shrank-by-half-in-five-years-study-finds/
- University of Minnesota School of Public Health. (2023, December 14). *New study examines turnover in the U.S. public health workforce*. https://www.sph.umn.edu/news/new-study-examines-turnover-in-the-u-s-public-health-workforce/

STAFF TURNOVER OF WIC RD/ RDNS

FIGURE 5. NUMBER OF YEARS WORKED IN WIC

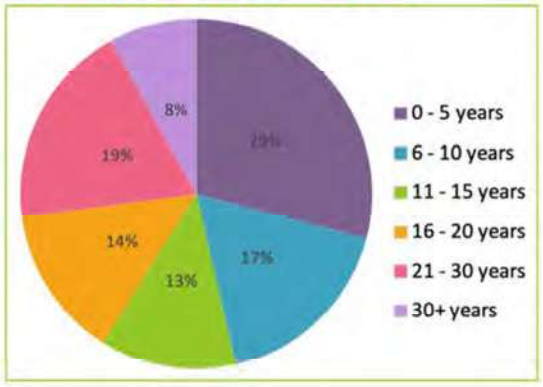
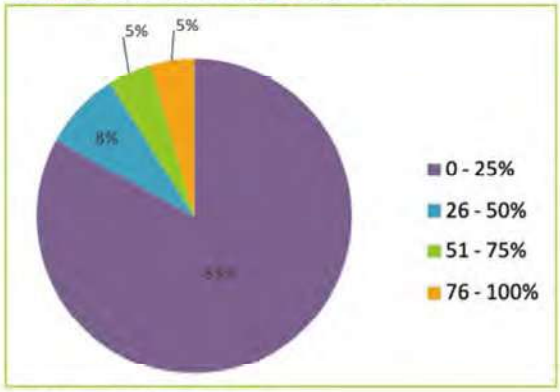


FIGURE 13. SURVEY QUESTION: WHAT WAS THE TURNOVER OF WIC RD/RDNS IN YOUR OFFICE DURING FY2017?



Note: Total exceeds 100% due to rounding

- In the fall of 2018, the National WIC Association gathered qualitative and quantitative data and information to assess recruitment and retention among the RD workforce.
- The number of years worked in WIC was fairly evenly divided, except for those with the most and least experience. The largest percentage, 29%, have worked in WIC less than 6 years, followed by 19% for 21-30 years, and 17% for 6-10 years.
- I want to note for the survey responses, 78% of WIC agencies don't track RD/ RDN turnover. For the survey question: What was the turnover of WIC RD/ RDNs in your office during FY2017?
    - For the 22% of agencies that did track RD/RDN turnover, Figure 13 reveals that 83% experienced rates between 0% and 25%. Of the other agencies, for 8%, rates were between 26% and 50%; for 5%, rates were between 51% and 75%; and for the remaining 5%, rates were between 76% and 100%.

    - Resource:
    - National WIC Association. (2021). *RD/RDN Recruitment and Retention Survey Report*. https://media.nwica.org/fy21_nwa_factsheet_rd-recruitment-retention-survey-report_interactive.pdf



- Now that we've grounded ourselves in some data, let's discuss strategies and practices to support staff retention.

RETENTION & CAREER ADVANCEMENT



- In a statewide survey of Minnesota WIC staff, about 30% reported few or no career advancement opportunities.
- In a national survey of the RD workforce at all levels of WIC, the second reason RD/ RDNs left WIC in the past year was limited opportunity for advancement. (The first was pay.)

- In a statewide WIC survey of Minnesota WIC staff, there were 376 respondents and about 30% of WIC staff reported few or no career advancement opportunities.
- In a national survey of the RD workforce at all levels of WIC, the second reason RD/ RDNs left WIC in the past year was limited opportunity for advancement. (The first was pay).
- This suggests the importance of ongoing training and professional development to support job advancement.
- Let's talk about some potential strategies for job advancement.

- Resources:
- Minnesota Department of Health. (2024, October). WIC local agency staff workforce survey final report overview. https://www.health.state.mn.us/docs/people/wic/localagency/workforceoverview.pdf
- National WIC Association. (2021). *RD/RDN Recruitment and Retention Survey Report*. https://media.nwica.org/fy21_nwa_factsheet_rd-recruitment-retention-survey-report_interactive.pdf

Reference:
https://www.health.state.mn.us/docs/people/wic/localagency/workforce.pdf
https://media.nwica.org/fy21_nwa_factsheet_rd-recruitment-retention-survey-report_interactive.pdf?utm_source

STRATEGIES FOR JOB ADVANCEMENT

Strategies for supporting workforce development and career advancement include:

- Promoting time and support for obtaining certificates for advanced nutrition or breastfeeding training
- Allowing time and flexibility for other continuing education activities
- Identify and share transparent career advancement pathways



- Strategies for workforce development and career advancement include:
  - Promoting time and support for obtaining certificates for advanced nutrition or breastfeeding training
  - Allowing time and flexibility for other continuing education activities
    - Highlight with staff that being able to get free credits on work time through the NYS WIC Training Center is a benefit and not something available in all jobs
  - Identify and share transparent career advancement pathways

STRATEGIES FOR JOB ADVANCEMENT

Strategies for supporting workforce development and career advancement include:

- Encouraging participation in state or national WIC groups
- Support mentoring or training other WIC staff or students
- Support leadership roles in special projects, work groups and committees for the agency



- Other strategies for workforce development and career advancement include:
  - Encouraging participation in state or national WIC groups
  - Support mentoring or training other WIC staff or students
  - Support leadership roles in special projects, work groups and committees for the agency

STRATEGIES FOR TEAM COLLABORATION



64% of the Minnesota WIC staff surveyed reported that they enjoyed working with other team members.

Strategies for promoting team collaboration include:

- Project collaboration
- Celebrate wins – big and small
- Team building activities
- Foster connections beyond work roles

- 64% of the Minnesota WIC staff surveyed reported that they enjoyed working with other team members.
- Strategies for team collaboration include:
  - Project collaboration – promoting staff who may not work together an opportunity to do so
  - Celebrate wins – big and small – Acknowledge and celebrate progress and successes, especially related to changes in the system or structure and promote team shout outs
  - Team building activities – dedicated time during staff meeting to work together collaboratively
  - Foster connection beyond work roles – this can include informal check-ins and shared meals

Reference: Minnesota Department of Health. (2024, October). WIC local agency staff workforce survey final report overview. https://www.health.state.mn.us/docs/people/wic/localagency/workforceoverview.pdf

STRATEGIES FOR TEAM COLLABORATION

Strategies for promoting team collaboration include:

- Encourage open and honest communication
- Cross-training and knowledge sharing
- Implement collaborative decision-making when possible



- Other strategies for promoting team collaboration include:
  - Encourage open and honest communication – create safe spaces for honest communication among team members. Using group norms at the start of trainings and meetings can help support this.
  - Cross-train and knowledge sharing – allow co-workers to get to know each others' roles to build a better understanding of everyone's roles at WIC and cross-train when possible, which also supports career advancement
  - Encourage collaborative decision-making – when we're able to, involve the team in brainstorming for solutions to create decisions that may impact their work, such as policies and schedules

STRATEGIES FOR FEEDBACK



Strategies to strengthen opportunities for staff feedback include:

- Routine staff surveys
- Stay interviews
  - "What keeps you here?"
  - "What could make your job easier or better?"
  - "What reason(s) might cause you to leave?"

- Staff feedback and incorporating what we learn is an essential strategy to promote employee retention.
- Strategies for strengthening opportunities for staff feedback include:
  - Routine staff surveys – this can be used to gather broader feedback on all things work related – communication, culture, leadership support, professional development needs, etc. Sharing results back with staff and discussing them can be really helpful.
  - Stay or retention interviews – Meeting with staff and asking questions like
    - "What keeps you here?"
    - "What could make your job easier or better?"
    - "What reason(s) might cause you to leave?"

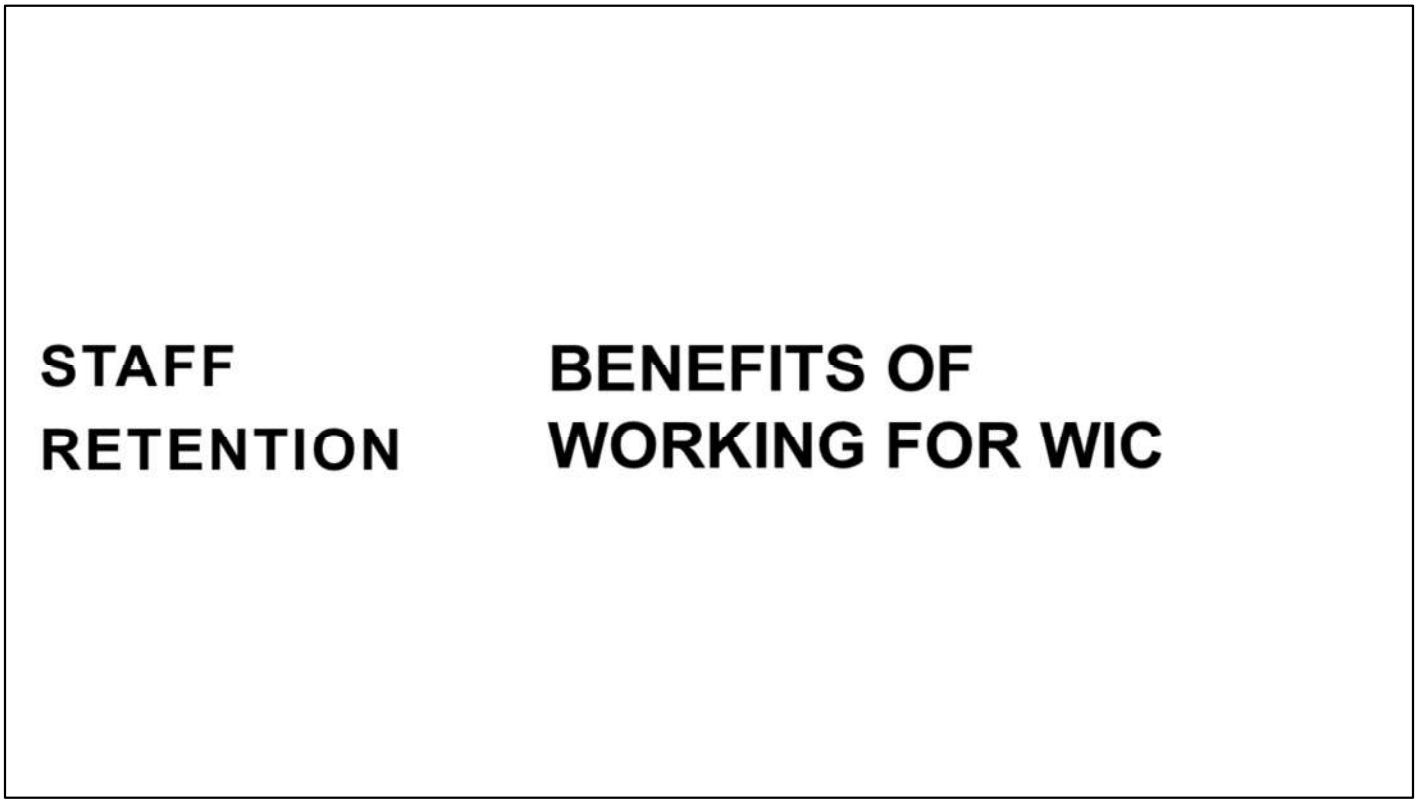
STRATEGIES FOR FEEDBACK

Strategies to strengthen opportunities for staff feedback include:

- Time for feedback in one-on-one check-ins and performance reviews
- Quick feedback forms after trainings, meetings, or new initiatives
  - "What did you find helpful?"
  - "What would you change for next time?"



- Other Strategies for strengthening opportunities for staff feedback include:
  - Creating time in one-on-one check-ins and performance reviews to check-in on supervision and support
  - Quick feedback forms after trainings, meetings, or new initiatives to capture information quickly, similar to our Pros and Cons we do during Learning Session, asking two questions such as:
    - "What did you find helpful?"
    - "What would you change for next time?"



- Let's talk about some of the reasons people stay at WIC. What are the benefits?

BENEFITS & REASONS EMPLOYEES CONTINUE IN THEIR WIC JOB

Percent of respondents who marked "yes" to one or more of the following reasons employees continue to work in their WIC job?	%
Helping families	81.12
Feel good about the work you do	71.54
Enjoy working with other members of the team	64.36
Flexible schedule or hours	44.41
Enjoy working with your supervisor	39.89
Able to work independently	37.50
The salary or pay is good	28.46
Career advancement opportunities	5.85
No response/ prefer not to say	3.99
Other	2.93

- The following data was collected from the Minnesota WIC staff statewide survey.
- Some of the top benefits and reasons employees continue in their WIC job include:
  - Helping families
  - Feeling good about the work you do
  - Enjoying working with other members of your team
  - And flexible schedule and hours

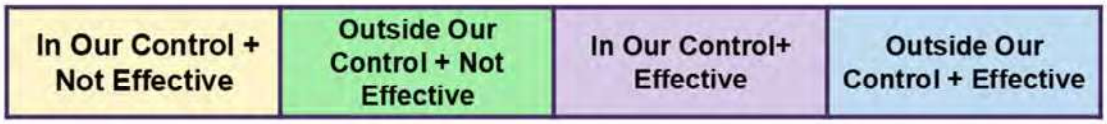
Reference:
https://www.health.state.mn.us/docs/people/wic/localagency/workforce.pdf

STAFF RETENTION FACTORS AND OUR AGENCY

- Introduce the next section: Staff retention factors and our agency

BREAKOUT GROUP DISCUSSION TASK

- Your implementation team will receive a unique Padlet link.
- In your implementation teams, sort a list of factors impacting staff retention into one of four quadrants:



Factors include: Hybrid Scheduling/ Flexibility, Work Pay, Benefits/ PTO, Opportunities for Staff Feedback, Stress Level, Communication Among Staff and Leadership, Disconnect between Sponsoring Agency and WIC Policies, Career Advancement Opportunities, Health of Workplace Environment, Nit-Picky Policies, Clinic Schedules Are Tight, Current Workload, Collaborative Decision-Making, Transparent Career Pathways, Time and Support for CEUs and Advanced Certificates, Routine Staff Surveys, Scheduled One-on-One Check-Ins

- Introduce the breakout group discussion, implementation teams
  - In a few minutes, we're going to send you into your implementation teams with a unique Padlet link for each implementation team.
  - In just a moment we will orient you to the Padlet, but I want to provide the instructions first.
  - In your implementation teams, we want your implementation team to sort a list of factors impacting staff retention into one of four quadrants as it relates to your agency:
    - Is the factor in your control and effective?
    - Is this factor in your control and not effective?
    - Is this factor outside of your control and effective?
    - Is this factor outside of your control and not effective?
  - [Review some of the factors]
  - Let me pause so we can screenshare the Padlet and walk you through how to move around the sticky notes/ factors that impact staff retention and provide an example of sorting.
  - [Screenshare Padlet and provide an example of how an agency might consider the factor and sort it into one of the categories]

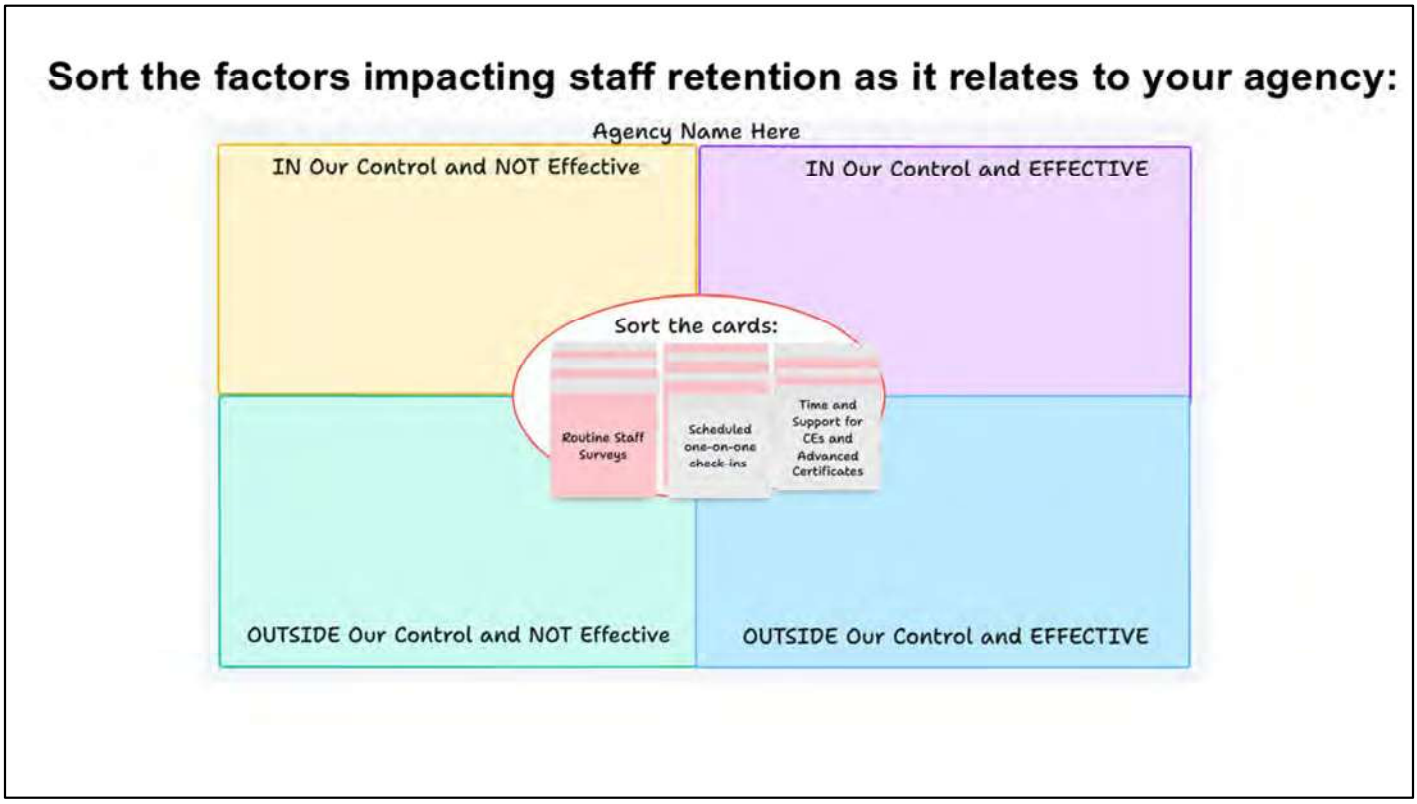
- We will ask you to also identify a reporter who will be prepared to summarize what you talked about in your groups when you return to the main training floor.
- Any questions before we do this activity? We are going to each agency's individual link into the chat. Please give me a thumbs up when you are able to access it. You will have X minutes to sort these factors with your implementation teams.

Production task – Drop below questions into chat:

- Screenshare the Padlet example board. Walk participants through how to sort a card.
- Then, drop the unique survey links in the chat labeled for each implementation team/ agency.

Production task – Implementation teams breakout groups, X minutes

- Regional office staff will be in their own group discussing, "What is within our control to do to support staff retention?"



- Here is what the Padlet looks like with the pink and grey cards being the factors.
- Let me pause so we can screenshare the Padlet and walk you through how to move around the sticky notes/ factors that impact staff retention and provide an example of sorting.
- [Screenshare Padlet and provide an example of how an agency might consider the factor and sort it into one of the categories]
- We will ask you to also identify a reporter who will be prepared to summarize what you talked about in your groups when you return to the main training floor.
- Any questions before we do this activity? We are going to each agency's individual link into the chat. Please give me a thumbs up when you are able to access it. You will have X minutes to sort these factors with your implementation teams.

Production task – Drop below questions into chat:

- Screenshare the Padlet example board. Walk participants through how to sort a card.

- Then, drop the unique survey links in the chat labeled for each implementation team/ agency.
- Link: https://padlet.com/eberrier1/my-fierce-sandbox-qakg2c6pof1wj9go

Production task – Implementation teams breakout groups, X minutes

- Regional office staff will be in their own group discussing, “What is within our control to do to support staff retention?”

LARGE GROUP DISCUSSION



- Go to gallery view when participants are brought back to the main training floor.
- Ask processing questions, one at a time, such as:
  - What came up in your small groups?
  - What themes came up in your discussion?
  - What did you learn about yourself, team or agency?
  - What are you taking away as it applies to staff retention?

TIME FOR A BREAK!

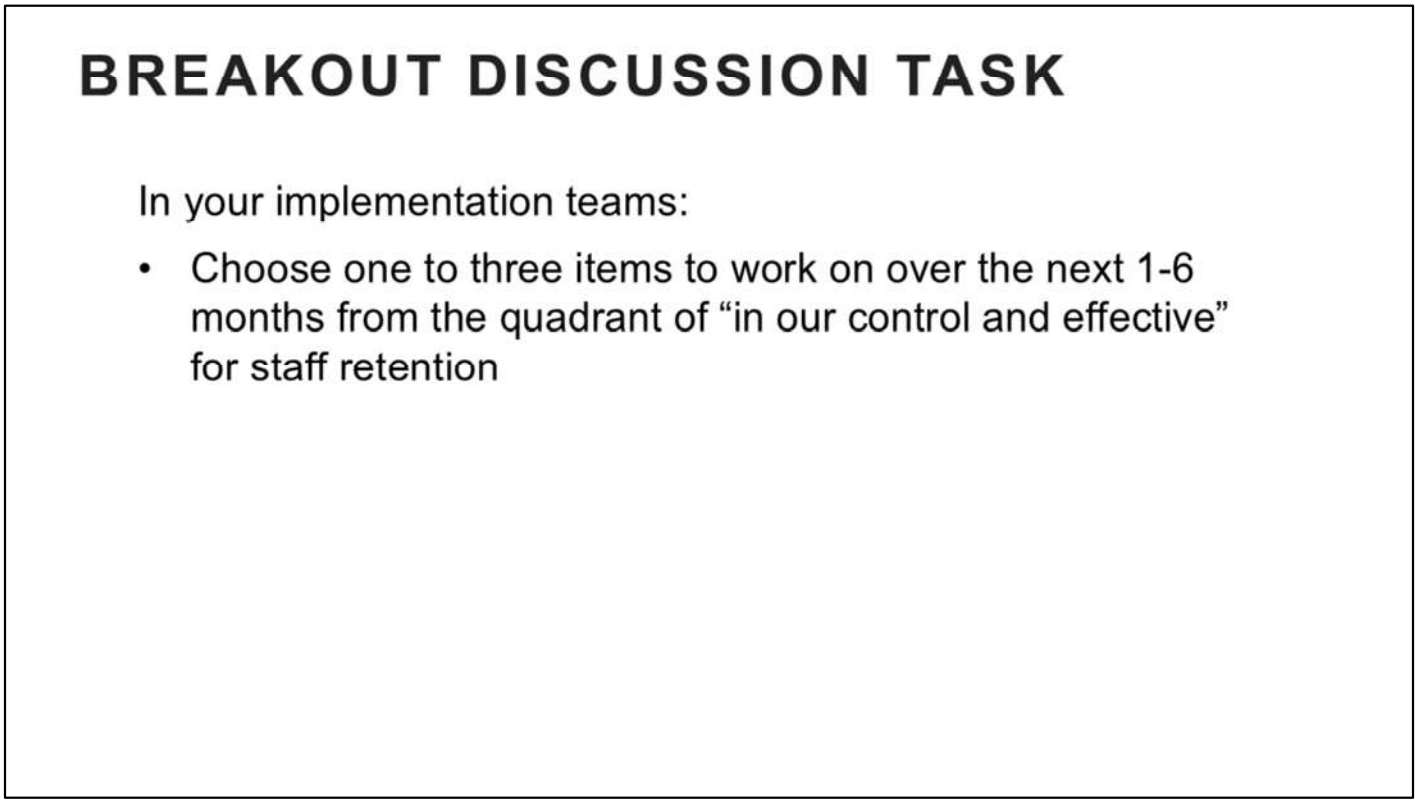
- The session will resume in 15 minutes
  - Turn off audio
  - Turn off camera



- Time for a break! Please return in 15 minutes at XX:XX.
- You should not log out of Zoom but we ask you to mute yourselves and turn off your camera for the break.

STAFF RETENTION ACTION PLAN

- Introduce the next section: Staff Retention Action Plans.



- We are going to dedicate some time to action planning around staff retention, continuing your team’s discussion around what is in your control and effective at your agency.
- In your implementation teams:
  - Choose one to three items to work on over the next 1-6 months from the quadrant of “in our control and effective” for staff retention
- When we return, implementation teams will share 1-2 action steps they plan on taking from their

action plan templates with the group.

- Do you have any questions before we get started? Can I get a thumbs up that everyone is able to access the Action Plan template in the chat?

Production task – Drop Action planning google doc into chat
Production task - Send trainees into implementation teams for 30 minutes.

ACTION PLAN REPORT-OUT



- Oak Orchard Health
- Catholic Charities of Western New York – South Buffalo site
- Broome County Health Department
- Monroe County Health Department
- Cayuga County Health Department
- Community Health Center of the North Country

- Large group action plan report out: Ask each agency to report out on one highlight or action they are taking to support the staff retention items their team chose.
    - Oak Orchard Health
    - Catholic Charities of Western New York – South Buffalo site
    - Broome County Health Department
    - Monroe County Health Department
    - Cayuga County Health Department
    - Community Health Center of the North Country

ACTION PLAN REPORT OUT

- Opportunity Development Association of Williamsburg
- Public Health Solutions – Ocean Ave site
- Warren County Health Services
- Community Health Center of Richmond
- Open Door Family Medical Center



Continue the report-out:

- Opportunity Development Association of Williamsburg
- Public Health Solutions - Ocean Ave Site
- Warren County Health Services
- Community Health Center of Rcimond
- Open Door Family Medical Center



- Introduce the next section: Day 1 Wrap-Up

DAY 1 PROS AND CONS



Your feedback is important to us!

Please complete the anonymous Pros & Cons feedback form using the link provided.

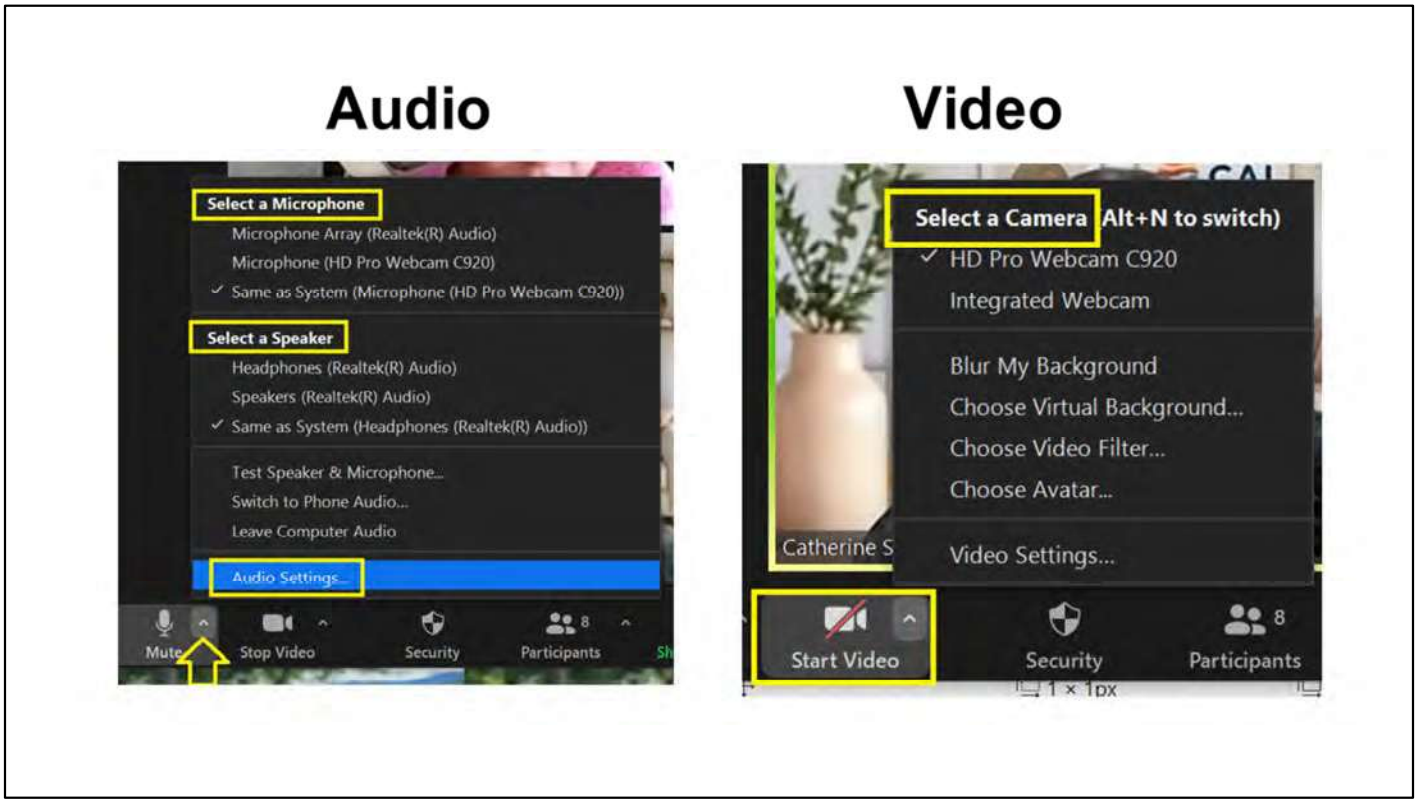
- **Share pluses and minuses link and ask trainees to complete to better inform day 2**
- Prompt production to share the link to the pros and cons list into the chat

@Production task: Share link: Pros/Cons Survey Link:
Tell trainees that once they have completed their pros and cons that they are okay to sign off and we look forward to seeing them tomorrow!

- (INTERNAL: For trainers - Report link:
- Pros/Cons Reporting Link (**CAI use only**):



Production
Thank you for joining us today! I hope it was helpful and can help guide you as you do this important work!

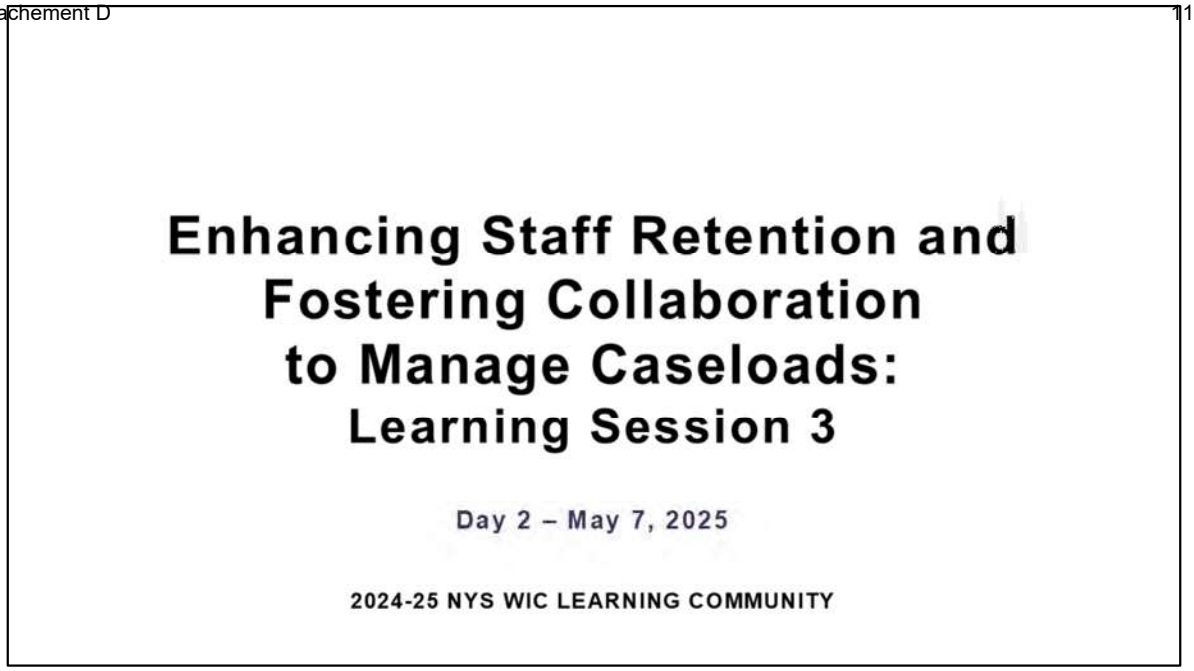


- Start 10 minutes early/once folks are logging on

- While we wait for the training to begin, we want to ensure everyone can participate today. Be sure to check your audio and video and ensure your microphone and camera are working. If you are having any trouble, please chat the producer for help troubleshooting. On the slide are 2 screenshots showing you where to access the audio and video settings on Zoom. Please be sure the correct microphone and speaker on your computer are selected if you are using computer audio, if not please select phone audio and call the dial-in number that appears. Please be sure to start your video and ensure the correct camera is selected on your device.

- It is an expectation of training that you will participate and engage, which includes being on camera and speaking. We want to hear your voices and see your faces. There are interactive components to training, including breakout rooms where you'll need to speak to your colleagues, so we want to ensure everyone has a working microphone and camera today. If you do not, please chat the producer to let them know. We want to make sure that everyone has the best training experience they can.

- Producer share in chat Link to Zoom FAQ regarding audio and video: https://support.zoom.com/hc/en/category?id=kb_category&kb_category=31293e9a8720391089a37408dabb35b8



9 AM (10 minutes)

- Production/Trainer:
- ***PRODUCER ENABLE CLOSED CAPTIONING***

- Trainers and/or production staff can start building engagement with those who log on early by encouraging them to chat in their name, local agency, etc.
  - Trainer/Production
  - Welcome participants while they are logging on.
- Good morning
- Once everyone is in attendance, introduce the topic



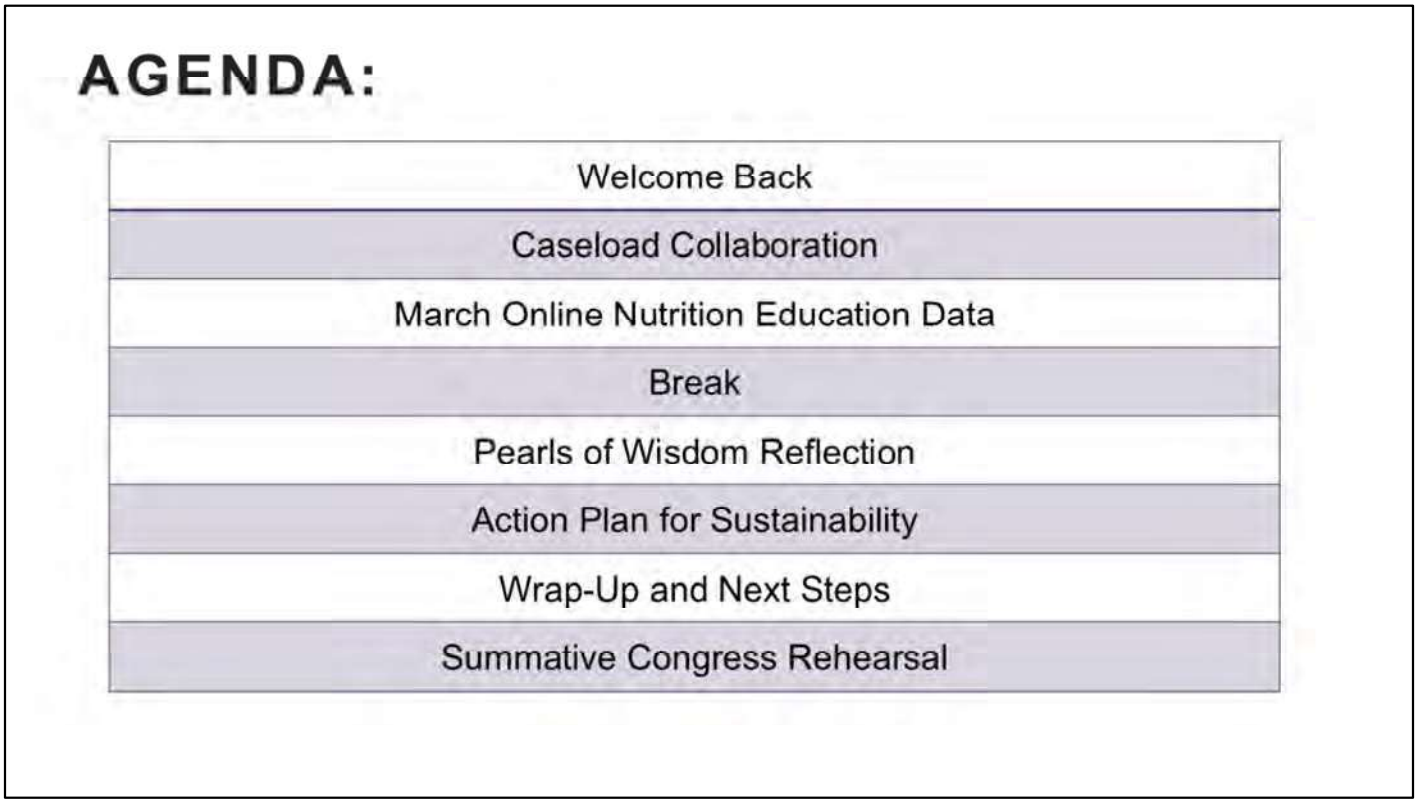
Trainer/Production:

- Introduce trainers and production staff

REFLECTING ON DAY 1



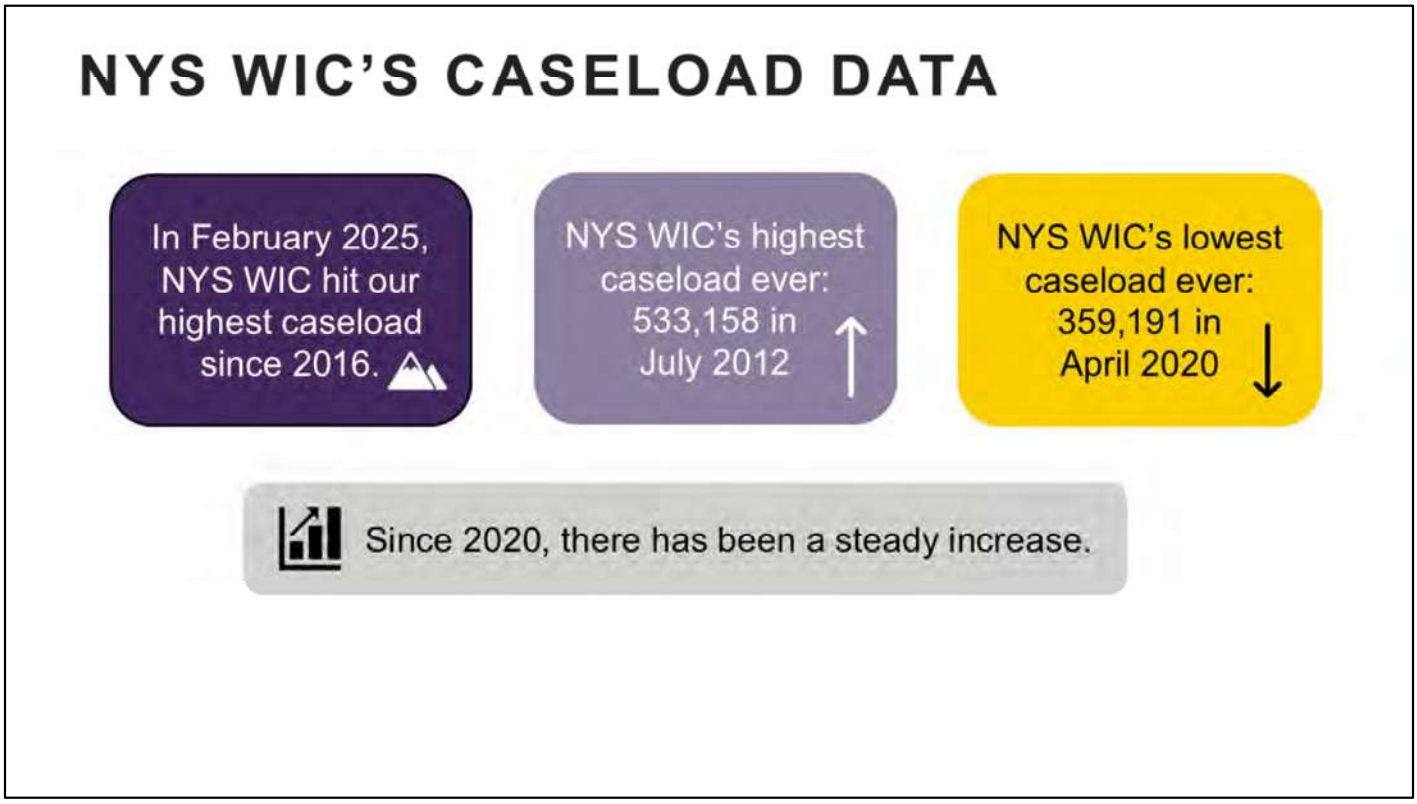
- Thank attendees for pros and cons feedback from Learning Session 3 Day 1 and briefly review attendee feedback
- Ask trainees: What thoughts have you had between today and yesterday?



- Provide overview of agenda for the Day 2 of the Learning Session

CASELOAD COLLABORATION

- Introduce the next section: Caseload collaboration..
- We want to move to discussing caseload collaboration, as high caseloads can lead to burnout and affect staff retention.
- How can we foster collaboration with other agencies to manage caseloads?



Producer Note: Animations on Slide

- Let's review some data on NYS WIC's Caseloads.
- [Click] In February, NYS WIC hit our highest caseload since 2016
- [Click] NYS WIC's highest caseload ever was 533,158 in July of 2012
- [Click] NYS WIC's lowest caseload was 359,191 in April of 2020. Since April 2020 there has been a steady increase.

AGENCY'S CAPACITY

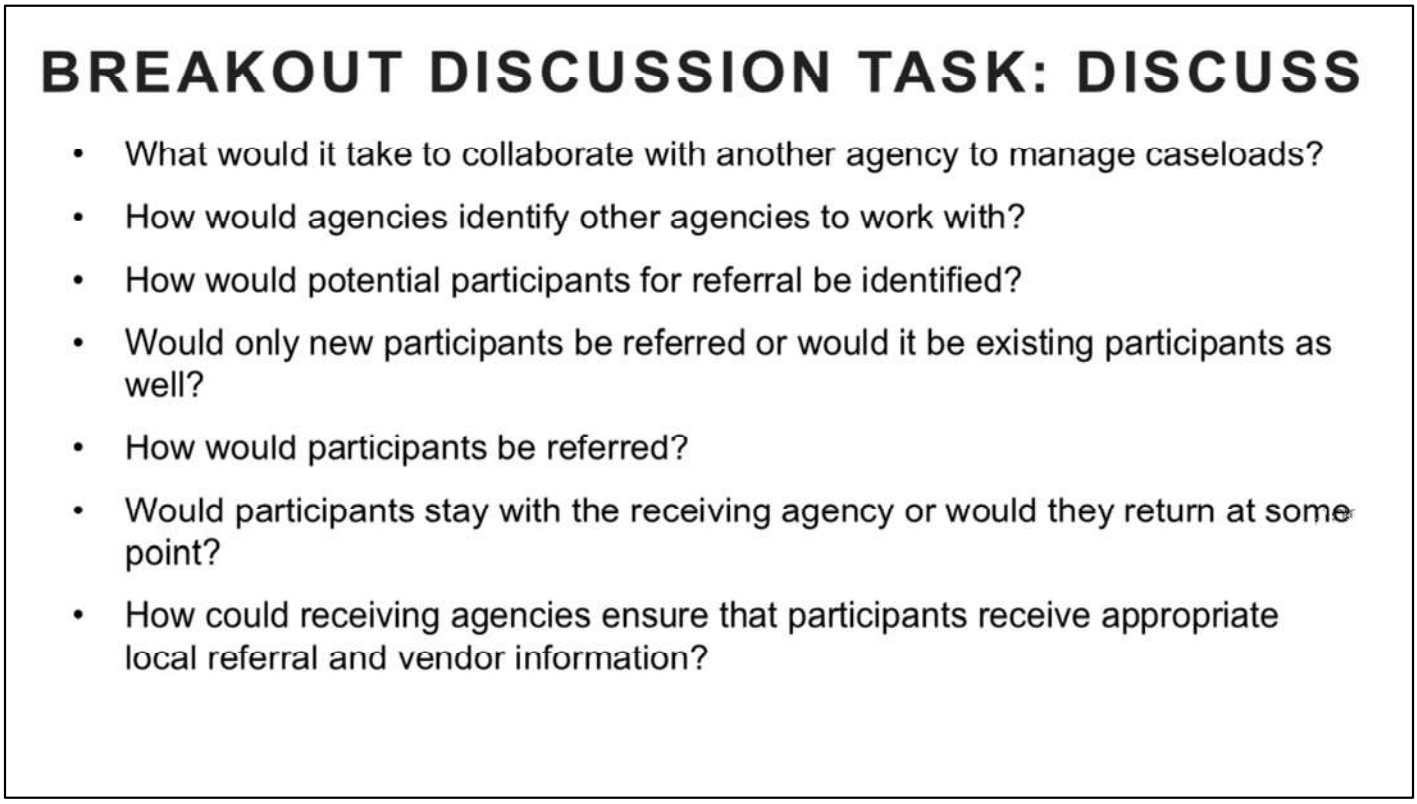
- Some agencies are stretched beyond their capacity, **but not all.**
  - This may be because they are serving more than their target caseload, and/or their nutritionist-to-participant ratio may be high due to demand or staff vacancies



- Because we can serve participants completely by phone, there is the opportunity for **overextended agencies to collaborate with agencies that have some capacity** to better serve participants and prevent staff burnout.



- Some agencies are stretched beyond their capacity
  - This may be because they are serving more than their target caseload and/or their nutritionist-to-participant ratio may be high due to demand or staff vacancies
- Because not all agencies are stretched beyond their capacity, and because we can serve participants completely by phone, there is the opportunity for overextended agencies to collaborate with agencies who have some capacity to better serve participants and prevent staff burnout.



- In a few minutes, we're going to send you into breakout groups by region.
- In your groups we want you to discuss different questions related to collaborating with other agencies:
    - What would it take to collaborate with another agency to manage caseloads?
    - How would agencies identify other agencies to work with?
    - How would potential participants for referral be identified?
    - Would only new participants be referred or would it be existing participants as well?
    - How would participants be referred?
    - Would participants stay with the receiving agency or would they return at some point?
    - How could receiving agencies ensure that participants receive appropriate local referral and vendor information?
- You will have X minutes to discuss these questions with other implementation teams in your region.
- Do you have any questions before you get started?

Production task – Drop below questions into chat:

- What would it take to collaborate with another agency to manage caseloads?
- How would agencies identify other agencies to work with?

- How would potential participants for referral be identified?
- Would only new participants be referred or would it be existing participants as well?
- How would participants be referred?
- Would participants stay with the receiving agency or would they return at some point?
- How could receiving agencies ensure that participants receive appropriate local referral and vendor information?

Production task – Implementation teams breakout groups by REGION, X minutes

- Regional office staff will be in their own group discussing how they might assist with agency collaboration

LARGE GROUP DISCUSSION



- Go to gallery view when participants are brought back to the main training floor.
- Ask processing questions, one at a time, such as:
  - What came up in your small groups?
  - What similarities or differences did you observe in your discussions?
  - Why was this important?
  - What are you taking away related to caseload collaborations with other agencies?
- If agencies are curious about how they might communicate with each other, the following ideas could be shared:
  - We are hoping to help facilitate connections at a future manager's workshop., possibly in November
  - National WIC Association has online community – perhaps agencies could connect that way.
  - Agencies could ask their Regional Office to help identify other similar agencies they might connect with.
  - WIC Coordinators could set up their own informal meetings with agencies with similar caseloads/demographics.

EXAMPLE OF CASELOAD COLLABORATION



Some agencies in the Capital Region have been working with their Regional Office on how they might collaborate.

2 referring agencies (over target caseload)

5 receiving agencies

2 backup receiving agencies

- As we know, caseload collaboration is great in theory—but how can it look in practice?
- Some agencies in the Capital Region have been working with their Regional Office on how they might collaborate each other so we thought we'd share some of their ideas with you.
- There are two agencies identified as referring agencies – they are over their target caseload and struggling to keep upwith their demand.
- There are five agencies who have agreed to receive referrals from the first two agencies plus two backup receiving agencies. So, 9 agencies participating in total.

EXAMPLE OF CASELOAD COLLABORATION

Circumstances in which referring agencies will refer:

- Over target caseload
- Unable to meet the 10/20-day requirement
- Unable to meet an urgent appointment request within the applicant/ participant's requested timeframe



- The agencies and their RO have outlined the circumstances in which they would refer a participant to another agency.
- They have laid out that local agencies (LAs) may refer applicants/participants to a different LA when an agency is:
    1. Over target caseload
    2. Unable to meet the 10/20-day requirement
    3. Unable to meet an urgent appointment request within the applicant/participant's requested timeframe (Example: missed appointment with an urgent need to receive benefits)

* They are treating these scenarios are treated as referrals', not transfers.

EXAMPLE OF CASELOAD COLLABORATION



Applicants/participants are offered the following options:

- They can wait for the next available appointment of their choice (in-person or virtual appointment) at the current local agency
- They can be referred to a receiving local agency to receive services more quickly.

A script has been developed for staff to use to offer these options.

- When there is a delay in scheduling an appointment due to any of the conditions mentioned on the previous slide, staff offer the applicant/participant one of the following options:
    - The applicant/participant can wait for the next available appointment of their choice (in-person or virtual appointment) at the current LA. Staff must advise the applicant/participant of the projected timeframe for the next available appointment.
    - The applicant/participant can be referred to another LA to receive services more quickly. Staff must advise the applicant/participant that they still have the option of an in-person or virtual appointment, but they may have to travel further. If the appointment is virtual and a new or replacement eWIC card is needed, it will be mailed unless the applicant/participant is willing and able to travel to the receiving LA.
- They developed a script for staff to use for these situations.
- They've also thought through how to handle situations like needing an eWIC card or needing to return formula.
    - eWIC card can be mailed or participant can travel to receiving agency office
    - Formula can be returned to referring agency and referring agency will communicate it to receiving agency
- And, of course, they let the participant know they have the right to return to the referring agency at any time

EXAMPLE OF CASELOAD COLLABORATION

They've thought through how to handle situations like needing an eWIC card or needing to return formula

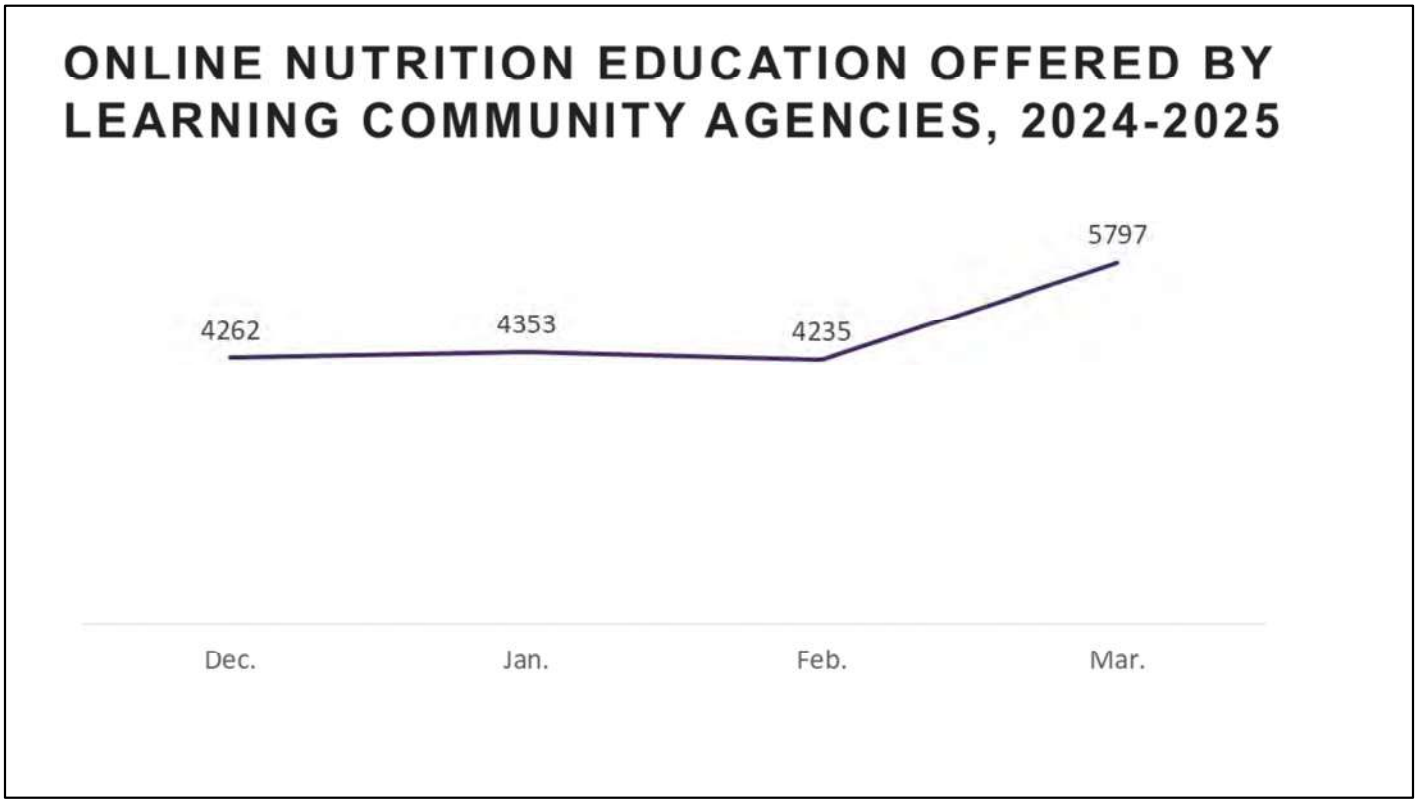
They let the participant know they have the right to return to the referring agency at any time



- They've also thought through how to handle situations like needing an eWIC card or needing to return formula.
    - eWIC card can be mailed or participant can travel to receiving agency office
    - Formula can be returned to referring agency and referring agency will communicate it to receiving agency
- And, of course, they let the participant know they have the right to return to the referring agency at any time
- If your agency is interested in implementing something similar, please discuss it first with your Regional Office

MARCH ONLINE NUTRITION EDUCATION DATA

- Introduce the next section: March online nutrition education data
- Let's take some time now to dig deeper into some data around offering and participant acceptance of online nutrition education.
- This is the first month of data available after our Learning Session 2 on online nutrition education.



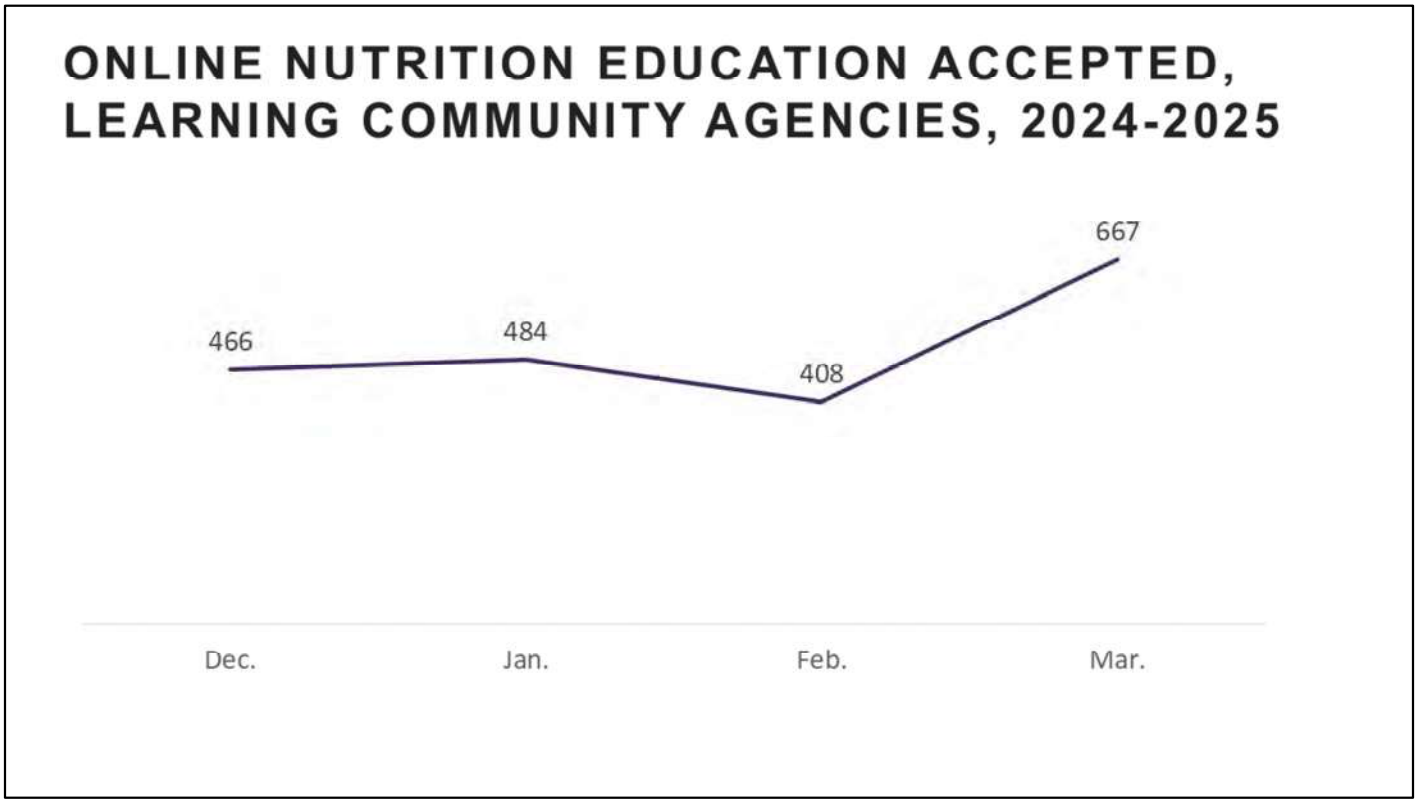
The number of participants offered online nutrition education has increased. This represents a 36% increase between December and March.

Nine of our eleven agencies had an increase in offering in terms of the number of participants who were offered online nutrition education.

We've heard throughout our examination of online nutrition education that looking at the data in this way brought attention to inconsistent documentation practices, so we think the trends from these findings could be unreliable or not a true representation of what is happening around online NE.

Moving forward, now that your agency's documentation practices are more consistent, your data will be more reliable. You can feel more confident in the trends you're seeing regarding offering and acceptance of online nutrition education.

We will provide you will your March data handout, as we've been doing, once we are able to add March caseload data.



By month, the number of participants accepting online NE increased – there has been a 43% increase from December to March.

Six of eleven agencies saw an increase in the percentage of participants accepting online NE when comparing December data to March data.

PEARLS OF WISDOM REFLECTION

- Introduce the next section: Pearls of Wisdom Reflection
- In this next activity as we start to wrap up Day 2 of the Learning Session, we invite you to reflect on your time in this learning community.

INDIVIDUAL REFLECTION

Independently, reflect on your experience in this Learning Community and share your responses in Mentimeter:

- What's the biggest learning you've had? What's one big ah-ha?
- What's one thing you wish you knew 6 months ago?
- What was this experience like for you?

- We are so appreciative of the time we have spent in the Learning Community with you.
- For the next few minutes, reflect on your experience in this Learning Community and share your responses in Mentimeter:
  - What's the biggest learning you've had? What's one big ah-ha?
  - What's one thing you wish you knew 6 months ago?
  - What was this experience like for you?

- **Production task –** Drop Mentimeter link into the chat:
  - https://www.menti.com/ala95x6qncpj

Review Mentimeter responses and prompt a few folks to share out their responses to this reflection, one question at a time.

TIME FOR A BREAK!

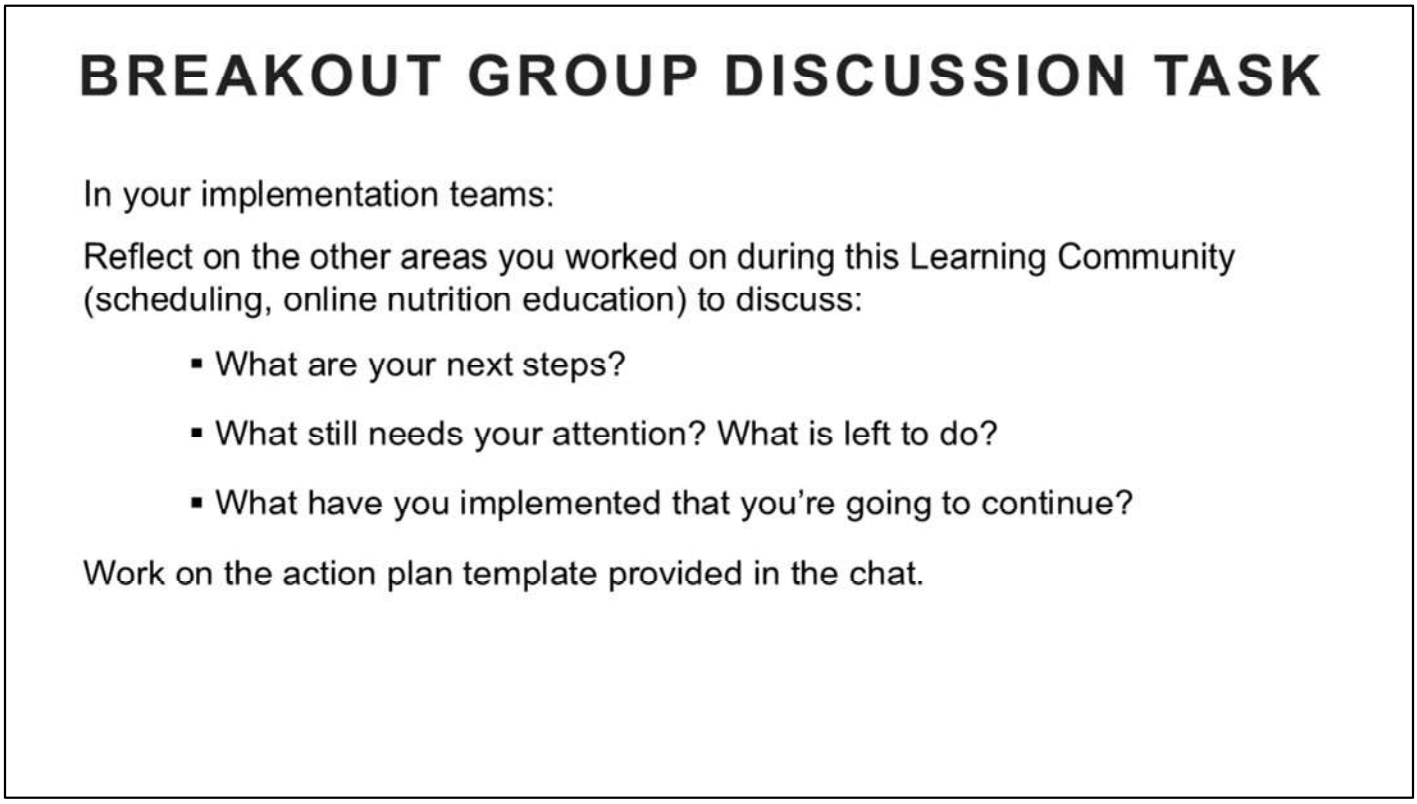
- The session will resume in 15 minutes
  - Turn off audio
  - Turn off camera



- Time for a break! Please return in 15 minutes at XX:XX.
- You should not log out of Zoom but we ask you to mute yourselves and turn off your camera for the break.

ACTION PLAN FOR SUSTAINABILITY

- Introduce the next section:
- Action Plan for Sustainability



- We are going to dedicate some time to action planning sustainability, continuing the great work you have been doing in our time together.
- In Day 1, you identified action steps for staff retention. Now we want to give you the opportunity to reflect on the other areas you worked in during this Learning Community (scheduling, online nutrition education) to discuss:
  - What are your next steps?
  - What still needs your attention? What is left to do?
  - What have you implemented that you're going to continue?
- You may want to pull out your March online nutrition education data while considering these questions.
- When we return, implementation teams will share 1-2 action steps they plan on taking from their action plan templates with the group.
  - Do you have any questions before we get started? Can I get a thumbs up that everyone is able to access the Action Plan

template in the chat?
- Great, you will have X minutes with your implementation teams to work on this!

Production task – Drop below questions into chat and Action Plan Day 2 tempalte:

- In your implementation teams, reflect on the other areas you worked on during this LC (scheduling and online NE) and discuss:
  - What are your next steps?
  - What still needs your attention? What is left to do?
  - What have you implemented that you're going to continue?

Production task – Implementation teams breakout groups (1 DOH participant in each of the breakout rooms), XX minutes (leave CAI Staff & DOH observers in main room)

ACTION PLAN REPORT OUT

- Warren County Health Services
- Public Health Solutions – Ocean Ave site
- Opportunity Development Association of Williamsburg
- Community Health Center of the North Country
- Cayuga County Health Department



Large group action plan report out: Ask each agency to report out on one highlight or action they are taking to support the sustainability of their work:

- Warren County Health Services
- Public Health Solutions - Ocean Ave Site
- Opportunity Development Association of Williamsburg
- Community Health Center of North Country
- Cayuga County Health Department.

•

ACTION PLAN REPORT-OUT



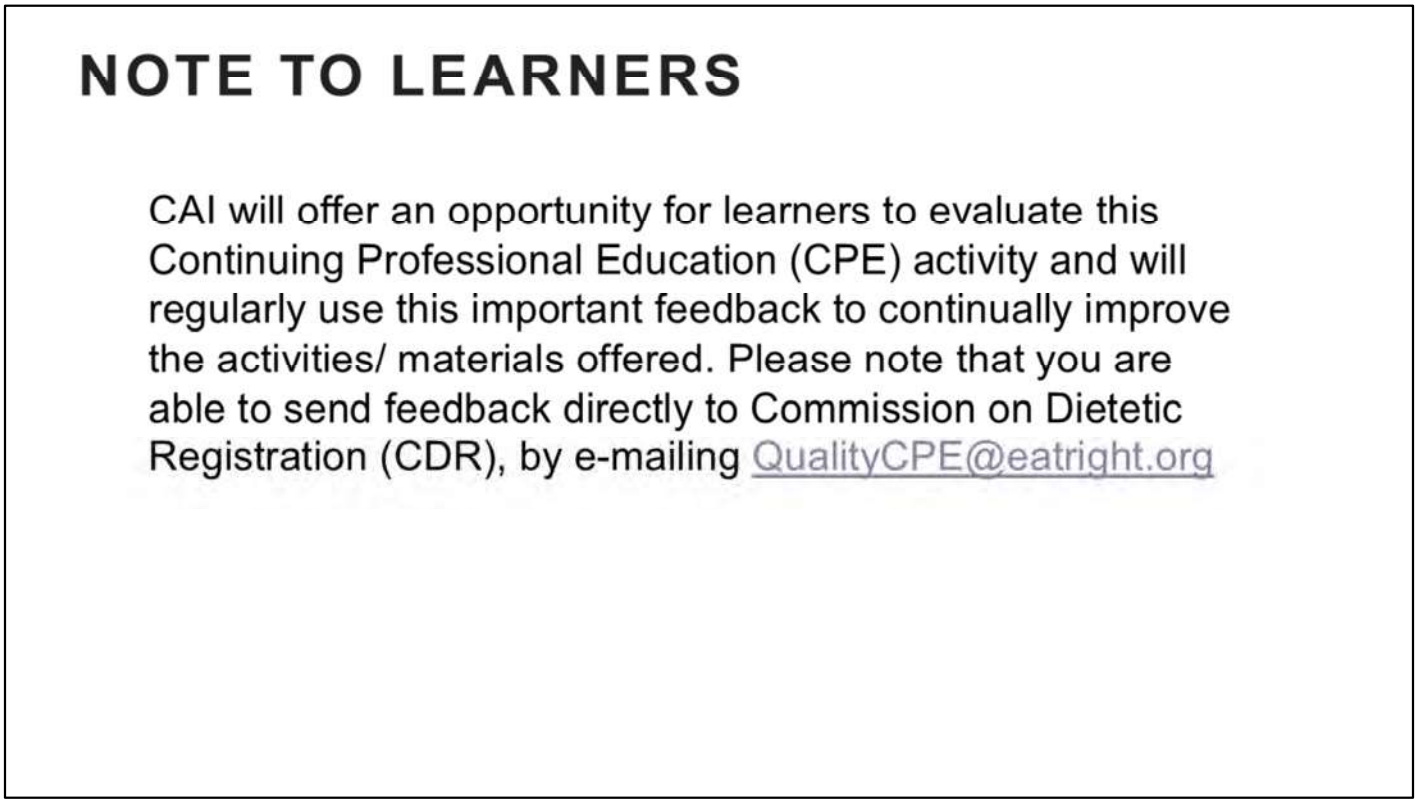
- Open Door Family Medical Center
- Monroe County Health Department
- Community Health Center of Richmond
- Broome County Health Department
- Catholic Charities of Western New York – South Buffalo site
- Oak Orchard Health

Continue the report-out:

•Open Door Family Medical Center
•Monroe County Health Department
•Community Health Center of Richmond
•Broome County Health Department
•Catholic Charities of Western New York – South Buffalo Site
•Oak Orchard Health



- Introduce the next section: Wrap-Up and Next Steps
- This is our last and final section of the day before the Summative Congress rehearsal for presenters and the Summative Congress!



RDs and DTRs seeking continuing education credits through the Commission on Dietetic Registration are encouraged to complete an additional evaluation (producer drop link in chat): WIC RD/CPEU Optional Evaluation (alchemer.com)

- Optional Eval: WIC RD/CPEU Optional Evaluation (alchemer.com)



Production

Thank you for joining us today! I hope it was helpful and can help guide you as you do this important work! After you have completed the evaluation, we ask all Summative Congress presenters to stay on the call. We will see you at 1:30 to celebrate your accomplishments with the rest of NYS! All other attendees, who are not presenting at the summative congress, can exit. Thank you!

- [redacted]

REFERENCES

Herrity, J. (2025, March). What is employee retention? Benefits, causes and strategies. Indeed. https://www.indeed.com/career-advice/career-development/definition-of-employee-retention

Harvard T.H. Chan School of Public Health. (2023, June 26). U.S. governmental public health workforce shrank by half in five years, study finds. https://hsph.harvard.edu/news/u-s-governmental-public-health-workforce-shrank-by-half-in-five-years-study-finds/

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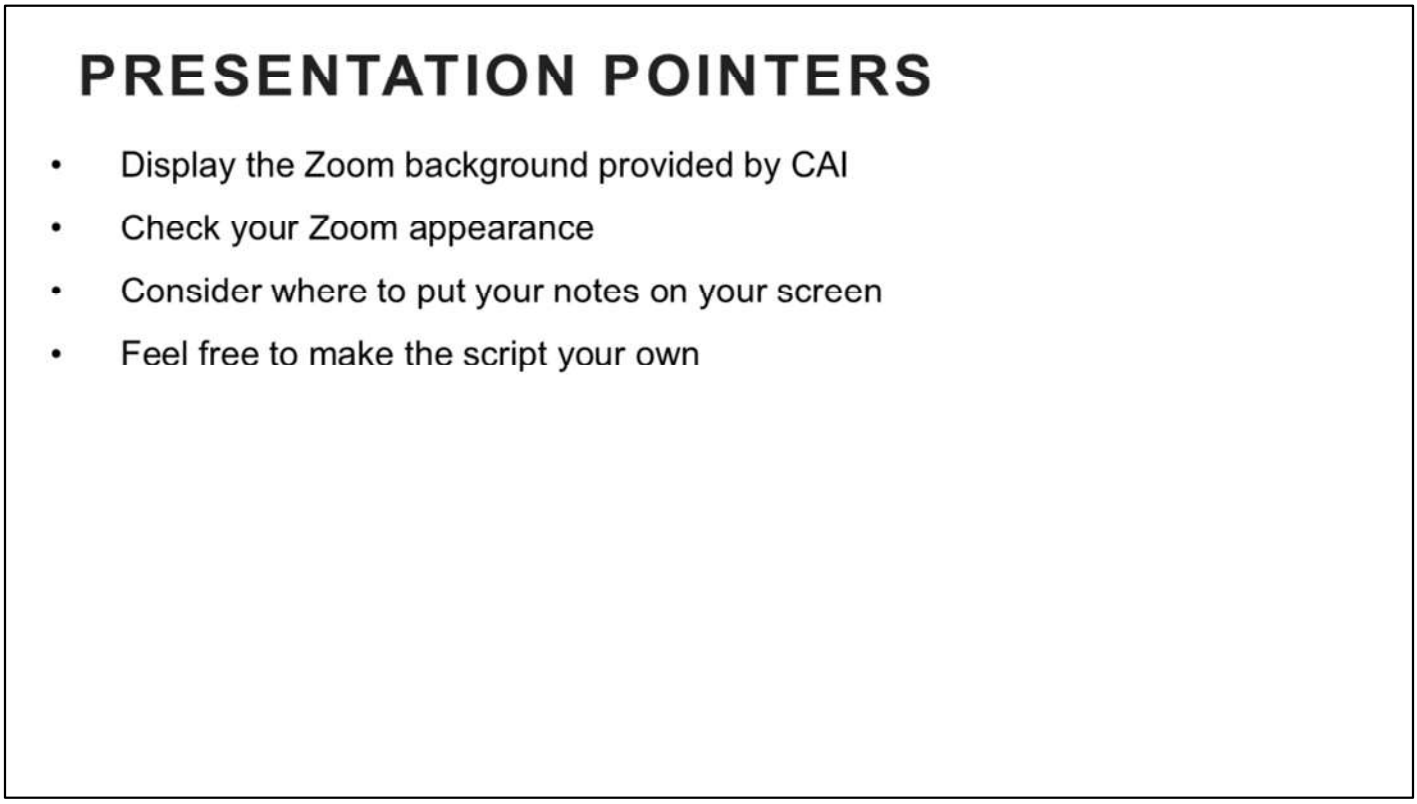
University of Minnesota School of Public Health. (2023, December 14). New study examines turnover in the U.S. public health workforce. https://www.sph.umn.edu/news/new-study-examines-turnover-in-the-u-s-public-health-workforce/

SUMMATIVE CONGRESS REHEARSAL

We will now be using this time to help you prepare for your structured report-outs in the Summative Congress. We are so grateful you have volunteered to present for your agency. We expect to have local agency coordinators and NYS DOH staff in attendance to hear about all the ideas and best practices you have to share from the hard work your agency did.



Review tips for presenting

- Display the Zoom background provided by CAI
- It's important that you are on camera to make it an engaging presentation
- Check your Zoom appearance
  - How is your lighting? Is your face centered on the screen?
- Consider where to put your notes on your screen
- Feel free to make the script your own, while still delivering the same points and staying within the time allotted
  - Examples
- Make sure background noise is minimal – try to be in a quiet space if possible
- Have fun!



SUMMATIVE CONGRESS AGENDA

Presenter	Section
CAI	Welcome and Introductions
	Learning Community Overview
	Scheduling of Participants and Staff
	Site Workflow
	Online Nutrition Education
	Staff Retention
Corie, CAI	Wrap Up and Closing

Review overall agenda for the Summative Congress

- Take down Learning Session 3 PowerPoint slides and switch to the Summative Congress slides to conduct a rehearsal (ensure presenters' sound good during rehearsal)
    - Will only be asking for questions when there is time – CAI trainers will take care of this. LA presenters do not need to ask for questions.
    - CAI will message presenters when they are "on deck"

Example Managers' Workshop

2025 Year 4 NYS WIC Managers Workshop:
WIC Walks with Wellness: Establishing and Sustaining a Safe, Supportive Environment for WIC Staff and Participants

November 18-20, 2025
Tuesday, November 18, 2025: 1:00 PM-4:30 PM
Wednesday, November 19, 2025: 9:00 AM-4:30 PM
Thursday, November 20, 2025: 9:00 AM-12:30 PM

Goal: The 2025 WIC Managers Workshop will strengthen trauma-informed leadership, promote wellness-centered practices, and build operational confidence across New York State's WIC agencies—equipping managers to lead with clarity, care, and purpose.

Description: Guided by this year's theme, *"WIC Walks with Wellness,"* the 2025 Managers Workshop invites WIC leaders to explore what it means to create and sustain safe, supportive environments for both staff and participants.
Day 1 opens with a focus on wellness and resilience—examining the role of mental health awareness, trauma-informed care, and workplace culture in preventing burnout and fostering a sense of belonging. Attendees will reflect on the systems, relationships, and daily practices that make wellness a lived experience for their teams and communities.
Day 2 shifts into action, highlighting innovation and peer leadership. Regional Office and Local Agency Coordinators will present bold, creative approaches to improving services, navigating operational shifts, and responding to local needs. Interactive sessions will encourage collaborative problem-solving and peer exchange, ensuring that every attendee walks away with practical strategies, fresh ideas, and renewed connection.
Recognizing the growing urgency around financial pressures, a dedicated session will help managers navigate WIC budget conversations with confidence—offering tools to advocate for resources and engage effectively with sponsoring agencies. We've heard your feedback: this session was designed in direct response to what managers have shared through coaching, training, and statewide engagement.
Day 3 brings the workshop to a close with reflection and inspiration, reinforcing the vital role WIC leaders play in cultivating wellness—within themselves, their agencies, and the families they serve.

Learning Objectives:
As a result of attending this workshop, participants will be able to:

- Describe how promoting wellness at WIC strengthens engagement and service quality
- Convene with colleagues from across the state and hear about innovations happening in WIC
- Identify opportunities for more effective budget-related conversations with sponsoring agencies

This training addresses the following competencies: WIC Coordinator

1.2.5 Leads by example/role modeling.

1.2.6 Facilitates open communication within Local WIC Program

6.1.1 Builds and manages a workforce based on organizational goals, budget considerations, staffing needs, and local agency structure.

Target Audience: WIC Coordinators, Site Supervisors, VMA Directors, NYS DOH Staff

Length of Training: Over 3 days/11.25 hours total

- 11/18/25 – 3 hours 15 mins (195 min) (1:00 PM-4:30 PM minus 15 min break
- 11/19/25 – 2 hours 15 mins (135 min) (9:00 AM-11:30 AM minus 15 min break)
  3 hours (180 min) (1:00 PM-4:30 PM minus 30 min break)
- 11/20/25 – 3 hours 30 min (210 min) (9:00 AM-12:30 PM minus 15 min break)

Modality: In-person workshop

Continuing Education:
12 CPEUs (pending CDR approval)
12 CEUs

DAY 1
Opening Plenary:

"Stronger Together: Cultivating Wellness for You, Your Team, and Your Community"

Tuesday, November 18, 2025
1:00 PM – 4:30 PM

Goal: To equip WIC managers with the knowledge, strategies, and practical tools needed to prioritize and promote wellness for themselves, their staff, and WIC participants.

Description: Wellness at WIC is a critical investment that enhances resilience, retention, and the quality of services during times of stress and uncertainty. As WIC managers, you are the cornerstone of program strength and staff success. In today's ever-changing environment, fostering wellness is more than a self-care message—it's a leadership strategy. This plenary session explores how embedding wellness into your team culture can build resilience, improve retention, and ultimately enhance the participant experience. Grounded in real-world challenges and actionable tools, this session will empower you to lead from a place of wellness—starting with yourself.

Presenter(s): TBD

Target Audience: WIC Coordinators, Site Supervisors, VMA Directors, NYS DOH Staff

Length of Training: 210 minutes (includes 15-minute break)

Modality: In-person plenary

Teaching Methods: Lecture, interactive game, small group discussion, large group discussion, video

Learning Objectives:
As a result of this training, participants will be able to:

- Explore how workplace environment and culture impacts staff well-being, retention, and burnout.
- Reflect on how leaders at WIC can and do support and prioritize wellness.
- Recognize an organizational factor contributing to burnout and assess your ability to influence it.
- Identify a practical change you can implement to reduce burnout for yourself and your team.

Outline:

I. Welcome and Introductions (5 minutes)

a. Housekeeping
b. Goal, objectives (see above), agenda

II. Icebreaker (25 minutes)

a. Overview of workshop, “WIC Walks with Wellness,” emphasizing the importance of safe environments, mental health awareness, and upstream approaches to preventing burnout, vicarious trauma and compassion fatigue. Attendees will examine how they can develop positive workplace environments, recognize signs of stress, and build supportive spaces that allow teams to thrive. Attendees will also learn the importance of focusing on themselves and their staff’s wellbeing as a means of also prioritizing WIC participants.
b. Icebreaker – share a stress reliever that works for you.
    i. Discuss in small groups
    ii. It is essential to find the method that works for you, and it’s important for staff as well

III. “A Healthy Work Environment is...” Visioning & Lecturette (60 mins)

a. Video focusing on characteristics of a healthy work environment while acknowledging what can get in the way
b. Introduce what workplace culture is — the shared values, beliefs, behaviors, and norms that shape how work gets done.

c. Link work environment and workplace culture to wellness: Highlight the evidence-based connection between positive workplace environment and staff wellness, engagement, productivity, and retention.
d. Provide examples of toxic dynamics (e.g., high turnover, chronic stress, poor communication) that lead to unhealthy work environments, so managers can self-reflect on their own sites.
e. What does “Wellness” mean to us today? WIC has always been about wellness... 5 years ago it was COVID, now it means managing stress. It means different things at different times. This time it's calling for us to look at stress and what this does to staff and to participants. Make the parallel between focusing not only infant health, but also parents’ health (“put your own air mask on first”)
f. Remind attendees that they received notepads to record their thoughts and any strategies that they plan to implement in their local agencies. Attendees may also use notepads for networking purposes to gather contact information of other agencies to create an overall sense of community.
g. Small group discussion at tables (record top 2 or 3 answers on paper at tables):
    i. How does workplace culture impact staff well-being, retention, and burnout?
    ii. What role does leadership play in building this type of culture?
h. Facilitators collect papers and take turns reading out what attendees recorded, highlighting themes.
i. In notepads, attendees are invited to journal: Why is having a positive workplace environment important to me a leader? What is my role, as a leader, in building and maintaining this type of environment?

IV. 15-Minute Break

V. Addressing Burnout, Lecturette (60 minutes)

a. Definition and Symptoms
    i. Clearly define burnout as a state of emotional, physical, and mental exhaustion caused by chronic workplace stress. Key signs include cynicism, reduced professional efficacy, fatigue, irritability, and detachment.
b. Differentiating Burnout from Stress
    i. Stress is usually short-term and can be motivating; burnout is chronic and leads to disengagement and health risks.
c. Root Causes

i. Identify systemic factors beyond individual resilience, such as workload, lack of control, unclear expectations, unfair treatment, or absence of community.

d. Look at stress and what it does to staff and participants. Make the parallel between taking care of not only infants, but also parents (air mask idea)
e. Small Group Activity: Burnout Map

i. Handout with three columns: (whether it's something they can directly influence, indirectly influence, or have no control at all). Cards will list sources of burnout (e.g., unpredictable schedules, lack of coverage, vicarious trauma, unrealistic caseloads, guilt around PTO (paid time off), chronic understaffing, unclear roles), who's affected, and their own ability to impact that source. Attendees will put the cards into one of the three columns
ii. Ask groups to highlight 1-2 sources of burnout they can influence and to brainstorm small changes that they could take back to address each one (e.g. policy shifts, modeling leaving on time, weekly wellness check-ins, redistributing tasks, etc.).

f. Groups report out one source of burnout that they have influence over and what their proposed change is.
g. Time for journaling:
    i. Sources of burnout I can influence at my local agency are…
    ii. Small changes I could implement to reduce this are….
    iii. This will support staff wellness by….

VI. Leading By Example: A Reflective Walk (40 minutes)

a. Post prompts on slide and newsprint around the room.
    i. "How do I want model about taking breaks, boundaries, and balance?"
    ii. "What signals do I send when I respond to emails after hours?"
    iii. "How do I talk about stress, success, and mistakes with staff?"
    iv. "What helps my team feel comfortable speaking up, asking for help, or admitting mistakes?"
    v. "How do I acknowledge and support my team when they're affected by stress or trauma of the families we serve?"
b. Participants get sticky notes and write their answers to each of the prompts. They post stickies on the appropriate newsprints.
c. A quiet gallery walk allows attendees to walk around, read newsprint stickies, and pause to reflect. Facilitators report out themes from each newsprint.
d. Time for journaling:
    i. One behavior I model that supports staff wellness is…

ii. One behavior I model that might unintentionally discourage wellness is…
iii. Starting next week, I will… (set boundary/model breaks/talk openly about mistakes)
iv. What message do I want to send to staff about stress, balance, and support?

VII. Wrap-Up and Closing (5 minutes)

a. Q&A
b. Pros and Cons

Resources:

Bruce J. The Overlooked Consequences of Today's Burnout Problem. Forbes, 2019.

Khammissa RAG, Nemutandani S, Feller G, Lemmer J, Feller L. Burnout phenomenon: neurophysiological factors, clinical features, and aspects of management. J Int Med Res. 2022.

Marenus MW, Marzec M, Chen W. Association of Workplace Culture of Health and Employee Emotional Wellbeing. Int J Environ Res Public Health. 2022.

DAY 2
Wednesday, November 19, 2025
9:00 AM – 4:30 PM

Goal: Empower WIC managers to confidently lead budget conversations, advocate for critical support, and drive innovation through strategic resource use and high-impact practices across New York State.

Description: Attendees will hear from WIC leaders across New York State who are pioneering innovative approaches to meet operational and community needs. These real-world examples will inspire dialogue and idea-sharing around strategic partnerships, efficient resource allocation, and scalable solutions. Participants will have the opportunity to engage in three interactive breakout workshops to collaborate with colleagues, explore best practices, and grow their professional networks. Come ready to share insights, ask questions, and walk away with fresh ideas, renewed confidence, and connections that will support your work long after the workshop ends.

Presenter(s): TBD

Target Audience: WIC Coordinators, Site Supervisors, VMA Directors, NYS DOH Staff

Length of Training: 360 minutes (includes one 15-minute AM break and two 15-minute PM breaks)

Modality: In-person plenary

Teaching Methods: Lecture, interactive game, small group discussion, large group discussion, video

Learning Objectives:
As a result of this training, participants will be able to:

- Explore innovative WIC practices from across the state that demonstrate effective use of funding and strategic partnerships.
- Strengthen professional networks by connecting with colleagues and presenters for future collaboration and resource exchange.
- Participate in three breakout workshops with peers.

Outline:

I. Welcome and Icebreaker (30 minutes)

a. Review of pros and cons
b. Agenda for day
c. Kahoot activity recapping day 1

II. Strategies for Stronger WIC Programs (135 minutes with a 15-minute break)

a. Across New York State, WIC agencies are implementing creative solutions to respond to changing community needs, policy shifts, and operational challenges. In this dynamic session, local agencies, regional offices, and partner organizations will present brief spotlights on innovative projects, grant initiatives, and systems updates. After the presentations, participants will engage in a peer exchange, choosing the topics that resonate most with their work. Whether navigating temporary site closures, launching peer programs, or adjusting to new food package guidelines, attendees will leave this session with new strategies, connections, and inspiration to bring back to their agencies.
b. Regional offices/local agencies conduct 4 presentations (10 minutes each)
c. Small Group Peer Exchange (20 mins): After the first 4 presentations, the presenters/experts on those topics go to a different corner of the room. Attendees can go to the corner they want to learn more about to get additional information and ask questions.
d. 15-minute break
e. Regional offices/local agencies conduct 6 more presentations (10 minutes each)
    i. WIC TC Updates to be one of the presentations

1. Local Agency Training
2. Coaching
3. Modalities
4. Limited training days

f. Small Group Peer Exchange (15 mins): After the first 4 presentations, the presenters/experts on those topics go to a different corner of the room. Attendees can go to the corner they want to learn more about to get additional information and ask questions

g. CAI to survey RO & WIC Managers for volunteers to present
   i. *If we receive more than time allots for presentations, CAI will put together a report to share with all Coordinators.*

60-minute lunch

III. 3 Workshop Sessions attendees will attend all 3 options (60 minutes each with 15-minute break in between)

Breakout 1: Budgeting: Advocating for the Future of WIC

Description: WIC managers often face unexpected changes that affect their budgets—whether these are shifts in community need, rising operational costs, or changes in clinic location. In this interactive session, WIC leaders will explore strategies they can use to discuss budgets with their sponsoring agency. Managers will also learn where to begin when projecting costs, identifying priorities, and leveraging their position. Participants will gain insight into the sponsoring agency perspective and practice framing resource needs in a way that resonates. Through case-based discussions, collaborative drafting of advocacy messages, and peer-to-peer pitch practice, attendees will leave with new tools to advocate effectively and confidently.

Goal: To equip WIC leaders with practical strategies to communicate and collaborate with their sponsoring agencies and implement effective, budget-conscious financial plans, tailored to the realities of local agencies.

Objectives:

As a result of this training, participants will be able to:

- Explore strategies to address unique challenges and constraints faced by local WIC agencies.
- Apply effective communication strategies to advocate for and implement budgets that are mutually beneficial.

I. Opening/welcome

II. Short interactive lecturette: Overview of navigating budget changes (knowing where to start by looking at fixed and direct costs, priorities for funding, asking Sponsoring Agency what they might be able to adjust, etc.).
   a. Brainstorm: What does having a WIC clinic on site offer a Sponsoring Agency?
      i. Indirect revenue
      ii. Clients coming through the door
   b. Focus should be those 2 key points when communicating with the sponsoring agency, and the best time to do this is when a new site is opening. Managers have the most leverage here.

III. WIC Allies
   a. Ask: Who are WIC's allies?
      i. Solicit responses and identify additional allies as needed: schools, Head Start, faith-based organizations, etc.
      ii. For WIC agencies whose Sponsoring Agency is a community health center, National Association of Community Health Centers (NACHC) can mobilize tens of thousands to write letters to congress. At the state level, primary care associations have advocacy departments who mobilize, arrange visits to elected officials. Sign WIC participants up to do this work as well, to contact local officials and boards, to ensure their benefits are not cut. (A community health center has events throughout the year where they have activities and are signing patients up to be advocates, so they'll get emails or notifications when it's time to mobilize.)
      iii. WIC has a unique ability to help WIC participants understand their benefits. WIC staff are trained in what's available to people and there can and should be strong coordination here between LA and Sponsoring Agencies to make clients aware of supports within the organization.
      iv. Mention past webinar on strengthening partnerships.

IV. Nutrition and Food Advocacy
   a. WIC promotes green markets, while Sponsoring Agencies may not. There is potential for a collaboration to garner more financial support by "entering this space."
      i. Starting community gardens, publicizing farmers market schedules, etc.
   b. Community Health Centers treat patients with chronic illness (especially intergenerational chronic illness by seeing whole families).

i. There is widespread concern about nutrition security, but not a lot of guidance and direction. WIC and Sponsoring Agencies could help with this.
ii. They're a source of trusted information about food, they provide access and prevent chronic illness, and they drive down costs associated with chronic illness (people with two or more chronic illnesses are the greatest users of Medicaid and Medicare).

V. Activity: Align Sponsoring Agencies' mission statements with WIC's
a. On phones, attendees will pull up their Sponsoring Agency's mission statement and jot down ways in which WIC's mission and goals.
b. Next, attendees will draft 1–2 "advocacy phrases" or short talking points that they would share with their Regional Office or Sponsoring Agency that make the case for support. Example: "To meet the needs of 250 new families, we need immediate short-term staffing support to maintain service quality and reduce staff burnout."
c. Large group processing: What made those advocacy messages strong? What helps a request get taken seriously?

VI. Closing

Breakout 2: Lead with Care: Trauma-Informed Tools for WIC Success

Description: This workshop, led by trauma-informed mental health experts, will provide WIC leaders with practical tools to recognize, support, and address highly stressful challenges in oneself, staff, and participants. Attendees will learn evidence-based strategies to support, contain, and de-escalate reactions to stress and trauma from participants and staff.

Goal: To provide WIC directors with trauma-informed tools and strategies to recognize, respond to, and support the mental well-being of themselves, their staff, and participants during times of heightened stress and trauma.

Objectives:

As a result of this training, participants will be able to:

- Recognize signs and symptoms of stress and trauma in oneself, staff, and participants, in a trauma-responsive way, to better understand behavioral responses.
- Apply de-escalation and support techniques to effectively manage and respond to stress-related challenges within the WIC environment.

I. Opening/welcome
II. Creating safe environments and respecting boundaries

a. Checking in with yourself as a first step acknowledges that stressful or emotionally charged situations and conversations can “push your buttons” and make you less effective in those moments. Notice physical and emotional reactions.
b. Then, identify what skills or strategies you might try at that moment to ground yourself.
c. Notice any unusual dynamics that might arise in interactions with supervisees, staff, or participants.

III. Drama Triangle

a. The Drama Triangle, developed by Karpman in the 1960s, is a way to talk about the dynamics of interpersonal interactions that can take place when there is conflict or other emotionally charged situations between us and our supervisees or between our supervisees and their participants. It is a set of 3 interrelated but ineffective roles that people may play out. In his original model, he labels these roles as the “rescuer,” “perpetrator,” and “victim.”
b. While we find that the concepts connect to people, sometimes the language doesn’t necessarily resonate with everyone. Particularly those with a trauma history and so for that reason we have changed the labels and are choosing to use these words instead. We can think of each role in this way:
    i. The “savior” is a role we can slip into when we try to solve a conflict by intervening on behalf of sufferers; despite good intentions, saviors are often people pleasers who over function, unintentionally keeping others helpless.
    ii. “Attackers” seek control in an effort to resolve conflict, they often feel they must win at any cost, this may lead them to being critical and finding fault in others without seeing their own responsibility for situations.
    iii. “Sufferers” see themselves as helpless, often giving up, and looking for saviors to solve the problem for them.

    Although all 3 positions are 'roles' and none may be true to who we really are, we can all get caught in a cycle of enacting these roles that is hard to escape. Taking one of these roles ultimately keeps a person focused on the problem and their own self-protection vs. problem solving, by focusing on the desired outcomes, and bringing out the best in others.
c. Increasing awareness might include noticing when you are likely to go into the different roles. When you notice you are in one of these roles:
    i. Acknowledge without judgment
    ii. Give yourself space to pause

iii. Get grounded
iv. Think strategically of what you can do differently

d. Help staff slow down and share the details of interactions with participants, step by step, so that you can focus back at the work and better understand what was trying to be conveyed at the moment.
    i. Some benefits of slowing down and breaking things down like a movie scene (this happened, then this, then this…)
    This allows us to understand and differentiate their subjective experience (how it feels) vs. objective (what actually happened)
    ii. Allows us to explore what the staff's thoughts, feelings and intention. Often, we can affirm the intention (ex. I wanted them to see if they don't take their medicine their illness can get worse)
    iii. They might have instead said something based off this good intention and right on point and perhaps delivered in a way that wasn't receptive like "you better take your meds if you want to live"
    iv. This will help us as supervisors to build on their skills to be more in line with their intention.
    v. Lastly it also helps us use the TI lens to discover what happened that might have pushed a button

IV. Containment
a. In these situations, being able to contain that conversation is critical. It helps the supervisee and supervisor maintain healthy boundaries and helps to provide the supervisee with appropriate support while still maintaining the focus on the work. And as all trauma informed approaches, containment provides safety and predictability
b. Two key steps in containment:
    i. Provide the staff member, supervisee or participant with a genuine experience of being heard and cared about
        1. Use strong communication skills to make the supervisee feel heard: Reflective listening, normalizing, validating and affirming their feelings, thoughts or experiences.
    ii. Pivot back to the work, using what they have said as a way for them to increase their self-awareness and their efficacy within their role and responsibilities
        1. Introduce the term linking to work with a participant or to educate for capacity building
            a. Linking connects a subjective experience back to more objective goals of the work
            b. Legitimizes reactions while showing there is a path back to the work. And it could focus on the work with

the participants or education to improve their capacity to do the work well
c. Increases participation and builds partnership
d. Helps take the work to the “next level”

iii. Share example of how this might look in conversation between WIC manager and another staff member

V. Case Scenario
a. Think about what is happening in a WIC scenario and what you would do in these situations
b. Process

VI. Closing

Breakout 3: <u>Wellness Activity (i.e. Chair Yoga/Tai Chi/Sound Bath)</u>

Description: This exercise-based wellness session will introduce WIC directors to simple, research-backed mindfulness techniques designed to stretch the body and mind, reduce stress, and enhance focus in high-responsibility roles. This dynamic session incorporates gentle movement to promote stress relief and mental clarity.

Goal: To promote wellness and clarity among WIC leaders through mindful movement and stress management techniques.

Objectives:

<u>As a result of this training, participants will be able to:</u>

- Identify the physiological and cognitive benefits of mindfulness and movement-based stress reduction techniques in leadership roles.
- Demonstrate simple stretching and breathing exercises that promote physical and mental clarity.
- Apply mindfulness techniques to support emotional regulation and presence in high-responsibility decision-making.

Resources:

Karpman, S. B. (n.d.). *The official site of the Karpman Drama Triangle*. Retrieved July 15, 2025, from https://karpmandramatriangle.com/

<u>DAY 3</u>

Thursday, November 20, 2025
9:00 AM – 12:30 PM

Goal: To leave WIC managers feeling inspired, valued, and renewed by centering trauma and mental health, hearing empowering messages on leadership, and practicing self-care.

Description: This closing session will focus on the importance of mental health and the power of self-care in leadership. Participants will hear from a psychiatrist about the latest findings about the impacts of trauma and chronic stress on women's and children's health. Finally, an inspirational speaker who brings insight and heart to the challenges of leading during stressful times will guide WIC managers through a transformative session. The Department of Health will offer closing remarks, celebrating the dedication of WIC managers and reinforcing statewide commitment to wellness and support.

Presenter(s): TBD

Target Audience: WIC Coordinators, Site Supervisors, VMA Directors, NYS DOH Staff

Length of Training: 210 minutes (includes 15-minute break)

Modality: In-person plenary

Teaching Methods: Lecture, small group discussion, large group discussion

Learning Objectives:
As a result of this training, participants will be able to:

- Explore the effects of trauma on women's and children's health
- Reflect on the role of self-care and emotional resilience in sustaining effective leadership
- Identify methods for promoting wellness within WIC teams

Outline:

I. Welcome (5 minutes)
   a. Review of pros and cons
   b. Agenda for day

II. Mental Health Plenary (75 minutes)
Description: This session, led by a psychiatrist expert, will explore the wide-ranging impacts of trauma and chronic stress on women and children—both as WIC participants and as members of the workforce. WIC managers will gain insight into how trauma affects physical and mental health, behavior, and service

engagement, and how it can manifest in staff well-being and workplace dynamics.

Goal: To enhance WIC managers' understanding of the effects of trauma on women's and children's physical, emotional, and developmental health.

Objectives:

As a result of this training, participants will be able to:

- Describe how trauma and chronic stress impact the physical, emotional, and behavioral health of women and children.
- Identify the unique ways trauma and chronic stress affect women in leadership roles.
- Explore strategies to foster resilience and well-being as leaders.

15-minute Break

III. Inspirational Speaker (90 minutes)

a. Introduce Linda Peck M.Ed. MBSR CSP (Certified Somatic Psychology)
b. Interactive Lecturette on "Taking the Stress Out of Stressful Situations"
    i. Workplace wellbeing, working with varying Asian models i.e. principles from mindfulness techniques, Tai Chi practices, taking the stress out of stressful situations, and a series of daily practices to inform and enhance workplace well-being and psychological safety.
    ii. Exercises for enhancing interpersonal effectiveness in Communication and Non-verbal Communication, Negotiations, Persuasion not Manipulation, Respectful Dissent, Scalable tools for problem solving using Root Cause Analysis techniques, and Continuous Improvement Science.
    iii. Building mindfulness and awareness skillsets- tapping into conscious and unconscious behaviors, and subsequent actions that impact outcomes and how we interrelate both professionally and personally. Cross functional initiatives to enhance success around problem-solving and resiliency- As leaders helping people back from not meeting KPIs (key performance indicators)
    iv. Leadership models: respectful dissent, negotiation, *feed-forward* not *feedback*, pivoting mindsets, positing scenarios, 6 hat reflections.
c. Closing mindfulness activity with stress release focus

IV. Corie Nadzan's Closing Remarks (20 minutes)

V. Closing and Evaluations (5 minutes)

a. Closing remarks
b. Distribute evaluations

Resources:

https://www.linkedin.com/in/lindapeckmovingmindfulness/

Peck, L. ~~(n.d.).~~(January 2020). *Biohacking business in the 21st century*. LinkedIn. https://www.linkedin.com/pulse/biohacking-business-21st-century-linda-peck-m-ed-/https://www.linkedin.com/pulse/biohacking-business-21st-century-linda-peck-m-ed-/

WIC Walks with Wellness: Establishing and Sustaining a Safe, Supportive Environment for WIC Staff and Participants

2025 NYS WIC Managers' Workshop

November 18th – 20th, 2025

Training Description

Description

Guided by this year's theme, "WIC Walks with Wellness", the 2025 Managers Workshop invites WIC leaders to explore what it means to create and sustain safe, supportive environments for both staff and participants.

- *Day 1* opens with a focus on wellness and resilience—examining the role of mental health awareness, trauma-informed care, and workplace culture in preventing burnout and fostering a sense of belonging. Attendees will reflect on the systems, relationships, and daily practices that make wellness a lived experience for their teams and communities.
- *Day 2* blends reflection, innovation, and self-care. Participants will immerse themselves in Spotlight Sessions: Innovative Strategies for Stronger WIC Programs. In these dynamic segments, local agencies and partner organizations will showcase forward-thinking projects, initiatives, and systems updates. Peer Exchange Conversations invite attendees to move around the room and join small discussion corners led by the presenters. This format gives participants a chance to ask deeper questions, explore practical applications, and trade lessons learned with colleagues facing similar challenges.

  In the afternoon, participants rotate through three interactive breakout sessions that focus on problem-solving, trauma-informed leadership, and stress-reducing chair yoga—ensuring they leave with both actionable strategies and renewed personal energy.
- *Day 3* brings the workshop to a close with reflection and inspiration, reinforcing the vital role WIC leaders play in cultivating wellness—within themselves, their agencies, and the families they serve.

Target Audience: WIC Coordinators, Site Supervisors, VMA Directors, NYS DOH Staff

Length of Training: 3 Days, 11.25 hours total

Date	Time	Length
11/18/2025	1:00pm – 4:30pm, minus 15-minute break	3 hours, 15 minutes (195 minutes)
11/19/2025 (morning)	9:00am – 11:30am, minus 15-minute break	2 hours, 15 minutes (135 minutes)

Date	Time	Length
11/19/2025 (afternoon)	1:00pm – 4:30pm, minus 30-minute break	3 hours (180 minutes)
11/20/2025	9:00am – 12:30pm, minus 15-minute break	3 hours, 30 minutes (210 minutes)

Modality

In-person workshop

Continuing Education

- 12 CPEUs (pending CDR approval)
- 12 CEUs

Training Goal and Objectives

Training Goal

The 2025 WIC Managers Workshop will strengthen trauma-informed leadership, promote wellness-centered practices, and build operational confidence across New York State's WIC agencies—equipping managers to lead with clarity, care, and purpose.

Learning Objectives

As a result of this training, participants will be able to:

- Describe how promoting wellness at WIC strengthens engagement and service quality
- Convene with colleagues from across the state and hear about innovations happening in WIC
- Articulate your role in modeling wellness-centered leadership within your agency and community
- Apply innovative and practical strategies from peer agencies to improve program operations

WIC Competencies

This training addresses the following competencies: WIC Coordinator

- *1.2.5 Leads by example/role modeling*
- *1.2.6 Facilitates open communication with Local WIC Program*
- *6.1.1 Builds and manages a workforce based on organizational goals, budget*

Materials

To conduct this training, you will require the following materials:

Trainer's Equipment and Supplies

- Laptop
- Projector
- Projector screen
- PowerPoint slides
- Name tags with table assignments
- Flipchart easel
- Markers
- Newsprint
- Post-it notes
- Sticker dots
- Audio equipment
- Pocket notebook/Journal

Worksheets and Handouts

- Plenary worksheets and handouts
- Handouts & worksheets for individual breakout sessions

Daily Agenda

Day 1 Agenda

Tuesday, November 18th, 2025

1:00pm – 4:30pm

Time	Activity	Time Required
1:00pm – 1:20pm	Welcome & Introductions	20 minutes
1:20pm – 1:45pm	Icebreaker	25 minutes
1:45pm – 2:45pm	"A Healthy Work Environment Is…" Visioning & Lecturette	60 minutes
2:45pm – 3:00pm	Break	15 minutes
3:00pm – 4:00pm	Addressing Burnout Lecturette	60 minutes
4:00pm – 4:25pm	Leading By Example: A Reflective Walk	25 minutes
4:25pm – 4:30pm	Wrap-Up & Closing	5 minutes
5:00pm – 6:00pm	Networking at Hotel Bar	

2025 NYS WIC Manager's Workshop Day 1 Outline

Day 1 Overview

Title

Stronger Together: Cultivating Wellness for You, Your Team, and Your Community

Date & Time

Tuesday, November 18th, 2025

1:00pm – 4:30pm

Length of Training

210 minutes (including 15-minute break)

Goal

To equip WIC managers with the knowledge, strategies, and practical tools needed to prioritize and promote wellness for themselves, their staff, and WIC participants.

Description

Wellness at WIC is a critical investment that enhances resilience, retention, and the quality of services during times of stress and uncertainty. As WIC managers, you are the cornerstone of program strength and staff success. In today's ever-changing environment, fostering wellness is more than a self-care message – it's a leadership strategy. This plenary session explores how embedding wellness into your team culture can build resilience, improve retention, and ultimately enhance the participant experience. Grounded in real-world challenges and actionable tools, this session will empower you to lead from a place of wellness – starting with yourself.

Target Audience

WIC Coordinators, Site Supervisors, VMA Directors, NYS DOH Staff

Learning Objectives

As a result of this training, participants will be able to:

- Explore how workplace environment and culture impacts staff well-being, retention, and burnout.
- Reflect on how leaders at WIC can and do support and prioritize wellness.
- Recognize an organizational factor contributing to burnout and assess your ability to influence it.
- Identify a practical change you can implement to reduce burnout for yourself and your team.

Presenters

- TBD

Modality

In-person plenary

Teaching Methods

- Lecture
- Interactive game
- Small group discussion
- Large group discussion
- Video

Materials Needed

- Audio equipment
- Evaluation QR code
- Laptop
- Markers
- Name tags
- Newsprint
- Post its
- PowerPoint slides

- Projector
- Likes and wishes QR code
- Sign-in list

Day 1 Outline of Activities

1. Welcome & Introductions (5 minutes)

Conduct a welcome and introduction to the 3-day WIC Manager's Workshop

- Welcome attendees to the training.
- Review housekeeping items:
    - Disclosures
    - Funding & partners
    - Group agreements
- Introduce CAI staff
- Review 3-day 2025 NYS WIC Manager's Workshop…
    - Goal
    - Learning objectives
    - WIC staff competencies addressed
    - Agendas
- Introduce the "Stronger Together: Cultivating Wellness for You, Your Team, and Your Community" opening plenary, including goal and learning objectives

2. Icebreaker (25 minutes)

Introduce the concept, "WIC Walks with Wellness":

- Start by reviewing core themes and their practical applications for WIC staff:
    - Core themes:
        - Foster safe, inclusive environments where staff feel valued and respected
        - Promote awareness of mental health and wellness in daily practice

        - Adopt upstream approaches to prevent burnout and compassion fatigue
    - Practical applications:
        - Recognize early signs of stress in yourself and colleagues
        - Encourage open conversations about challenges and needs
        - Model wellness-centered practices as leaders and peers
- Emphasize the importance of leadership in action – prioritizing one's own wellbeing to better support staff, creating supportive spaces for teams to thrive, and integrating staff wellness into participant-centered service delivery
- Ask participants to reflect for a moment on the following questions:
    - *What steps can I take to strengthen a culture of wellness in my workplace?*
    - *How will I recognize and respond to stress within my team?*
    - *What actions can I commit to that align with staff wellbeing with participant care?*
- Explain "WIC Walks with Wellness":
    - Emphasizes the importance of safe environments, mental health awareness, and upstream approaches to preventing burnout, vicarious trauma, and compassion fatigueAttendees will examine how they can develop positive workplace environments, recognize signs of stress, and build supportive spaces that allow teams to thrive
    - Attendees will also learn the importance of focusing on themselves and their staff's wellbeing as a means of also prioritizing WIC participants

Conduct the icebreaker:

- Ask participants to share and discuss, at their tables, a stress reliever that works for them
- Highlight that it is essential to find the method that works for them, and it is important for staff as well

3. A Healthy Work Environment Is…Visioning & Lecturette (60 minutes)

Introduce visioning & lecturette activity with a video

- Start the conversation with a video clip from a Key & Peele skit

> - ***Trainer's Note:*** Use the video embedded in the PowerPoint slide. If the PowerPoint does not work, use the link to the video:
> - https://youtu.be/c6V_zUGVlTk?si=EaNmuvQsXqsT8KP3

- Process the video:
  - What stood out or felt familiar?
  - What does this sketch teach us about boundaries and communication?
  - How can leaders model both kindness and clarity?

- Transition to the visioning & lecturette:
  - Humor helps us see what not to do. But now let's shift; if this is what an unhealthy workplace looks like, what would a healthy workplace look like for WIC? How do we define it – and how do we build it together?

Conduct the healthy work environment lecturette

- Define and discuss workplace culture:
  - Workplace culture is the shared values, beliefs, and norms that guide how staff interact, deliver services, and support clients. In WIC, this includes how we talk to participants, how we support each other, and how leaders model wellness.
  - Public health environments often have strong missions of service, but culture can still turn toxic if staff feel undervalued, overworked, or unheard.
  - Culture is often "invisible", but its effects show up in staff morale, participant experience, and retention.
- Link work environment and workplace culture to wellness:

- A positive work culture isn't a luxury, it's intentional work. Healthy culture doesn't emerge on its own; it's built through daily actions and shared accountability. When staff feel supported, participants feel that support too. The opposite is also true. Stress and burnout spill over into client experiences. Our culture literally influences family health.
    - Healthcare & public health data show healthy work environments improve staff well-being, patient outcomes, and retention
    - Burnout among healthcare and social service workers is linked to higher turnover, poorer service quality, and participant dissatisfaction.
    - WIC staff wellness is directly connected to participant trust. Stressed and/or disengaged staff have less energy to provide compassionate and competent care.
    - Surveys and studies confirm: workplaces with invest in wellness have lower absenteeism, higher engagement, and better productivity
- Provide examples of toxic dynamics and their effects:
    - When turnover is high, families lose trusted relationships. When stress goes unmanaged, staff get sick or leave. When communication breaks down, service delivery suffers. Toxic culture is costly, not only in terms of dollars but in human suffering.
        - High turnover --> participants lose continuity of care.
        - Chronic stress --> staff stretched by caseloads, reporting requirements, or crises (like COVID).
        - Poor communication--> unclear guidance from leadership trickles down into participant confusion.
        - Incivility/micromanagement --> staff disengage or leave, worsening workforce shortages.
- Describe what wellness means to WIC:
    - Wellness has always been at WIC's core. Five years ago, it meant surviving COVID-19; now it means managing chronic stress and protecting staff mental health

- Just like we focus on infant wellness, we must also focus on parents' wellness – and on our staff's wellness. If we don't care for ourselves, we cannot sustain care for others (using the oxygen mask metaphor)

Conduct a small group visioning activity

- Ask participants to, in small groups, discuss the following questions:
  - *How does workplace culture impact staff well-being, retention, and burnout?*
  - *What role does leadership play in building this type of culture?*
- Facilitators collect papers and take turns reading out what attendees recorded, highlighting themes.

> **Trainer's note**: As the facilitator reads out answers, have a staff member type on the slide so that they appear in real time.

- Invite attendees to reflect on the following questions in their journals:
  - *Why is having a positive workplace environment important to me as a leader?*
  - *What is my role, as a leader, in building and maintaining this type of environment?*

4. Break (15 minutes)

- Take a 15-minute break

5. Addressing Burnout Lecturette (60 minutes)

Conduct the lecturette on burnout

- What is burnout?
  - We know that stress responses are not isolated conditions but connected in stages on a continuum, each requiring different supports. Many of the terms are used interchangeably but they are a bit different, although there are some similarities

- First let's look at workplace stress. We know that stress is the body's response to demands or pressures. Acute stress is short-term, often motivating, while chronic stress is ongoing and, if unmanaged can lead to health risks.
- In WIC, this might look like juggling caseloads or last minute scheduling changes, etc.
- Next is burnout, which is defined by the WHO as a syndrome from chronic workplace stress that has not been successfully managed and characterized by:
- Emotional exhaustion
- Depersonalization/cynicism
- Reduced sense of professional accomplishment
- A distinctive feature of burnout is that it's not an individual failing but connected to organizational structures.
- Compassion fatigue is the gradual lessening of compassion over time due to repeated exposure to others' suffering. Sometimes called "the cost of caring".
- This is tied to the emotional demands of caregiving roles, often co-occurring with burnout but more focused on empathy depletion.
- Secondary Traumatic Stress is the emotional stress experienced when hearing about or witnessing others' trauma. Symptoms mirror PTSD.
- Unlike burnout, STS can arise suddenly after a single exposure to someone else's trauma (though ot often accumulates)
- Vicarious trauma (cumulative shift worldview) is the cumulative effect of working with people who have experienced trauma, which alters the helper's worldview, beliefs, or sense of safety.
- Unlike STS, which can mirror PTSD symptoms, vicarious trauma is about deep, lasting cognitive changes in values and perspective.

- Define burnout:
    - Burnout isn’t just “feeling tired”. It’s a workplace syndrome, now formally recognized by the WHO, that shows up in three ways: exhaustion, detachment, and reduced effectiveness.

    - In our context, that means staff who are stretched thin may feel distant from participants, frustrated with colleagues, or unable to give their best. Recognizing these symptoms is the first step in addressing them.
    - Burnout is defined by the WHO as a “syndrome resulting from chronic workplace stress that has not been successfully managed”.
    - Symptoms include exhaustion, cynicism/detachment, and reduced professional efficacy
    - In public health and WIC settings, this may look like staff withdrawing from participants, decreased empathy, or difficulty sustaining the high standards of care they value.
    - Burnout is widespread.
- Differentiate burnout from stress:
    - In healthy amounts, stress helps us rise to challenges and stay alert. But when it’s constant, unmanaged, or unsupported, it shifts from adaptive to harmful.
    - Adaptive stress: short term, recoverable, and motivating
        - Toxic stress: chronic, depleting, and linked to burnout. Burnout is long-term, chronic, and erodes motivation, engagement, and health.
- List the root causes of burnout:
    - Burnout is not a failure of resilience – it’s a failure of systems. In WIC, it’s unrealistic caseloads, chronic understaffing, or confusing policies. Our staff don’t need more grit; they need healthier structures.
    - Burnout is systemic, not just individual.
    - Common public health drivers for burnout are:
        - High caseloads
        - Chronic understaffing
        - Lack of autonomy
        - Unclear guidance from funders
        - Inequitable workloads
        - Exposure to client trauma

- Describe what stress does to staff and participants. Make the parallel between taking care of not only infants, but also parents (circling back to the air mask metaphor):
    - If staff are overwhelmed, participants feel it. Stressed providers can’t give the same compassion, just as a parent can’t help their child put on an oxygen mask until they’ve secured their own. Staff wellness is participant wellness.
    - Staff stress has ripple effects on participants: rushed appointments, reduced empathy, more errors, diminished trust
    - Public health principle: caregiver wellness = client wellness
    - Leaders and staff must protect their own well-being to effectively serve families
    - Acknowledgement that everyone's threshold for what they can tolerate varies from person to person due to a variety of factors, so we can't necessarily measure or hold everyone to the same standard, and yet, the work needs to get done. This is why communication around these issues, from leadership down and from staff on up, is so crucial. What one staff can manage will look different from another, and this can change over time, given life experience

Conduct the Burnout Map small group activity

- Introduce activity to participants:
    - We can’t fix every stressor, but we can sort them. Some are within our power, some we can influence, and some we cannot control. Today, focus on the first two: what can we influence, and what small changes can we try?
- Give each table a handout with 3 columns/categories:
    - Directly influence
    - Indirectly influence
    - No control at all
- Give each table a set of cards, each with a source of burnout printed on them (i.e., unpredictable schedules, lack of coverage, vicarious trauma, unrealistic caseloads, guilt around paid time off, chronic understaffing, unclear roles).
- Ask attendees to:
    - Consider each burnout source and sort it into one of the three columns.
    - Highlight and discuss 1 – 2 items they can influence.

    - Brainstorm small changes they can make (e.g., redistribute tasks, model leaving on time, wellness check-ins).
- After 5 – 10 minutes, have groups report out small changes they could potentially make.
- Process the activity by asking each group to share a source of burnout they can influence.
    - Highlight that small shifts – like encouraging staff to actually use PTO – can make a real difference.
- Ask participants to take 1 – 2 minutes to use their journals to reflect on the following:
    - *Sources of burnout I can influence at my local agency are…*
    - *Small changes I could implement to reduce this are…*
    - *This will support staff wellness by…*

6. Leading By Example: A Reflective Walk (25 minutes)

Conduct the Leading by Example activity

- Write each of the following prompts on its own sheet of newsprint and place them up on the walls. Trainers should also project the entire set of prompts on the PowerPoint:
    - *As a leader, how am I showing others the importance of taking breaks, setting boundaries, and sustaining balance?*
    - *How might my habits—such as responding to emails after hours, skipping lunch breaks, or working beyond regular hours—shape my team's perception of expectations and wellness?*
    - *How do I talk about stress, success, and mistakes with staff?*
    - *What helps my team feel comfortable speaking up, asking for help, or admitting mistakes?*
    - *How do I acknowledge and support my team when they're affected by stress or trauma of the families we serve?*
- Give participants sticky notes. Have participants write their answers to the prompts on the sticky notes and post them on the appropriate newsprints.

- Have participants conduct a gallery walk to read the newsprint sticky notes and pause to reflect.
- Facilitators should identify and read out themes from each newsprint.
- Have participants take 1 – 2 minutes to reflect on the following questions in their journals:
    - *One behavior I model that supports staff wellness is…*
    - *One behavior I model that might unintentionally discourage wellness is…*
    - *Starting next week, I will… (set boundary/model breaks/talk openly about mistakes)*
    - *What message do I want to send to staff about stress, balance, and support?*

7. Wrap Up & Closing (5 minutes)

Q&A

- Pause for questions about the day's activities.

Likes & Wishes

- QR code for likes and wishes (pros and cons)

Evaluations & closing

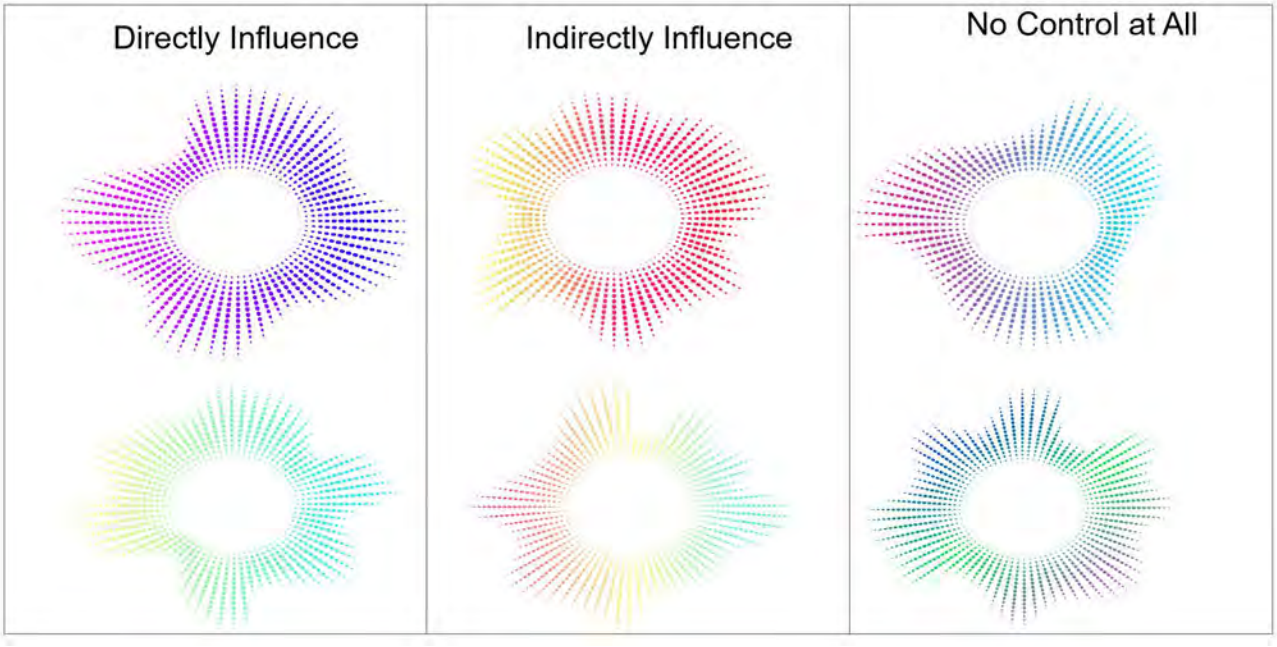
- Ask participants to evaluate the training.
- Thank participants for joining.

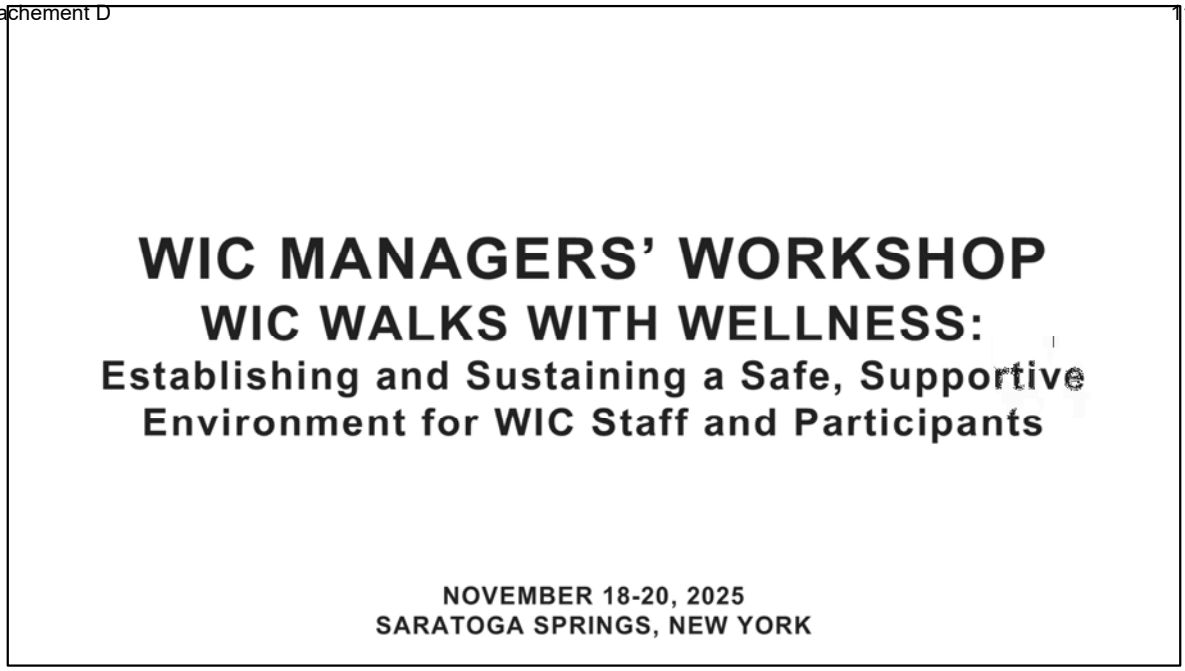
Handouts and Worksheets

Day 1

Unpredictable schedules	Vicarious trauma
Lack of staff coverage	Unrealistic caseloads
Unclear roles	Chronic understaffing
Guilt around PTO (paid time off)	

Burnout Map


Directly Influence
Indirectly Influence
No Control at All



5 minutes

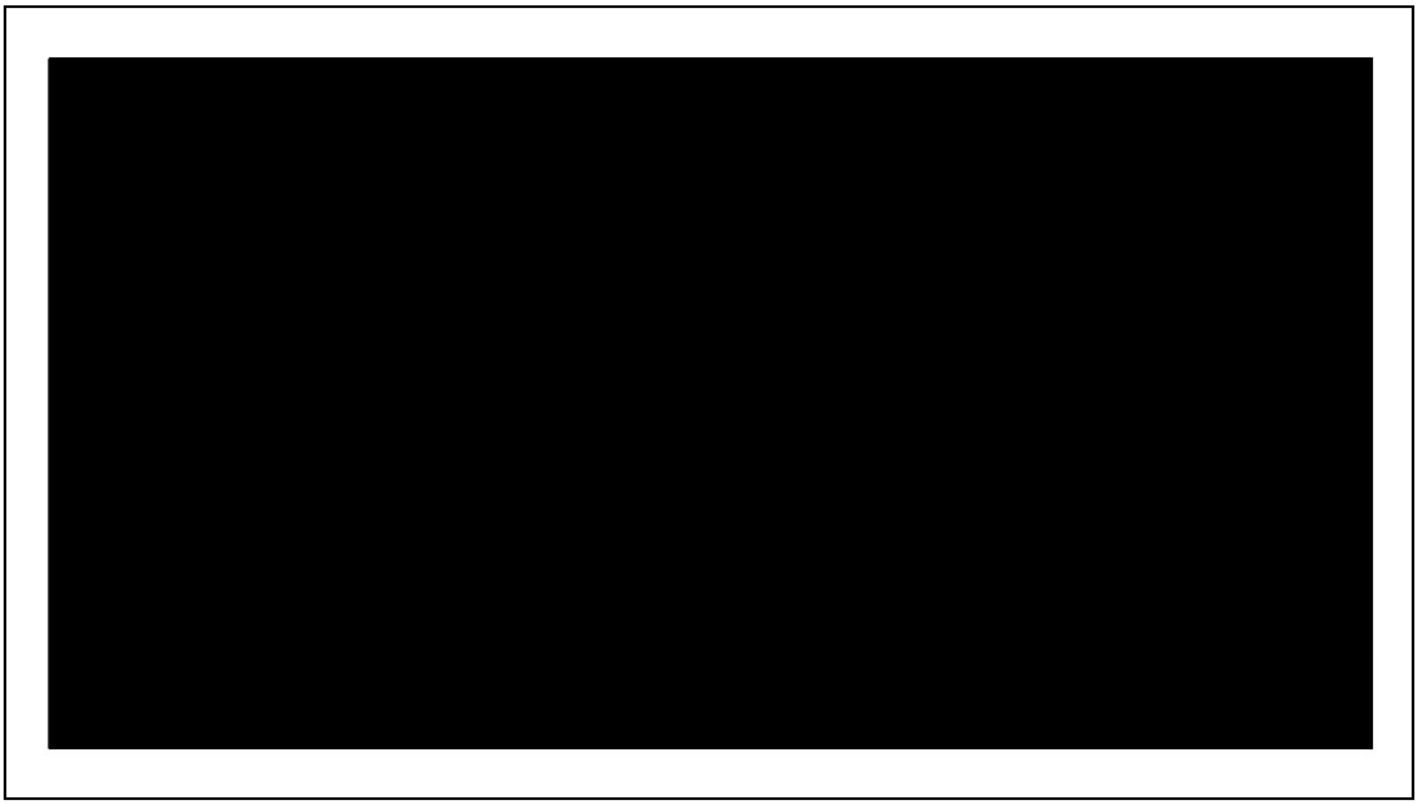
Good morning, everyone, and welcome to the Annual WIC Managers Workshop. We are so grateful you made the time to be here. We know this year has been incredibly challenging. Flat funding has forced difficult choices, staffing shortages have stretched teams thin, and the current policy environment has left many of us uncertain about the future. It's no surprise that so many of you are feeling stressed, worried, and even anxious as you try to balance the needs of your staff, your participants, and your own wellbeing. But we also know this: you are not alone. Every manager in this room understands what you're going through, because they are carrying many of the same burdens. This workshop is our space to step back, take a breath, and lean on one another. Over the next three days, we'll not only acknowledge the realities we face, but also focus on what we *can* do—together. We'll share strategies, strengthen partnerships, and build confidence in our ability to adapt. Most importantly, we'll remind ourselves that WIC walks with wellness—not only for our participants, but for the leaders and teams who make this program thrive. Thank you for being here, for bringing your honesty, your creativity, and your resilience. Let's use this time to recharge, to connect, and to find the hope and strength that will carry us forward.

You have a notepad on your table that we're envisioning as a "little black book" if you will. We want you to use it to take notes throughout the workshop since we don't provide physical copies of the PPTs. You will be receiving handouts, but the majority of the resources will be posted to the NYS WIC Resource Hub for you to access electronically and print if you wish to do so. So jot down ideas in your notepad but also use it to build connections. The biggest theme we hear during the Managers Workshop is that you all love being together, networking, connecting, and sharing ideas and we don't want that to stop here. So write down other Coordinator's name and contact information and use it throughout the year in between these workshops. Obviously use your phone if you're tech savvy but we know some folks like good old fashioned pen and paper.

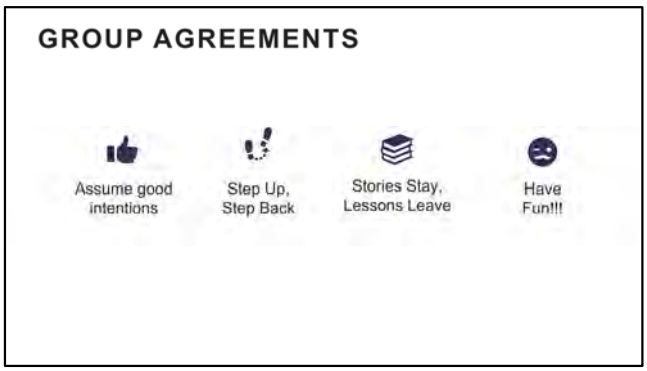
SPEAKER DISCLOSURE

I hereby certify that, to the best of my knowledge, no aspect of my current personal or professional circumstance places me in the position of having a conflict of interest with this presentation. I hereby certify that, to the best of my knowledge, neither I (including any member of my immediate family) nor any individual or entity with whom or with which I have a significant working relationship have (has) received something of value from a commercial party related directly or indirectly to the subject of this presentation.

- Please note, that immediately following the Policy section of each policy in the WIC Program Manual, is the regulations section, which either includes the direct links for reference or lists the complete regulations.
- The Food and Nutrition Service provides assistance to State agencies and evaluates all levels of Program operations to ensure that the goals of the Program are achieved in the most effective and efficient manner possible.



- [redacted]
- Funding for this training provided by the USDA.
- [redacted]
- We will be providing you with a copy of today's PPT at the end of the training so, no need to worry about copying this information down.



Ask the audience for group agreements and write on newsprint

- Assume good intentions, We're all here to learn,
- Stories stay, lessons leave
- Mute your line if you are not talking to help cut down on background noise
- Please keep your video on!
- Participate! Chat in or unmute yourself
- Send us a chat if you need to leave for a moment
- Step up, step back
- And most importantly, have fun!

We will be providing you with the ppt slides at the end of this training

- We will be doing some breakout rooms, just want to give you a heads up that it sometimes takes a minute or so for folks to show up (internet), but if it goes for more than a minute and ½, or if you have someone in your group that doesn't have a camera and doesn't seem to be able to participate, please let us know so we can pop into the room to help with any tech issues they may be having.

CAI STAFF

- Kelley Berardi
- Clare Friedrich
- Maria Dentino
- Deb Bonzo
- Cat Smith
- Lindsay Bryant
- Katie Bloom
- Eric Reyes



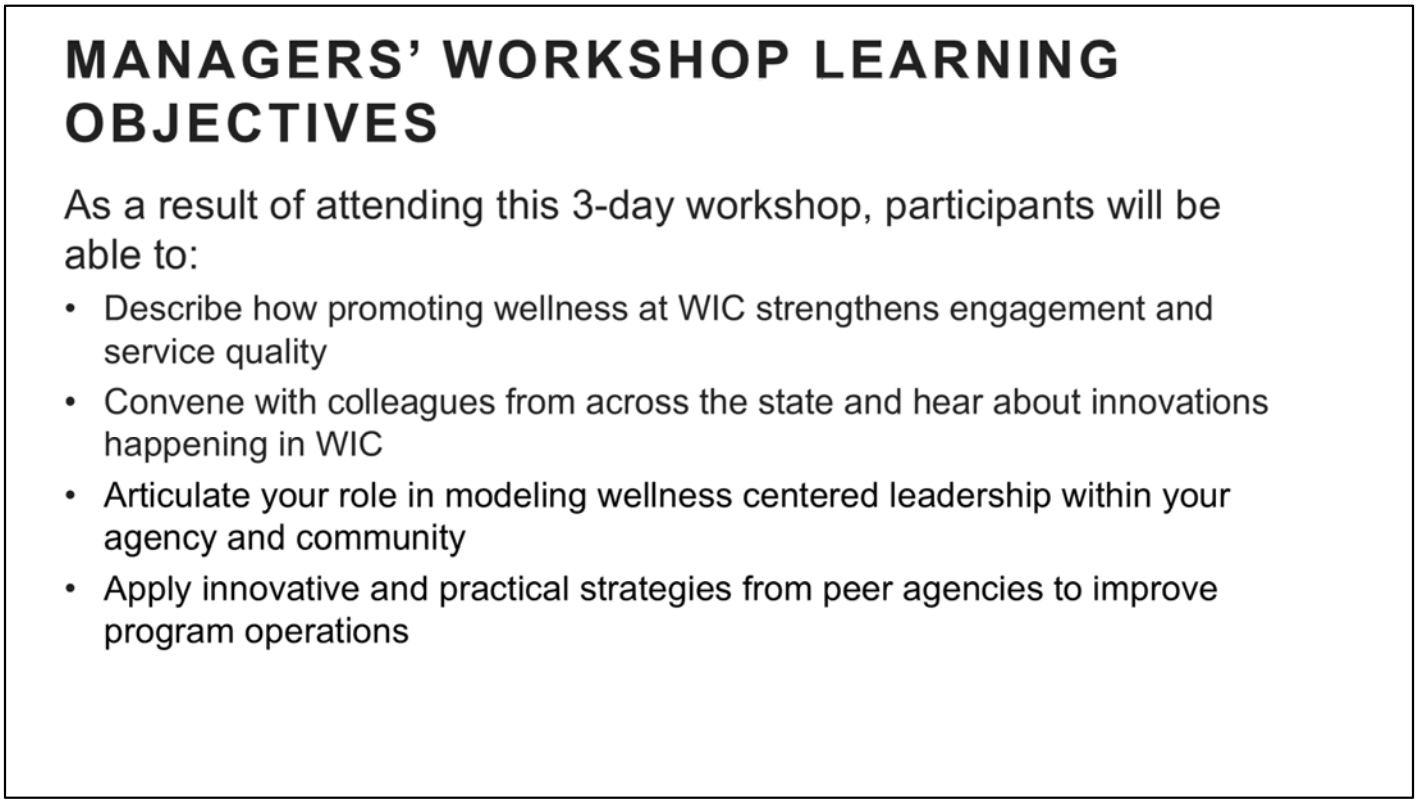
- No disclosures to share

MANAGERS' WORKSHOP GOAL

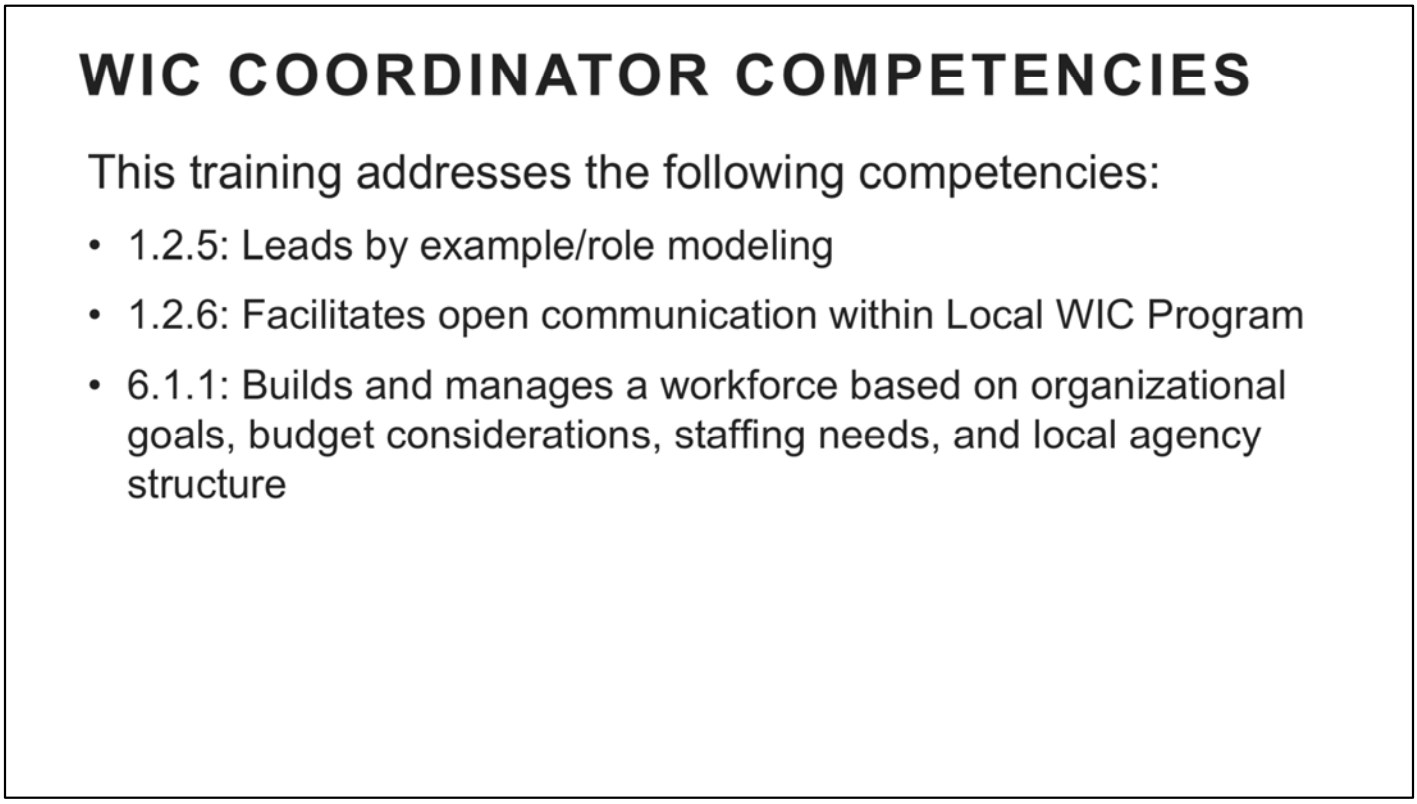
The 2025 WIC Managers' Workshop will strengthen trauma-informed leadership, promote wellness-centered practices, and build operational confidence across New York State's WIC agencies, equipping managers to lead with clarity, care, and purpose.



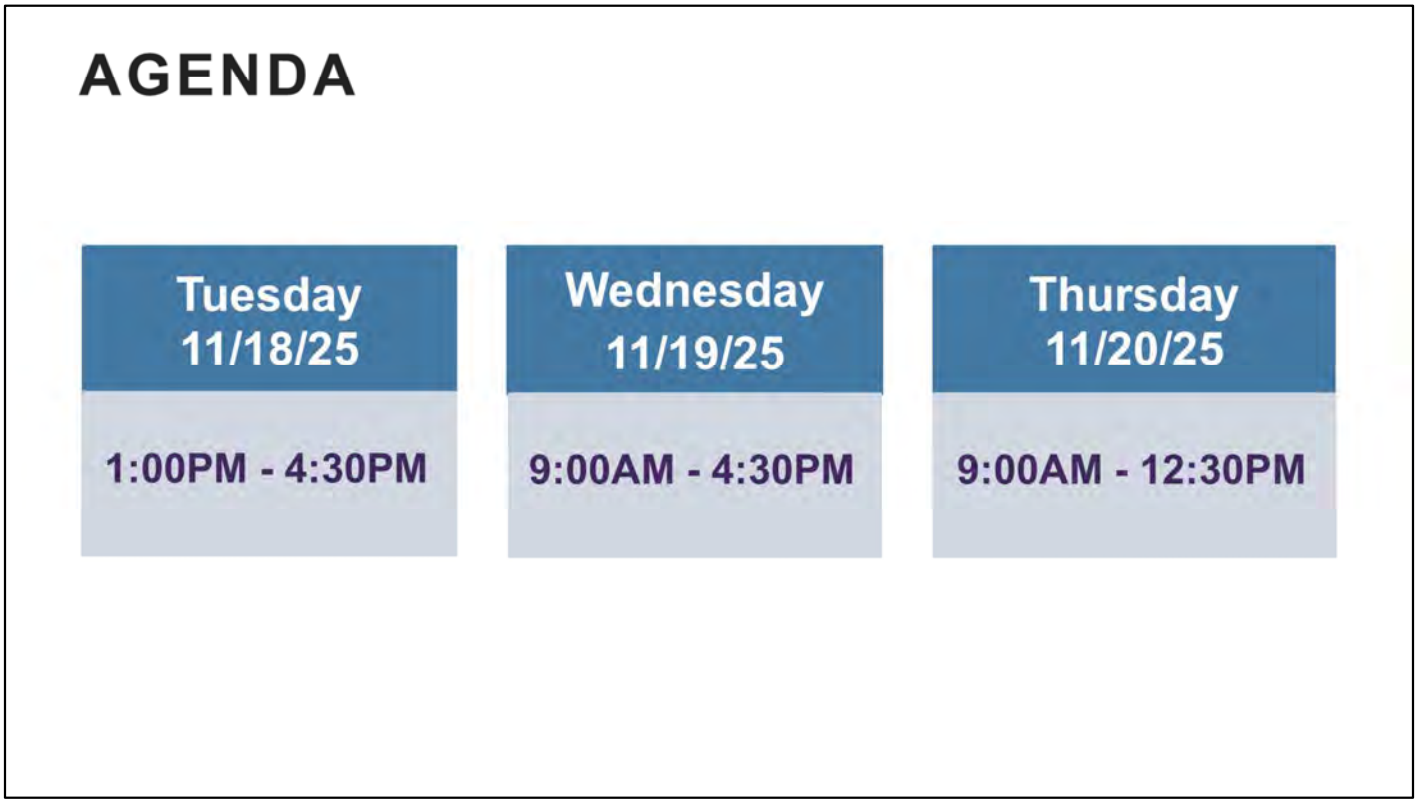
- Read slide


MANAGERS' WORKSHOP LEARNING OBJECTIVES
As a result of attending this 3-day workshop, participants will be able to:
• Describe how promoting wellness at WIC strengthens engagement and service quality
• Convene with colleagues from across the state and hear about innovations happening in WIC
• Articulate your role in modeling wellness centered leadership within your agency and community
• Apply innovative and practical strategies from peer agencies to improve program operations

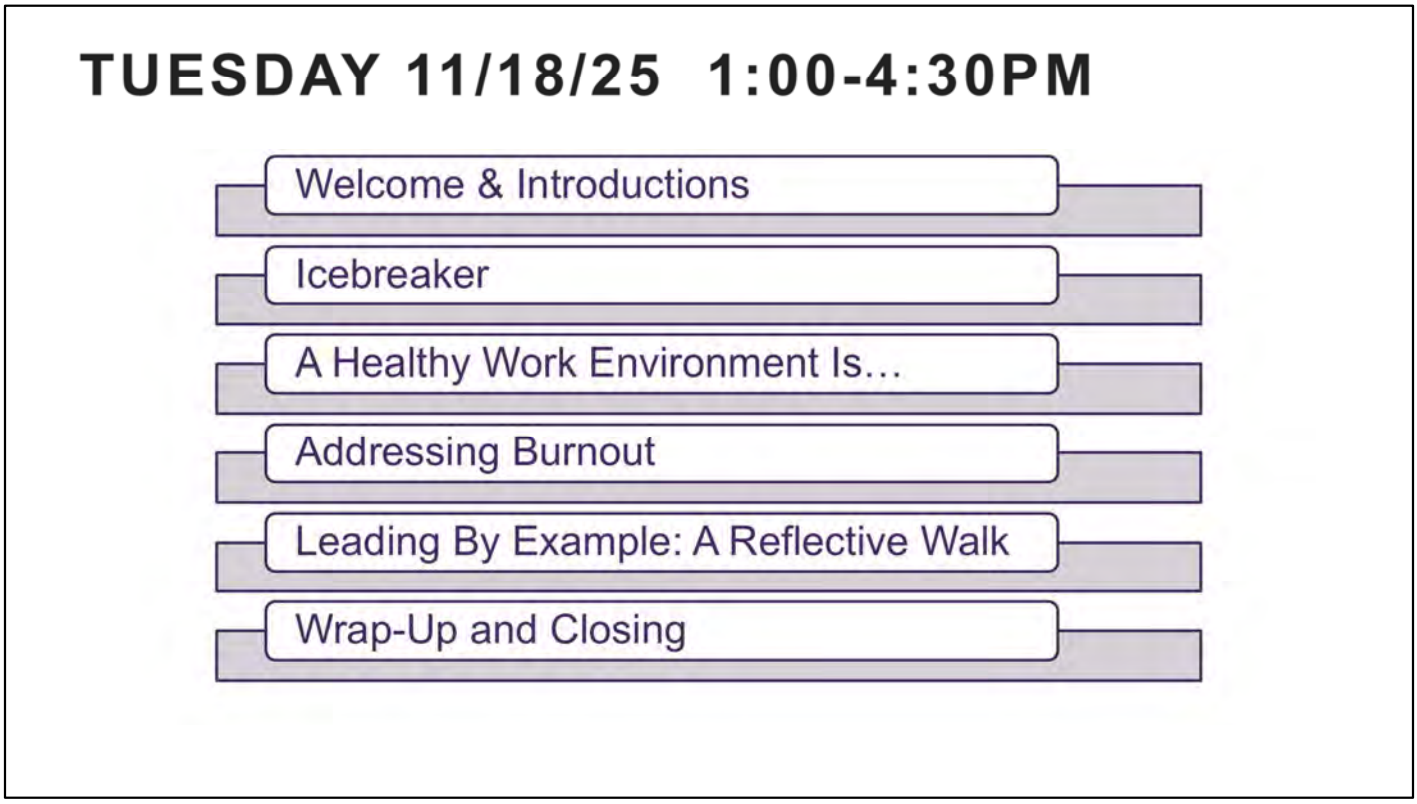
- Read slide


WIC COORDINATOR COMPETENCIES
This training addresses the following competencies:
• 1.2.5: Leads by example/role modeling
• 1.2.6: Facilitates open communication within Local WIC Program
• 6.1.1: Builds and manages a workforce based on organizational goals, budget considerations, staffing needs, and local agency structure

- Read slide



- Review the time for each day of the MW



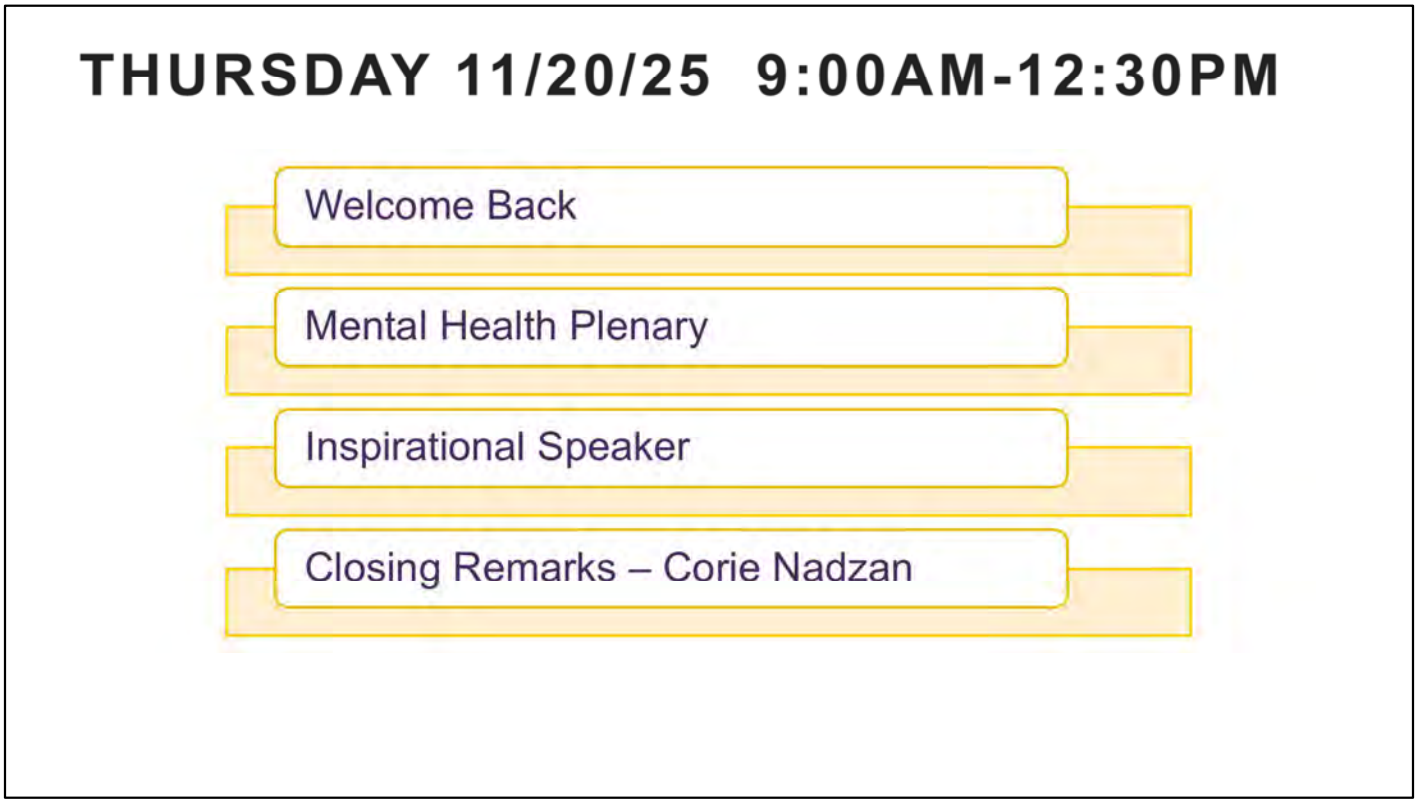
Day 1 Agenda

We'll start with an icebreaker, then take a look at what a healthy work environment is. We'll address burnout then participate in a reflective walk.



Day 2 Agenda

- After our icebreaker the majority of our morning will be spent with Spotlight Sessions: Innovative Strategies for Stronger WIC Programs where you'll hear some innovative strategies Coordinators are implementing and have an opportunity to ask questions.
- There will be a 15-minute break halfway through the spotlight sessions and lunch break before the breakouts
- You will attend all breakouts this year


THURSDAY 11/20/25 9:00AM-12:30PM
Welcome Back
Mental Health Plenary
Inspirational Speaker
Closing Remarks – Corie Nadzan

- Day 3 Agenda

STRONGER TOGETHER: CULTIVATING WELLNESS FOR YOU, YOUR TEAM, AND YOUR COMMUNITY



5 minutes

Welcome, introductions, goal and objectives

GOAL

To equip WIC managers with the knowledge, strategies, and practical tools needed to prioritize and promote wellness for themselves, their staff, and WIC participants.



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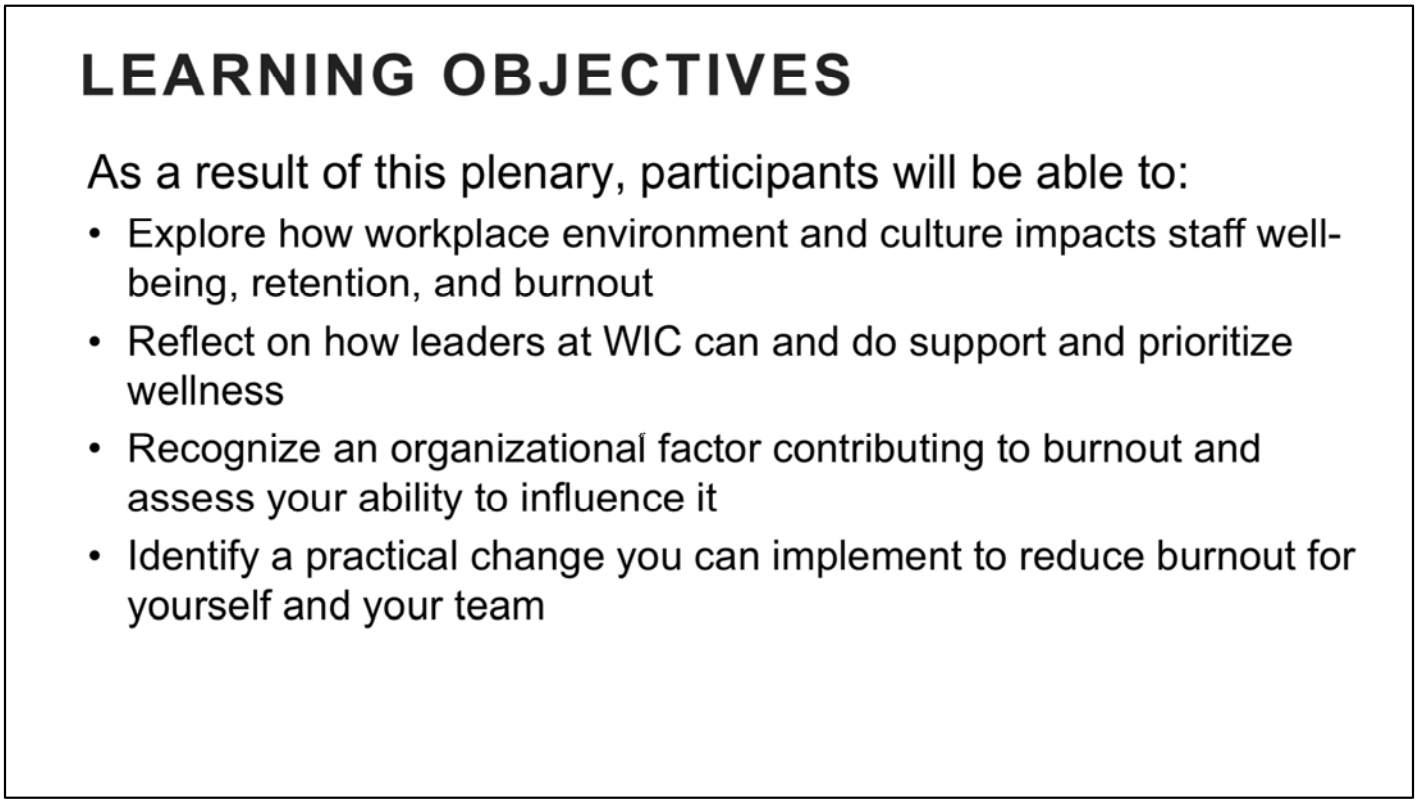
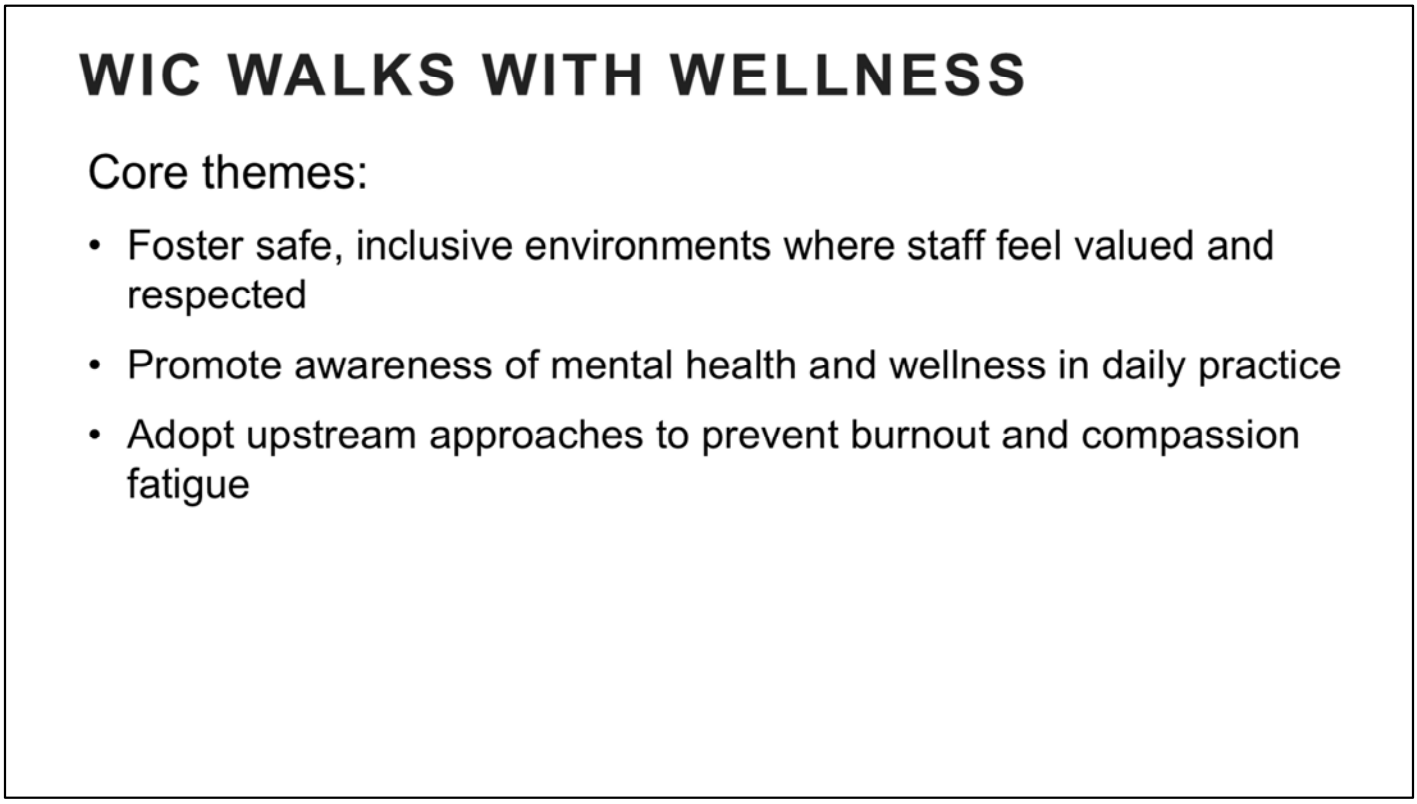

LEARNING OBJECTIVES
As a result of this plenary, participants will be able to:
• Explore how workplace environment and culture impacts staff well-being, retention, and burnout
• Reflect on how leaders at WIC can and do support and prioritize wellness
• Recognize an organizational factor contributing to burnout and assess your ability to influence it
• Identify a practical change you can implement to reduce burnout for yourself and your team

- Read slide

WIC WALKS WITH WELLNESS





25 minutes

Overview of workshop, “WIC Walks with Wellness,” emphasizing the importance of safe environments, mental health awareness, and upstream approaches to preventing burnout, vicarious trauma and compassion fatigue. We will examine how you can develop positive workplace environments, recognize signs of stress, and build supportive spaces that allow teams to thrive. You will also learn the importance of focusing on yourself first and then your staff’s wellbeing as a means of also prioritizing WIC participants. So, we want to start by reviewing some core themes and their practical applications for WIC staff.
Introduce the concept, “WIC Walks with Wellness”

Start by reviewing core themes and their practical applications for WIC staff:

Core themes:
- Foster safe, inclusive environments where staff feel valued and respected
- Promote awareness of mental health and wellness in daily practice
- Adopt upstream approaches to prevent burnout and compassion fatigue

WIC WALKS WITH WELLNESS

Practical application:

- Recognize early signs of stress in yourself and colleagues
- Encourage open conversations about challenges and needs
- Model wellness-centered practices as leaders and peers



Practical applications:

- Recognize early signs of stress in yourself and colleagues
- Encourage open conversations about challenges and needs
- Model wellness-centered practices as leaders and peers

LEADERSHIP IN ACTION

Prioritizing one's own well-being to better support staff, creating supportive spaces for teams to thrive, and integrating staff wellness into participant-centered service delivery



Reflect and ask yourself the following:

- What steps can I take to strengthen a culture of wellness in my workplace?
- How will I recognize and respond to stress within my team?
- What actions can I commit to that align staff wellbeing with participant care?

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Ask participants to reflect for a moment on the following questions:

- *What steps can I take to strengthen a culture of wellness in my workplace?*
- *How will I recognize and respond to stress within my team?*
- *What actions can I commit to that align with staff wellbeing with participant care?*

Explain “WIC Walks with Wellness”:

- Emphasizes the importance of safe environments, mental health awareness, and upstream approaches to preventing burnout, vicarious trauma, and compassion fatigue
- Attendees will examine how they can develop positive workplace environments, recognize signs of stress, and build supportive spaces that allow teams to thrive
- Attendees will also learn the importance of focusing on themselves and their

staff’s wellbeing as a means of also prioritizing WIC participants

- Burnout is defined by the WHO as a syndrome from chronic workplace stress that has not been successfully managed and characterized by: Emotional exhaustion; Depersonalization/cynicism; Reduced sense of professional accomplishment; A distinctive feature of burnout is that it’s not an individual failing but connected to organizational structures.
- Compassion fatigue is the gradual lessening of compassion over time due to repeated exposure to others’ suffering. Sometimes called “the cost of caring”; This is tied to the emotional demands of caregiving roles, often co-occurring with burnout but more focused on empathy depletion.
- Vicarious trauma (cumulative shift in worldview) is the cumulative effect of working with people who have experienced trauma, which alters the helper’s worldview, beliefs, or sense of safety. Unlike secondary traumatic stress (which can mirror PTSD symptoms) vicarious trauma is about deep, lasting cognitive changes in values and perspectives.



- "WIC Walks with Wellness," emphasizing the importance of safe environments, mental health awareness, and upstream approaches to preventing burnout, vicarious trauma and compassion fatigue. Attendees will examine how they can develop positive workplace environments, recognize signs of stress, and build supportive spaces that allow teams to thrive. Attendees will also learn the importance of focusing on themselves and their staff's wellbeing as a means of also prioritizing WIC participants.
- Now we're going to move into an icebreaker.

ICEBREAKER



At your table, share a stress reliever that works for you.

It is essential to find the method that works for you, and it’s important for staff as well

A HEALTHY WORK ENVIRONMENT IS…

60 minutes

To kick us off, we’re going to watch a quick clip



Video focusing on characteristics of a healthy work environment while acknowledging what can get in the way

- Show Key and Peele video from the NYT. It overdramatizes how "niceness" can undermine clear communication and healthy workplace culture.
- Look at communication breakdowns, boundaries (or lack thereof), and emotional tone/safety.
- Emphasize the point: a healthy workplace isn't just about being nice, it's about being respectful, honest and supportive.
- https://youtu.be/c6V_zUGVlTk?si=EaNmuvQsXqsT8KP3

Interactive processing questions post-video:

- What stood out or felt familiar?
- What does this sketch teach us about boundaries and communication?
- How can leaders model both kindness and clarity?

Humor helps us see what *not* to do. But now, let’s shift: if this is what an unhealthy workplace looks like, what would a healthy environment look like for WIC? How do we define it—and how do we build it together?

WORKPLACE CULTURE

The shared values, beliefs, behaviors, and norms that guide how staff interact, deliver services, and support participants.



Workplace culture is the shared values, beliefs, and norms that guide how staff interact, deliver services, and support participants.

In WIC, this includes how we talk to participants, how we support each other, and how leaders model wellness.

Public health environments often have strong missions of service, but culture can still turn toxic if staff feel undervalued, overworked, or unheard.

Culture is often “invisible,” but its effects show up in staff morale, participant experience, and retention.



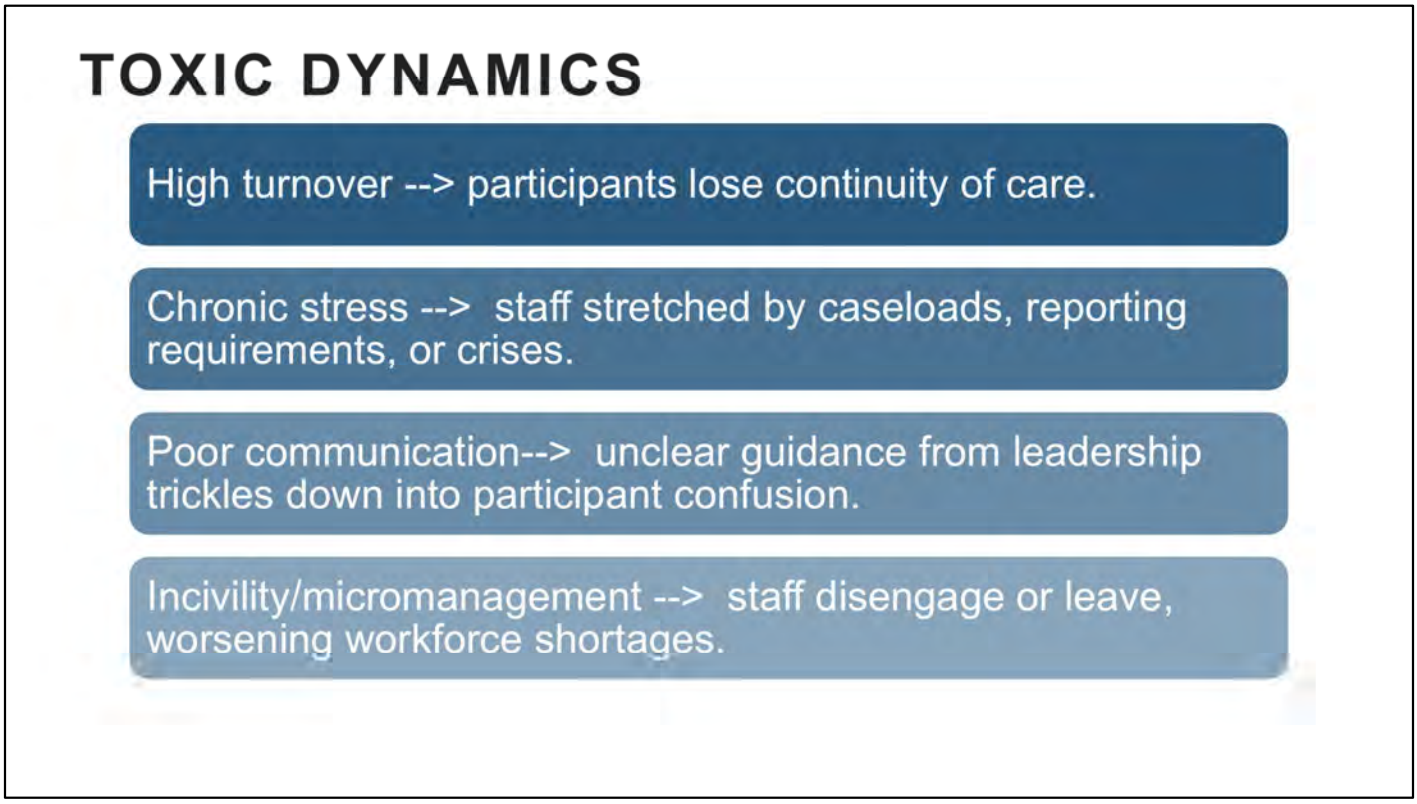
A positive work culture isn't a luxury, it's intentional work. Healthy culture doesn't emerge on its own; it's built through daily actions and shared accountability. When staff feel supported, participants feel that support too.

The opposite is also true. Stress and burnout spill over into client experiences. Our culture literally influences family health.

- Healthcare & public health data show healthy work environments improve staff well-being, patient outcomes, and retention
- Burnout among healthcare and social service workers is linked to higher turnover, poorer service quality, and participant dissatisfaction.
- WIC staff wellness is directly connected to participant trust. Stressed and/or disengaged staff have less energy to provide compassionate and competent care.
- Surveys and studies confirm: workplaces with invest in wellness have lower absenteeism, higher engagement, and better productivity

Sources:

- American Public Health Association: Supporting and Sustaining the Home Care Workforce
- National Academy of Medicine. 2024. National Plan for Health Workforce Well-Being. Washington, DC: The National Academies Press. https://doi.org/10.17226/26744.
- Risk Factors for Stress and Burnout | Healthcare Workers | CDC
- Managing Fatigue During Times of Crisis: Guidance for Nurses, Managers, and Other Healthcare Workers | Blogs | CDC



When turnover is high, families lose trusted relationships. When stress goes unmanaged, staff get sick or leave. When communication breaks down, service delivery suffers. Toxic culture is costly, not only in terms of dollars but in human suffering.

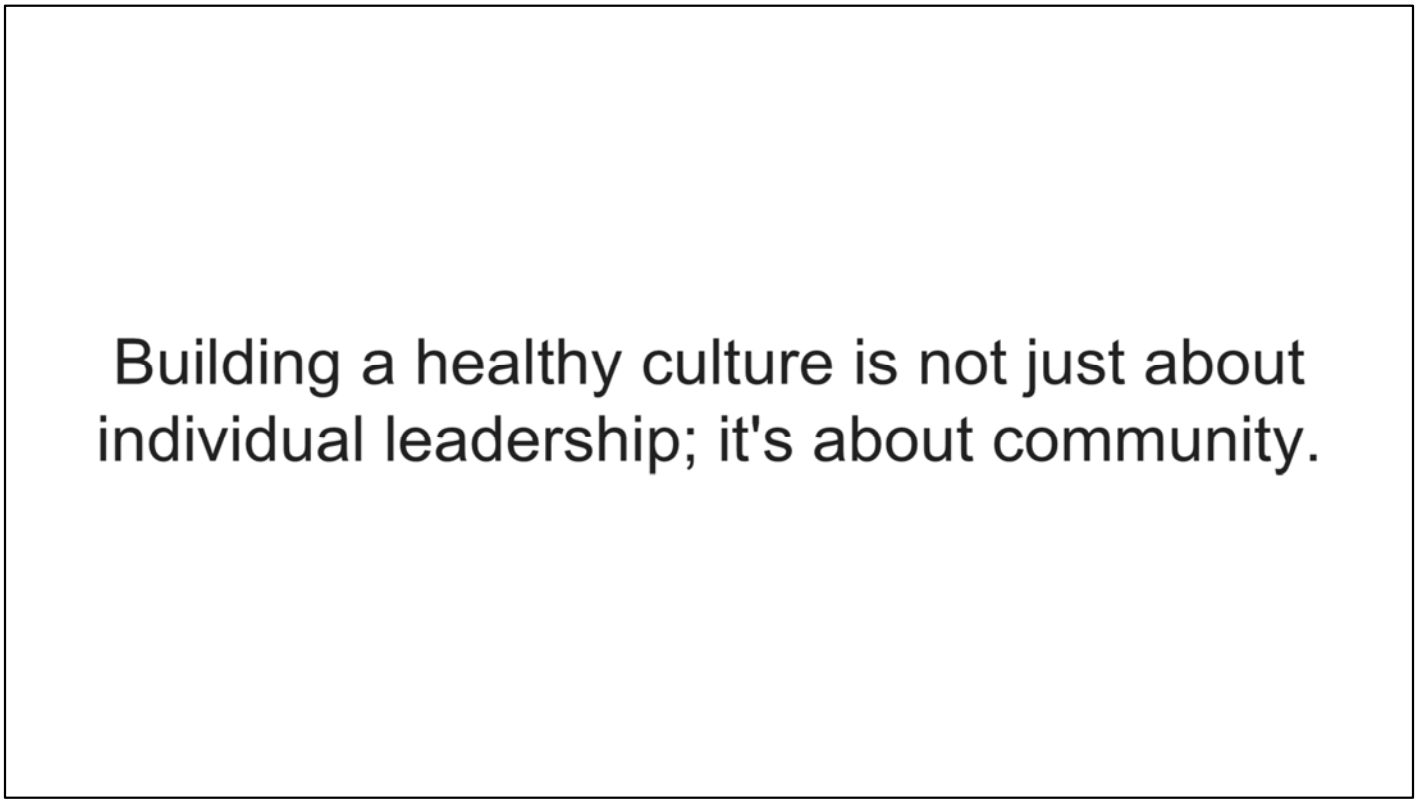
- High turnover --> participants lose continuity of care.
- Chronic stress --> staff stretched by caseloads, reporting requirements, or crises (like COVID).
- Poor communication--> unclear guidance from leadership trickles down into participant confusion.
- Incivility/micromanagement --> staff disengage or leave, worsening workforce shortages.



Wellness has always been at WIC's core. Five years ago, it meant surviving COVID. Today, it means managing chronic stress and protecting staff mental health. Just like we focus on infant wellness, we must also focus on parents' wellness—and on our staff's wellness. If we don't care for ourselves, we cannot sustain care for others.

- 5 years ago, COVID meant resilience, safety, and service continuity
- Today, wellness means managing stress, supporting mental health and maintaining healthy teams
- Staff wellness parallels participant wellness, like the oxygen mask metaphor. You must take care of your own personal wellness, before you're able to help your staff who in turn help the participants.

- Now we're going to move into a small group activity to put this into practice



Attendees received notepads to record their thoughts and any strategies that they plan to implement in their local agencies.
Attendees may also use notepads for networking purposes to gather contact information of other agencies to create an overall sense of community.

- Each of you has a notepad, use it to capture ideas, strategies, or even contact information from colleagues.

SMALL GROUP ACTIVITY

How does workplace culture impact staff well-being, retention, and burnout?



What role does leadership play in building this type of culture?

- **[ANIMATED]** Small group discussion at tables (record top 2 or 3 answers on paper at tables):
  - How does workplace culture impact staff well-being, retention, and burnout?
  - What role does leadership play in building this type of culture?

.



- Facilitators collect papers and take turns reading out what attendees recorded, highlighting themes
    - Someone to type on slide as facilitators read answers out

JOURNAL OPPORTUNITY

Why is having a positive workplace environment important to me as a leader?

What is my role, as a leader, in building and maintaining this type of environment?



Animated slide.

BREAK TIME

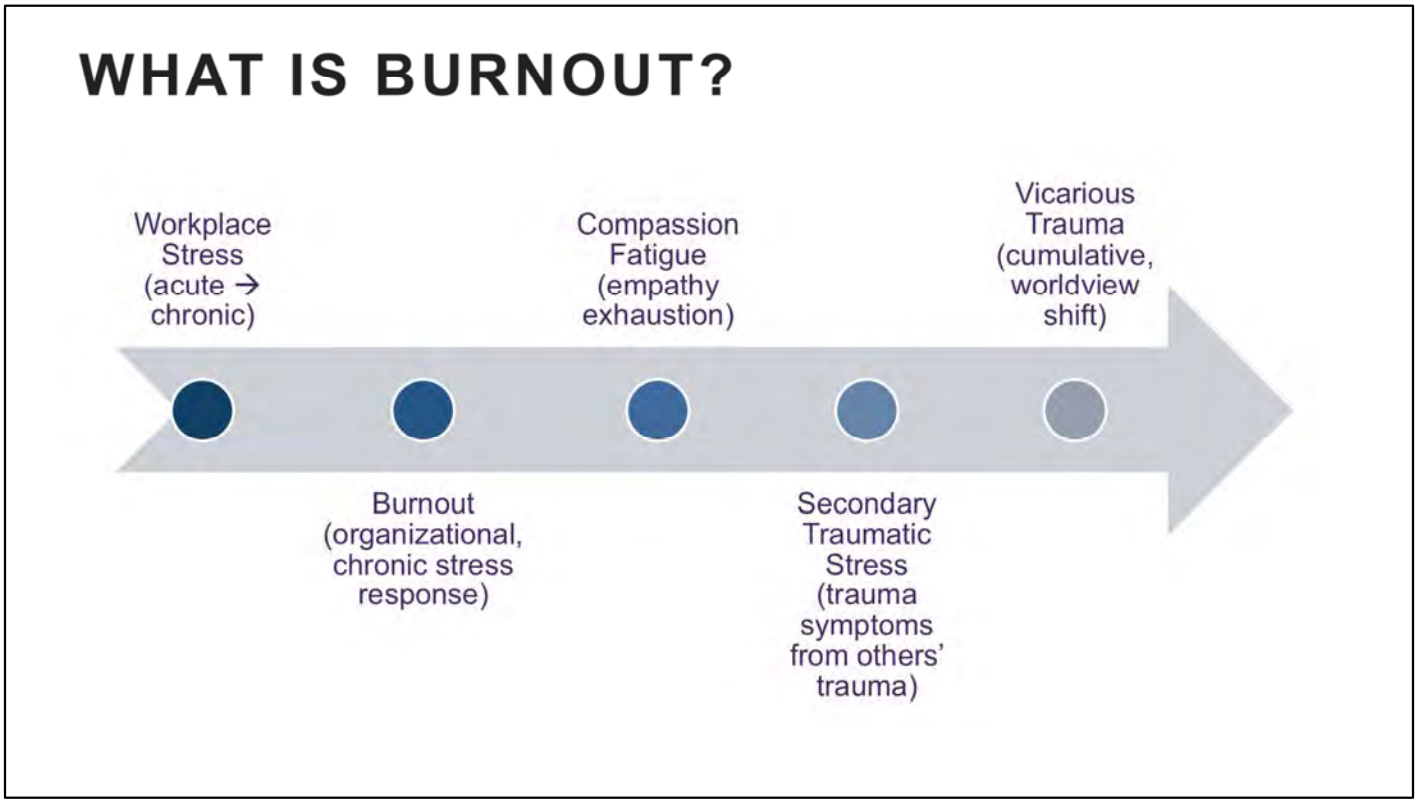


ADDRESSING BURNOUT

60 minutes

Let's start our conversation about addressing burnout with some context.

- Burnout and stress are everywhere APA
- The Relationship Between Burnout, Depression, and Anxiety: A Systematic Review and Meta-Analysis - PMC
- Health Workers Face a Mental Health Crisis | VitalSigns | CDC
- Risk Factors for Stress and Burnout | Healthcare Workers | CDC
- Burn-out an "occupational phenomenon": International Classification of Diseases
- Trauma-Fact-Sheets-October-2021.pdf



We know that stress responses are not isolated conditions but connected in stages on a continuum, each requiring different supports. Many of the terms are used interchangeably but they are a bit different, although there are some similarities

1. First let's look at workplace stress. We know that stress is the body's response to demands or pressures. Acute stress is short-term, often motivating, while chronic stress is ongoing and, if unmanaged can lead to health risks.
    - In WIC, this might look like juggling caseloads or last minute scheduling changes, etc.
2. Next is burnout, which is defined by the WHO as a syndrome from chronic workplace stress that has not been successfully managed and characterized by:
    - Emotional exhaustion
    - Depersonalization/cynicism
    - Reduced sense of professional accomplishment
    - A distinctive feature of burnout is that it's not an individual failing but connected to organizational structures.
3. Compassion fatigue is the gradual lessening of compassion over time due to repeated exposure to others' suffering. Sometimes called "the cost of caring".
    - This is tied to the emotional demands of caregiving roles, often co-occurring with burnout but more focused on empathy depletion.
4. Secondary Traumatic Stress is the emotional stress experienced when hearing about or witnessing others' trauma. Symptoms mirror PTSD.
    - Unlike burnout, STS can arise suddenly after a single exposure to someone else's trauma (though ot often accumulates)

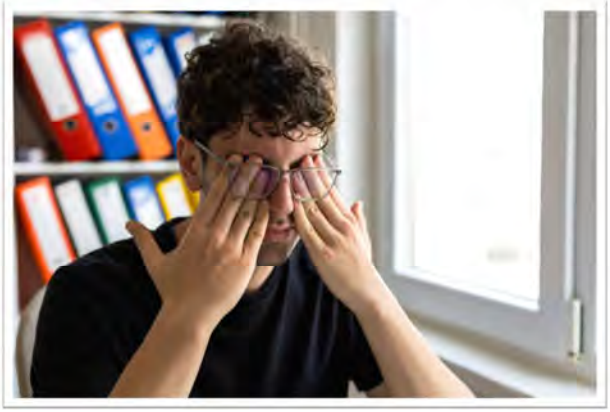
5. Vicarious trauma (cumulative shift worldview) is the cumulative effect of working with people who have experienced trauma, which alters the helper's worldview, beliefs, or sense of safety.
    - Unlike STS, which can mirror PTSD symptoms, vicarious trauma is about deep, lasting cognitive changes in values and perspective.

WHAT IS BURNOUT?

"A syndrome resulting from chronic workplace stress that has not been successfully managed." (WHO ICD-11)

Key signs include:

- Cynicism
- Reduced professional efficacy
- Fatigue
- Irritability
- Detachment



Burnout isn't just 'feeling tired.' It's a workplace syndrome, now formally recognized by the WHO, that shows up in three ways: exhaustion, detachment, and reduced effectiveness. In our context, that means staff who are stretched thin may feel distant from participants, frustrated with colleagues, or unable to give their best. Recognizing these symptoms is the first step in addressing them.

- Burnout is defined by the WHO as "a syndrome resulting from chronic workplace stress that has not been successfully managed" (WHO ICD-11).
- Symptoms include: exhaustion, cynicism/detachment, and reduced professional efficacy.
- In public health and WIC settings, this may look like staff withdrawing from participants, decreased empathy, or difficulty sustaining the high standards of care they value.
- Burnout is widespread

Clinician-Burnout-Infographic_FINAL_print.pdf

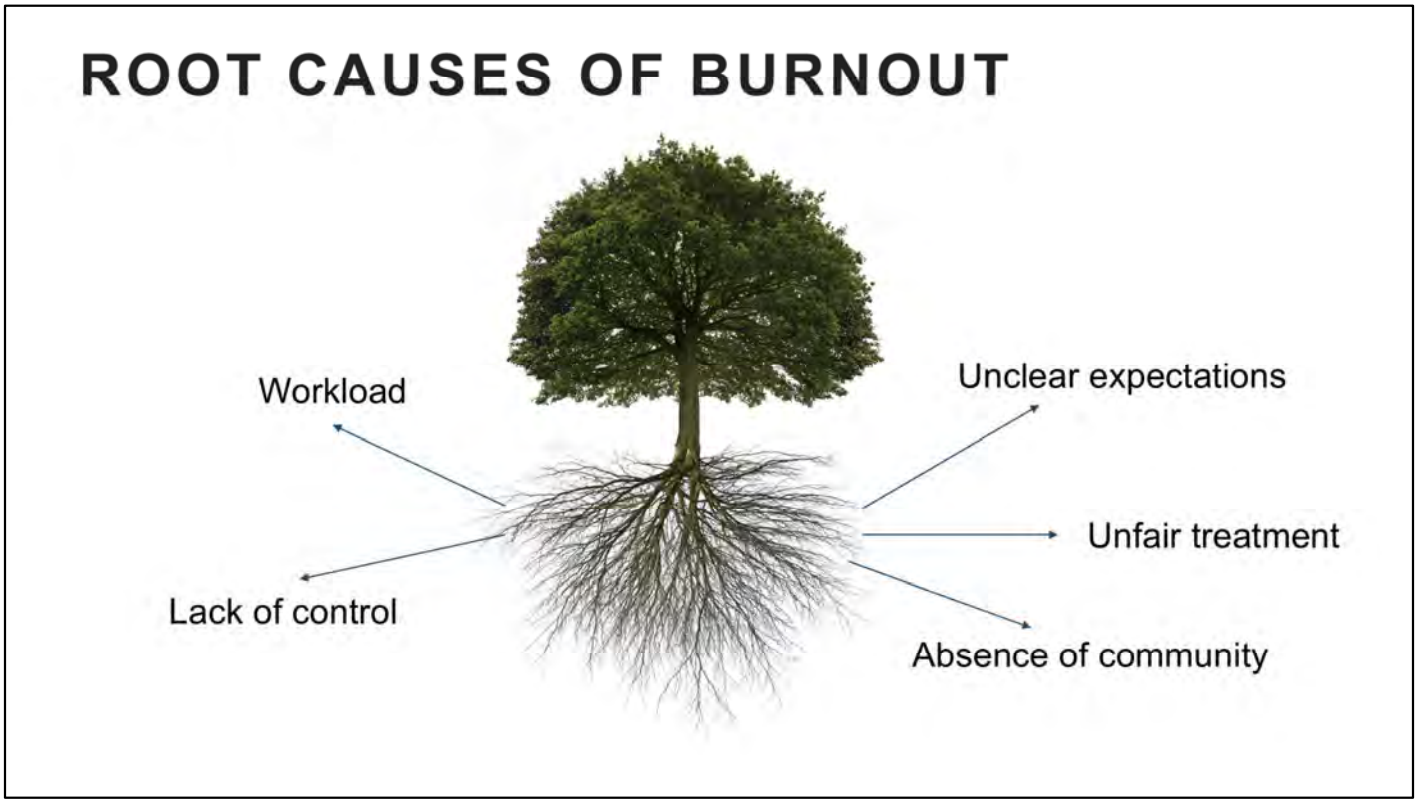
Secondary traumatic stress in Norwegian SUD-therapists: Symptoms and related factors - Ayna B Johansen, Eva Kristiansen, Ingerid Bjelland, Shedeh Tavakoli, 2019

BURNOUT VS. STRESS

- Burnout is long-term, chronic and erodes motivation, engagement, and health
- Adaptive stress: short term, recoverable, and motivating



- In healthy amounts, stress helps us rise to challenges and stay alert. But when it's constant, unmanaged, or unsupported, it shifts from adaptive to harmful.
- Adaptive stress: short term, recoverable, and motivating
    - Toxic stress: chronic, depleting, and linked to burnout



Burnout is not a failure of resilience—it's a failure of systems.

Identify systemic factors beyond individual resilience, such as workload, lack of control, unclear expectations, unfair treatment, or absence of community.

In WIC, it's growing caseloads, chronic understaffing, or confusing policies.

Our staff don't need more grit; they need healthier structures.

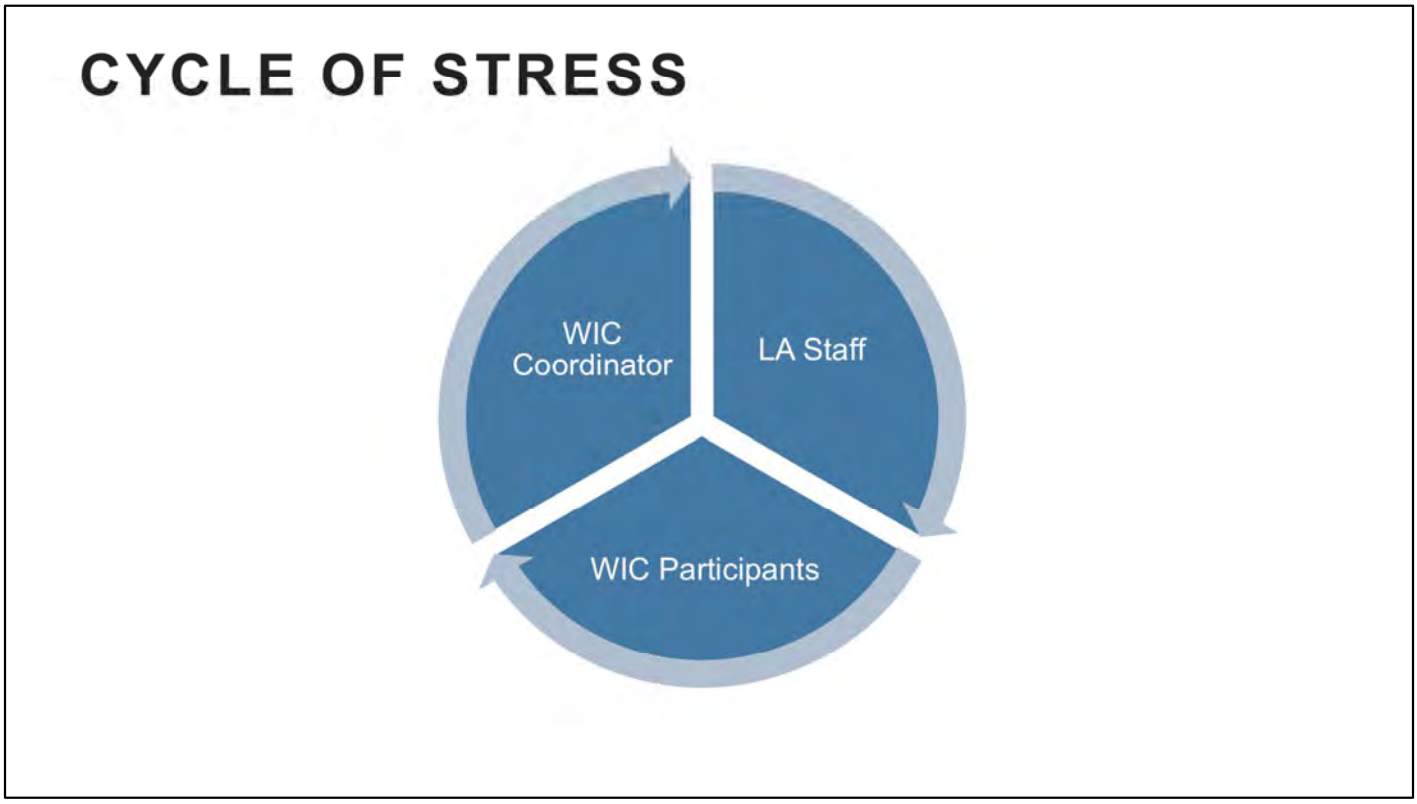
- Burnout is systemic, not just individual

Common public health drivers for burnout are:

- High caseloads
- Chronic understaffing
- Lack of autonomy
- Unclear guidance from funders
- Inequitable workloads
- Exposure to client trauma

Common WIC drives for burnout are:

- Balancing state requirements and sponsor agency rules
- Implementing frequent program changes - EBT, virtual services, new food packages
- Staff turnover and the burden of onboarding



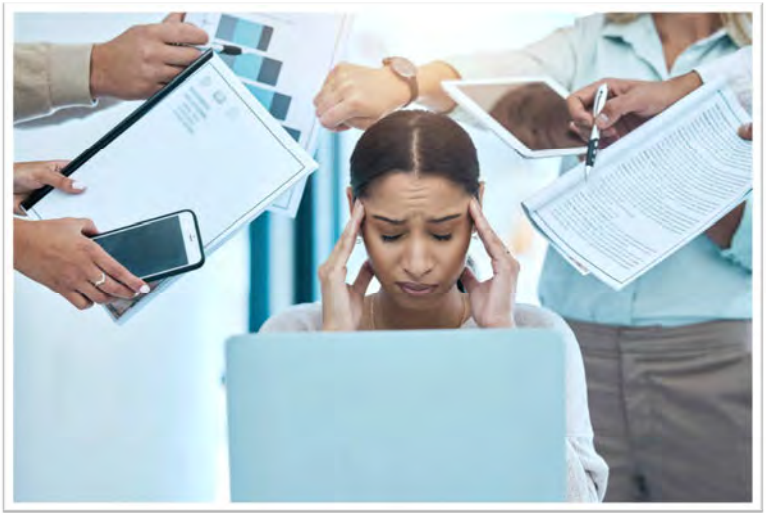
- Describe what stress does to staff and participants. Make the parallel between taking care of not only infants, but also parents (circling back to the air mask metaphor):
- If staff are overwhelmed, participants feel it. Stressed providers can't give the same compassion, just as a parent can't help their child put on an oxygen mask until they've secured their own. Staff wellness is participant wellness.

THE RIPPLE EFFECT



- Staff stress has ripple effects on participants: rushed appointments, reduced empathy, more errors, diminished trust
- Public health principle: caregiver wellness = participant wellness
- Leaders and staff must protect their own wellbeing to effectively serve families
- Acknowledgement that everyone's threshold for what they can tolerate varies from person to person due to a variety of factors, so we can't necessarily measure or hold everyone to the same standard and yet, the work needs to get done. This is why communication around these issues, from leadership down and from staff on up, is so crucial. What one staff can manage will look different from another, and this can change over time given life experience
- So let’s take a closer look at some things that are within and outside of your control.

SMALL GROUP ACTIVITY



We can't fix every stressor, but we can sort them. Some are within our power, some we can influence, and some we cannot control. Today, focus on the first two: what *can* we influence, and what small change could we try?

Instructions for small group activity:

- Each table gets a handout with three columns: *Directly Influence*, *Indirectly Influence*, *No Control.*
- Place burnout sources (cards: e.g., "unpredictable schedules, lack of coverage, vicarious trauma, unrealistic caseloads, guilt around paid time off, chronic understaffing, unclear roles") into columns.
- Discuss: highlight 1–2 items they can influence.
- Brainstorm small changes (e.g., redistribute tasks, model leaving on time, wellness check-ins).
- After 5-10 minutes, have groups report out small changes they could potentially make

Let's hear from each group. Name one source of burnout you can influence, and one idea for change. Notice how small shifts—like encouraging staff to actually use PTO—can make a real difference

JOURNAL OPPORTUNITY

- *Sources of burnout I can influence at my local agency are…*
- *Small changes I could implement to reduce this are….*
- *This will support staff wellness by….*



Journal opportunity- Here are some prompts for you to take notes- we'll give you 1-2 minutes to jot down some thoughts before we move on to the next section.

- Sources of burnout I can influence at my local agency are…
- Small changes I could implement to reduce this are…
- This will support staff wellness by…

LEADING BY EXAMPLE: A REFLECTIVE WALK

- 40 minutes

AS A LEADER...

- *As a leader, how am I showing others the importance of taking breaks, setting boundaries, and sustaining balance?*
- *How might my habits—such as responding to emails after hours, skipping lunch breaks, or working beyond regular hours—shape my team's perception of expectations and wellness?*
- *How do I talk about stress, success, and mistakes with staff?*
- *What helps my team feel comfortable speaking up, asking for help, or admitting mistakes?*
- *How do I acknowledge and support my team when they're affected by stress or trauma of the families we serve?*



- Participants get sticky notes and write their answers to each of the prompts. They post stickies on the appropriate newsprints.
- A quiet gallery walk allows attendees to walk around, read newsprint stickies, and pause to reflect. Facilitators report out themes from each newsprint.

JOURNAL OPPORTUNITY



- *One behavior I model that supports staff wellness is…*
- *One behavior I model that might unintentionally discourage wellness is…*
- *Starting next week, I will…*
- *What message do I want to send to staff about stress, balance, and support?*

- Take 1-2 minutes to jot some thoughts down in your journal- here are some prompts if you'd like to use them.

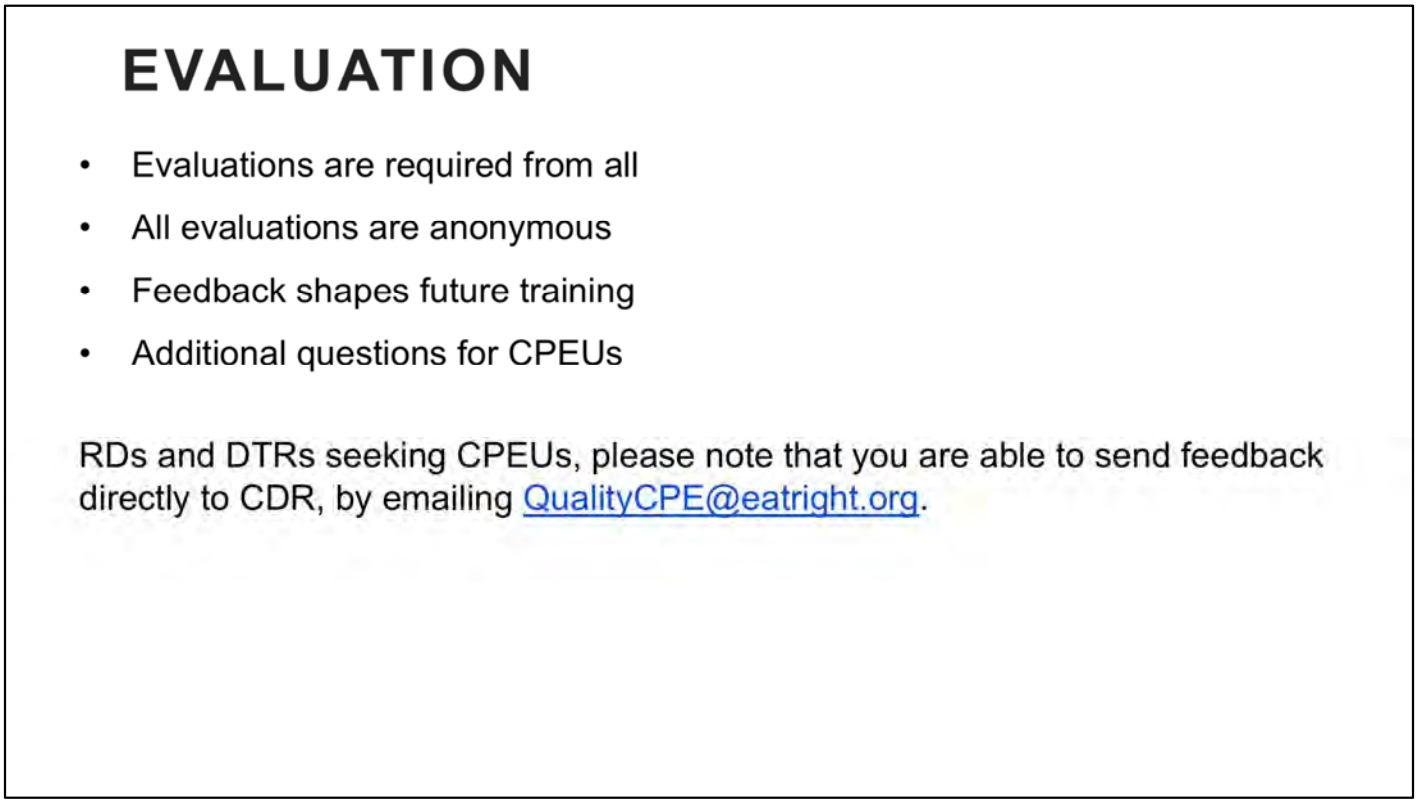
QUESTIONS?



5 minutes

We’re just about to the end of our plenary today.

Any questions?



Your feedback is so valuable—it helps us celebrate what worked well and identify ways to make future WIC trainings even stronger. We carefully review every comment and use your ideas to shape upcoming workshops. The evaluations are anonymous.
You'll notice there is a section for RDs and DTRs seeking CPEUs from the CDR, this is required for those getting those continuing education credits. If you are not seeking CPEUs you can select no and skip that section.

*ADD QR CODE

NEW YORK STATE WIC TRAINING CENTER



Evaluations and closing

Ask participants to complete the pros and cons for day 1

REFERENCES

- Bruce J. The Overlooked Consequences of Today's Burnout Problem. Forbes, 2019.
- Khammissa RAG, Nemutandani S, Feller G, Lemmer J, Feller L. Burnout phenomenon: neurophysiological factors, clinical features, and aspects of management. J Int Med Res. 2022.
- Marenus MW, Marzec M, Chen W. Association of Workplace Culture of Health and Employee Emotional Wellbeing. Int J Environ Res Public Health. 2022.

LOCAL AGENCIES

Melissa Watson
WIC Coordinator, Allegany County

Allegany COUNTY New York

Leslie Geiger
WIC Coordinator, Monroe County

Danielle Nicholson
WIC Coordinator, SPCC WIC

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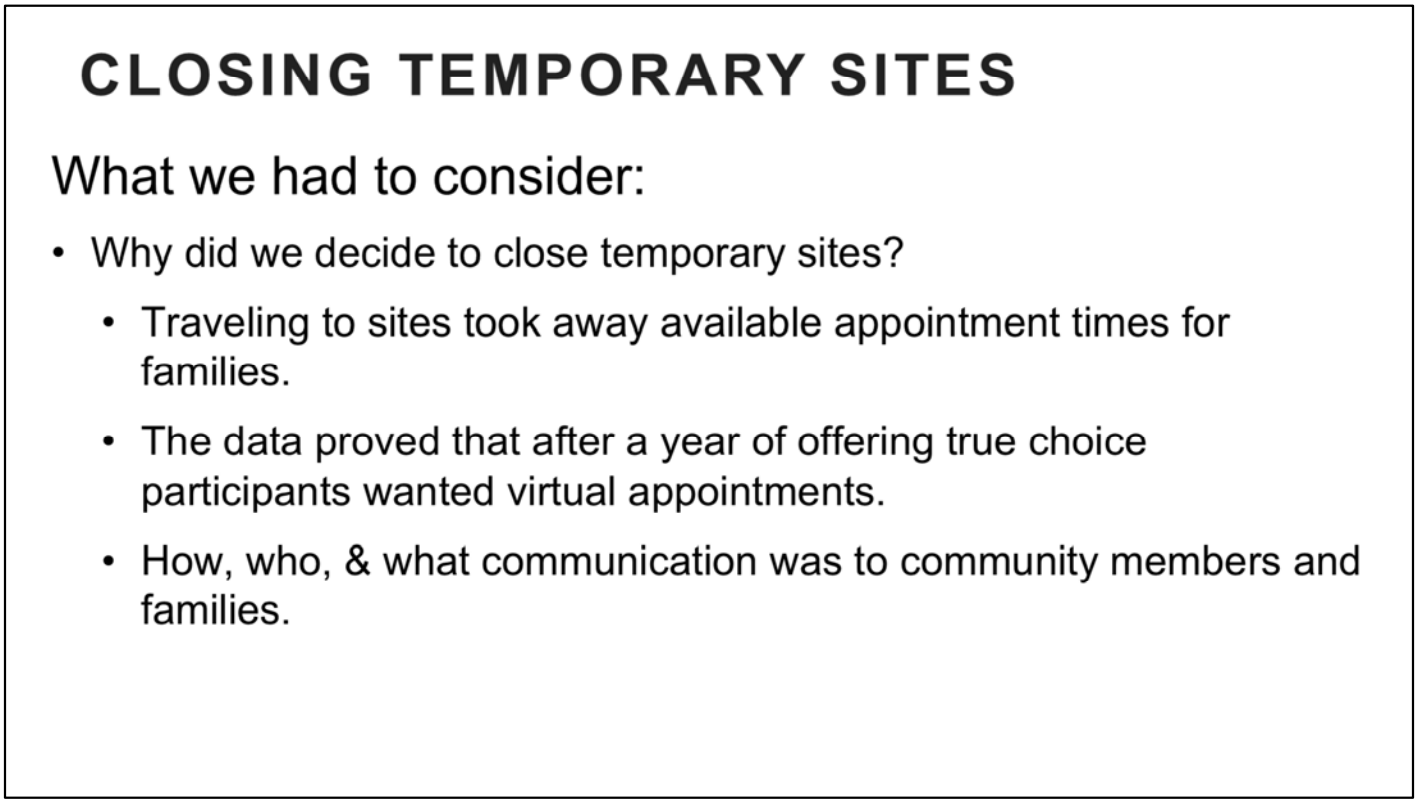


Our agencies wanted to look into closing temporary sites for a variety of reasons but wanted to make sure that in doing so we would not disrupt participant access to the WIC program or cause confusion amongst participants and community partners. We wanted to make sure that closing temporary sties would benefit access to the program and would enhance our presence in these communities.

CLOSING TEMPORARY SITES

What we had to consider:

- How did we determine which/how many temporary sites to close?
  - Data to determine what sites we were traveling to and no in person appointments were scheduled.
  - Community structure & partners.
  - Participant needs in your LA.

CLOSING TEMPORARY SITES

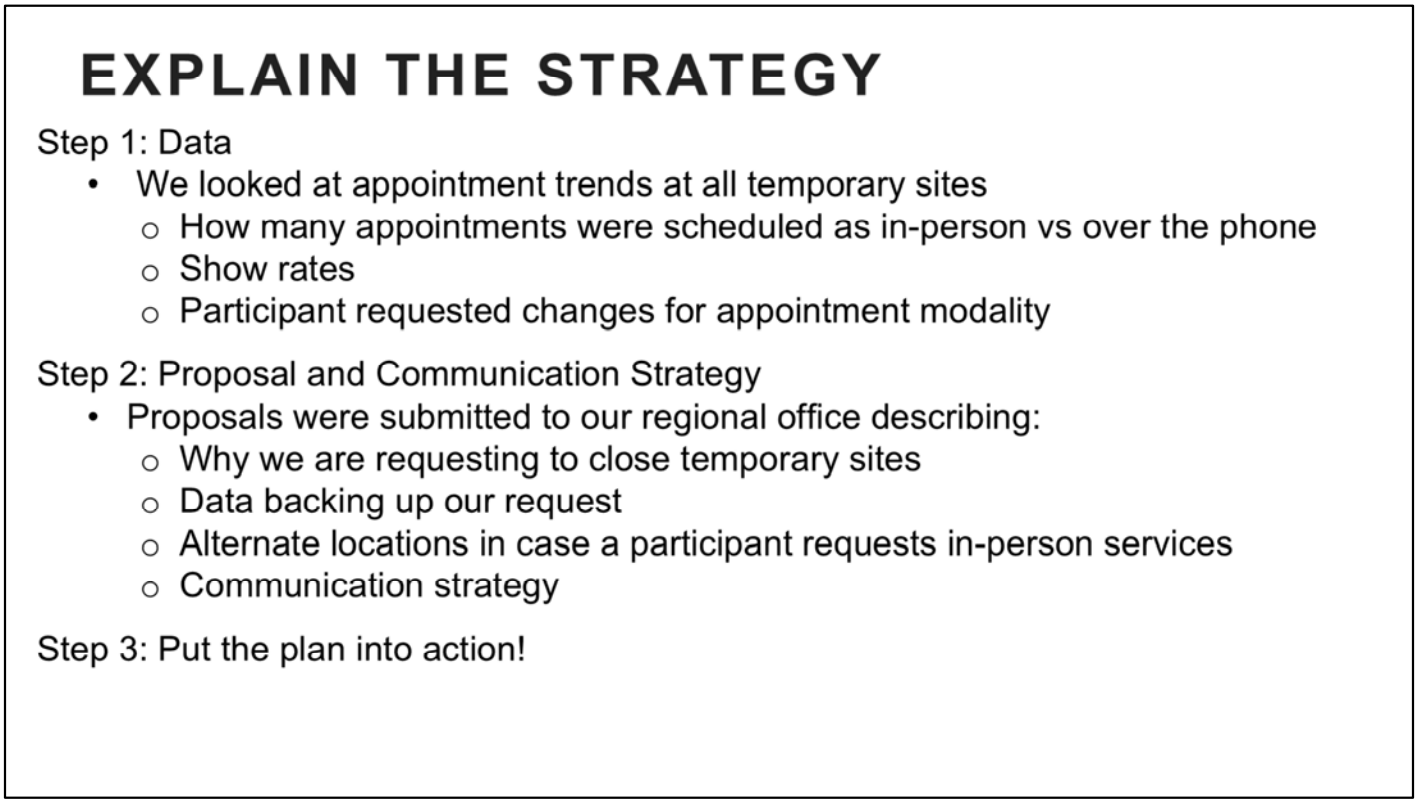
What we had to consider:

- What impact would closing temporary sites have on our participants/our agencies?
  - More appointments available.
  - Meeting 10/20 day requirement.
  - Providing WIC services that best works for the family.
  - Efficiently providing WIC services in a truly participant centered manner.

CLOSING TEMPORARY SITES

What we had to consider:

- How will we continue to serve the populations affected by temporary site closure and maintain relationships with community partners?
  - Created plans for each site that includes a location to meet if requested by participant.
  - Communication with all community partners to emphasize that WIC isn't closing, just offering the same service in an updated way.
  - Outreach, attend community PH meetings, community baby showers, provide in services to other agencies.



- Step 1:

We looked at the appointment data for the past year including how many appointments were scheduled at each site, how many were scheduled as in- person, how many were scheduled as over-the phone, show rates for each appointment type, and any day-of changes (i.e. participants who had originally scheduled their appointment as in-person calling in day of to request an over the phone appointment).

- Step 2:

We drafted and submitted proposals to RO describing:
-Our “why” behind our decision to close temporary sites, which sites we wanted to close
- Appointment type/show rate data for each
- How closing these sites was projected to impact staff, participants, and clinic flow
- Alternative locations in case a participant in those areas was in need of in-person services, a communication plan for participants as well as community partners
- A communication chain for setting up an in-person appointment at an alternate location if requested

- Step 3:

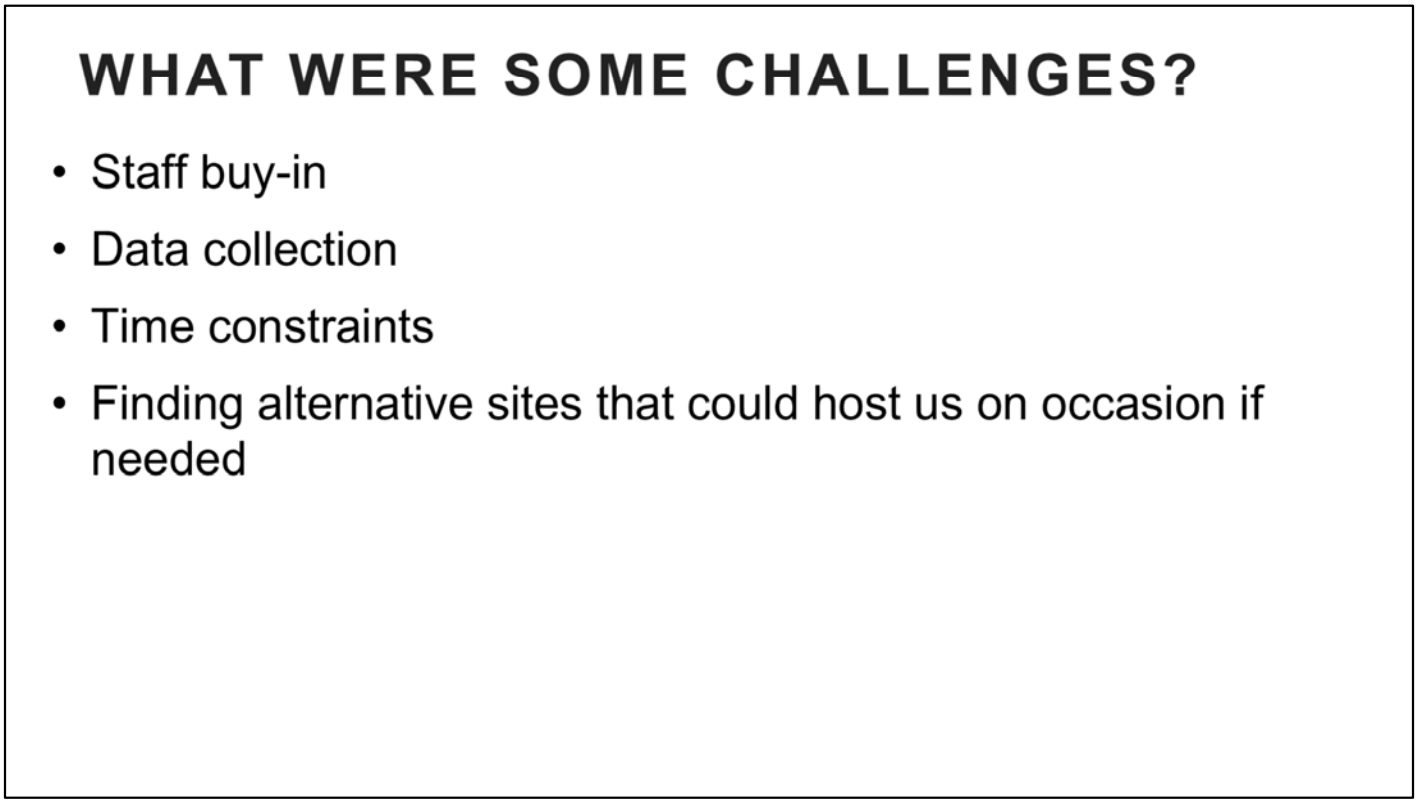
Because we had pre-determined every step of the process ahead of time, putting our plan into action went pretty seamlessly. Participants and community partners were notified and we did not encounter any major issues

HOW DID THIS BENEFIT YOUR AGENCY?

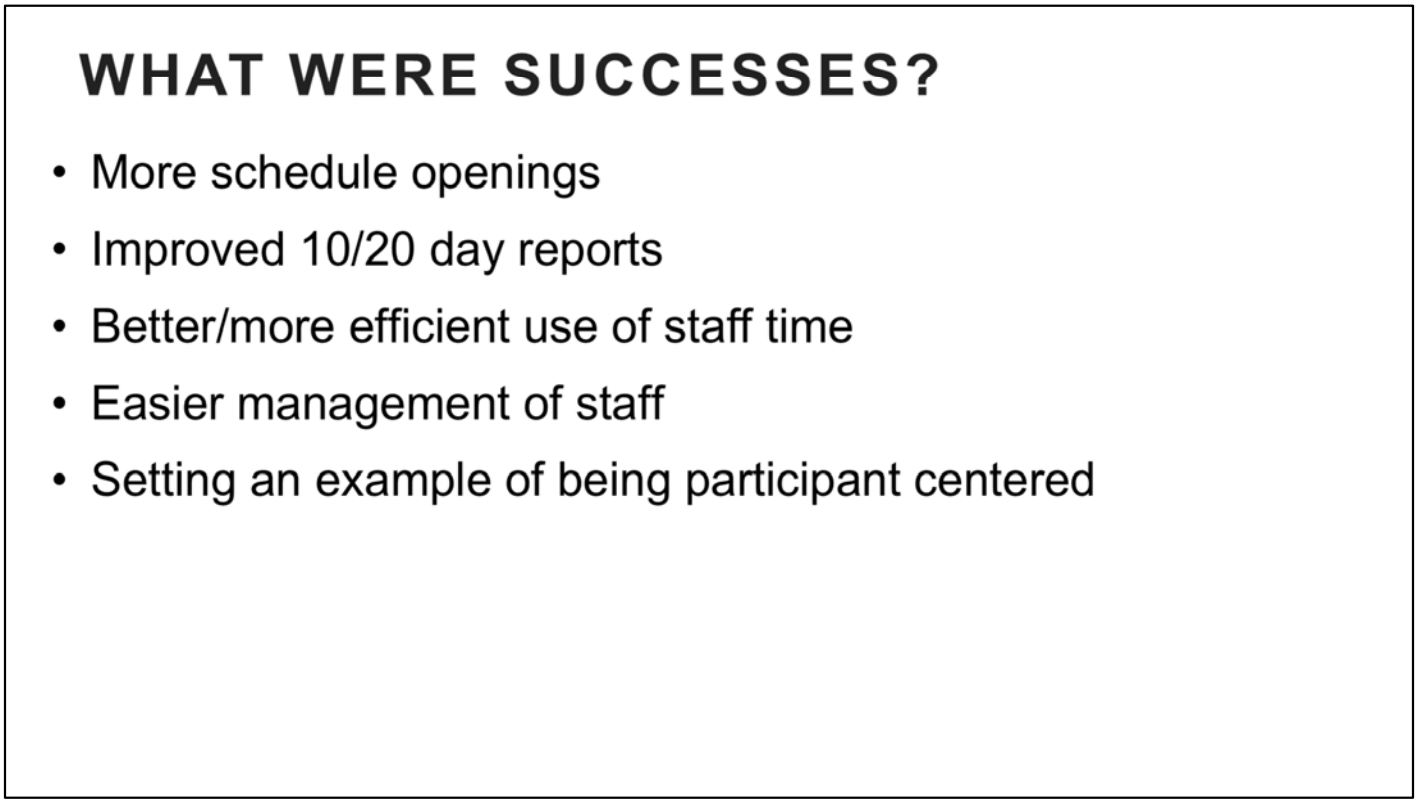
- Less Travel Time
- More appointment availability
- Reduced Cost
- Increased Staff Satisfaction
- No disruption to participant services

We are continuing to monitor participation data and continuing to provide outreach services in those communities

- Less travel time has given us the flexibility to open up our schedules to allow for more appointment slots. 10/20 day reports have improved greatly due to more time allotted in our schedules
- We reduced our costs in rent as well as travel expenses and any extra equipment that needed to be purchased/maintained to operate these temporary sites.
- Staff were happier with having more time slots open to offer appointments
- So far we have not found any data to support any disruption in participant services.



- Staff buy-in: There is always some resistance to change. Overall most staff were supportive of moving forward with this decision.
- Time dedication data had to be hand-collected as reports available did not show the type of information needed and was very time consuming. Proposals were very detailed and took a lot of time and effort to put together.
- Finding alternative sites that could host us on occasion if needed.



- Seeing how much our schedules opened up was the biggest and most immediate success. With growing caseloads, opening up these new appointment slots that used to be dedicated to travel time improved 10/20 reports, allowed for faster re-schedules of missed appointments, and allowed us to get new participants and new babies enrolled in the program much more efficiently.
- Staff management became much easier by allowing more staff to be present in one location rather than spread out.
- WIC has prided itself as a program that promotes participant-centered services. Looking at the data and responding to our participant's preferences and needs allowed us to set an example of being participant centered.

OPEN DOOR CARE NETWORK, LA 246

Leadership Team:

- Gina DeVito, Ellen Pospishil, Daisy Flores, Cecilia Cardenas-Granda

Qualified Nutritionists:

- Gardenia Ocdenaria, Dillon Damiano, Alejandra Ortiz, Daniel Fernandez, Rosanny Acosta, Cassie Jones, Pilar Carmona

Nutrition Assistants:

- Sandra Arteaga, Sylvia Deoleo, Estephani Flores, Nancy Rincon, Luis Ramos, Keiry Pena-Lopez

Breastfeeding Peer Counselors:

- Yuberky Shaw, Alejandra Urrego-Zapata

UPDATING THE REFERRAL PROCESS

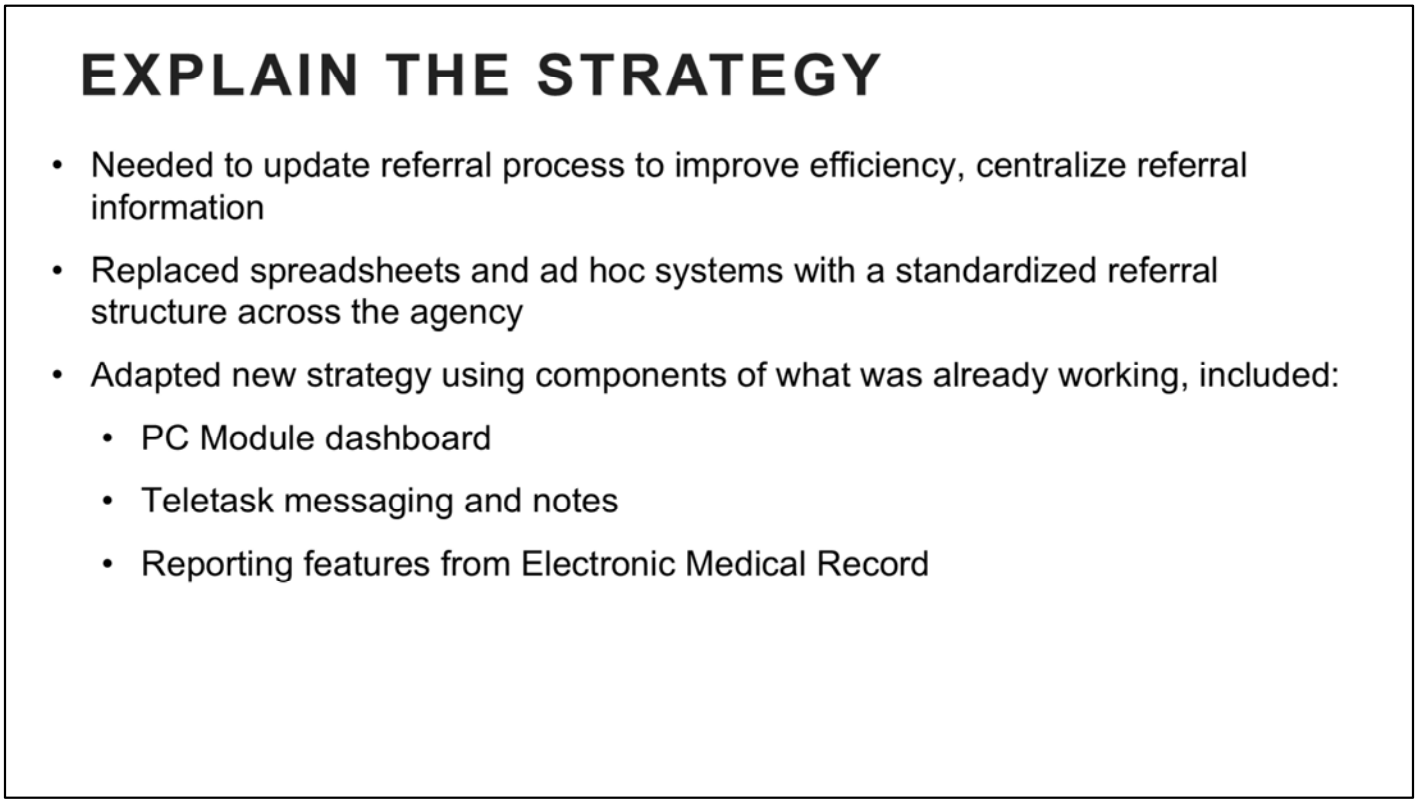
What innovative strategy did you implement?

- Our agency updated the way we communicate with our referral partners, receive referrals, and manage referral information.

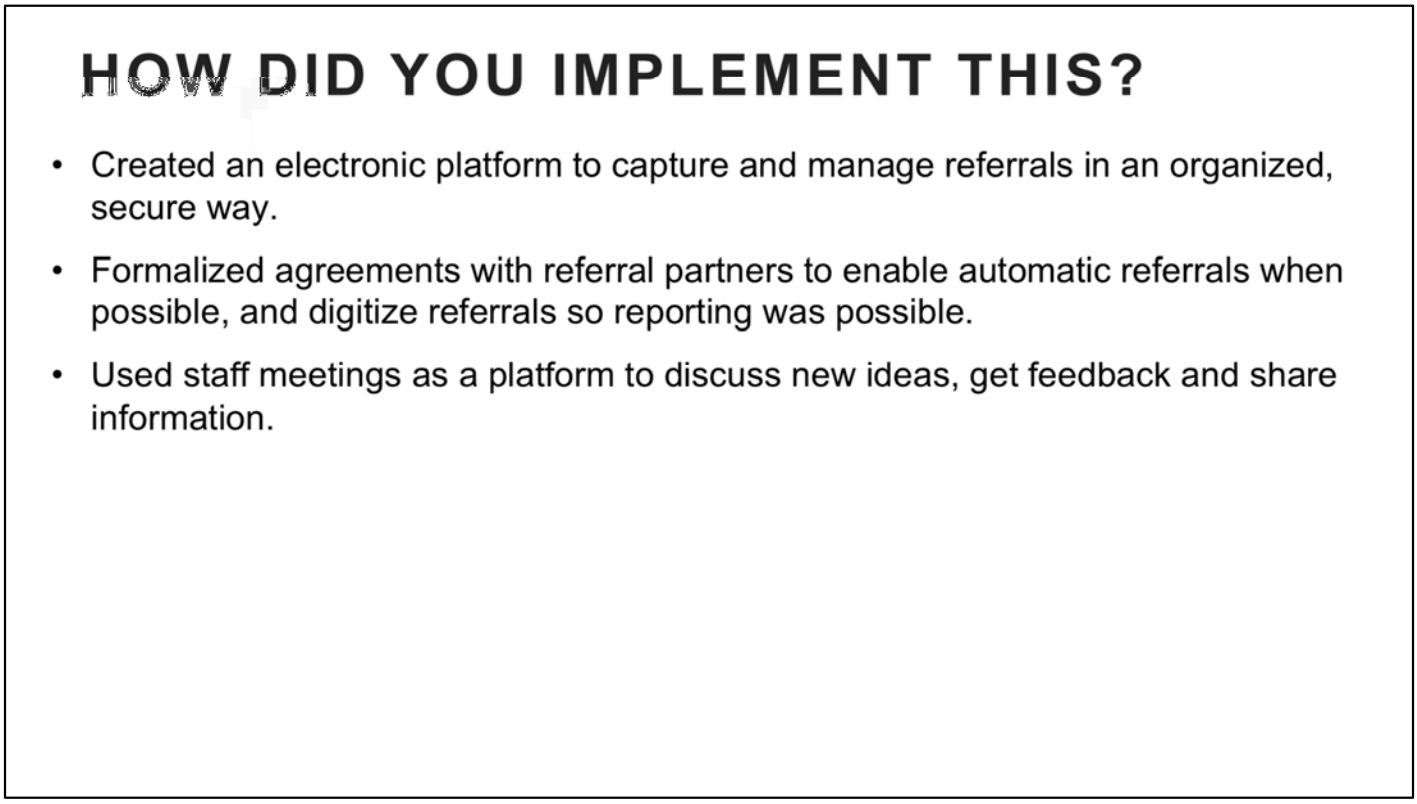
What innovative strategy are you working on?

- We are working on creating efficiencies, improving our partnerships, and streamlining outreach so it's less labor-intensive for staff and improves access to WIC.

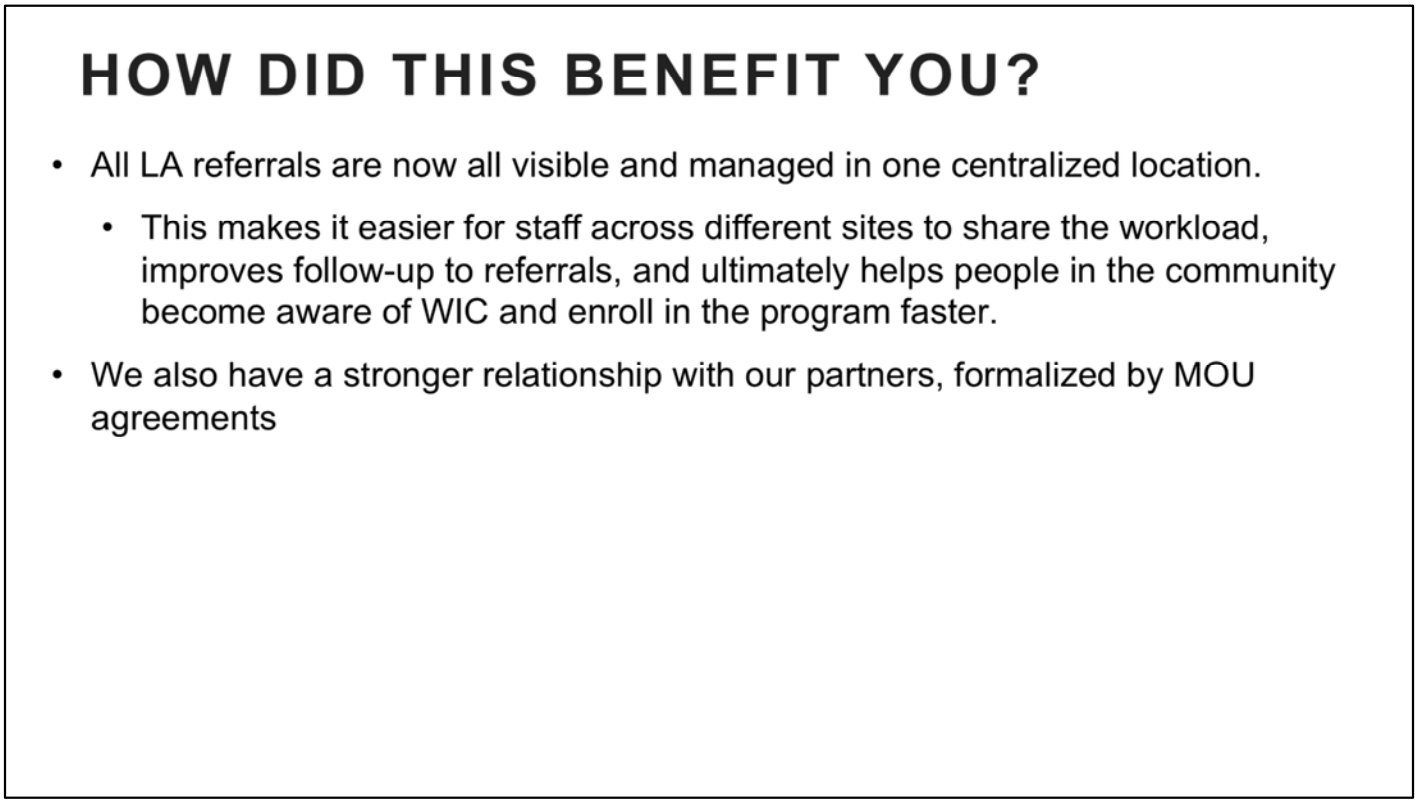
We created an electronic platform called Eligibility Ease to capture and manage referrals in an organized, secure way. We also formalized agreements with our referral partners (MVP Healthcare, Head Start, WIC Strong) to enable automatic referrals when possible, and digitize referrals so reporting was possible.



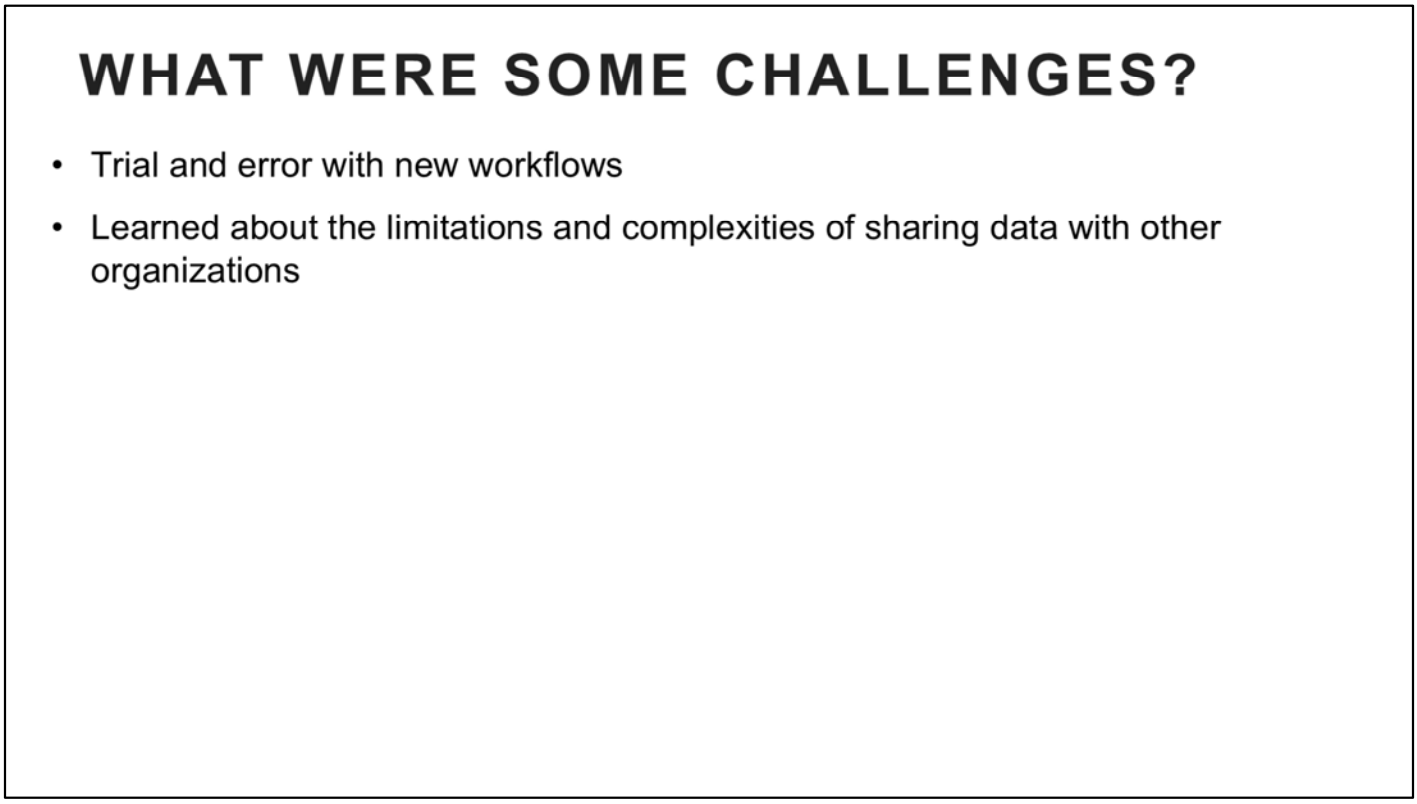
- With so many referral sources and various ways of receiving and tracking referrals, it was time for our agency to update the referral process to improve efficiency and centralize referral information.
- We looked at the systems we had in place and set out to replace spreadsheets and ad hoc systems with a standardized referral structure across the agency.
- We adapted the new strategy using components of other systems and workflows that we had in place that were working. Some of those included the PC Module dashboard, Teletask messaging and notes, and reporting features from the Electronic Medical Record



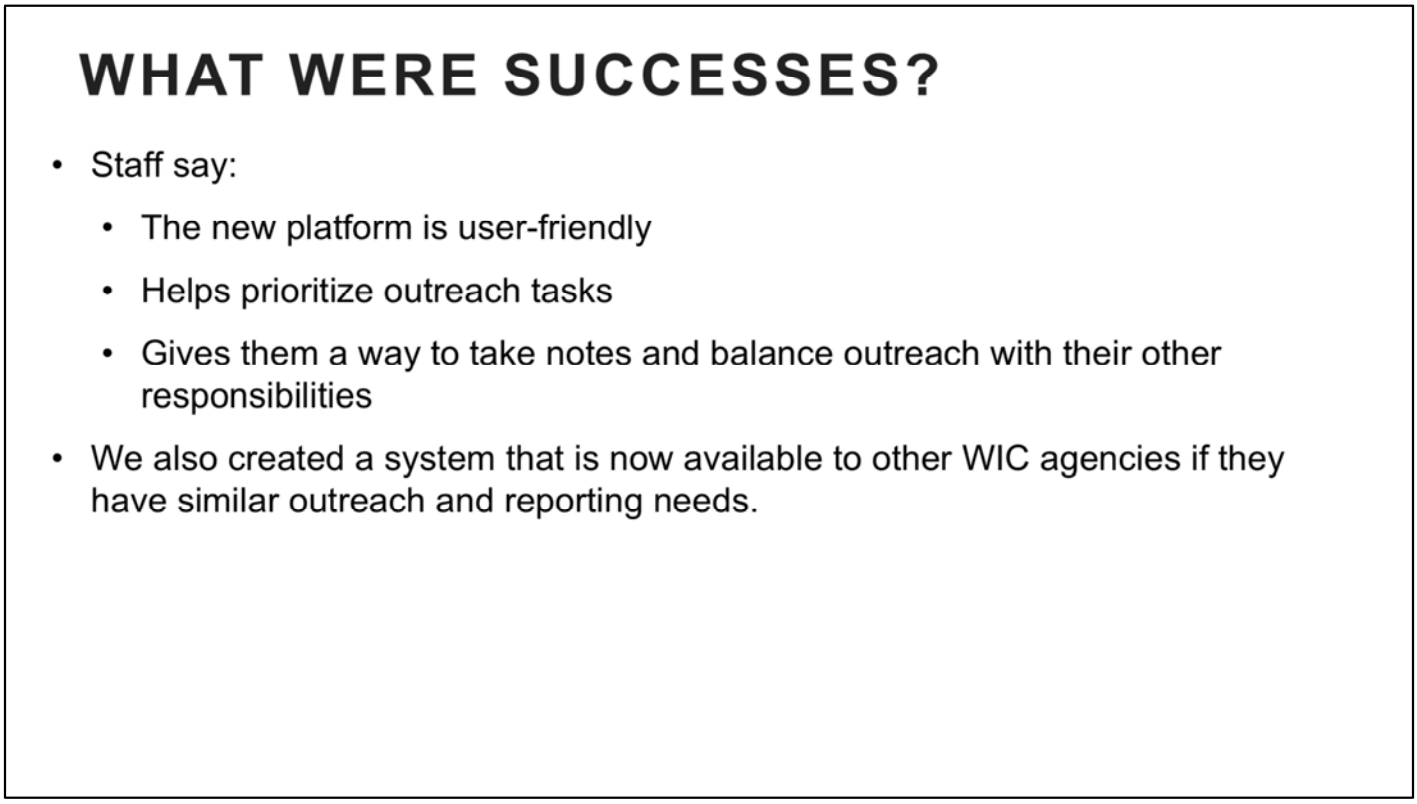
- We created an electronic platform to capture and manage referrals in an organized, secure way.
- We formalized agreements with our referral partners to enable automatic referrals when possible, and digitize referrals so reporting was possible.
- Staff meetings were used as a platform to discuss new ideas, get feedback and share information.



- All of our LA referrals are now all visible and managed in one centralized location. This makes it easier for staff across different sites to share the workload, improves follow-up to referrals, and ultimately helps people in the community become aware of WIC and enroll in the program faster.
- We also have a stronger relationship with our partners, formalized by MOU agreements, who are committed to promoting WIC services and



As with all new ideas, not all systems that were tested were immediately successful. We had trial and error with new workflows and learned about the limitations and complexities of sharing data with other organizations.



- The staff thinks the new platform is user-friendly, it helps them prioritize outreach tasks, and it give them a way to take notes and balance outreach with their other responsibilities.

- We also created a system that is now available to other WIC agencies if they have similar outreach and reporting needs.

WIC ASSOCIATION OF NEW YORK STATE



wic association of new york state
WIC
women infants children

- WICANYS is the statewide nonprofit supporting New York's local WIC agencies.
- We advocate for resources to strengthen WIC.
- We elevate WIC's role in improving health equity for women, infants, and children.
- Talk about WICANYS mission and objectives

WICANYS



Tasha Ortloff, Executive Director, WICANYS



ADVOCACY!

- First full-time ED in the organization's history (2024).
- Focused on building systems, capacity, and **strategic advocacy**.
- Setting WICANYS on a path of innovation and sustainability.
- **One of the biggest Challenges: Advocacy**
- One of the **biggest problems** to solve → **How do we engage advocacy for WIC funding in a stronger, more impactful way?**
- Needed new tools to amplify the WIC voice! I was aware that some colleges offered applied research programs like this. I did extensive outreach, and we were thrilled to be invited to apply to CMU's Master of Human-Computer Interaction Capstone — one of the most prestigious programs of its kind. Applied to the **Carnegie Mellon MHCI Capstone Program** – a premier human-computer interaction design program where nonprofit sponsors work with graduate teams at no cost to approved nonprofit ($80,000 value)

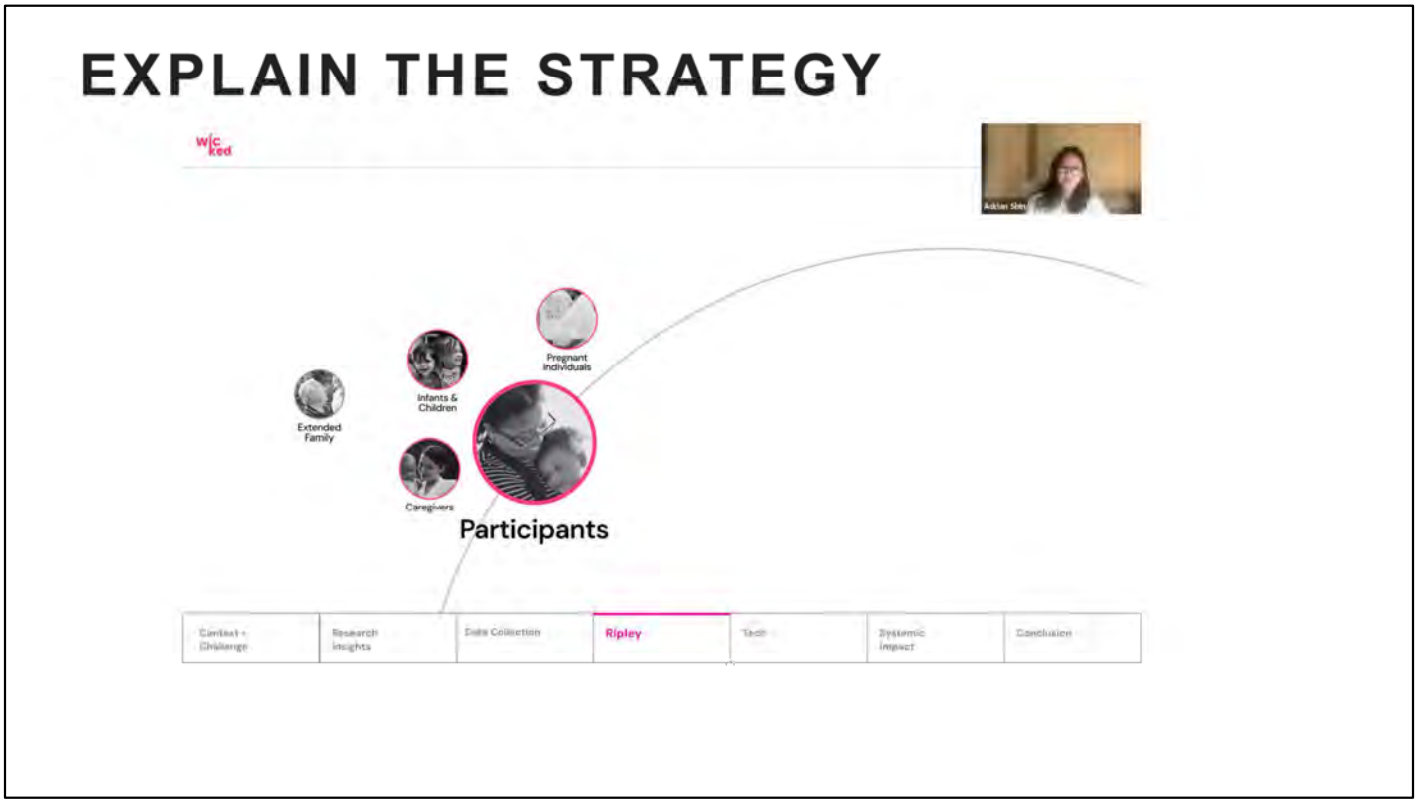
ADVOCACY DEVELOPMENT

Meet the Capstone Team & WICANYS Annual Conference



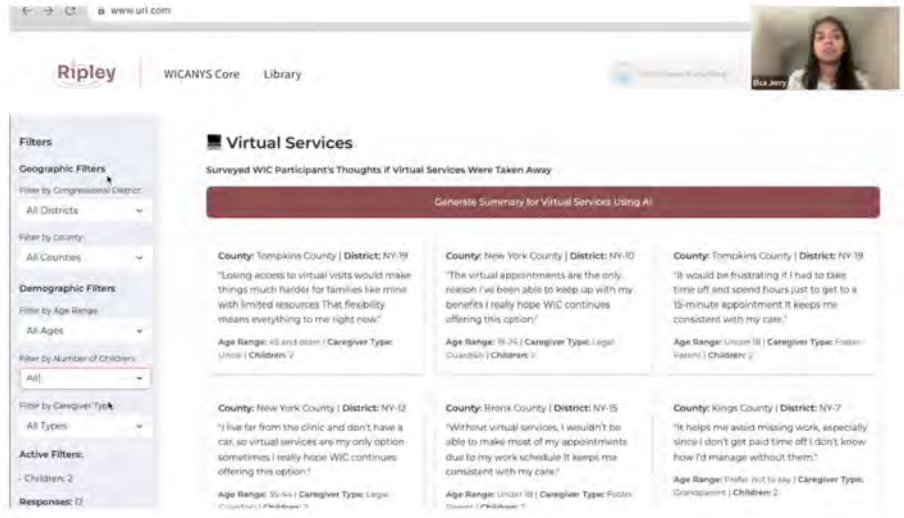


- **Meet the Capstone Team**
- *(Photo of student team) This is a photo of the student team (minus one) at our annual conference where they interviewed many WIC directors and staff* to gather more data and feedback.
- Partnered with a team of **5 CMU graduate students** (Jan–Aug).
- Students applied **research, design, prototyping, and testing** methods.
- WICANYS joined a prestigious list of clients engaged in this program; like NASA, Bloomberg, Google, and Amazon Music. (a $80,000 value)
- ED + 2 Board Members (Legislative & Policy Co-Chairs); Misha Marvel and Lauren Brand, worked closely with the student team to research, design, and prototype every week!



- **What They Developed: Ripply App (here is a 4 min clip) main video will be in the electronic binder**
- Designed a **prototype app** called **Ripply**.
- Goal: make **advocacy easier, more accessible, and more engaging** for WIC staff, partners, and families.
- Includes:
  • Tools to contact legislators quickly.
  • Story-sharing features to amplify WIC voices.
  • Data/impact visuals for policymakers.
- **Next Step:** Fundraise to fully develop this app into a powerful advocacy tool for the WIC community.

RIPLEY APP



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- **Next Step:** Fundraise to fully develop this app into a powerful advocacy tool for the WIC community.

HOW DID THIS BENEFIT YOU?



Modernizes WIC advocacy with data and storytelling.

Helps local agencies and families communicate impact.

Strengthens WICANYS's policy presence.

- **How will this benefit WICANYS?**
- "This project benefits WICANYS in several ways:
- It gives us a **concrete, innovative tool** to strengthen advocacy — moving from reactive to proactive.
- For WICANYS, this isn't just about technology — it's about being able to unify voices, expand our reach, and ultimately protect WIC funding at a critical moment in history

WHAT WERE SOME CHALLENGES?

- Limited resources to build full product.
- Complexity of turning prototype into a live tool.



WHAT WERE SUCCESSES?

This prototype will help us showcase the impact of WIC and strengthen our voice with policymakers.

Positioned WICANYS as an innovator in WIC advocacy.

Strong collaboration across ED, board, and students.

Opportunity for fundraising and partnerships to bring this prototype into reality



- This is a prototype, but it's also an invitation. With the right partners and support, we can bring Ripply to life and give WIC agencies and families the advocacy tool they deserve."

NYCH&H ELMHURST WIC PROGRAM- LA 297

Peer Navigator Pilot Program:

Supporting Immigrant Families in WIC



Presenter: Yesenia Cosme, Site Manager

WHY LAUNCH THIS PILOT?

Challenge:

Over 200,000 asylum seekers arrived in New York City in the past two years. Many newly enrolled WIC participants struggled to redeem benefits due to language, system, and shopping barriers.

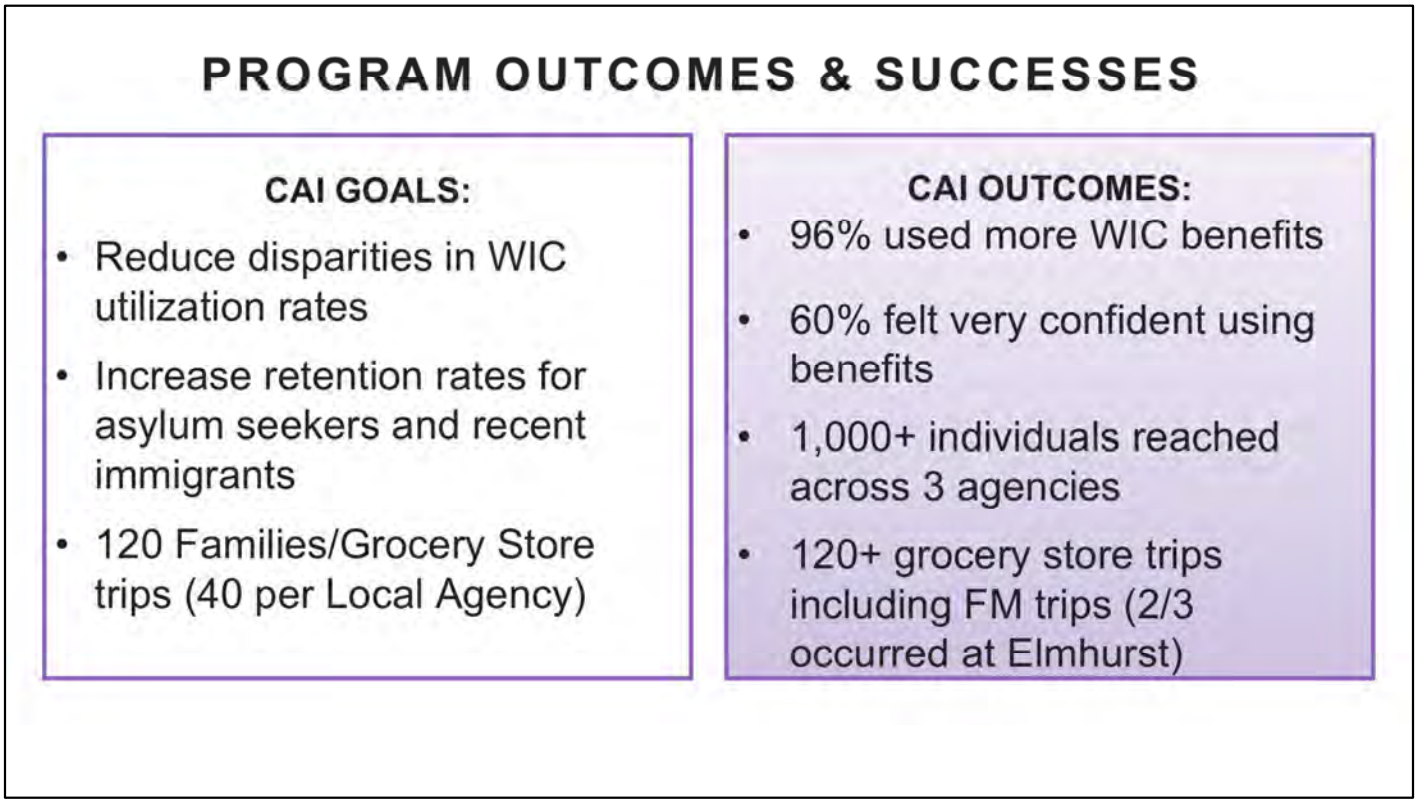




Response:

- CAI, with funding from the New York Health Foundation, launched the Peer Navigator Pilot Project.
- Three agencies were selected
- Pilot goal: Support 120 families (40 at each Local Agency).

Talking point- This pilot wasn't created in isolation—it was a citywide response to a real crisis.
"Elmhurst was one of three agencies chosen to launch this pilot. The shared goal across agencies was to support 120 families—40 of them at our site."
Elmhurst Hospital WIC Program, Catholic Charities of Long Island, Ryan Health Center



Elmhurst supported well beyond the original goal of 40 families."Talking Point: "While the project set a target of 40 families for Elmhurst, our Peer Navigators reached far beyond that, showing the depth of need and the effectiveness of this model." Elmhurst's Results: not only met but exceeded goals significantly.

WHO ARE THE PEER NAVIGATORS?

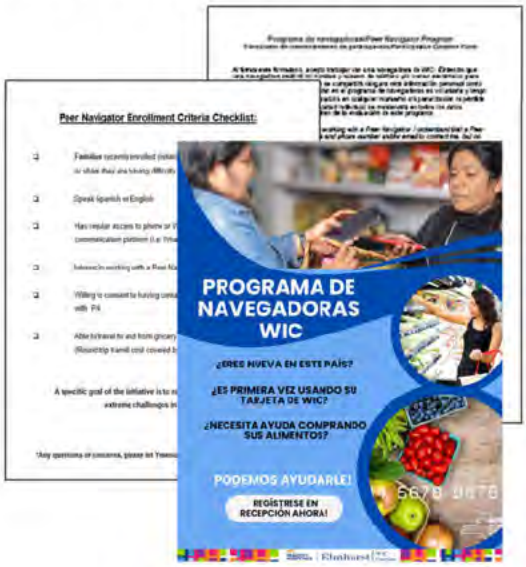




- Trusted guides with lived WIC experience
- Help with eWIC card & WIC2Go app
- Encourage appointment attendance
- Provide cultural & peer-to-peer support

PUTTING THE PROGRAM INTO ACTION

1. Planning & Goal Setting
2. Staff Engagement & Buy-in
3. Training & Mentoring
4. Enrollment: 20 families per Peer Navigator
5. Ongoing Monitoring & Feedback



PARTICIPANT CENTERED NUTRITION SERVICES

- Enhanced shopping experience
- Support with eWIC card
- WIC2Go app assistance
- Advocacy & peer support
- Cultural competence that builds trust



TESTIMONIALS

"She helped me choose all the items and took the time to explain how to buy them when I was on my own. Now I feel very confident that I can shop on my own without anyone's help. Thank you."

"She showed me how to locate WIC-eligible items at the supermarket by looking at the supermarket labels and how to use the WIC app to include the scanner. This has been very helpful. I was so lost at the supermarket that I kept choosing the wrong items and leaving the store."

"She helped me discover and find products that I didn't know were included in my package."

LESSONS LEARNED

Strengths:

- Peer perseverance & commitment
- Improved engagement & health outcomes
- Navigators gained new skills
- Invest in Peer Support → Stronger Families, Healthier Communities

Challenges:

- Hesitancy to sign up
- Difficulty connecting with some families
- Balancing workload
- Adapting processes

QUEENS COMMUNITY HOUSE-CHILDCARE NETWORK

Queens Childcare Network (QCCN) proudly provides an array of services to promote **child wellness, empower parents**, and **elevate communities**. Our scope includes but is not limited to:

- **CHILD CARE SUBSIDY ASSISTANCE**
- **WIC PROGRAM NAVIGATION**
- **CHILD WELLNESS SUPPORT**
- **MEDICAID SOCIAL CARE COORDINATION**

Today's presenter is:

- **DAWN MASTORIDIS, QCCN Director**



QCCN'S "WIC AMBASSADOR" PROJECT

- In January 2025, QCCN was awarded funding through the WIC **Community Innovation and Outreach Project (WIC CIAO).**
- Our mission is to develop a sustainable network of **community leaders** to actively promote WIC **awareness** and **enrollment.**
- To date, QCCN has **trained over 50 people** to serve as "WIC Ambassadors" and collaborated with over **20 community partners,** hosting multiple **events** and **webinars**, connecting with **100+ parents** and **children,** elevating WIC **knowledge** and **engagement.**



OUR STRATEGY

To combat common barriers to accessing **WIC,** QCCN has focused on empowering **underserved immigrant families** and **non-citizens**.

Utilizing an **educational, community-centric approach** that amplifies our diverse network of childcare providers, parents, staff, and community partners to serve as **WIC AMBASSADORS.**

With targeted training and outreach, QCCN facilitates **WIC awareness** and engagement of **vulnerable parents** and **at-risk children.**



HOW DID YOU IMPLEMENT THIS?



- Creating and/or Sharing **Multilingual WIC MATERIALS**
  - Hard Copy, Digital, **Website,** and Social Media
- Recruiting & Cultivating **WIC AMBASSADORS**
  - Developing a diverse network of **WIC literate Community Leaders**
  - Offering **Support, Incentives,** & **Recognition**
- Embedding **WIC Screenings** & **Enrollment** Support into our existing Intake Process.
- Facilitating **WIC AWARENESS**
  - WIC **Wednesdays**
  - **April Awareness** Event
  - Community **Baby Shower**
  - **Family Wellness** & Back-To-School Event

HOW DID THIS BENEFIT YOU?

This initiative has extended QCCN's scope of support beyond childcare and has allowed us to provide a more comprehensive **maternal-child health service model** that includes access to **pre- and post-natal nutrition education and resources.**

Our **WIC Ambassador Project** has also allowed us to better serve **at-risk pregnant women** as well as **immigrants** and **noncitizens** who might otherwise would not have engaged with our organization.

Additionally, this project has enhanced QCCN's connections with our network of **licensed family-based childcare providers**, parents, QCH staff, and community partners, -allowing us to increase our **positive impact** on **underserved families** and **marginalized communities**.



WHAT WERE SOME CHALLENGES?



- WIC Ambassador **Recruitment**
- WIC Ambassador **Continued Engagement** (Post-Training)
- Tracking of **WIC KPI Surveys**
- Coordinating **WIC Referral Outcomes**
- Distribution of **E-Gift Card Incentives**
- Embedding **WIC Screening** within our Childcare Intake Process
- Facilitating a **WIC Awareness Culture** within our Network.

WHAT WERE SUCCESSES?

- **WIC Ambassador Trainings** (In-Person & Virtual)
- WIC Ambassador **Monthly Team Meeting Raffles**
- **"WIC Ambassador of the Month"** Recognition
- **"WIC Wednesdays" Social Media** Posts
- QCCN Website: **WIC Awareness Page**
- QCCN **WIC Ambassador Business Cards** & Large **(6" x 9") Outreach Postcards**





QCCN WIC PROJECT MATERIALS





QCCN WIC PROJECT MATERIALS





QCCN CONTACT INFORMATION

EMAIL: **CHILDCARE@QCHNYC.ORG**

VOICEMAIL: **347-897-4949**

WEBSITE: **WWW.QUEENSCHILDCARE.ORG**

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71 posts 107 followers 58 following

QUEENS CHILDCARE NETWORK
Child Care Service
QCCN supports a network of licensed in-home early childhood programs throughout Queens. Assists with EarlyLearn, 3K enrollment & parent resources.
www.queenschildcare.org + 1

163 accounts reached in the last 30 days. View insights

ESSEX COUNTY WIC


Krista Berger – WIC Coordinator


Emily French - Nutritionist/Breastfeeding Coordinator/Car Seat Technician


Michelle Koenig - Account Clerk


Stephanie Dezalia - Clerk

WIC N' PICK

N' pick

From Farm to Table:
A Hands-On Learning Experience – 2025 Summary



WHAT IS WIC N' PICK?

Hands-on Harvest:

Parents/caregivers/families: pick their own produce in a space that is handicap, stroller, and wagon accessible.

Learn about farming and gain insights into farming practices, seasonal produce, and the importance of sustainable agriculture.

Educational experience



- carefully select ripe vegetables like tomatoes, cucumbers, peppers, and leafy greens.
- Parents/caregivers/families learn about the origins of the food and appreciate the hard work of farmers

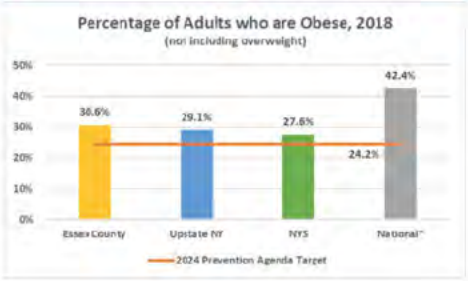
WHAT THE DATA TELLS US

30.6% of adults are obese in Essex County

1 in 3 adults consume no fruits or vegetables daily

1 in 4 adults get no physical activity

12.6% of adults have diabetes







12.6%

1 in 4 adults get no physical activity daily



26%

1 in 3 adults consume no fruits or vegetables daily



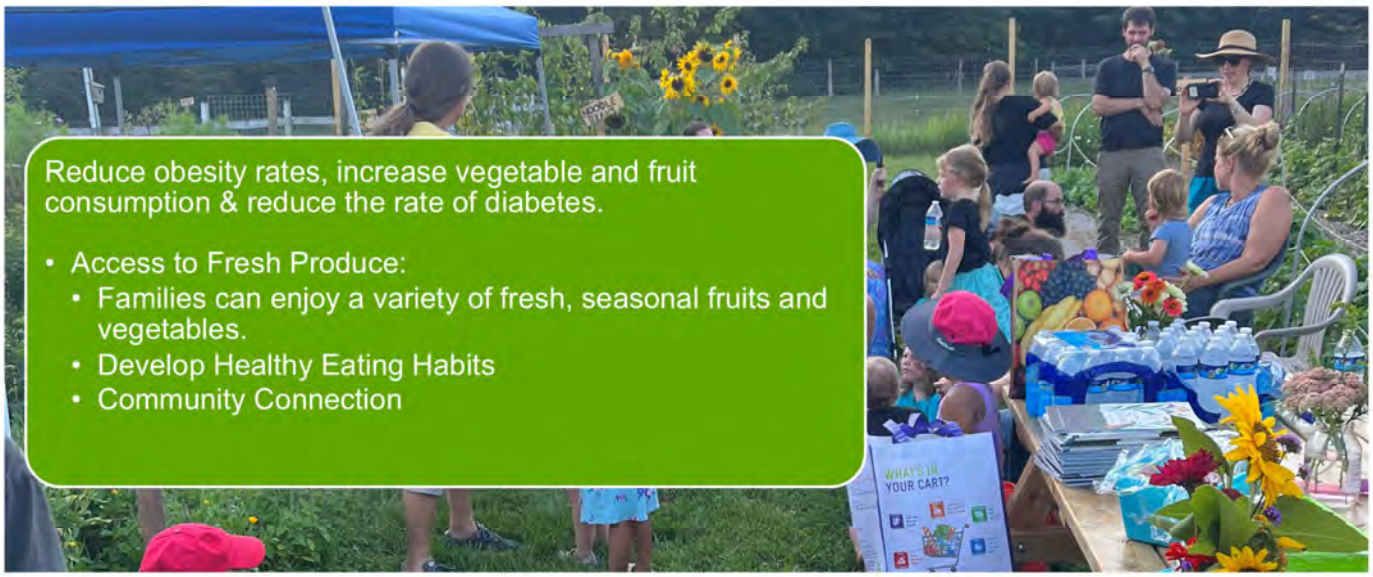
32%

Almost 30% of adults consume at least 1 sugar sweetened beverage daily



29%

BENEFITS OF WIC N' PICK?



- Families can learn about healthy eating and nutrition.
- Families share meals and create lasting memories.

HOW DID YOU IMPLEMENT THIS?

- The program is held each summer in partnership with Craigardan and Creative Kitchen Garden at DaCy Meadow Farm.
- Families attend weekly sessions to pick fruits, vegetables, herbs, and flowers.
- Each session includes simple tips on cooking and using what is harvested.
- A regular schedule is offered—Fridays at Craigardan and Tuesday evenings at Creative Kitchen Garden.



- We started WIC 'N' Pick to give our families a fun, hands-on way to connect with fresh, local food. Each summer, we partner with Craigardan and Creative Kitchen Garden at DaCy Meadow Farm to host weekly sessions. Families join us to pick fruits, vegetables, herbs, and flowers, and while we're out in the garden, we also share simple tips on cooking and using what they harvest. To make it easy, we set up a regular schedule—Fridays at Craigardan and Tuesday evenings at Creative Kitchen Garden

HOW DID YOU IMPLEMENT THIS?

- Families sign up by phone or text to reserve a spot.
- The program is free for WIC participants, supported in part by local Rotary clubs.
- Since its launch in 2022, WIC 'N' Pick has continued every summer.
- The initiative aims to teach children where food comes from, bring families together, and encourage healthy choices.



- Families can sign up by calling or texting us. The program is free for WIC participants, thanks in part to support from community partners like our local Rotary clubs. We launched in 2022, and because families loved it, we've continued the series every summer. For us, it's not just about food—it's about teaching kids where their meals come from, bringing families together, and helping everyone feel confident about making healthy choices.

ACHIEVEMENTS FOR FAMILIES



- Learned basic cooking techniques (steaming, roasting, sautéing, grilling)
- Explored flavor combinations with herbs, spices, and sauces
- Practiced portion control
- Incorporated vegetables into meals and snacks (soups, salads, sandwiches, smoothies)
- Increased vegetable intake, tried new vegetables
- Reduced consumption of processed foods
- Learned about seasonal produce
- Practiced safe food handling
- Learned techniques to involve children in the cooking process

INTRODUCING THE CHARLIE CART



The Essex County Food Hub and Health Department received a grant to teach healthy eating to WIC families.

The Charlie Cart Project, a mobile kitchen, provided hands-on cooking classes.

The goal was to help children build lifelong healthy habits.

This included eight outings, live cooking demonstrations, and recorded sessions with simple recipes

- This was purchased through a collaboration with The Essex Food Hub and Mother Cabrini Health Foundation. This summer we had guest chefs from our area come to the farm to do food demo’s or kid’s cooking classes.

WHAT WERE SOME CHALLENGES?

Challenges

- No set arrival time
- Delivering the educational workshop component
- Accessibility of spaces
- Learning how to utilize The Charlie Cart effectively



Looking Forward

- The more flexible the structure the better
- Designing garden spaces with the community in mind
- Continued collaboration with community partners to use The Charlie Cart

- Transportation in our area is always a problem. We were able to ask for funding to give each family a $20 gas card.

THANKS TO ALL OF OUR COMMUNITY PARTNERS

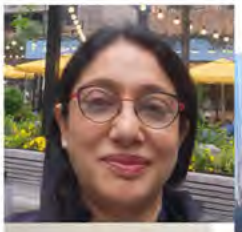


- Sponsors this year included Rotary Club of Lake Placid, Excellus, ADK Action, The Essex Food Hub and Mother Cabrini Health Foundation who helped us purchase The Charlie Cart.

PUBLIC HEALTH SOLUTIONS

Public Health Solutions Jamaica WIC Center

Zahida Meghar
Yolanda Perez
Shima Rahman
Neeta Gurung
Sunita Malhotra
Jalene Cruz
Olga Tkachenko







WELLNESS STAFF DAYS

What innovative strategy did you implement?

*Wellness at monthly Center and General Staff Meetings

*Review book "Love Em or Lose Em" at monthly Manager's Meetings

*PHS Staff Milestones – Years at Company

*PHS Staff Picnic

*PHS Summer Walking challenge

*PHS Staff Holiday Lunch

*PHS wellness including massages, yoga, meditation

*Hybrid work schedule

What innovative strategy are you working on?

*Incorporate more staff recognition from supervisors to staff and peer to peer

THE STRATEGY

- Wellness Hour at WIC centers
- Wellness topics at General staff meetings
- Managers are assigned chapter from the book "Love Em or Lose Em"



- Wellness Hour at WIC centers– staff take turns leading a discussion on wellness with their colleagues to encourage and inspire others to implement wellness in their lives; (ex. sharing a recipe, sharing a physical activity)
- Wellness topics at General staff meetings - staff share a topic of wellness (ex. healthy eating at work, recipe book, physical activity, movement)
- Managers are assigned chapter from the book "Love Em or Lose Em", each month one manager will review a chapter and we discuss and reflect on what we are currently doing with the staff.

HOW DID THIS BENEFIT YOU?

- Sharing Wellness topics allows staff time to share what they are doing in their lives and connect with other staff, focus on their health and wellness
- Reading the book "Love Em or Lose Em" gave an opportunity for managers to reflect on what they are currently doing, how they can improve and share ideas, successes and challenges with their colleagues



WHAT WERE SOME CHALLENGES?

- Finding time



- The only challenge is finding the time but once Wellness and the book "Love Em or Lose Em" became a part of our meetings and we made a schedule on staff covering topics for each month/meeting, these became a part of our routine

WHAT WERE SUCCESSES?

- Productivity, higher caseload and participant retention
- Improved work-life balance
- Flexibility for staff
- Team building and staff working better together

COMMUNITY HEALTH CENTER OF RICHMOND-WIC



Marcia Santiago, WIC Director
Nancy Bravo Cuenca, CPA
Jamie Ashton, Program Support/ Outreach Coordinator
Ravin Lath, Nutrition Assistant

- I'm Marcia Santiago, WIC Director at the Community Health Center of Richmond. Since our program began, I've been responsible for building recruitment, onboarding, and training from the ground up. Part of that work has been making sure career development is embedded into how we grow our staff. The entire WIC team is part of making them successful. Their engagement, willingness to learn, and openness to mentorship is what makes the program work.

TOPIC: “BUILD A BRIDGE”

Staff Career Development Strategies “Build a Bridge”



We’re calling our approach *“Build a Bridge.”* It’s not an official program name, but a way to describe how we help staff see clear career pathways and give them the tools to get there.

EXPLAIN THE STRATEGY

- Embedded **career growth** into onboarding and **continuous training & development**
- Mapped **clear pathways** to CPA, DBE, and Coordinator roles
- Formalized **mentorship + shadowing** to build confidence



- We built staff career development into our onboarding and continuous training process. Staff see from the beginning how they can advance to CPA, DBE, or leadership roles. Mentorship and shadowing were added to build confidence and ensure staff don't just hear about opportunities, but are actively supported to pursue them.

EXPLAIN THE STRATEGY

- At hire: review **education, prior WIC/breastfeeding experience, certifications**
- Discuss **career goals** and share the **full list of WIC roles**
- Co-create a pathway: **skills, coursework, timelines** to qualify when roles open
- Provide **structured opportunities**: shadowing, targeted competencies



- At hire, we review each staff member's education and prior experience to identify growth opportunities. During ongoing training check-ins, we revisit progress, goals, and future roles. Staff receive clear information about what coursework or competencies they'd need to move forward, and we give them structured chances to shadow CPAs and practice skills along the way.

HOW DID YOU IMPLEMENT THIS?

- Built the process into **recruitment + onboarding** (from inception)
- **Continuous training & development** check-ins to revisit goals and progress
- **Mentor pairing** (CPA/DBE) for guided shadowing and coaching
- Documented **milestones** toward eligibility (e.g., coursework, competencies)



- Because our program was new, I built these processes into recruitment and onboarding from the start. We now use continuous training check-ins to keep goals active, not just one-time conversations. Mentorship is built into the process by pairing staff with CPAs or DBEs, ensuring they get hands-on guidance.

HOW DID THIS BENEFIT YOU?

- **Internal pipeline:** Fill gaps in vacant WIC nutritionist roles with CPAs
- **Morale & engagement:** growth is visible and supported
- **Participant services:** more confident, better-prepared staff
- **Retention:** staff see a future here



- This approach has directly strengthened our staffing and service delivery. For example, when our only other Qualified Nutritionist resigned, Nancy — who had been supported through this career development pathway — was able to step into the CPA role right away. Having that internal pipeline not only filled the gap quickly but also boosted morale, showed staff that advancement is real, and ensured our participants continued receiving uninterrupted services.

WHAT WERE SOME CHALLENGES?

- Many staff **don't know** advancement is possible (missed opportunities)
- Need for **clear expectations** and structured feedback
- **Time for mentors** to coach meaningfully in busy clinics
- New-agency reality: **building processes** while delivering services
- Tuition reimbursement not an allowable expense



- Some agencies lose valuable opportunities because staff are unaware that advancement is possible.
  I interviewed an applicant from another WIC agency who was applying for the same role with the hope of higher pay.
  She held a bachelor's degree in Medical Assisting but did not know the CPA pathway was available to her.
  At CHCR, we make this clear through onboarding and training, though it remains a broader challenge across agencies.
- Another difficulty is that tuition reimbursement is not an allowable WIC cost, which restricts how most agencies can invest in staff education.

WHAT WERE SUCCESSES?

- **Promotion:** Nancy advanced from Nutrition Assistant → **CPA** within one year
- **New hire example:** Prior WIC + CLC + Associate's in health—now on a pathway to CPA/DBE and future Breastfeeding Coordinator
- Culture shift: growth and promotion are expected, not exceptional



THE BRIDGE TO MORE RESILIENT WIC AGENCIES

Talent is already here—clear pathways help us keep it, grow it, and better serve families.



AGENCY NAME

LA 201 - Warren County WIC

- Bethany Paquette – QN
- Jolie Navatka-Cross- QN
- Crystal Harrington- Peer Counselor/ Outreach Coordinator/ Nutrition Assistant
- Sara Tararran- Casella- Full Time Support Staff
- Cassandra Rausch – Part Time Support Staff
- Olivia Jones – Per Diem CPA/ PHN
- Jignasha Shah- Public Health Program Manager/ WIC Coordinator /QN

- Warren County- Adirondacks, NY – rural county - total population of about 65,000
- New position started – August 2024
- Fully staffed by September 2024

TOPIC

What innovative strategy did you implement?

- Staff training
- Learning Community 2024-2025
- Scheduling best practices
- Appointment times
- Lunches
- Organizing skills

- Cross trained staff
- Highly recommended by RO team for participating in Learning Community: 2024-2025
- Highlights from CAI- schedule revamped
- Scheduling best practices – participant to nutritionist ratio
- Appointment times – adjusting each appt as per guidelines provided by CAI- 15 min NE / 15 NE & HNU
- Lunches

EXPLAIN THE STRATEGY

- Changes in entire schedule
- 9 sites in total
- Closed a site
- Reduced number of days to clinic sites to one day
- (Southern sites)
- Continue to serve Northern / Rural clinic sites
- Adding Main office clinic days
- Extended workday @ Main office: 7.30am-6pm



- Revamping all clinic hours
- Closing a site
- Reduced in person days at clinics (southern sites – 4 sites)
- Continue to visit Northern sites – rural - lack on transportation / cell service
- More main office clinic days – 10-12 days on main office clinic in a month – most are assigned / on calendar// others added at start of the month to serve specific participant needs- FPC/ New mom / New Baby

HOW DID YOU IMPLEMENT THIS?

- Staff readiness
- Follow RO procedures
- One site closure
- Schedule changes
- Transitioning to new schedules



- Staff readiness – push back / mental preparedness for change
- Forms / steps to be done correctly- all data for site closure
- Closed one site
- Schedule changes – countless hours calculating / re calculating to line 8 hours beyond the normal business day, not new- past schedules somehow missed these guidelines
- Transitioning to new schedule happened in June (may we did a partial run on certain locations)
- Felt like life in transition – will we make it or not

HOW DID THIS BENEFIT YOU?





- Great team to work with.- stronger
- Acceptance to change in a good way
- Trusted & Resilient team – happy for the most part
- Success due to and with the team
- Goal-to serve the people & community – Stayed consistent

WHAT WERE SOME CHALLENGES?

- First 2 quarters
- Setting new goals
- Outreach goals
- Promoting Online Nutrition Education



- Mental adaptation to change- the biggest challenge to overcome, mental preparedness / acceptance
- New goals / preparations- case load – issue with many of us – demographic changes – budget guidelines based on case load
- Outreach
- Online Nutrition Education

WHAT WERE SUCCESSES?

- Road to success
- Latest schedule updates
- Peer Counseling
- Outreach goals



- As said, road to success is never easy
- Schedules are fully adapted at site locations / office – staff
- More opportunities for outreach – agencies- MVP/ Fidelis / SNAP / Alliance for positive health - organization collabs/ EFH with fresh food produce / new automatic qualifier for Headstart / warren county health services- car seat & outreach work together
- Peer counselling has picked up
- Continue to promote ONE

Warren County Health Services

Warren County WIC Program

LA 201

Presented by- Jignasha Shah MS, MPH

Public Health Program Manager / WIC Coordinator

Email- shahj@warrencountyny.gov

Manager's Workshop, Day 2: Chair yoga for the Wellness Activity
Kathy Noakes, creator of Brave Life Yoga

Kathy Noakes is a certified yoga instructor with Yoga Alliance, and she has been teaching yoga for over 10 years in a variety of formats and class styles. Kathy currently teaches at a local yoga studio and leads chair yoga classes at a local senior center. She also offers Community Education classes through a local school district and outdoor classes in the summer.

Kathy created *Brave Life Yoga* to provide yoga opportunities for all in an attempt to erase some of the intimidation that that one might feel about walking into a yoga studio or feeling that they "can't do yoga." Kathy incorporates a little bit of fun in all her classes as laughter is a great stress reducer.

Kathy would love to share the beauty and accessibility of chair yoga at the WIC Manager's Workshop.

Goal:

- Provide the participants with easily accessible ways to reduce stress, calm themselves, and provide physical and overall well-being in the comfort of their homes or even in the office!

Each session will include:

- Breathing techniques
- Meditation - stillness guided by breath
- Slow and gentle seated and standing movement guided by breath AKA moving meditation
- Stretching seated and standing poses guided by breath
- Session will end with a relaxing Savasana

Standing activity will not require a mat and we will use the chair as a prop.

They can train your thinking lid to flip less often and less frequently.

LEAD WITH CARE: TRAUMA-INFORMED TOOLS FOR WIC SUCCESS

Eric Reyes

NOVEMBER 19, 2025

60 minutes

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SPEAKER DISCLOSURE

I hereby certify that, to the best of my knowledge, no aspect of my current personal or professional circumstance places me in the position of having a conflict of interest with this presentation. I hereby certify that, to the best of my knowledge, neither I (including any member of my immediate family) nor any individual or entity with whom or with which I have a significant working relationship have (has) received something of value from a commercial party related directly or indirectly to the subject of this presentation.

- Please note, that immediately following the Policy section of each policy in the WIC Program Manual, is the regulations section, which either includes the direct links for reference or lists the complete regulations.
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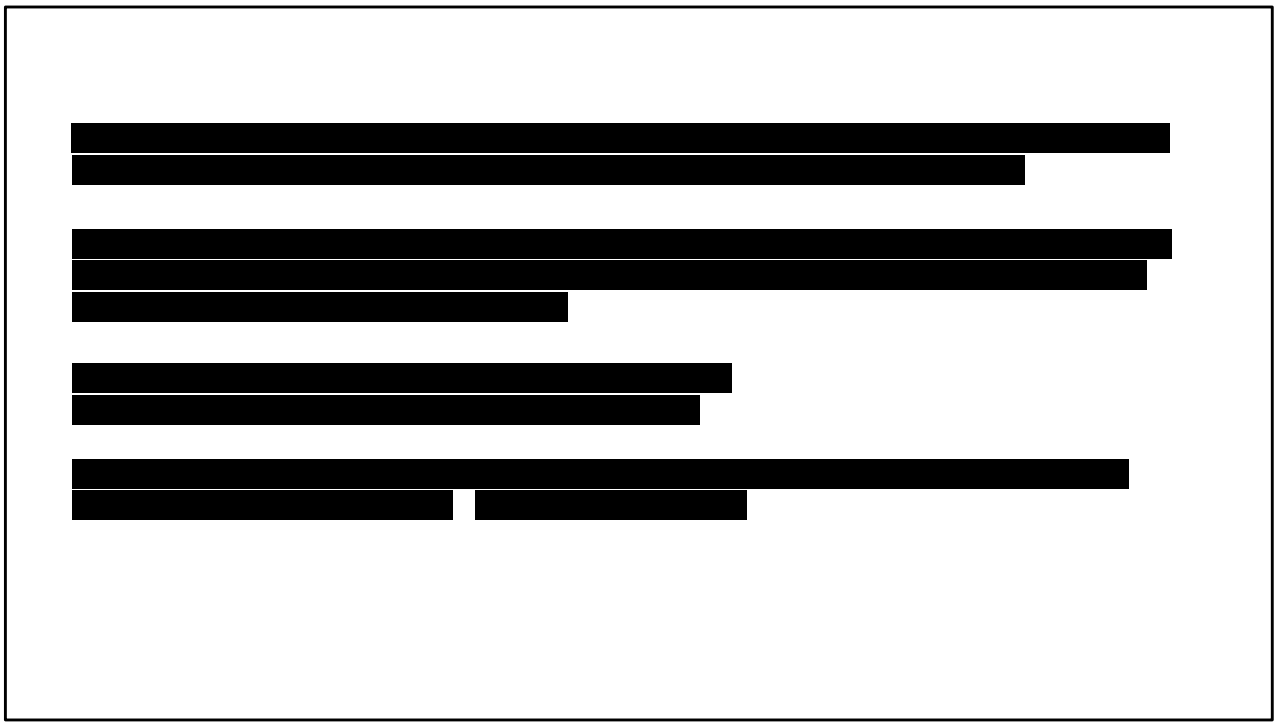

Funding for this training provided by the USDA.

We will be providing you with a copy of today's PPT at the end of the training so, no need to worry about copying this information down.

GOAL

To provide WIC directors with trauma-informed tools and strategies to recognize, respond to, and support the mental well-being of themselves, their staff, and participants during times of heightened stress and trauma.



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OBJECTIVES

By the end of this workshop, you will be able to:

- Recognize signs and symptoms of stress and trauma in oneself, staff, and participants, in a trauma-responsive way, to better understand behavioral responses
- Apply de-escalation and support techniques to effectively manage and respond to stress-related challenges within the WIC environment

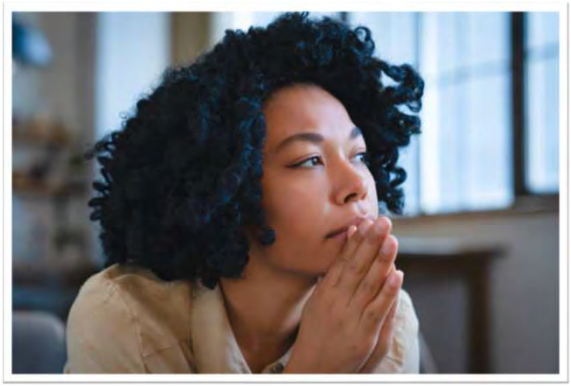


We want to talk about three steps for creating safe environments and respecting boundaries

CHECK-IN WITH YOURSELF

Notice your reactions (physical, emotional, etc.)

What can I do in this moment to come back to a centered place?



With any trauma informed approach, the first step is always to check in with yourself.

Checking in with yourself acknowledges that situations and conversations can push your buttons and make you less effective as a supervisor in those moments. This makes even more sense when we are working with concerning or stressful situations and having conversations with staff about challenging situations or cases.

Notice your physical and emotional reactions. Maybe your heart is beating fast? Are you having a response?

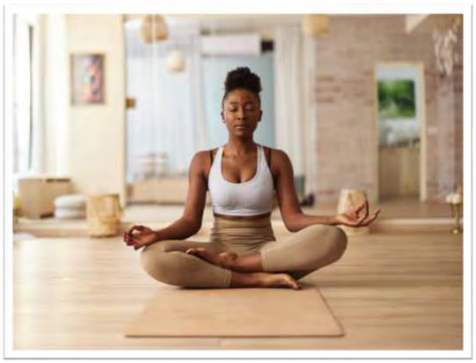
Then identify what skills or strategies you might do at that moment to ground yourself and be present.

Ask: What might be some quick, in-the-moment things someone could do to ground themselves? (take 2-3 responses, then move to the next slide with some more specific quick things)

IDENTIFY GROUNDING STRATEGIES

One Minute Strategies

- Cold water on hands/wrist
- Ice cubes on the neck
- Touch
- Clench and release
- Shaking
- Tapping



You just listed a few things you might be able to do to bring yourself back to the moment and stay grounded in a stressful situation.

We wanted to suggest a few other ideas that activate the body's calming response (parasympathetic response) and can happen within the time it takes to *pause*.

Things like [**CLICK, CLICK**]:

Cold water on hands/wrist
Ice cubes on neck
Touch
Clench and release
Shaking. Animals in the wild shake after they have been run down by tiger.
Tapping

These types of activities engage one or more of the five senses in the moment. They calm the nervous system to prevent the accumulation of stress and the FFF response. These activities, in addition to other calming things, can help you to remain in control of yourself.

They can train your thinking lid to flip less often and less frequently.Type text here

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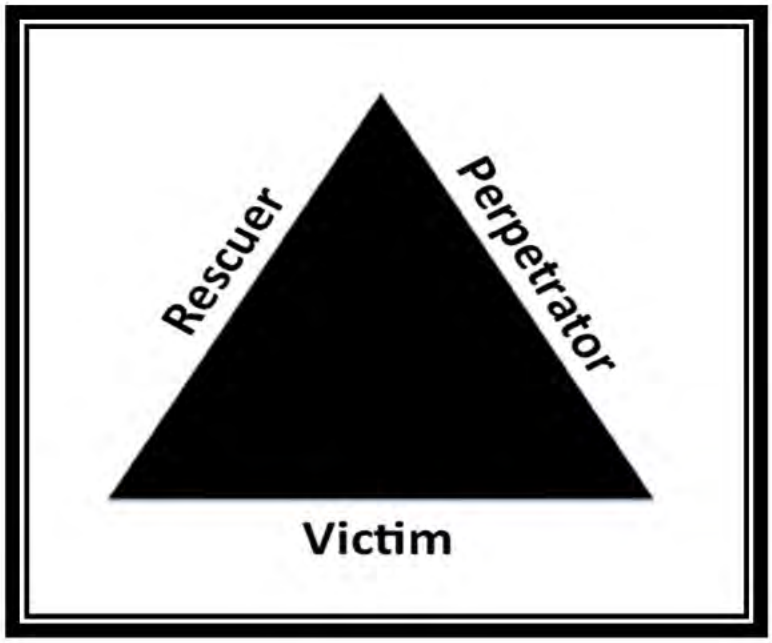
THE DRAMA TRIANGLE

THE DRAMA TRIANGLE

The Drama Triangle, Karpman, S., 1968

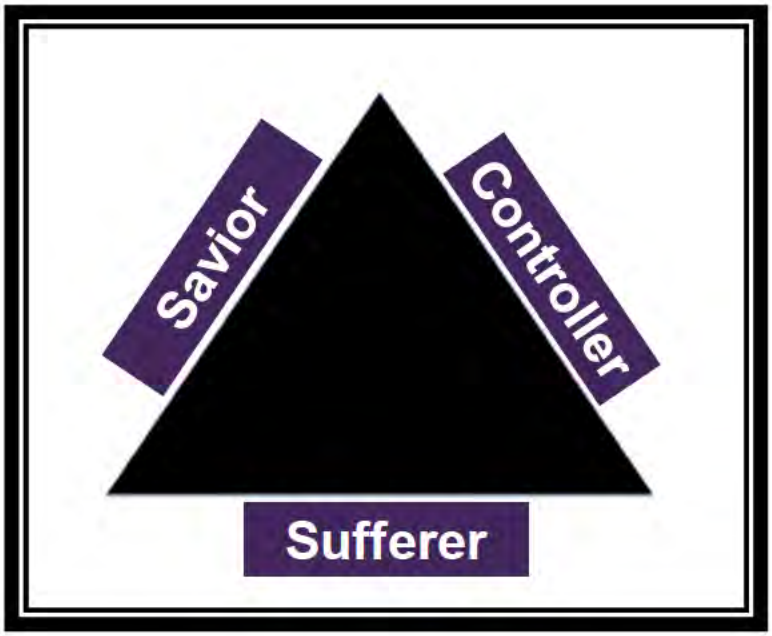


We also want to notice any unusual dynamics that might arise in our interactions with supervisees.

The Drama Triangle, developed by Karpman in the 1960's, is a way to talk about the dynamics of interpersonal interactions that can take place when there is conflict or other emotionally charged situations between us and our supervisees or between our supervisees and their participants. It is a set of three interrelated but ineffective roles that people may play out. In his original model he labels these roles as the rescuer, perpetrator, and victim.

THE DRAMA TRIANGLE

Adapted from: The Drama Triangle, Karpman, S., 1968



While we find that the concepts connect to people, sometimes the language doesn't necessarily resonate with everyone. Particularly those with a trauma history and so for that reason we have changed the labels and are choosing to use these words instead. We can think of each role in this way:

- The "savior" is a role we can slip into when we try to solve a conflict by intervening on behalf of sufferers; despite good intentions, saviors are often people pleasers who over function, unintentionally keeping others helpless.
- "Controllers" seek control in an effort to resolve conflict, they often feel they must win at any cost, this may lead them to being critical and finding fault in others without seeing their own responsibility for situations.
- "Sufferers" see themselves as helpless, often giving up, and looking for saviors to solve the problem for them.

Although all 3 positions are 'roles' and none may be true to who we really are, we can all get caught in a cycle of enacting these roles that is hard to escape. Taking one of these roles ultimately keeps a person focused on the problem and their own self-protection vs. problem solving, by focusing on the desired outcomes, and bringing out the best in others.

SUPERVISORS CAN ALSO PLAY OUT THESE ROLES



Any thoughts or comments or questions about the Drama Triangle?

How many of you can relate to this (put your thumb up).

INCREASING AWARENESS

What situations might “pull you” into the roles of the drama triangles?

Controller…“It’s all your fault.”

Savior…“I need to save others.”

Sufferer…“This is happening to me.”

Increasing your awareness might include noticing when you are likely to go into the different roles. So, for example, when as a supervisor might you go into...

- CLICK controller
  - This might look like blaming, "it's all your fault"
  - This could look like seeing a staff person who didn't follow through with their responsibilities and then shaming them for it.
- CLICK savior
  - This could look like the desire or need to save others
  - Maybe dedicating more time or working harder than a particular staff person

• CLICK sufferer
o This might look like asking, "What does this happen to me? Why do they do this to me?"

WHEN YOU NOTICE YOU ARE IN A ROLE…

Acknowledge without judgment

Give yourself space to pause

Get grounded

Think strategically of what you can do differently



When you notice that you might be in one of those roles,

[CLICK] Acknowledge without judgment

[CLICK]Give yourself space to pause and not react

[CLICK]Get grounded

[CLICK]Think strategically of what might help

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Another tip that might help if you find someone going into the roles is to slow down. Slow down and share the details of the interaction, step-by-step so that you can focus back at the work and better understand what was trying to be conveyed at the moment. It's almost like you want to play what happened in slow-motion with alot of details.

BENEFITS OF THE FRAME-BY-FRAME ANALYSIS

Differentiate their subjective experience vs. objective experience

Explore staff's thoughts, feelings, and intentions, and affirm intentions

Build on staff's skills to better align with their intention

Use the TI lens to determine what might have happened and how to proceed in the future

Some benefits of slowing down and breaking things down like a movie scene (this happened, then this, then this…)

- This allows us to understand and differentiate their subjective experience (how it feels) vs. objective (what actually happened)
- Allows us to explore what the staff's thoughts, feelings and intention. Often, we can affirm the intention (ex. I wanted them to see if they don't take their medicine their illness can get worse)
- They might have instead said something based off this good intention and right on point and perhaps delivered in a way that wasn't receptive like "you better take your meds if you want to live"
- This will help us as supervisors to build on their skills to be more in line with their intention.
- Lastly it also helps us use the TI lens to discover what happened that might have pushed a button

CONTAINMENT

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CONTAINMENT

Ensure supervisee “feels heard”

Bring conversation back to work, focusing on:

- Effectiveness with situation/participant
- Professional development



In these situations, being able to contain that conversation is critical.

It helps the supervisee and supervisor maintain healthy boundaries and helps to provide the supervisee with appropriate support while still maintaining the focus on the work.

And as all trauma informed approaches, containment provides safety and predictability

2 key steps in containment –

- provide the supervisee with a genuine experience of being heard and cared about
- then pivoting it back to the work ----- using what they have said as a way for them to increase their self awareness and their efficacy within their role and responsibilities

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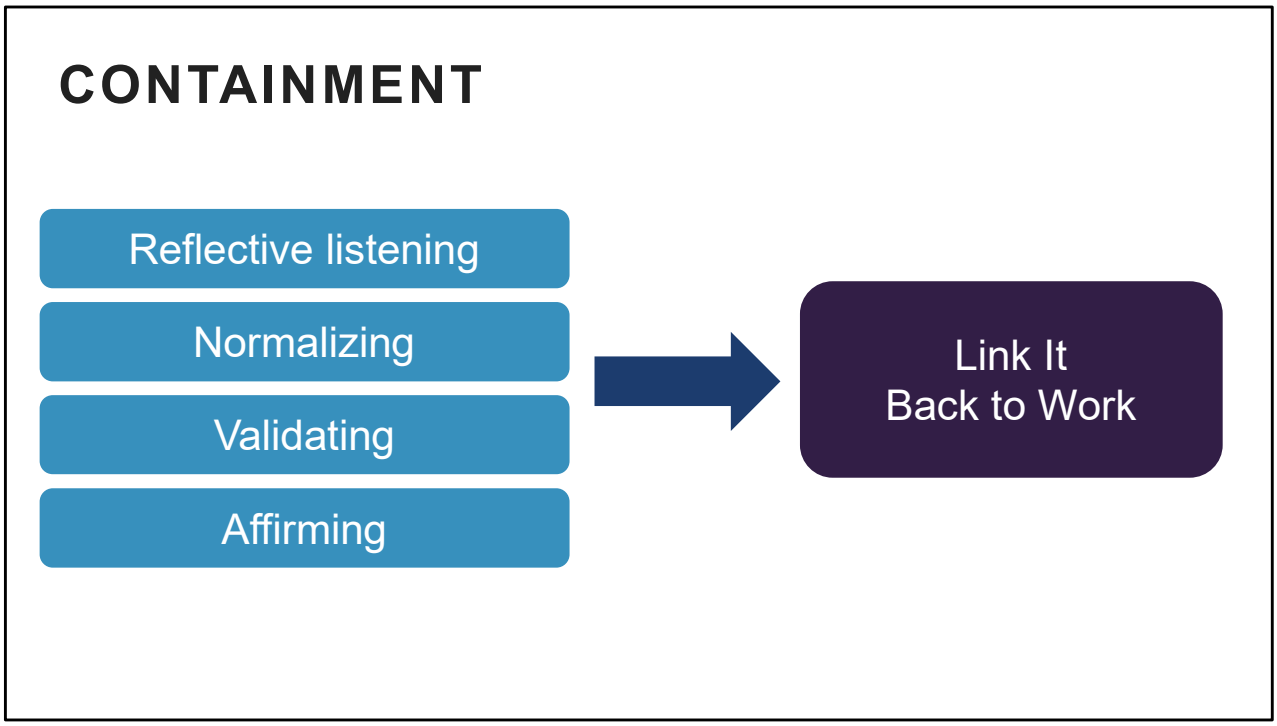
CONTAINMENT: SUPERVISEE "FEELS HEARD"

- Reflective listening
- Normalizing
- Validating
- Affirming

So, first you are going to use those communication skills we all know to make the supervisee genuinely feel heard:

Reflective listening, normalizing, validating and affirming their feelings, thoughts or experiences.



In using those communication skills, you then you want to pivot back to the work. We call this idea "linking", because you are linking what the staff person is talking about to the work.

Linking

To Work with Participant or to Educate for Capacity Building

- Connects a subjective experience back to the more objective goals of the work
- Legitimizes supervisees' reactions while showing there is a path back to the work
- Increases participation and builds a partnership with the supervisee
- Helps take the work to the "next level"

By Linking it you can

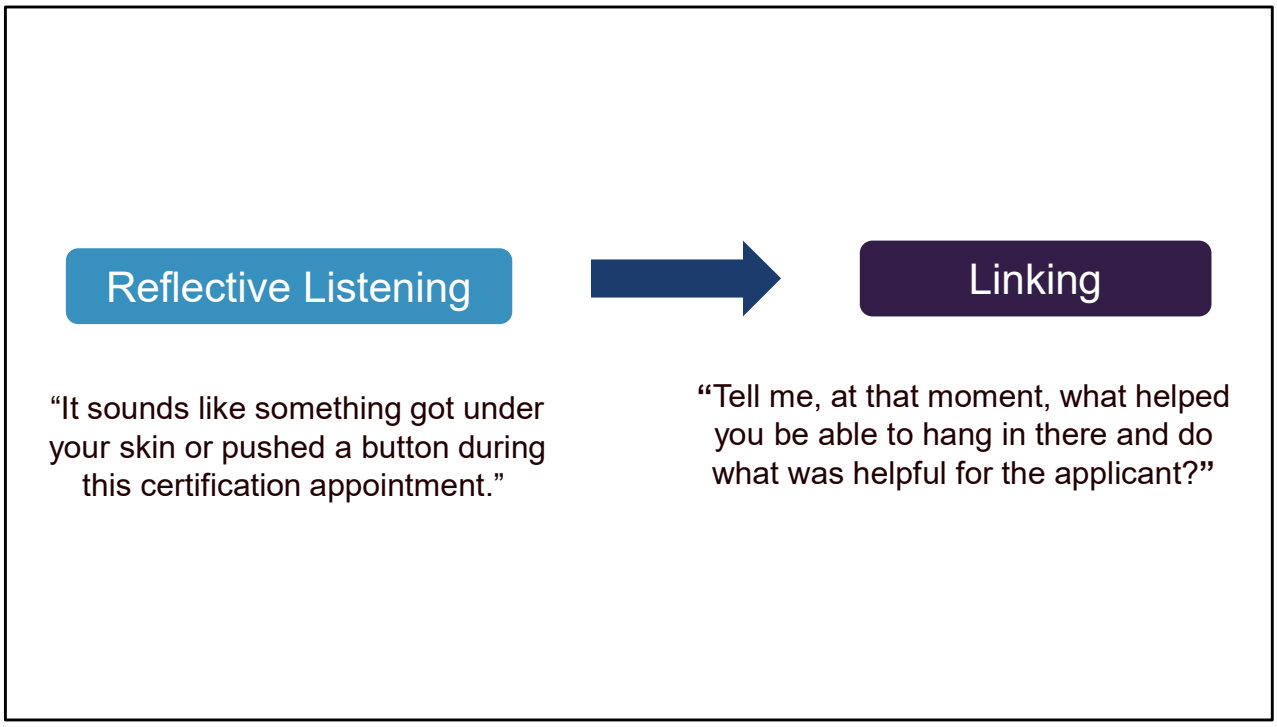
- [CLICK] Connects a subjective experience back to the more objective goals of the work
- [CLICK] Legitimizes supervisees' reactions while showing there is a path back to the work. And it could focus on the work with the participants or education to improve their capacity to do the work well
- [CLICK] Increases participation and builds partnership with the supervisee
- [CLICK] Helps take the work to the "next level"
- Trick is to quickly link it no matter what other skills you choose. Linking back to the work.

Lets see how that might look in a supervisory session.



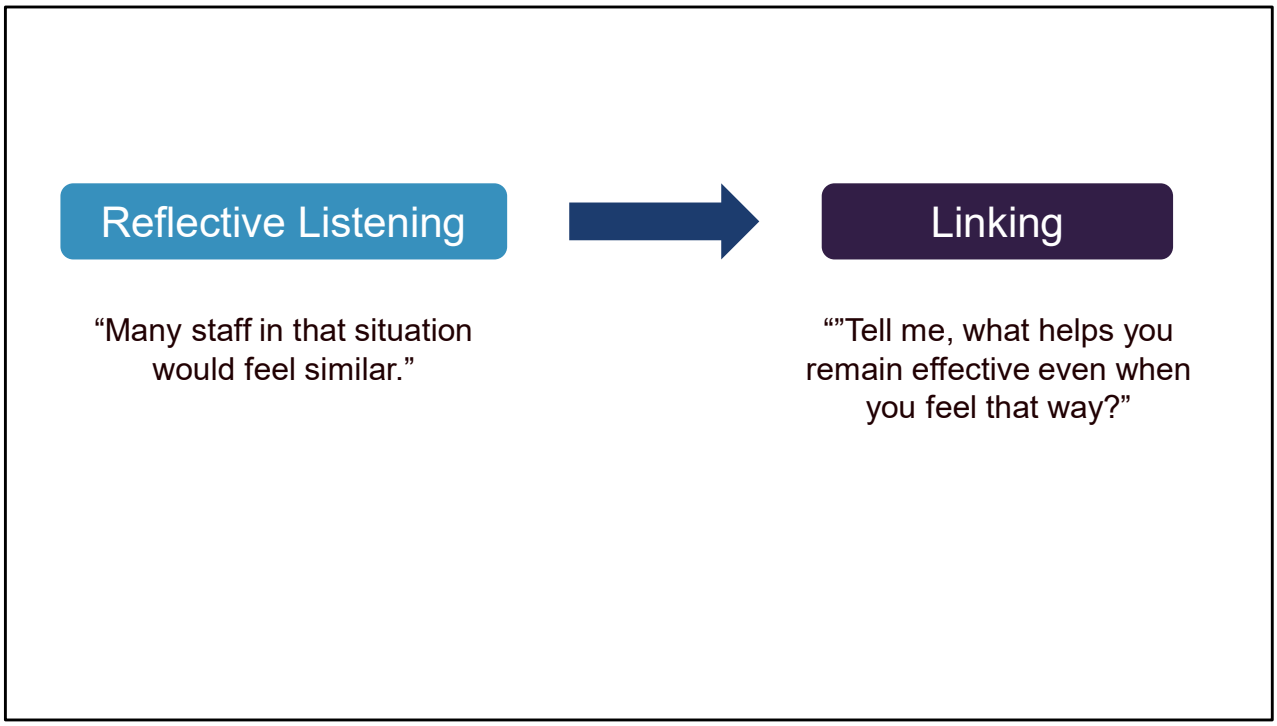
"I had a hard time with a new applicant earlier today. She came in upset and was talking really fast. She raised her voice a couple of times with me, and I noticed I started to feel tense, and I started getting defensive. I told her she had to sign the Rights and Responsibilities, and she got an attitude with me! It reminded me of other situations in my life where I've felt unsafe. I just wanted to finish the certification and get her through the process as quickly as possible!"

Process with the following questions:
What physical or emotional reactions did you notice in yourself as you read or heard this scenario?
How might we separate the person from the behavior to maintain empathy?
What trauma-informed strategies could help de-escalate a tense interaction like this (e.g., grounding, validation, offering choices)?



Reflective listening is taking that active listening one step further.

[CLICK] "It sounds like something got under your skin or pushed a button during this certification appointment."
[CLICK] "Tell me, at that moment, what helped you be able to hang in there and do what was helpful for the applicant?"



Normalizing and validating recognizes the supervisee's experience of situations "makes sense".

Let's continue with our new applicant example:

[CLICK] ""Many staff in that situation with a participant would feel similar."

[CLICK] ""tell me what helps you remain effective even when you feel that way?"

This skill can be useful in instances when the supervisees:

- considers their symptoms of compassion fatigue or vicarious trauma as out of the ordinary, uncharacteristic to themselves, or
- Reminder of definitions: Compassion fatigue is the gradual lessening of compassion over time due to repeated exposure to others' suffering. Sometimes called "the cost of caring"; This is tied to the emotional demands of caregiving

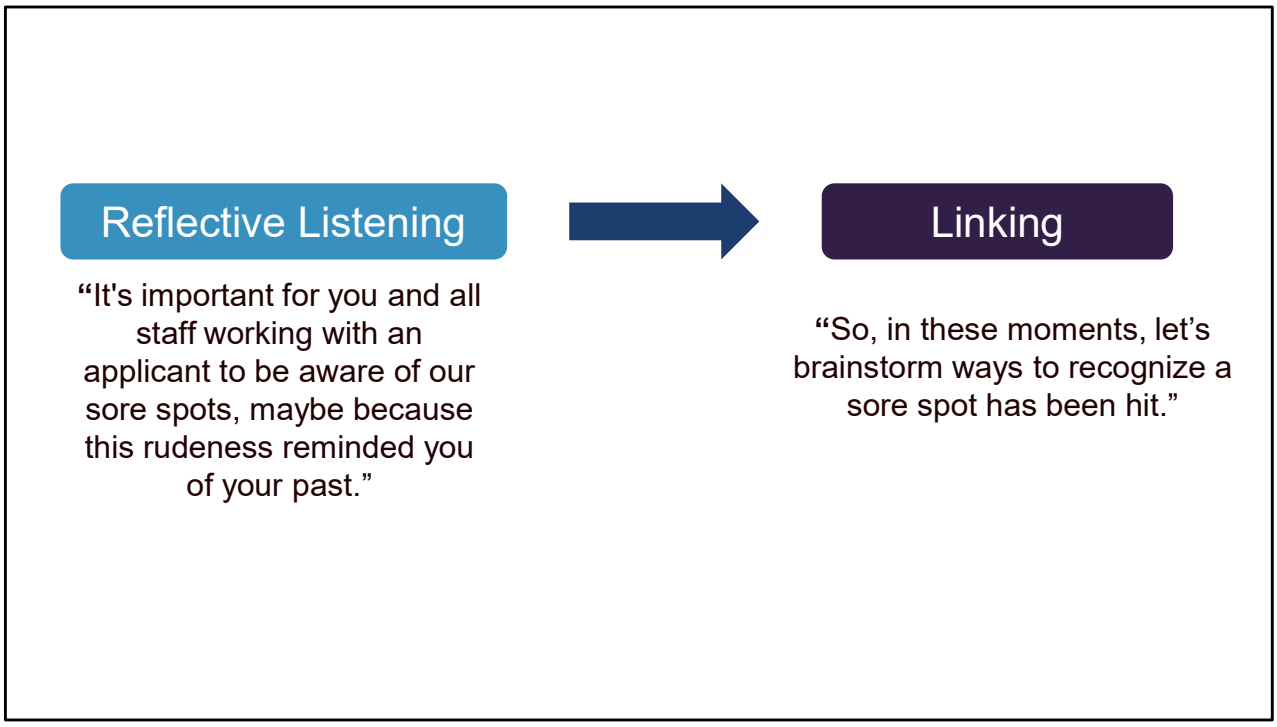
roles, often co-occurring with burnout but more focused on empathy depletion. Burnout is defined by the WHO as a syndrome from chronic workplace stress that has not been successfully managed and characterized by: Emotional exhaustion; Depersonalization/cynicism; Reduced sense of professional accomplishment; A distinctive feature of burnout is that it's not an individual failing but connected to organizational structures.

- Experience situations that may make them feel shameful, odd, embarrassing or weak
- Vicarious trauma (cumulative shift in worldview) is the cumulative effect of working with people who have experienced trauma, which alters the helper's worldview, beliefs, or sense of safety. Unlike secondary traumatic stress (which can mirror PTSD symptoms) vicarious trauma is about deep, lasting cognitive changes in values and perspectives.
- abnormal.

We can say things like:

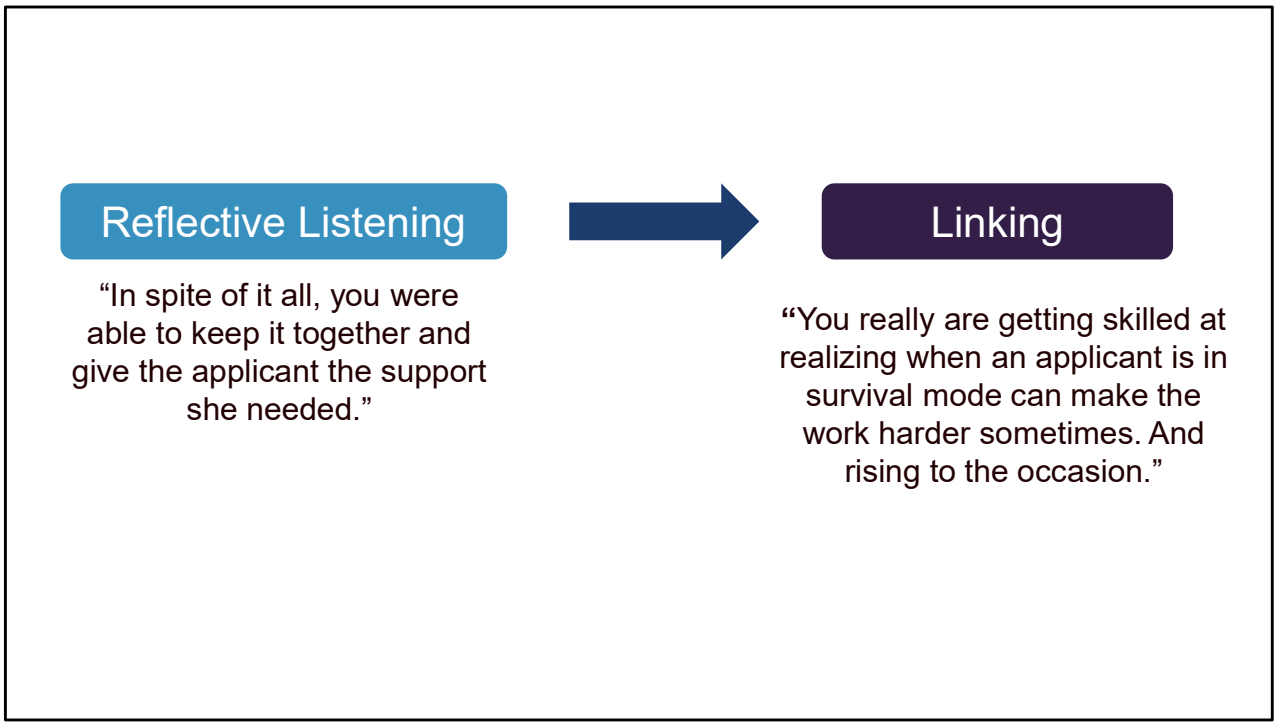
"It makes sense when someone works with participants who have experienced trauma it can make you feel _____"

"Most staff I've worked with have had this kind of experience"



It's "It's important for you and all staff working with our participants to be aware of our sore spots, maybe because this rudeness reminded you of other times you've felt unsafe."

[click] "so in these moments, lets brainstorm ways to recognize a sore spot has been hit"



With affirmations we can say

[CLICK] In spite of it all you were able to keep it together and give the applicant the support they needed.
[CLICK] Linking statement: You really are getting skilled at realizing participants in survival mode can make the work harder sometimes. And rising to the occasion.

You might say

"It's great you explored what's helped the participant before, this is going to help them apply what's worked in this situation".

"when you used the TI lens in that moment, it helped you remain calm and respond strategically. It shows care about the outcome for that participant"

Even when the behavior isn't ideal, is against policy or causes harm… we can explore the intention behind the behavior of the supervisee and can often affirm something their motivation and find other appropriate or acceptable behvaiors next time.

You might say

"sounds like when you gave the participant money to eat you wanted to make sure their basic needs was met… it's great your able to see when a need is present

CASE SCENARIOS

Handout

CASE SCENARIO 1

A staff member comes into your office looking visibly upset. They say, “I just can’t handle the way some participants treat me. Today, a mom yelled at me when I asked her to bring in her paperwork. I feel like no one appreciates how hard I'm working.“

- What role (savior, controller, sufferer) might she be slipping into?
- How might you use containment (hearing her, validating, linking)?
- What grounding tools could you use before responding?

Situation Recap: Staff member feels unappreciated and upset after a participant yelled at her.

Model Response / Takeaways:

- Recognize she may be in the *sufferer* role (“I can’t handle it, no one appreciates me”).
- Use reflective listening and validation: *“It sounds like today was really overwhelming, and it makes sense that you’re feeling unappreciated.”*
- Contain by pivoting back: *“Let’s think about what you might try next time, so you can feel more confident in those tough moments.”*
- As a manager, notice your own reactions and ground yourself before responding.

CASE SCENARIO 2

During an appointment, a participant becomes frustrated about wait times and begins raising their voice at the front desk staff. The staff member reacts by saying loudly, *"You always come in late and make things harder for us. You need to calm down!"* The situation gets tense.

- How might you guide the staff member after this situation using a trauma-informed lens?
- How could you coach staff to notice their own "buttons" being pushed?

Situation Recap: Participant yells about wait time; staff reacts critically, escalating the conflict.

Key Prompts for Groups:

- What signs of stress or trauma reactions do you notice in both participant and staff?
- How might you help the staff member debrief afterward without judgment?
- How could you coach them using the "movie scene" technique?

Model Response / Takeaways:

- Participant may be in "controller" role due to frustration and stress; staff slipped into "controller" role in response.
- As a manager, you could ask staff to slow down the story: *"First the participant raised her voice, then you said X… What were you hoping to convey?"*
- Affirm good intention (e.g., wanting order and fairness) while coaching delivery: *"I hear you wanted to set limits, and next time we might frame it in a way that de-escalates."*
- Trauma-informed lens: notice what "pushed the button" for staff and normalize the stress response.

CASE SCENARIO 3

You've had a stressful day and are running behind when a staff member stops you in the hallway. They want to vent about a coworker they say is lazy and never helps out. You feel irritated and tempted to snap back with*: "I don't have time for this right now—deal with it yourself.".*

- What Drama Triangle role are you being pulled into?
- How could you pause and ground yourself before responding?
- What containment strategy could you use to acknowledge their concern while keeping boundaries and focusing on work goals?

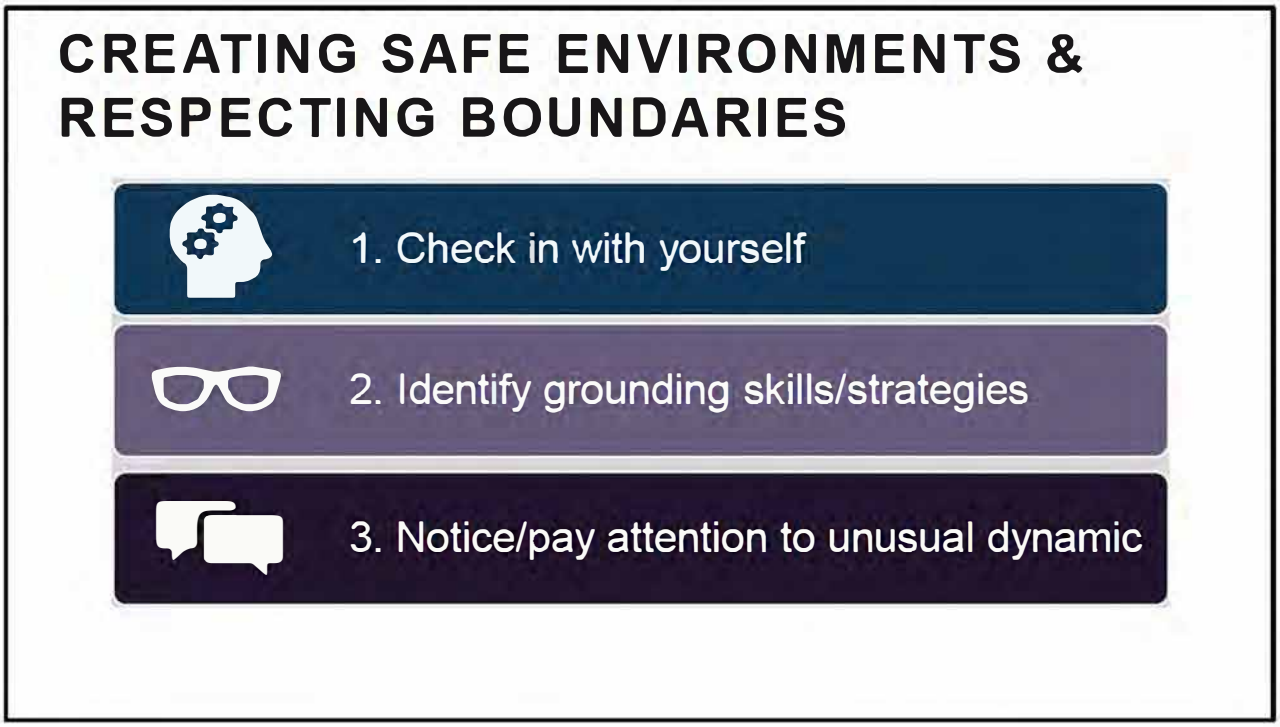
Situation Recap: Manager is stressed, staff stops them with a complaint, and manager feels like snapping.

Key Prompts for Groups:

- Which Drama Triangle role are you being tempted into?
- How might you pause and ground before reacting?
- What containment strategies could help here?

Model Response / Takeaways:

- Manager is being pulled toward the *controller* role ("I don't have time for this").
- Grounding: take a breath, notice tension, remind self to slow down.
- Containment: *"I hear you're frustrated about your coworker. I want to give this the attention it deserves. Can we schedule 10 minutes later today to talk it through?"*
- This acknowledges the concern, sets boundaries, and models trauma-informed leadership.



Thank you for leaning into today's scenarios and conversations. What we practiced together is the heart of trauma-informed leadership: slowing down, noticing what's happening for ourselves and others, and responding in ways that create safety and connection.

We explored three key tools today: checking in with ourselves first, noticing when we or others may be caught in the Drama Triangle, and using containment — listening, validating, and then guiding back to the work.

As WIC managers, you set the tone. By grounding yourself and leading with care, you model resilience for your staff and create safer spaces for participants. I encourage you to pick one strategy from today to practice this week — even small shifts can make a big difference.

Thank you for the care and leadership you bring every day.

QUESTIONS?



5 minutes

We’re just about to the end of our training today.

Any questions?

EVALUATIONS

- Evaluations are required from all
- Feedback shapes future training
- Additional questions for CPEUs

RDs and DTRs seeking CPEUs, please note that you are able to send feedback directly to CDR, by emailing QualityCPE@eatright.org.

QR code to be added for evaluation

THANK YOU!

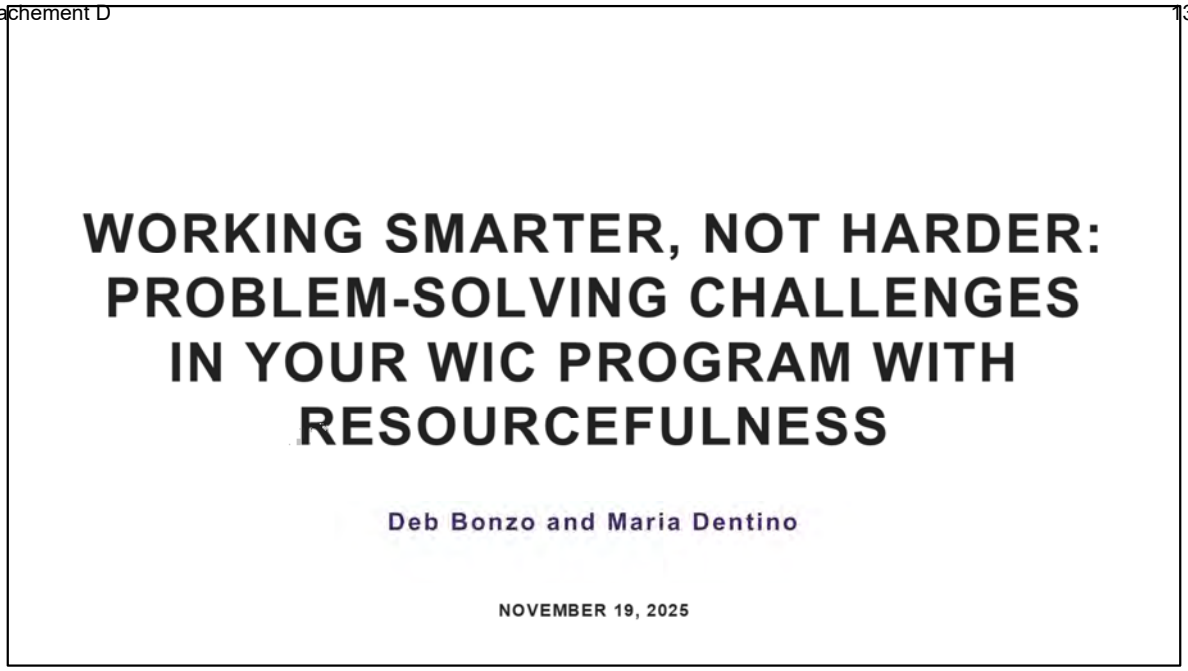


Production

Please log into your NYS WIC Resource Hub account to complete your evaluation and receive your certificate

Link to hub: https://nyswicresourcehub.unhosting.site/ , locate this particular course, and complete the evaluation.
Evaluations will close after 5 business days and no longer be available. If you do not complete the evaluation within this timeframe you will not receive your certificate.

Thank you for joining us today! I hope it was helpful and can help guide you as you do this important work!


WORKING SMARTER, NOT HARDER:
PROBLEM-SOLVING CHALLENGES
IN YOUR WIC PROGRAM WITH
RESOURCEFULNESS
Deb Bonzo and Maria Dentino
NOVEMBER 19, 2025

- 5 mins

SPEAKER DISCLOSURE

I hereby certify that, to the best of my knowledge, no aspect of my current personal or professional circumstance places me in the position of having a conflict of interest with this presentation. I hereby certify that, to the best of my knowledge, neither I (including any member of my immediate family) nor any individual or entity with whom or with which I have a significant working relationship have (has) received something of value from a commercial party related directly or indirectly to the subject of this presentation.

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GOAL

To strengthen WIC Coordinators' ability to apply problem-solving strategies in areas of budgeting, staffing, and sponsor agency and community partnerships, empowering them to address challenges with confidence and resourcefulness.



Read slide

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OBJECTIVES

As a result of this workshop, attendees will be able to:

- Apply a structured problem-solving framework to common WIC management challenges
- Strengthen sponsor agency relationships to enhance resource-sharing, including incentive items
- Develop at least one actionable strategy they can implement within their own agency to improve problem-solving capacity



- Read slide
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BUILDING RESILIENCE AND CONFIDENCE IN LEADERSHIP



Connect to the overall Workshop theme: building resilience and confidence in leadership.

UNRESOLVED CHALLENGES

- Budget stress
- Staffing shortages
- Strained partnerships

→ Increase stress and risk of burnout



Acknowledge the daily challenges staff face in WIC—tight budgets, fewer staff, and at times, challenging partnerships.

Explain how leaving these challenges unresolved creates stress that can spill over into burnout, affecting both staff and the families they serve.

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EFFECTIVE PROBLEM-SOLVING

- Builds confidence
- Reduces daily strain
- Strengthens partnerships
- Supports long-term wellness

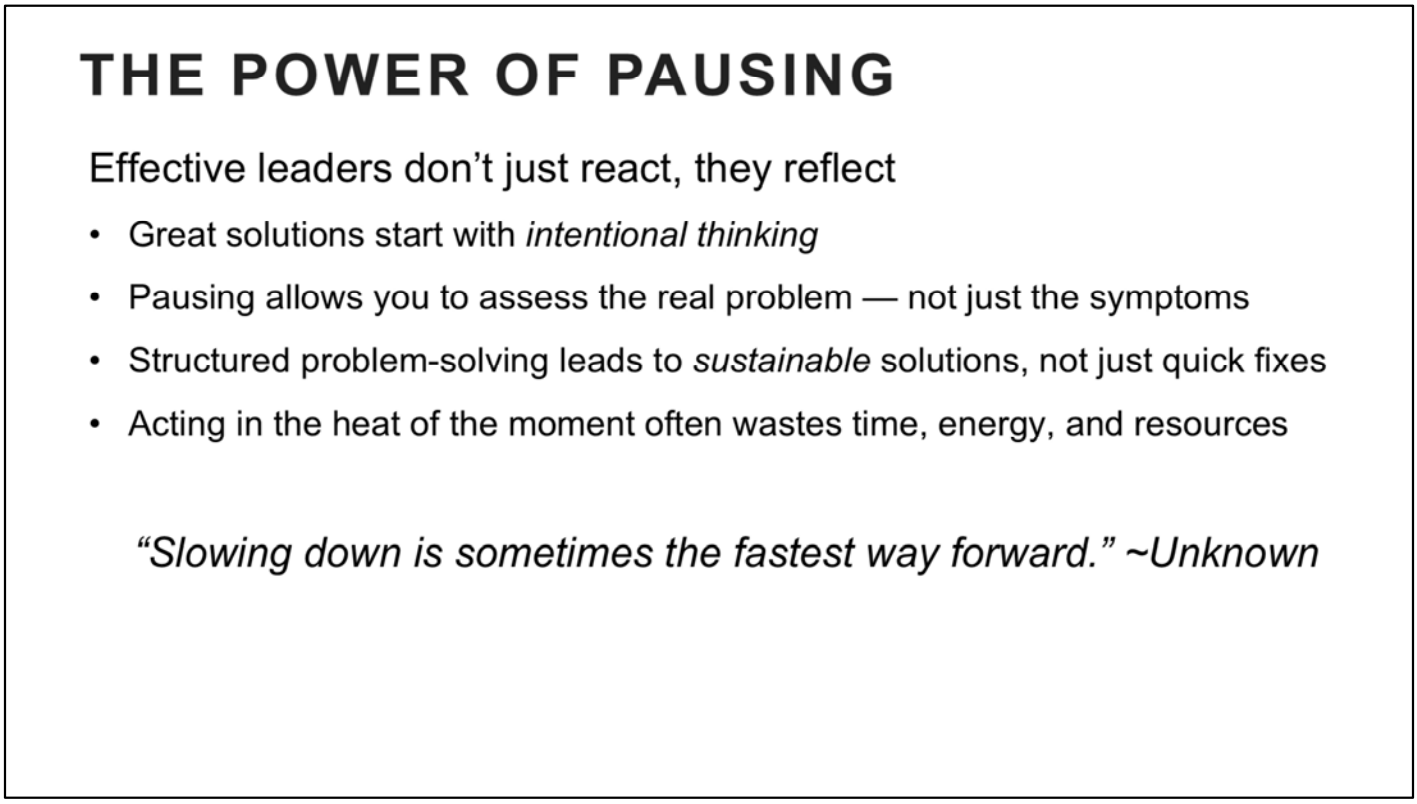


- Effective problem-solving is a wellness strategy—it helps us feel more in control, more confident, and less weighed down by recurring issues.
- Highlight that solving problems collaboratively with partners not only reduces day-to-day strain but also strengthens relationships across agencies and teams.
- Close by reinforcing the key takeaway: problem-solving isn't just about efficiency—it's about resilience, wellness, and sustaining the ability to serve WIC families well.



10 mins

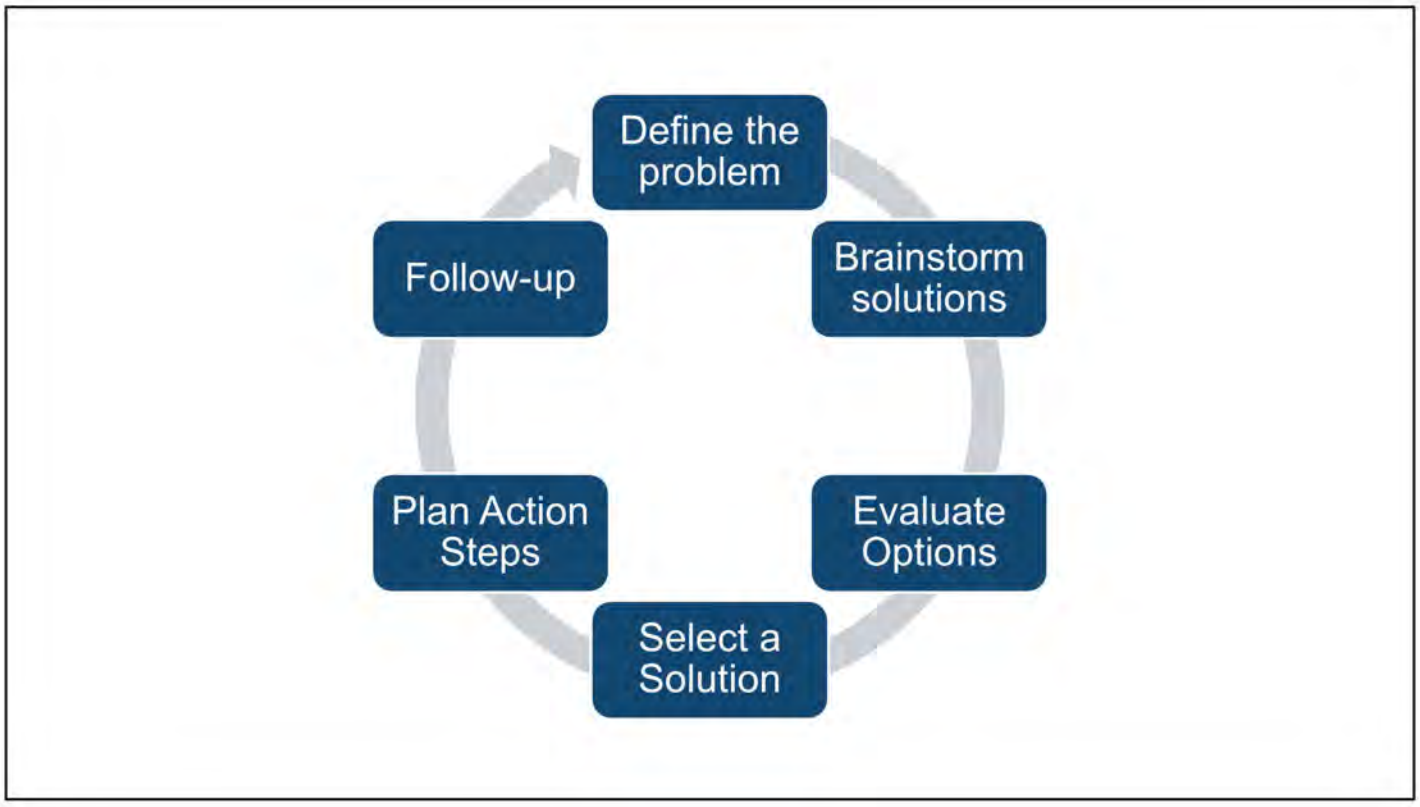
- Turn to a partner- What's one challenge in your agency that has felt like a wellness or resilience drain for you?
- Large group sharing (popcorn for a few minutes) – record on newsprint.
- Review challenges shared and ask for a show of hands for each--- who has felt challenged or drained because of this? (e.g., budget, staffing, etc.)
- Reinforce results as common challenges.

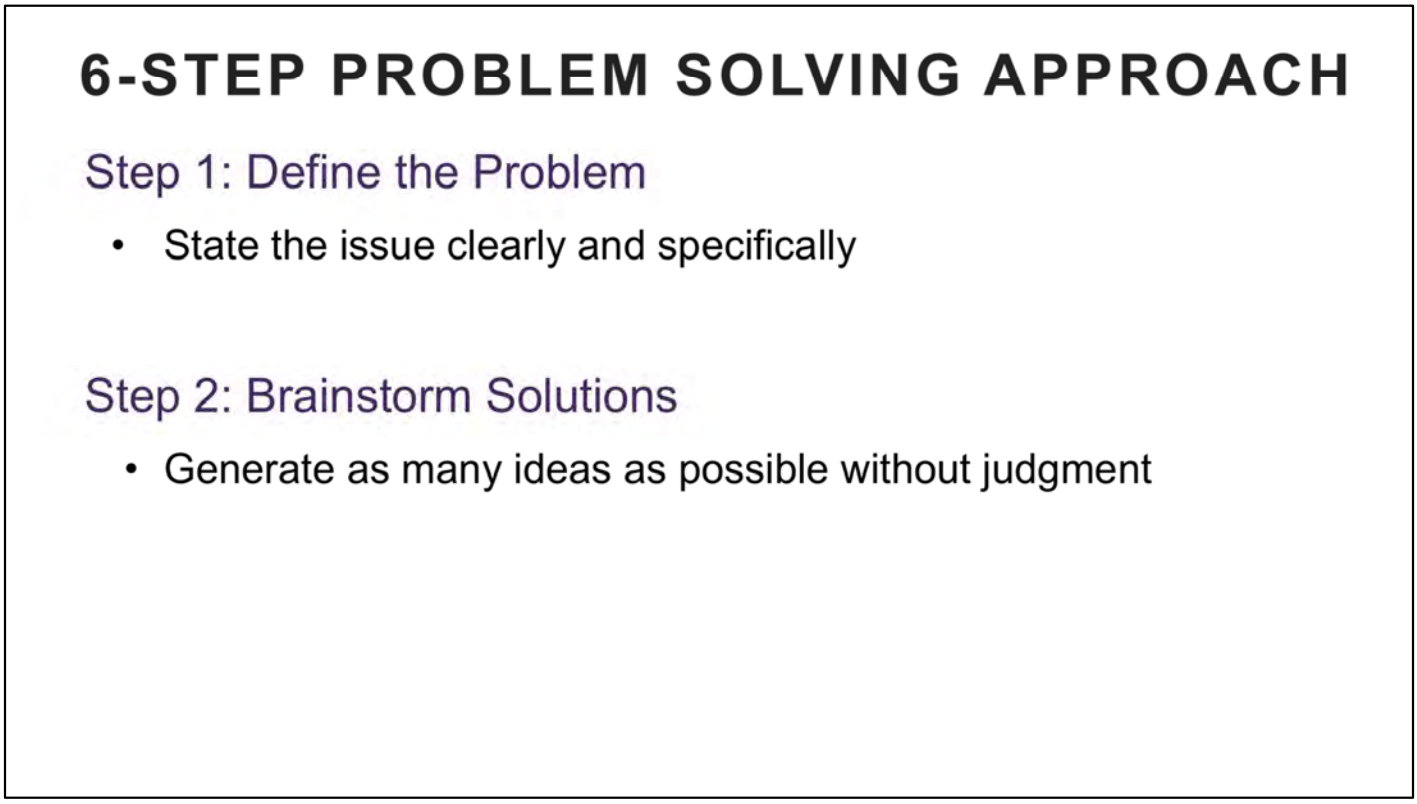


- Highlight the importance of taking time to think about challenges/problems: Effective leaders make time to pause and reflect, using structured problem-solving to thoughtfully address challenges and create better solutions, rather than reacting in the heat of the moment with quick fixes.

THE 6-STEP PROBLEM SOLVING APPROACH




Define the problem
Brainstorm solutions
Evaluate Options
Select a Solution
Plan Action Steps
Follow-up

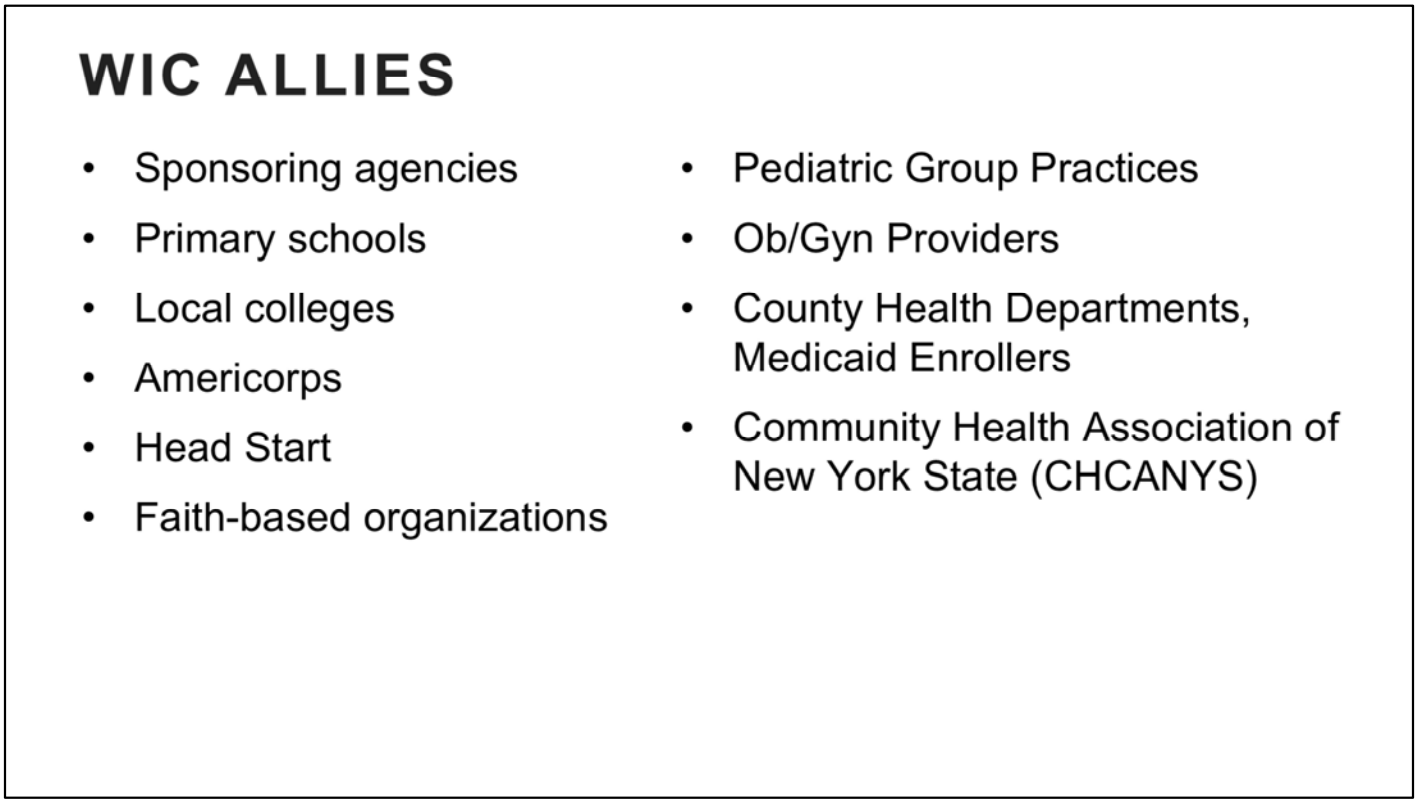


Step 1: Define the Problem – State the issue clearly and specifically.
Step 2: Brainstorm Solutions – Generate as many ideas as possible without judgment.

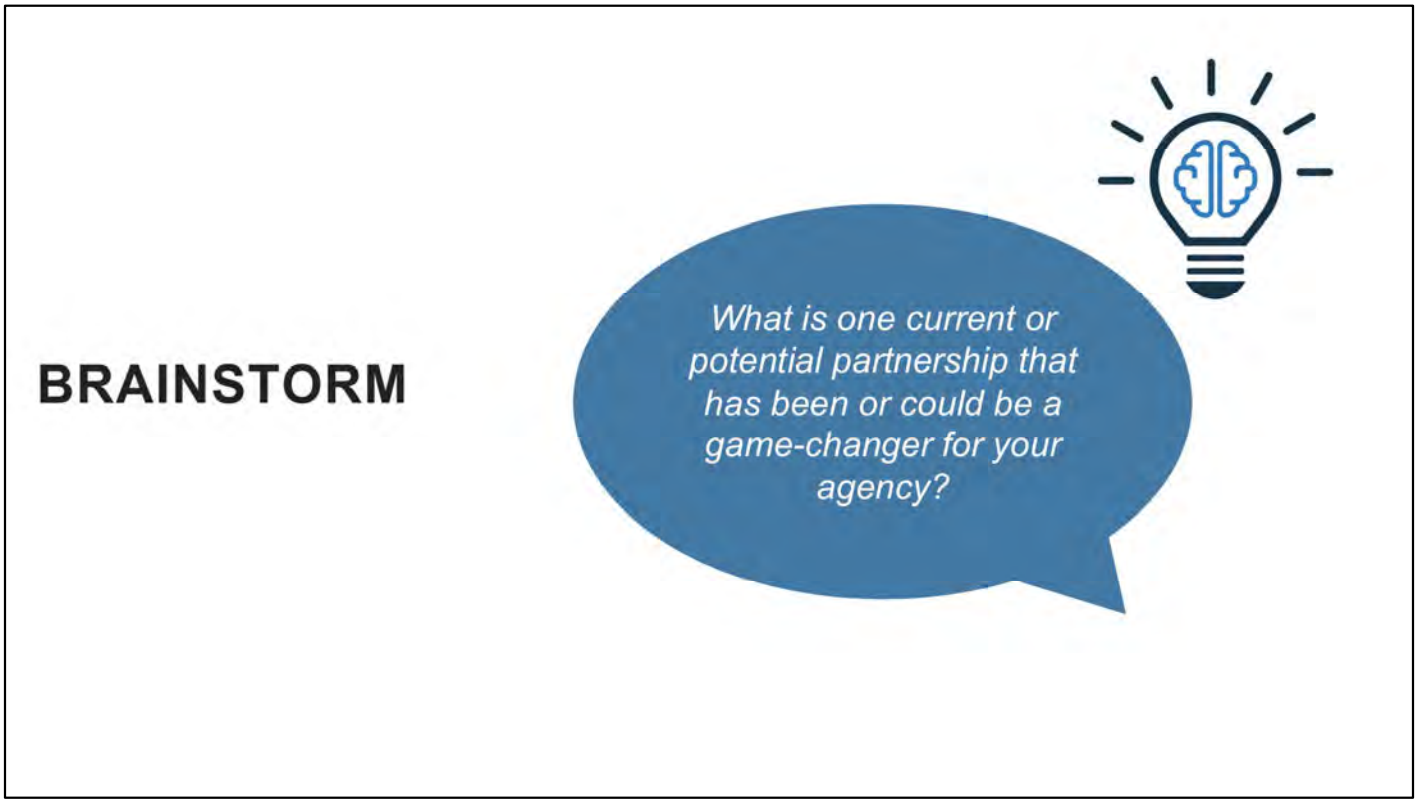
- Here, it is essential to think about all the WIC allies who may be able to partner with you to play a role in solutions.

BRAINSTORM





- Not an all-inclusive list
- Forming partnerships that serve more than the participants' immediate needs for nutrition assistance raises the perceived value of the LA
- Interns from colleges and AmeriCorps members can:
    - assist with educational activities
    - work with families in the waiting area (reading circles, helping to keep order in a busy time)
    - conduct outreach
    - assist with planning and preparation for special events
    - assist with some parts of appointments
    - assist participants with the online nutrition education platform (getting log-in set up, navigating the platform)
    - explaining how to use Farmer's Market coupons
- Medicaid enrollers on-site or by teleconference can help participants and family members who are without health insurance.
    - Pediatric and OB/Gyn practices can help get Anthropometric and Hematological data for children in the program
    - Incentivizing a participant may help them stay connected and is an indirect benefit to the LA. Highlight that some partners, possibly even sponsoring agencies, can provide other resources: like car seats, bike helmets, diapers, and other newborn supplies
    - **LAs can work with their RO to see where budget modifications can be made, for example, large amounts of medical supplies/incentive items may not be necessary and funds can be reallocated to NSA or other areas that have gaps**



- After 2 minutes as attendees to report out

6-STEP PROBLEM SOLVING APPROACH

Step 3: Evaluate Options

- Quickly assess pros/cons and feasibility of each idea

Step 4: Select a Solution

- Choose the most practical option with the greatest potential impact

6-STEP PROBLEM SOLVING APPROACH

Step 5: Plan Action Steps

- Outline who will do what, and by when

Step 6: Follow Up

- Decide how progress will be tracked and revisited

6-STEP PROBLEM SOLVING APPROACH

Adjust if Needed

- If the solution doesn't work, either tweak the action plan or try a different brainstormed solution, then repeat steps 4 to 6



FOCUS AREAS FOR PROBLEM SOLVING

- 30 MINS
- Now we will practice using the first couple of steps of this method and apply them to two areas that can be challenging for all, which are budgets and staffing.

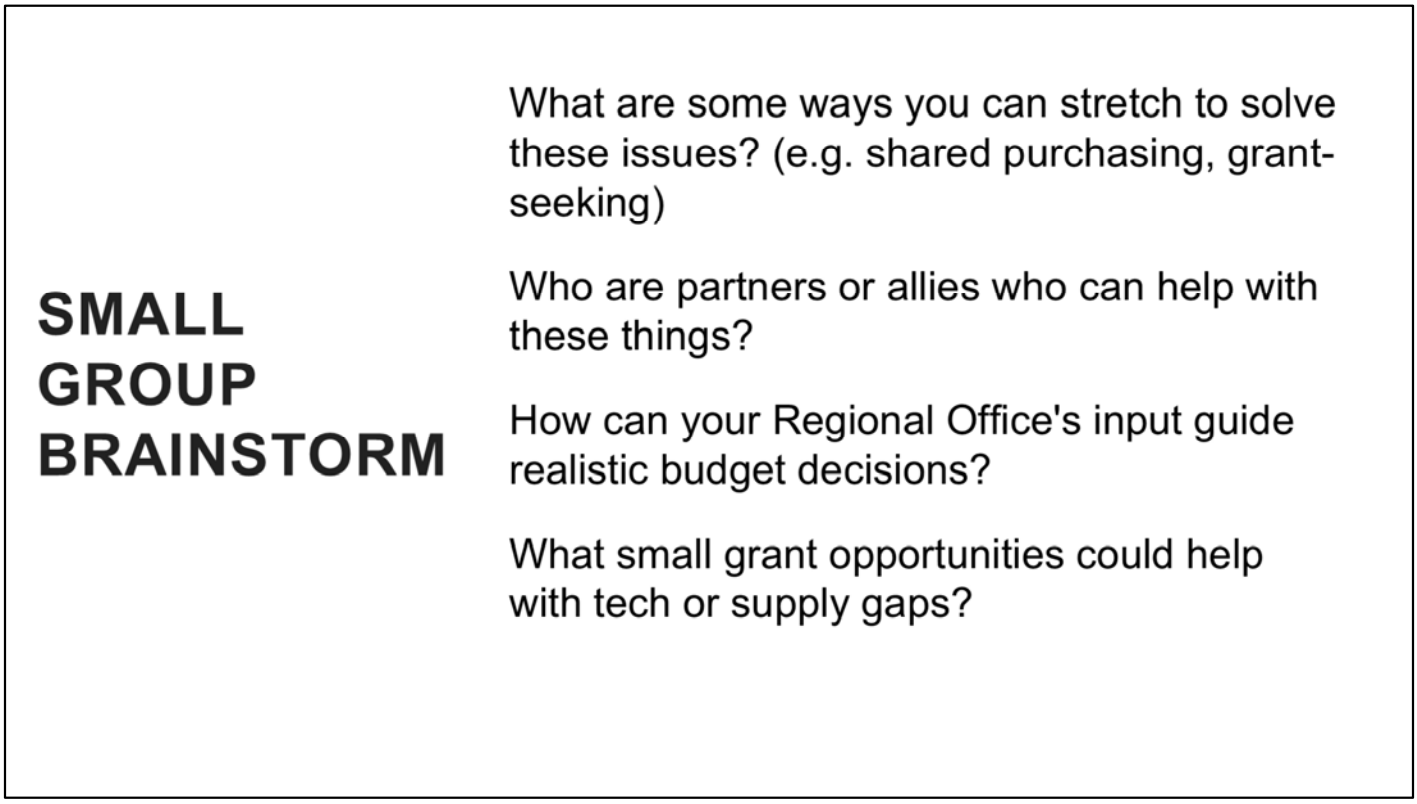
BUDGETS

Step 1: Define the Problem

- Common challenges: insufficient funding, unexpected expenses

Step 2: Brainstorm Solutions

- 15 MINS



- What are some ways you can stretch to solve these issues? (e.g., shared purchasing, grant-seeking)
- Who are partners or allies who can help with these things?
- How can your Regional Office's input guide realistic budget decisions?
- What small grant opportunities could help with tech or supply gaps?

Report out solutions

Highlight that Steps 3 to 6 should be followed once the problem has been defined and solutions have been brainstormed.

STAFFING

Step 1: Define the Problem

- Common challenges: coverage, turnover, retention, recruitment

Step 2: Brainstorm Solutions

- 15 MINS

Case Study: Staffing Surprises

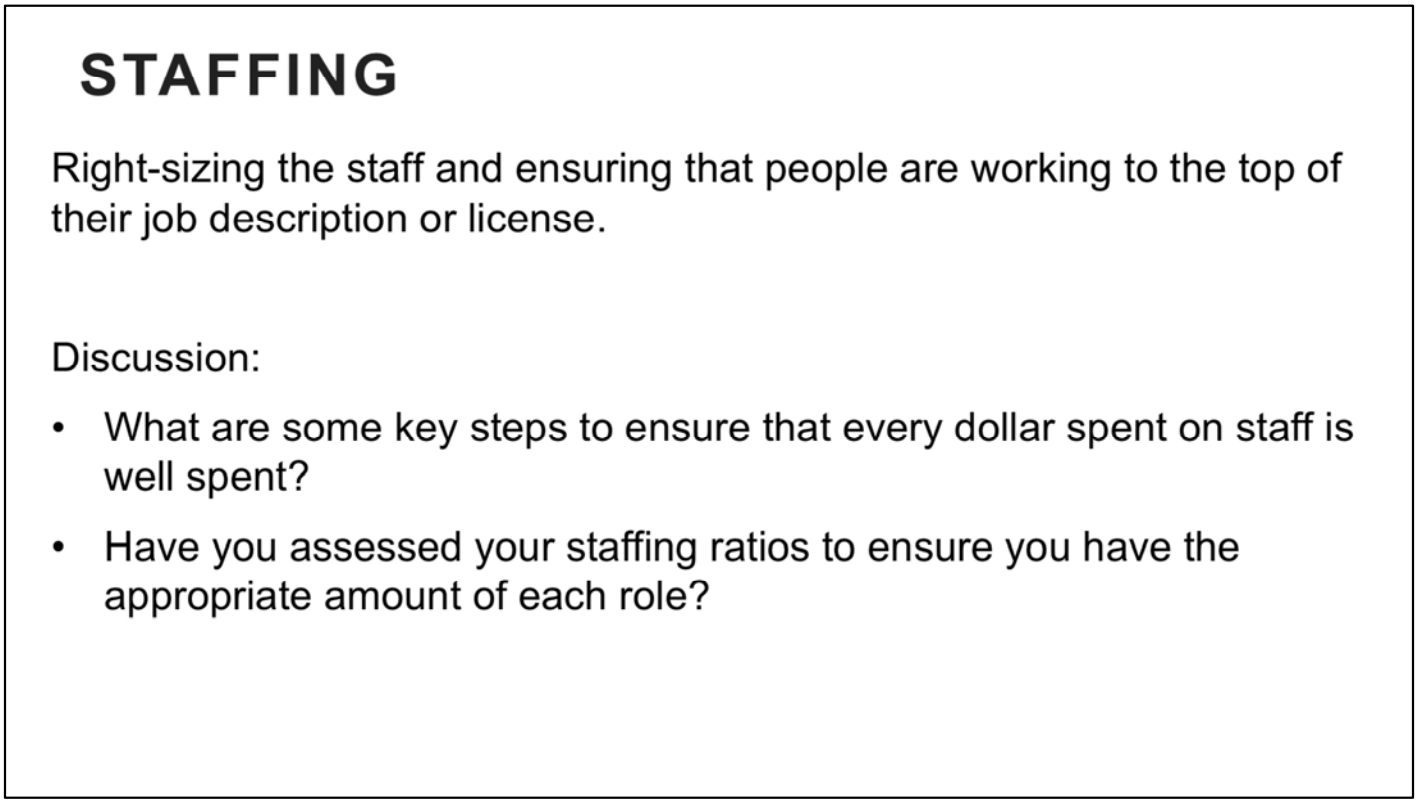
SMALL GROUP ACTIVITY



- Small group activity with case study handout—small groups brainstorm quick and longer-term solutions.
- 10 minutes to discuss at their table

- <u>Processing Questions:</u>
- What emotions or reactions came up for you during this exercise?
- Did anything surprise you about how your group approached the scenario?
- How did your own leadership style show up in the discussion?
- What strategies can strengthen staff resilience and reduce stress during unexpected staffing changes?
- How can leaders model self-care and wellness in crisis situations?

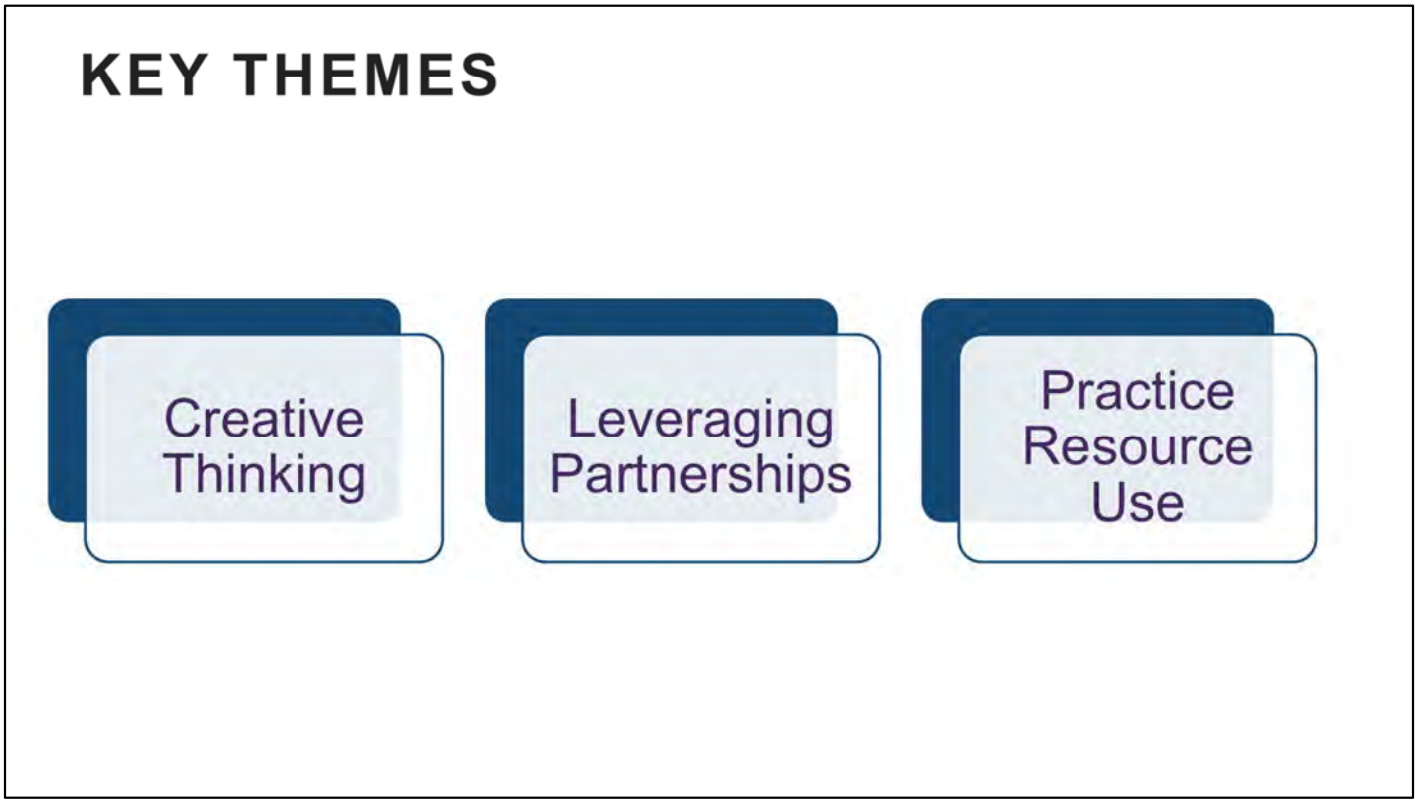
- <u>Key Takeaways</u>
- Prioritization: Identify critical services that must continue uninterrupted.
- Communication: Maintain transparency with staff and participants.
- Support & Wellness: Address stress and promote team resilience.
- Succession Planning: Develop backup plans for key roles.



- Right-sizing the staff and ensuring that people are working to the top of their job description or license.

- Ask trainees:
- What are some key steps to ensure that every dollar spent on staff is well spent?
- Have you assessed your staffing ratios to ensure you have the appropriate amount of each role?

CLOSING



- Key themes from today's workshop session are:
- **Creative Thinking** – Encourage attendees to stay open to new ideas and see staffing or operational challenges as opportunities for innovation.
- **Leveraging Partnerships** – Highlight how internal cross-training and external partners (e.g., community health agencies) can strengthen resilience.(E.g. QN/CPAs cross trained to perform program Support duties)
- **Practical Resource Use** – Emphasize smart use of existing tools, budgets, and staff skills to sustain services even when resources are stretched.

CALL TO ACTION

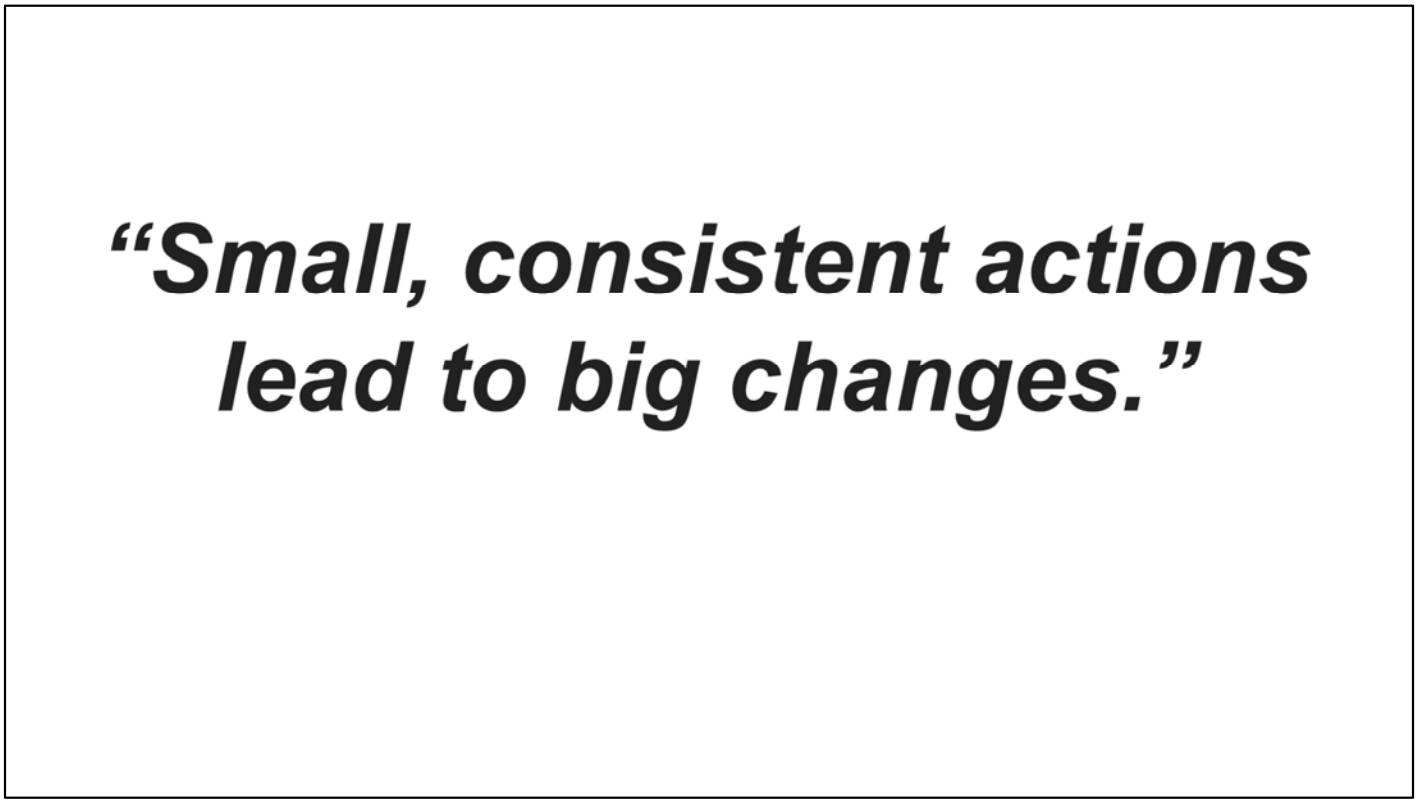
- Identify one challenge
- Apply for 6-step problem-solving method





- Let’s put what we learned into action
- When you return to your agency **identify one challenge or problem**—big or small—that they and their team are currently facing or expect in the coming weeks.
- Encourage them to **apply the 6-step problem-solving method** practiced today to that real-life challenge **within the next month**.
- Suggest setting aside time with their team to walk through all six steps together.
- Recommend documenting the process and outcomes to share back at future meetings or peer check-ins.

- Journal opportunity:
- Take a moment now to decide on the specific challenge you’ll tackle.
- Optionally, invite a few volunteers to share their commitments aloud to reinforce accountability and inspire others.



- End with quote
- Remember, small, manageable daily efforts, when repeated over time, accumulate into substantial positive outcomes. This approach reduces resistance by making actions easy to start and maintain, creates momentum, and allows for significant, lasting transformation.
- Source: Fogg, B. (2025). *Tiny Habits*. https://tinyhabits.com/

QUESTIONS?



We’re just about to the end of our training today.

Any questions?

EVALUATION

Paste QR code here

- Evaluations are required from all
- Feedback shapes future training
- Additional questions for CPEUs
- RDs and DTRs seeking CPEUs, please note that you are able to send feedback directly to CDR, by emailing QualityCPE@eatright.org.

THANK YOU!

[redacted]



Production

- Please log into your NYS WIC Resource Hub account to complete your evaluation and receive your certificate
- Link to hub: https://nyswicresourcehub.unhosting.site/ , locate this particular course, and complete the evaluation.
- Evaluations will close after 5 business days and no longer be available. If you do not complete the evaluation within this timeframe you will not receive your certificate.

Thank you for joining us today! I hope it was helpful and can help guide you as you do this important work!

WIC Walks with Wellness: Establishing and Sustaining a Safe, Supportive Environment for WIC Staff and Participants

2025 NYS WIC Managers' Workshop

Day 3 Agenda

Thursday, November 20th, 2025

9:00am – 12:30pm

Time	Activity	Time Required
9:00am – 9:30am	Welcome & TC Updates	30 minutes
9:30am – 10:30am	Mental Health Plenary	60 minutes
10:30am – 10:45am	Break	15 minutes
10:45am – 12:15pm	Inspirational Speaker/Comedian	90 minutes
12:15pm – 12:30pm	Corie Nadzan's Closing Remarks	15 minutes

2025 NYS WIC Manager's Workshop Day 3 Outline

Day 3 Overview

Date & Time

Thursday, November 20th, 2025

9:00am – 12:30pm

Length of Training

210 minutes (includes 15-minute break)

Goal

To leave WIC managers feeling inspired, valued, and renewed by centering trauma and mental health, hearing empowering messages on leadership, and practicing self-care.

Description

This closing session will focus on the importance of mental health and the power of self-care in leadership. Participants will hear from a psychiatrist about the latest findings about the impacts of trauma and chronic stress on women's and children's health. Finally, an inspirational speaker who brings insight and heart to the challenges of leading during stressful times will guide WIC managers through a transformative session. The Department of Health will offer closing remarks, celebrating the dedication of WIC managers and reinforcing statewide commitment to wellness and support.

Target Audience

WIC Coordinators, Site Supervisors, VMA Directors, NYS DOH Staff

Learning Objectives

As a result of this training, participants will be able to:

- Explore the effects of trauma on women's and children's health
- Reflect on the role of self-care and emotional resilience in sustaining effective leadership
- Identify methods for promoting wellness within WIC teams

Presenters

- Rebecca Weis
- Matt Bellace
- Corie Nadzan

Modality

In-person plenary

Teaching Methods

- Lecture
- Small group discussion
- Large group discussion

Materials Needed

- Audio equipment
- Evaluation QR code
- Laptop
- Markers
- Name tags
- Newsprint
- Post its
- PowerPoint slides
- Projector
- Sign in list

Day 3 Outline of Activities

1. Welcome (5 minutes)

Welcome attendees to Day 3 of the Manager's Workshop

- Welcome participants
- Review likes and wishes from Day 2
- Review Day 3 goal, learning objectives, and agenda
- Show pre-recorded video from Georgia Machel of NWA Updates

2. WIC TC Updates (25 minutes)

Goal: To re-orient Coordinators to the NYS WIC Resource Hub and highlight the features, as well as all training modalities available.

Learning objectives:

By the end of this session, trainees will be able to:

- List several key opportunities available through the New York State WIC Training Center
- Describe access to the NYS WIC Resource Hub
- Understand new training modalities

I. NYS WIC Resource Hub

II. Modalities

- Virtual Training
  - Limited days remaining
- Self-paced training
- Live Webinar
- On-demand webinar

- Local Agency Training
- Coaching

III. Hub Reports Available

IV. Q&A

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3. Mental Health Plenary: From Surviving to Thriving: Fostering Resilience in Ourselves, Our Teams, and Our Participants (60 minutes)

Plenary Overview

- *Description:* This session, led by a psychiatrist expert, will explore the wide-ranging impacts of trauma and chronic stress on women and children—both as WIC participants and as members of the workforce. WIC managers will gain insight into how trauma affects physical and mental health, behavior, and service engagement, and how it can manifest in staff well-being and workplace dynamics.
- *Goal:* To enhance WIC managers' understanding of the effects of trauma on women's and children's physical, emotional, and developmental health.
- *Learning Objectives:* As a result of this training, participants will be able to:
  - Describe how trauma and chronic stress impact the physical, emotional, and behavioral health of women and children.
  - Identify the unique ways trauma and chronic stress affect women in leadership roles.
  - Explore strategies to foster resilience and well-being as leaders.

Presenter

- Rebecca Weis

I. Welcome & frame the session

   a. Review goal and objectives

II. Understanding Maternal Mental Heath

   a. Up to 20% of women experience depressive or anxiety disorders during pregnancy.

   b. Common diagnoses: depression, anxiety, OCD, bipolar disorder, PTSD, psychosis.

c. Postpartum depression vs. postpartum blues—distinguish hormonal shifts from clinical concerns.

d. Highlight suicide as a leading cause of postpartum mortality (20% of postpartum deaths).

III. The Whole Person: Context and Adversity

a. But what about the person?

i. Mental health symptoms are shaped by context—stressors like financial strain, housing, violence, or immigration status.

b. Current life situation

i. Adverse Childhood Experiences (ACEs) are highly prevalent and impact adult resilience and parenting.

ii. Recognize that many WIC staff share similar life stressors.

c. History of adversity

IV. Workforce Impacts

a. Define compassion fatigue, vicarious traumatization, and burnout.

b. Discuss how chronic exposure to others' trauma affects staff well-being.

c. Normalize emotional exhaustion and model open conversation about mental health in the workplace.

V. Building Resilience

a. Psychological Support

b. Active Behavioral Coping

c. Sense of Mastery

d. Positive Cognitive Attributions

VI. Mindfulness Micropractice

a. Guide the group through: "Stop and let yourself do absolutely nothing for three breaths. With each breath, say to yourself, 'let go.'"

b. Discuss briefly how this could be used in staff meetings or participant interactions.

VII. Tools for Supporting Participants

a. Emphasize that screening is not diagnosis but a way to start a supportive conversation.

b. Review referral language

VIII. Connections and Partnerships

IX. Closing Reflection

a. Ask each participant to name one small action they can take to support either participant or staff well-being this month.

X. Questions

- **Resources**
  - New York State Health Department Resources – Perinatal Depression / psychosis
  - New York State Health Department – Maternal Depression for Health Care Providers
  - www.postpartum.net
  - Bright futures screening tools – PHQ-2; PHQ-9
  - Edinburgh Postnatal Depression Scale
  - Edinburgh Postnatal Depression Scale (Spanish)
  - National Child and Maternal Health education program
  - SAMHSA Toolkit for Family Service Providers
  - Clinical Report – Incorporating Recognition and Management of Perinatal and Postpartum Depression Into Pediatric Practice (Pediatrics, 2010)
  - WPM USDA Nutrition Risk Write-ups

3. Break (15 minutes)

- Take a 15-minute break

4. Using Endorphins Wisely: The Science Behind Laughing, Meditating, Reducing Stress, and Managing Your Emotions (90 minutes)

Introduce speaker & conduct lecturette

Presenter: Matt Bellace, PhD

Description: In this dynamic, uplifting keynote, Dr. Matt Bellace combines science, humor and storytelling to explore how natural activities – like laughter, mediation, cold water immersion, exercise, and helping others – can improve mood, reduce stress, and enhance emotional resilience. With his rare blend of expertise in clinical neuropsychology and two decades of experience as a touring speaker and comedian, Dr. Bellace delivers complex ideas in a highly relatable and entertaining format. Participants will walk away not only with evidence-based strategies for managing stress and emotions, but also a renewed sense of compassion and joy for their work.

Topics include:

- How activities like running, cold plunges and laughter stimulate “feel-good” brain chemicals like endorphins and anandamide
- The mood stabilizing power of self-compassion and social support
- Practical tools for emotional regulation and stress management
- The impact of emotional mirroring – and how to avoid internalizing others’ stress

Learning Objectives:

- Gain a better understanding of endorphins and hormones, such as anandamide, and the activities that facilitate their release (e.g. running, cold plunge, laughing and helping others).
- Practice mindfulness, breathing techniques, and grounding exercises usable in real-time situations.
- Identify early signs of mental strain and learn how prevent the mirroring of other people’s emotions.
- Learn about the importance of positive social support and other protective factors that improve mental health and allow us to be more resilient.
- Have fun, laugh and leave feeling better than you did when the program started!

1. Introduction
    - Purpose: Equip trainers to lead a session on stress management, resilience, and healthy coping strategies ('Natural Highs').
    - Session Flow: Lecture + reflection + interactive activities.
2. Core Session Topics & Trainer Notes

A. Social Support and Mental Health

- Social support regulates stress and promotes mental health.
- Encourage staff to lean on community first.

B. Compassion and Emotion Regulation

- 'Anger is a failure of compassion' (Steven Stosny).
- Frame compassion as a leadership skill.

C. Sleep and Anxiety

- Undersleep contributes to anxiety and poor decision-making.
- A 10-minute nap can refresh; longer naps may cause sleep inertia.

D. Meditation and Mindfulness

- Mindfulness reduces sunk-cost bias and improves attention.

E. Music as Medicine

- Music prevents chronic stress and supports emotional release.

F. Natural Highs

- Natural highs (laughter, flow, exercise, nature) promote resilience.

G. Exercise & Nature

- Exercise improves memory, reduces stress, and boosts happiness.
- Nature exposure lowers cortisol and calms the mind.

H. Reframing & Resilience

- 'The most beautiful waves come from the biggest storms.' – Matt Bellace

Reframing disappointment builds resilience.

5. Corie Nadzan's Closing Remarks (15 minutes)

Introduce the speaker and conduct closing remarks

- Introduce Corie Nadzan to attendees.
- Conduct closing remarks.

6. Closing & Evaluations (5 minutes)

- Deliver any other closing statements.
- Ask participants to evaluate the training.
- Thank participants for joining.

WIC MANAGERS' WORKSHOP

WIC WALKS WITH WELLNESS:

Establishing and Sustaining a Safe, Supportive Environment for WIC Staff and Participants

Kelley Berardi

NOVEMBER 20, 2025

SPEAKER DISCLOSURE

I hereby certify that, to the best of my knowledge, no aspect of my current personal or professional circumstance places me in the position of having a conflict of interest with this presentation. I hereby certify that, to the best of my knowledge, neither I (including any member of my immediate family) nor any individual or entity with whom or with which I have a significant working relationship have (has) received something of value from a commercial party related directly or indirectly to the subject of this presentation.

- Please note, that immediately following the Policy section of each policy in the WIC Program Manual, is the regulations section, which either includes the direct links for reference or lists the complete regulations.
- The Food and Nutrition Service provides assistance to State agencies and evaluates all levels of Program operations to ensure that the goals of the Program are achieved in the most effective and efficient manner possible.

LIKES AND WISHES REVIEW



DAY 3 GOAL

To leave WIC managers feeling inspired, valued, and renewed by centering trauma and mental health, hearing empowering messages on leadership, and practicing self-care.



DAY 3 LEARNING OBJECTIVES

As a result of this plenary, participants will be able to:

- Explore the effects of trauma on women's and children's health
- Reflect on the role of self-care and emotional resilience in sustaining effective leadership
- Identify methods for promoting wellness within WIC teams



THURSDAY 11/20/25 9:00AM-12:30PM

- Welcome Back
- WIC TC Updates
- Mental Health Plenary – Dr. Rebecca Weis
- Motivational Speaker/Comedian – Matt Bellace
- Closing Remarks – Corie Nadzan



- Hub is the go-to place for all of your training needs
- We're going to take some time to look at each modality and highlight the opportunities you and your staff have thanks to the NYS WIC Resource Hub

MODALITIES

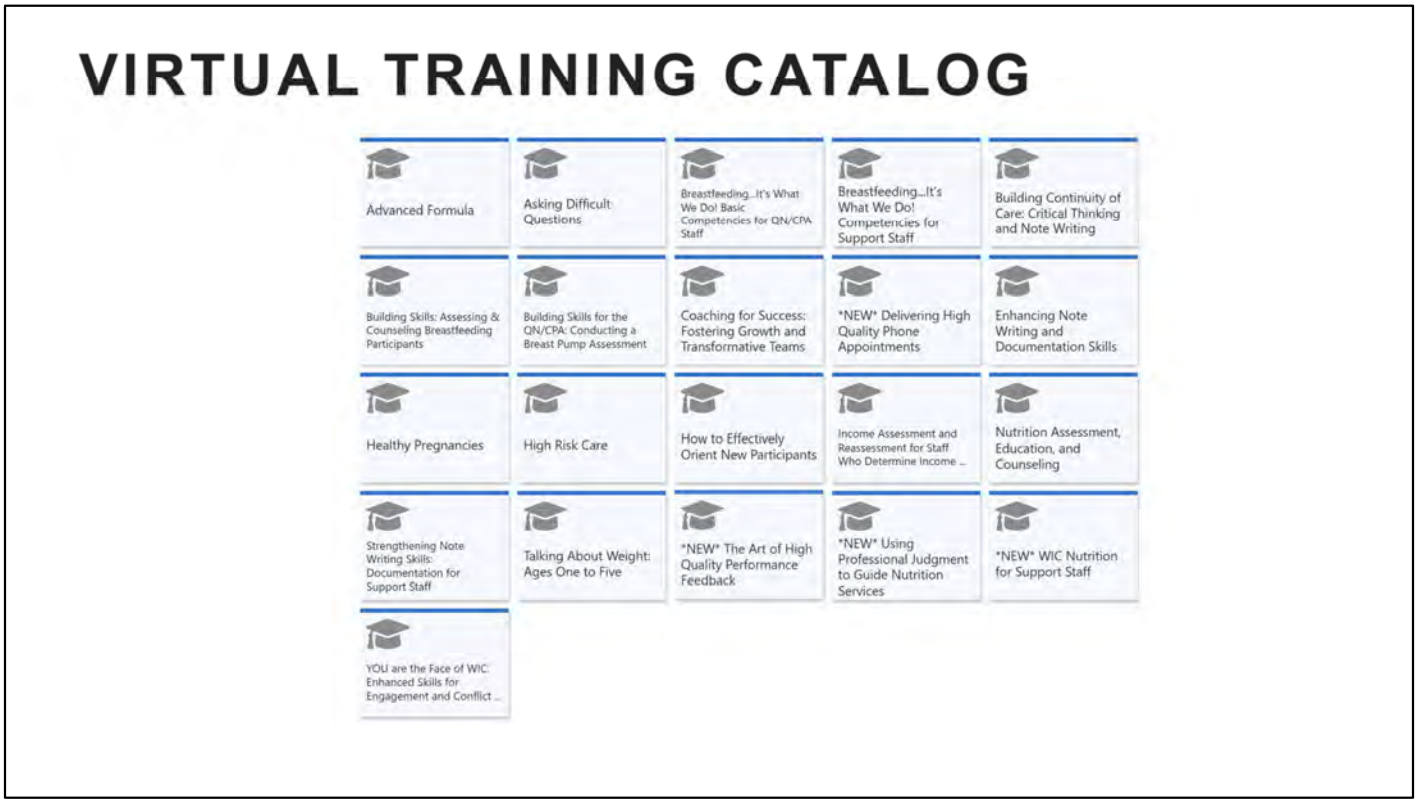

Virtual Classroom Training
Self-Paced Training
Live Webinar
On-demand Webinar
Local Agency Training
Coaching

• VIRTUAL CLASSROOM TRAINING



- Virtual
- Instructor-led
- Live
- Interactive training with a focus on knowledge and skill-building

    - Note- we have limited days left in the contract so be sure your staff register early and take advantage of other modalities

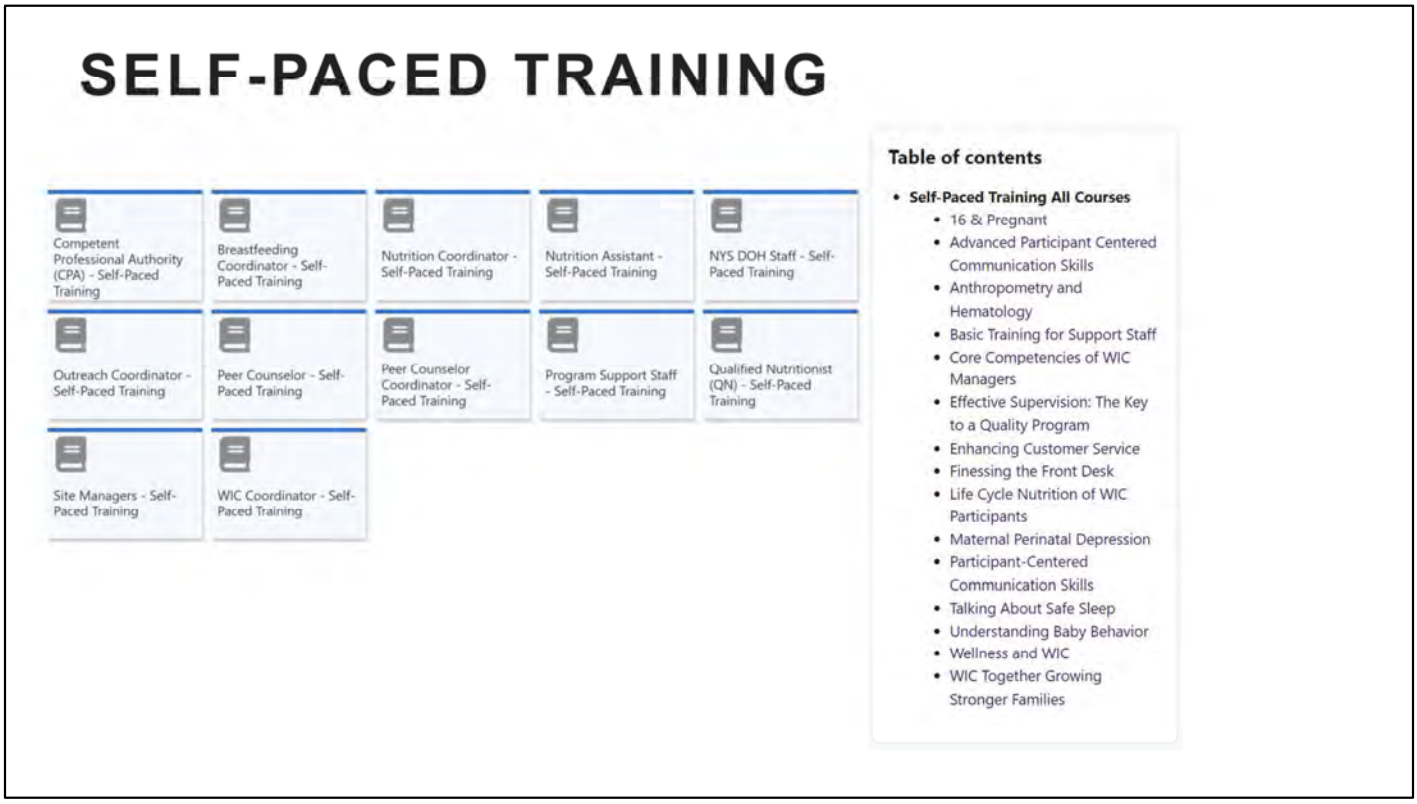


- CAI & DOH work together very carefully to develop training topics to fill in staff knowledge gaps. We carefully select the target audience of each training. Here is a glimpse at what's available.

SELF-PACED TRAININGS



- Self-led
- Self-paced
- Knowledge-based interactive technology with videos and quizzes



- Self-paced training is broken down by job role so only those available courses appear once the job role has been selected
- Here is a screenshot of the Hub and a list of all currently available courses
- We are currently working on updating the Basic Training for Support Staff and Lifecycle Nutrition Self-Paced Trainings. ~~**e-course**~~. These modules are being uploaded as updates are completed. They do not need to be viewed in succession.

LIVE WEBINARS



- Virtual
- Instructor-led
- Live
- Interactive training with a focus on knowledge.

  - Often have credentialed outside speakers
  - Advantage of this is the ability to ask the speaker questions live



- Recorded version of webinars for those who missed the live version – available within two weeks of the live webinar.
  - There are about 60 archived on demand webinar options to choose from
  - They are categorized by topic for ease of selecting

LOCAL AGENCY TRAINING



- Trainings must be selected from the current virtual classroom curriculum list, which is available in the Hub
- Provided to each agency upon submission and approval of your regional office.
- Scheduled with your availability in mind

LOCAL AGENCY TRAINING

- 21 scheduled in 2025
- 36 remaining



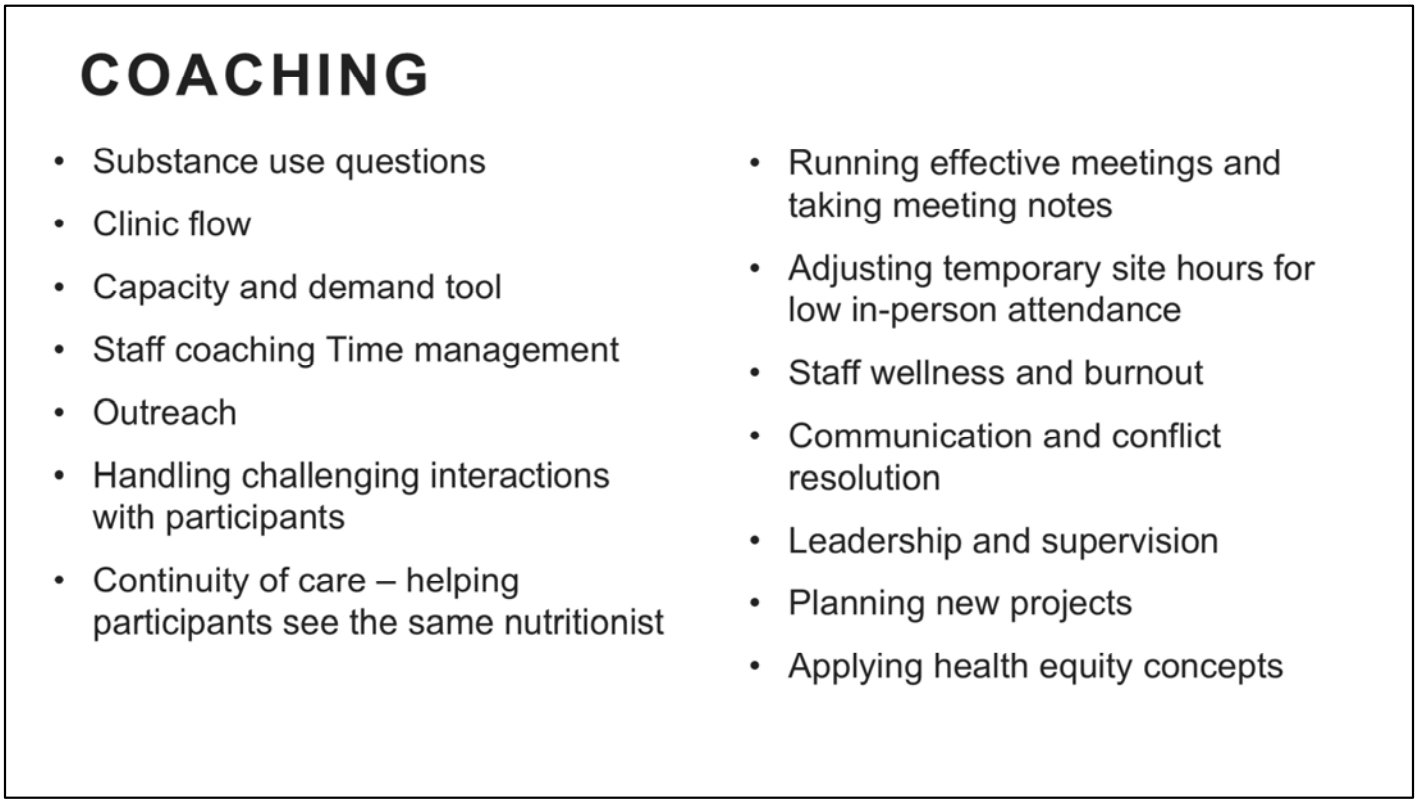
- 21 LA trainings are scheduled through 12/31/25
- There are 36 remaining days left in this contract as of 10/21/25
- These trainings are in high demand, submit your request today!

COACHING



- Supplements Technical Assistance provided by Regional Offices

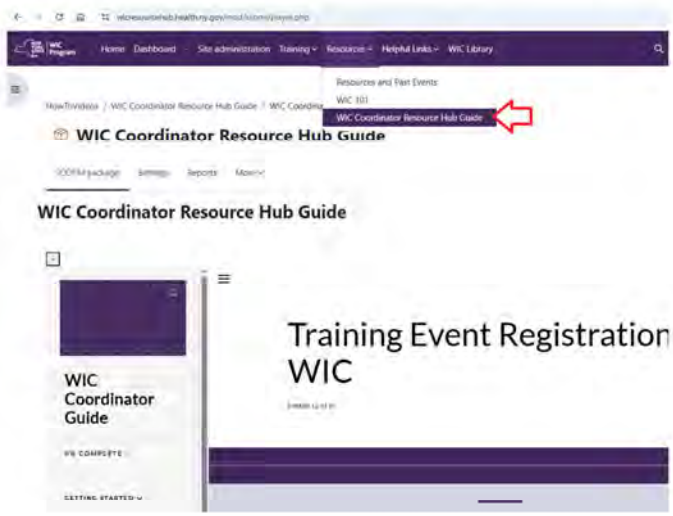
- CAI's coaching services provide targeted, personalized support to WIC staff looking to strengthen skills or address specific challenges. Coaching isn't a replacement for training—it's a collaborative process where we guide staff using our subject matter expertise.
- There's no cost to Local Agencies for coaching. Sessions can be done in person, virtually, or by phone.
- Coaching can be customized for specific job role, entire Local Agency or Regional Office
- The possibilities are endless, but on the next slide you'll see some examples of requests



- Supplements TA provided by RO
- They are available to provide this opportunity both remotely and in-person and will work with the local agency to design the best approach. This could include coaching for the leadership team, a select group of staff or the entire agency. Coaching requests have included items such as reworking a scheduling approach, key issues in implementing the new waiver, completing desk audits, strengthening supervisory skills of key staff, clinic flow approaches and helping supervisors with feedback and delegation. If you are interested, complete the coaching form and submit it to your regional office.

HUB REPORTS

- You have access to staff registration!
- You can pull reports
  - All Course Completion
  - Training Event Registrations
  - My Registrations
  - WIC Annual Required Training

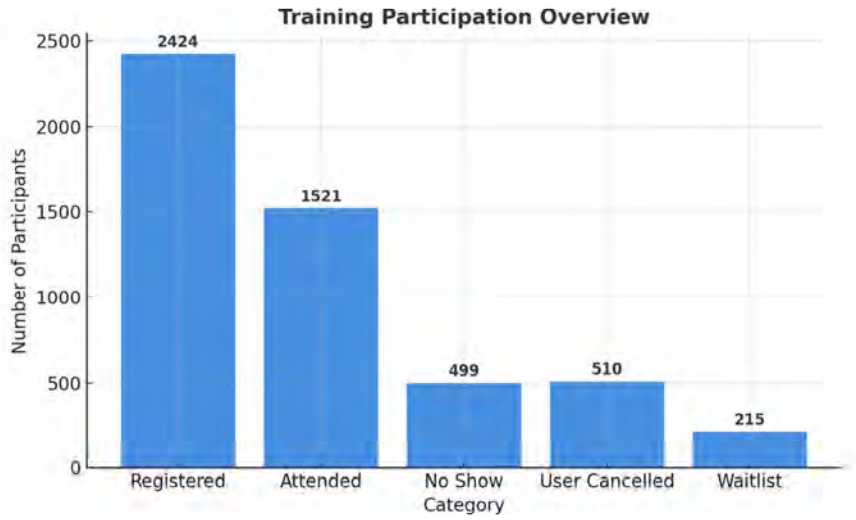


- Be sure to utilize the WIC Coordinator Resource Hub Guide to see all of the items you have access to. WIC Coordinators, Site Managers, and Training Coordinators have access to the following:
  - All Course Completion Certificate - this is what your staff completed
  - Training Event Registrations – this is what your staff is registered for
  - My Registrations – what you are registered for
  - WIC Annual Required Training – track completion of your staff for annual required trainings



- 01/01-2025-10/31/2025
- **Virtual classroom training**

TRAINING PARTICIPATION



- Stress importance of canceling and not no-showing

WEBINARS



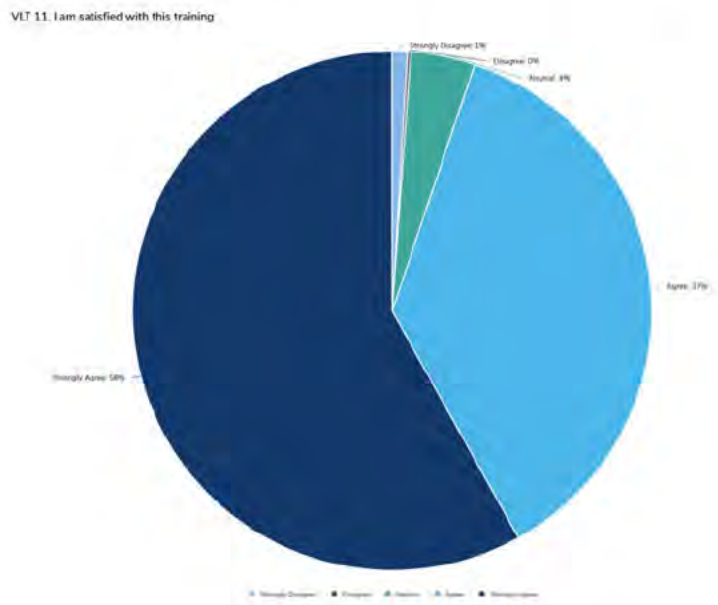
EVALUATIONS

- Evaluations are required from all
- All evaluations are anonymous
- Feedback shapes future training
- Additional questions for CPEUs



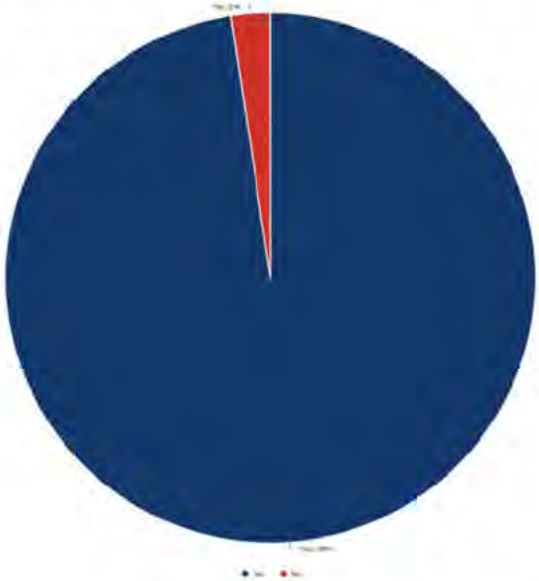
- The anonymous evaluation is required for certificate of attendance
- Feedback is so valuable—it helps us celebrate what worked well and identify ways to make future WIC trainings even stronger. We carefully review every comment and use your ideas to shape upcoming workshops.
- There is an additional section for RDs and DTRs seeking CPEUs from the CDR, this is required for those getting those continuing education credits. If you are not seeking CPEUs you can select no and skip that section.

95% SATISFIED WITH TRAINING

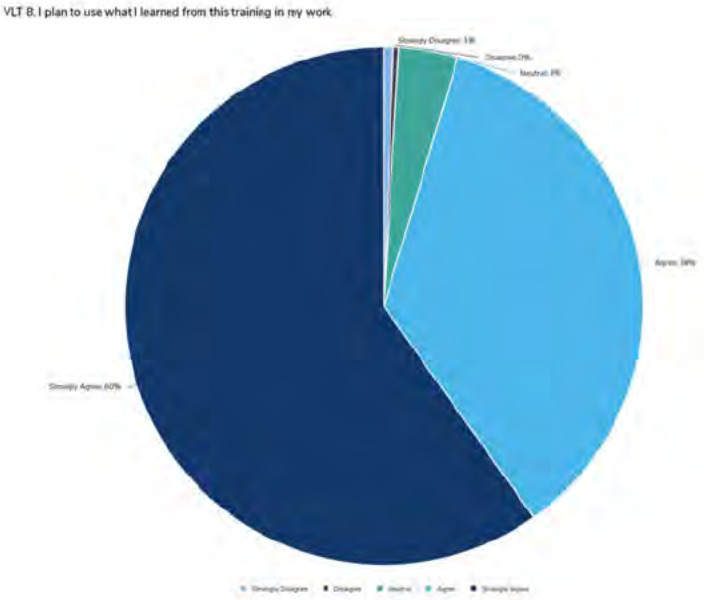


98% ABLE TO USE INTERACTIVE FUNCTIONS

VLT 12. Were you able to use all interactive functions during this training (e.g., polls, chat, breakout rooms)



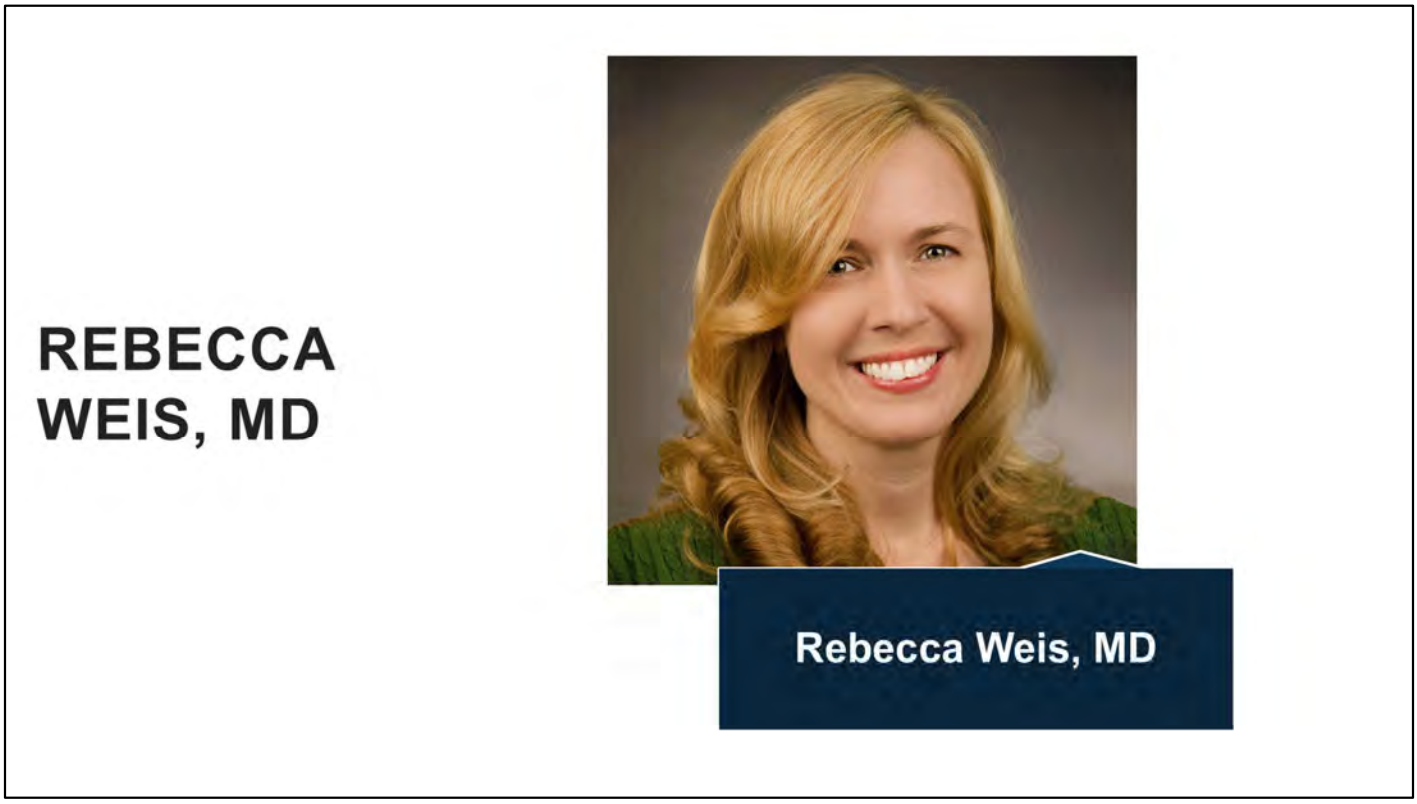
96% PLAN TO USE WHAT THEY LEARNED



QUESTIONS

Reach out to Cat at csmith@caiglobal.org





30 minutes- Dr. Weis will Zoom in virtually for her presentation

This session, led by a psychiatrist expert, will explore the wide-ranging impacts of trauma and chronic stress on women and children—both as WIC participants and as members of the workforce. WIC managers will gain insight into how trauma affects physical and mental health, behavior, and service engagement, and how it can manifest in staff well-being and workplace dynamics.

BREAK TIME



TAKING THE STRESS OUT OF STRESSFUL SITUATIONS

GUEST SPEAKER



CLOSING REMARKS



QUESTIONS?



We’re just about to the end of our training today.

Any questions?

EVALUATIONS

- Evaluations are required from all
- Feedback shapes future training
- Additional questions for CPEUs

RDs and DTRs seeking CPEUs, please note that you are able to send feedback directly to CDR, by emailing QualityCPE@eatright.org.

- Add QR code

[redacted]



Production

- Please log into your NYS WIC Resource Hub account to complete your evaluation and receive your certificate
- Link to hub: https://nyswicresourcehub.unhosting.site/ , locate this particular course, and complete the evaluation.
- Evaluations will close after 5 business days and no longer be available. If you do not complete the evaluation within this timeframe you will not receive your certificate.

Thank you for joining us today! I hope it was helpful and can help guide you as you do this important work!

From Surviving to Thriving: Fostering Resilience in Ourselves, Our Teams, and Our Participants

J. Rebecca Weis, MD
Clinical Associate Professor,
NYU Department of Child and Adolescent Psychiatry
Chief of Service
Bellevue Hospital Department of Child & Adolescent Psychiatry

NOVEMBER 20, 2025

TRAINING GOAL:

To enhance WIC managers' understanding of the effects of trauma on women's and children's physical, emotional, and developmental health.



LEARNING OBJECTIVES:

As a result of this training, participants will be able to:

- Describe how trauma and chronic stress impact the physical, emotional, and behavioral health of women and children.
- Identify the unique ways trauma and chronic stress affect women in leadership roles.
- Explore strategies to foster resilience and well-being as leaders.

WHAT ARE COMMON PERINATAL MENTAL HEALTH DIAGNOSES?

- Up to 20% of women suffer from depressive or anxiety disorders during pregnancy
- Postpartum rates of mood and anxiety disorders are very similar
- Some less common disorders:
  - perinatal obsessive compulsive disorder
  - bipolar disorder
  - perinatal/postpartum psychosis
  - post-traumatic stress disorder (10% of women in lifetime)
  - the list could go on…

- Psychoeducation – setting the stage of the scope of perinatal mental health problems

MATERNAL MENTAL HEALTH PROBLEMS

Disorder	Prenatal	Postpartum
Depression	10-15%	10-20%
Anxiety	13-21%	11-17%

Suicide accounts for 20% of post-partum deaths (Lindahl, 2005)

More psychoeducation/awareness building

Major depressive disorder varies in intensity, but will always include at least one of the following symptoms for at least two weeks:

- Persistent sad, depressed, hopeless, or “empty” mood most of the day, nearly every day; sometimes persistently increased irritability
- Loss of interest or pleasure in hobbies and activities

Some symptoms including

- Appetite and/or weight changes
- Difficulty sleeping, early morning awakening, or oversleeping
- Feeling slowed down or restlessness
- Fatigue or loss of energy
- Feelings of guilt and worthlessness
- Difficulty concentrating, remembering, or making decisions
- Recurrent thoughts of death or suicidal thoughts
- Somatic symptoms and anxiety are common although not officially part of the diagnosis

POSTPARTUM BLUES VERSUS DEPRESSION

Postpartum blues	Postpartum depression
50-85% of women	10-20% of women
Starts 4-5 days after delivery, brief	Emerges anytime in the 2-3 months after delivery
Mood lability, tearfulness, irritability, anxiety	Symptoms as noted on previous slide, although with modifications
Remits on it's own within 2 weeks of delivery – not really an illness	Could last for months and be associated with negative outcomes

Both postpartum blues and postpartum depression are thought to be related to shifts in hormones after delivery – and there are other risk factors for postpartum depression . . .

- Building awareness also that some of what you see emotionally with participants can improve in the first weeks after delivery – so we tend to worry more about persistence of symptoms

BUT WHAT ABOUT THE PERSON?

Diagnosis?

Symptom?

Complex creatures with many facets

- Current life situations
- History of adversity
- History of positive experiences



CURRENT LIFE SITUATION

You know better than anyone stressors new mothers are facing now

- Financial strain
- Housing issues
- Poor social support
  - Interpersonal violence
- Immigration anxiety (or worse)



HISTORY OF ADVERSITY

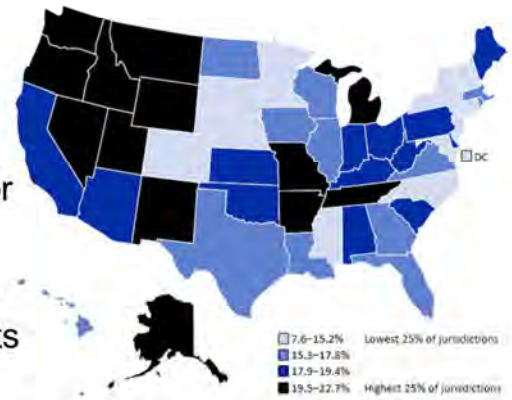
New York

Four or more Adverse Childhood Experiences (ACEs)

7.6-15.2%

U.S. Adults — Behavioral Risk Factor Surveillance Survey, 2011–2020:

Prevalence of Four or More Adverse Childhood Experiences Among Adults Aged ≥18 Years, by Jurisdiction — United States, 2011–2020



- eight types of ACEs: physical abuse, emotional abuse, sexual abuse, witnessing intimate partner violence, household substance abuse, household mental illness, parental separation or divorce, and incarcerated household member
- ACEs were highest among women, persons aged 25–34 years, non-Hispanic American Indian or Alaska Native adults, non-Hispanic multiracial adults, adults with less than a high school education, and adults who were unemployed or unable to wo**rk**

MATERNAL DEPRESSION IN THE UNITED STATES: NATIO

Associated demographic nationally	Percent with past-year depression
Age 18-24/25-34/35-44	14.30/11.93/9.13
Number of children 1/2/3/4+	10.20/10.25/9.43/13.19
Age of children <1/1-4/5-12/13-15/16-17	14.69/10.97/9.92/10.22/10.41*
White/black/hispanic	11.46/8.64/7.08
<High school/HS/Some college/Completed college	13.13/11.19/11.04/6.72
Income lowest - highest quartile	14.80/11.04/10.28/6.56
Unemployed/employed PT/employed FT	24.56/10.25/8.05

*did not reach significance

Ertel 2011

- We also know that specific stressors increase the risk for depression – and again these overlap with factors that are often present in WIC participants
- The colored circles are meant to help the audience with visualizing each number as I go.

- **Source: Ertel KA, Rich-Edwards JW, Koenen KC. Maternal depression in the United States: nationally representative rates and risks. J Womens Health (Larchmt). 2011 Nov;20(11):1609-17. doi: 10.1089/jwh.2010.2657. Epub 2011 Aug 30. PMID: 21877915; PMCID: PMC3253390**

RECOGNIZING RESILIENCE

Some factors associated with higher resilience to stress

- Psychological support
- Active behavioral coping strategies
- Sense of mastery
- Positive cognitive attributions



Hajure M, Alemu SS, Abdu Z, Tesfaye GM, Workneh YA, Dule A, Adem Hussen M, Wedajo LF, Gezimu W. Resilience and mental health among perinatal women: a systematic review. Front Psychiatry. 2024 Jul 22

- So women/families are facing a lot of stress/adversity and a lot of risk for depression and other mental health problems
- This is by no means an exhaustive list – I have picked some that are more likely to be in the realm of possibility for moms and families – more to come later about why that was important. Obviously financial stability, for instance, can be a resilience factor in times of stress, but may not be something people can do anything about in short term

HOW DOES ALL OF THIS AFFECT YOU AND OTHER WIC STAFF MEMBERS?



- **Compassion fatigue** - *the physical and mental exhaustion and emotional withdrawal experienced by those that care for sick or traumatized people over an extended period of time*
- **Vicarious traumatization** - *psychological phenomenon where individuals experience emotional and psychological distress after being exposed to the traumatic experiences of others, such as through their work or personal relationships*
- **Burnout** - *a state of emotional, physical, and mental exhaustion caused by excessive and prolonged stress from work or other life demands*

- **You heard these terms defined on day 1**– there's a lot of overlap between them and it may be less important to split hairs about which one a person is experiencing and more important to have recognition that working under stress and working with populations who have a lot of stress has an impact
- Worth mentioning that workers experiencing any of these is themselves at risk for depression, anxiety, trauma-related symptoms

Also, we cannot discount that the workforce may be experiencing some of the same stressors as the WIC participants



- *Current life stress*
- *History of adversity*

- Add to that given the unfortunate ubiquity of stress and adversity and trauma, many members of the WIC workforce may have their own past or current issues going on in parallel to the issues faced by participants
- People may choose in part to work with WIC because they want others to have the help maybe they wished they had before – their experiences are a source of compassion and empathy, but hearing about the experiences of others can bring up memories and unresolved emotions. This can be very, very challenging, even for those who have processed a lot for themselves, and can be unpredictable – example, loss of a parent, problems in one's own close relationships

WHAT CAN WE DO?

SUPPORT RESILIENCE



SUPPORTING RESILIENCE

Some factors are associated with higher resilience to stress

- Psychological support
- Active behavioral coping strategies
- Sense of mastery
- Positive cognitive attributions

- Source: Hajure M, Alemu SS, Abdu Z, Tesfaye GM, Workneh YA, Dule A, Adem Hussen M, Wedajo LF, Gezimu W. Resilience and mental health among perinatal women: a systematic review. Front Psychiatry. 2024 Jul 22



- Ounce of prevention, pound of cure – sometimes things are so hectic and it's hard to slow things down for what feels like "fluff" but the investment really is worth it
- Checking in you all know how to do – it's a basic social skill – but maybe think about this when we get to the slide about validating emotions (it's coming). It can be so tempting to go into problem solving mode when someone finds they are struggling, but understanding the emotions and what they think about the problem needs to come before you may be able to be helpful
- During meetings, it can be useful to allow time for people to support one another and talking about things that have come up with specific mothers/families is one way to do that – chances are, if one WIC specialist had a mother come in with a problem this week, someone else had another mother come in with a similar issue.
- Brief mindfulness – next slide

TRY IT NOW

Stop and let yourself do absolutely nothing for three breaths.

With each breath, try saying “let go.”



From: The Self-Compassion Deck: 50 Mindfulness Based Practices. Willard, C, Abblett, M, and Desmond, T. PESI Publishing & Media.

- We’ll actually do this one – there are several mindfulness ideas peppered in through this section, but we won’t have time to do all of them

Psychological support for your participants



Could a moment of mindfulness
be helpful for your participants?

What about asking them
what they'd like their "mantra" to be for the breaths

- Moment for reflection – maybe when we get to question/discussion period we could discuss what people think about adding this type of moment to a WIC session with a participant, when and how they might find it helpful

SUPPORT FOR YOUR PARTICIPANTS

Validate their emotions:

- "I think I would feel a lot of stress about the situation you are describing, too."
- "You have a right to feel angry or upset when that's what you are feeling."



- It's especially important for pregnant women and new parents to feel that you accept their feelings. So often, people put pressure on them to feel happy because of the baby, when what they really need is someone to listen and understand how hard things can be

ACTIVE BEHAVIORAL COPING STRATEGIES FOR YOU AND YOUR TEAM

- Check in with your body.
- Ask if it needs anything to feel more comfortable.
- To stretch, walk, relax, breathe?
- Give yourself permission to enjoy whatever action you choose.



-
- I will probably encourage people to do this for a moment between talking

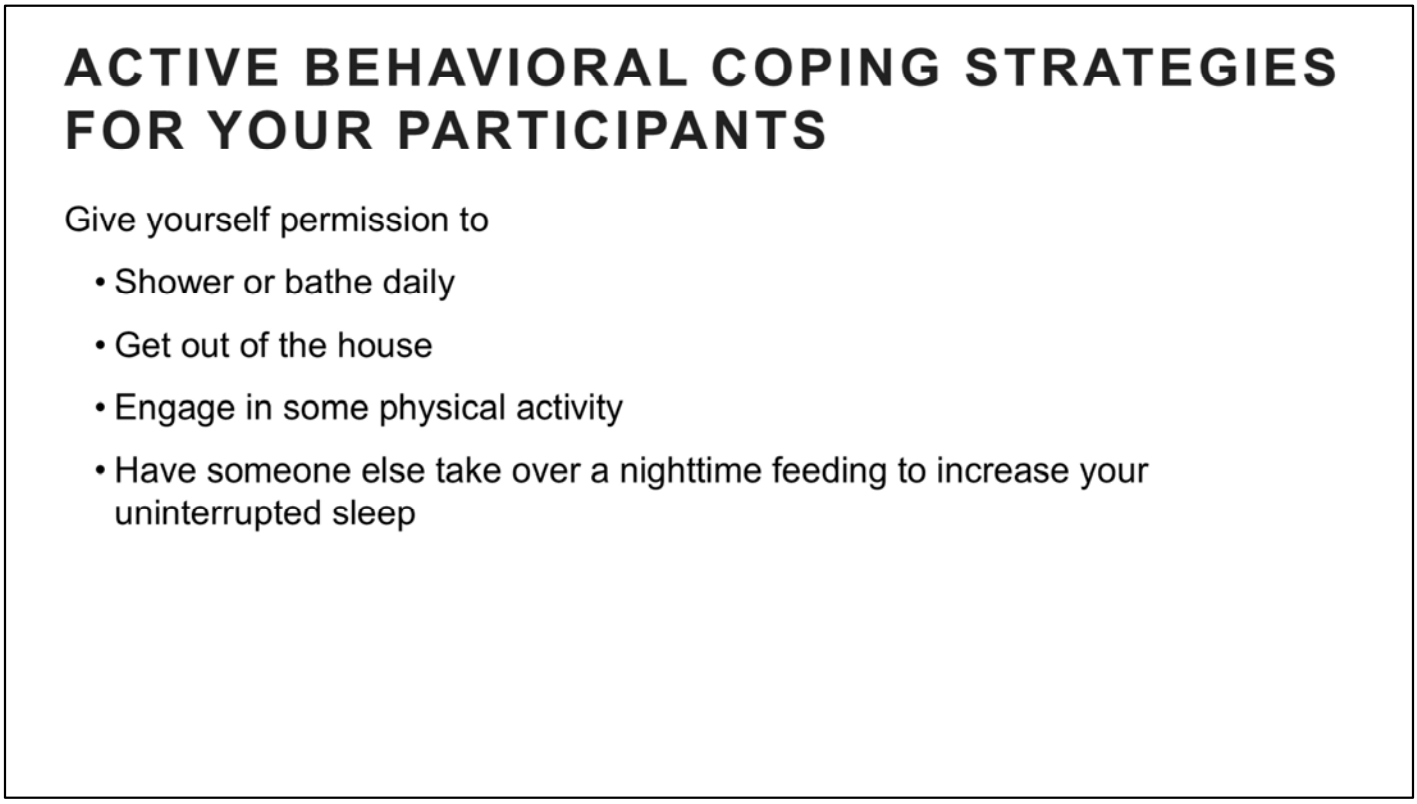
ACTIVE BEHAVIORAL COPING STRATEGIES FOR YOUR PARTICIPANTS

Explore resources for social support and help that parents could access on their own.

Examples might include:

- making efforts to connect with friends and family
- going to activities at religious organization or community centers
- engaging in specific activities designed for new mothers like mommy-and-me exercise classes

- We are all guilty of using our phones and other isolating strategies to cope – and that's certainly not all bad, but it's both passive and isolating, whereas engaging with social supports may bring a whole other level of reward.
- Maybe also think about social media and how that can cut both directions as a coping strategy
- Another option for those who feel this might be overwhelming – Postpartum Support International and virtual support groups



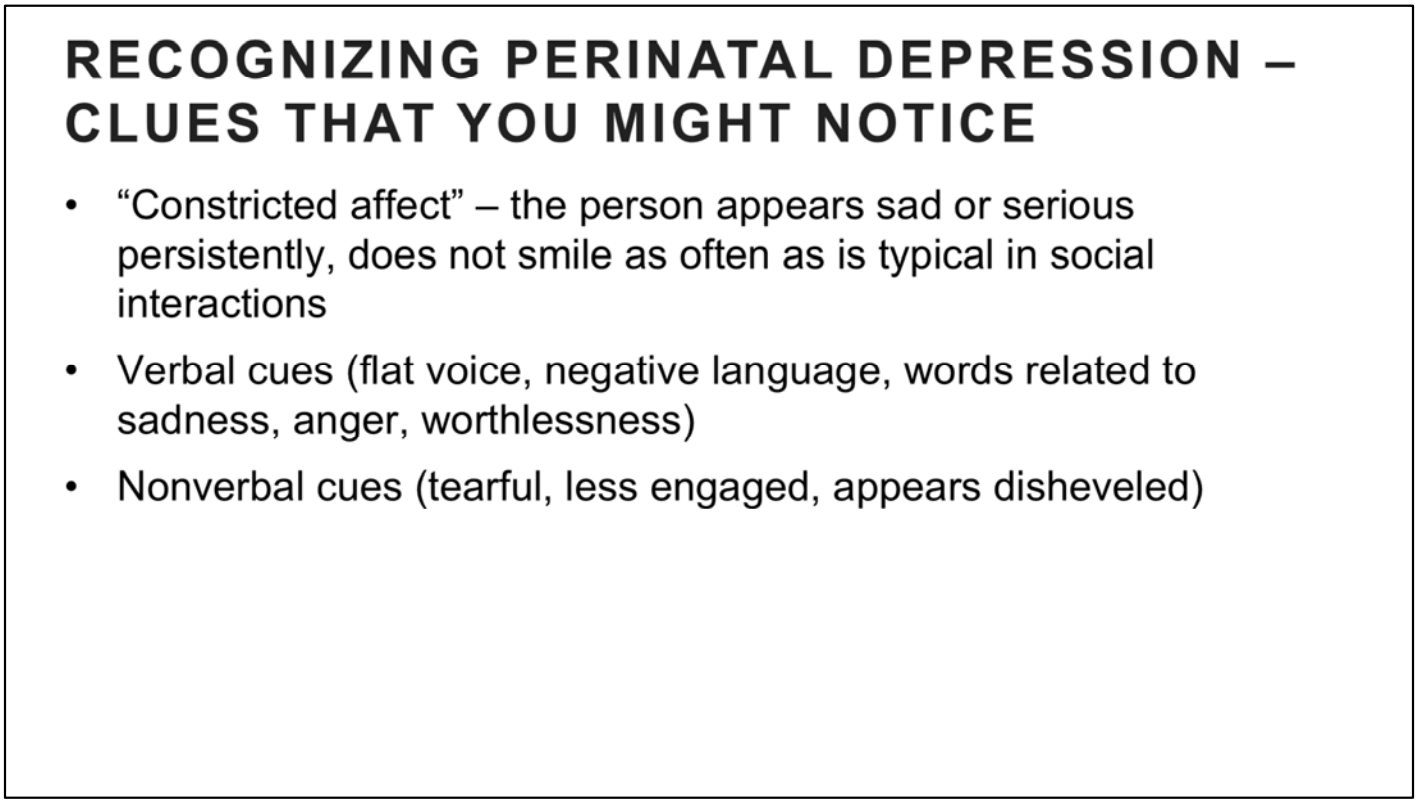
- Depending on the mother's cognitive style, asking for help to do some of these things may be very hard for them. Normalizing that everyone needs help may be helpful for them to break through that cognitive barrier

SENSE OF MASTERY FOR YOU AND YOUR TEAM

Having tools and resources to use

- Clues for when to have concern
- Ideas how to talk about referrals
- Connections in the area

*focus more on support and conversation
Screening tools are optional, not required



- This is more about respecting your gut feeling that a mom maybe is struggling regardless of what the screening shows
- Discuss physical and both verbal and nonverbal cues for in-person and phone communication in WIC.

RECOGNIZING PERINATAL DEPRESSION – CLUES THAT YOU MIGHT NOTICE

- Recurrent negative comments about self or about ability to be a mother including expressing hopelessness, guilt, worthlessness
- Difficulty remembering appointments and other obligations, having difficulty keeping track of what's going on in the conversation



EXAMPLE OF A REFERRAL

To the participant:

"It sounds like you might be having a lot of stress right now. I work with someone who specializes in helping with these issues, and I would like to help you set up a time to speak with them. Is it alright with you if we call that office now to try to set a time for you?"

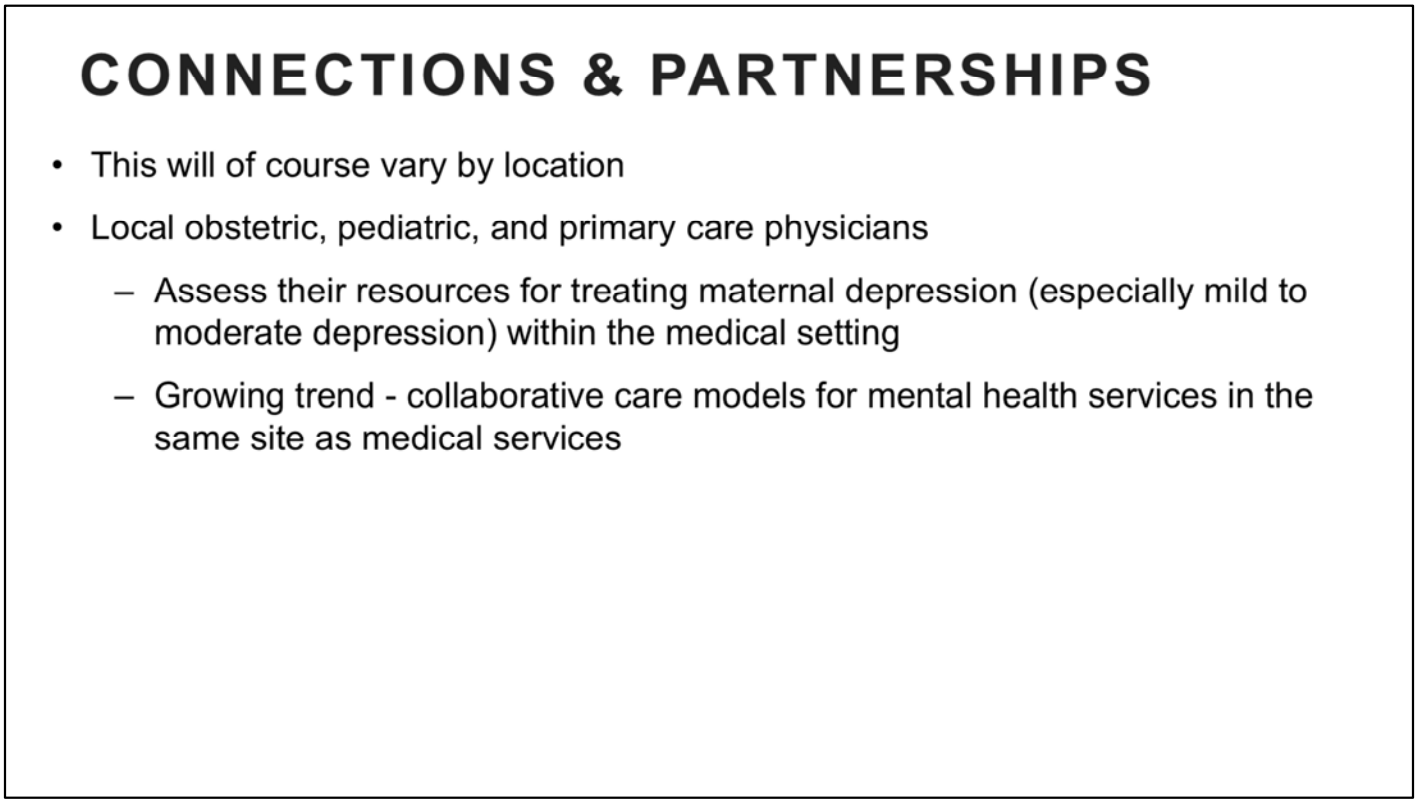
- When you find that someone screens positive or is giving off clues, how can you try to suggest a referral in a gentle way?

MOTHER NOT READY FOR REFERRAL YET

Some mothers will not be ready to accept a referral

- As long as there is not acute danger, meet them where they are
- Ask them to come back in to see you so the two of you can check how things are going
  - Give an appointment
- If depression symptoms persist at the next appointment, suggest referral again
- Consider involving spouse/family (if the mother agrees) to help her keep track of and decide what needs to happen next

You should never feel pressured to make someone accept a referral – it's much more effective and engaging to do follow-up, perhaps an appointment sooner than you usually would have, to allow the mother time to think and to trend the issues (because maybe some of the self-help and mindfulness you suggested will actually help)



- Ensuring you and your staff are connected to resources when they are needed is also important. It’s demoralizing to see problems right in front of you and not know where to turn to get someone help

CONNECTIONS & PARTNERSHIPS

- Communicating and establishing linkages with community mental health centers and hospital based mental health clinics
- Emergency rooms nearby and any crisis services in case of imminent danger



SENSE OF MASTERY FOR YOUR PARTICIPANTS

Maybe no one else will show their appreciation but you still can.

Take just a moment to tell me about something you did that deserves appreciation this week.

I'm giving you a thank you – give yourself one, too.

-

POSITIVE COGNITIVE ATTRIBUTIONS FOR EVERYONE!

In every moment, there are infinite reasons to be upset and infinite reasons to be happy.

Make a list of five things you could be happy about right now.

Don't stop if more keep flowing!



-
-

QUESTIONS?



Any questions?


Matt Bellace, Ph.D.
SPEAKER PSYCHOLOGIST COMEDIAN
CLUB

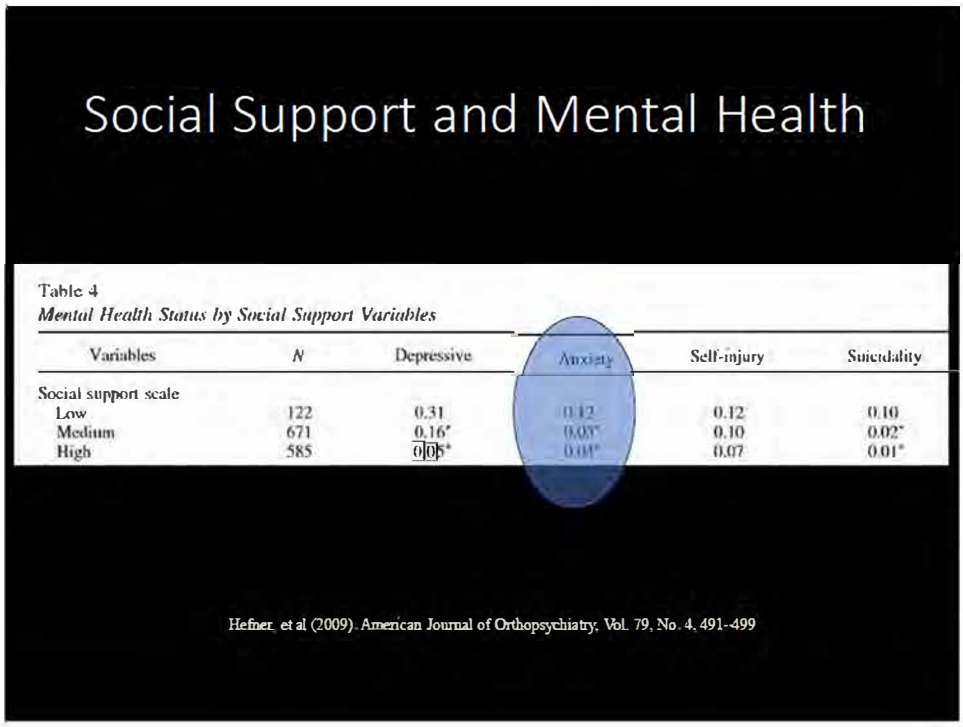
Social Support and Mental Health

Table 4
Mental Health Status by Social Support Variables

Variables	*N*	Depressive	Anxiety	Self-injury	Suicidality
Social support scale					
Low	122	0.31	0.12	0.12	0.10
Medium	671	0.16*	0.05*	0.10	0.02*
High	585	0.05*	0.03*	0.07	0.01*

Hefner, et al (2009). American Journal of Orthopsychiatry, Vol. 79, No. 4, 491–499

- Positive social support is a protective factor for mental health
- As support increases from low to high levels, depressive symptoms decline significantly



As support increases from low to high levels, anxiety symptoms decline significantly

Social Support and Mental Health

Table 4
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Hefner, et al (2009). American Journal of Orthopsychiatry, Vol. 79, No. 4, 491–499

- Thoughts of self-harm declines

Social Support and Mental Health

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Hefner, et al (2009). American Journal of Orthopsychiatry. Vol. 79, No. 4, 491–499

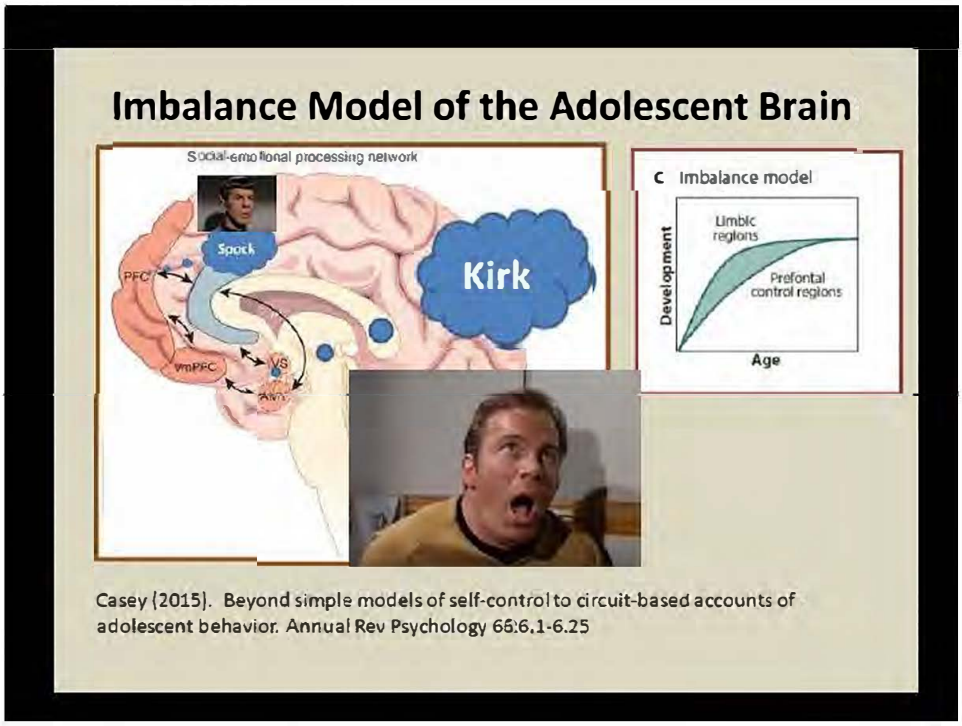
- Even suicidality declines significantly

Lean on Social Support…

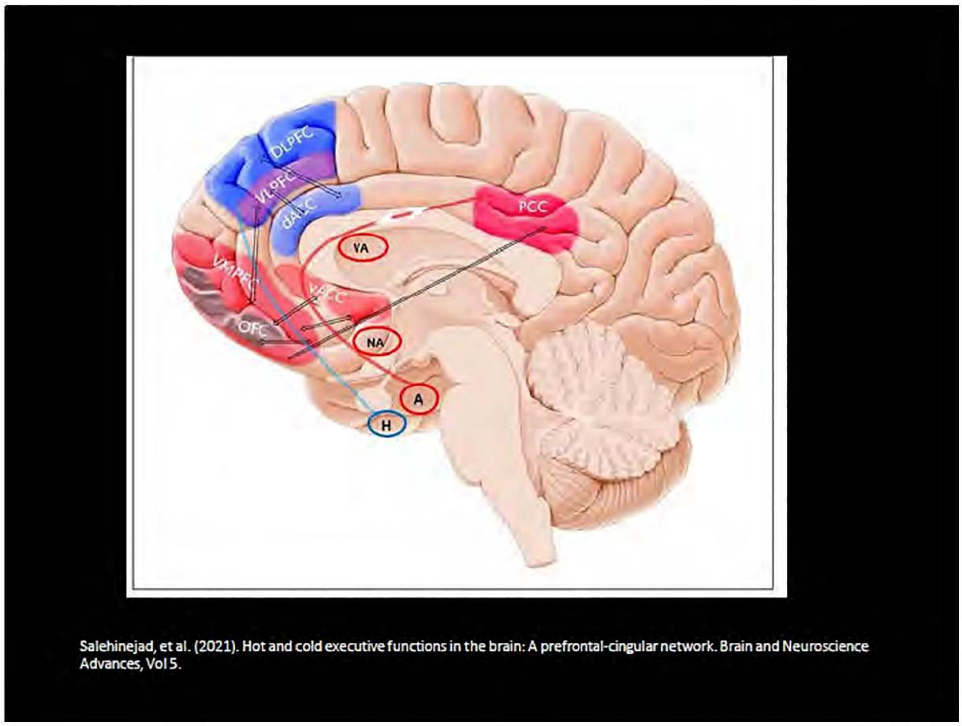


…For Stress Regulation





- The developing brain, especially through the adolescent years, is like the tale of two brains
- The hyperactive limbic system, shown here with a large Capt Kirk, and the under developed prefrontal cortex, shown here with Dr. Spock



Salehinejad, et al. (2021). Hot and cold executive functions in the brain: A prefrontal-cingular network. Brain and Neuroscience Advances, Vol 5.

- For teens, it's a competition between the hot brain and cold brain
- This dynamic persists into adulthood for many people and there are techniques we all should practice when we sense our hot brains firing up



When someone with a “hot” brain is activated the best thing for them to do is take a 5-minute break to pull themselves out of the situation


“Let them have their experience.”
-Gregory Moore, PsyD
“Let them.”
-Mel Robbins

Be Their Frontal Lobe Consult



“Anger is a failure of compassion”
-Steven Stosny, PhD



Express Emotions in a Beneficial Way





Journal of Experimental Social Psychology
Volume 78, September 2018, Pages 233-239

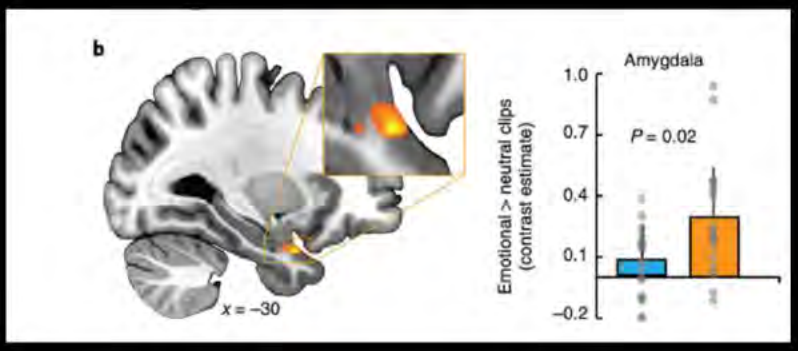
Case Report

Smartphone use undermines enjoyment of face-to-face social interactions ☆

Ryan J. Dwyer [a] ✉, Kostadin Kushlev [b], Elizabeth W. Dunn [a]

"Emotional sickness is avoiding reality at any cost.
Emotional health is facing reality at any cost."
-M. Scott Peck

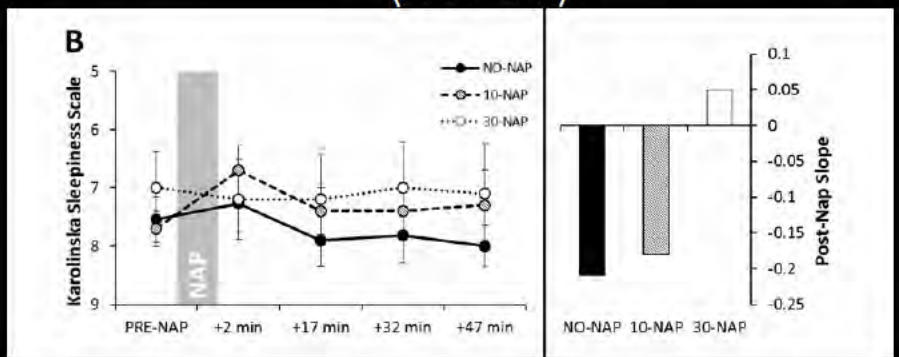
Underslept and Anxious



Simon, et al (2019). Overanxious and Underslept. Nature Human Behavior, Nov. 4

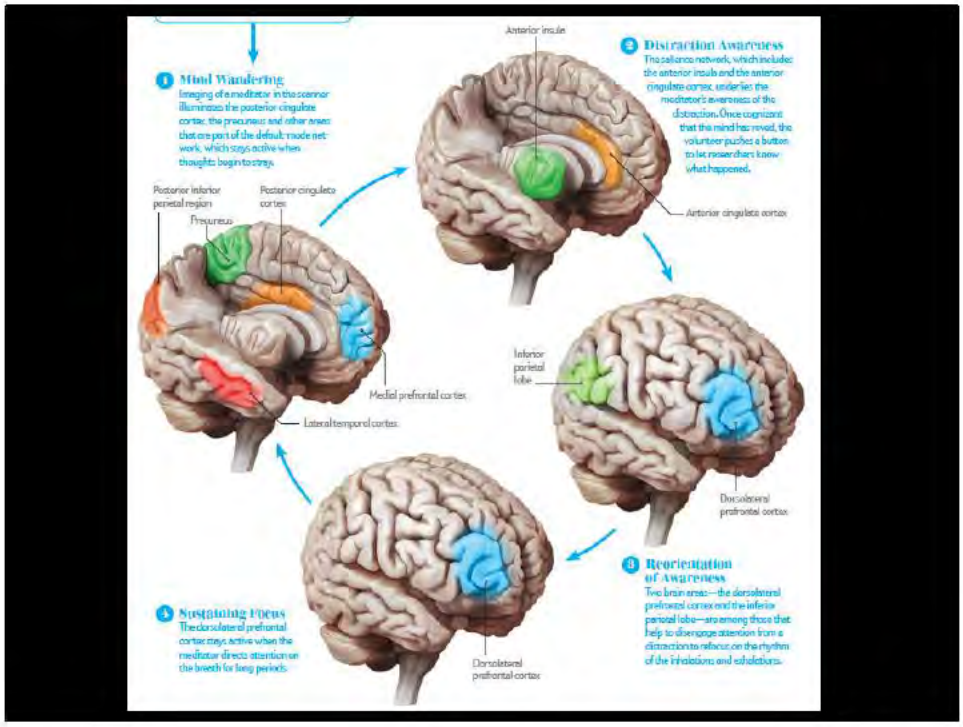
- The sleep deprived brain looks like it's on fire
- There is a significant increase in blood flow, shown here, in the amygdala when presented with emotional pictures (e.g. growling dog) in the brains of sleep deprived participants compared to well rested participants

10-minute Nap (not 30)



Hilditch CJ, Centofanti SA, Dorrian J, Banks S. A 30-minute, but not a 10-minute nighttime nap is associated with sleep inertia. SLEEP 2016;39(3):675–685.

- Brief naps are helpful at improving cognitive functioning, but if the nap goes to 30 minutes or more, sleep fog can set in



- A schematic of how meditation impacts brain functioning

Meditation and Decision Making

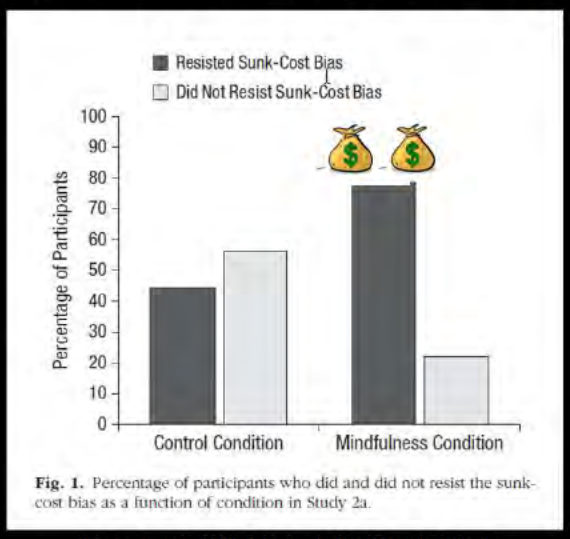


Fig. 1. Percentage of participants who did and did not resist the sunk-cost bias as a function of condition in Study 2a.

Hafenbrach, et al., (2014). **Debiasing the Mind Through Meditation: Mindfulness and the Sunk-Cost Bias.** *Psychological Science*, Vol. 25(2) 369–376

- A study from 2014 demonstrating how mindfulness meditation helps participants avoid the sunk cost bias. In other words, we make better emotional decisions when we become proficient at meditation

Meditation and Attention

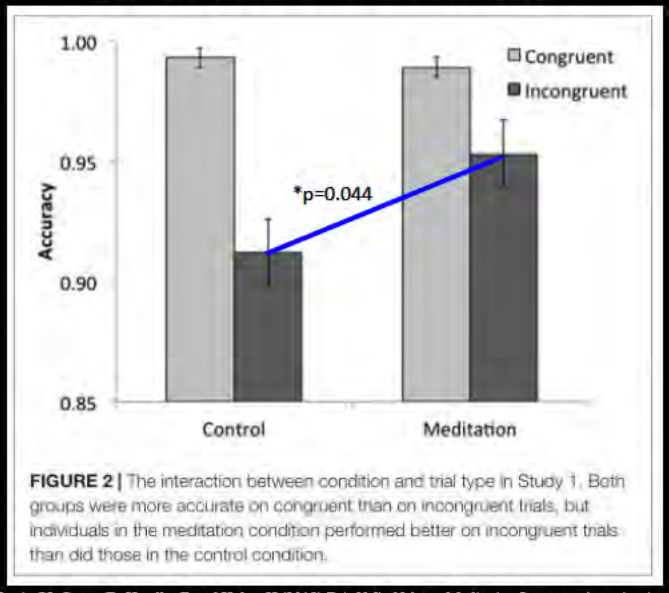
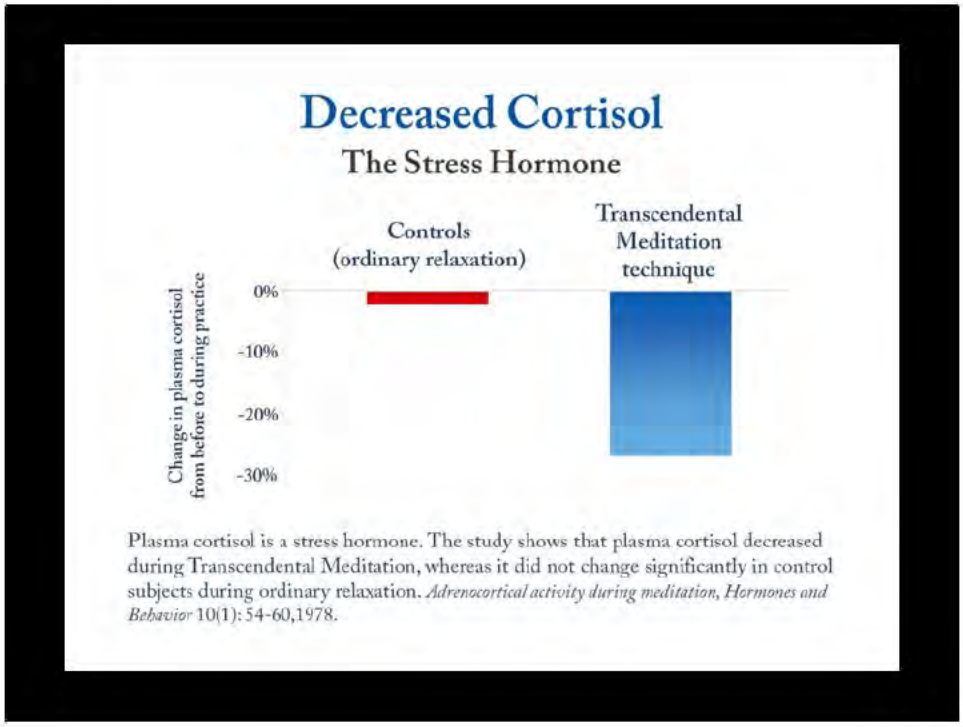


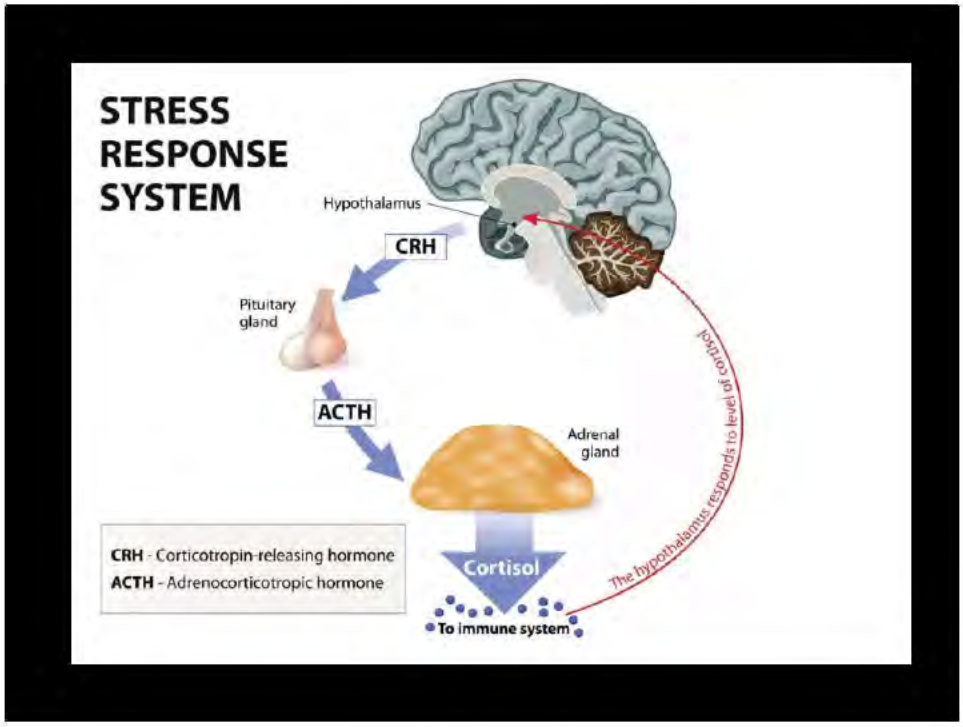
FIGURE 2 | The interaction between condition and trial type in Study 1. Both groups were more accurate on congruent than on incongruent trials, but individuals in the meditation condition performed better on incongruent trials than did those in the control condition.

Norris CJ, Creem D, Hendler R and Kober H (2018) Brief Mindfulness Meditation Improves Attention in Novices: Evidence From ERPs and Moderation by Neuroticism. Front. Hum. Neurosci. 12:315. doi: 10.3389/fnhum.2018.00315

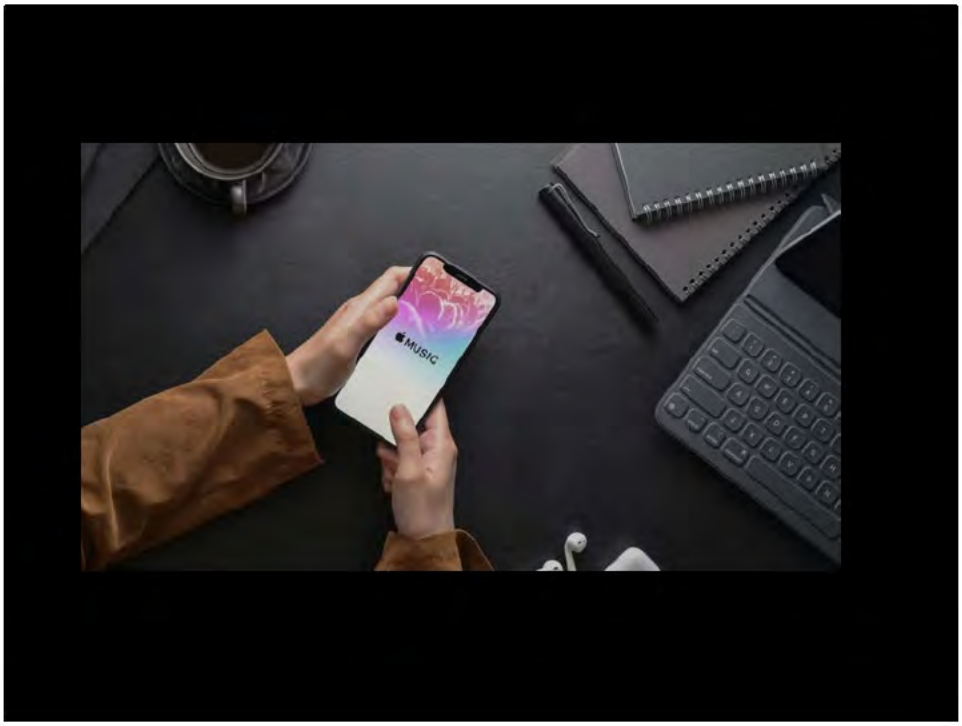
- Evidence that meditation significantly improves attention in beginners

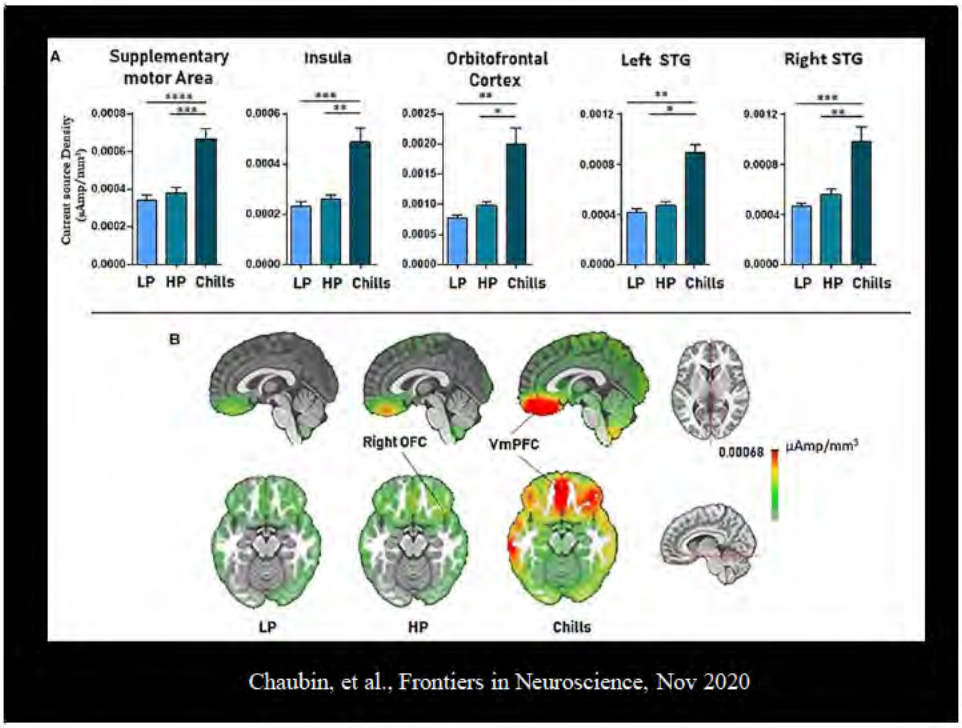


- Evidence that long form meditation, 20 minutes twice a day, significantly decreases plasma cortisol levels. This is directly correlated to the feeling of calm after meditation



- Meditation and cold plunge are effective at interfering with the hypothalamic-pituitary-adrenal axis. When activated, this leads to the release of cortisol, a stress hormone that can be harmful when chronically elevated


MUSIC



Chaubin, et al., Frontiers in Neuroscience, Nov 2020

- The activation of the ventral medial prefrontal cortex in response to music that is like, loved and music that gives the "chills."

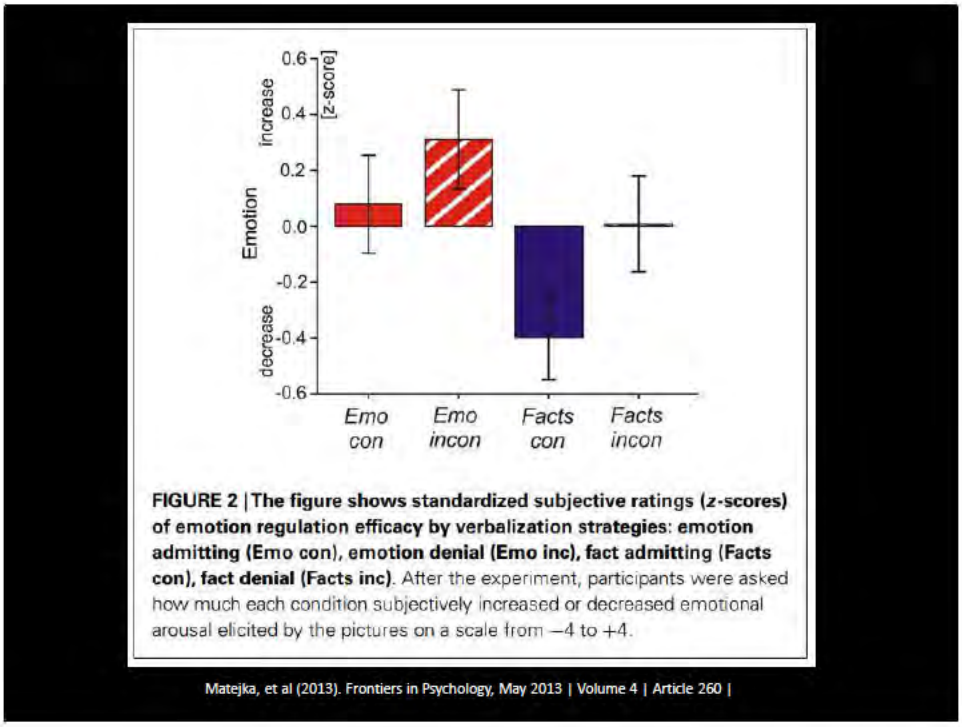


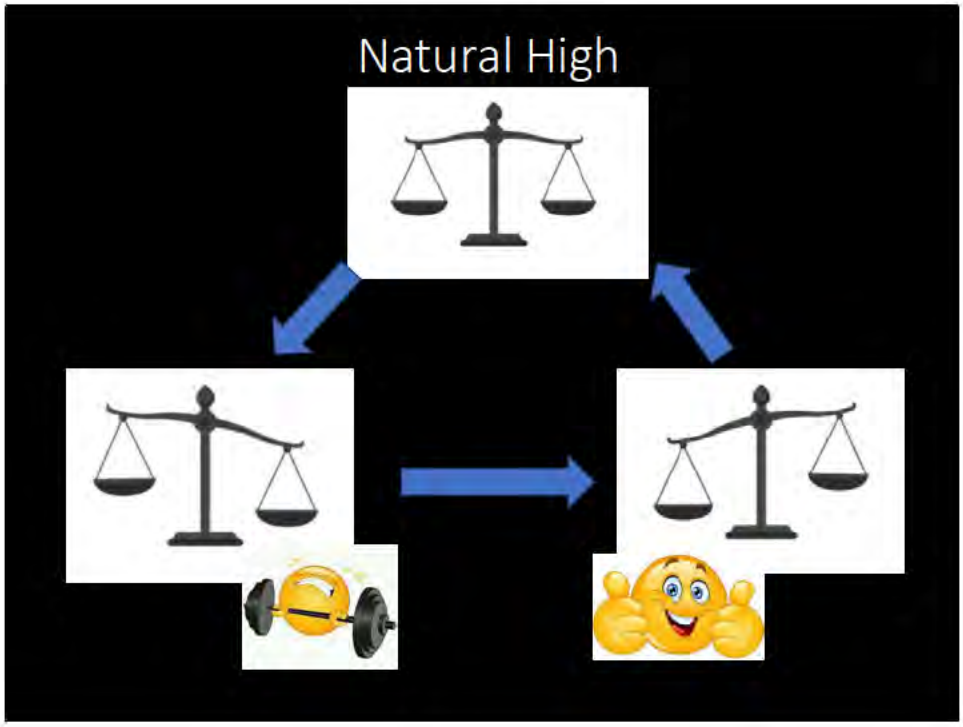
FIGURE 2 | The figure shows standardized subjective ratings (z-scores) of emotion regulation efficacy by verbalization strategies: emotion admitting (Emo con), emotion denial (Emo inc), fact admitting (Facts con), fact denial (Facts inc). After the experiment, participants were asked how much each condition subjectively increased or decreased emotional arousal elicited by the pictures on a scale from −4 to +4.

Matejka, et al (2013). Frontiers in Psychology, May 2013 | Volume 4 | Article 260 |

Writing about emotional pain, loss and failure, significantly reduces negative emotions. It appears to be writing about the mundane facts of our trauma stories that carries the biggest impact.

Natural Highs




Natural High

Euphoric



Flow



Turn down the chatter (Hypo-frontality)

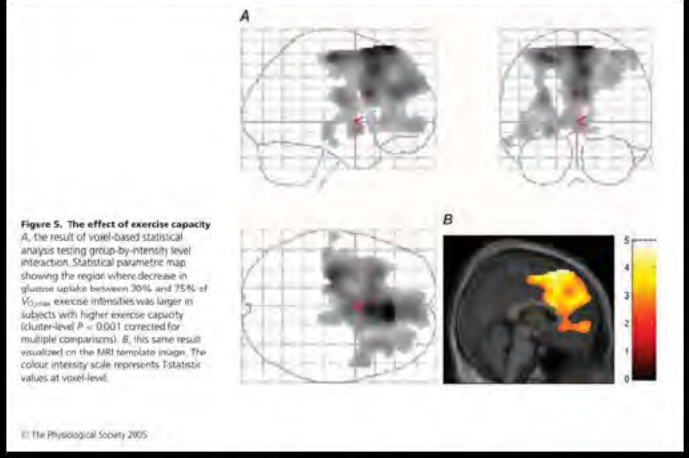


Figure 5. The effect of exercise capacity
A, the result of voxel-based statistical analysis testing group-by-intensity level interaction. Statistical parametric map showing the region where decrease in glucose uptake between 30% and 75% of V_{O_2max} exercise intensities was larger in subjects with higher exercise capacity (cluster-level $P < 0.001$ corrected for multiple comparisons). *B*, this same result visualized on the MRI template image. The colour intensity scale represents T statistic values at voxel-level.

© The Physiological Society 2005

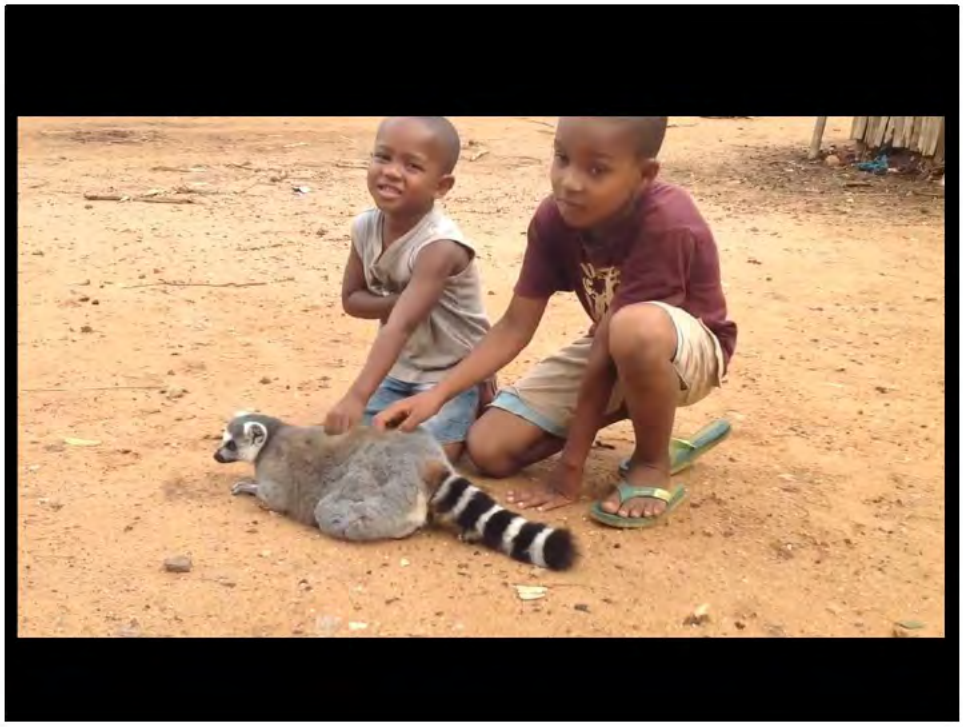
Jukka Kemppainen, et al. (2005). *J Physiol* 568.1 pp 323–332.

- The phenomenon of hypofrontality, shown here as a reduction in blood flow in the frontal lobe in response to exercise.

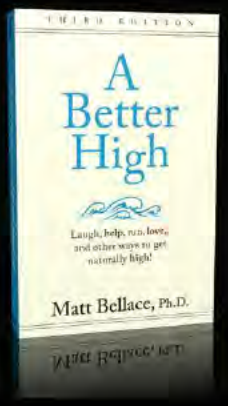

HBO ORIGINAL
100
FOOT
WAVE



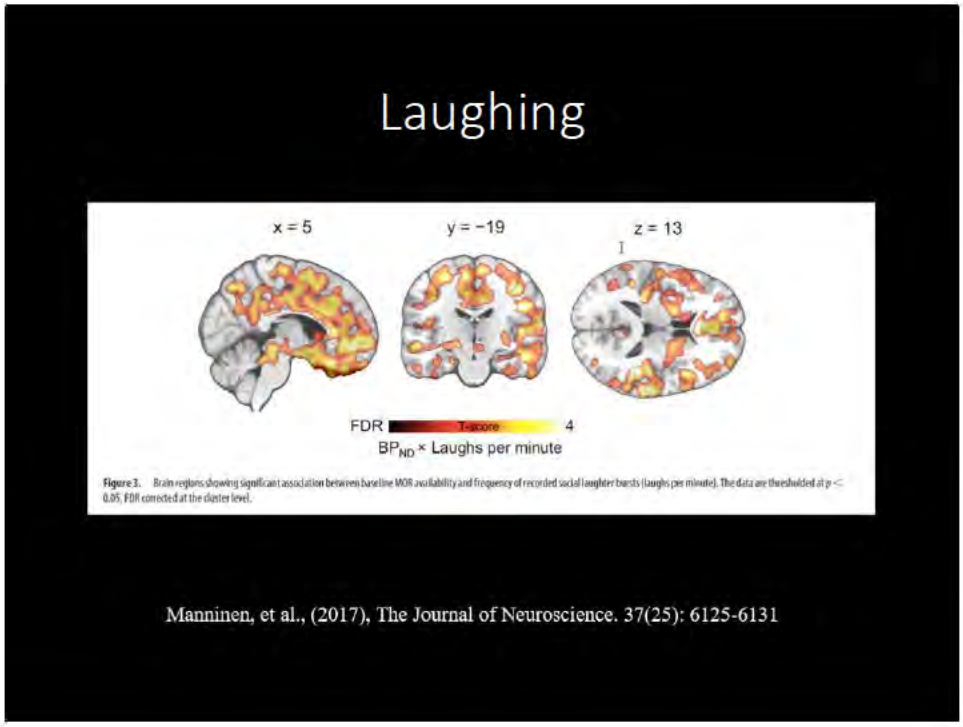

01/31/2021 11:37:42



Achieve Natural Highs Everyday



BETTER HIGH PODCAST
DR MATT BELLACE



- Brain regions showing significant increases in activity in response to social laughter bursts

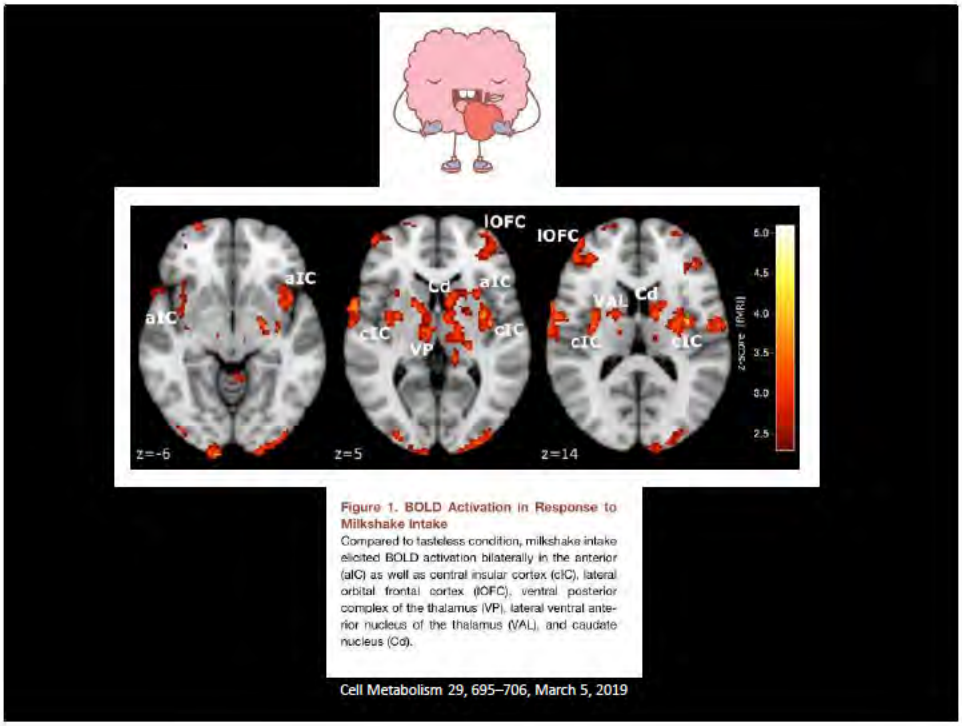


Figure 1. BOLD Activation in Response to Milkshake Intake

Compared to tasteless condition, milkshake intake elicited BOLD activation bilaterally in the anterior (aIC) as well as central insular cortex (cIC), lateral orbital frontal cortex (lOFC), ventral posterior complex of the thalamus (VP), lateral ventral anterior nucleus of the thalamus (VAL), and caudate nucleus (Cd).

Cell Metabolism 29, 695–706, March 5, 2019

- Brain activation in response to drinking a milkshake

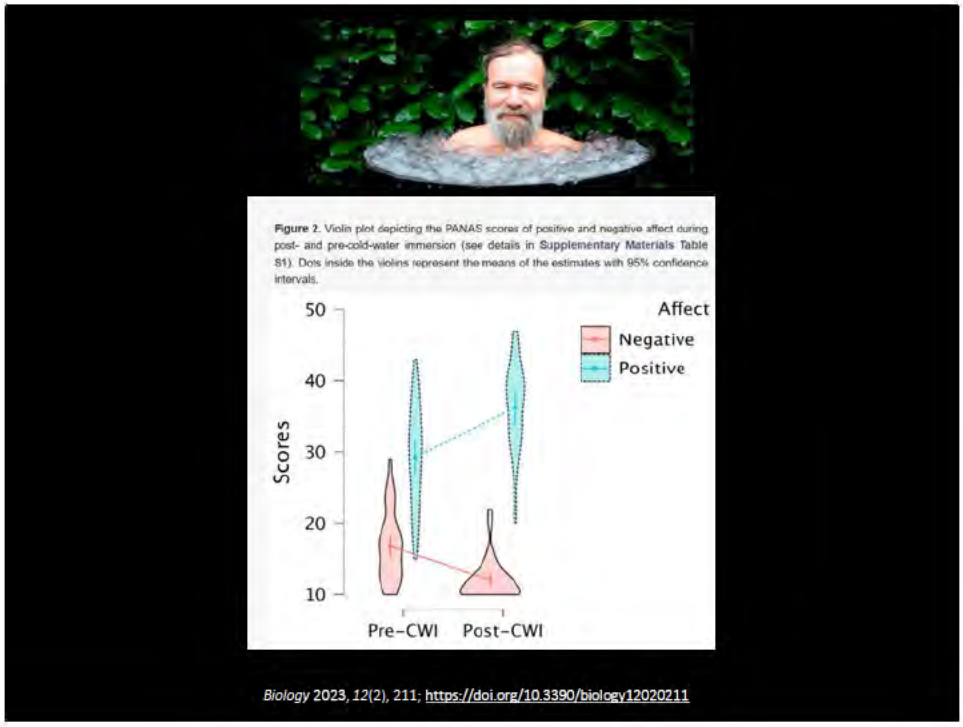


Figure 2. Violin plot depicting the PANAS scores of positive and negative affect during post- and pre-cold-water immersion (see details in Supplementary Materials Table S1). Dots inside the violins represent the means of the estimates with 95% confidence intervals.

Biology 2023, *12*(2), 211; https://doi.org/10.3390/biology12020211

- Study showing changes in positive and negative affect in response to cold plunge



Exercise and Memory

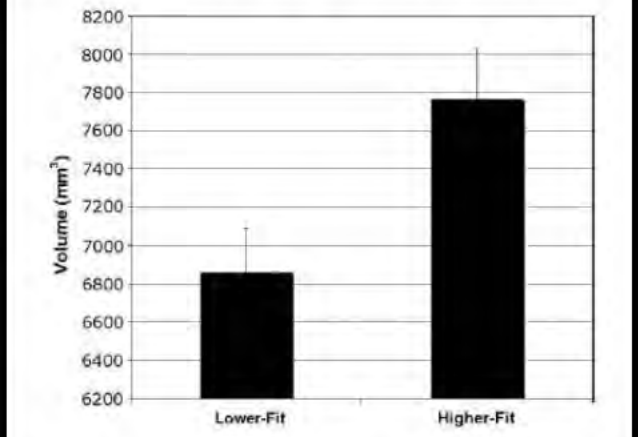


Fig. 1 – Bilateral hippocampal volume as a function of aerobic fitness group. Error bars represent standard error.

- Evidence of bilateral hippocampal volume increase in lower fit versus higher fit young people

Exercise and Stress

TABLE 3
MAIN EFFECTS OF PHYSICAL ACTIVITY ON DEPENDENT VARIABLES OF STRESS AND HAPPINESS

	M	*SD*	*df*	*F*	*p*	η^2
Stress			2	6.23	.002	.01
Low frequency of physical activity	136.01	48.21				
Moderate freq. of physical activity	126.93	47.21				
High freq. of physical activity	124.26	44.61				

Moljord, et al. (2011). Stress and Happiness Among Adolescents with Varying Frequency of Physical Activity. *Perceptual and Motor Skills*. 113 (2), 631-646.

- 2011 study showing when physical activity increases from low to high levels, stress levels decrease along with it, significantly

Exercise and Happiness

TABLE 3
MAIN EFFECTS OF PHYSICAL ACTIVITY ON DEPENDENT VARIABLES OF STRESS AND HAPPINESS

	M	*SD*	*df*	*F*	*p*	η^2
Happiness			2	14.50	<.001	.02
Low freq. of physical activity	7.21	2.42				
Moderate freq. of physical activity	7.72	2.02				
High freq. of physical activity	8.07	1.90				

*$p \leq .05$.

Moljord, et al. (2011). Stress and Happiness Among Adolescents with Varying Frequency of Physical Activity. *Perceptual and Motor Skills*. 113 (2), 631-646.

- 2011 study showing when physical activity increases from low to high levels, happiness increases as well, significantly

Nature Calms the Mind

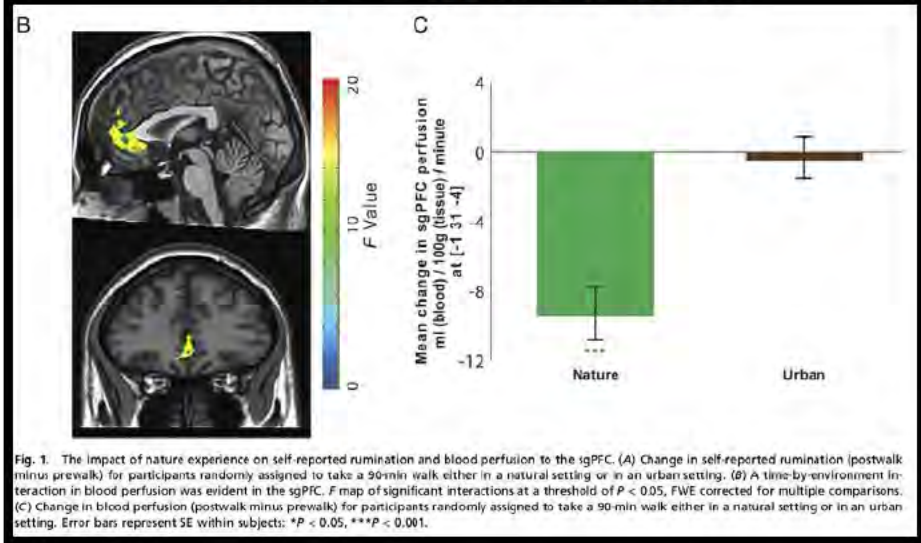
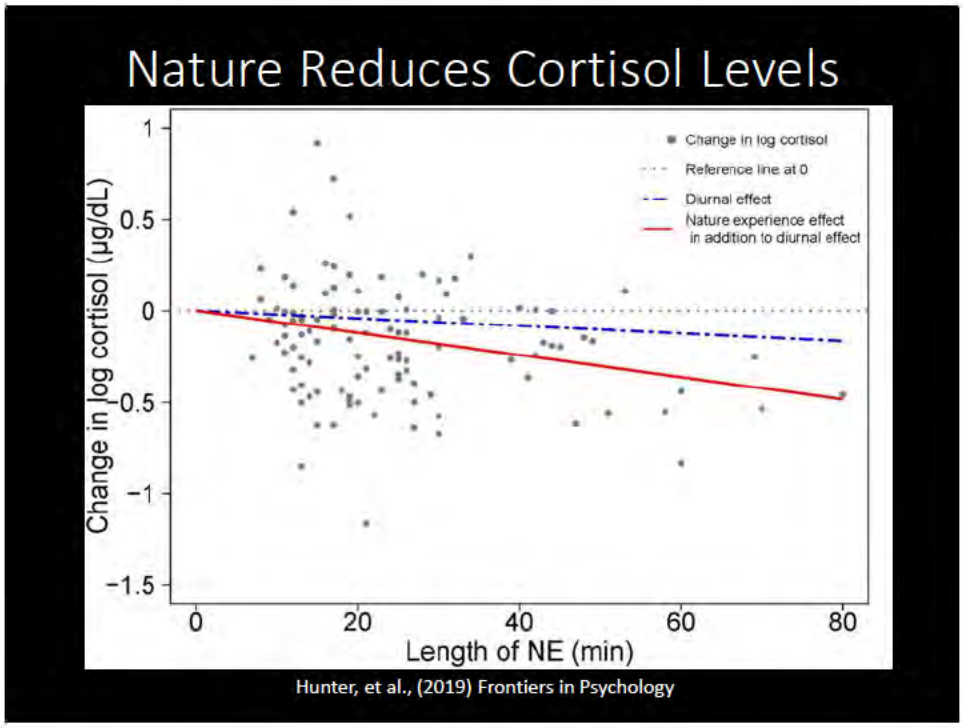


Fig. 1. The impact of nature experience on self-reported rumination and blood perfusion to the sgPFC. (*A*) Change in self-reported rumination (postwalk minus prewalk) for participants randomly assigned to take a 90-min walk either in a natural setting or in an urban setting. (*B*) A time-by-environment interaction in blood perfusion was evident in the sgPFC. *F* map of significant interactions at a threshold of $P < 0.05$, FWE corrected for multiple comparisons. (*C*) Change in blood perfusion (postwalk minus prewalk) for participants randomly assigned to take a 90-min walk either in a natural setting or in an urban setting. Error bars represent SE within subjects: $*P < 0.05$, $***P < 0.001$.

Bratman, et al., (2015) Proceedings of the National Academy of Science

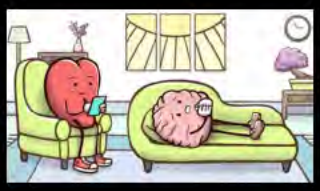
- Exposure to a 90-minute walk in a natural setting decreases blood flow in an area of the prefrontal cortex associated with rumination.



- Exposure to 60-80 minutes of green space or blue space reduces blood cortisol significantly, similar to meditation

My Recommendations

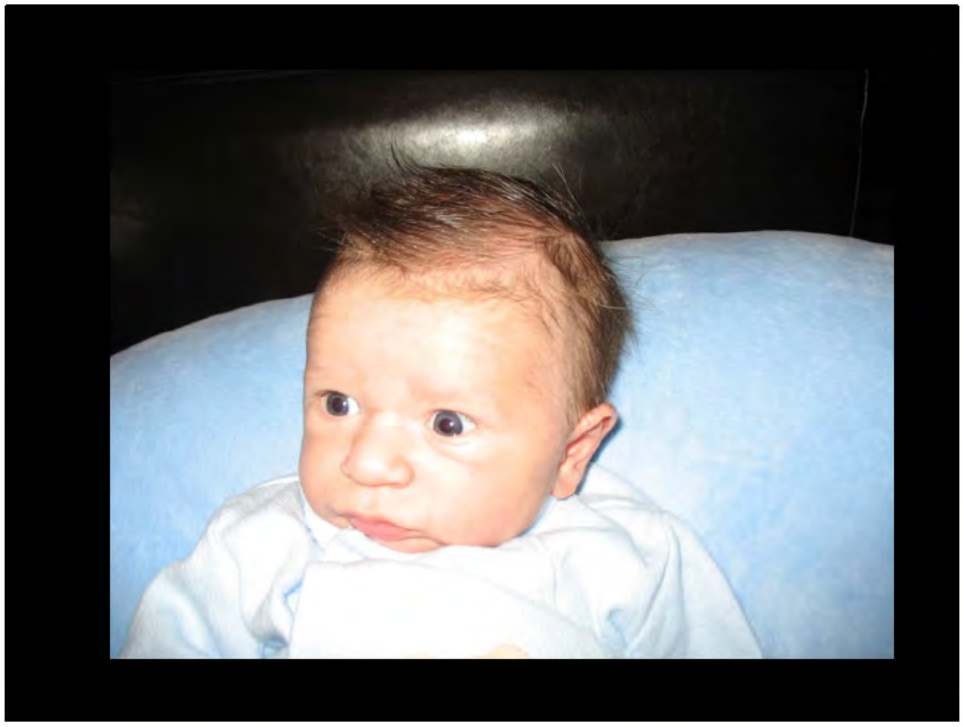
- Lean on Social Support to be more sustainable
- Use Compassion for self and others
- 5-minute break
- Meditation to rest your mind
- Music to help express emotions
- Achieve a natural high everyday

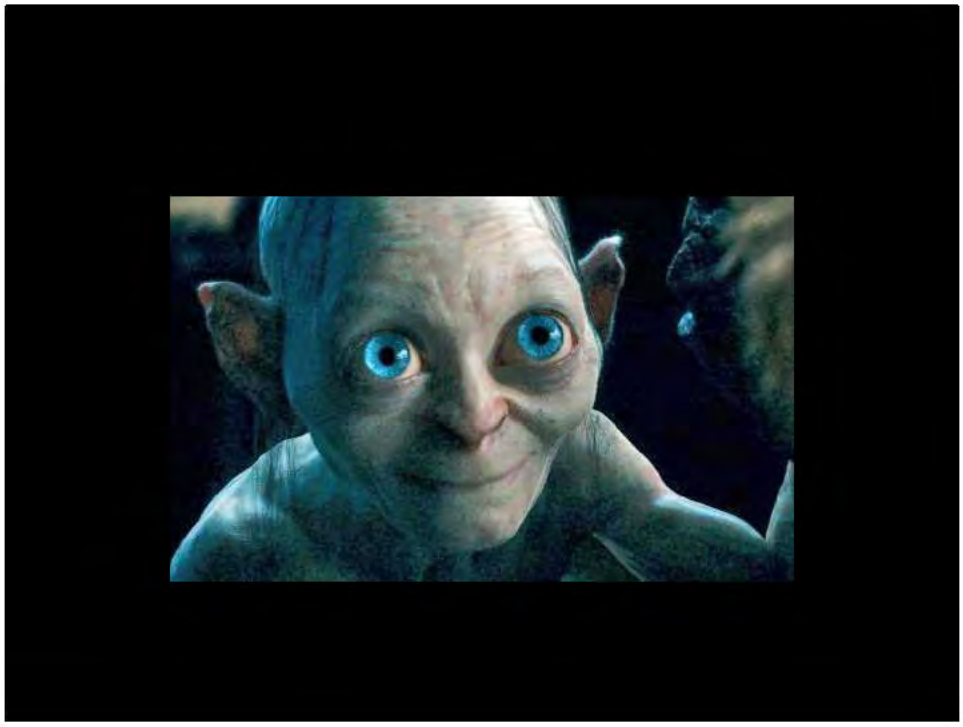


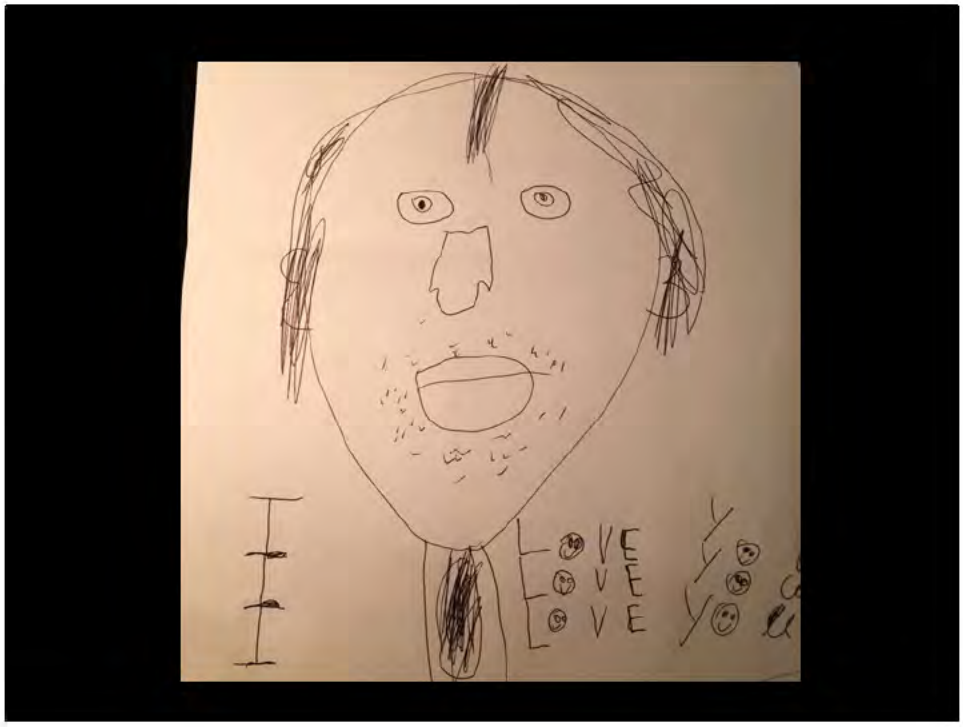


Slides 50-76. These are slides that illustrate stories connected to the finale of the presentation. The theme is the psychological technique of reframing, which is about taking pain, loss and failure and using it as energy to fuel future endeavors. In addition, the concept of "Full Benefit" thinking is described. This came out of a story from a Navy Seal I met several years ago at a post deployment conference. He was struggling on a training mission and wanted to quit, but his friend used this phrase and it became their motto.

There are no presenter notes on those last slides because Matt is sharing uplifting personal stories connected to reframing. The goal is to leave the audience on a high note.






I
LOVE
LOVE

Don’t Be Afraid to Take a Stand



Calvin & Hobbes House, 1995-1998



Calvin & Hobbes House, 2000-2011



Calvin & Hobbes, 2013- Present

LIFE · 10 months ago

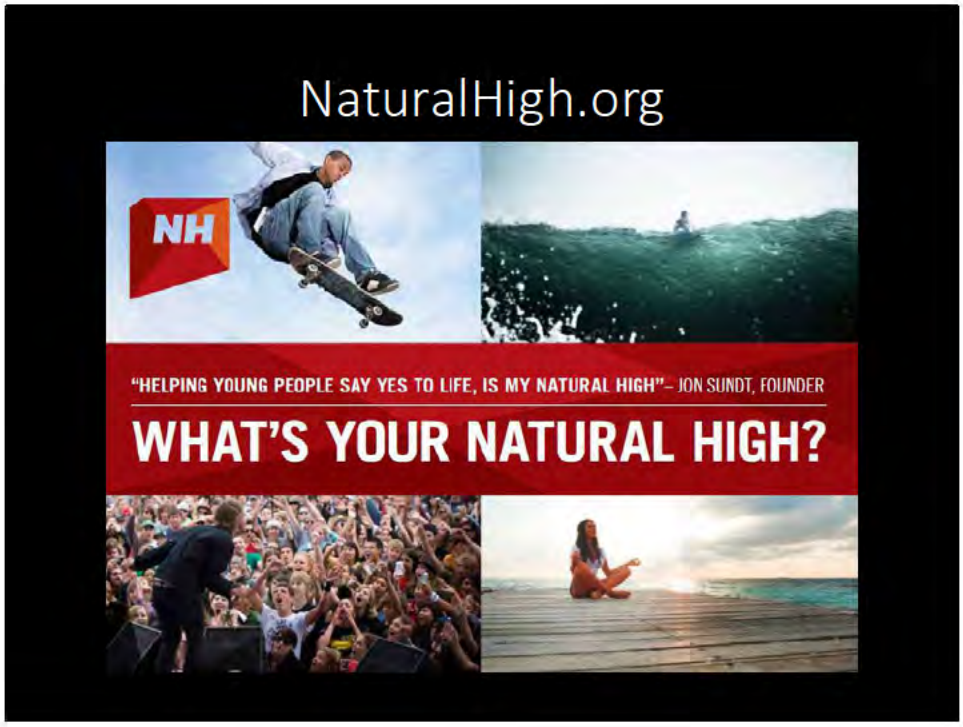


The oldest club on campus: Calvin and Hobbes

Share

MARLEE WARWICK

Where substance-free meets fun


NaturalHigh.org
NH
"HELPING YOUNG PEOPLE SAY YES TO LIFE, IS MY NATURAL HIGH"– JON SUNDT, FOUNDER
WHAT'S YOUR NATURAL HIGH?

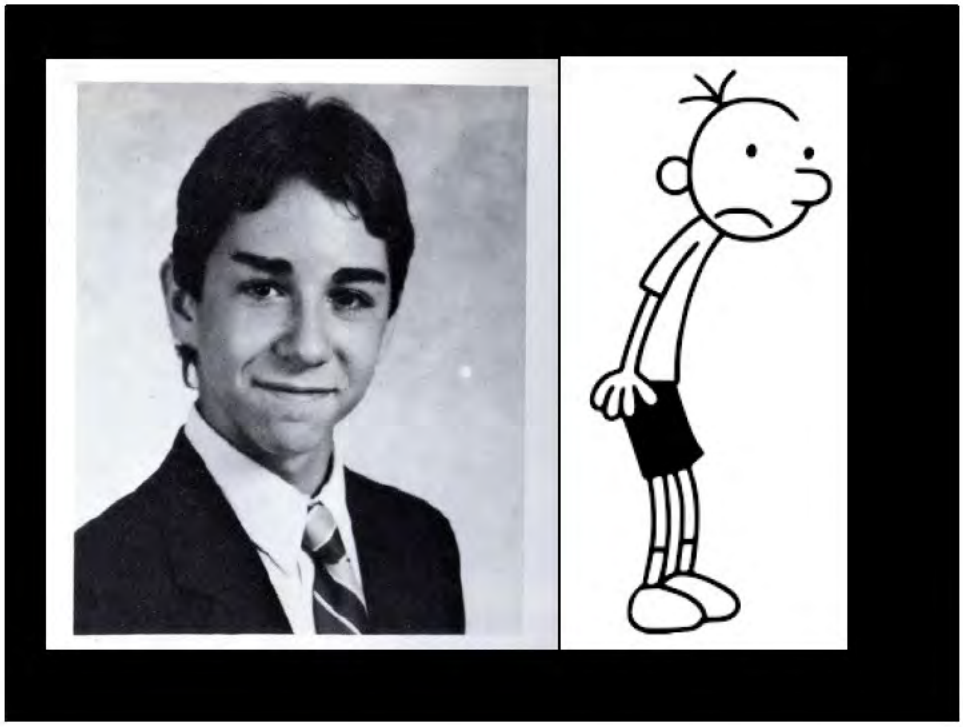


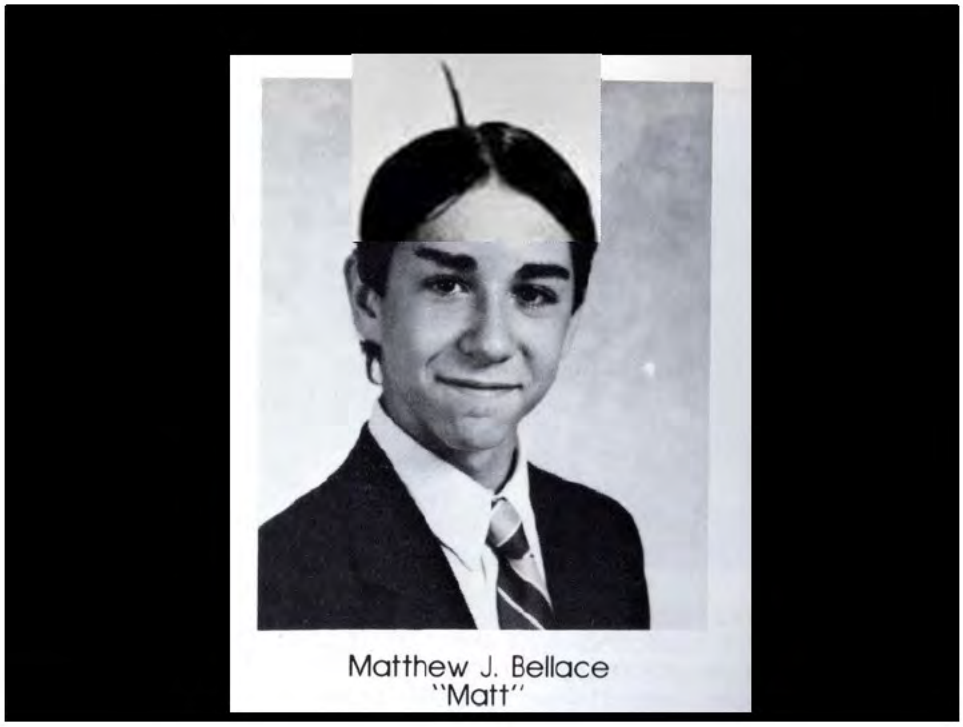


Skill	Why is it important to youth programs?	Ways to Work on the Skill	Keep in Mind
Grit	Helps young people push through difficulties rather than give up Strengthens emotional resilience Teaches young people to stay committed to their goals	Planning and executing group events Fund raising for a trip or event Public speaking and advocacy	The developing brain is more emotional Varying degrees of baseline grit based on experience It might be a longer term goal for some


Reframing Disappointment







Matthew J. Bellace
"Matt"


MONTCLAIR HIGH SCHOOL
HOME OF THE MIGHTY BULLDOGS



Football Top 20

1-Montclair (3-0)
2-Union (3-0)
3-Franklin (3-0)
4-Elizabeth (3-1)
5-Middletown South (3-0)
6-Randolph (2-0)
7-Camden Catholic (4-0)
8-St. Joseph (Montvale) (2-1)
9-Delran (3-0)
10-Phillipsburg (4-1)
11-Bishop Ahr (3-0)
12-Ocean Township (3-0)
13-Trenton (3-0)
14-Cherokee (3-0)
15-Millville (4-0)
16-Don Bosco Prep (3-0)
17-Bloomfield (2-1)
18-Bergen Catholic (2-1)
19-Morris Knolls (3-0)
20-Cherry Hill East (3-0)



USA TODAY SUPER 25

HIGH SCHOOL FOOTBALL RANKINGS

1 Lawton, Okla. Eisenhower (13-0)
Last week: 1. Edged Enid, 14-11, before 12,000 in Class 3A semifinal. Defense allowed 30 yards, had seven sacks and three interceptions. Dwight McFadden ran 21 times for 113 yards, one TD. Next game: Friday vs. Oklahoma City Putnam City North (12-1) for 5A title at Oklahoma State University.

2 Houston Aldine (12-0)
Last week: 2. Defeated city foe Kempner, 40-15, before 10,500 in second round of Class 5A playoffs. Steve Strahan made five solo and four assisted tackles, with two sacks. Eric Gray ran 16 times for 92 yards, three TDs. Next game: Saturday vs. Houston Booker T. Washington in Astrodome.

3 Fort Lauderdale, Fla. Dillard (11-0)
Last week: 3. Defeated Homestead South Dade, 28-14, in Class 4A playoff opener. Vance McKethan made six solo tackles, knocked down four passes and returned interception for 20-yard TD. Henry Williams had eight solo tackles and four sacks. Next game: Saturday vs. Pompano Beach Ely (10-1).

4 Warren, Ohio Harding (14-0)
Last week: 4. Defeated Cincinnati Princeton, 28-21, for Division I state title. Chris Emsin was 19-for-15 passing for 236 yards, including TDs of 84 (playoff record) and 55 yards to Omar Provitt. Anthony Butler ran 21 times for 131 yards.

5 Louisville Trinity (13-0)
Last week: 5. Extended state-record winning streak to 41 with 14-0 victory against Florence Boone County before 9,600 in Class 4A semifinal. Craig DeSerio passed for [illegible] yards. Next game: Saturday vs. [illegible] (11-2) for 4A title at University of Louisville.

6 Montclair, N.J. (10-0)
Last week: 6. Opened Group IV North Jersey playoffs with 42-21 victory against Danville Morris Knolls before 7,000. In one half, Lamont Ponton was 11-for-14 passing for 190 yards, two TDs. Terrance Garrison ran 23 times for 178 yards, two TDs. Next game: Saturday vs. state No. 2 Randolph (9-0) for Group IV North Jersey title.

7 [illegible] Mount Carmel (14-0)
Last week: 10. [illegible] state title and 19th consecutive game, 24-0, against Wheaton Central. Bobby Sanders ran 13 times for 167 yards, TD; Dan O'Rourke made 13 solo tackles, one interception.

8 Valdosta, Ga. (10-0-1)
Last week: 14. Opened Class AAAA playoffs with 21-9 win against Warner Robins Northside before 10,000. Kendrick Patrick ran 17 times for 86 yards, TD and Dexter Daniels made 12 first hits. Next game: Friday vs. Statesboro in AAAA quarterfinal.

13 Knoxville
Last week: 19. [illegible] Class AAA playoffs. Todd [illegible] scored on 17-yard run. Next game: Friday vs. Fayetteville of Tennessee.

14 San Dieg
Last week: Not [illegible] Diego Section Class 3A [illegible] TDs, and Tommy Bennett [illegible] Vista (11-1) at Southwest[illegible]

15 Ruston, [illegible]
Last week: Not [illegible] Roymon Malcolm ran 18 [illegible] yards. Next game: Friday [illegible]

16 Peoria, A[illegible]
Last week: 16. [illegible] Class 4A playoffs. Kris He[illegible] TD. Aaron Franklin made 1[illegible] vs. Phoenix Thunderbird [illegible]

17 Merced, [illegible]
Last week: Not [illegible] Yucaville before 7,000 in S[illegible] five times for 126 yards. [illegible] Jackson ran six times for [illegible] Lincoln (11-1) in Division [illegible]

18 Pittsburg [illegible]
Last week: Not [illegible] Seton LaSalle in Class A[illegible]

19 Bakersfi[illegible]
Last week: Not [illegible] Central Section playoffs. [illegible] Aaron McDonald ran 26 [illegible] to Mount Whitney in semi[illegible]

20 Syracus[illegible]
Last week: Not [illegible] regional. Inial gam[illegible] yards, [illegible] TDs; Kareem [illegible]

21 Great Fa[illegible]
Last week: 22. [illegible]

22 Burlingt[illegible]
Last week: 23. [illegible] final. Donnie Davis was 12[illegible] made eight catches for 1[illegible] Next game: Friday at [illegible]

23 Wellsbu[illegible]
Last week: 24. [illegible] Mount View before 7,000 [illegible] rain scored the winning T[illegible]

Sunday Star-Ledger
November 18, 1990
Section Five: Page 14 OE

IN THE SCHOOLS

A special section on boys' and girls' high school sports

No. 1 Montclair roars by Passaic, 26-0

Cedar Grove triumphs in overtime, 15-14

Shutout 4th in row for 9-0 squad

Senior tailback Terrence Garrison rushed for two touchdowns and the defense posted its fourth consecutive shutout as Montclair, No. 1 in The Star-Ledger Top 20, capped its regular season with a 26-0 decision over Passaic yesterday in Passaic.

Montclair (9-0) finished its regular-season schedule unbeaten for the first time since 1985, when it eventually bowed to Union in the North Jersey, Section 2, Group 4 championship game to close at 10-1. Montclair plays host to Morris Knolls Saturday in the first round of the sectional Group 4 playoffs.

Junior tailback Corr Reggins carried 12 times for 122 yards and a TD to pace a Montclair ground attack that churned out 195 yards. Garrison rushed for 68 yards on 13 attempts and Lamont Pontes completed four of nine throws for 85 yards.

Senior tackle Lee Watkins recorded seven solo tackles and senior linebacker Howard Gouldborne had five first hits and a sack to anchor the Mountie defense that allowed Passaic [illegible] first downs on the way



Matt Belluce carries for Montclair and runs into Passaic's Charles Gathers during yesterday's game at Passaic



Sports

Sunday, June 3, 1990

Dec. 1, 1990: Randolph 22, Montclair 21

THE GREATEST HIGH SCHOOL GAME EVER PLAYED


13




13

Full Benefit



"The most beautiful waves come from the biggest storms." – Matt Bellace



<u>Breakout 1:</u> Working Smarter, Not Harder: Problem-Solving Challenges in Your WIC Program with Resourcefulness

Description: As WIC Coordinators, you are faced with complex challenges every day—from managing tight budgets and staffing shortages to navigating relationships with sponsor agencies. This interactive breakout session will introduce a practical problem-solving framework to guide you through some real-world scenarios. Coordinators will share strategies and explore innovative solutions for addressing staffing and partnership challenges. By the end of the session, participants will leave with new ideas and actionable steps to strengthen your WIC Program's operations and resilience.

Goal: To strengthen WIC Coordinators' ability to apply problem-solving strategies in areas of budgeting, staffing, and sponsor agency and community partnerships, empowering them to address challenges with confidence and resourcefulness.

Objectives:

<u>As a result of this training, participants will be able to:</u>

- Apply a structured problem-solving framework to common WIC management challenges.
- Strengthen sponsor agency relationships to enhance resource-sharing, including incentive items.
- Develop at least one actionable strategy they can implement within their own agency to improve problem-solving capacity.

<u>Outline</u>

I. Opening and Overview (5 mins)
   a. Introduce trainers
   b. Connect to the overall Workshop theme: building resilience and confidence in leadership.
   c. Link problem-solving to wellness: highlight how unresolved challenges (budget stress, staffing shortages, strained partnerships) can increase stress and burnout, while effective problem-solving builds confidence and reduces day-to-day strain.

II. Brainstorming Activity (10 mins)
   a. Turn to a partner- What's one challenge in your agency that has felt like a wellness or resilience drain for you?
   b. Large group sharing (popcorn for a few minutes) – record on newsprint.
   c. Review challenges shared and ask for a show of hands for each--- who has felt challenged or drained because of this? (e.g., budget, staffing, etc.)
   d. Reinforce results as common challenges.

e. Highlight the importance of taking time to think about challenges/problems: Effective leaders make time to pause and reflect, using structured problem-solving to thoughtfully address challenges and create better solutions, rather than reacting in the heat of the moment with quick fixes.

III. The 6-Step Problem Solving Approach (10 mins)

a. Step 1: Define the Problem – State the issue clearly and specifically.
b. Step 2: Brainstorm Solutions – Generate as many ideas as possible without judgment.
   - Here, it is essential to think about all the WIC allies who may be able to partner with you to play a role in solutions.
   - Brainstorm: Who are WIC allies?
     - Sponsoring agencies, primary schools, local colleges, Americorps, Head Starts, faith-based organizations, Pediatric Group Practices, Ob/Gyn Providers, County Health Departments, Medicaid enrollers, Community Health Association of New York State (CHCANYS) (if LA is in a CHC), etc.
     - Forming partnerships that serve more than the participants' immediate needs for nutrition assistance raises the perceived value of the LA
     - Interns from colleges and AmeriCorp members can:
       - assist with educational activities
       - work with families in the waiting area (reading circles, helping to keep order in a busy time)
       - conduct outreach
       - assist with planning and preparation for special events
       - assist with some parts of appointments
       - assist participants with the online nutrition education platform (getting log-in set up, navigating the platform)
       - explaining how to use Farmer's Market coupons
     - Medicaid enrollers on-site or by teleconference can help participants and family members who are without health insurance.
     - Pediatric and OB/Gyn practices can help get Anthropometric and Hematological data for children in the program
     - Incentivizing a participant may help them stay connected and is an indirect benefit to the LA. Highlight that some partners, possibly even sponsoring agencies, can provide other resources: like car seats, bike helmets, diapers, and other newborn supplies
     - LAs should work with RO to identify areas in their budget that may not be necessary and reallocate the funds to other areas that have gaps (e.g. assess their budget for medical supplies/incentive items that may not be necessary with remote services and reallocate to NSA) ~~LAs should assess their budget for medical~~

~~supplies/incentives that may not be necessary with remote services and reallocate funds to NSA or other areas that have gaps.~~ [redacted]

- Pair and Share – 2 minutes to discuss one current or potential partnership that has been or could be a game-changer for their agency.
- Report out

c. Step 3: Evaluate Options – Quickly assess pros/cons and feasibility of each idea.
d. Step 4: Select a Solution – Choose the most practical option with the greatest potential impact.
e. Step 5: Plan Action Steps – Outline who will do what, and by when.
f. Step 6: Follow Up – Decide how progress will be tracked and revisited.
g. Adjust if Needed – If the solution doesn't work, either tweak the action plan or try a different brainstormed solution, then repeat steps 4 to 6.

IV. Focus Areas for Problem Solving (30 minutes)

a. Share that now we will practice using the first couple of steps of this method and apply them to two areas that can be challenging: Budgets and staffing.
b. Budgets (15 min)
   i. Step 1: Define the Problem - Common challenges: insufficient funding, unexpected expenses, hiring freezes, etc.
   ii. Step 2: Brainstorm Solutions – Small group brainstorm
      - Example prompts for discussion:
        - What are some ways you can stretch to solve these issues? (e.g., reallocation, shared purchasing, grant-seeking)
        - Who are partners or allies who can help with these things?
        - How can FMS (fiscal management section) input guide realistic budget decisions?
        - What small grant opportunities could help with tech or supply gaps?
      - Report out solutions
   iii. Highlight that Steps 3 to 6 should be followed once the problem has been defined and solutions have been brainstormed.
c. Staffing (15 min)
   i. Step 1: Define the Problem – Common challenges: coverage, turnover, retention, recruitment.
   ii. Step 2: Brainstorm Solutions
      - Small group role-play scenario where staffing drops suddenly—small groups brainstorm quick and longer-term solutions.
      - Example prompts for discussion:
        - Right-sizing the staff and ensuring that people are working to the top of their job description or license. What are some key steps to ensure that every dollar spent on staff is well spent?

        - Have you assessed your staffing ratios to ensure you have the appropriate amount of each role?

    - What data can be used to support increases in lines that are shown to be improving productivity or quality of services?
    - Who are partners or allies who can help with these things?
    - Can Sponsor Agency staff serve per diem roles?
        - Staff would be required to complete mandatory WIC trainings and continuing education requirements.
    - Can the LA or SA provide step raises or bonuses to staff who are cross-trained?
    - Are there other incentives the LA can give to cross-trained or highly productive staff, such as first choice of time off on the schedule?
    - What partnerships with colleges could bring interns for longer-term support?
- Report out solutions

iii. Highlight that Steps 3 to 6 should be followed once the problem has been defined and solutions have been brainstormed.

V. Closing (5 mins)

a. Summarize key themes: creative thinking, leveraging partnerships, practical resource use.
b. Invite participants to commit to applying this problem-solving method to one challenge or problem they and their team identify, and use all 6 steps in the next month.

Example Virtual Classroom

Brain development is the correct answer.pe text here

WIC Nutrition for Support Staff

Goal: To empower WIC support staff with the knowledge and skills they need to ensure consistency in educational messaging across WIC and to decide when and how to answer participant questions they may receive.

Description: In this training, support staff will explore the vital role they play in WIC's success in improving the health and nutrition status of its participants. Basic nutrition information will be covered, including details on the WIC food packages and recommendations for the categories of participants served by WIC. Support staff will also practice determining which participant questions they can answer and how to answer these questions. How to respond to questions that should be referred to the nutritionist will also be reviewed.

Target Audience:
New York State Department of Health Staff, Competent Professional Authority, Nutrition Assistant, Nutrition Coordinator, Program Support Staff, Qualified Nutritionist, Site Manager, WIC Coordinator

Length of Training:
1 day / 3 hours

Modality: Classroom (Virtual)

Contains Video Script: Yes ☐ No ☒

Learning Objectives:
As a result of this training, trainees will be able to:

- Describe the impacts of the WIC program on the health and nutrition status of its participants
- Explore the role of support staff in supporting positive health outcomes in the WIC program
- Explain why and how the WIC food packages are selected
- Practice how to best respond to participant questions, including whether to refer to the nutritionist, providing fact-based responses, and skills to use when responding

New York State WIC Support Staff Competencies:

- Sub-Area 8.1.1 Understands the influence of staff attitudes and behaviors on participant perceptions of nutrition education and breastfeeding.
- Sub-Area 8.1.3 Promotes and supports breastfeeding and nutrition education in a manner that is consistent with both WIC regulations, policies, and initiatives and the mother's feeding decisions.
- Sub-Area 8.1.5 Positively promotes WIC as a nutrition program to participants and in the community.

Continuing Education:
2.75 CPEUs (pending CDR approval)
___ CEUs (TBD by DOH)
0 LCERPs

Instructor(s): TBD

Teaching Methodologies: lecturette, small group discussion, large group discussion, video, Mentimeter polling/interactions

Outline:

I. Welcome and introductions
II. The importance of WIC
    a. Word Cloud: What is WIC trying to achieve?
    b. New York State WIC Mission (New York State Department of Health, 2021)
    c. WIC is the nation's first food as medicine program (National WIC Association, 2024)
    d. Nutrition impacts chronic disease risk – our participants are at crucial life stages regarding their health
        i. This is why WIC provides nutritious foods as well as nutrition education and counseling
III. Group discussion: Support staff role in WIC
    a. Why are support staff so critical to WIC's health outcomes?
    b. Possible responses:
        i. Support staff play a crucial role in a participant continuing to participate with WIC as they:
            1. Likely make the first impression
            2. Set the tone for appointments
            3. May orient participants
            4. Help them trouble shoot any issues with benefit redemption.
        ii. This impacts retention - participants who are not retained do not have access to WIC's positive impact on health outcomes.
    c. Concluding points:
        i. An important role for support staff is to support the overall direction of WIC. One of the aims of this training is to give support staff the background knowledge they need to help ensure consistent messaging from WIC. Participants might feel confused if they hear one thing from the nutritionist and something different from the support staff.
        ii. Some of the information we'll cover in this training is outside of the support staff scope to provide to participants, but we are sharing it with you because we want you to have a greater understanding of the nutrition education provided to participants. This way, if participants ask questions, you'll have a better idea of how to respond.
IV. Basic nutrition lecturette and Mentimeter
    a. Brief review of MyPlate (United States Department of Agriculture, Food and Nutrition Service, 2022)
    b. WIC food packages
        i. WIC: Rooted in Science video: https://youtu.be/bFSrIlDpk3Y (National WIC Association, 2024)
        ii. There are seven science-based food packages, vary based on life stage nutritional needs (United States Department of Agriculture, Food and Nutrition Service, 2024)
        iii. Food packages can be tailored and some nutritionally similar substitutes are allowed
            1. Staff can refer to the policy supplement for WIC policy 1250 (January 2023) for more information on tailoring.

2. Participants have many food package options – some may be selected at the store, while others are tailored by the Qualified Nutritionist or Competent Professional Authority.

iv. Food packages are supplemental and do not meet 100% of participant needs
v. WIC foods – why each is included key nutrients provided, and other relevant details
    1. Fruits and vegetables
        a. Fruits and vegetables provide a variety of vitamins and minerals as well as fiber so they can help prevent cancer, lower blood pressure, and promote bowel regularity.
    2. Juice
        a. Juice is a source of vitamin C, which is important for wound healing and the immune system. (National Institutes of Health, Office of Dietary Supplements, 2021)
    3. Milk and milk substitutions
        a. Why different fat levels are offered to different categories
            i. Whole milk is offered for 1-year-olds to provide the additional fat they need for brain development.
            ii. Low-fat or fat-free (1% or skim) milk is offered for those ages 2 and older to be consistent with the Dietary Guidelines for Americans and to decrease the amount of saturated fat and calories provided.
        b. Milk provides calcium and protein which help with bone and muscle growth.
    4. Infant foods
        a. Infant meats are an important source of iron and zinc, which help prevent anemia, aid in wound healing, and support the immune system.
    5. Infant formula
        a. Infant formula is the only appropriate substitute for human milk for children under age 1. It provides iron and other nutrients in amounts closer to human milk than other potential substitutes like cow’s milk.
        b. New York State has a contract for infant formula – this is why not all brands are provided
        c. Amount of formula provided is supplemental
        d. Maximum Amount of formula allowed changes through the infant’s first year and follow the nutritional recommendations based on the infant’s age.
        e. WIC provides a variety of formula options to meet different infant needs, such as for premature infants or those with severe allergies.
            i. The New York State WIC Approved Formulas document, also known as the formulary, contains the complete list of formulas offered.
            ii. Some formulas require medical documentation from a healthcare provider.
    6. Breakfast cereals
        a. Breakfast cereals provide iron and folic acid, which helps prevent birth defects in pregnant people.
    7. Whole wheat bread, whole grain bread, and whole grain options

a. Whole grains provide fiber and other nutrients which help lower blood pressure and promote bowel regularity.

8. Canned fish
    a. Canned fish provides protein and a type of fat that helps lower inflammation.
9. Legumes
    a. Legumes are a source of protein and iron. Beans also contain fiber.
10. Eggs
    a. Eggs contain protein and other nutrients important for growth and development.
11. More information on WIC foods can be found under the Foods and Formula tab on the New York State WIC Vendors website

c. Category-specific recommendations often made by WIC nutritionists and their rationale
    i. Women
        1. Moderate Physical activity is safe and healthy for pregnant and postpartum people. Some modifications may be needed during pregnancy, such as not lying on one's back after the first trimester. (CDC, n.d.)
        2. Weight gain and why WIC monitors it
            a. WIC monitors prenatal weight gain because gaining the right amount of weight (not too much, not too little) can help decrease birth complications and contribute the health of the pregnant person after the pregnancy.
        3. Substance use
            a. WIC nutritionists provide information and referrals regarding substance use because of the negative impacts of substance use on families' and their health.
        4. Pregnant
            a. Importance of early prenatal care and early WIC enrollment – both improve birth outcomes
            b. Food safety
                i. WIC nutritionists may discuss food safety with pregnant participants as they are especially vulnerable to foodborne illness during pregnancy. This can have negative impacts on both the pregnant person and the fetus.
        5. Breastfeeding
            a. Exclusive breastfeeding is recommended for the first six months of life and continued breastfeeding to age 2 or beyond. Breastfeeding promotes the health of both the breastfeeding parent and the baby.
            b. Breastfeeding status impacts food package and duration of WIC services
            c. Participants have higher nutrient needs when breastfeeding
        6. Non-breastfeeding
            a. WIC serves non-breastfeeding participants for six months after the end of their pregnancy to help rebuild their nutritional status. This is especially important in case of future pregnancy.
    ii. Infants
        1. WIC provides solids at 6 months of age. Some babies may be developmentally ready before 6 months old, but experts agree that infants should not receive any solid food before 4 months old.

2. No juice
    a. When juice is given, babies receive calories without the other beneficial nutrients they would get from human milk or formula, like protein and iron.
3. No cereal/other solids in the bottle
    a. Cereal or other foods in the bottle can cause babies to gain too much weight and are a risk for choking.
4. No bottle propping
    a. It's important for babies' growth to be held while feeding and bottle propping can be a risk for choking.
5. Introducing a cup and weaning from bottle by 14 months
    a. When children stay on the bottle for too long, it can damage their teeth and lead to imbalanced diets.
6. No whole milk for infants
    a. When infants under 12 months receive cow's milk instead of human milk or infant formula, they are at risk of developing anemia.

iii. Children
1. Juice should be limited to about ½ cup per day (Muth, 2023)
    a. While juice provides some important vitamins and minerals, it does not help children feel full and can lead to excessive weight gain
2. Physical activity
    a. Children need lots of movement, at least 3 hours per day, to grow and develop appropriately. (AAP, 2020)
3. Importance of regular medical and dental care, and immunizations
    a. WIC's role and why
4. Child feeding strategies/tips
    a. Eating meals as a family, having consistent meal and snack times, and offering foods without pressuring children to eat them help children grow up to be "good eaters." (19290 I Am a Preschooler)
5. Screen time
    a. Children under 18 months should not have any screen time, other than video chatting, while children 18 months to 5 years old should be limited to 1 hour per day. (AAP, 2022)

iv. Trainer will highlight relevant WIC library handouts (e.g. 19290 I Am a Preschooler)
1. It is outside of the scope of support staff to provide these handouts, however, we want you to be aware of them in case you would like to learn more.

V. Values clarification activity
a. Trainees will read scenarios and then respond whether they relate or don't relate to each
b. Scenarios and discussion will help trainees explore where their own attitudes or values may conflict with sharing WIC's science-based information

VI. Answering participant questions
a. Part 1 activity: Which questions can support staff answer?
    i. Trainees will review typical questions participants may ask and determine if it is within their scope to answer.
    ii. Support staff scope is outlined in NYS WIC policy 1460 (New York State Department of Health, 2021)

1. “Conduct program orientation, including explaining program benefits, issuing eWIC card, setting up WIC2GO and providing list of authorized vendors”
2. “Provide additional program information on such topics as WIC benefits and the Farmers’ Market Nutrition Program”

b. Part 2 activity: Of the questions that are within the support staff’s scope to answer, what is the correct answer to share?
   i. Correct answers are science-based, consistent with WIC guidance.
c. Lecturette: How to answer questions
   i. Skills to use
      1. Normalize or affirm, then deliver information
      2. Responses should be short and kind
   ii. Practice
d. Lecturette: How to respond to questions that should be yielded to the nutritionist or others
   i. Skills to use
      1. Normalize or affirm, then direct participant to nutritionist
   ii. Example: That’s a great question – I’ve heard that from many participants. I’d recommend you ask your nutritionist about that.
   iii. Example: So many parents worry about that! I’ll ask one of the nutritionists to contact you to share more information.

VII. Wrap up and closing
   a. Evaluation

Resources:

American Academy of Pediatrics. (2020, August 5). Making physical activity a way of life: AAP policy explained. *HealthyChildren.org.* https://www.healthychildren.org/English/healthy-living/fitness/Pages/Making-Fitness-a-Way-of-Life.aspx

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National Institutes of Health, Office of Dietary Supplements. (2021, March 22). *Vitamin C fact sheet for consumers.* https://ods.od.nih.gov/factsheets/VitaminC-Consumer/

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New York State Department of Health. (2021, June). *New York State WIC program manual, section 1460: Local agency staff.* Albany, New York: New York State Department of Health.

New York State Department of Health. (2021, September). *New York State WIC program manual, section 1010: Mission, history and overview of the Special Supplemental Nutrition Program for Women, Infants and Children.* Albany, New York: New York State Department of Health.

New York State Department of Health. (2023, January). *NYS WIC food package charts for use with WPM section 1250: WIC food packages and tailoring*. Unpublished document in WIC library.

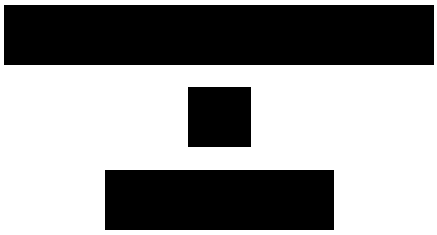
United States Department of Agriculture, Food and Nutrition Service. (2022, March). *Start simple with MyPlate.* https://myplate-prod.azureedge.us/sites/default/files/2024-06/Tipsheet-1-Start-Simple-With-MyPlate.pdf

United States Department of Agriculture, Food and Nutrition Service. (2024, November 5). *WIC food packages.* https://www.fns.usda.gov/wic/food-packages

WIC Nutrition for Support Staff

1-Day Training

Virtual Trainer's Manual



October 2025

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Training Description

Description: In this training, support staff will explore the vital role they play in WIC's success in improving the health and nutrition status of its participants. Basic nutrition information will be covered, including details on the WIC food packages and recommendations for the categories of participants served by WIC. Support staff will also practice determining which participant questions they can answer and how to answer these questions. How to respond to questions that should be referred to the nutritionist will also be reviewed.

Target Audience: New York State Department of Health Staff, Competent Professional Authority, Nutrition Assistant, Nutrition Coordinator, Program Support Staff, Qualified Nutritionist, Site Manager, WIC Coordinator

Length: 3 hours/1 day

Modality: Classroom (Virtual)

Maximum Number of Participants: 30

Continuing Education: 2.75 CPEUs (pending CDR approval)/ 3 CEUs/ 0 LCERPs

Training Goal, Objectives, and Competencies

Goal: To empower WIC support staff with the knowledge and skills they need to ensure consistency in educational messaging across WIC and to decide when and how to answer participant questions they may receive.

Objectives: By the end of this training, trainees will be able to:

- Describe the impacts of the WIC program on the health and nutrition status of its participants
- Explore the role of support staff in supporting positive health outcomes in the WIC program
- Explain why and how the WIC food packages are selected
- Practice how to best respond to participant questions, including whether to refer to the nutritionist, providing fact-based responses, and skills to use when responding

Competencies:

- **Sub-Area 8.1.1** Understands the influence of staff attitudes and behaviors on participant perceptions of nutrition education and breastfeeding.
- **Sub-Area 8.1.3** Promotes and supports breastfeeding and nutrition education in a manner that is consistent with both WIC regulations, policies, and initiatives and the mother's feeding decisions.
- **Sub-Area 8.1.5** Positively promotes WIC as a nutrition program to participants and in the community. (Cicatelli Associates Inc., 2020)

Commission on Dietetic Registration Performance Indicators: *FOR INTERNAL USE ONLY* DOH DOES NOT REVIEW**

- 3.4.4 Promotes a favorable, cooperative environment that is conducive to others' sense of belonging.
- 4.3.2 Collaborates with intra- and inter-professional team members to ensure client access to services.
- 5.1.4 Aligns work with organizational policies, strategic plans, mission statements, and visions.
- 9.1.5 Demonstrates knowledge of nutrient requirements throughout the lifespan, and their role in health promotion and disease prevention.
- 13.1.1 Advocates for food and nutrition programs and resources to address issues of food insecurity, nutritional health inequities and disparities and that promote overall health and wellness.
- 13.2.3 Identifies individual, organization and government roles and responsibilities within public health and healthcare systems. (CDR, 2025)

Icon Legend

The following icons are used in this manual as well as on the PowerPoint slides to help trainers and production staff see at a glance the activities associated with that section or slide.



Chat or Unmute



Individual Activity



Poll



Annotate



Brainstorm



Breakout Rooms



Video



Processing

Materials

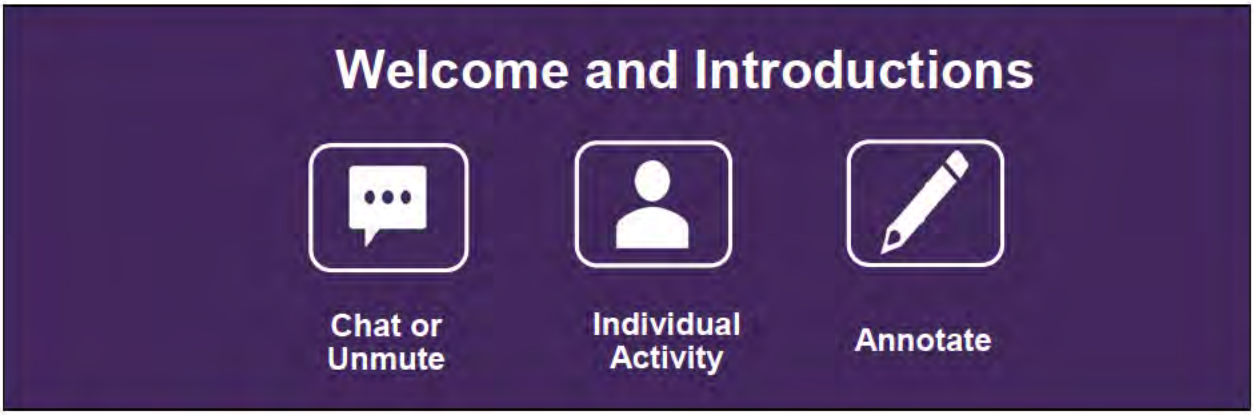
To conduct this training, you will require the following materials:

- Mentimeter QR code and link
- *WIC: Rooted in Science* video
- *What's in My Scope?* worksheet
- *Answering Participant Questions Activity* worksheet
- *PowerPoint Slides* PDF
- *Evaluation Tool*

WIC Nutrition for Support Staff Day-at-a-Glance

Time	Activity	Time Required
	Welcome and Introductions	10 minutes
	Importance of WIC	15 minutes
	Support Staff Role in WIC	10 minutes
	Basic Nutrition	10 minutes
	WIC Foods	25 minutes
	Nutrition Recommendations by Category	20 minutes
	BREAK	15 minutes
	Values Clarification	30 minutes
	Answering Participant Questions	55 minutes
	Wrap Up and Closing	5 minutes

WIC Nutrition for Support Staff Facilitator's Guide



TIME REQUIRED: 10 minutes

SECTION PURPOSE: To welcome trainees to the training session and introduce the trainers, training goal, objectives, agenda, ground rules, and purpose of the training

LEARNING METHODOLOGIES:

- Lecturette

MATERIALS NEEDED:

- PowerPoint Slides

DESCRIPTION:

Step 1: Introduce trainers, CAI, and training topic

- Welcome the trainees to the training and provide a brief overview of CAI and your background/expertise.
- Review required slides.

Step 2: Review the Zoom features, objectives, competencies, and training agenda

- Review the Zoom features relevant to this training
- Review the training goal, objectives, and competencies for the training
- Go over the agenda, including the break

Step 3: Review the *Group Agreements*

- Display the *Group Agreements* slide
- Explain that the group agreements build an atmosphere in which everyone can feel comfortable and gain as much knowledge and experience as possible.
- Suggest the following group agreements:
    - Assume good intentions, we're all here to learn
    - Stories stay, lessons leave
    - Mute your line if you are not talking
    - Please keep your video on!
    - Participate! Chat in or unmute yourself
    - Send us a chat if you need to leave for a moment
    - Step up, step back
    - And most importantly, have fun! This training is designed to be interactive and engaging, so please participate and have fun with it!

We will be providing you with a PDF of the PowerPoint slides at the end of this training

Lead into the next activity.



TIME REQUIRED: 10 minutes

SECTION PURPOSE: To reflect on WIC's mission and explore how its services support health and prevent chronic disease.

LEARNING METHODOLOGIES:

- Individual activity
- Large group discussion

MATERIALS NEEDED:

- PowerPoint Slides
- Mentimeter

DESCRIPTION:

Step 1: Introduce word cloud activity

- Contribute to the Mentimeter Word Cloud by answering: What is the WIC program trying to achieve?
- Enter a word, phrase, or short sentence that reflects your understanding of WICs goals.
- There's no right or wrong answer; it's more about your perspective

Step 2: Launch Mentimeter

- Display Mentimeter
  - https://www.menti.com/alcieifghvsk
- Verbally note some of the words coming into the word cloud as trainees are participating in the activity.

Step 3: Process by asking:

- What words or themes stood out most to you in the word cloud? Why do you think those came up?
- What word did you choose and why?

Step 4: Conduct lecturette on WIC's mission

- We can look to the New York State WIC Mission Statement to understand what WIC is trying to achieve. It says:
    - The New York State WIC Program (NYS WIC) is an adjunct to health care programs intended to improve the nutrition and health status of income-eligible women, infants, and children up to age five. NYS WIC's mission is to assure healthy pregnancies, healthy birth outcomes, and healthy growth and development for WIC families by providing:
        - breastfeeding promotion and support
        - nutritious supplemental foods
        - participant-centered nutrition and health education
        - referrals to health care and other services (WPM 1010, 2021)
- Perhaps you may have heard of food as medicine or food is medicine programs. These programs promote optimal health and reduce diseases by providing nutritious food. (OASH, n.d.)
    - WIC is the nation's first food as medicine program. WIC has been providing nutritious foods to promote health since 1974. (National WIC Association, 2024)
- Preventing chronic disease through nutrition
    - Poor nutrition impacts a person's risk of chronic diseases, such as heart disease, cancer, and diabetes. (CDC, 2024)
    - The participants we serve at WIC are at crucial life stages regarding their health – pregnancy, postpartum, infancy, and early childhood are times when nutrition is especially important.
    - WIC provides nutritious foods as well as nutrition education and counseling

Step 5: Process by asking

- What stood out to you about what was just discussed?
- What does this information mean to you?

Lead into the next activity.

Support Staff Role in WIC



Chat or
Unmute

TIME REQUIRED: 10 minutes

SECTION PURPOSE: Understand their role as support staff supporting positive health outcomes in the WIC program

LEARNING METHODOLOGIES:

- Large group discussion
- Lecturette

MATERIALS NEEDED:

- PowerPoint Slides

DESCRIPTION:

Step 1: Conduct a large group discussion to discuss why support staff are so critical to WIC's health outcomes

- In gallery view, ask trainees to unmute or chat to share their response to the following question: Why are support staff so critical to WIC's health outcomes?
- Possible responses include:
    - Support staff play a crucial role in a participant continuing to participate with WIC as they:
        - Likely make the first impression
        - Set the tone for appointments
        - May orient participants
        - Help them troubleshoot any issues with benefit redemption
    - This impacts retention - participants who are not retained do not have access to WIC's positive impact on health outcomes.
- Then move on to the lecturette reviewing why support staff play such a vital role.

Step 2: Conduct lecturette about support staff's role at WIC

- Tell trainees:
    - An important role for support staff is to support the overall direction of WIC.

- One of the aims of this training is to give support staff the background knowledge they need to help ensure consistent messaging from WIC.
- Participants might feel confused if they hear one thing from the nutritionist and something different from the support staff.
- For this reason, support staff should not provide any counseling or advice. They should affirm and support the evidence-based nutrition information that WIC nutritionists provide, without giving their personal opinions or experience.
- Providing counseling or advice is outside of the scope of your job role. By scope, we are referring to the boundaries that define the responsibilities and tasks that are or are not part of your job role to perform. If something is outside of your scope, it means you should not be doing that task or carrying that responsibility.
- Some of the information we'll cover in this training is outside of the support staff scope to provide to participants, but we are sharing it with you because we want you to have a greater understanding of the nutrition education provided to participants. This way, if participants ask questions, you'll have a better idea of how to respond.

Lead into the next activity.

Basic Nutrition

TIME REQUIRED: 10 minutes

SECTION PURPOSE: To cover basic nutrition principles through MyPlate

LEARNING METHODOLOGIES:

- Lecturette

MATERIALS NEEDED:

- None

DESCRIPTION:

Step 1: Conduct lecturette on basic nutrition through brief explanation of MyPlate:

- MyPlate is the USDA's visual guide to healthy eating
- It launched in 2011 to replace the Food Guide Pyramid
- Illustrates the five food groups: fruits, vegetables, grains, protein, and dairy
- Represents what and how much to eat from each of the food groups over the course of the day, whether you eat on a plate, from a bowl, or another way.
- MyPlate emphasizes balanced portions to promote overall health and serves as a simple visual reminder to choose a variety of foods throughout the day and throughout the week.
- MyPlate recommendations include:
    - The benefits of healthy eating add up over time, bite by bite. Small changes matter.
    - Make half your plate fruits and vegetables
    - Focus on whole fruits
    - Vary your veggies
    - Make half your grains whole grains
    - Vary your protein routine
    - Move to low-fat or fat-free dairy milk or yogurt (or lactose-free dairy or fortified soy versions) (USDA, n.d.)
- There is more information about MyPlate online if you are interested. You can see examples of foods included in each group, get more personalized recommendations, and find resources, such as tip sheets and recipe ideas.

- Producer to drop link in chat: https://www.myplate.gov/eat-healthy/what-is-myplate



TIME REQUIRED: 25 minutes

SECTION PURPOSE: To explore why and how WIC food packages are selected.

LEARNING METHODOLOGIES:

- Lecturette
- Individual activity (polling)

MATERIALS NEEDED:

- WIC: Rooted in Science

DESCRIPTION:

Step 1: Show video explaining how WIC's food packages are grounded in scientific research

- Tell trainees:
  - We will watch a video explaining how WIC's food packages are grounded in scientific research to improve health outcomes
  - As you watch the video, you might want to jot down some notes
- Show WIC: Rooted in Science
- Ask trainees: What does it mean that WIC is "rooted in science"

Step 2: Process video by asking:

- What is one thing you learned from this video?

- How does WIC help families make healthy choices?

Step 3: Conduct a lecturette with interactions interspersed to introduce WIC food packages and review category-specific recommendations

- There are seven science-based food packages that vary based on life stage nutritional needs and breastfeeding status. (USDA FNS, 2025)
    - Food packages can be tailored, and some nutritionally similar substitutes are allowed
    - Staff can refer to the policy supplement for WIC policy 1250 for more information on tailoring. (WPM 1250 policy supplement, 2023)
    - Participants have many food package options – some may be selected at the store, while others are tailored by the Qualified Nutritionist or Competent Professional Authority.
        - Food packages are supplemental and do not meet 100% of participant needs
- We will now discuss the different foods offered by WIC and their health benefits. Remember that only some participant categories may be eligible to receive certain foods. Refer to WPM 1250 WIC Food Packages and Tailoring for those details or speak with your Nutrition Coordinator. (WPM 1250, 2023)
- Brief explanation of WIC foods and other relevant details
    - Fruits and vegetables
        - Fruits and vegetables provide a variety of vitamins and minerals as well as fiber so they can help prevent cancer, lower blood pressure, and promote bowel regularity.
        - Participants can make the choice while shopping to purchase fresh, frozen, or canned fruits and vegetables. All of these forms have similar nutrition benefits.
    - 100% Juice
        - 100% juice contains no added sugar and is a source of vitamin C, which is important for wound healing and the immune system. (NIH, 2021)
        - Participants can choose between 100% fruit or 100% vegetable juice,
    - Milk and milk substitutions
        - Why different fat levels are offered to different categories
            - Whole milk is offered for 1-year-olds to provide the additional fat they need for brain development.
            - Low-fat or fat-free (1% or skim) milk is offered for those ages 2 and older to be consistent with the Dietary Guidelines for Americans and to decrease the amount of saturated fat and calories provided. (USDA & HHS, 2020)
        - Milk provides calcium and protein which help with bone and muscle growth.

        - Milk substitution options include:
            - Cheese
            - Yogurt
            - Tofu
            - Soy beverage
            - Lactose free milk
            - Kosher milk
            - Kosher cheese
            - Dry milk
            - Evaporated milk
            - Evaporated goat milk (WPM 1250 policy supplement, 2023)
        - A Qualified Nutritionist (QN) or Competent Professional Authority (CPA) must tailor these options into the food package when appropriate or requested by the participant.
    - Launch poll window with 3 poll questions:
        - Which benefit of fruits and vegetables do you think is most important to your participants?
            - Preventing cancer
            - Lowering blood pressure
            - Promoting bowel regularity
            - Getting more vitamins and minerals
                - There is no right answer for this – it's just an opinion question.
        - Juice is just as nutritious as whole fruit.
            - True
            - False
                - The correct answer is false – juice lacks fiber so it's not quite as nutritious as whole fruit.
        - Why is whole milk recommended for 1-year-olds?
            - Taste
            - Brain development
            - Cost (it's cheaper)
            - Tradition
                - Brain development is the correct answer.
    - Resume lecturette
    - Infant foods
        - Infant foods are available from WIC after an infant turns 6 months old.
        - Infant meats are an important source of iron and zinc, which help prevent anemia, aid in wound healing, and support the immune system.
            - Infant meats are only available as part of the fully breastfeeding food package.

        - Infant fruits and vegetables provide vitamins, minerals, and fiber
        - Infant cereal also provides iron and zinc, and it can be mixed to different textures to suit baby's developmental needs (MN WIC, 2024)
    - Infant formula
        - Infant formula is the only appropriate substitute for human milk for children under age 1. It provides iron and other nutrients in amounts closer to human milk than other potential substitutes like cow's milk.
        - New York State contracts with infant formula manufacturers.
            - Federal law requires WIC state agencies to use a single-supplier competitive bidding system for infant formula. This means that a state WIC program will contract with manufacturers and provide only that brand of its contract infant formulas in exchange for rebates (i.e. discounts) on each can of formula purchased with WIC benefits from that brand. This saves WIC money which allows the program to serve more people. (GAO, 2025)
            - This system is why not all brands are provided.
            - NYS WIC currently has two formula contracts, one for standard milk-based formula and one for standard soy-based formula.
                - Trainer note: NYS' contract for standard milk-based formula includes Enfamil Infant, Gentlease, AR, and Reguline. (Formulary, 2025)
        - The amount of formula provided by WIC is supplemental, meaning it may not meet 100% of an infant's needs
        - The maximum amount of formula allowed changes through the infant's first year and follows the nutritional recommendations based on the infant's age.
        - WIC provides a variety of other formula options, in addition to contract formula, to meet different infant needs, such as for premature infants or those with severe allergies.
            - The New York State WIC Approved Formulas document, also known as the formulary, contains the complete list of formulas offered.
                - The formulary can be found in the WIC library as well as online at the New York State Department of Health website.
                - Share formulary on screen and briefly review, highlighting that contract formulas are at the top of the document, while the "Formulas for Medical Needs" require medical documentation from a healthcare provider licensed to write prescriptions. Note that the

columns on the document show the formula name, size and formulation (powder, concentrate, or ready-to-use) and which WIC categories that formula is approved for.
- Producer to drop link to formulary in chat: https://www.health.ny.gov/prevention/nutrition/wic/docs/approved_formulas.pdf

- It's important for you as support staff to be familiar with the formulas that WIC offers, including those that are contract and those that require medical documentation, so that you can give participants realistic expectations about what they may receive from WIC.

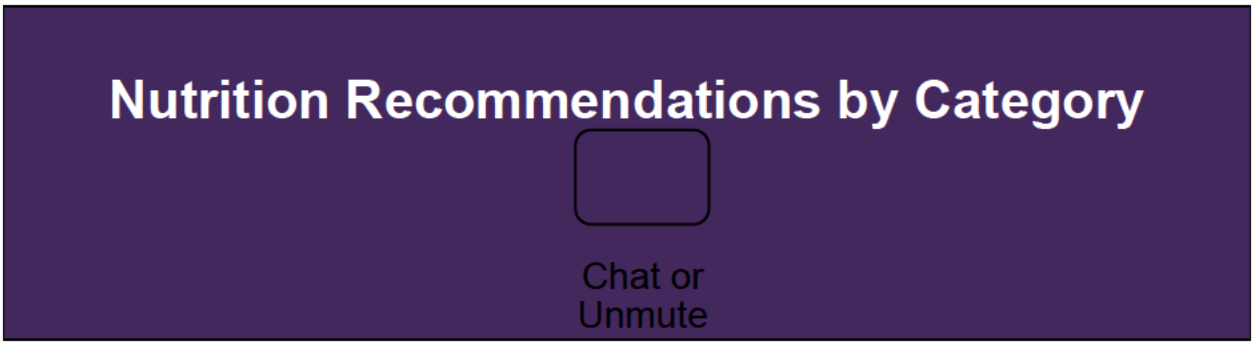
- Launch poll window with 3 questions
  - Which nutrient is especially important in infant meats and cereals?
    - Calcium
    - Iron
    - Vitamin D
    - Fiber
      - Correct answer is iron. Babies have stores of iron in their bodies from when they were in the womb. There stores start to run out around 6 months old so they need to start consuming iron in their diets.
  - Why does WIC have contracts with formula manufacturers?
    - Brand loyalty
    - Parent preference
    - Cost savings through rebates
    - Easier for stores
      - Correct answer: Cost savings through rebates
  - The amount of formula provided by WIC meets 100% of an infant's needs.
    - True
    - False
      - Correct answer: False – it's supplemental.
- Resume lecturette
- Breakfast cereals
  - Breakfast cereals provide iron and folic acid, which help prevent anemia as well as birth defects in pregnant people.
- Whole grains
  - Whole grains provide fiber and other nutrients which help lower blood pressure and promote bowel regularity.
  - Whole grain options include:
    - Whole grain bread
    - Brown rice

- Whole wheat pasta
- Tortillas (whole wheat or corn) (NYS WIC Vendors, 2025)

- Participants may select their preferred whole grain option in the store. A Qualified Nutritionist (QN) or Competent Professional Authority (CPA) does not have to tailor these options into the food package. (NYS WIC Vendors, 2025)

- Launch poll window with 2 poll questions
  - What nutrient in cereals helps prevent birth defects?
    - Vitamin C
    - Folic acid
    - Calcium
    - Zinc
      - Correct answer is folic acid.
  - Which of the following is **not** a benefit of whole grains?
    - Lowers blood pressure
    - Helps with bowel regularity
    - Increases cholesterol levels
    - Provides fiber.
      - Correct answer: Increases cholesterol levels.
- Resume lecturette
- Canned fish
  - Canned fish provides protein and a type of fat that helps lower inflammation.
- Legumes
  - Legumes are a source of protein and iron. Beans also contain fiber.
  - Legume options include:
    - Peanut butter
    - Canned beans
    - Dried beans (WPM 1250 policy supplement, 2023)
  - Participants may select their preferred legume option in the store. A Qualified Nutritionist (QN) or Competent Professional Authority (CPA) does not have to tailor these options into the food package. (NYS WIC Vendors, 2025)
- Eggs
  - Eggs contain protein and other nutrients important for growth and development.
- Launch poll window with 3 poll questions
  - What benefit does canned fish provide?
    - Fiber
    - Vitamin C
    - Anti-inflammatory fats
    - High sugar

        - Correct answer: Anti-inflammatory fats
    - Which of these nutrients are found in legumes? (Choose all that apply.)
        - Protein
        - Iron
        - Fiber
        - Vitamin D
            - Correct answers: Protein, iron, and fiber.
    - Eggs are a good source of both protein and growth nutrients.
        - True
        - False
            - Correct answer: True
- More information on WIC foods can be found under the Foods and Formula and WIC Foods Guide tabs on the New York State WIC Vendors website
    - Navigate to website and show:
        - Foods and Formula page
            - Formulary with images
            - Shopping resources
        - WIC Foods Guide page
    - Producer to drop link in chat: https://nyswicvendors.com/



TIME REQUIRED: 20 minutes

SECTION PURPOSE: To review some recommendations nutritionists may provide to WIC participants

LEARNING METHODOLOGIES:

- Lecturette
- Large group discussion

MATERIALS NEEDED:

- None

DESCRIPTION:

Step 1: Conduct lecturette with large group discussion questions:

- Category-specific recommendations often made by WIC nutritionists
    - Ask trainees: What recommendations have you heard WIC nutritionists make for pregnant and postpartum people on WIC?
    - Review some of the recommendations often made by WIC nutritionists for pregnant and postpartum people
        - Moderate physical activity is safe and healthy for pregnant and postpartum people. Some modifications may be needed during pregnancy, such as not lying on one's back after the first trimester. (CDC, n.d.)
        - Weight gain and why WIC monitors it
            - WIC monitors prenatal weight gain because gaining the right amount of weight (not too much, not too little) can help decrease birth complications and contribute the health of the pregnant person after the pregnancy.
        - Substance use

- WIC nutritionists provide information and referrals regarding substance use because of the negative impacts of substance use on families' and their health.

- Pregnant
  - Both early prenatal care and early WIC enrollment improve birth outcomes
  - Food safety
    - WIC nutritionists may discuss food safety with pregnant participants as they are especially vulnerable to foodborne illness during pregnancy. This can have negative impacts on both the pregnant person and the fetus.
- Breastfeeding
  - Exclusive breastfeeding is recommended for the first six months of life and continued breastfeeding to age 2 or beyond. Breastfeeding promotes the health of both the breastfeeding parent and the baby. (Meek & Noble, 2022)
  - Breastfeeding status impacts food package and duration of WIC services
    - Those who are mostly or fully breastfeeding receive more food and can receive WIC until they stop breastfeeding or their baby turns 12 months old, whichever comes first
  - Participants have higher nutrient needs when breastfeeding
- Non-breastfeeding
  - WIC serves non-breastfeeding participants for six months after the end of their pregnancy to help rebuild their nutritional status. This is especially important in case of future pregnancy.

- Ask trainees: What recommendations have you heard WIC nutritionists make for infants on WIC?
- Review some of the recommendations often made by WIC nutritionists for infants
  - WIC provides solid foods at 6 months of age. Some babies may be developmentally ready before 6 months old, but experts agree that infants should not receive any solid food before 4 months old.
  - No juice
    - When juice is given, babies receive calories without the other beneficial nutrients they would get from human milk or formula, like protein and iron.
  - No cereal/other solids in the bottle
    - Cereal or other foods in the bottle can cause babies to gain too much weight and are a risk for choking.

        - No bottle propping
            - It's important for babies' growth to be held while feeding and bottle propping can be a risk for choking.
        - Introducing a cup and weaning from bottle by 14 months
            - When children stay on the bottle for too long, it can damage their teeth and lead to imbalanced diets.
        - No whole milk for infants
            - When infants under 12 months receive cow's milk instead of human milk or infant formula, they are at risk of developing anemia.
    - Ask trainees: What recommendations have you heard WIC nutritionists make for children on WIC?
    - Review some of the recommendations often made by WIC nutritionists for children
        - Juice should be limited to about ½ cup per day (Muth, 2023)
            - While juice provides some important vitamins and minerals, it does not help children feel full and can lead to excessive weight gain.
            - Offer whole fruits instead.
        - Physical activity
            - Children need lots of movement, at least 3 hours per day, to grow and develop appropriately. (AAP, 2020)
        - Importance of regular medical and dental care, and immunizations
            - WIC nutritionists ask about access to medical and dental care because having regular medical and dental care can help prevent health problems from developing and/or catch any issues early when they are more treatable.
            - WIC nutritionists review immunization records because immunizations prevent serious illnesses and their complications.
        - Child feeding strategies/tips
            - Eating meals as a family, having consistent meal and snack times, and offering foods without pressuring children to eat them help children grow up to be "good eaters." (19290 I am a preschooler, 2021)
        - Screen time
            - Children under 18 months should not have any screen time, other than video chatting, while children 18 months to 5 years old should be limited to 1 hour per day. (AAP, 2022)
- Support staff are not expected to provide these recommendations, but we wanted you to have an understanding of them so that you can provide consistent messaging.
- Discuss participant education materials:

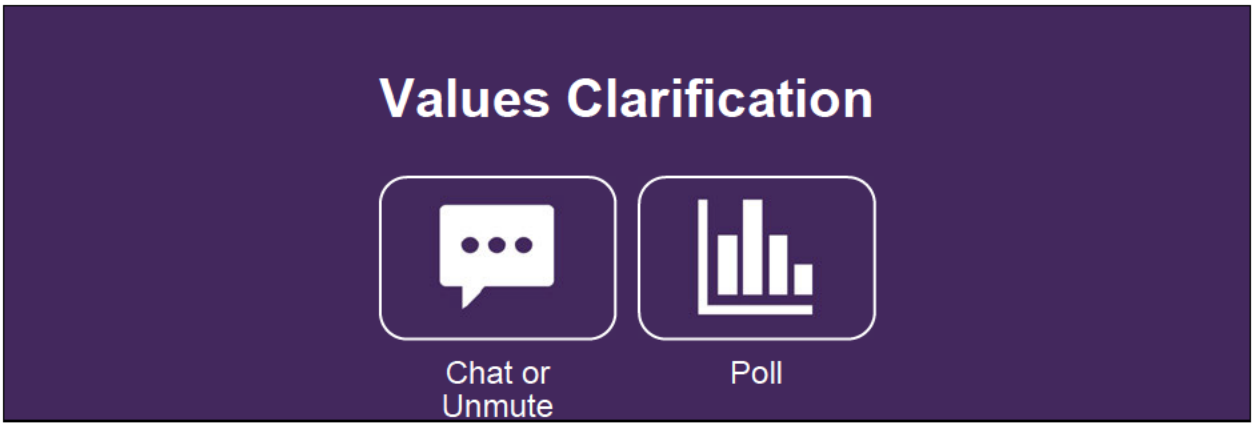
- There are a number of handouts that cover these and other nutrition and health recommendations available within the WIC library
  - Examples:
    - Tips for Pregnant Moms (USDA FNS, 2016)
    - Building a Healthy Eating Routine for Your Baby (birth to age 2) (ODPHP, n.d.)
    - 19290 I Am a Preschooler (19290 I am a preschooler, 2021)
- It is outside of the scope of support staff to provide these handouts, however, we want you to be aware of them in case you would like to learn more.
- At trainer discretion, may navigate to WIC library to highlight where these handouts can be found (Nutrition Services > Participant Education Materials)

Step 2: Process this section and previous two sections

- What was new for you from what we just discussed?
- Why is this important to know?
- How will this help you in the work you do?

Lead into BREAK.

15-Minute Break



TIME REQUIRED: 30 minutes

SECTION PURPOSE: Trainees will explore where their own attitudes or values may conflict with sharing WIC's science-based information

LEARNING METHODOLOGIES:

- Individual activity (polling)
- Large group discussion

MATERIALS NEEDED:

- PowerPoint Slides

DESCRIPTION:

Step 1: Introduce poll activity

- Next, we have a forced choice activity for you. It's called a forced choice activity because you have to choose either relate or don't relate – there is no option for choosing the middle ground or saying, "It depends."
- In a few moments, we're going to review some scenarios and ask you whether you relate or don't relate.
- There are no right or wrong choices in this activity. There may be many reasons a scenario does or does not resonate with you.
- All responses are confidential.

Step 2: Launch poll activity

- Launch polls for each of 4 scenarios below, with possible responses to each scenario as "relate" or "don't relate"
- Poll scenarios:
    1. Joelle, a long-time WIC staff person, finds it challenging to support breastfeeding recommendations because she formula-fed all her children and feels proud of how she managed. When participants express doubt or

guilt, she sometimes feels conflicted about promoting one option over the other.
2. Sam is really passionate about fitness and reads a lot about nutrition and weight loss on his own. When participants ask questions about healthy eating for weight loss, he feels confident sharing what's worked for him—even though he knows he's supposed to refer them to the nutritionist.
3. Mona loves when participants ask questions. Even if she can't answer them herself, she always takes care to make sure she doesn't sound rushed or annoyed. She doesn't ever want to make someone feel stupid for asking something, even when it seems pretty basic to her.
4. Rita has raised four kids and feels she has a lot of practical wisdom about feeding young children. When a participant asks a question she's heard before, she sometimes hesitates to refer them to the nutritionist, thinking, "I could just answer this myself—it's common sense."

- After responses have been received, ask producer to end the poll and share the results.
- For each scenario, ask:
    - Why might someone relate with #___? (trainees do not have to reveal how they responded – they can share what anyone's thought process might be)
        - Receive 2-3 responses
    - Why might someone not relate with #___? (again trainees do not have to disclose their own responses)
        - Receive 2-3 responses
- Trainer note: May need to skip the last scenario as needed for time.

Step 3: Process by asking:

- What was it like to do this?
- What was this about?
    - If trainees identify that this activity is about values, discuss where values come from - our families, culture, communities. Values are embedded in us, etc.
    - If trainees identify that this activity is about our thoughts or feelings – normalize that as human beings we all have thoughts and feelings. It's normal that our thoughts and feelings come with us to work.
- How might our values/thoughts/feelings (or these thoughts/feelings/values) impact our work?
    - Possible response:
        - Our values/thoughts/feelings may lead us to want to share our personal experiences or opinions with participants.
- Should support staff share their personal experiences and opinions with participants?
    - Make the following point, if it doesn't come out in the conversation:

- It can be ok, and even help build rapport with participants, to share some of our personal experiences with our participants if what we are sharing is within our scope, not counter to WIC's recommendations, and as long as we are careful to keep the focus on the participant (be participant-centered). We should avoid dominating the conversation by talking about ourselves.
- Let's explore more of what is inside and outside of the support staff scope in the next section.

Lead into the next activity.



TIME REQUIRED: 55 minutes

SECTION PURPOSE: Trainees will practice using skills on how to answer participant questions that are within and outside of their scope

LEARNING METHODOLOGIES:

- Small group activity
- Large group discussion
- Individual activity (polling)

MATERIALS NEEDED:

- PowerPoint slides
- Handout: What's in My Scope?
- Handout: Answering Participant Questions Activity

DESCRIPTION:

Step 1: Review support staff scope

- Support staff scope is outlined in NYS WIC policy 1460 (New York State Department of Health, 2021)
  - "Conduct program orientation, including explaining program benefits, issuing eWIC card, setting up WIC2GO and providing list of authorized vendors"
  - "Provide additional program information on such topics as WIC benefits and the Farmers' Market Nutrition Program"
- Trainer note:
  - In case of questions regarding support staff scope and breastfeeding, show trainees the NYS WIC Resource Hub > WIC Breastfeeding Support tile > Tiered Levels of Learning table which shows the support staff role in breastfeeding support.

- Additional information can be found by clicking Level 1 – NYS Virtual BF Training Recording tile > Additional Resources > Level 1 – USDA BF Training Handbook.

Step 2: Introduce small group activity

- Tell trainees that they will have an opportunity to explore a list of typical questions participants may ask.
- Their task is to determine whether it is within their scope to answer.
- Trainees will work in small groups of 3-5.
- When you get to your breakout room, quickly decide amongst who will be the reporter.
- You will have 10 minutes to complete.
- A trainer may pop in your breakout room for a moment just to observe – feel free to ignore them and continue your conversation unless you have any questions.
- Producer to drop What's in My Scope? Handout in chat

Step 3: Initiate small group activity

- Send trainees into breakout rooms.
- Allow 10 minutes for the trainees to discuss.
- Bring trainees back to the large group to debrief what happened in gallery view.
- Review questions and correct answers (in parentheses):
    1. Why did my formula go down to 7 cans per month after my baby turned 6 months old? (Inside scope)
    2. Is my child at the right weight? (Outside scope)
    3. Why doesn't WIC offer 2% milk? (Inside scope)
    4. My baby has been on Similac 360 Total Care formula. Why won't WIC provide it? (Inside scope)
    5. How often should I breastfeed? (Outside scope)
    6. Why can't I get almond milk? My doctor says it's ok. (Inside scope)
    7. Is it ok to give my 2-year-old grapes? (Outside scope)
    8. How do I mix my baby's formula? (Outside scope)

Step 4: Process the activity

- How was this activity?
- What was the most challenging part of the activity?
- What made it clear that a question was (or wasn't) within your scope to answer?
- Were there any questions that felt "in-between" or unclear? How did you handle those?
- What are some other questions you get that you're unsure about whether you can answer?
- What might you do differently in your job as a result of this activity?

Step 5: Conduct poll activity about providing correct information

- Tell trainees: Next, we're going to launch a poll with the four questions we identified as within your scope to answer. For each question, choose the best response to give the participant.
- Launch single-choice poll with the following questions and possible responses (correct responses in bold)
    1. Why did my formula go down to 7 cans per month after my baby turned 6 months old?
        - 7 cans a month is more help than I had when my kids were young.
        - If your baby is going through more than 7 cans in a month, they are overeating.
        - **When babies turn 6 months old, WIC reduces the amount of formula and starts providing baby food.**
        - WIC provides less formula when babies turn 6 months because they don't need as many nutrients at this age.
    2. Why doesn't WIC offer 2% milk?
        - **WIC follows the Dietary Guidelines for Americans which recommends whole milk for 1-year-olds and skim or 1% for anyone age 2 and older.**
        - I don't know – that lower fat milk just doesn't taste as good.
        - Limiting the types of milk available saves the program money.
        - 2% milk doesn't have as many vitamins as the other types.
    3. My baby has been on Similac 360 Total Care formula. Why won't WIC provide it?
        - WIC doesn't provide it because Similac formula is not as good for your baby.
        - **Similac 360 Total Care is not available through NYS WIC because we do not have a contract with that company. Your nutritionist can discuss what formula would be similar to the Similac.**
        - If you provide us with a medical documentation form from the doctor for Similac 360 Total Care, the nutritionist will be able to issue it for you.
        - Have you thought about breastfeeding?
    4. Why can't I get almond milk? My doctor says it's ok.
        - If you provide us with a note from your doctor for almond milk, the nutritionist will be able to issue it for you.
        - WIC doesn't provide almond milk because some people are allergic to it.
        - Your doctor should be more familiar with what WIC offers.
        - **Cow's milk is offered to provide certain nutrients, which almond milk doesn't contain. We do offer soy milk as an alternative though.**

Step 6: Conduct a lecturette on how to answer questions

- We have discussed whether to answer questions or to refer to the nutritionist. We've also discussed the correct responses to some possible participant questions. Next, let's talk about a few communication skills to use when answering questions.
- Whether answering a question directly or referring a participant to the nutritionist, the first step is to normalize or affirm the participant.
    - Normalizing and affirming both help the participant feel more comfortable talking with you. They help remove any feelings of embarrassment about asking a question.
    - Normalizing is saying something to let the participant know that it's normal to have that question or concern. It helps them know that they are not alone.
        - Examples:
            - I've heard that from many participants.
            - So many parents worry about that.
            - I used to worry about that too. (if this is true)
    - Affirming means verbally pointing out the positive aspects of a person's character, behaviors, or values.
        - Examples:
            - That's a great question!
            - Making sure you have enough food for your kids is important to you.
- The next step, after normalizing and/or affirming, is to either answer the question yourself or refer the participant to the nutritionist.
    - Either way, what you say should be both brief and kind.
    - We've discussed examples of how to answer questions in the poll activity.
    - Examples of referring to the nutritionist:
        - I'd recommend you ask your nutritionist about that.
        - I'll ask one of the nutritionists to contact you to share more information.

Step 7: Conduct small group activity

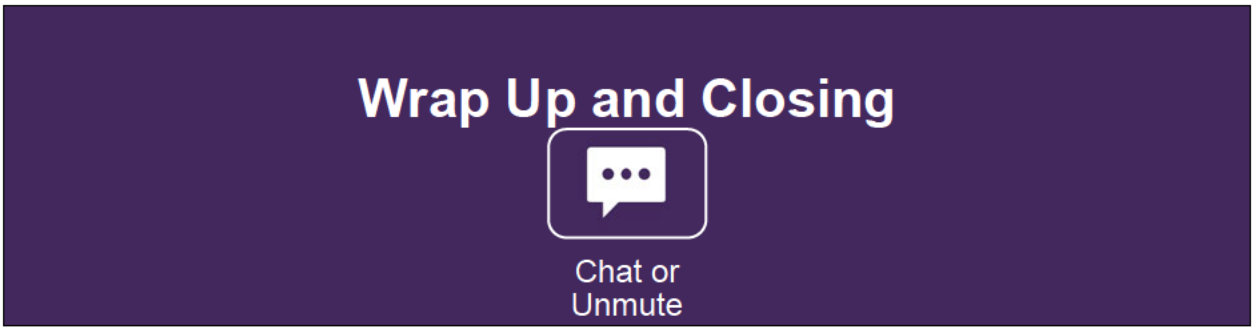
- We're going to give you the opportunity to practice what we just discussed in small groups of 3-5 people.
- As a reminder, the steps are to normalize and/or affirm, then either answer the question or refer to the nutritionist.
    - Examples:
        - That's a great question! When babies turn 6 months old, WIC reduces the amount of formula and starts providing baby food.

        - So many parents worry about that! I'll ask one of the nutritionists to contact you to share more information.
- We're going to give you four participant questions. We'd like you to fill in a normalizing or affirming statement for each of the support staff responses.
    - Producer to drop Answering Participant Questions Activity handout in chat.
- You will have 10 minutes.
- Bring trainees back to the large group and ask a few groups to share the responses they developed.

Step 8: Process the section:

- How did it go to develop normalizing and affirming statements with your small group?
- What stuck out to you?
- How do you see yourself using these steps in the future?

Lead into the wrap up and closing.



TIME REQUIRED: 5 minutes

SECTION PURPOSE: To provide closure for the day and get feedback on the training

LEARNING METHODOLOGIES:

- Large group discussion

MATERIALS NEEDED:

- PowerPoint Slides
- *Evaluation Tool*

DESCRIPTION:

Step 1: Thank trainees and identify highlights from the training

- Thank trainees for their participation and hard work.
- Ask if anyone wants to share one highlight they are taking away from the training (time permitting).

Step 2: Ask trainees to complete the *Evaluation Tool*

- Ask trainees to complete the *Evaluation Tool* to give feedback on the training.
- Dismiss trainees.

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Trainers' Materials

What's in My Scope?
Trainer Answer Key

Instructions: For each of the following participant questions, discuss with your group whether this is a question you could answer (something within your scope) or a question you should refer to the nutritionist (outside of your scope.

1. Why did my formula go down to 7 cans per month after my baby turned 6 months old? (Inside scope)

2. Is my child at the right weight? (Outside scope)

3. Why doesn't WIC offer 2% milk? (Inside scope)

4. My baby has been on Similac 360 Total Care formula. Why won't WIC provide it? (Inside scope)

5. How I often should I breastfeed? (Outside scope)

6. Why can't I get almond milk? My doctor says it's ok. (Inside scope)

7. Is it ok to give my 2-year-old grapes? (Outside scope)

8. How do I mix my baby's formula? (Outside scope)

Answering Participant Questions Activity
Trainer Answer Key

Instructions: For each of the following questions, we have already determined which are inside or outside of your scope. We've also practiced providing the correct information. Now, as a group, identify a normalizing or affirming statement that could be used before either answering each question or referring to the nutritionist.

1. Is my child at the right weight? *(Outside scope)*

   Affirm or normalize: (Possible response: "*I often wondered that too when my kids were younger.")*_____
   Then, refer: "Your nutritionist will be able to answer that question for you."

2. Why doesn't WIC offer 2% milk? *(Inside scope)*

   Affirm or normalize: (Possible response: *"That's a good question.")*

   Then, answer the question: "WIC follows the Dietary Guidelines for Americans which recommends whole milk for 1-year-olds and skim or 1% for anyone age 2 and older."

3. My baby has been on Similac 360 Total Care formula. Why won't WIC provide it? *(Inside scope)*

   Affirm or normalize: Possible response: "*Many parents worry that switching formulas won't go well for their baby."*

   Then, answer the question/refer: Similac 360 Total Care is not available through NYS WIC because we do not have a contract with that company. Your nutritionist can discuss what formula would be similar to the Similac*."*

4. How often should I breastfeed? *(Outside scope)*

   Affirm or normalize: Possible response: "*It's so wonderful that you are nursing!"*

   Then, refer: "I'll let your nutritionist know you asked and have her contact you."

Handouts and Worksheets

What's in My Scope?

Instructions: For each of the following participant questions, discuss with your group whether this is a question you could answer (something within your scope) or a question you should refer to the nutritionist (outside of your scope).

1. Why did my formula go down to 7 cans per month after my baby turned 6 months old?
2. Is my child at the right weight?
3. Why doesn't WIC offer 2% milk?
4. My baby has been on Similac 360 Total Care formula. Why won't WIC provide it?
5. How often should I breastfeed?
6. Why can't I get almond milk? My doctor says it's ok.
7. Is it ok to give my 2-year-old grapes?
8. How do I mix my baby's formula?

Answering Participant Questions Activity

Instructions: For each of the following questions, we have already determined which are inside or outside of your scope. We've also practiced providing the correct information. Now, as a group, identify a normalizing or affirming statement that could be used before either answering each question or referring to the nutritionist.

1. "Is my child at the right weight?" (Outside scope)

   Affirm or normalize: _____

   Then, refer: "Your nutritionist will be able to answer that question for you."

2. "Why doesn't WIC offer 2% milk?" (Inside scope)

   Affirm or normalize: _____

   Then, answer the question: "WIC follows the Dietary Guidelines for Americans which recommends whole milk for 1-year-olds and skim or 1% for anyone age 2 and older."

3. "My baby has been on Similac 360 Total Care formula. Why won't WIC provide it?" (Inside scope)

   Affirm or normalize: _____
   Then, answer the question/refer: Similac 360 Total Care is not available through NYS WIC because we do not have a contract with that company. Your nutritionist can discuss what formula would be similar to the Similac."

4. "How often should I breastfeed?" (Outside scope)

   Affirm or normalize: _____
   Then, refer: "I'll let your nutritionist know you asked and have her contact you."

Trainee Manual

WIC Nutrition for Support Staff
Day-at-a-Glance

Activity
Welcome and Introductions
Importance of WIC
Support Staff Role in WIC
Basic Nutrition
BREAK
Values Clarification
Answering Participant Questions
Wrap Up and Closing

Activity Descriptions

1. **Welcome and Introductions**
   - In this activity, trainees will be welcomed to the training session and introduced to the trainers, training goal and objectives, agenda, group agreements, and purpose of the training.

2. **Importance of WIC**
   - In this activity, trainees will reflect on WIC's mission and explore how its services support health and prevent chronic disease.

3. **Support Staff Role in WIC**
   - In this activity, trainees will understand their role as support staff supporting positive health outcomes in the WIC program

4. **Basic Nutrition**
   - In this activity, trainees will explore why and how WIC food packages are selected as well as some recommendations nutritionists may provide to WIC participants.

5. **Values Clarification**
   - In this activity, trainees will explore where their attitudes or values may conflict with sharing WIC's science-based information.

6. **Answering Participant Questions**
   - In this activity, trainees will practice using skills on how to answer participant questions that are within and outside of their scope.

7. **Wrap-Up and Closing**
   - In this activity, trainees will close out the day and reflect upon the day's training.

PowerPoint Slides

Evaluation Tool

Evaluations are programmed in the NYS WIC Resource Hub

Please rate the extent to which you agree or disagree with whether the virtual training met the stated learning objectives:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. [Training Objective 1]	1	2	3	4	5
2. [Training Objective 2]	1	2	3	4	5
3. [Training Objective 3]	1	2	3	4	5
4. [Training Objective 4]	1	2	3	4	5

To what extent do you agree or disagree with the following statements?

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. The training was engaging.	1	2	3	4	5
2. The training was easy to follow.	1	2	3	4	5
3. Before the training, I received easy to understand instructions on how to access and participate in the training.	1	2	3	4	5
4. The visuals (e.g., slides, graphics, videos) used during the training were effective.	1	2	3	4	5
5. I had adequate opportunity to ask questions during this training.	1	2	3	4	5
6. The trainer(s) created a safe environment for me to openly participate.	1	2	3	4	5
7. I learned something new as a result of this training.	1	2	3	4	5
8. I plan to use what I learned from this training in my work.	1	2	3	4	5
9. I am confident in my ability to apply what I learned as a result of this training to my work.	1	2	3	4	5

10. I was able to learn the training material using this virtual technology.	1	2	3	4	5
11. I am satisfied with this training.	1	2	3	4	5

*If you selected "neutral, disagree, or strongly disagree" on any of the previous items, please explain why:*_____

12. Were you able to use all interactive functions during this training (e.g., polls, chat, breakout rooms)?

Yes No If no, please explain.

13. How would you rate the level of interaction you experienced during this training (such as opportunities to practice what you learned, test knowledge, ask questions, interact with trainers and participants, etc.)?

Too much interaction The right amount of interaction Not enough interaction

Please indicate the extent to which you agree or disagree with the following statements about each of the trainer(s):

Trainer 1: [For each Trainer, their name will be listed and these 3 questions will be asked]

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
14. I was satisfied with the trainer's knowledge of the topic.	1	2	3	4	5
15. The trainer presented the information clearly.	1	2	3	4	5
16. The trainer effectively addressed questions/concerns.	1	2	3	4	5

*If you selected "neutral, disagree, or strongly disagree" on any of the previous items, please explain why:*_____

Trainer 2: [For each Trainer, their name will be listed and these 3 questions will be asked]

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I was satisfied with the trainer's knowledge of the topic.	1	2	3	4	5
2. The trainer presented the information clearly.	1	2	3	4	5
3. The trainer effectively addressed questions/concerns.	1	2	3	4	5

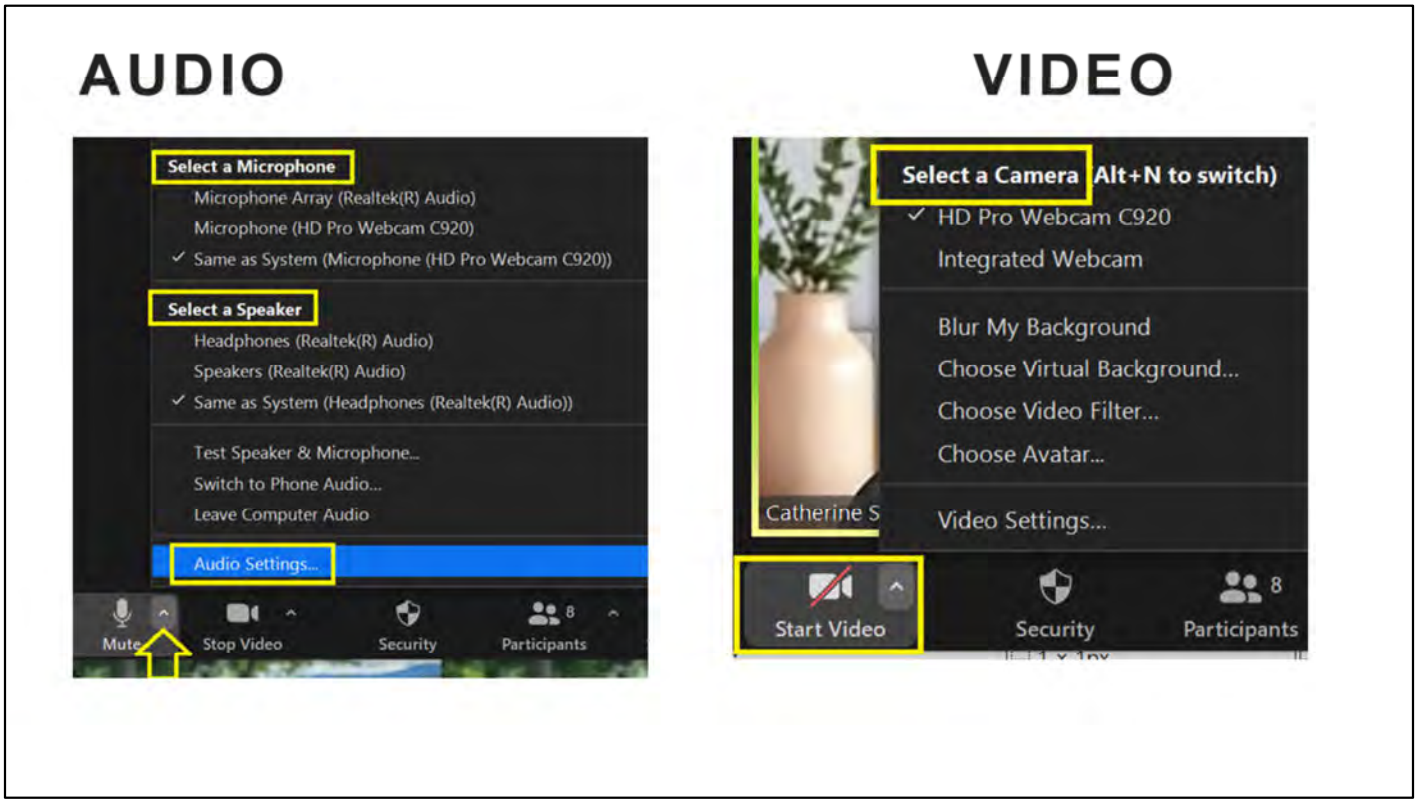
*If you selected "neutral, disagree, or strongly disagree" on any of the previous items, please explain why:*_____

Please tell us more about your experience in this training and future needs:

4. What was the most valuable aspect of participating in this training?

5. How would you improve this training?

6. Please provide any additional comments or suggestions, including other topics you would like to see further training on in the future:



- Start 10 minutes early once folks are logging on

- While we wait for the training to begin, we want to ensure everyone can participate today. Be sure to check your audio and video and ensure your microphone and camera are working. If you are having any trouble, please chat the producer for help troubleshooting. On the slide are 2 screenshots showing you where to access the audio and video settings on Zoom. Please be sure the correct microphone and speaker on your computer are selected if you are using computer audio, if not please select phone audio and call the dial-in number that appears. Please be sure to start your video and ensure the correct camera is selected on your device.

- It is an expectation of training that you will participate and engage, which includes being on camera and speaking. We want to hear your voices and see your faces. There are interactive components to training, including breakout rooms where you'll need to speak to your colleagues, so we want to ensure everyone has a working microphone and camera today. If you do not, please chat the producer to let them know. We want to make sure that everyone has the best training experience they can.

- Producer share in chat Link to Zoom FAQ regarding audio and video: https://support.zoom.com/hc/en/category?id=kb_category&kb_category=31293e9a8720391089a37408dabb35b8



Production/Trainer:

- Trainers will advance slides
- Admit trainees into the training 5-10 minutes prior to the training start time.
- Trainers and/or production staff can start building engagement with those who log on early by encouraging them to chat in their name, local agency, etc.

Trainer

- Welcome participants while they are logging on.
- Good morning/Good afternoon
- Once everyone is in attendance, introduce the topic
- Ask everyone to mute before training begins.
- Open training 10 minutes early or as soon as trainees begin to join
- Trainers to share PPT slides.
- Trainers to do opening slides, while production manages registration and attendees.
- Script: “Please chat in your name, agency, role and years in WIC. Throughout the training we’ll be utilizing the chat feature and it is a way of ensuring trainees are participating. You will be required to use this chat feature, if you cannot locate it, please unmute and let us now so we can help you. Please note, if you do not respond in the chat to CAI prompts from the trainers or production, we will need to remove you from the training. If you’re having trouble locating the chat box please unmute and let us know.”
- Script: “The use of cameras is required in training. If your agency does not have a camera, please chat us to let us know. Otherwise, your camera should be on the entirety of the training. If it is not we will chat you to problem solve and if you do not respond we will be required to remove you from the training. Again, please unmute and let us know if you cannot locate the chat.”
- One of the trainers will manage this and keep a list of who did not participate and was removed, email this information to Michelle Gerka, who will share it with our contract manager at DOH (trainer to email Michelle the participants name & email + supervisor email)
- Producer will keep a list of trainees without cameras and send this information (name and agency) to Michelle after training.
- Script for removing folks: “It seems like you’re unable to join today and not responsive. We’re going to remove you from this training and offer you a spot in another offering. Please email wictraining@caiglobal.org for more

information.”



[Review chat entries from participants and remark on the spectrum of experience in WIC. More seasoned folks can share their hot tips and best practices, while staff who are newer to the field can share their fresh perspective.]

Production:

Make sure to add the trainers and producers to the slide before the training begins.

Trainer/Production:

Introduce trainers and production staff

Pass off to production staff

We also have ____ with us as production staff to assist on our training.

CAI is a non-profit organization with over 45 years' experience working at local, state, national, and international levels to help organizations improve health care and social services for historically marginalized communities. We do this by providing high-quality education, training, research and technical assistance services to organizations serving diverse communities. Some of our projects include sexual and reproductive health, maternal and child health, sexual violence prevention, HIV and STIs, substance use, mental health, and tobacco use, to give concrete examples of the scope and range of

our work. And, of course, we are currently contracted as the NYS WIC Training Center. CAI's mission is to use the transformative power of education and research to foster a more aware, healthy, compassionate, and equitable world. At CAI, we believe WIC has the power to change lives.

SPEAKER DISCLOSURE

I hereby certify that, to the best of my knowledge, no aspect of my current personal or professional circumstance places me in the position of having a conflict of interest with this presentation. I hereby certify that, to the best of my knowledge, neither I (including any member of my immediate family) nor any individual or entity with whom or with which I have a significant working relationship have (has) received something of value from a commercial party related directly or indirectly to the subject of this presentation.

- Please note, that immediately following the Policy section of each policy in the WIC Program Manual, is the regulations section, which either includes the direct links for reference or lists the complete regulations.
- The Food and Nutrition Service provides assistance to State agencies and evaluates all levels of Program operations to ensure that the goals of the Program are achieved in the most effective and efficient manner possible.

SPECIAL NOTE

All of the policies shared in the training programs, are derived from United States Department of Agriculture (USDA) federal regulations and/or USDA guidance and curriculums (which apply to all WIC programs across the country), and/or New York State laws and regulations.

The Food and Nutrition Service of the United States Department of Agriculture, (FNS) is responsible for WIC Program administration.

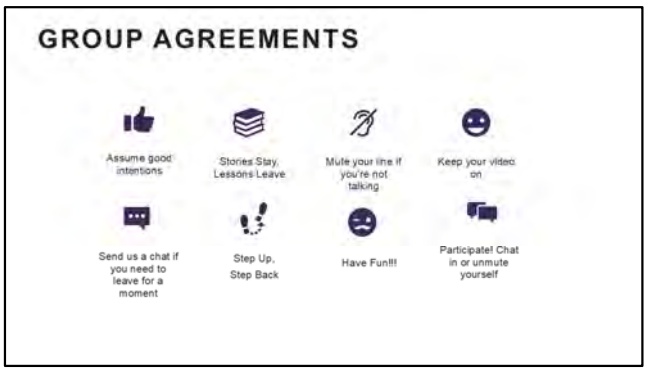


- Please note, that immediately following the Policy section of each policy in the WIC Program Manual, is the regulations section, which either includes the direct links for reference or lists the complete regulations.

- The Food and Nutrition Service provides assistance to State agencies and evaluates all levels of Program operations to ensure that the goals of the Program are achieved in the most effective and efficient manner possible.



- [redacted]
- Funding for this training provided by the USDA.
- [redacted]
- We will be providing you with a copy of today's PPT at the end of the training so, no need to worry about copying this information down.



Before we begin, let's talk about a few participation requirements. Per policy, trainees cannot miss more than 15 minutes per training day, or we will have to remove you and ask that you register for a future event. These training are short on time and condensed into 3 hours so it's important everyone is present for the majority of the training.

We understand things come up and you may need to step away or take a quick phone call, which is understandable, but it's important everyone is present the majority of the time and participatory. “At CAI we support breastfeeding, if you are nursing and need to step away to pump please chat the producer to make them aware. Policy is waived for those who are nursing. It’s important that you inform the producer or trainers that you are taking a break to pump so we can ensure you are allowed back into the training.”

It is an expectation of DOH that you have your camera on, if you do not have one please chat our producer to let them know. It is also expected that you will participate throughout the training, including in breakout rooms, so ensure your audio is working properly. If you do not have audio please chat the producer to let them know. If you do not meet these requirements we will need to remove you from today's training.

Let’s talk about some group agreements we must have for a successful training

- Assume good intentions, We’re all here to learn,
- Stories stay, lessons leave
- Mute your line if you are not talking to help cut down on background noise
- Please keep your video on!
- Participate! Chat in or unmute yourself
- Send us a chat if you need to leave for a moment
- Step up, step back
- And most importantly, have fun!

We will be providing you with the ppt slides at the end of this training

- We will be doing some breakout rooms, just want to give you a heads up that it sometimes takes a minute or so for folks to show up (internet), but if it goes for more than a minute and ½, or if you have someone in your group that doesn’t have a camera and doesn’t seem to be able to participate, please let us know so we can pop into the room to help with any tech issues they may be having.

TRAINING GOAL:

To empower WIC support staff with the knowledge and skills they need to ensure consistency in educational messaging across WIC and to decide when and how to answer participant questions they may receive.

LEARNING OBJECTIVES:

By the end of this training, trainees will be able to:

- Describe the impacts of the WIC program on the health and nutrition status of its participants
- Explore the role of support staff in supporting positive health outcomes in the WIC program
- Explain why and how the WIC food packages are selected
- Practice how to best respond to participant questions, including whether to refer to the nutritionist, providing fact-based responses, and skills to use when responding

SUPPORT STAFF COMPETENCIES

Sub-Area 8.1.1

Understands the influence of staff attitudes and behaviors on participant perceptions of nutrition education and breastfeeding

Sub-Area 8.1.3

Promotes and supports breastfeeding and nutrition education in a manner that is consistent with both WIC regulations, policies, and initiatives and the mother's feeding decisions.

Sub-Area 8.1.5

Positively promotes WIC as a nutrition program to participants and in the community.

AGENDA

Welcome and Introductions
Importance of WIC
Support Staff Role in WIC
Basic Nutrition
WIC Foods
Nutrition Recommendations by Category

AGENDA

- Values Clarification
- Answering Participant Questions
- Wrap-up & Closing



TIME REQUIRED: 10 minutes

SECTION PURPOSE: To reflect on WIC's mission and explore how its services support health and prevent chronic disease.



Introduce word cloud activity

- Contribute to the Mentimeter Word Cloud by answering: What is the WIC program trying to achieve?
- Enter a word, phrase, or short sentence that reflects your understanding of WICs goals.
- There's no right or wrong answer, it's more about your perspective

Producer: drop Mentimeter link and code in chat

https://www.menti.com/alcieifghvsk

Share Mentimeter on screen**, with QR code**

toggled on so trainees can continue to log in

Verbally note some of the words coming into the word cloud as trainees are participating in the activity.

Process by asking:

- What words or themes stood out most to you in the word cloud? Why do you think those came up?
- What word did you choose and why?

NYS WIC MISSION STATEMENT

The New York State WIC Program (NYS WIC) is an adjunct to health care programs intended to **improve the nutrition and health status of income-eligible women, infants, and children up to age five**. NYS WIC's mission is to **assure healthy pregnancies, healthy birth outcomes, and healthy growth and development** for WIC families by providing:

- breastfeeding promotion and support
- nutritious supplemental foods
- participant-centered nutrition and health education
- referrals to health care and other services



- We can look to the New York State WIC Mission Statement to understand what WIC is trying to achieve. It says:
  - The New York State WIC Program (NYS WIC) is an adjunct to health care programs intended to improve the nutrition and health status of income-eligible women, infants, and children up to age five. NYS WIC's mission is to assure healthy pregnancies, healthy birth outcomes, and healthy growth and development for WIC families by providing:
    - breastfeeding promotion and support
    - nutritious supplemental foods
    - participant-centered nutrition and health education
    - referrals to health care and other services
- We have bolded the parts that specify what we are trying to achieve (improve nutrition and health status, assure healthy pregnancies, healthy birth outcomes, and healthy growth and development)

Source: WPM 1010, 2021

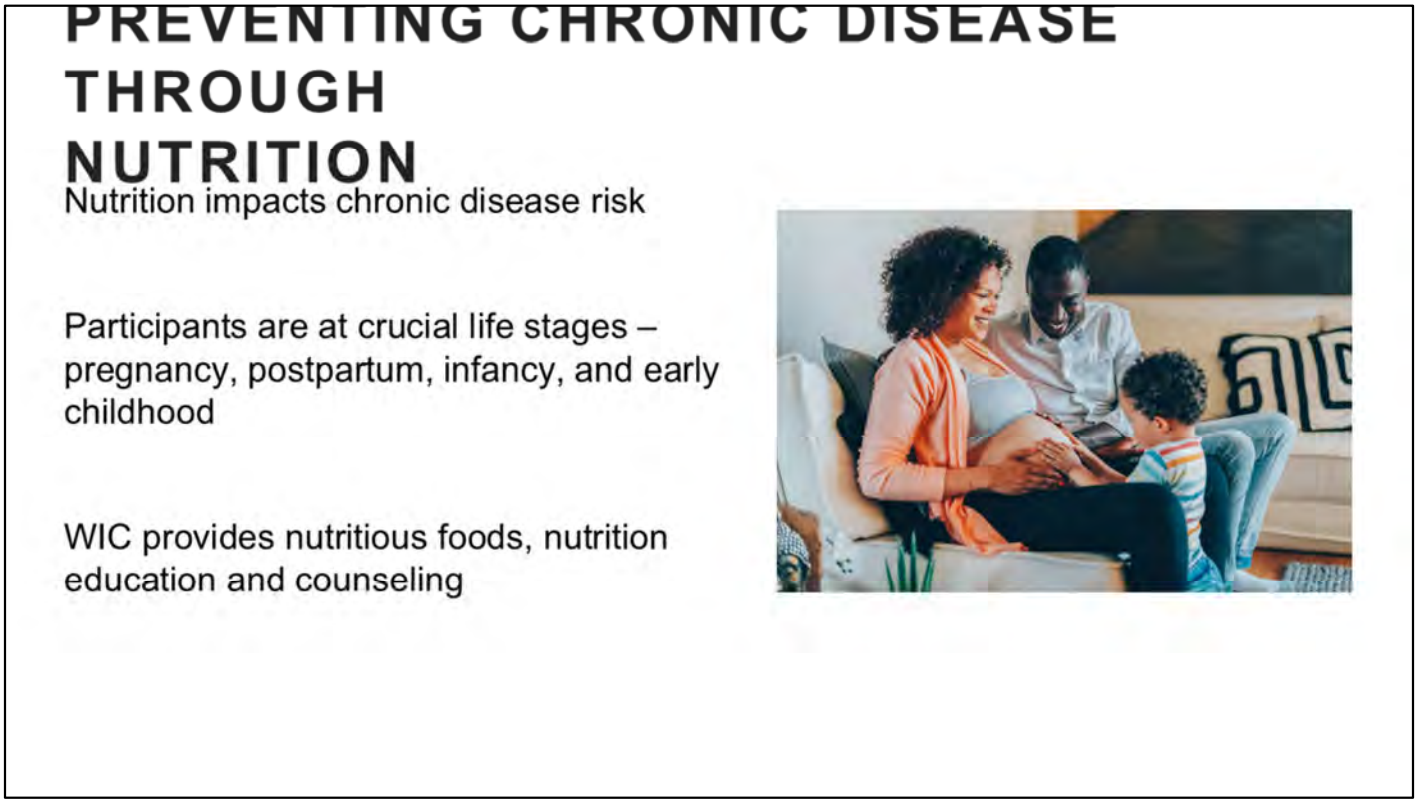
WIC: 1ST FOOD AS MEDICINE PROGRAM



Food as medicine programs promote optimal health and reduce diseases by providing nutritious food

WIC has been providing nutritious foods to promote health since 1974

- Perhaps you may have heard of food as medicine or food is medicine programs. These programs promote optimal health and reduce diseases by providing nutritious food. (OASH, n.d.)
    - WIC is the nation's first food as medicine program. WIC has been providing nutritious foods to promote health since 1974. (National WIC Association, 2024)



- Preventing chronic disease through nutrition
  - Poor nutrition impacts a person's risk of chronic diseases, such as heart disease, cancer, and diabetes. (CDC, 2024)
  - The participants we serve at WIC are at crucial life stages regarding their health – pregnancy, postpartum, infancy, and early childhood are times when nutrition is especially important.
  - WIC provides nutritious foods as well as nutrition education and counseling

Process by asking

- What stood out to you about what was just discussed?
- What does this information mean to you?

Lead into the next activity.



TIME REQUIRED: 10 minutes

SECTION PURPOSE: Understand their role as support staff supporting positive health outcomes in the WIC program



Ask trainees: Why are support staff so critical to WIC's health outcomes?

- Possible responses:
  - Support staff play a crucial role in a participant continuing to participate with WIC as they:
    - Likely make the first impression
    - Set the tone for appointments
    - May orient participants
    - Help them troubleshoot any issues with benefit redemption
  - This impacts retention – participants who are not retained do not have access to WIC's positive impact on health outcomes

YOUR ROLE AT WIC

- Support staff play a key role in reinforcing WIC's mission
- Consistent messaging across all staff helps build participant trust
- **Support staff should not provide counseling, advice, personal opinions/experience**
- ~~Some content is outside your scope to provide~~
  - ~~Understanding it h~~ ~~participants and respond to questions~~



- An important role for support staff is to support the overall direction of WIC.
- One of the aims of this training is to give support staff the background knowledge they need to help ensure consistent messaging from WIC.
- Participants might feel confused if they hear one thing from the nutritionist and something different from the support staff.
- **For this reason, support staff should not provide any counseling or advice. They should affirm and support the evidence-based nutrition information that WIC nutritionists provide, without giving their personal opinions or experience.**
- ~~Some of the information we'll cover in this training is outside of the support staff scope to provide to participants, but we are sharing it with you because we want you to have a greater understanding of the nutrition education provided to participants. This way, if participants ask questions, you'll have a better idea of how to respond.~~

Stock photo ID: 1389737190

SUPPORT STAFF SCOPE



- The boundaries that define the responsibilities and tasks of your job
- Outside of scope = you should not be doing that task or carrying that responsibility
- Some information in this training is outside of your scope to provide to participants

- **Providing counseling or advice is outside of the scope of your job role. By scope, we are referring to the boundaries that define the responsibilities and tasks that are or are not part of your job role to perform. If something is outside of your scope, it means you should not be doing that task or carrying that responsibility.**
- Some of the information we'll cover in this training is outside of the support staff scope to provide to participants, but we are sharing it with you because we want you to have a greater understanding of the nutrition education provided to participants. This way, if participants ask questions, you'll have a better idea of how to respond.



TIME REQUIRED: ~~55~~ **10** minutes

SECTION PURPOSE: ~~To explore why and how WIC food packages are selected as well as some recommendations nutritionists may provide to WIC participants.~~ **To cover basic nutrition principles through MyPlate**

o Brain development is the correct answer.

WHAT IS MYPLATE?

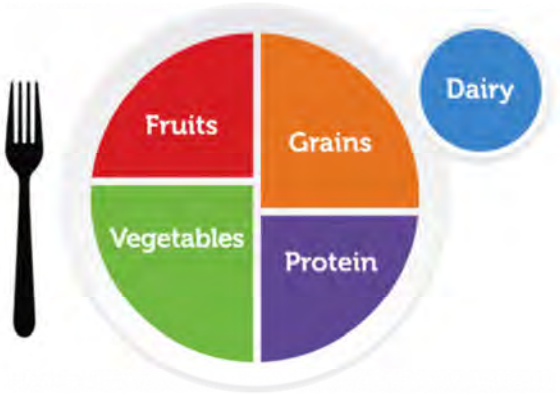
- MyPlate is the USDA's visual guide to healthy eating, launched in 2011
- Illustrates the five food groups: fruits, vegetables, grains, protein, and dairy
- MyPlate emphasizes balanced portions to promote overall health



- MyPlate is the USDA's visual guide to healthy eating, launched in 2011 to replace the Food Guide Pyramid
- Illustrates the five food groups: fruits, vegetables, grains, protein, and dairy.
- Represents what and how much to eat from each of the food groups over the course of the day, whether you eat on a plate, from a bowl, or another way.
- MyPlate emphasizes balanced portions to promote overall health and serves as a simple visual reminder to choose a variety of foods throughout the day and throughout the week.

Image source: https://www.myplate.gov/eat-healthy/what-is-myplate
Source: USFA FNS, 2024

MYPLATE RECOMMENDATIONS



The benefits of healthy eating add up over time, bite by bite. Small changes matter.

- MyPlate recommendations include:
  - The benefits of healthy eating add up over time, bite by bite. Small changes matter.

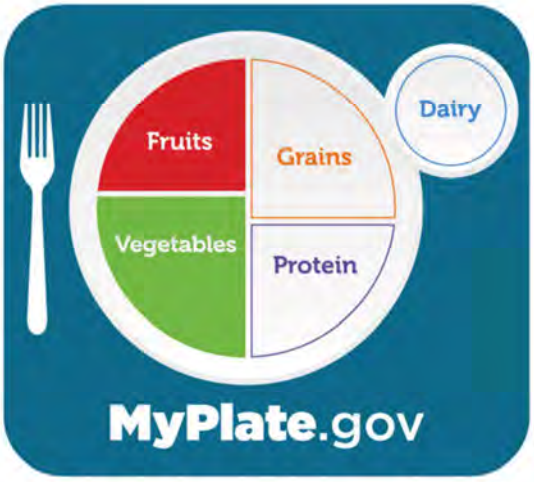
(USDA, n.d.)

MYPLATE RECOMMENDATIONS

Make half your plate fruits and vegetables

Focus on whole fruits

Vary your veggies



- MyPlate recommendations include:
  - Make half your plate fruits and vegetables
  - Focus on whole fruits
  - Vary your veggies (USDA, n.d.)

MYPLATE RECOMMENDATIONS

Make half your grains whole grains



- MyPlate recommendations include:
  - Make half your grains whole grains (USDA, n.d.)

MYPLATE RECOMMENDATIONS

Vary your protein routine



- MyPlate recommendations include:
  - Vary your protein routine (USDA, n.d.)

Type text here

MYPLATE RECOMMENDATIONS

Move to low-fat or fat-free dairy milk or yogurt (or lactose-free dairy or fortified soy versions)



- MyPlate recommendations include:
  - Move to low-fat or fat-free dairy milk or yogurt (or lactose-free dairy or fortified soy versions) (USDA, n.d.)

- There is more information about MyPlate online if you are interested. You can see examples of foods included in each group, get more personalized recommendations, and find resources such as tip sheets and recipe ideas.
  - Producer to drop link in chat: https://www.myplate.gov/eat-healthy/what-is-myplate



TIME REQUIRED: 25 minutes

SECTION PURPOSE: To explore why and how WIC food packages are selected

WIC: ROOTED IN SCIENCE



Show video explaining how WIC's food packages are grounded in scientific research to improve health outcomes
Tell trainees:

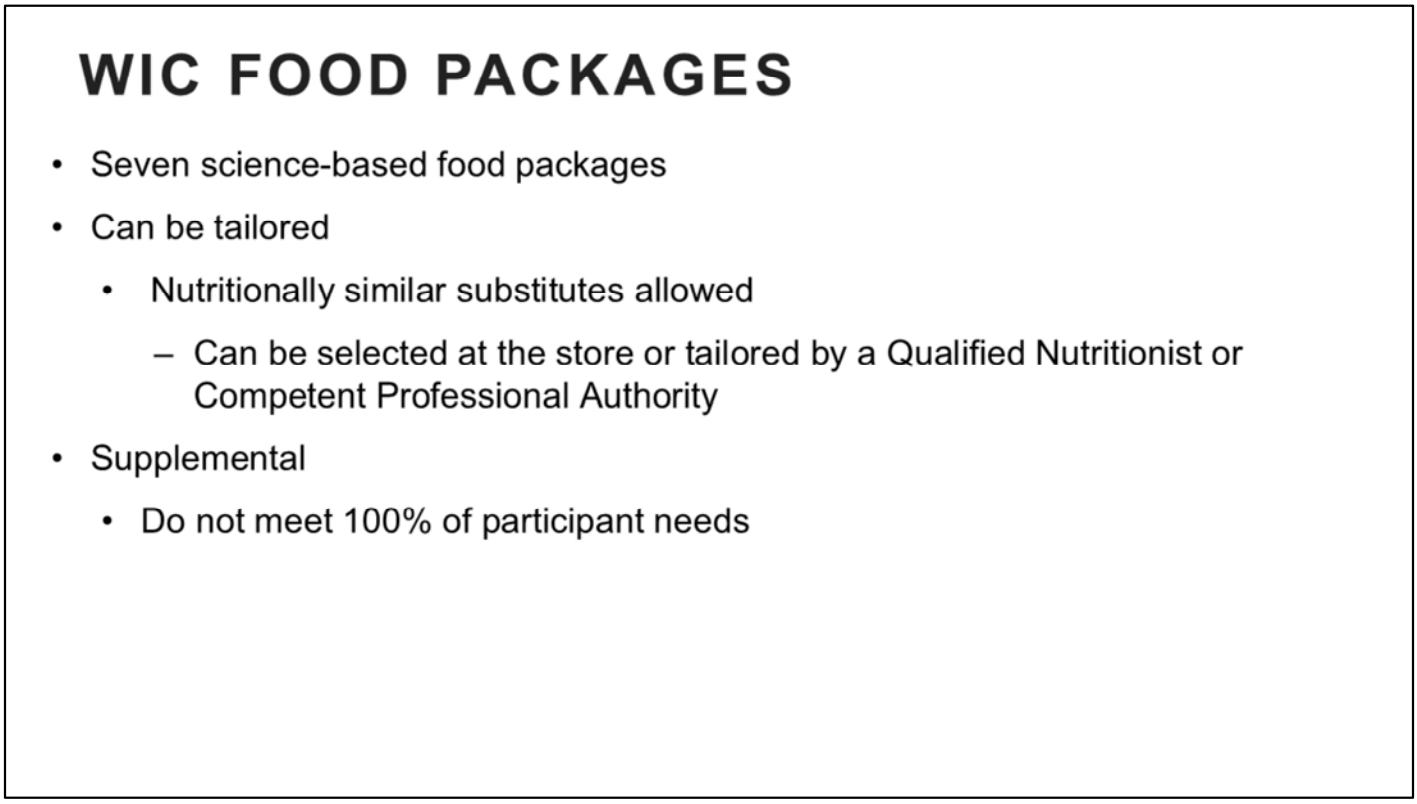
- We will watch a video explaining how WIC's food packages are grounded in scientific research to improve health outcomes
- As you watch the video, you might want to jot down some notes

Ask trainees: **What does it mean that WIC is "rooted in science"**

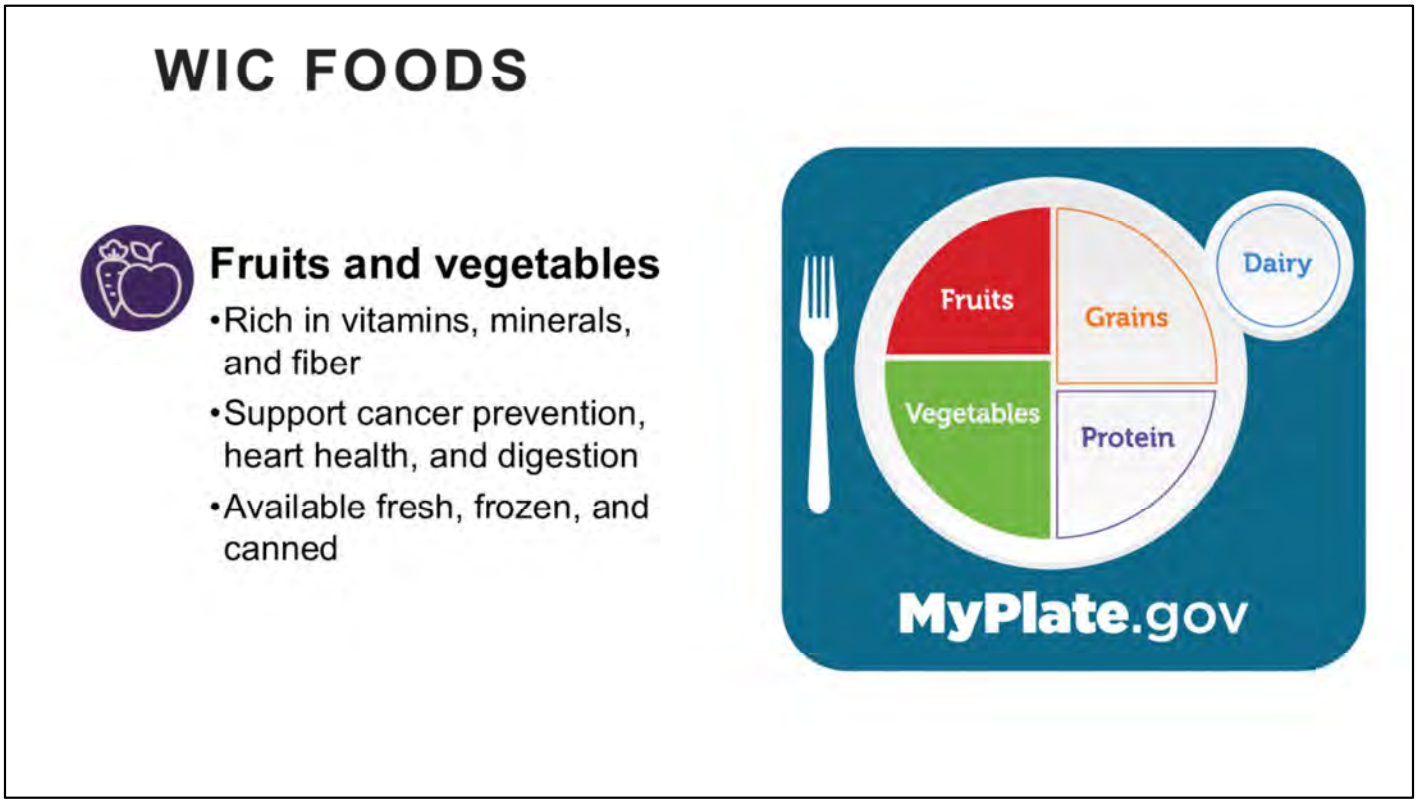
Process video by asking:

- What is one thing you learned from this video?
- How does WIC help families make healthy choices?

https://www.youtube.com/watch?v=bFSrIlDpk3Y



- Seven science-based food packages vary based on life stage nutritional needs and breastfeeding status (USDA FNS, 2025)
- Food packages can be tailored
    - Some nutritionally similar substitutes are allowed
    - Staff can refer to the policy supplement for WIC policy 1250 for more information on tailoring. (WPM 1250 policy supplement, 2023)
    - Participants have many food package options – some may be selected at the store, while others are tailored by the Qualified Nutritionist or Competent Professional Authority
- Food packages are supplemental
    - Do not meet 100% of participant needs
- We will now discuss the different foods offered by WIC and their health benefits. Remember that only some participant categories may be eligible to receive certain foods. Refer to WPM 1250 WIC Food Packages and Tailoring for those details or speak with your Nutrition Coordinator. (WPM 1250, 2023)



- This is a list of all of the WIC foods, why each is included key nutrients provided, and other relevant details
    - Fruits and vegetables:
        - Fruits and vegetables provide a variety of vitamins and minerals as well as fiber so they can help prevent cancer, lower blood pressure, and promote bowel regularity
        - Participants can make the choice while shopping to purchase fresh, frozen, or canned fruits and vegetables. All of these forms have similar nutrition benefits.

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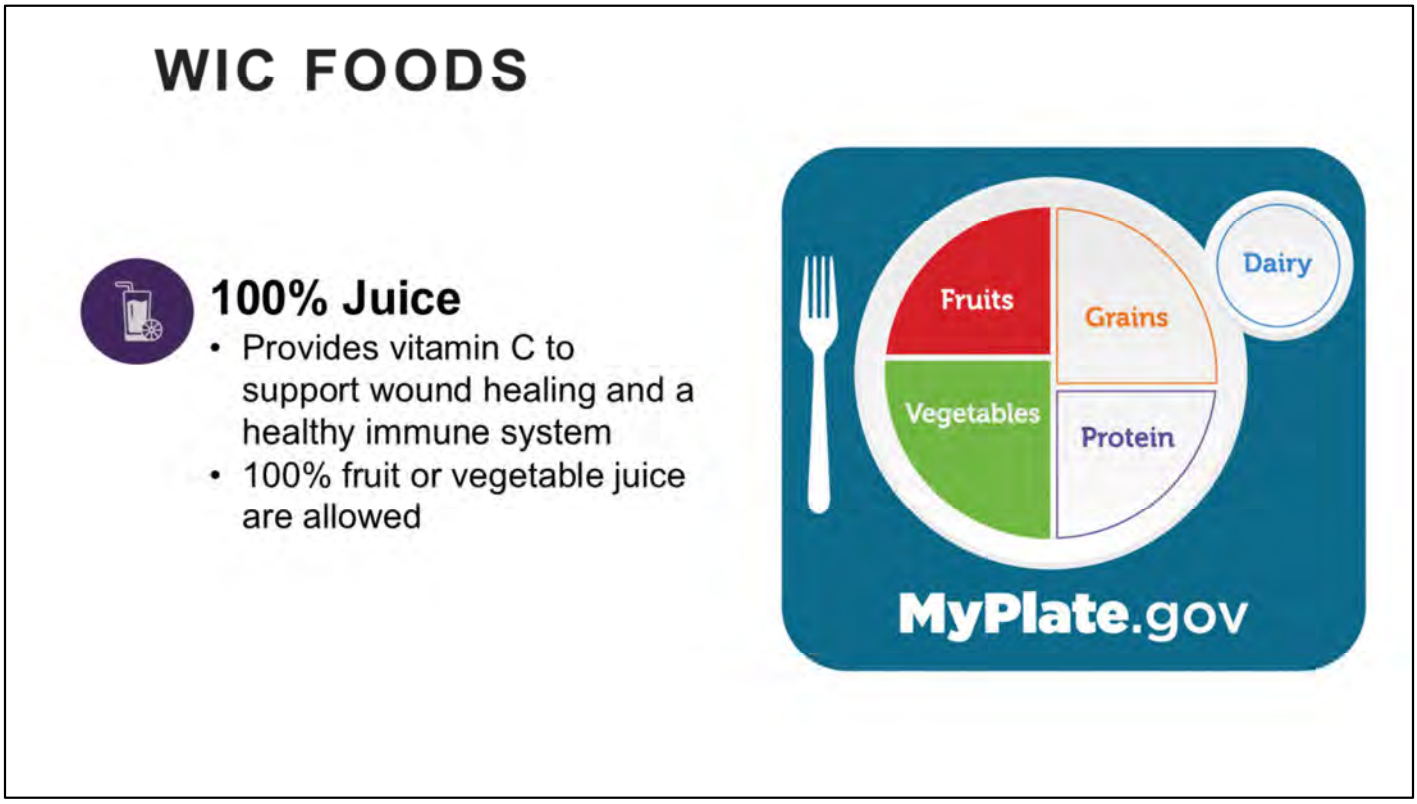

- 100% Juice
  - 100% Juice contains no added sugar and is a source of vitamin C, which is important for wound healing and the immune system. (National Institutes of Health, Office of Dietary Supplements, 2021)
  - Participants can choose between 100% fruit or 100% vegetable juice

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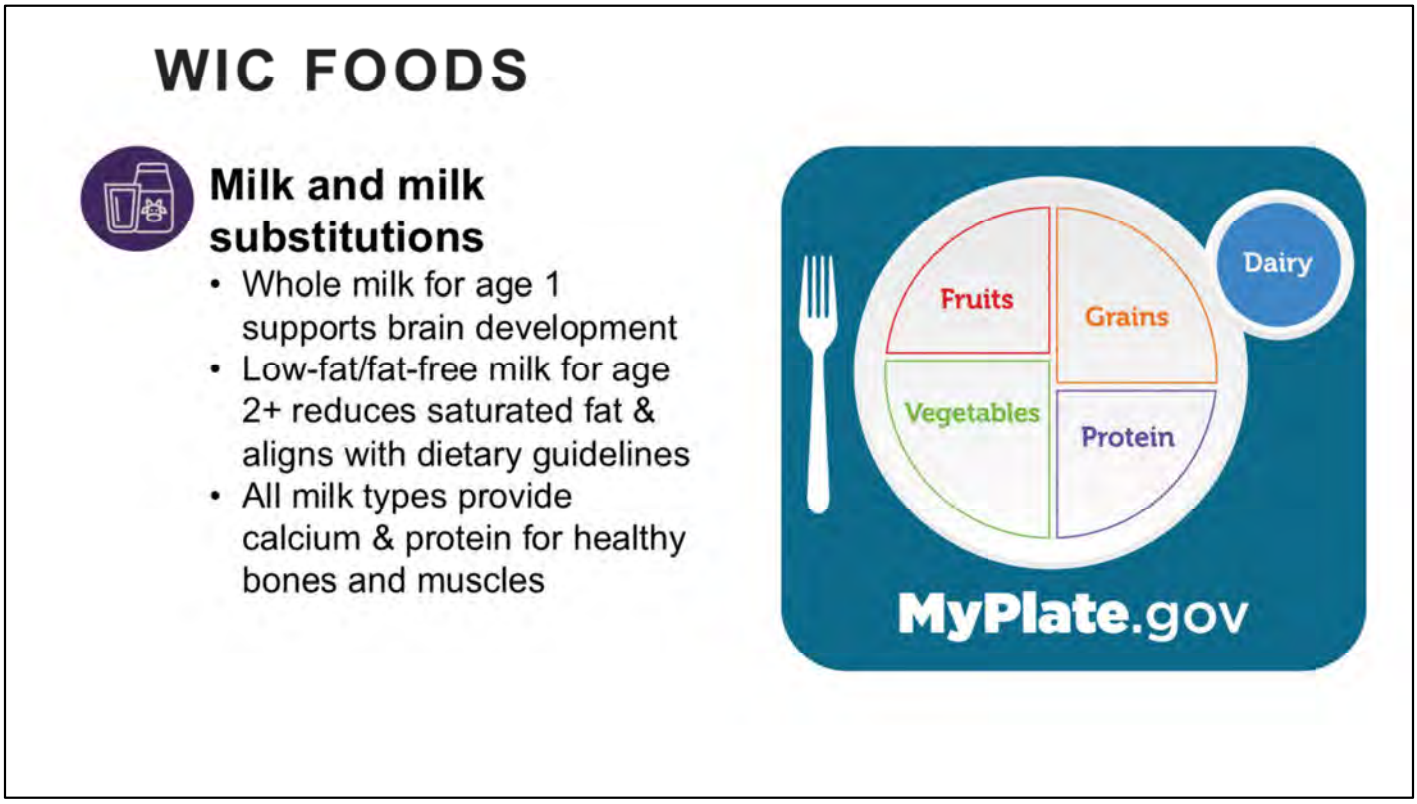

- Milk and milk substitutions
  - Why different fat levels are offered to different categories
    - Whole milk is offered for 1-year-olds to provide the additional fat they need for brain development.
    - Low-fat or fat-free (1% or skim) milk is offered for those ages 2 and older to be consistent with the Dietary Guidelines for Americans and to decrease the amount of saturated fat and calories provided. (USDA & HHS, 2020)
  - Milk provides calcium and protein which help with bone and muscle growth.

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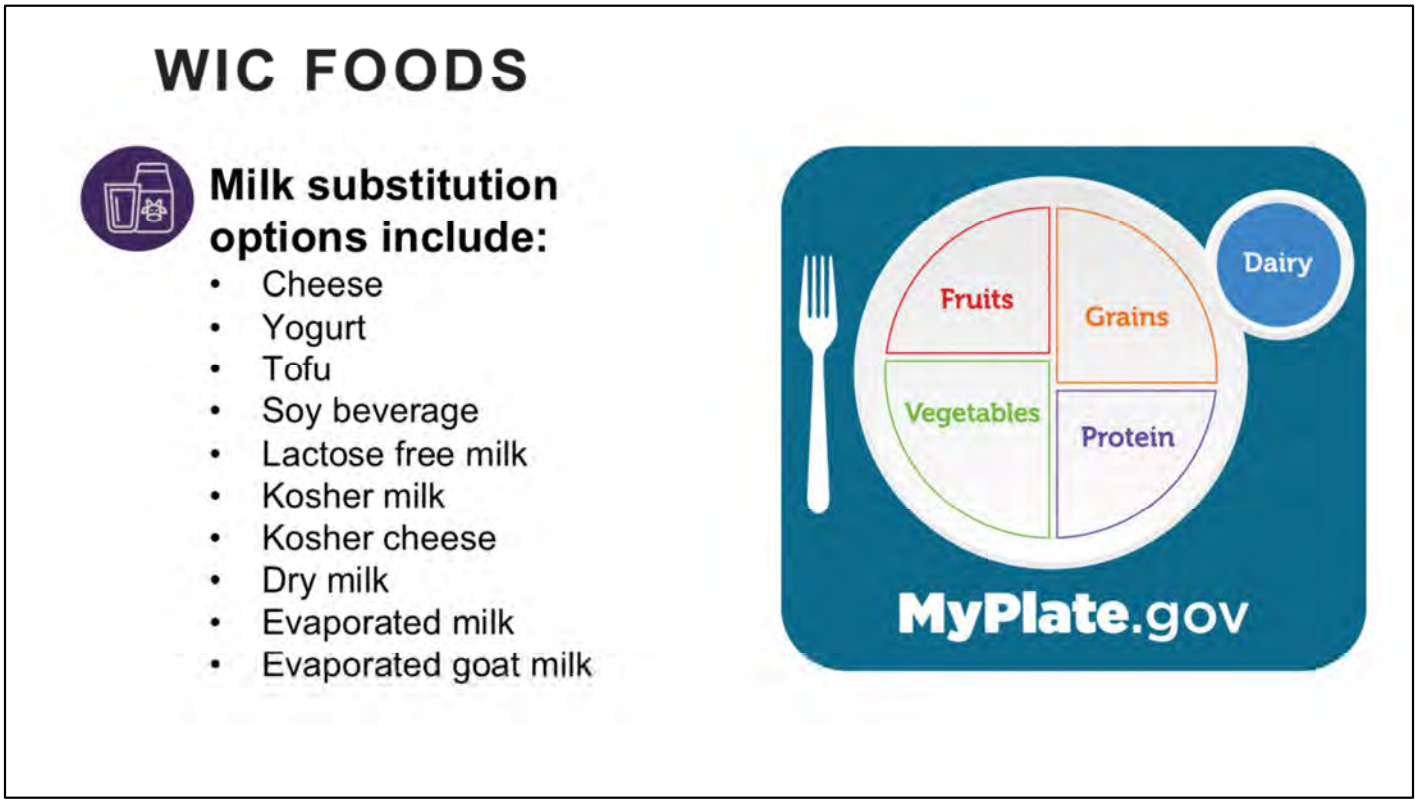


- Milk substitution options include:
  - Cheese
  - Yogurt
  - Tofu
  - Soy beverage
  - Lactose free milk
  - Kosher milk
  - Kosher cheese
  - Dry milk
  - Evaporated milk
  - Evaporated goat milk (WPM 1250 policy supplement, 2023)
- A Qualified Nutritionist (QN) or Competent Professional Authority (CPA) must tailor these options into the food package when appropriate or requested by the participant.

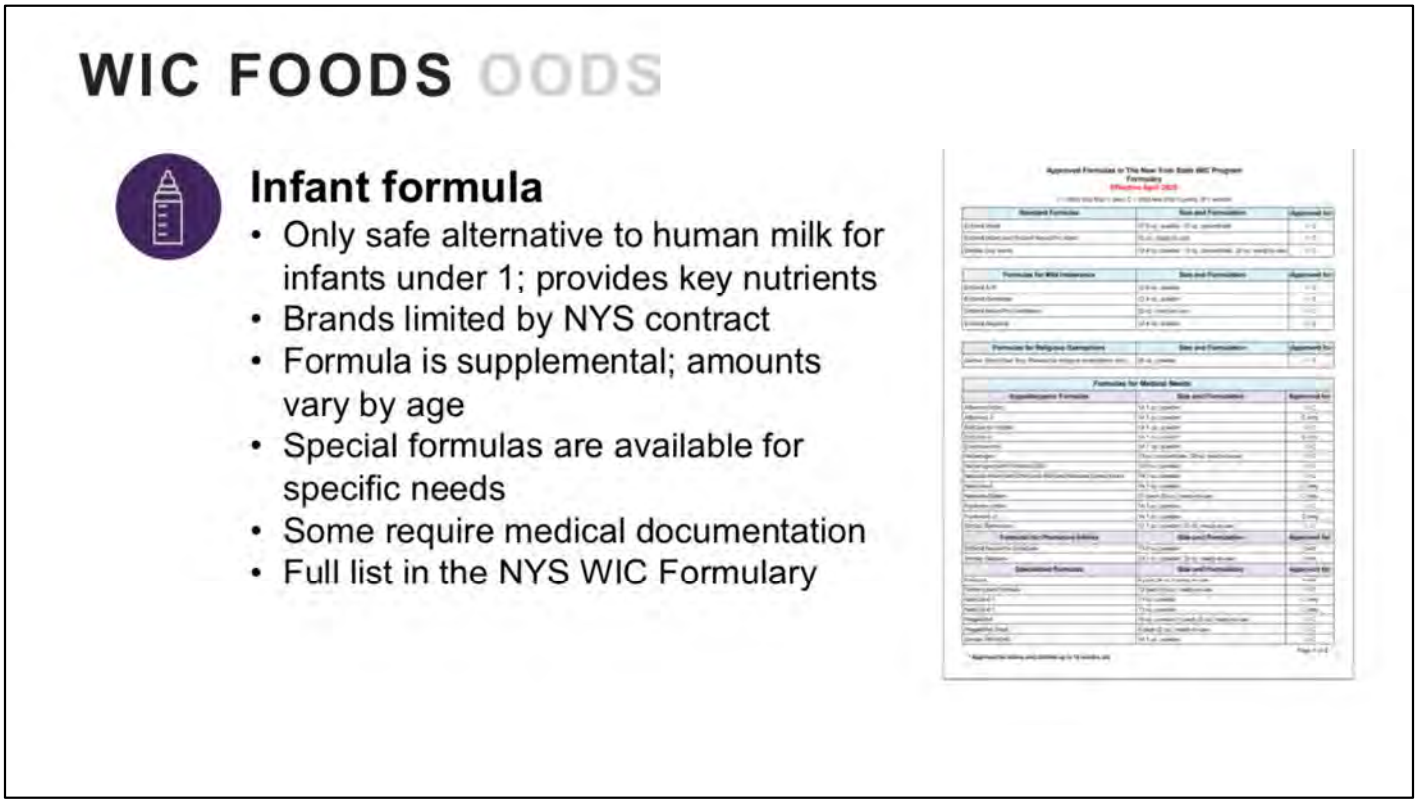
Image source: https://www.myplate.gov/resources/graphics/myplate-graphics



- Launch poll window with 3 poll questions:
  - Which benefit of fruits and vegetables do you think is most important to your participants?
    - Preventing cancer
    - Lowering blood pressure
    - Promoting bowel regularity
    - Getting more vitamins and minerals
      - There is no right answer for this – it's just an opinion question.
  - Juice is just as nutritious as whole fruit.
    - True
    - False
      - The correct answer is false – juice lacks fiber so it's not quite as nutritious as whole fruit.
  - Why is whole milk recommended for 1-year-olds?
    - Taste
    - Brain development
    - Cost (it's cheaper)
    - Tradition
      - Brain development is the correct answer.



- Infant foods
  - Infant foods are available from WIC after an infants turns 6 months old.
  - Infant meats are an important source of iron and zinc, which help prevent anemia, aid in wound healing, and support the immune system.
    - Infant meats are only available as part of the fully breastfeeding food package.
  - Infant fruits and vegetables provide vitamins, minerals, and fiber
  - Infant cereal also provides iron and zinc, and it can be mixed to different textures to suit baby's developmental needs (MN WIC, 2024)



Infant formula:

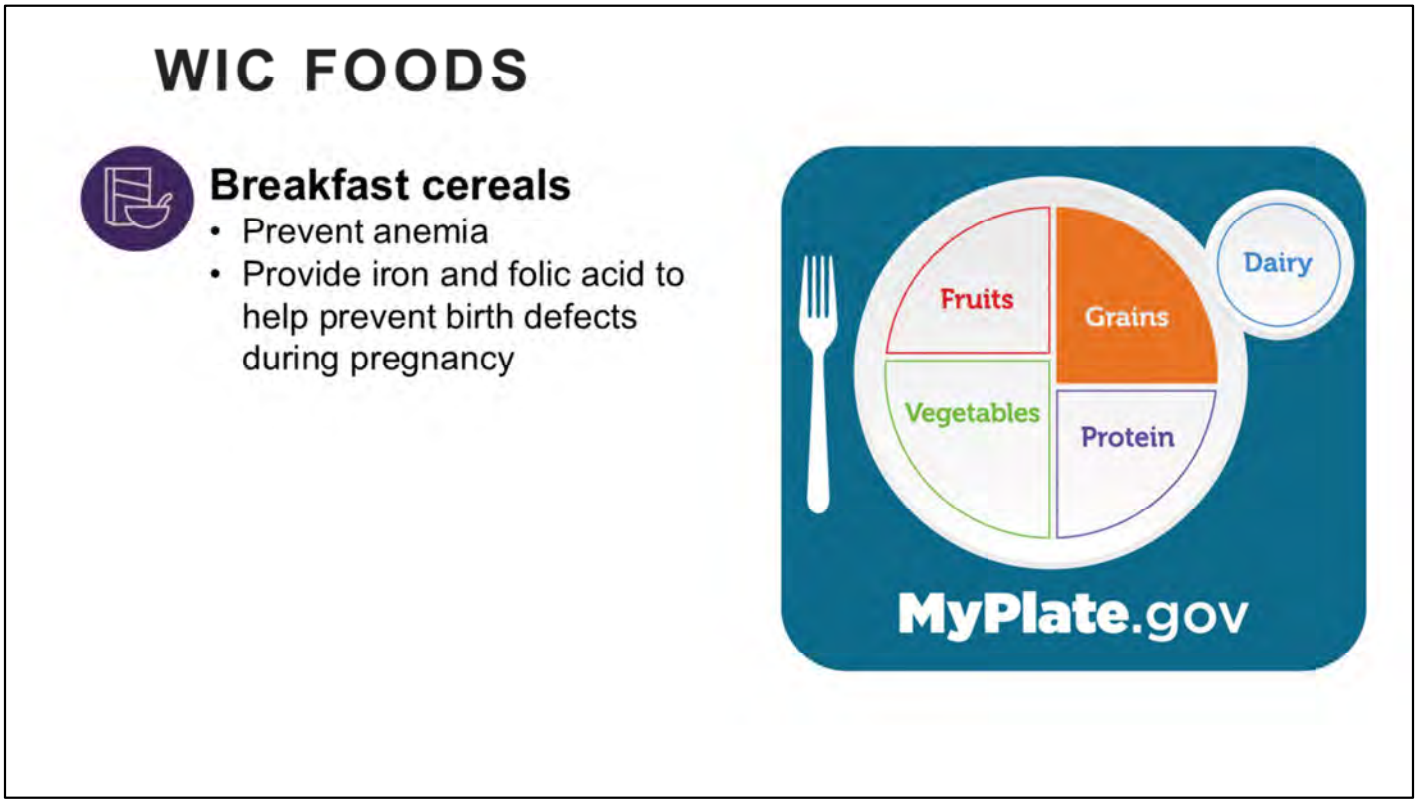
- Infant formula is the only appropriate substitute for human milk for children under age 1. It provides iron and other nutrients in amounts closer to human milk than other potential substitutes like cow's milk.
- New York State contracts with infant formula manufacturers.
    - Federal law requires WIC state agencies to use a single-supplier competitive bidding system for infant formula. This means that a state WIC program will contract with manufacturers and provide only that brand of its contract infant formulas in exchange for rebates (i.e., discounts) on each can of formula purchased with WIC benefits from that brand. This saves WIC money which allows the program to serve more people. (GAO, 2025)
    - This system is why not all brands are provided.
    - NYS WIC currently has two formula contracts, one for standard milk-based formula and one for standard soy-based formula
        - Trainer note: NYS' contract for standard milk-based formula includes Enfamil Infant, Gentlease, AR, and Reguline. (Formulary, 2025)
- The amount of formula provided by WIC is supplemental, meaning it may

not meet 100% of an infant's needs

- The maximum amount of formula allowed changes through the infant's first year and follows the nutritional recommendations based on the infant's age.
- WIC provides a variety of other formula options in addition to contract formula to meet different infant needs, such as for premature infants or those with severe allergies.
    - The New York State WIC Approved Formulas document, also known as the formulary, contains the complete list of formulas offered.
        - The formulary can be found in the WIC library as well as online at the New York State Department of Health website.
        - **Share formulary on screen and briefly review, highlighting that contract formulas are at the top of the document, while the "Formulas for Medical Needs" require medical documentation from a healthcare provider licensed to write prescriptions. Note that the columns on the document show the formula name, size and formulation (powder, concentrate, or ready-to-use) and which WIC categories that formula is approved for.**
        - **Producer to drop link to formulary in chat: https://www.health.ny.gov/prevention/nutrition/wic/docs/approved_formulas.pdf**
    - ~~Some formulas require medical documentation from a healthcare provider.~~
    - **It's important for you as support staff to be familiar with the formulas that WIC offers, including those that are contract and those that require medical documentation, so that you can give participants realistic expectations about what they may receive from WIC.**



- Launch poll window with 3 questions
  - Which nutrient is especially important in infant meats and cereals?
    - Calcium
    - Iron
    - Vitamin D
    - Fiber
      - Correct answer is iron. Babies have stores of iron in their bodies from when they were in the womb. There stores start to run out around 6 months old so they need to start consuming iron in their diets.
  - Why does WIC have contracts with formula manufacturers?
    - Brand loyalty
    - Parent preference
    - Cost savings through rebates
    - Easier for stores
      - Correct answer: Cost savings through rebates
  - The amount of formula provided by WIC meets 100% of an infant's needs.
    - True
    - False
      - Correct answer: False – it's supplemental.



- Breakfast cereals:
  - Breakfast cereals provide iron and folic acid, which help prevent anemia as well as birth defects in pregnant people.

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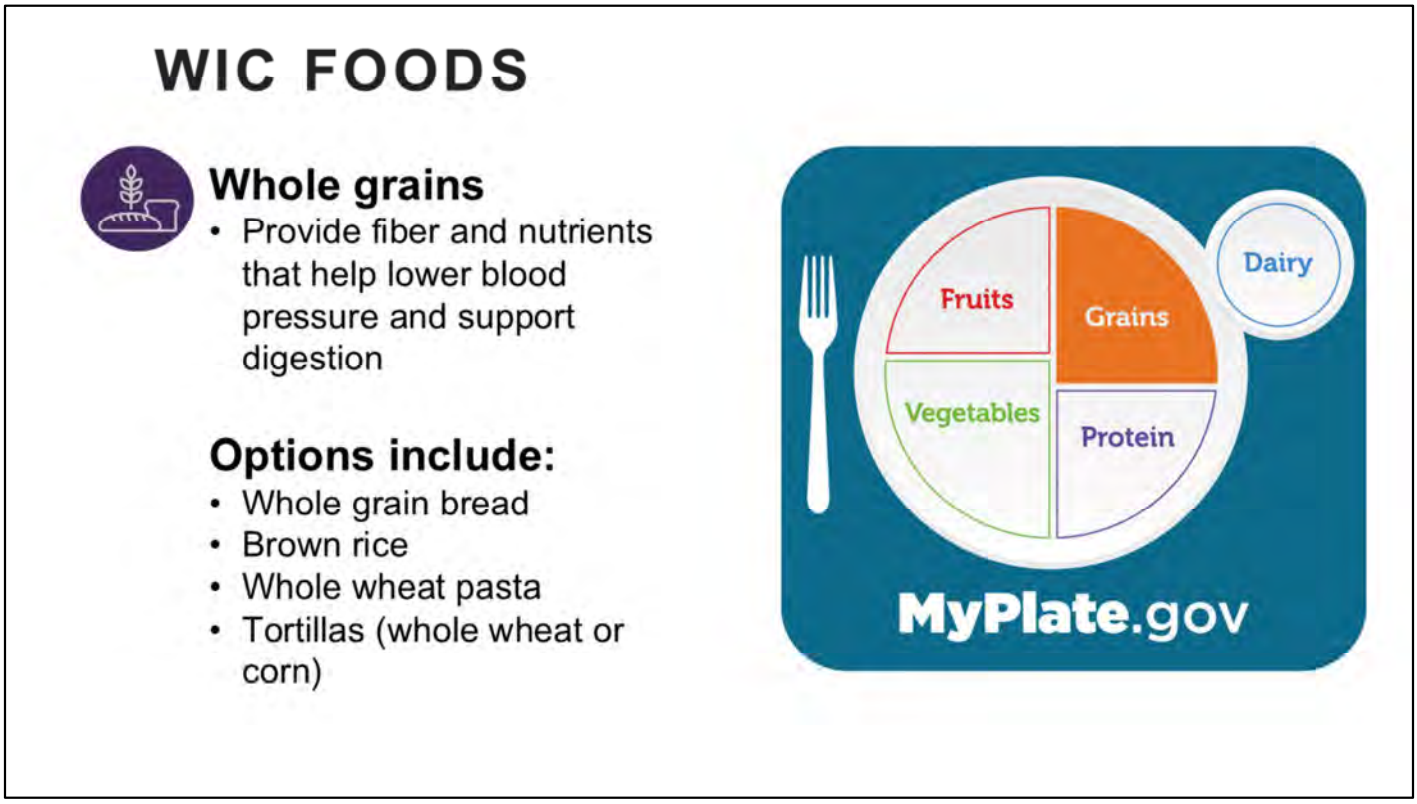


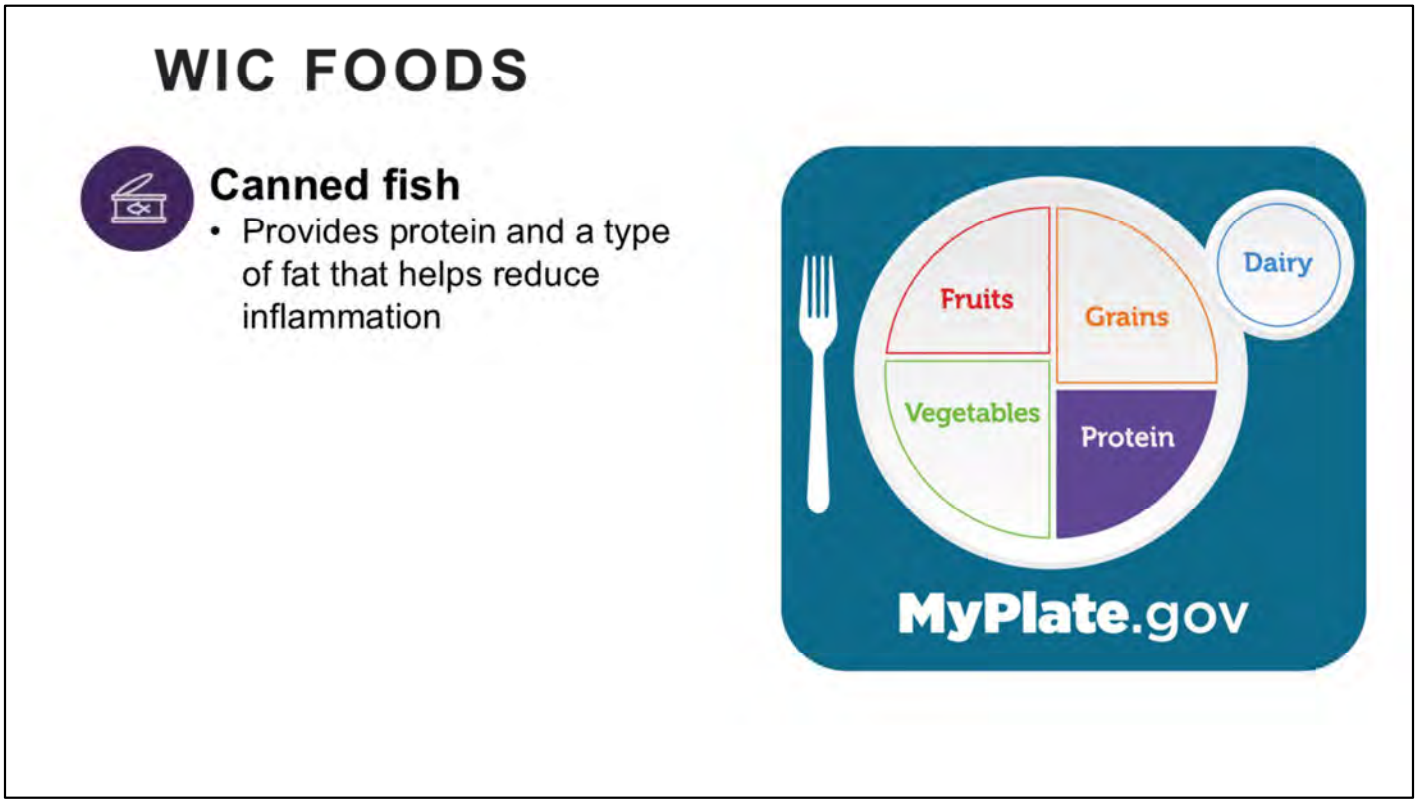
- Whole grains:
  - Whole grains provide fiber and other nutrients which help lower blood pressure and promote bowel regularity.
  - Whole grain options include:
    - Whole grain bread
    - Brown rice
    - Whole wheat pasta
    - Tortillas (whole wheat or corn) (NYS WIC Vendors, 2025)
  - Participants may select their preferred whole grain option in the store. A Qualified Nutritionist (QN) or Competent Professional Authority (CPA) does not have to tailor these options into the food package. (NYS WIC Vendors, 2025)

Image source: https://www.myplate.gov/resources/graphics/myplate-graphics



- Launch poll window with 2 poll questions
  - What nutrient in cereals helps prevent birth defects?
    - Vitamin C
    - Folic acid
    - Calcium
    - Zinc
      - Correct answer is folic acid.
  - Which of the following is **not** a benefit of whole grains?
    - Lowers blood pressure
    - Helps with bowel regularity
    - Increases cholesterol levels
    - Provides fiber.
      - Correct answer: Increases cholesterol levels.

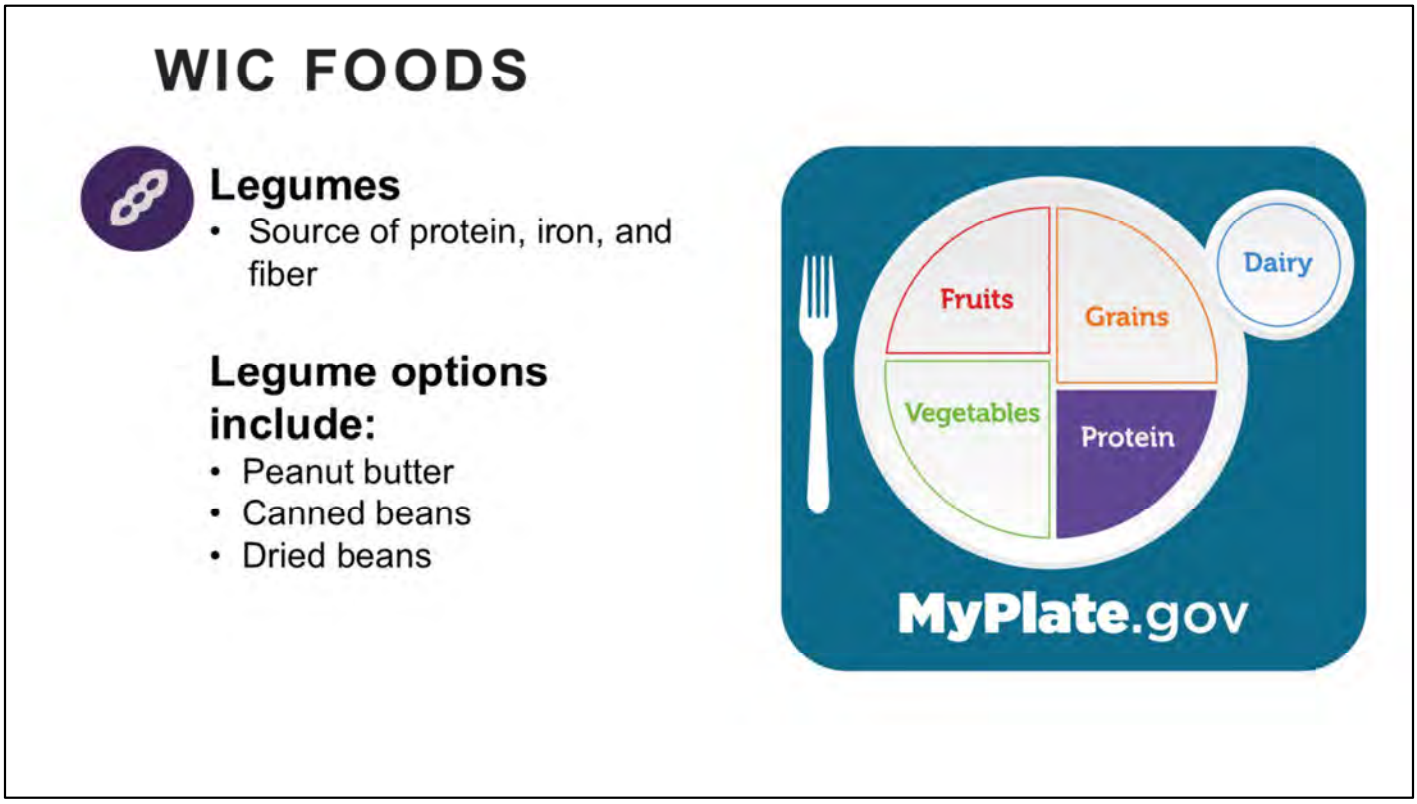
Type text here



- Canned fish
  - Canned fish provides protein and a type of fat that helps lower inflammation.

Image source: https://www.myplate.gov/resources/graphics/myplate-graphics

TypBrain development is the correct answer.e text here



- Legumes
  - Legumes, which include beans and peanut butter, are a source of protein, iron, and fiber.
- Legume options include:
  - Peanut butter
  - Canned beans
  - Dried beans (WPM 1250 policy supplement, 2023)
- Participants may select their preferred legume option in the store. A Qualified Nutritionist (QN) or Competent Professional Authority (CPA) does not have to tailor these options into the food package. (NYS WIC Vendors, 2025)

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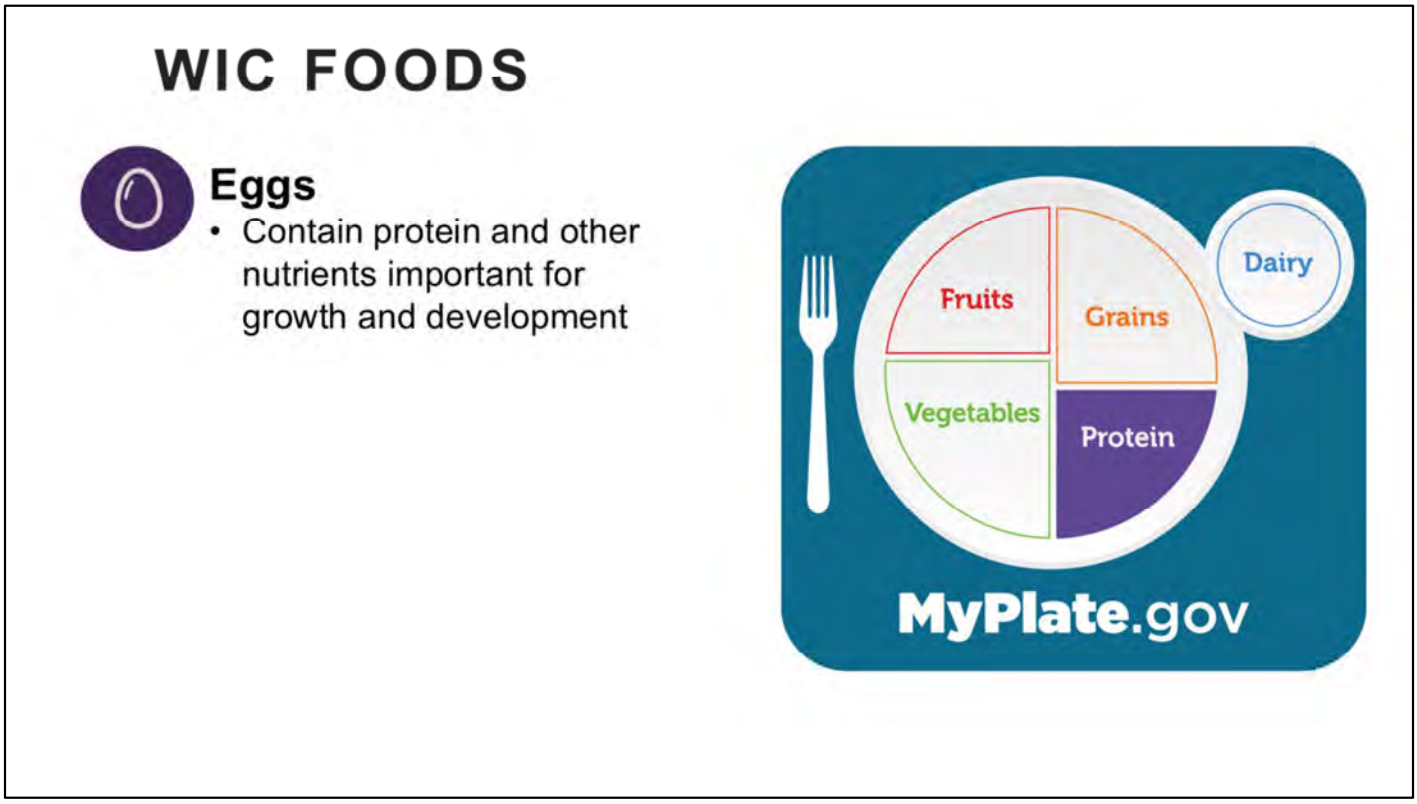


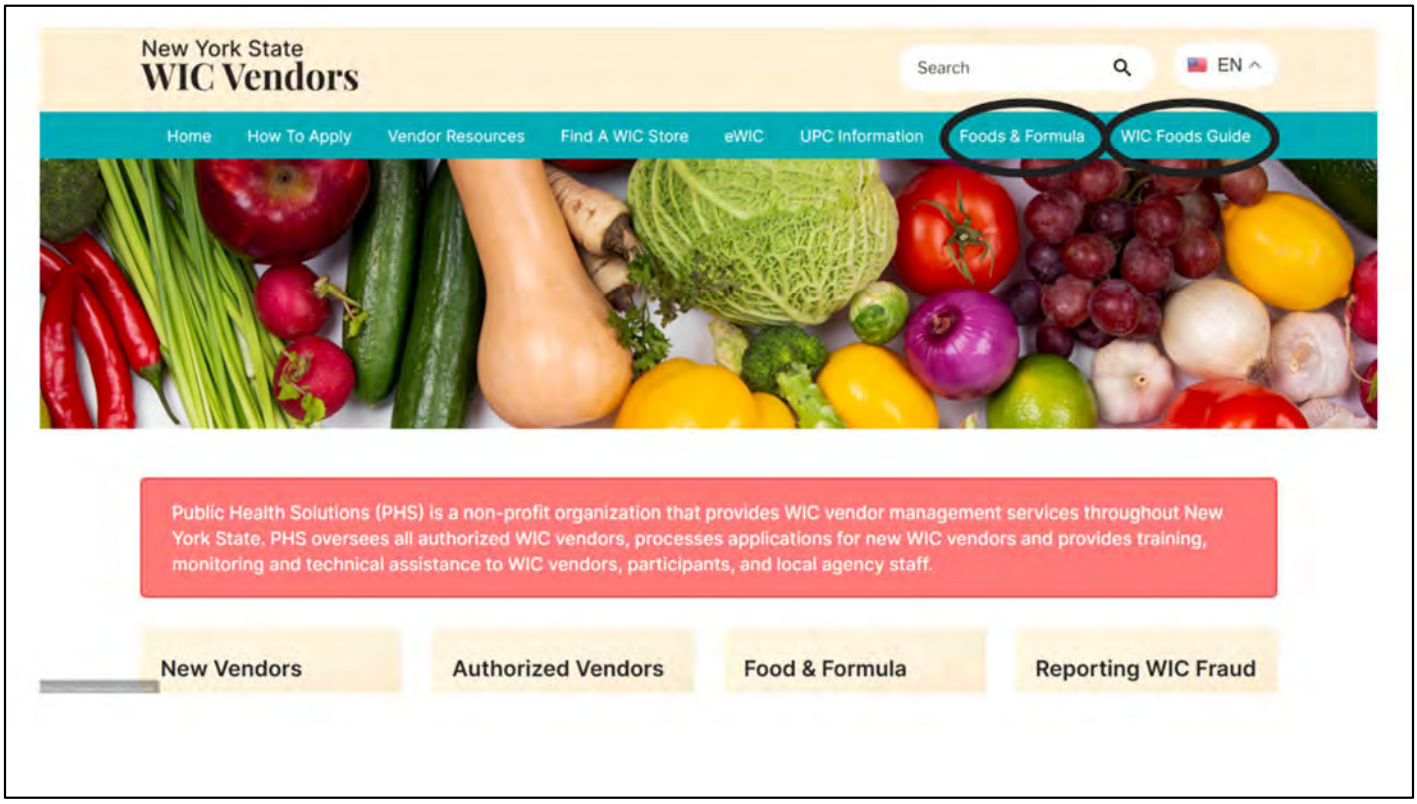
- Eggs
  - Eggs contain protein and other nutrients important for growth and development.

Image source: https://www.myplate.gov/resources/graphics/myplate-graphics



- Launch poll window with 3 poll questions
  - What benefit does canned fish provide?
    - Fiber
    - Vitamin C
    - Anti-inflammatory fats
    - High sugar
      - Correct answer: Anti-inflammatory fats
  - Which of these nutrients are found in legumes? (Choose all that apply.)
    - Protein
    - Iron
    - Fiber
    - Vitamin D
      - Correct answers: Protein, iron, and fiber.
  - Eggs are a good source of both protein and growth nutrients.
    - True
    - False

      Correct answer: True

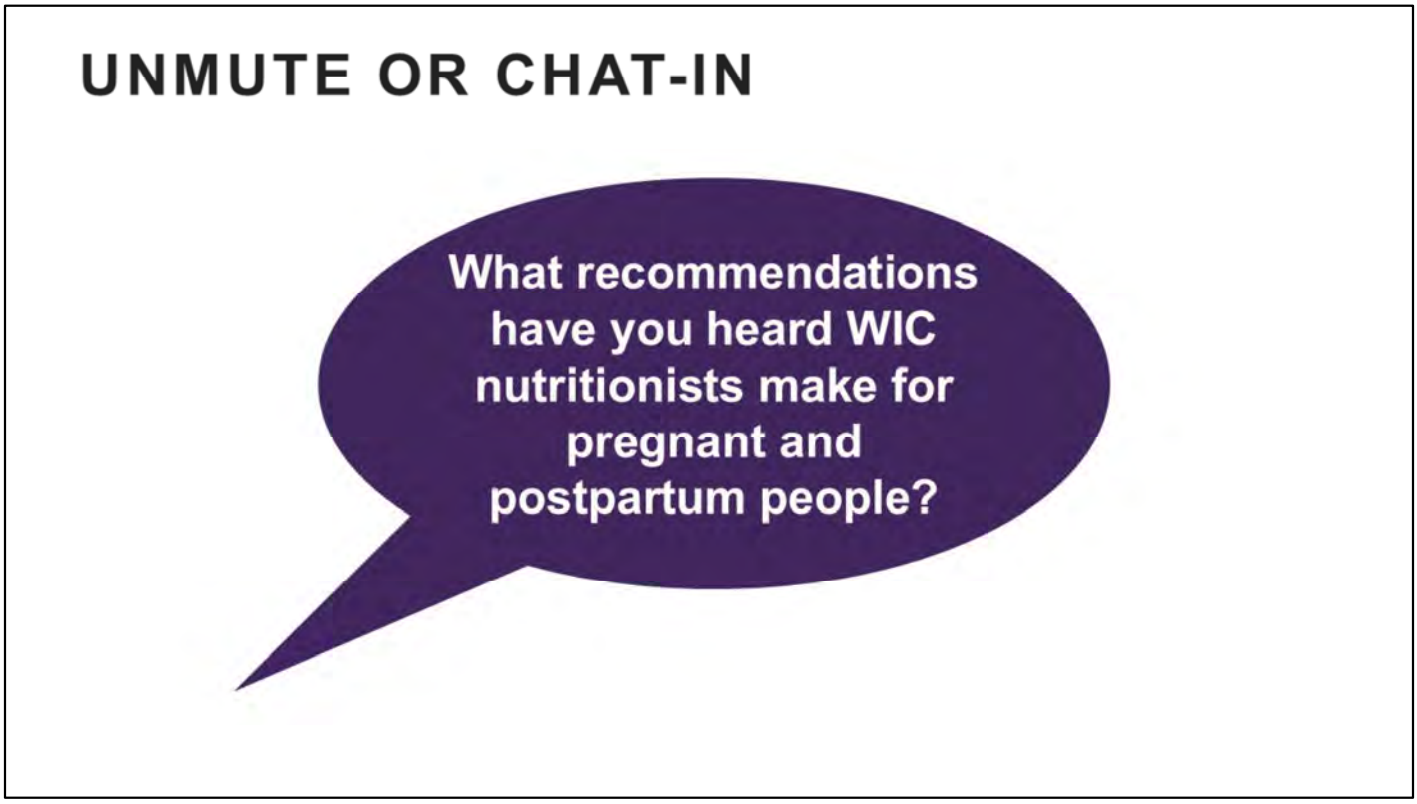


- More information on WIC foods can be found under the Foods and Formula and WIC Foods Guide tabs on the New York State WIC Vendors website (bold circles on website screenshot show two different ways to access this tab)
  - Navigate to website and show:
    - Foods and Formula page
      - Formulary with images
      - Shopping resources
    - WIC Foods Guide page
  - Producer to drop link in chat: https://nyswicvendors.com/



TIME REQUIRED: 20 minutes

SECTION PURPOSE: To explore why and how WIC food packages are selected as well as some recommendations nutritionists may provide to WIC participants.



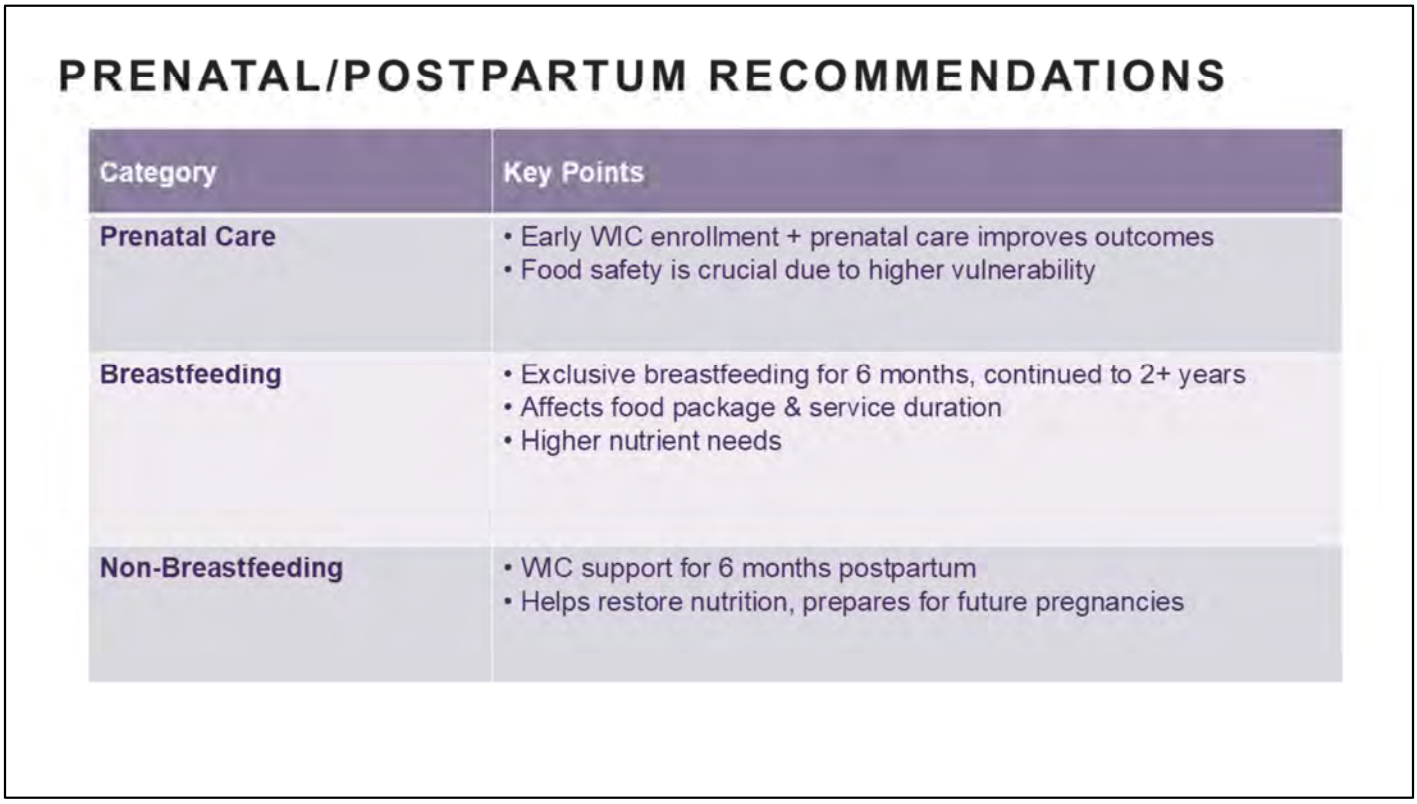
- Ask trainees: What recommendations have you heard WIC nutritionists make for pregnant and postpartum people on WIC?

Lead into BREAK.

PRENATAL/POSTPARTUM RECOMMENDATIONS

Category	Key Points
Physical Activity	• Safe and healthy during pregnancy/postpartum • Avoid lying on back after 1st trimester
Weight Gain	• WIC monitors weight gain to support healthy outcomes • Aim for appropriate gain (not too much/little)
Substance Use	• WIC offers info and referrals • Substance use negatively affects health of parents and babies

- Review some of the recommendations often made by WIC nutritionists for pregnant and postpartum people
  - Moderate physical activity is safe and healthy for pregnant and postpartum people. Some modifications may be needed during pregnancy, such as not lying on one's back after the first trimester. (CDC, n.d.)
  - Weight gain and why WIC monitors it
    - WIC monitors prenatal weight gain because gaining the right amount of weight (not too much, not too little) can help decrease birth complications and contribute the health of the pregnant person after the pregnancy.
  - Substance use
    - WIC nutritionists provide information and referrals regarding substance use because of the negative impacts of substance use on families' and their health.
- (cont on next slide)



PRENATAL/POSTPARTUM RECOMMENDATIONS

Category	Key Points
Prenatal Care	• Early WIC enrollment + prenatal care improves outcomes • Food safety is crucial due to higher vulnerability
Breastfeeding	• Exclusive breastfeeding for 6 months, continued to 2+ years • Affects food package & service duration • Higher nutrient needs
Non-Breastfeeding	• WIC support for 6 months postpartum • Helps restore nutrition, prepares for future pregnancies

- Review some of the recommendations often made by WIC nutritionists for pregnant and postpartum people
  - Pregnant
    - Both early prenatal care and early WIC enrollment improve birth outcomes
    - Food safety
      - WIC nutritionists may discuss food safety with pregnant participants as they are especially vulnerable to foodborne illness during pregnancy. This can have negative impacts on both the pregnant person and the fetus.
  - Breastfeeding
    - Exclusive breastfeeding is recommended for the first six months of life and continued breastfeeding to age 2 or beyond. Breastfeeding promotes the health of both the breastfeeding parent and the baby. (Meek & Noble, 2022)
    - Breastfeeding status impacts food package and duration of WIC services
      - Those who are mostly or fully breastfeeding receive

more food and can receive WIC until they stop breastfeeding or their baby turns 12 months old, whichever comes first

- Participants have higher nutrient needs when breastfeeding

- Non-breastfeeding
  - WIC serves non-breastfeeding participants for six months after the end of their pregnancy to help rebuild their nutritional status. This is especially important in case of future pregnancy.



- Ask trainees: What recommendations have you heard WIC nutritionists make for infants on WIC?

RECOMMENDATIONS FOR INFANTS

Category	Key Points
Solids at 6 Months	• WIC provides solids at 6 months • No solids before 4 months
No Juice	• Juice adds calories without key nutrients • Human milk or formula ONLY, until solids are introduced
No Solids in Bottle	• Solids in bottle = choking risk + excess weight gain

- Review some of the recommendations often made by WIC nutritionists for infants
  - WIC provides solid foods at 6 months of age. Some babies may be developmentally ready before 6 months old, but experts agree that infants should not receive any solid food before 4 months old.
  - No juice
    - When juice is given, babies receive calories without the other beneficial nutrients they would get from human milk or formula, like protein and iron.
  - No cereal/other solids in the bottle
    - Cereal or other foods in the bottle can cause babies to gain too much weight and are a risk for choking.
- (cont on next slide)

RECOMMENDATIONS FOR INFANTS

Category	Key Points
No Bottle Propping	• Babies should be held while feeding • Bottle propping increases choking risk
Cup by 14 Months	• Wean from bottle by 14 months • Extended bottle use harms teeth and diet
No Whole Milk	• No cow's milk before 12 months • Risk of anemia without formula or breast milk

- Review some of the recommendations often made by WIC nutritionists for infants
  - No bottle propping
    - It's important for babies' growth to be held while feeding and bottle propping can be a risk for choking.
  - Introducing a cup and weaning from bottle by 14 months
    - When children stay on the bottle for too long, it can damage their teeth and lead to imbalanced diets.
  - No whole milk for infants
    - When infants under 12 months receive cow's milk instead of human milk or infant formula, they are at risk of developing anemia.



- Ask trainees: What recommendations have you heard WIC nutritionists make for children on WIC?

RECOMMENDATIONS FOR CHILDREN

Category	Key Points
Juice Intake	• Limit to about ½ cup per day • Juice has vitamins but doesn't help with fullness and can lead to weight gain • Offer whole fruits instead
Physical Activity	• At least 3 hours of movement daily • Supports healthy growth and development
Medical & Dental Care	• WIC encourages regular medical/dental care and immunizations • Important for overall child health

- Review some of the recommendations often made by WIC nutritionists for children
  - Juice should be limited to about ½ cup per day (Muth, 2023)
    - While juice provides some important vitamins and minerals, it does not help children feel full and can lead to excessive weight gain
    - Offer whole fruits instead
  - Physical activity
    - Children need lots of movement, at least 3 hours per day, to grow and develop appropriately. (AAP, 2020)
  - Importance of regular medical and dental care, and immunizations
    - WIC nutritionists ask about access to medical and dental care because having regular medical and dental care can help prevent health problems from developing and/or catch any issues early when they are more treatable.
    - WIC nutritionists review immunization records because immunizations prevent serious illnesses and their complications.

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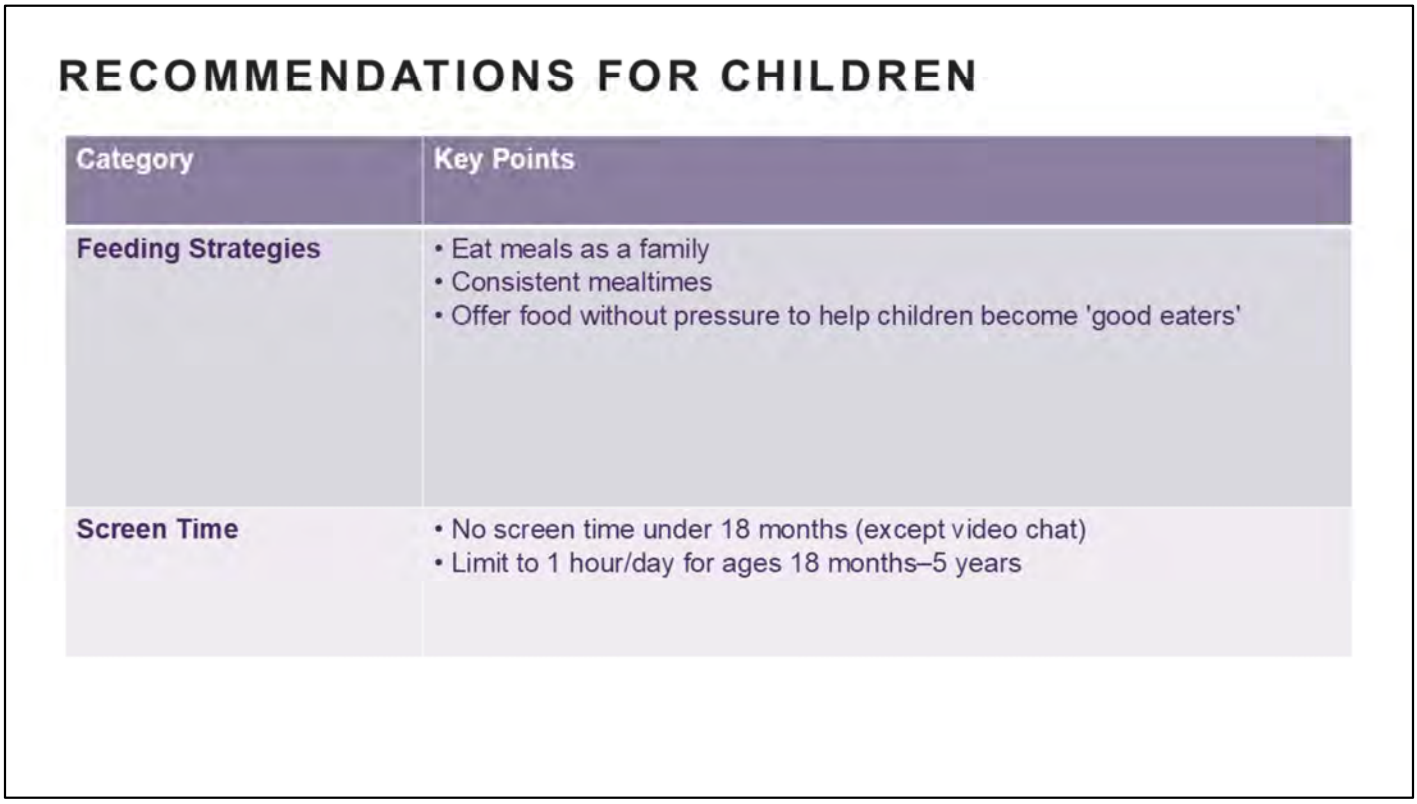
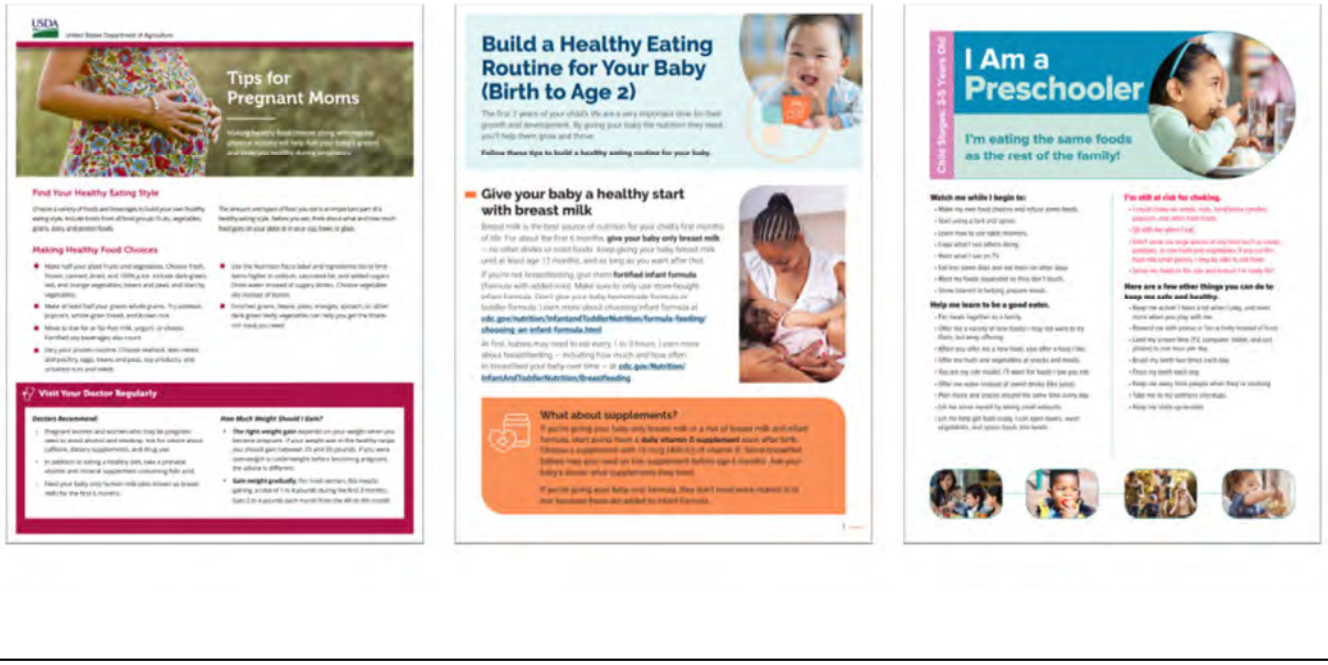


- Review some of the recommendations often made by WIC nutritionists for children
  - Child feeding strategies/tips
    - Eating meals as a family, having consistent meal and snack times, and offering foods without pressuring children to eat them help children grow up to be “good eaters.” (19290 I am a preschooler, 2021)
  - Screen time
    - Children under 18 months should not have any screen time, other than video chatting, while children 18 months to 5 years old should be limited to 1 hour per day. (AAP, 2022)

Support staff are not expected to provide these recommendations, but we wanted you to have an understanding of them so that you can provide consistent messaging.

PARTICIPANT EDUCATION MATERIALS



- Discuss participant education materials:
  - There are a number of handouts that cover these and other nutrition and health recommendations available within the WIC library
    - Examples:
      - Tips for Pregnant Moms (USDA FNS, 2016)
      - Building a Healthy Eating Routine for Your Baby (birth to age 2) (ODPHP, n.d.)
      - 19290 I Am a Preschooler (19290 I am a preschooler, 2021)
  - It is outside of the scope of support staff to provide these handouts, however, we want you to be aware of them in case you would like to learn more.
  - At trainer discretion, may navigate to WIC library to highlight where these handouts can be found (Nutrition Services > Participant Education Materials)

Process:

- What was new for you from what we just discussed?
- Why is this important to know?
- How will this help you in the work you do?

Lead into BREAK.

BREAK

Next session will resume in 15 minutes

- Turn off audio
- Turn off camera



•



Barb

TIME REQUIRED: 30 minutes

SECTION PURPOSE: Trainees will explore where their own attitudes or values may conflict with sharing WIC's science-based information

Introduce poll activity

- Next, we have a forced choice activity for you. It's called a forced choice activity because you have to choose either relate or don't relate – there is no option for choosing the middle ground or saying, "It depends."
- In a few moments, we're going to review some scenarios and ask you whether you relate or don't relate.
- There are no right or wrong choices in this activity. There may be many reasons a scenario does or does not resonate with you.
- •All responses are confidential.

RELATE OR DON'T RELATE?

Joelle, a long-time WIC staff person, finds it challenging to support breastfeeding recommendations because she formula-fed all her children and feels proud of how she managed. When participants express doubt or guilt, she sometimes feels conflicted about promoting one option over the other.



- Launch polls for each of 4 scenarios, with possible responses to each scenario as "relate" or "don't relate"
- Poll scenario:
    1. Joelle, a long-time WIC staff person, finds it challenging to support breastfeeding recommendations because she formula-fed all her children and feels proud of how she managed. When participants express doubt or guilt, she sometimes feels conflicted about promoting one option over the other.
- After responses have been received, ask producer to end the poll and share the results.
- For each scenario, ask:
    - Why might someone relate with #___? (trainees do not have to reveal how they responded – they can share what anyone's thought process might be)
        - Receive 2-3 responses
    - Why might someone not relate with #___? (again trainees do not have to disclose their own responses)
        - Receive 2-3 responses

RELATE OR DON'T RELATE?

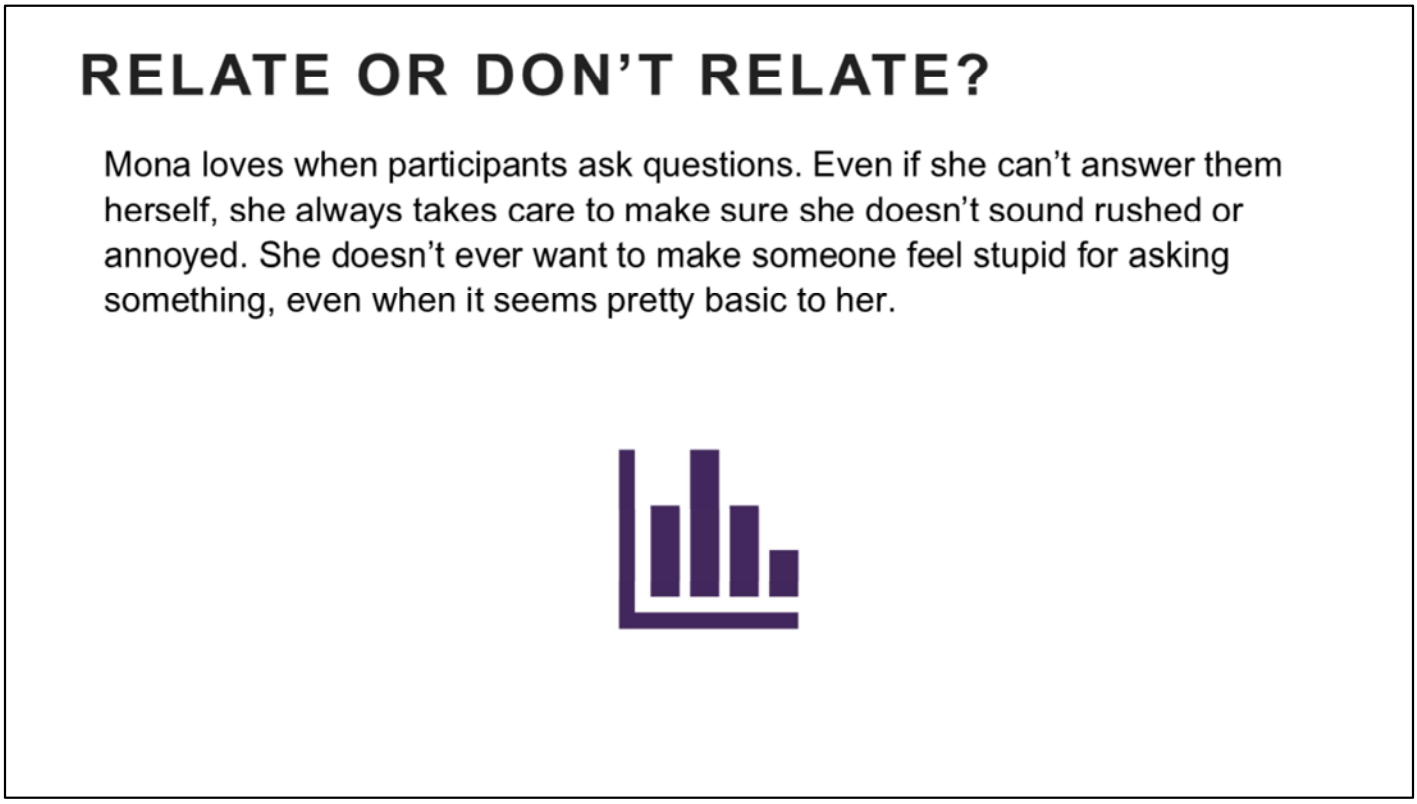
Sam is really passionate about fitness and reads a lot about nutrition and weight loss on his own. When participants ask questions about healthy eating for weight loss, he feels confident sharing what's worked for him—even though he knows he's supposed to refer them to the nutritionist.



- Launch polls for each of 4 scenarios, with possible responses to each scenario as "relate" or "don't relate"
- Poll scenario:

  2. Sam is really passionate about fitness and reads a lot about nutrition and weight loss on his own. When participants ask questions about healthy eating for weight loss, he feels confident sharing what's worked for him—even though he knows he's supposed to refer them to the nutritionist.

- After responses have been received, ask producer to end the poll and share the results.
- For each scenario, ask:
  - Why might someone relate with #___? (trainees do not have to reveal how they responded – they can share what anyone's thought process might be)
    - Receive 2-3 responses
  - Why might someone not relate with #___? (again trainees do not
  - have to disclose their own responses)
    - Receive 2-3 responses



- Launch polls for each of 4 scenarios, with possible responses to each scenario as "relate" or "don't relate"
- Poll scenario:

  3. Mona loves when participants ask questions. Even if she can't answer them herself, she always takes care to make sure she doesn't sound rushed or annoyed. She doesn't ever want to make someone feel stupid for asking something, even when it seems pretty basic to her. After responses have been received, ask producer to end the poll and share the results.
- For each scenario, ask:
  - Why might someone relate with #___? (trainees do not have to reveal how they responded – they can share what anyone's thought process might be)
    - Receive 2-3 responses
  - Why might someone not relate with #___? (again trainees do not have to disclose their own responses)
    - Receive 2-3 responses

RELATE OR DON'T RELATE?

Rita has raised four kids and feels she has a lot of practical wisdom about feeding young children. When a participant asks a question she's heard before, she sometimes hesitates to refer them to the nutritionist, thinking, "I could just answer this myself—it's common sense."



Trainer note: May need to skip this last scenario as needed for time

- Launch polls for each of 4 scenarios, with possible responses to each scenario as "relate" or "don't relate"
- Poll scenario:

  4. Rita has raised four kids and feels she has a lot of practical wisdom about feeding young children. When a participant asks a question she's heard before, she sometimes hesitates to refer them to the nutritionist, thinking, "I could just answer this myself—it's common sense."

- After responses have been received, ask producer to end the poll and share the results.
- For each scenario, ask:
  - Why might someone relate with #___? (trainees do not have to reveal how they responded – they can share what anyone's thought process might be)
    - Receive 2-3 responses
  - Why might someone not relate with #___? (again trainees do not have to disclose their own responses)
    - Receive 2-3 responses
- Process by asking:
  - What was it like to do this?
  - What was this about?

- If trainees identify that this activity is about value from our families, culture, communities, etc. Values are embedded in us.
- If trainees identify that this activity is about our thoughts or feelings
  - normalize that as human beings we all have thoughts or feelings. It's normal that our thoughts and feelings come with us to work.

- How might our values/thoughts/feelings (or these thoughts/feelings/values) impact our work?
  - **Possible response:**
    - **Our values/thoughts/feelings may lead us to want to share our personal experiences or opinions with participants.**
- **Should support staff share their personal experiences and opinions with participants?**
  - **Make the following point, if it doesn't come out in the conversation:**
    - **It can be ok, and even help build rapport with participants, to share some of our personal experiences with our participants if what we are sharing is within our scope, not counter to WIC's recommendations, and as long as we are careful to keep the focus on the participant (be participant-centered). We should avoid dominating the conversation by talking about ourselves.**
    - **Let's explore more of what is inside and outside of the support staff scope in the next section.**
- *Redacted bullets*

Lead into the next activity.



TIME REQUIRED: 55 minutes

SECTION PURPOSE: Trainees will practice using skills on how to answer participant questions that are within and outside of their scope

SUPPORT STAFF SCOPE

NYS WIC policy 1460 states that support staff can:

- Conduct program orientation, including explaining program benefits, issuing eWIC card, setting up WIC2GO and providing list of authorized vendors
- "Provide additional program information on such topics as WIC benefits and the Farmers' Market Nutrition Program"



- Support staff scope is outlined in NYS WIC policy 1460 (New York State Department of Health, 2021) and states that the role of support staff is to:
  - "Conduct program orientation, including explaining program benefits, issuing eWIC card, setting up WIC2GO and providing list of authorized vendors"
  - "Provide additional program information on such topics as WIC benefits and the Farmers' Market Nutrition Program"

- **Trainer note:**
  - **In case of questions regarding support staff scope and breastfeeding, show trainees the NYS WIC Resource Hub > WIC Breastfeeding Support tile > Tiered Levels of Learning table which shows the support staff role in breastfeeding support.**
  - **Additional information can be found by clicking Level 1 – NYS Virtual BF Training Recording tile > Additional Resources > Level 1 – USDA BF Training Handbook**

BREAKOUT GROUP ACTIVITY



- Tell trainees that they will have an opportunity to explore a list of typical questions participants may ask.
- Their task is to determine whether it is within their scope to answer.
- Trainees will work in small groups of 3-5.
- When you get to your breakout room, quickly decide amongst who will be the reporter.
- You will have 10 minutes to complete.
- A trainer may pop in your breakout room for a moment just to observe – feel free to ignore them and continue your conversation unless you have any questions.
    - Producer to drop What's in My Scope?Handout in chat

Initiate small group activity

- Send trainees into breakout rooms.
- Allow 10 minutes for the trainees to discuss.
- Bring trainees back to the large group to debrief what happened in gallery view.
- Review questions and correct answers (in parentheses):
    1. Why did my formula go down to 7 cans per month after my baby turned 6 months old? (Inside scope)
    2. Is my child at the right weight? (Outside scope)
    3. Why doesn't WIC offer 2% milk? (Inside scope)
    4. ~~My doctor says my baby should have Simila Sensitive formula~~. My baby has been on Similac 360 Total Care formula. Why won't WIC provide it? (Inside scope)
    5. How I often should I breastfeed? (Outside scope)
    6. Why can't I get almond milk? My doctor says it's ok. (Inside scope)
    7. Is it ok to give my 2-year-old grapes?(Outside scope)
    8. How do I mix my baby's formula? (Outside scope)

Process the activity

- How was this activity?
- What was the most challenging part of the activity?
- What made it clear that a question was (or wasn’t) within your scope to answer?
- Were there any questions that felt “in-between” or unclear? How did you handle those?
- What are some other questions you get that you’re unsure about whether you can answer?
- What might you do differently in your job as a result of this activity?



Conduct poll activity about providing correct information

- Tell trainees: Next, we're going to launch a poll with the four questions we identified as within your scope to answer. For each question, choose the best response to give the participant.
- Launch single-choice poll with the following questions and possible responses (correct responses in bold)
    1. Why did my formula go down to 7 cans per month after my baby turned 6 months old?
        - 7 cans a month is more help than I had when my kids were young.
        - If your baby is going through more than 7 cans in a month, they are overeating.
        - **When babies turn 6 months old, WIC reduces the amount of formula and starts providing baby food.**
        - WIC provides less formula when babies turn 6 months because they don't need as many nutrients at this age.
    2. Why doesn't WIC offer 2% milk?
        - **WIC follows the Dietary Guidelines for Americans which**

recommends whole milk for 1-year-olds and skim or 1% for anyone age 2 and older.

- I don't know – that lower fat milk just doesn't taste as good.
- Limiting the types of milk available saves the program money.
- 2% milk doesn't have as many vitamins as the other types.

1. ~~My doctor says my baby should have Similac Sensitive formula~~. **My baby has been on Similac 360 Total Care formula.** Why won't WIC provide it?
   - WIC doesn't provide it because Similac formula is not as good for your baby.
   - **Similac ~~Sensitive~~** 360 Total Care **is not available through NYS WIC because we do not have a contract with that company. Your nutritionist can discuss what formula would be similar to** the **Similac ~~Sensitive~~** 360 Total Care**.**
   - If you provide us with a medical documentation form from the doctor for Similac **360 Total Care** ~~Sensitive~~, the nutritionist will be able to issue it for you.
   - Have you thought about breastfeeding?
2. Why can't I get almond milk? My doctor says it's ok.
   - If you provide us with a note from your doctor for almond milk, the nutritionist will be able to issue it for you.
   - WIC doesn't provide almond milk because some people are allergic to it.
   - Your doctor should be more familiar with what WIC offers.
   - **Cow's milk is offered to provide certain nutrients, which almond milk doesn't contain. We do offer soy milk as an alternative though.**

ANSWERING OR REFERRING QUESTIONS

First, normalize or affirm the participant

Helps the participant feel more comfortable talking with you

Removes any feelings of embarrassment about asking a question



Conduct a lecturette on how to answer questions

- We have discussed whether to answer questions or to refer to the nutritionist. We've also discussed the correct responses to some possible participant questions. Next, let's talk about a few communication skills to use when answering questions.
- Whether answering a question directly or referring a participant to the nutritionist, the first step is to normalize or affirm the participant.
    - Normalizing and affirming both help the participant feel more comfortable talking with you. They help remove any feelings of embarrassment about asking a question.

Image Source: Hunger Solutions NY

NORMALIZING

Letting the participant know their questions or concerns are normal

Helps participants know they are not alone



Examples:

- I've heard that from many participants.
- So many parents worry about that.
- I used to worry about that too. (if this is true)

- Normalizing is saying something to let the participant know that it's normal to have that question or concern. It helps them know that they are not alone.
  - Examples:
    - I've heard that from many participants.
    - So many parents worry about that.
    - I used to worry about that too. (if this is true)

AFFIRMING

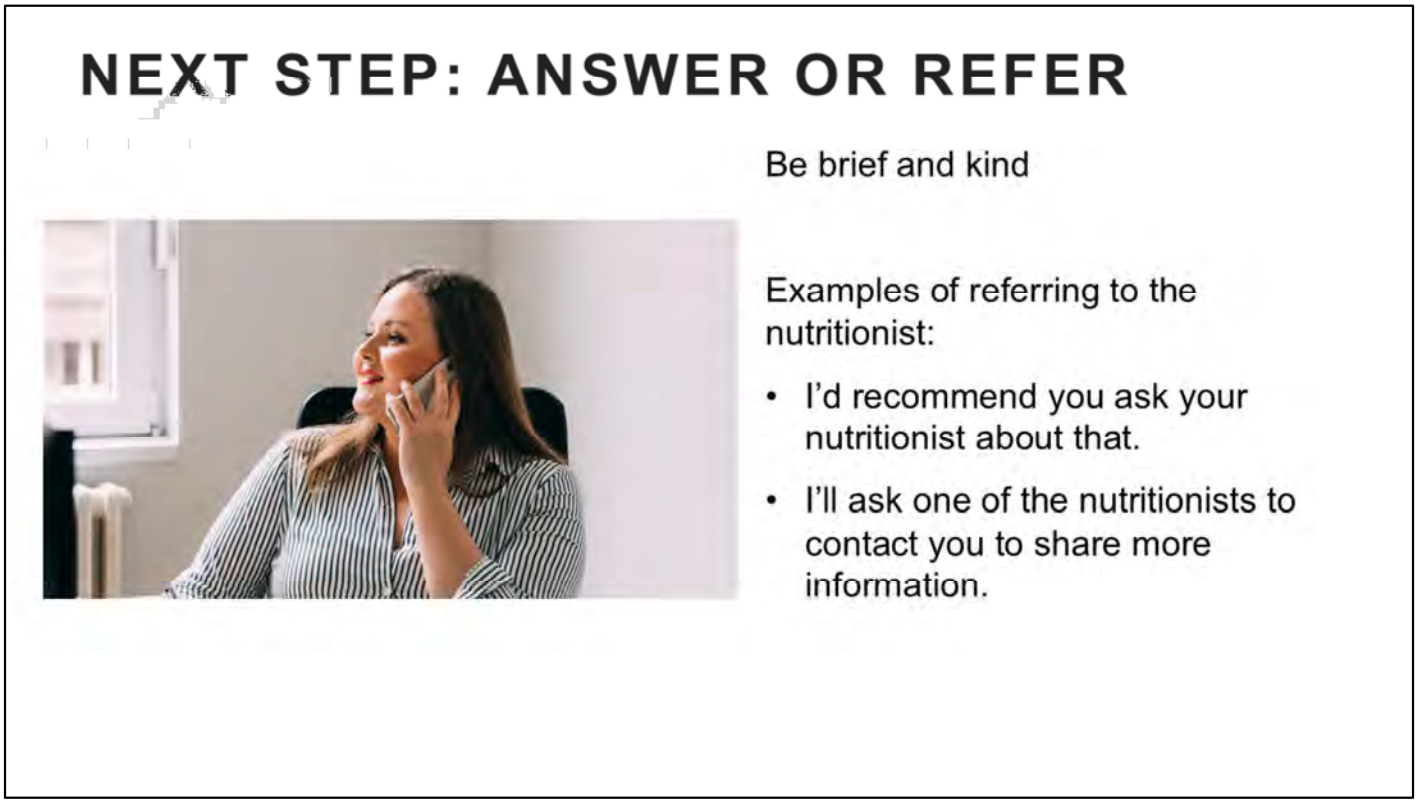
Pointing out the positive aspects of a person's character, behaviors, or values

Examples:

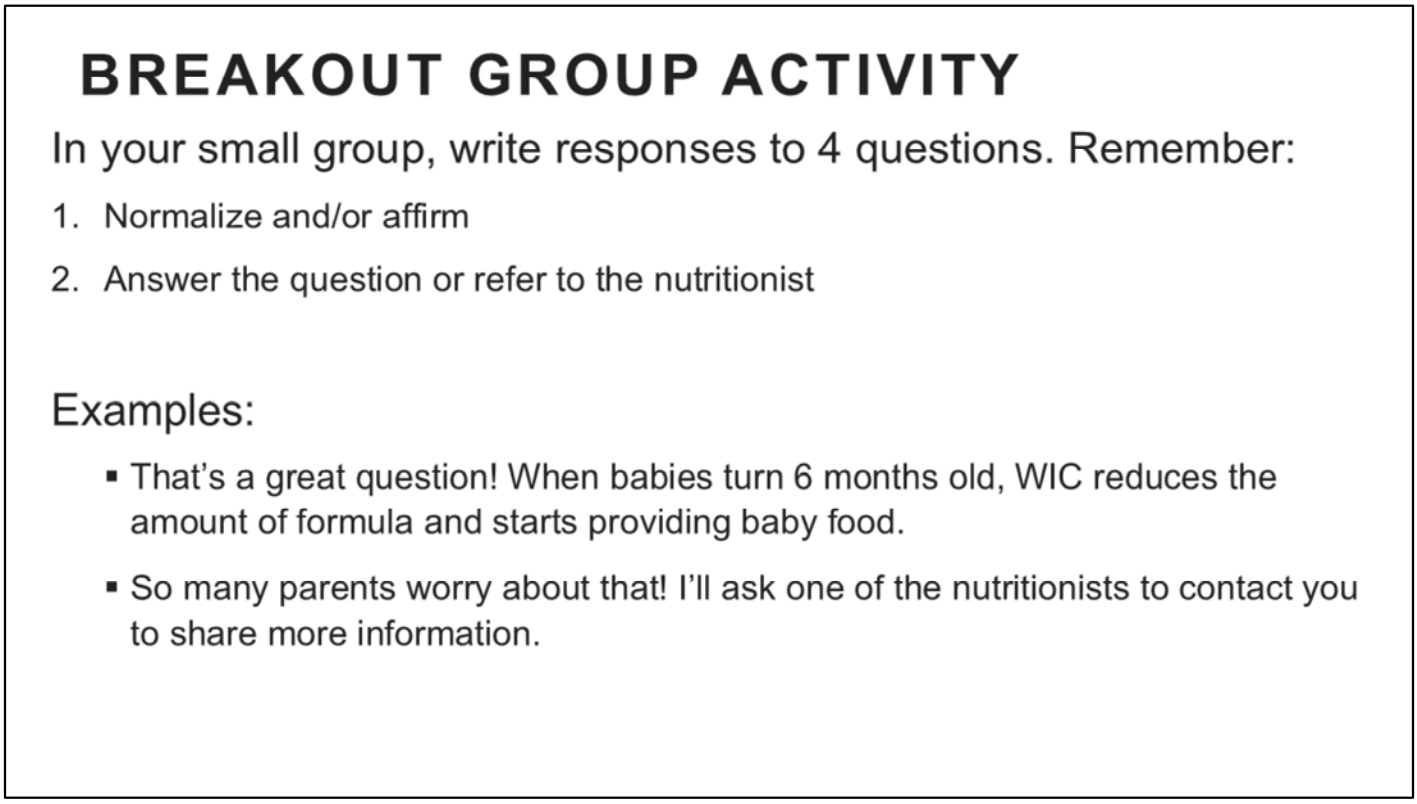
- That's a great question!
- Making sure you have enough food for your kids is important to you.



- Affirming means verbally pointing out the positive aspects of a person's character, behaviors, or values.
  - Examples:
    - That's a great question!
    - Making sure you have enough food for your kids is important to you.



- The next step, after normalizing and/or affirming, is to either answer the question yourself or refer the participant to the nutritionist.
    - Either way, what you say should be both brief and kind.
    - We've discussed examples of how to answer questions in the poll activity.
    - Examples of referring to the nutritionist:
        - I'd recommend you ask your nutritionist about that.
        - I'll ask one of the nutritionists to contact you to share more information.



Conduct small group activity

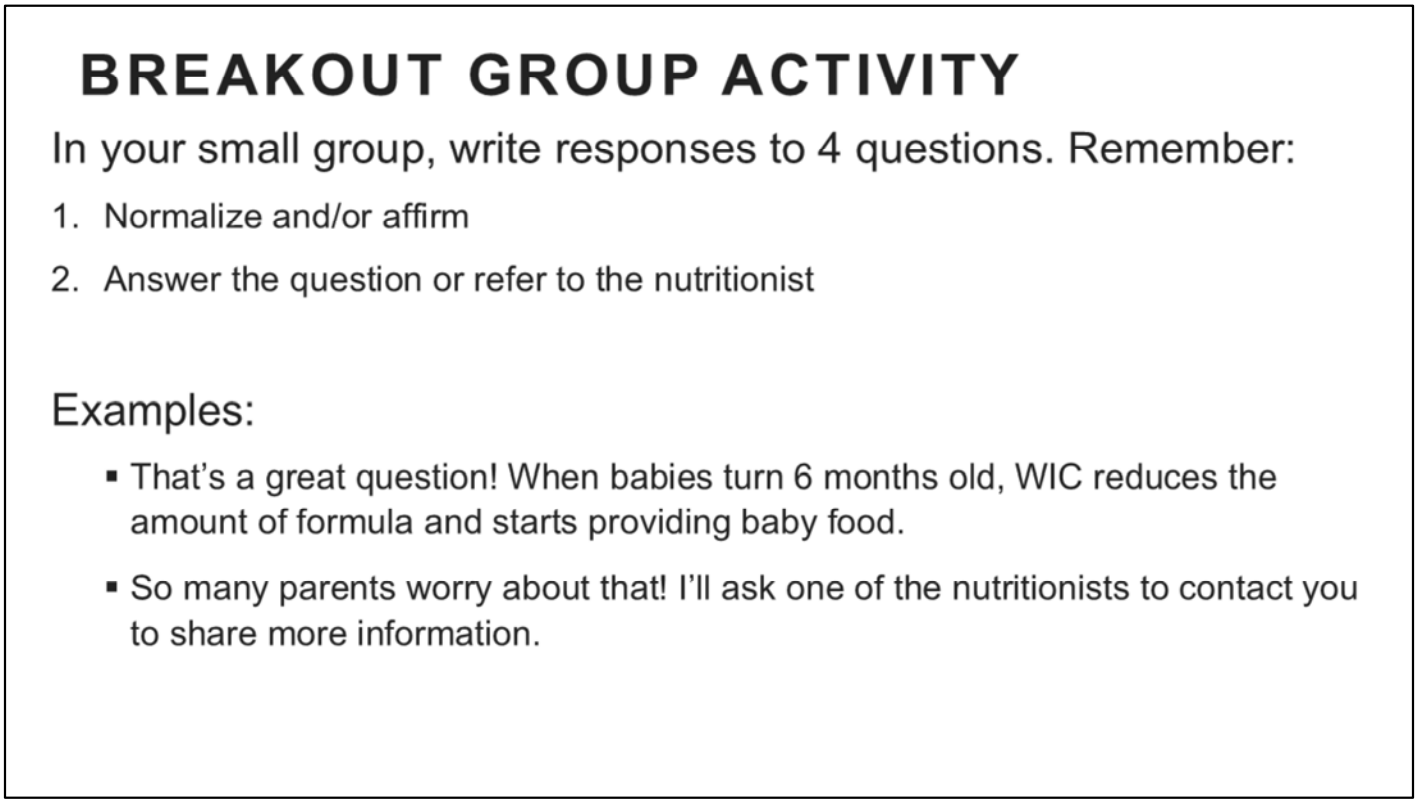
- We're going to give you the opportunity to practice what we just discussed in small groups of 3-5 people.
- As a reminder, the steps are to normalize and/or affirm, then either answer the question or refer to the nutritionist.
    - Examples:
        - That's a great question! When babies turn 6 months old, WIC reduces the amount of formula and starts providing baby food. So many parents worry about that! I'll ask one of the nutritionists to contact you to share more information.
- We're going to give you four participant questions and we'd like you to develop responses to the questions using the steps we just reviewed.
    - Producer to drop Answering Participant Questions Activity handout in chat.
- You'll recognize that two of the questions are repeated from the earlier poll activity. It's totally fine to repeat the same information used as the correct answers for that activity. Just be sure to add a normalization or affirmation ahead of it.

- You will have 12 minutes.
- Bring trainees back to the large group and ask a few groups to share the responses they developed.

Process the section:

- How did it go to develop these responses with your small group?
- What stuck out to you?
- How do you see yourself using these steps in the future?

Lead into the wrap up and closing.



Conduct small group activity

- We're going to give you the opportunity to practice what we just discussed in small groups of 3-5 people.
- As a reminder, the steps are to normalize and/or affirm, then either answer the question or refer to the nutritionist.
    - Examples:
        - That's a great question! When babies turn 6 months old, WIC reduces the amount of formula and starts providing baby food. So many parents worry about that! I'll ask one of the nutritionists to contact you to share more information.
- **We're going to give you four participant questions. We'd like you to fill in a normalizing or affirming statement for each of the support staff responses.**

[redacted]

[redacted]

- Bring trainees back to the large group and ask a few groups to share the responses they developed.

Process the section:

- How did it go to develop **normalizing and affirming statements** ~~these responses~~ with your small group?
- What stuck out to you?
- How do you see yourself using these steps in the future?

Lead into the wrap up and closing.



TIME REQUIRED: 5 minutes

SECTION PURPOSE: To provide closure for the day and get feedback on the training

QUESTIONS?



We’re just about to the end of our training today.

Any questions?

EVALUATION

- Evaluations are required from all
- All evaluations are anonymous
- Feedback shapes future training
- Additional questions for CPEUs

RDs and DTRs seeking CPEUs, please note that you are able to send feedback directly to CDR, by emailing QualityCPE@eatright.org.

The anonymous evaluation is required for your certificate of attendance and must be completed within 24 hours, it will close tomorrow and you will no longer have access to it, so please be sure to complete it now. Your feedback is so valuable—it helps us celebrate what worked well and identify ways to make future WIC trainings even stronger. We carefully review every comment and use your ideas to shape upcoming workshops. The evaluations are anonymous.

You'll notice there is a section for RDs and DTRs seeking CPEUs from the CDR, this is required for those getting those continuing education credits. If you are not seeking CPEUs you can select no and skip that section.

Here are the steps to complete, if you have any difficulties please email wictraining@caiglobal.org

Producer- copy/paste steps into chat

REQUIRED Evaluation instructions:
Step 1: Log into your ny.gov account
Step 2: Click on Resource Hub
Step 3: Click on Virtual Classroom Training
Step 4: Click on today's training title
Step 5: Click on Course Evaluation
Step 6: Click on Answer the Questions
Step 7: Click on "Submit your answers" when done.

Once you complete your evaluation, you will automatically be directed to your certificate. Please make sure to click **View Certificate** before leaving that page.
After clicking, your certificate will appear for you to download, and a copy will also automatically be saved in your account.

How to Access Virtual Classroom Training Evaluations (loom.com)

REMINDER: You MUST complete the required evaluation within 24 hours in order to receive a certificate.



Production

- Please log into your NYS WIC Resource Hub account to complete your evaluation and receive your certificate

- Link to hub: https://nyswicresourcehub.unhosting.site/ , locate this particular course, and complete the evaluation.
- Evaluations will close after 5 business days and no longer be available. If you do not complete the evaluation within this timeframe you will not receive your certificate.

Thank you for joining us today! I hope it was helpful and can help guide you as you do this important work!

Example Webinar

Maximizing WIC Agency Operations and Workflow- Webinar
Presentation date -TBD
Presentation time -TBD

Goal: To equip WIC agency staff with the knowledge, tools, and strategies to enhance operational efficiency, optimize workflow, and implement continuous quality process improvements (CQPI) that improve service delivery and participant experience

Description:
Unlock the potential of your WIC agency with this dynamic, solutions-focused webinar designed to improve efficiency, reduce bottlenecks, and elevate participant and staff satisfaction. You'll gain practical strategies to streamline operations and boost team productivity through interactive activities, data tools, and the Continuous Quality Process Improvement (CQPI) framework. By tackling appointment availability, staff workload, and no-show rates, this training provides insights and tools to create lasting improvements. Join us to learn, reflect, and transform the way your agency delivers services.

Presenter(s): Deborah Bonzo

Target Audience:
WIC Coordinators, Nutrition Coordinators, Site Managers, Breastfeeding Coordinator, Nutrition Coordinator, New York State Department of Health Staff, Outreach Coordinator, Peer Coordinator, Training Coordinator,

Length of Training:
90-minutes

Continuing Education:
1.5 CPEUs (pending CDR approval)
1.5_CEUs (TBD by DOH)
0 LCERPs

Learning Objectives:
As a result of this webinar, attendees will be able to:

1. Understand common challenges to WIC agency workflow and operations
2. Use data to evaluate current workflow performance
3. Apply CQPI to identify, implement, and sustain improvements
4. Explore and adapt strategies to improve operations and participant experience

For Job Role Mapping: WIC Coordinator
Topic Area (CAI):
Domain Name and Number (CAI):
Location:
Suggested Time Frame:

For Job Role Mapping: Nutrition Coordinator

Topic Area (CAI):
Domain Name and Number (CAI):
Location:
Suggested Time Frame:

For Job Role Mapping: Breastfeeding Coordinator
Topic Area (CAI):
Domain Name and Number (CAI):
Location:
Suggested Time Frame:

Teaching Methods:

- PowerPoint
- Interactions such as true/false questions, multiple choice questions, and annotations

Material Needed:
This webinar will include an informative presentation with interactive components.

- PowerPoint
- Resources Handout

I. Welcome and Introductions
   a. Introduction
   b. Agenda
   c. Purpose of today's webinar
   d. Learning objectives
   e. Icebreaker poll: How long have you been overseeing operations and workflow in WIC?
      i. Options: < 1 year, 1-3 years, 3-10 years, 10+ years

II. Understanding Operations and Workflow
   a. Define "operations" and "workflow" in the context of WIC
      i. In a WIC agency, "operation" refers to the daily activities that keep the clinic running smoothly and ensure services are delivered efficiently, consistently, and in line with federal and state regulations. This includes how staff work together, make the best use of time, staffing, space, equipment, and technology, communicate effectively, and carry out key services like intake, eligibility checks, nutrition education, and benefit issuance.
      ii. In a WIC agency, "workflow" refers to the organized sequence of tasks and procedures that staff follow to complete specific processes. This includes the step-by-step actions involved in enrolling a participant, issuing benefits, or conducting a nutrition assessment. These structured workflows are essential for ensuring consistent and timely service delivery.
   b. What does a well-functioning WIC workflow look like?
   c. Poll: "What's your biggest workflow challenge?"
      i. Options: Appointment availability, staff workload distribution, staff productivity, wait times, no show rates, other

d. Common Workflow Challenges and Inefficiencies in WIC
e. Review frequently reported inefficiencies:
    i. #1 Appointment availability
        1. Underutilized staff time - The nutrition staff's available hours are not fully utilized
        2. Scheduling mismanagement (e.g., 10/20-day rule, appointment bottlenecks, time blocked off in schedule for admin duties and lunchbreaks, scheduling practices are not based on capacity and demand)
    ii. #2 Staff workload distribution & staff productivity
        1. Staff is one of the most expensive resources in any operation, making it crucial to maximize their efficiency and effectiveness when servicing participants. Every staff member represents a significant investment in terms of wages, benefits, training, and overhead costs. Therefore, their time and skills should be utilized in ways that create the highest possible value
        2. Misaligned staffing models - the current staffing and job roles do not align with the needs of the program
            a. The shift to virtual appointments has reduced many traditional support staff duties—like managing clinic flow, printing forms, and handling in-person scheduling. At the same time, the need for nutritionists has grown, as virtual services require more direct engagement and skilled assessments from professional staff. With many administrative tasks now automated, agencies may need fewer support staff and more nutritionists to maintain service quality and meet caseload goals. Reassessing staffing models can help ensure resources are aligned with today's service delivery needs.
    iii. #3 Wait times
        1. Not using technology to its full potential
        2. Operational bottlenecks
            a. Hand-off between support staff and the nutritionist
            b. Having support staff call all Health and Nutrition Update (HNU) and Nutrition Education (NE) virtual appointments, and then passing it to the Nutrition staff
    iv. #4 No shows
        1. Not using technology to its full potential
        2. Staff workload and productivity issues
f. Annotation activity: Show the 4 challenges listed on screen. Ask participants to annotate on screen if their agency struggles with that aspect of operations and workflow.
    i. Reinforce that these challenges are common, but solvable with strategic changes

III. Introduction to Continuous Quality Process Improvement (CQPI)
a. What is CQPI, and why does it matter in WIC operations?
b. How CQPI leads to better operations, reduced staff strain, and improved participant experience
    i. Overview of the CQPI Process
    ii. Step 1: Evaluate current operations

iii. Step 2: Identify areas for improvement
iv. Step 3: Implement new processes
v. Step 4: Assess effectiveness & adjust as needed
vi. Step 5: Monitor & sustain improvements

c. We are going to walk through how to use this process to maximize operations and workflow by addressing challenges and inefficiencies.

IV. Step 1: Evaluate Current Operations Using Data

a. Importance of using data to inform decisions - WIC agencies need to rely on data for decision-making. In WIC, we have feedback loops that provide continuous monitoring, and regular review of reports and participant feedback are used to make incremental adjustments. Data helps with staffing, scheduling, and service delivery.
b. Chat in: What data do you explore regularly to assess your operations and workflow?
c. Sources of WIC data for workflow analysis: We have a lot of data at our fingertips that can be used and assessed to determine areas where we could improve operations and workflow. Sources of WIC data for workflow analysis:
    i. #1 Appointment Availability
        1. Capacity & Demand Tool - Determines the number of participants that need to be seen per hour per nutritionist.
            a. Let's you know if you're on track or helps identify if there are issues.
            b. The tool says you need to see 18 participants per day, but you're only seeing 10.
                i. What gets in the way of seeing the ideal number of participants per day?
        2. Time Study findings – used to identify appointment durations
            a. Local agencies can conduct their own time study or review data collected from prior Learning Communities
            b. Note: Share data from 2022-2023 Learning Community.
        3. Poll: Does your agency use time study data and the capacity demand tool to help decide how many participants a nutritionist should see each day?
            a. Responses to the Poll:
                i. Yes, we use both
                ii. We only use time study data
                iii. We only use the capacity and demand tool
                iv. No, we don't use either
        4. Desk Audit - The Desk Audit is intended to measure the number of appointments held in-person and virtually over five days, the number of appointments that changed in modality, and the appointment modalities scheduled for the next appointment.
        5. Hours of operation:
            a. Your NYWIC Daily Schedule must match your advertised hours/the hours in your contract/hours in the NYWIC Admin Module
            b. You must offer in-person and virtual appointments for all types of appointments at every site during hours of operation.
            c. Are you offering the appropriate number of alternative hours
                i. Based on participant's needs

d. Lunch appointments availability- Are lunch hour appointments being offered and enough staff scheduled to work in-person to have doors open at lunch whenever possible?
    i. Lunch time appointments must be available for sites who have sufficient staffing to support it. Sites with less than four staff may close for lunch.
e. Examine training and meeting times
    i. Do you need to be closed that many days? Could you combine meetings and trainings more efficiently to offer more appointment times?

6. Walk-in participant data – Collect and review data to explore the number of walk-in participants who are seen each day
7. Participants and Community Feedback:
    a. Participant Feedback Survey - The Participant Survey collects feedback from WIC participants about their program experience. It helps agencies evaluate service effectiveness, identify areas for improvement, and ensure participant needs are met. The goal is to use this data to enhance services, improve communication, and strengthen the participant experience.
        i. Surveys should be designed without bias from the local agency, meaning they should not influence participants to respond in a way that advantages the local agency.
        ii. It's important to ask the right questions and include not only those receiving services, but also those who face barriers to accessing them. This survey can be used to learn about participants' ease of accessing WIC services, including appointment scheduling and availability of appointments.
            1. Local agencies should survey participants who have missed appointments and participants who are no longer receiving WIC services but are eligible for services.
            2. To reach participants who have never accessed WIC services, local agencies could partner with community agencies like Head Start to distribute a survey or do outreach.
                a. If data showed low participation in WIC among Head Start participants.
        iii. Are participants satisfied with appointment availability? Does their feedback align with other data? For example, other data may indicate there is good appointment availability, but participants are dissatisfied---what is causing the discrepancy?
8. Chat in: What additional tools can help analyze appointment availability data?

ii. #2 Workload Distribution & Staff Productivity

1. Staff-to-participant ratios across sites – Do you have enough of each staff? For example, do you have enough nutritionists based on your participant caseload?
    a. Suggested metrics for staff-to-participant ratios (to be used as a guide only) from WIC Policy 1460 Local Agency Staff Policy Supplement (WPM 1460 supplement, 2021)
        i. Budgeted QN/CPA to Participant Ratio for Assigned Caseload – 1:700
        ii. Budgeted Staff to Participant Ratio for Assigned Caseload – 1:276 – 1:380
2. Staff-to-Staff Ratio
    a. Do you have 5 support staff and 2 nutritionists? Causing bottlenecks and gaps between appointment components
3. Task alignment with expertise – Assess staff expertise and task assignments. Does your team's expertise match up with their assigned tasks? Are you able to shift tasks based on expertise to have a more balanced workload for your entire team?

iii. #3 Wait Times
1. In-person vs. virtual wait times.
    a. Are there consistent delays in either setting?
    b. Are virtual appointments contacted at their appointment time?
    c. Does your agency have support staff contact all virtual appointments or just the certifications and recertifications?
2. Participant-reported delays – Through the participant feedback survey, you can ask about wait times. If long wait times are reported, assess what causes the long wait times.

iv. #4 No-Show Rates
1. NYWIC missed appointment data – How many no-shows do you have a month? What might be the cause? For example, assess your appointment reminder system, messages that WIC staff share at the end of an appointment about the participants' next appointment, etc.
    a. Note: Using an appointment reminder system like an auto dialer to remind WIC participants of upcoming appointments can improve attendance rates, reduce no-shows, and ensure consistent, timely communication with minimal staff effort.
2. Benefits Not Picked Up In At Least 60 Days
    a. Used for retention and participation of participants who are still eligible to receive benefits.
    b. How many participants do not pick up their benefits for at least 60 days? What might be the cause of this?
3. Participant Feedback Survey - You can conduct a participant feedback survey or make phone calls to learn more about why participants are missing appointments or not picking up benefits.

v. Reflection activity: "Which area needs the most urgent attention in your agency?"
1. Highlight that they should keep this in mind as we move on to step 2, which explores strategies to address each challenge or inefficiency.

V. Step 2: Identify Areas for Improvement and Improvement Strategies

a. Review findings from Step 1 to pinpoint issues - Once you've looked at data, it will be clear where your areas of improvement are.
b. Chat in: What are some small changes your agency has made to help improve operations and workflow in the past?
c. Strategic approaches for each area:
    i. #1 Appointment Availability:
        1. Expand agency hours
            a. Ensure enough staff are scheduled to work in-person to have doors open at lunch. Stagger lunch breaks.
        2. Ensure that if the nutritionist starts at 8 am, they start seeing participants by 8:15 am, and not 9 am.
        3. Make sure that if the nutritionist ends at 5:00 pm, they do not stop seeing participants until 4:15 or 4:30 pm, not 3:30 pm.
        4. Modify your NYWIC schedule templates and your Scheduling Guidelines to align with the data from your Capacity and Demand tool and data from Time Study
        5. Adjust staff meeting times
        6. Review the time given to the Nutrition Coordinator and Breastfeeding Coordinator to perform their assigned job duties.
            a. WPM 1460 Local Agency Staff policy and policy supplement (WPM 1460 supplement, 2021)
        7. Facilitated Group Discussion (FGD)– should be considered as an option for increasing appointment availability
            a. FGDs are scheduled for 15 minutes per group. 4-8 participants scheduled per group. Two nutritionists are needed for the FGD; one nutritionist to lead the discussion and one nutritionist to issue the benefits.
    ii. #2 Workload Distribution & Staff Productivity:
        1. Staff are one of the most expensive resources in any operation, making it crucial to maximize their efficiency and effectiveness when servicing participants. Every staff member represents a significant investment in terms of wages, benefits, training, and overhead costs. Therefore, their time and skills should be utilized in ways that create the highest possible value.
        2. Flexibility- If bilingual staff are available, they could assist walk-in patients if other staff are busy, or they could swap with another nutritionist who is not bilingual.
        3. Reassign duties for efficiency - E.g., Do nutritionists call no-shows? Can the support staff call new participants in 1-2 weeks of enrollment to assess if they are having any problems using their eWIC card? Can the support staff also help with making reminder calls and obtaining height/weight/bloodwork?
        4. Cross-training - Equip staff with multiple skills so they can adapt to different needs, reducing downtime (eg cross cross-training a nutritionist to do income)

5. Aligning support/nutritionist ratios - Recommend pairing 1 Support Staff to 2 Nutritionists
6. Utilize technology to communicate with participants- text reminders, auto-dialers, electronic document submission
7. Utilize technology to improve internal communications – Teams, shared calendars, shared documents, group text messages
8. Examining staff ratios to inform effective hiring and staffing within the Local Agency (WPM 1460 supplement, 2021)

iii. #3 Wait Times:
1. Make sure the handoff from support staff is seamless
2. Have nutritionists call NE and HNU appointments
3. Call participants at their scheduled appointment time

iv. #4 No-Show Rates:
1. Implement reminder calls 24–48 hours prior
2. Reminder texts
3. Real Choice of appointment modality
4. Have the nutritionists call no-show NE and HNU appointments

VI. Step 3: Implement Improvement Strategies
a. Tips for implementation:
i. Assign roles and timelines
ii. Provide training
iii. Start small (pilot test changes)
iv. Document new processes
b. Chat in: What are some other important tips to keep in mind when implementing a strategy to improve operations and workflow?

VII. Step 4: Assess & Adjust
a. Revisit data after a set time, check in with staff, check in with participants
b. Ask: Is the strategy working?
c. If not, tweak or try a different one
d. CQPI encourages ongoing refinement—not a “one and done”- this is a continual process

VIII. Step 5: Monitor & Sustain Improvements
a. Embed data monitoring into regular workflows
b. Share wins and lessons learned with staff
c. Avoid “backsliding” by making improvements part of standard practice
d. Develop workflow processes to implement into regular operations

IX. Navigating Change: Resistance and Buy-In
a. Group chat: What is hard about making changes to workflow and operations?
b. Acknowledge common barriers to change:
i. Staff resistance
ii. Perceived workload increase

iii. Lack of support from upper management/Sponsor Agency

c. Group chat: How can you build buy-in for changes, as some changes may be met with resistance?

d. Tips to build buy-in:
   i. Involve staff early
   ii. Communicate benefits clearly
   iii. Celebrate small successes

e. Resource Spotlight: Local Agency Policy & Procedure Manual (LAPPM)
   i. Annual review is key
   ii. Highlight policies that support operations improvement
      1. 1100 WIC Certification Overview
      2. 1451 Electronic Communication Use
      3. 1200 Nutrition Education Contacts and Materials:
         a. Establish a process for who and when will be offering, monitoring, following up, and documenting online NE.
         b. Including review of the Online Nutrition Education Report or the Participants Eligible for Issuance Dashboard.
      4. 1216: For scheduling recertification appointments for high-risk participants with the QN.
      5. 1183 Immunization Screening, 1184 Anthropometry, 1185 Hematological Testing and Lead Screening:
         a. Process to alert participants of requirements (i.e., heights, weights, immunization, blood work) before appointments.
         b. Developing routine processes to log bloodwork, ordering equipment for anthropometry/hematological needs, and training plans for anthropometry, hematology, and immunization/lead screening, and database access to obtain results.

X. Closing

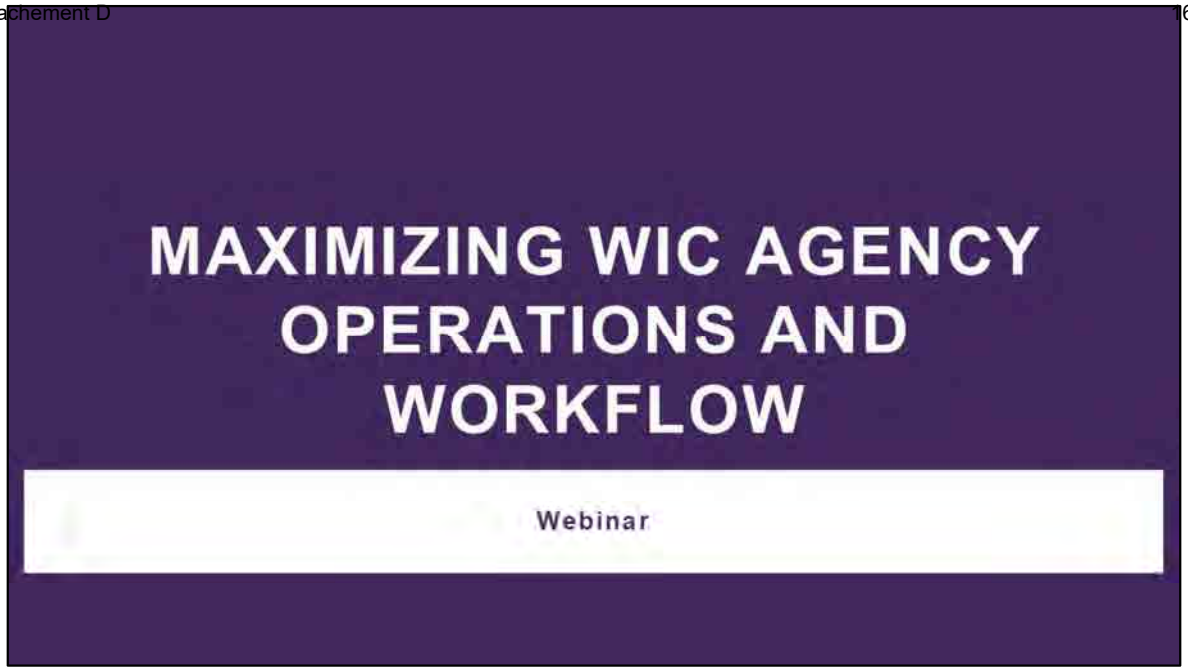
a. Poll questions: What strategy(ies) do you plan on implementing after this webinar?
   i. Options include: appointment availability, workload distribution, wait time, no-show rate, participant satisfaction, and other

b. Q & A Session

c. Evaluation & Credit Information

Resources:

- NYWIC Reports Quick Guide for LAs (in Library)
- LAPPM



- Production/Trainer:
- ****PRODUCER RECORD TO CLOUD****
- ***PRODUCER ENABLE CLOSED CAPTIONING***
  - Decide who will present slides before the webinar begins.
  - Admit trainees into the training 10 minutes prior to the training start time.
  - Trainers and/or production staff can start building engagement with those who log on early by encouraging them to chat in their name, local agency, etc.
- Trainer/Production
- Welcome participants while they are logging on.

- Good morning/Good afternoon
- Once everyone is in attendance, introduce the topic

- We record all of our live webinars and store them on-demand for folks to view later if they couldn't make the live recording. All of the resources we share throughout todays webinar, including a copy of the PPT slides, will be made available with the recorded version on the on-demand webinar page of the NYS WIC Resource Hub in a few business days
- Reminder of our policy, you MUST register in order to attend a webinar. If you did not register through the Resource Hub, you will not have access to the evaluation and certificate. NYS DOH policy is that anyone who misses 15 minutes of a webinar will be removed and asked to view the recording another time, the webinar Zoom "door" will close 15 minutes after the start time today and no one will be permitted in after that time.
- [redacted]

WELCOME!

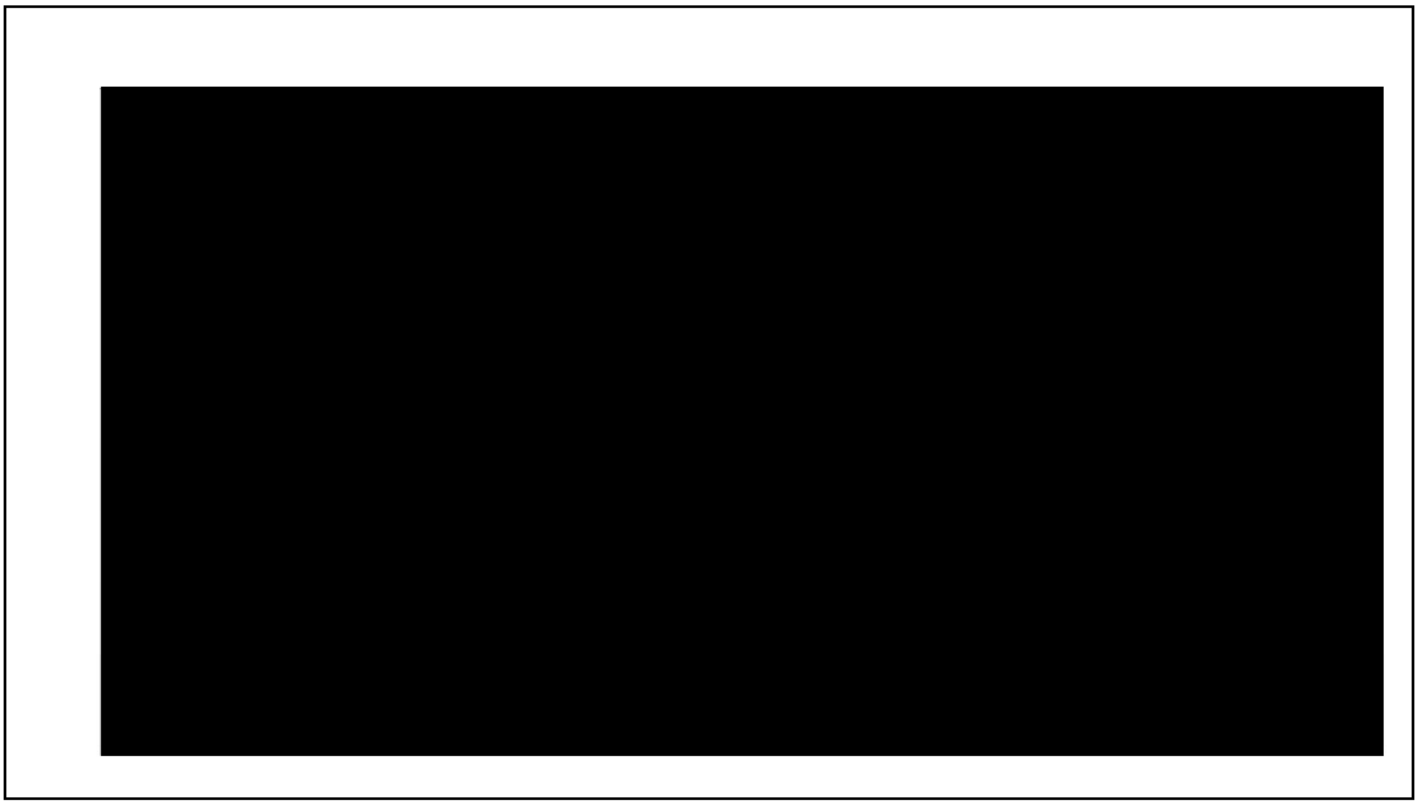
Trainers:
- Deb Bonzo, MS, RD, CDN

Producer:
TBD

- [redacted]

SPEAKER DISCLOSURE

I hereby certify that, to the best of my knowledge, no aspect of my current personal or professional circumstance places me in the position of having a conflict of interest with this presentation. I hereby certify that, to the best of my knowledge, neither I (including any member of my immediate family) nor any individual or entity with whom or with which I have a significant working relationship have (has) received something of value from a commercial party related directly or indirectly to the subject of this presentation.



- [redacted]
- Funding for this training provided by the USDA.
- [redacted]
- We will be providing you with a copy of today's PPT at the end of the training so, no need to worry about copying this information down.

SPECIAL NOTE

All of the policies shared in the training programs, are derived from United States Department of Agriculture (USDA) federal regulations and/or USDA guidance and curriculums, (which apply to all WIC programs across the country) and/or New York State laws and regulations.

The Food and Nutrition Service of the United States Department of Agriculture, (FNS) is responsible for WIC Program administration.

- Please note, that immediately following the Policy section of each policy in the WIC Program Manual, is the regulations section, which either includes the direct links for reference or lists the complete regulations.
- The Food and Nutrition Service provides assistance to State agencies and evaluates all levels of Program operations to ensure that the goals of the Program are achieved in the most effective and efficient manner possible.



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Those of you who've done trainings with us know we highly value group agreements as they help us have successful trainings.

So, in our time together we want to make sure we :

Are assuming good intentions,
- Come with good intentions yourself

Stories stay, and lessons leave
- We want you to share freely today,

Please make sure you are on mute if you are not intentionally sharing
- Also please make sure to keep your video on throughout the training. It's my understanding that this is a training requirement

And of course participate!
- We want you to Chat in or unmute yourself and participate in your breakout groups,

And if you need to step away
- Please chat one of us the trainers or our producer to let us know

Step up, step back also known as share the air!
- SO, if you are someone who normally engages a lot make sure to create space for others and if you are less of a sharer we encourage you to try to participate more

And most importantly, have fun!

Before I move on can folks give me a thumps up or turn on video so I know we are in agreement

with these that would be great!

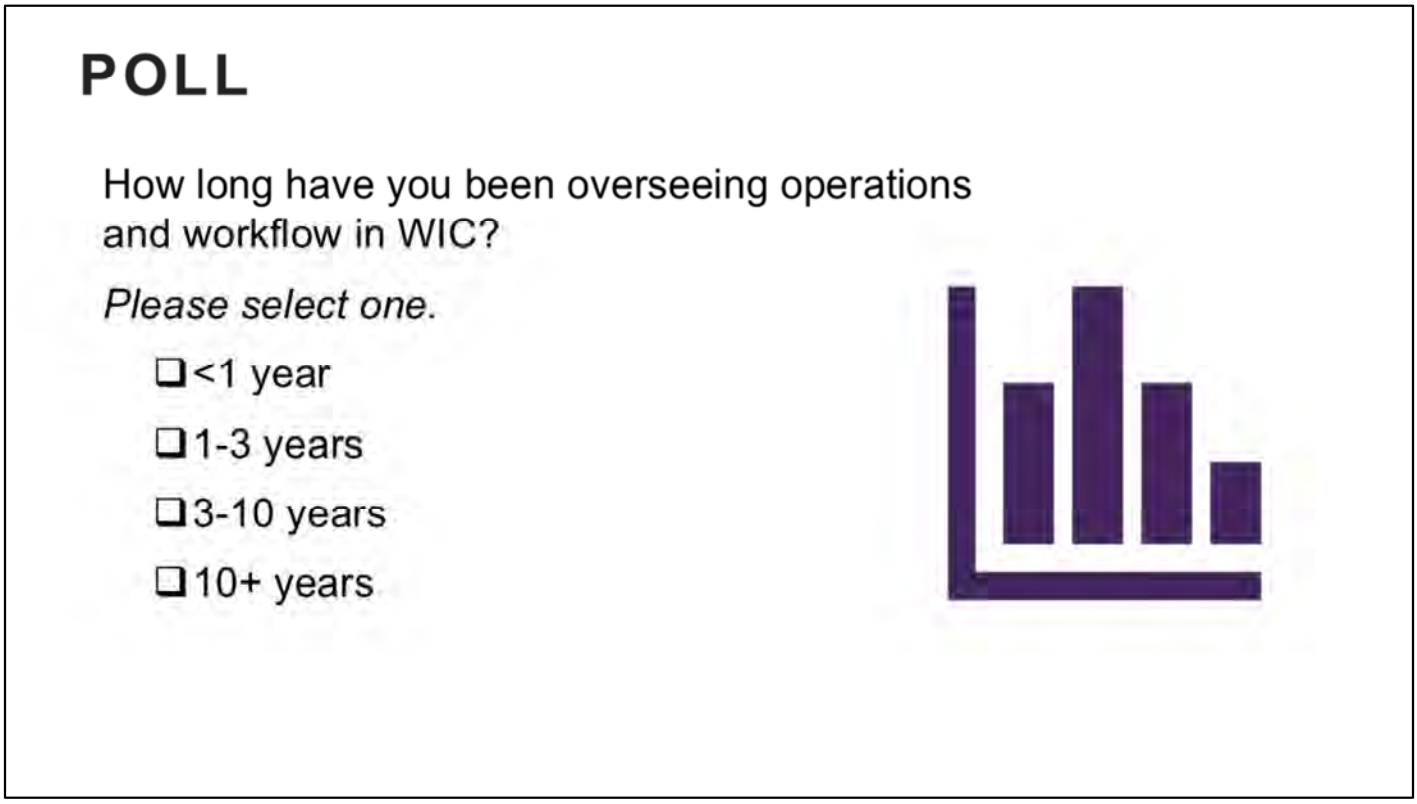
TRAINING GOAL:

To equip WIC agency staff with the knowledge, tools, and strategies to enhance operational efficiency, optimize workflow, and implement continuous quality process improvements (CQPI) that improve service delivery and participant experience

LEARNING OBJECTIVES:

As a result of this webinar, attendees will be able to:

1. Understand common challenges to WIC agency workflow and operations
2. Use data to evaluate current workflow performance
3. Apply CQPI to identify, implement, and sustain improvements
4. Explore and adapt strategies to improve operations and participant experience



- Poll questions:
  - How long have you been overseeing operations and workflow in WIC?
    - Options: < 1 year, 1-3 years, 3-10 years, 10+ years

UNDERSTANDING OPERATIONS AND WORKFLOW

OPERATIONS

- In a WIC agency, "operation" refers to the daily activities that keep the office running smoothly and ensure services are delivered efficiently, consistently, and in line with federal and state regulations
- This includes how staff work together, make the best use of time, staffing, space, equipment, and technology, communicate effectively, and carry out key services like intake, eligibility checks, nutrition education, and benefit issuance



- Define “operations” and “workflow” in the context of WIC
- In a WIC agency, "operation" refers to the daily activities that keep the office running smoothly and ensure services are delivered efficiently, consistently, and in line with federal and state regulations. This includes how staff work together, make the best use of time, staffing, space, equipment, and technology, communicate effectively, and carry out key services like intake, eligibility checks, nutrition education, and benefit issuance.

WORKFLOW

- In a WIC agency, “workflow” refers to the organized sequence of tasks and procedures that staff follow to complete specific processes
- This includes the step-by-step actions involved in enrolling a participant, issuing benefits, or conducting a nutrition assessment. These structured workflows are essential for ensuring consistent and timely service delivery



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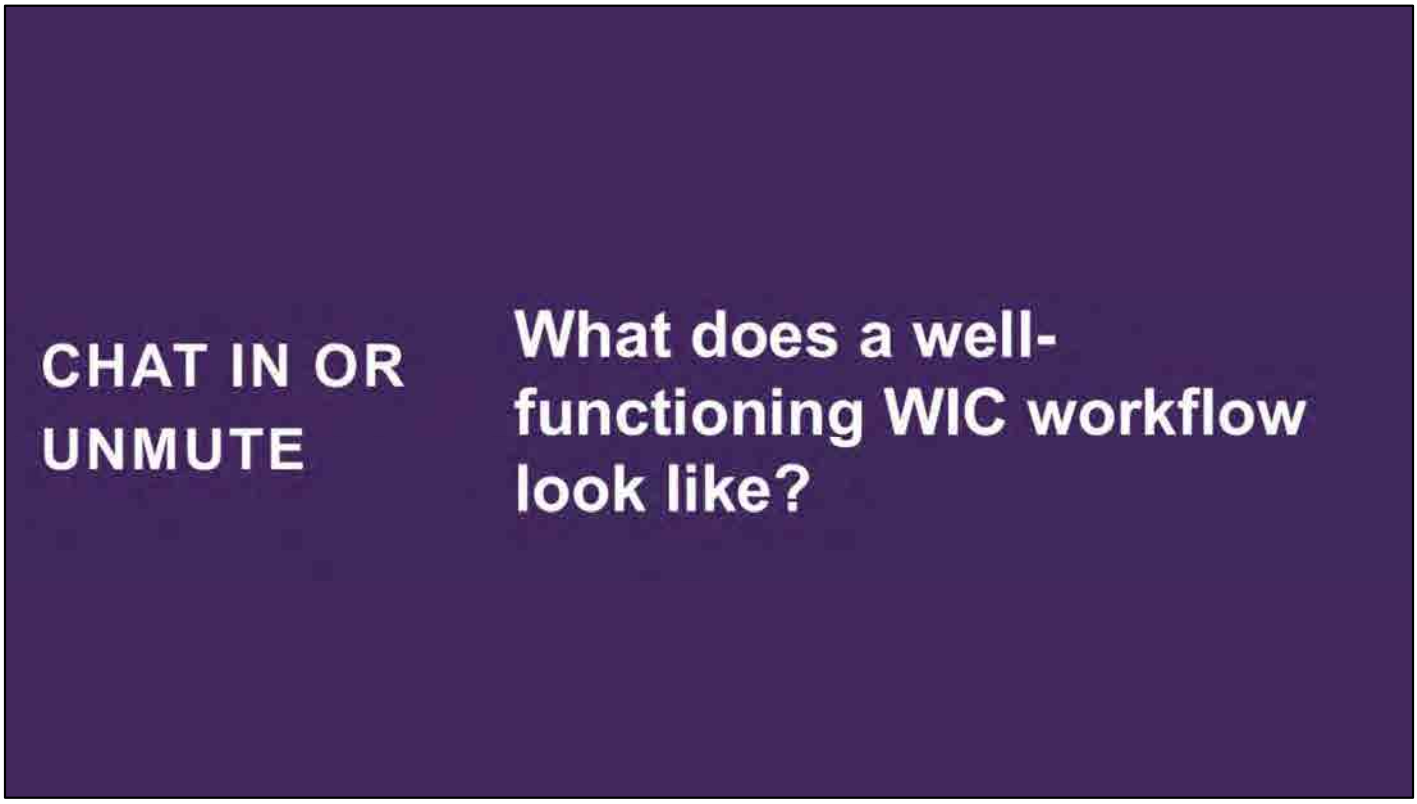


- Chat in or unmute:
    - What does a well-functioning WIC workflow look like?

POLL

What's your biggest workflow challenge?

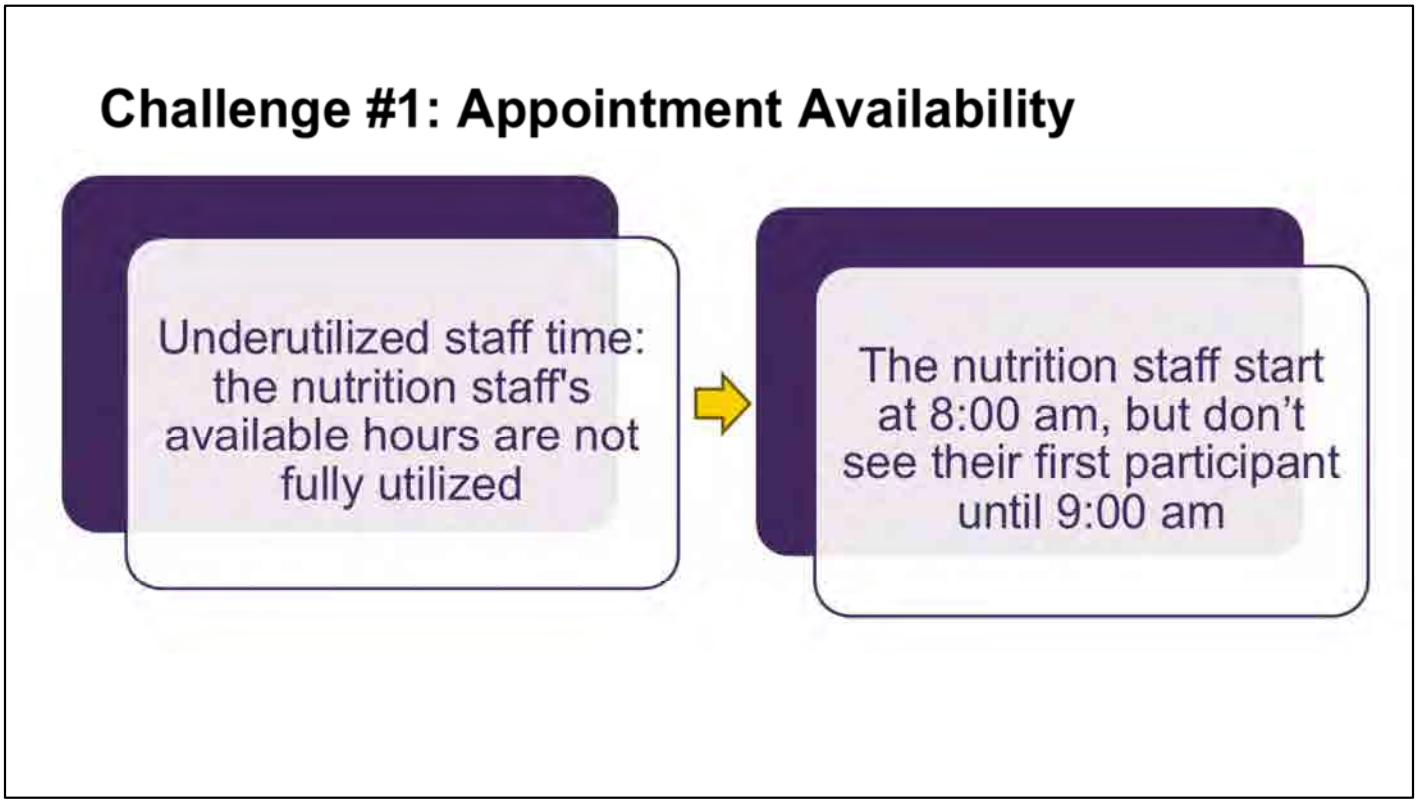
Please select one.

- ❑ Appointment availability
- ❑ Staff workload distribution
- ❑ Staff productivity
- ❑ Wait times
- ❑ No-show rates
- ❑ Other



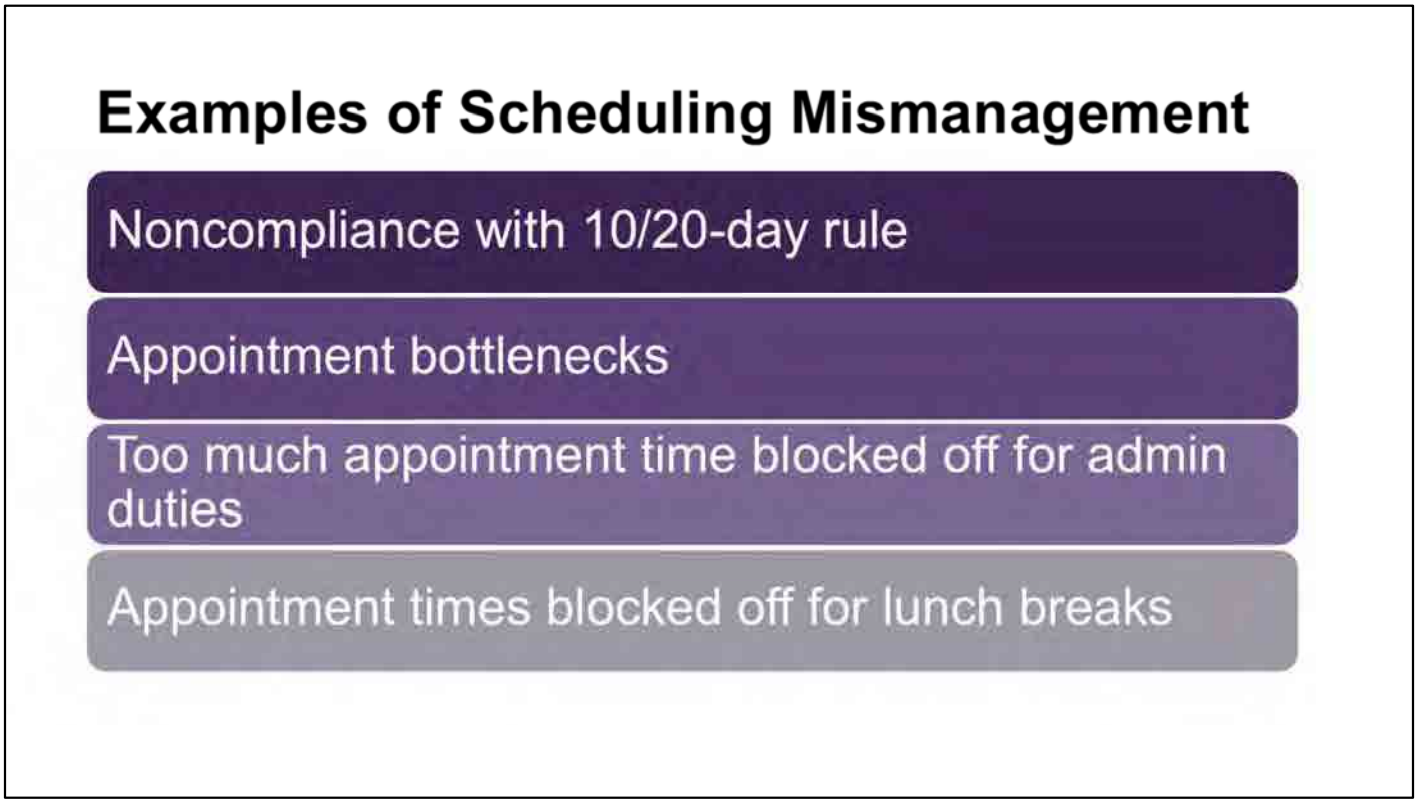
- Poll:
  - "What's your biggest workflow challenge?"
    - Options: Appointment availability, staff workload distribution, staff productivity, wait times, no show rates, other

COMMON WORKFLOW CHALLENGES AND INEFFICIENCIES IN WIC

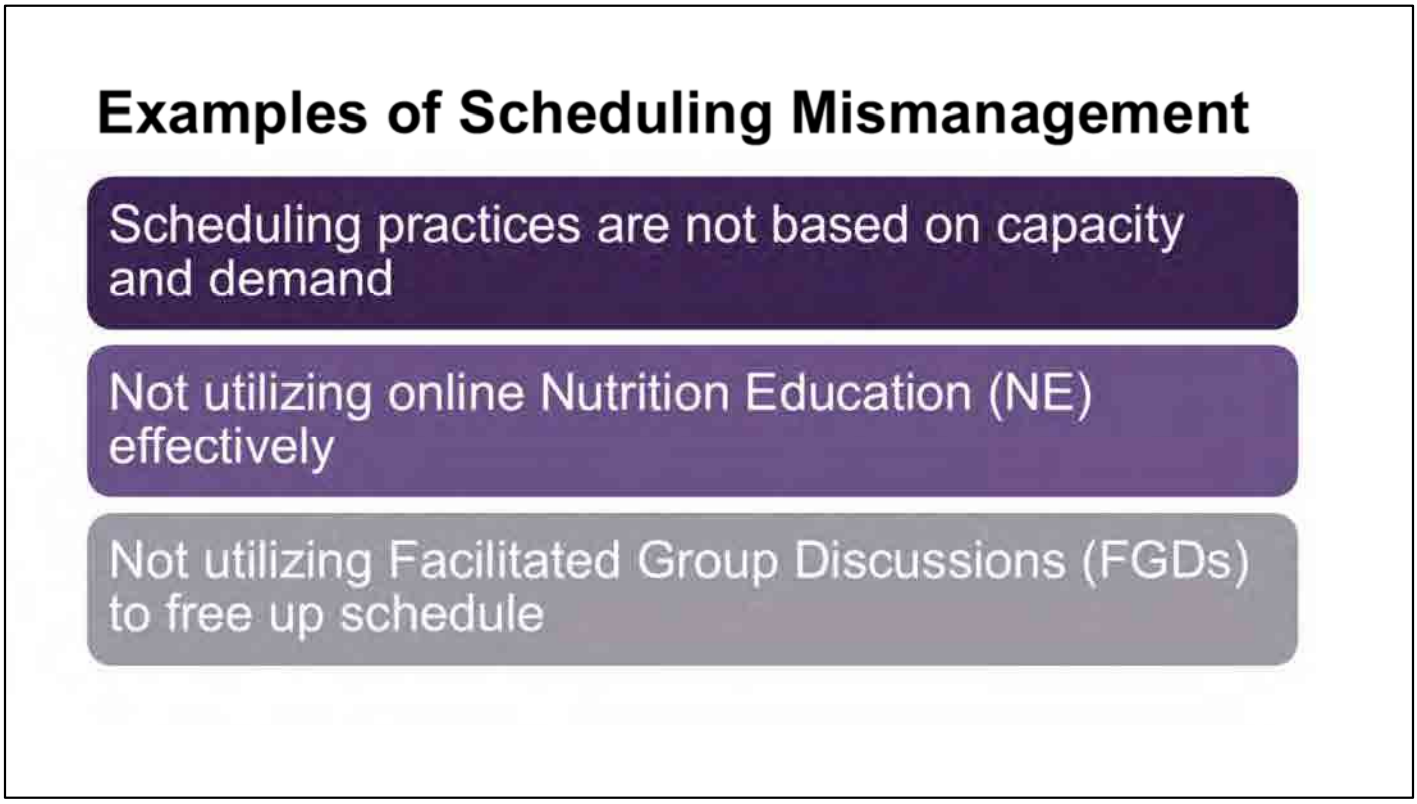


#1 Appointment availability

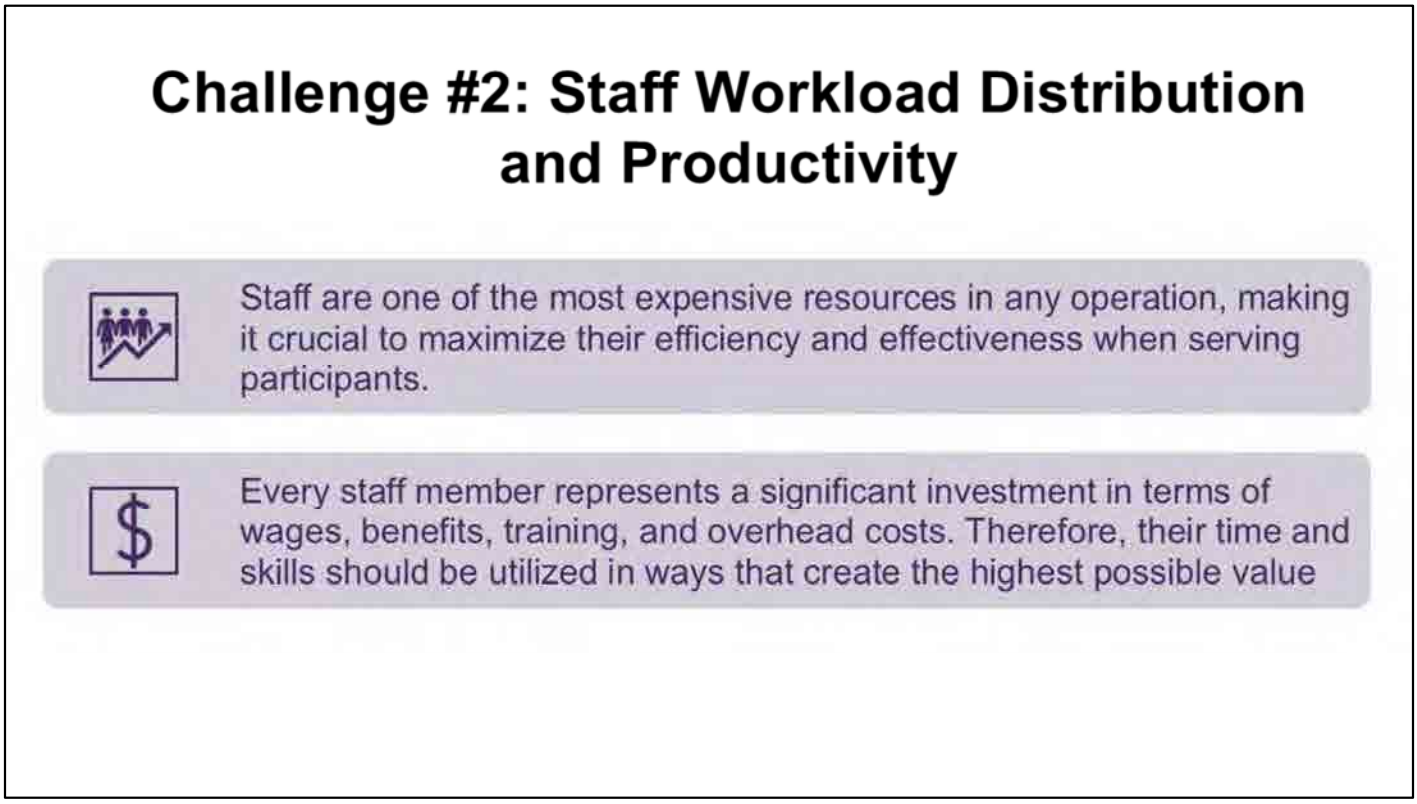
- Underutilized staff time - The nutrition staff's available hours are not fully utilized
    - The nutrition staff start at 8:00 am, but don't see their first participant until 9:00 am



- Scheduling mismanagement:
  - (e.g., not complying with 10/20-day processing requirement,
  - appointment bottlenecks,
  - too much time blocked off in schedule for admin duties,
  - appointment times blocked for lunch breaks,



- scheduling practices are not based on capacity and demand)
- Not utilizing online Nutrition Education (NE) effectively
- Not utilizing Facilitated Group Discussions (FGDs) to free up the schedule



#2 Staff workload distribution & staff productivity

- Staff are one of the most expensive resources in any operation, making it crucial to maximize their efficiency and effectiveness when serving participants. Every staff member represents a significant investment in terms of wages, benefits, training, and overhead costs. Therefore, their time and skills should be utilized in ways that create the highest possible value

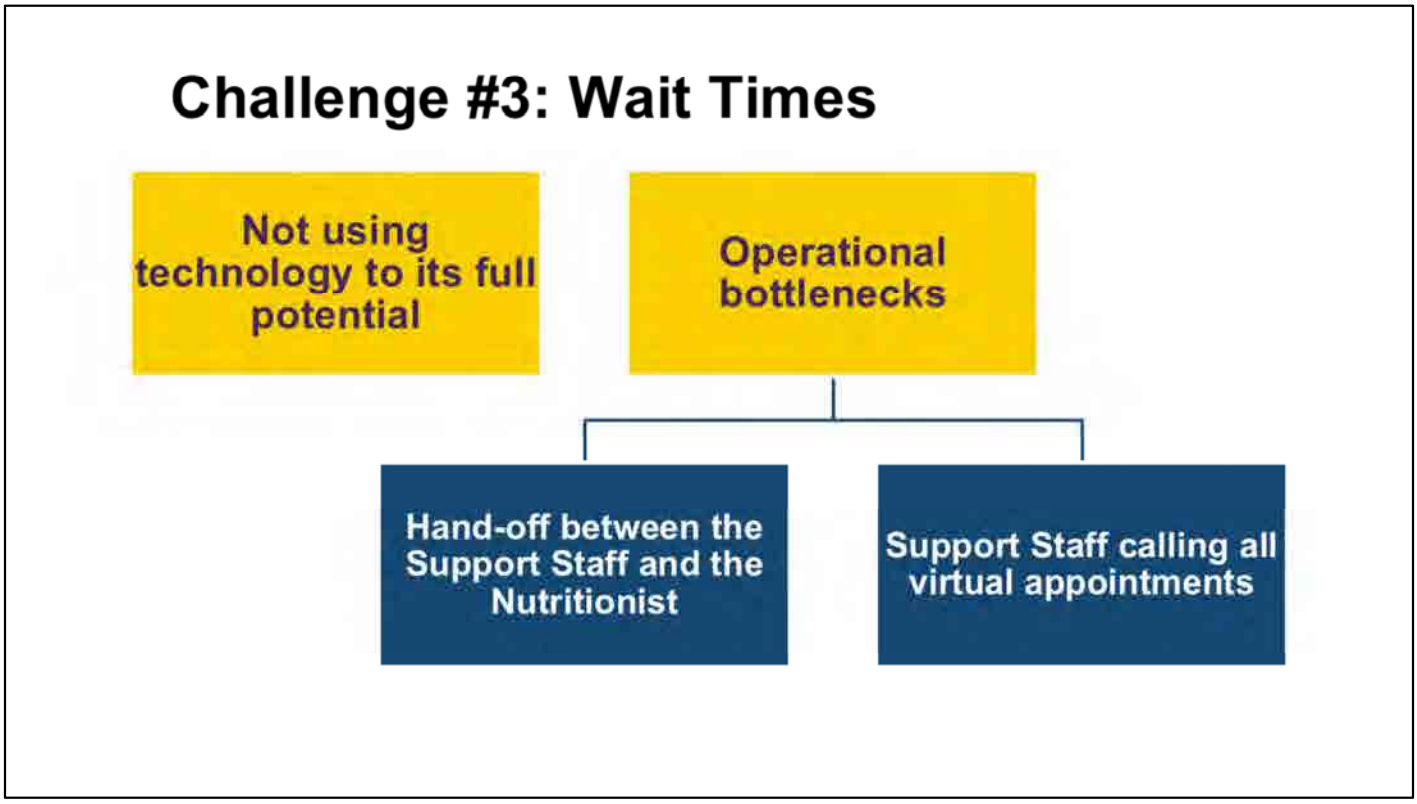
Misaligned staffing models – the current staffing and job roles do not align with the needs of the program:

- The shift to virtual appointments has reduced many traditional support staff duties
- At the same time, the need for nutritionists has grown
- Reassessing staffing models can help ensure resources are aligned with today's service delivery needs



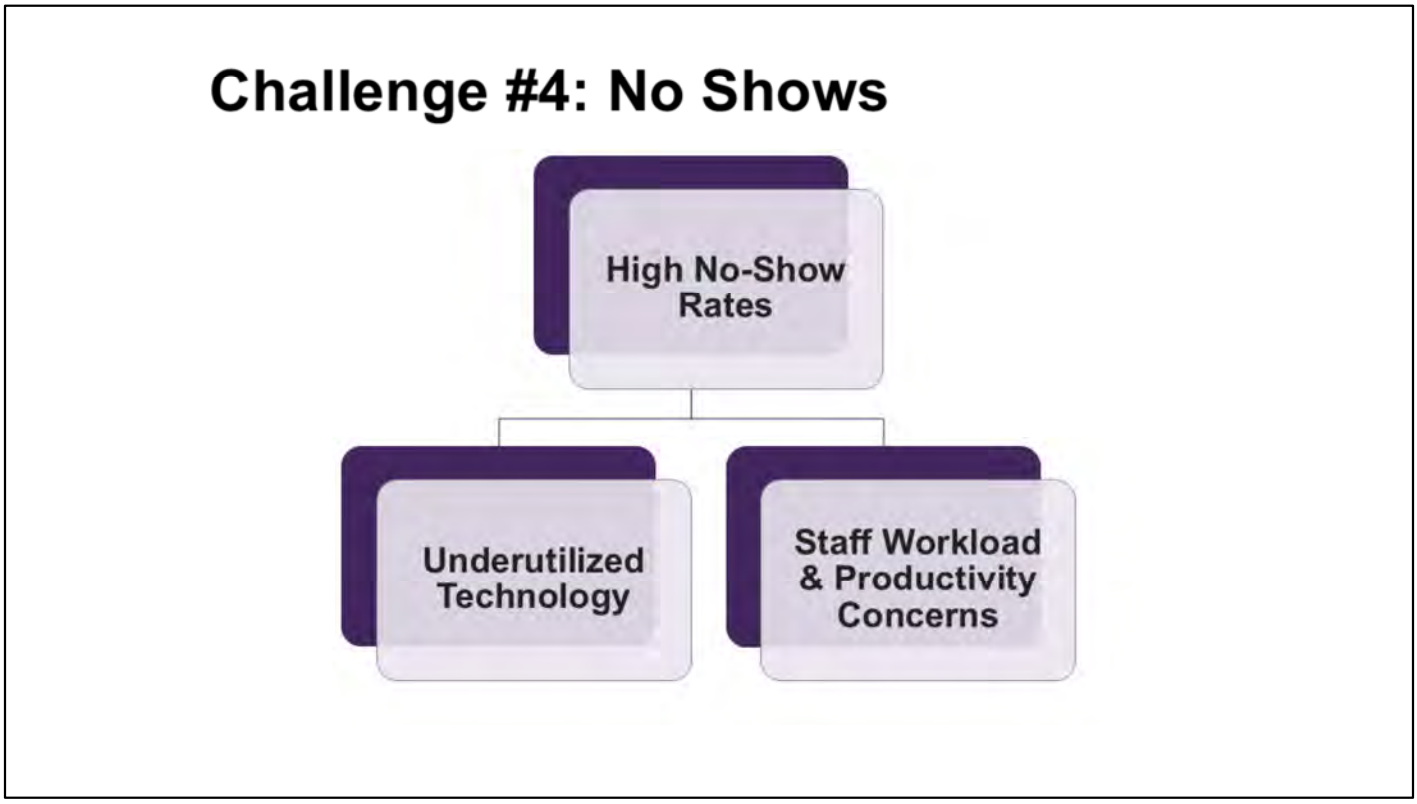
#2 Staff workload distribution & staff productivity

- Misaligned staffing models - the current staffing and job roles do not align with the needs of the program
  - The shift to virtual appointments has reduced many traditional support staff duties, like managing clinic flow, printing forms, and handling in-person scheduling.
  - At the same time, the need for nutritionists has grown, as virtual services require more direct engagement and skilled assessments from professional staff.
    - With many administrative tasks now automated, agencies may need fewer support staff and more nutritionists to maintain service quality and meet caseload goals.
    - Reassessing staffing models can help ensure resources are aligned with today's service delivery needs.



#3 Wait times

- Not using technology to its full potential
- Operational bottlenecks
    - Hand-off between the support staff and the nutritionist
        - Having support staff call a participant then hang up, then nutritionist call separately
    - Support Staff calling all virtual appointments
        - Having support staff call all Health and Nutrition Update (HNU) and Nutrition Education (NE) virtual appointments, and passing it to the Nutrition staff



- #4 No Shows - High No-Show Rates: disrupt workflow, waste staff time, and reduce overall caseload served

Factors that may contribute to high no-show rates:

- Underutilized Technology
  Tools like auto-reminders, text messaging, online nutrition education, and virtual appointments ~~visits~~ may not be fully leveraged to increase efficiency and engagement.
- Staff Workload & Productivity Concerns
  Imbalanced task distribution, unclear roles, or inefficient processes can reduce staff effectiveness and impact participant experience.



Annotation activity:

- Show the **4** challenges listed on screen.
- Ask attendees to annotate on screen if their agency struggles with that aspect of operations and workflow.
    - Reinforce that these challenges are common but solvable with strategic changes



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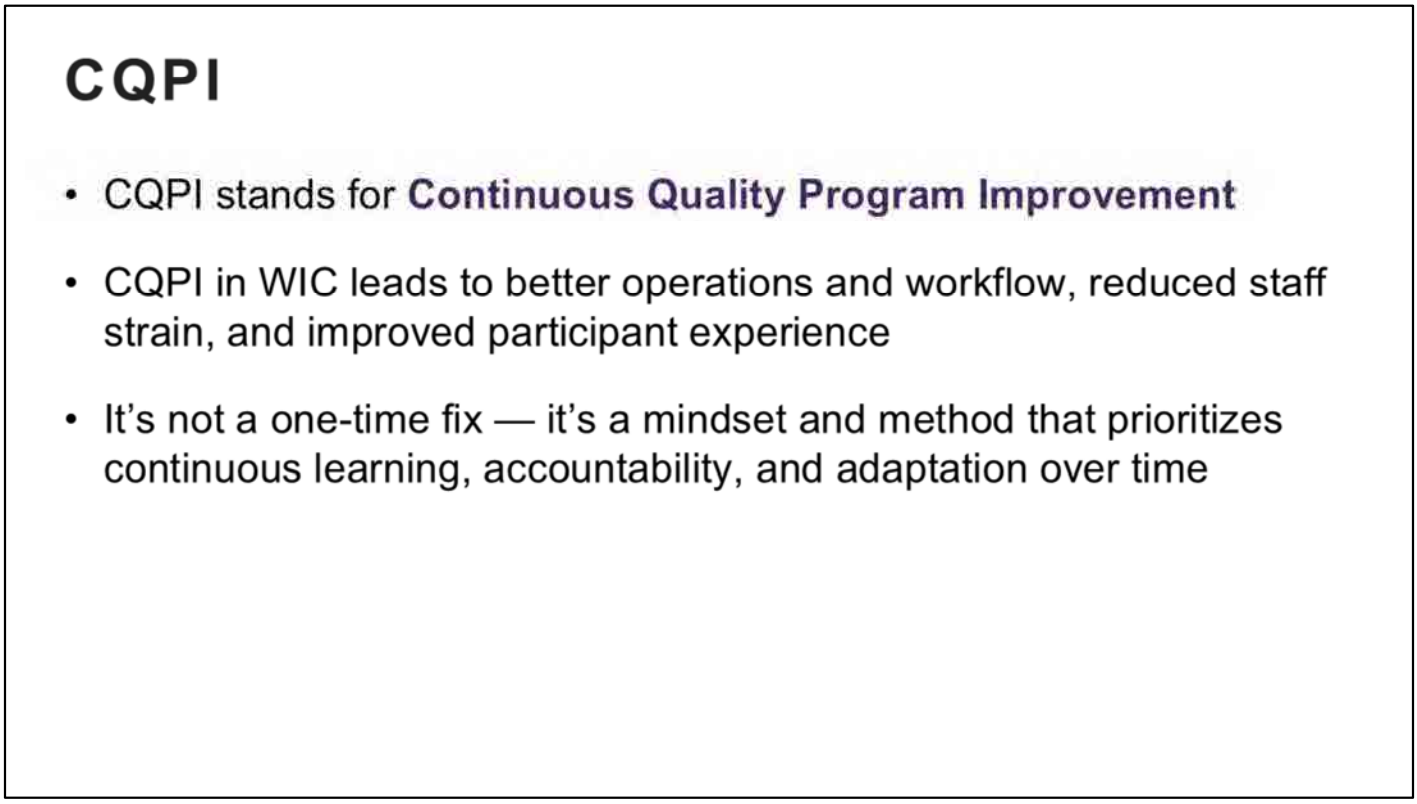
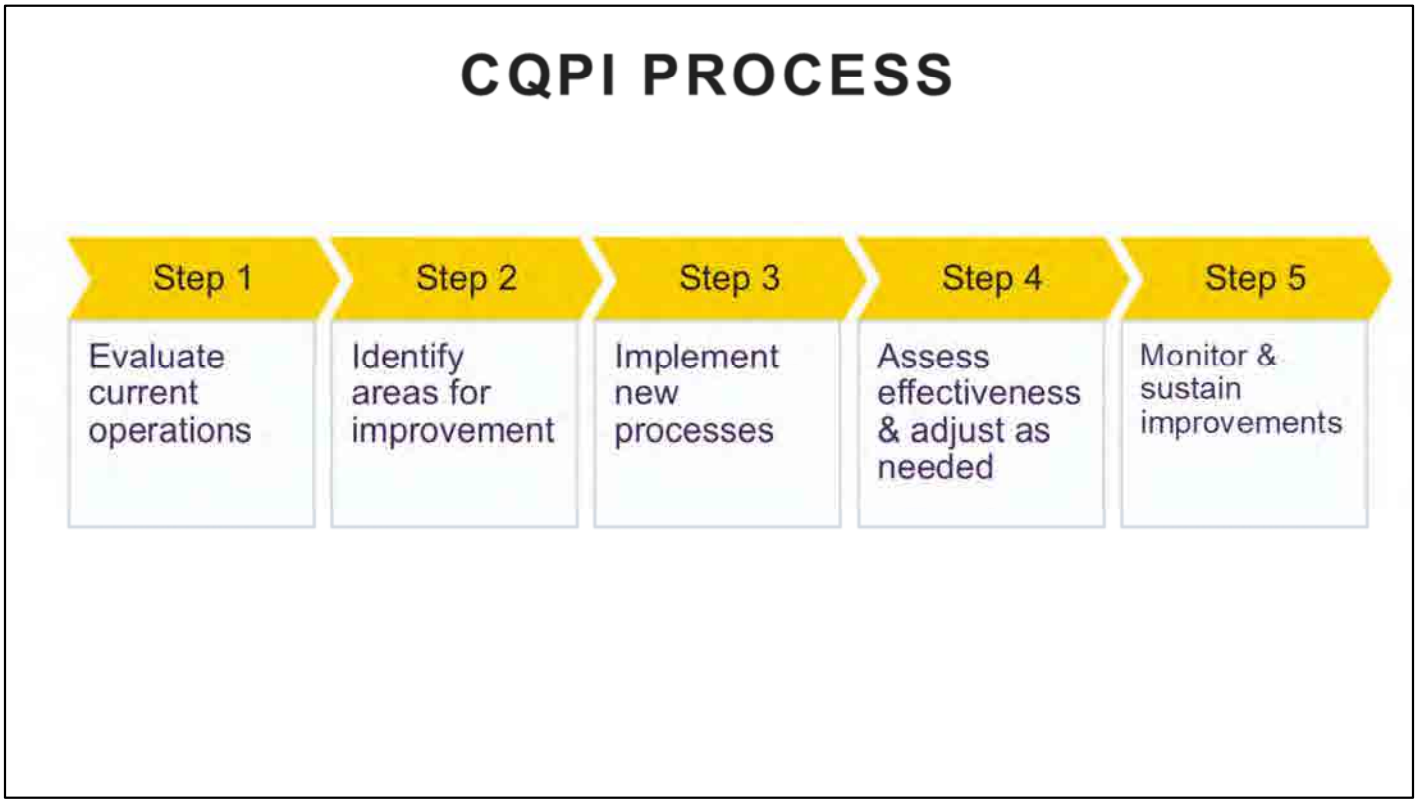
- Introduction of Continuous Quality Process Improvement (CQPI)



What is CQPI, and why does it matter in WIC operations?

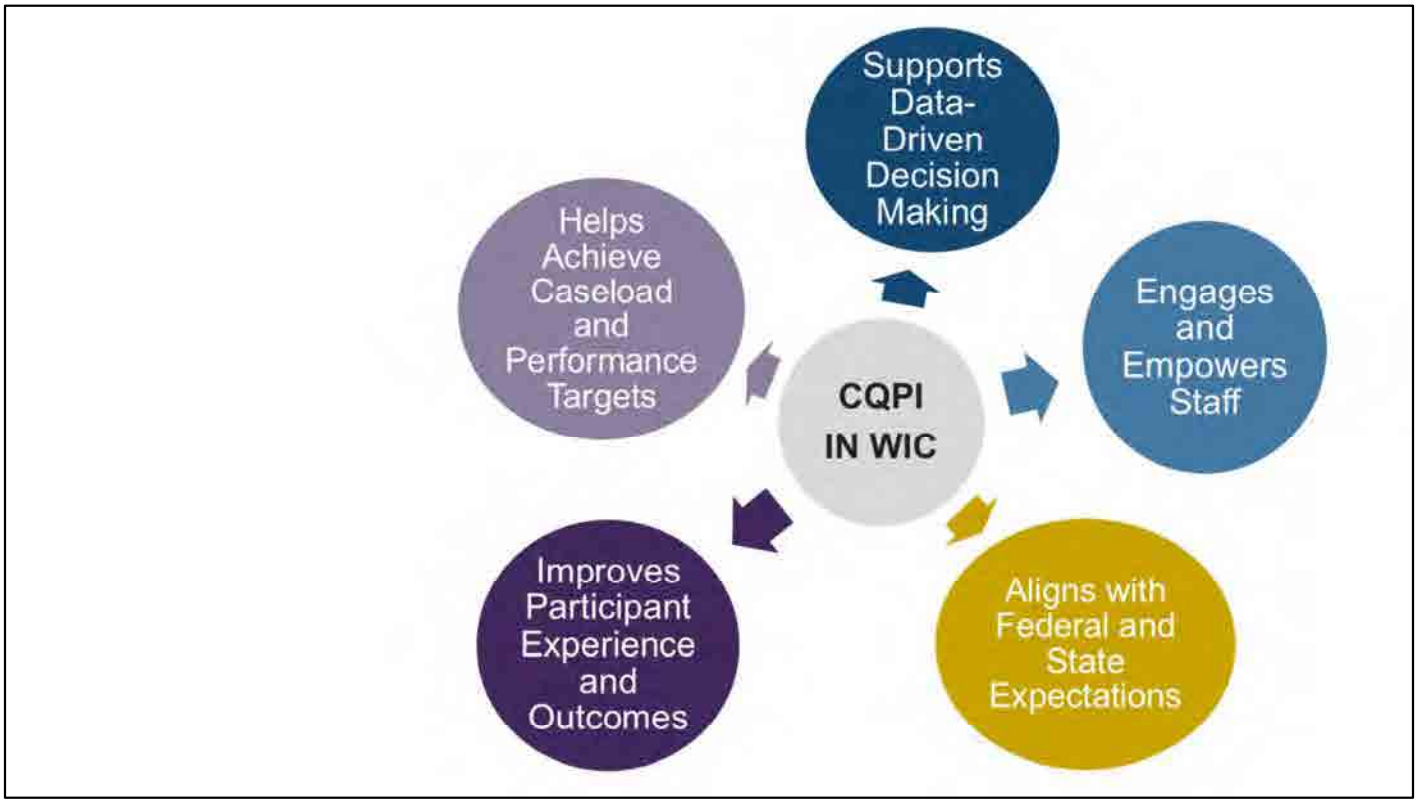
- CQPI stands for Continuous Quality Program Improvement.
- CQPI leads to better operations and workflow, reduced staff strain, and improved participant experience
- It's not a one-time fix — it's a mindset and method that prioritizes continuous learning, accountability, and adaptation over time
- We are going to walk through how to use this process to maximize operations and workflow by addressing challenges and inefficiencies.



Overview of the CQPI Process

- Step 1: Evaluate current operations
- Step 2: Identify areas for improvement
- Step 3: Implement new processes
- Step 4: Assess effectiveness & adjust as needed
- Step 5: Monitor & sustain improvements

- We are going to walk through how to use this process to maximize operations and workflow by addressing challenges and inefficiencies



Why CQPI Matters in WIC Operations:

- **Improves Participant Experience and Outcomes**
  - Helps ensure services are timely, respectful, and tailored to participant needs.
  - Identifies and addresses barriers to access and retention.
- **Supports Data-Driven Decision Making**
  - Encourages the use of real-time data to guide service delivery improvements.
  - Promotes problem-solving based on evidence, not assumptions.
- **Engages and Empowers Staff**
  - Involves frontline workers in identifying issues and designing solutions.
  - Builds a culture of collaboration and shared responsibility.
- **Aligns with Federal and State Expectations**
  - Meets WIC's requirement for local agencies to engage in quality improvement activities.
  - Supports the broader goals of innovation, equity, and efficiency in public health programs.
- **Helps Achieve Caseload and Performance Targets**
  - Supports strategies like reducing no-shows, improving scheduling, and optimizing staff productivity.
  - Encourages proactive rather than reactive management of operations.
- **CQPI is essential because it turns everyday challenges into opportunities for better service** — making WIC stronger, smarter, and more responsive to the families it serves.



Step 1: Evaluate Current Operations Using Data

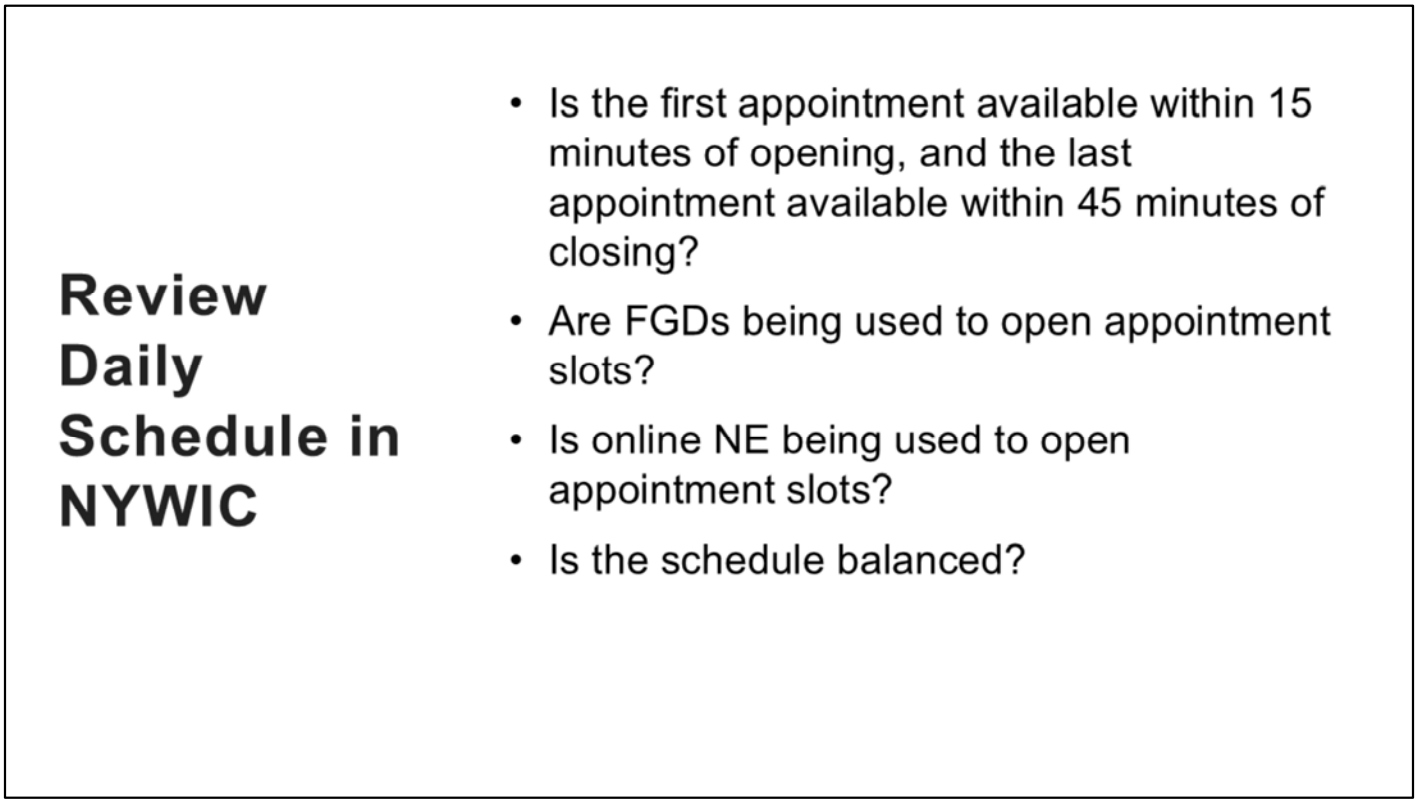
- Importance of using data to inform decisions - WIC agencies need to rely on data for decision-making. In WIC, we have feedback loops that provide continuous monitoring, and regular review of reports and participant feedback is used to make incremental adjustments.
- Data helps with staffing, scheduling, and service delivery
- We have a lot of data at our fingertips that can be used and assessed to determine areas where we could improve operations and workflow.
- Let’s explore some possible sources of WIC data for workflow analysis:



- Chat in or unmute:
  - What data do you explore regularly to assess your operations and workflow?

CHALLENGE #1 APPOINTMENT AVAILABILITY: WIC DATA SOURCES FOR WORKFLOW ANALYSIS

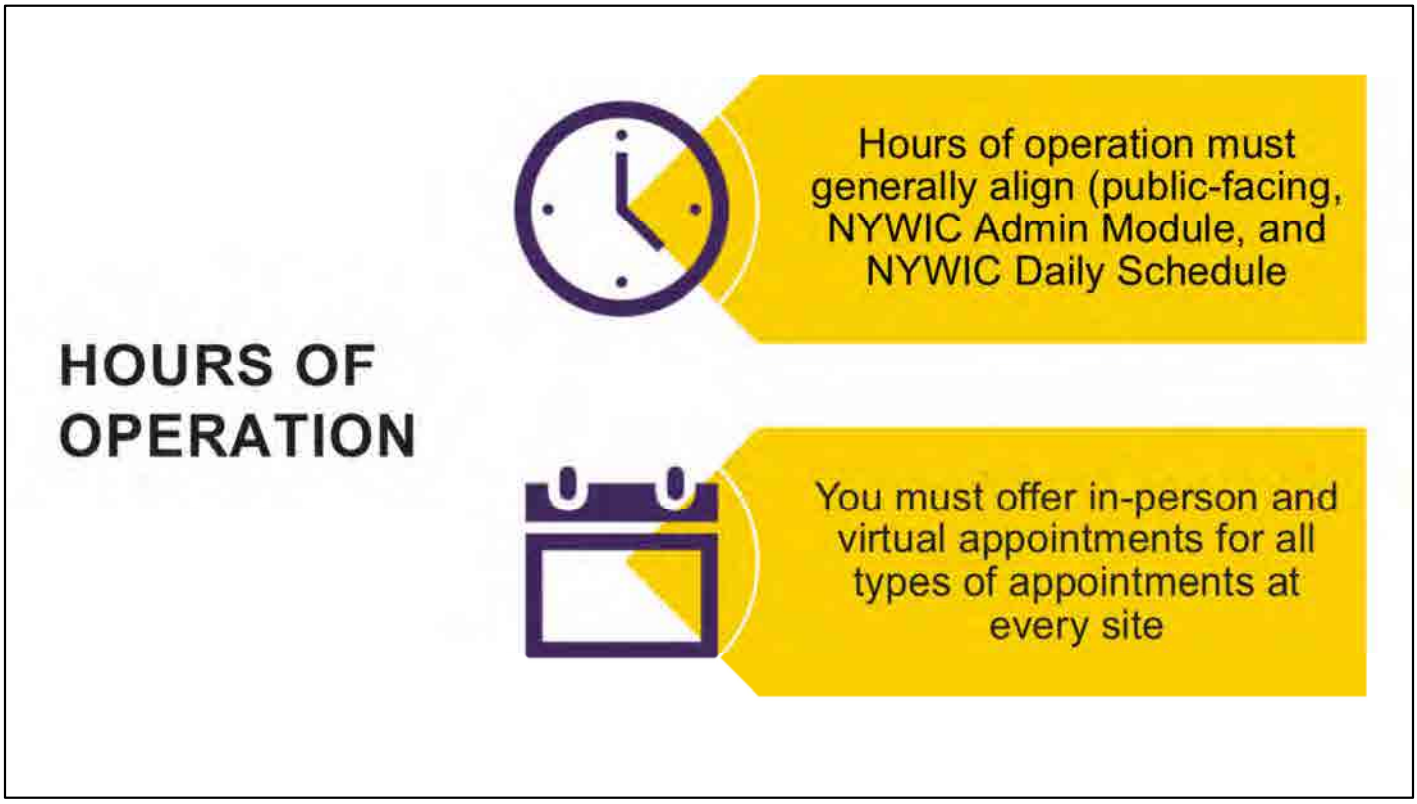
- Challenge #1 Appointment availability:
  WIC data sources for workflow analysis



Review Daily Schedule in NYWIC:

- Is the first appointment available within 15 minutes of opening, and the last appointment available within 45 minutes of closing?
- Are Facilitated Group Discussions (FGDs) being used to open appointment slots?
    - FGDs can be used to provide NE to several participants at the same time
- Is online Nutrition Education (NE) being used to open appointment slots?
    - To determine when to follow-up with participants and the need for benefit issuance, staff may use either option in NYWIC:
        - Participants Eligible for Issuance Dashboard
            - The dashboard is accessible from the File Menu by selecting “Participants Eligible for Issuance Dashboard.”
        - Online Nutrition Education Report
            - This report is accessible from the Reports file menu, then the sub-menu Education and Referrals.
- Is the schedule balanced?
    - Spread out cert appointments so they match your staffing.
        - For example, if you have **1 support staff (SS)** and **2 nutritionists**, avoid scheduling two cert appointments at the same start time (like 9:00 a.m.).
        - Instead, stagger them—schedule one cert at 9:00 a.m. and the other at 9:15 or later—so staff can manage participant flow without bottlenecks.
    - Are all the appointment slots being utilized
        - Are there gaps in the schedule that are**n’t** being used

- Examples:
- No appointments scheduled at 3:00 pm
- Appointment slots that can’t be utilized: 1 15-minute appointment slot open at 9:15 am and another one at 10:00 am, but you need a 30-minute slot.



Hours of operation:

- Hours of operation must generally align (public-facing like websites and WIC2Go, NYWIC Demographics screen in the Admin Module, and the NYWIC Daily Schedule)
- You must offer in-person and virtual appointments for all types of appointments at every site during hours of operation.
    - i.e.: You must offer both modalities for all appointment types, during all available appointment times



Hours of operation continued:

- Are you offering alternative hours
  - Based on participants' needs
- Lunch appointment availability- Are lunch hour appointments being offered, and enough staff scheduled to work in-person to have doors open at lunch whenever possible?
  - Lunchtime appointments must be available for sites that have sufficient staffing to support it.
- Examine training and meeting times
  - Do you need to be closed that many days? Could you combine meetings and training more efficiently to offer more appointment times?

WALK-IN DATA

- Collect and review data to explore the number of walk-in participants who are seen each day

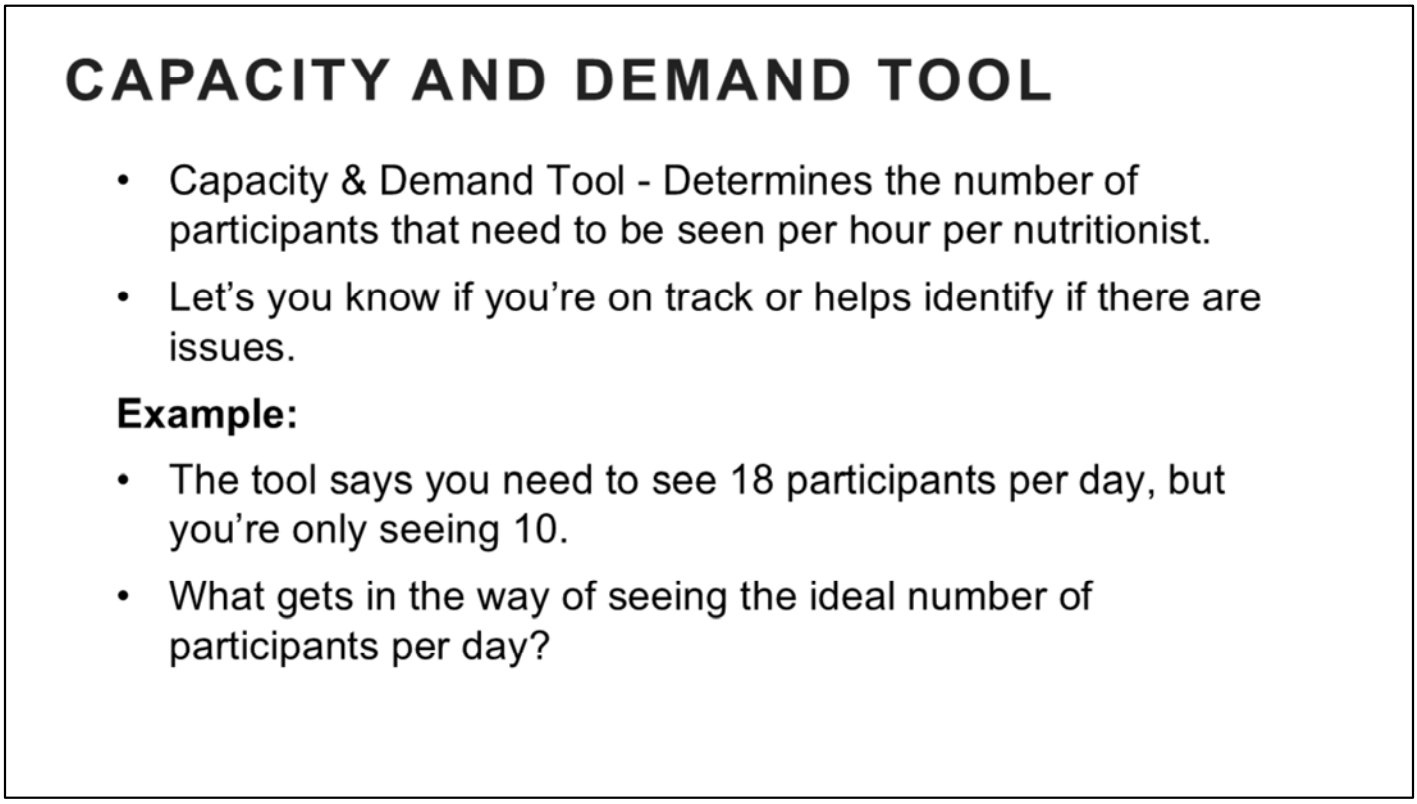


- Walk-in participant data
  - Collect and review data to explore the number of walk-in participants who are seen each day
  - Do you plan for walk-ins?



NYWIC review continued:
Appointment Availability -

- Does your staff follow standardized appointment times?
    - All staff should schedule the same, meaning that all staff give the same appointment types the same amount of time, and the schedule should be monitored regularly
- What are those times?



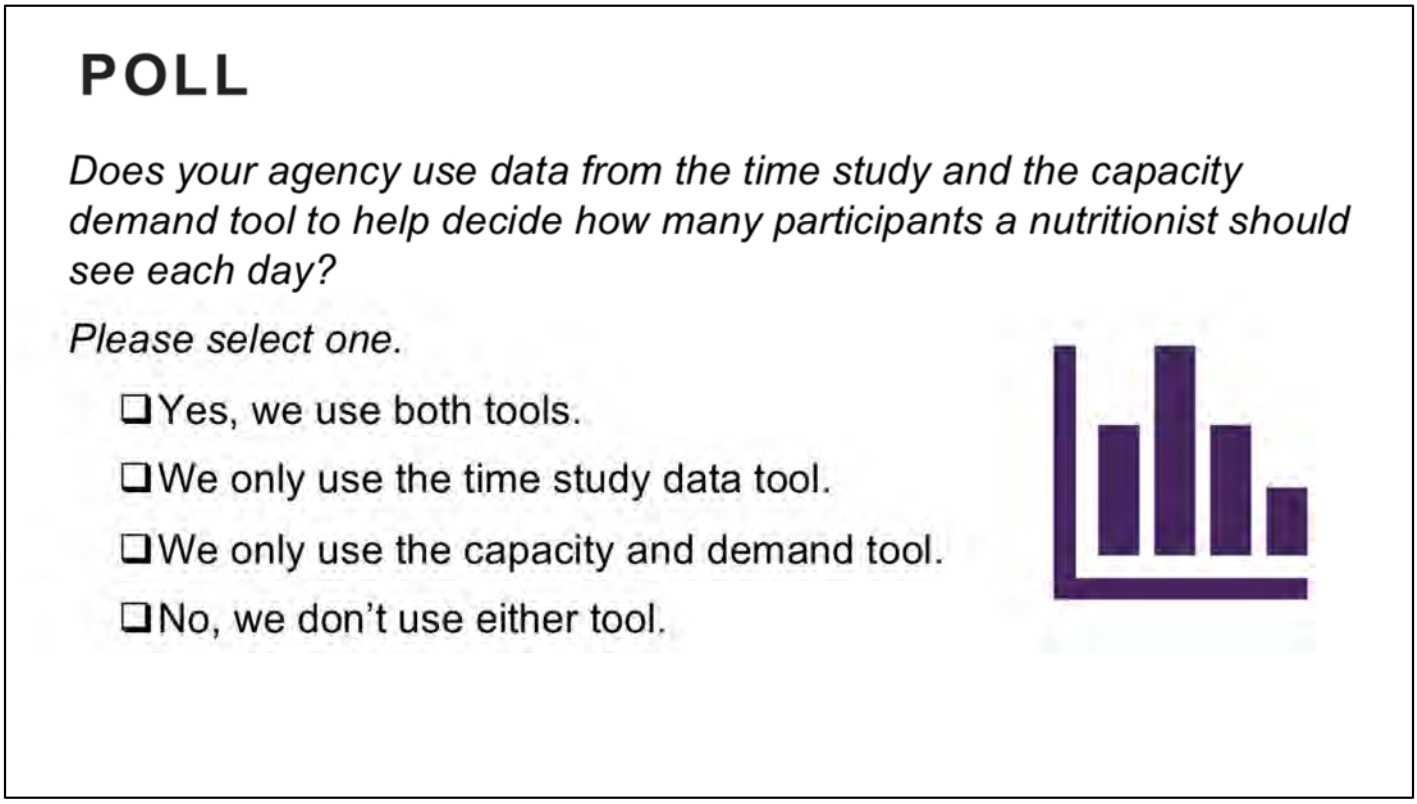
- The Capacity and Demand Tool, developed by CAI will tell you how many participants each nutritionist needs to see per hour to meet caseload
- Let's you know if you're on track or helps identify if there are issues.
    - **For example,** The tool says you need to see 18 participants per day, but you're only seeing 10.
        - What gets in the way of seeing the ideal number of participants per day? Ask attendees to chat is their response.
- *The Capacity and Demand Tool is available to any agency through Coaching --- just fill out a coaching request and submit to your Regional Office for* approval.

TIME STUDY

- Time Study findings – used to identify appointment durations
- Local agencies can conduct their own time study or review data collected from prior Learning Communities



- Time Study findings – used to identify appointment durations
  - Local agencies can conduct their own time study or review data collected from prior Learning Communities
    - We'd like to encourage all agencies to take part in coaching to help guide your own evaluations and desk audits. This is a great opportunity to see what's working well and where there might be room for improvement.
    - And if your agency was part of the 2022–2023 Learning Community, it's worth taking another look now—things change over time, and a fresh review can provide new **insights.**



- Poll:
  - Does your agency use data from the time study and the capacity demand tool to help decide how many participants a nutritionist should see each day?
    - Responses to the Poll:
      - Yes, we use both
      - We only use time study data
      - We only use the capacity and demand tool
      - No, we don't use either

DESK AUDIT

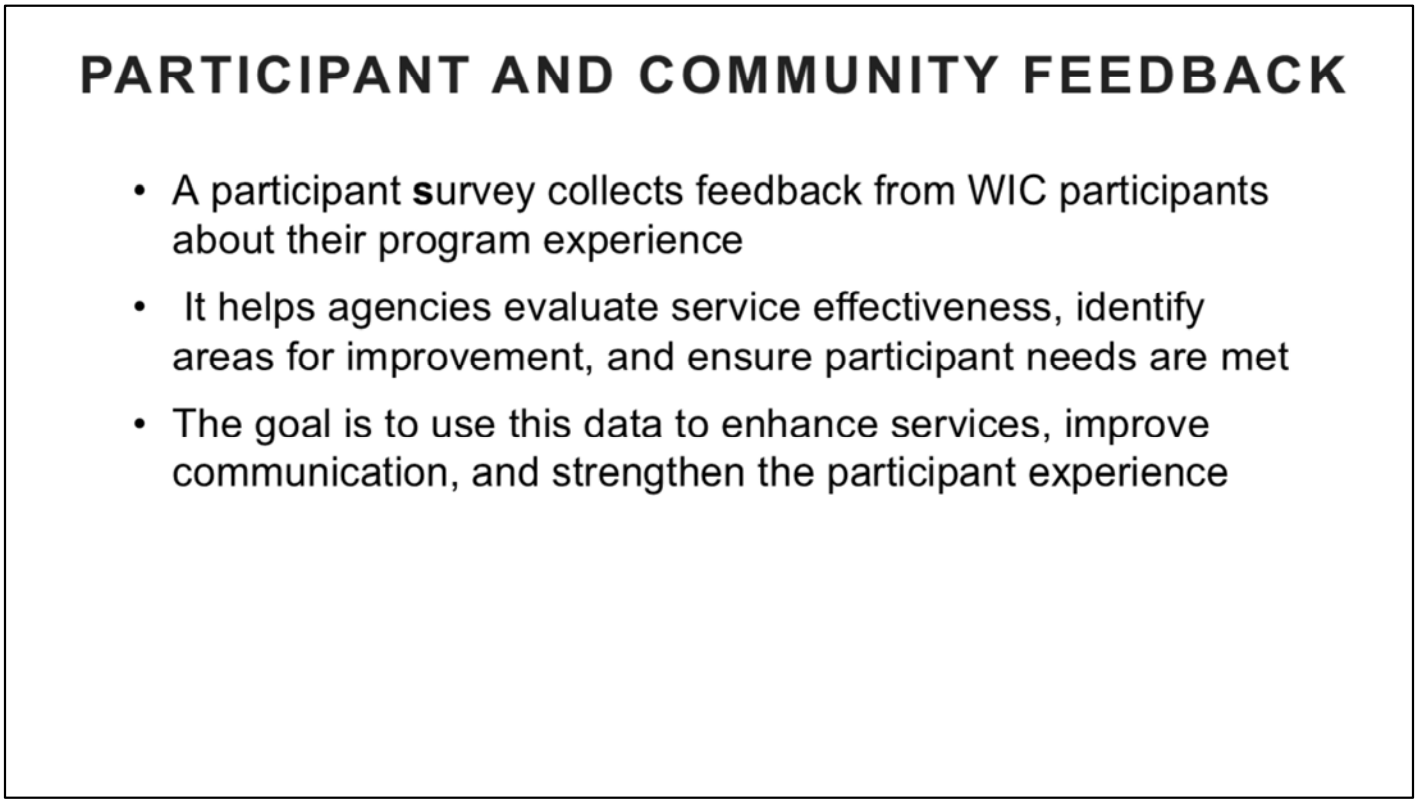
The Desk Audit is intended to measure:

- The number of appointments held in-person and virtually over five days
- The number of appointments that changed in modality
- The appointment modalities scheduled for the next appointment

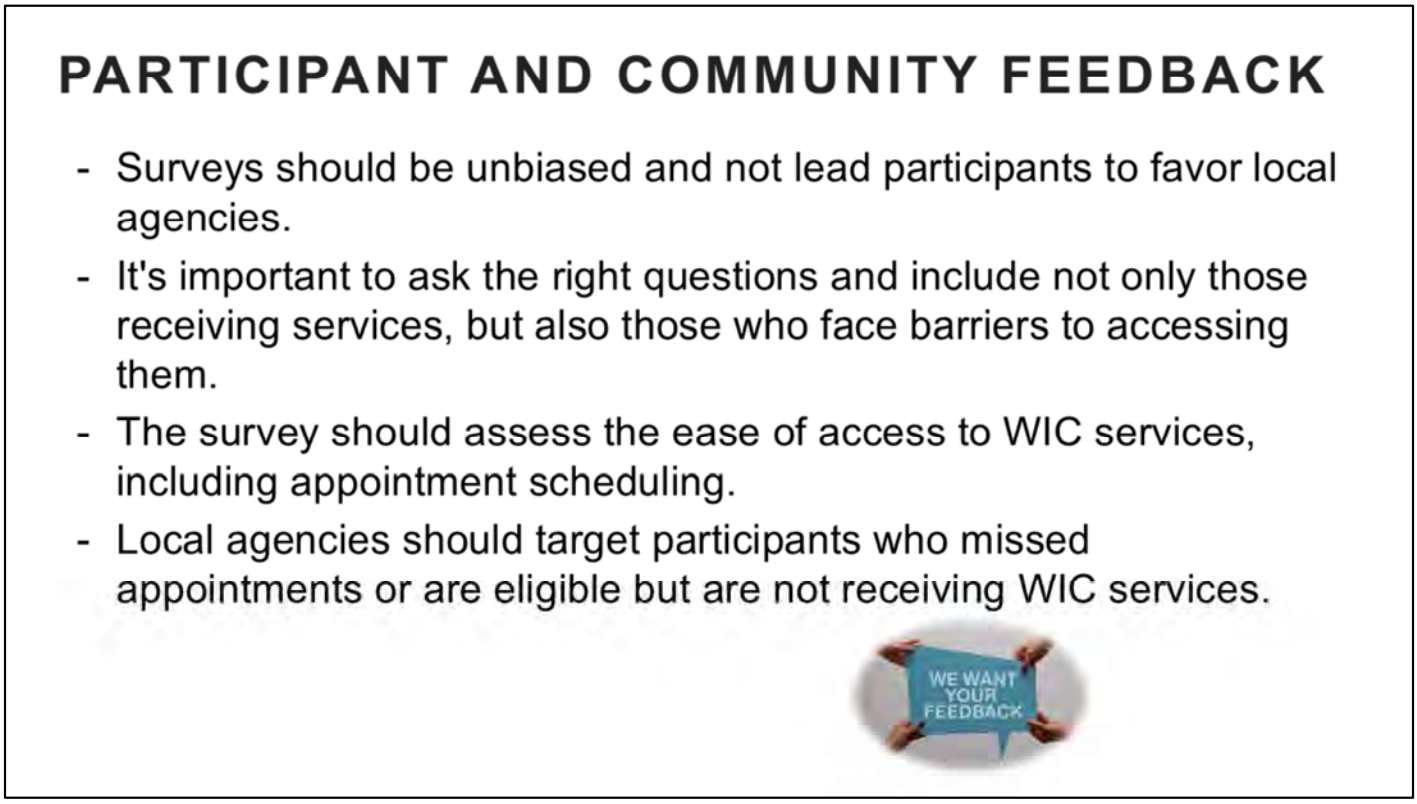


Desk Audit:

- The Desk Audit is intended to measure the number of appointments held in-person and virtually over five days, the number of appointments that changed in modality, and the appointment modalities scheduled for the next appointment.
- 2023-2024 Learning Community – 92% of all appointments held were virtual



- Participants and Community Feedback:
  - Participant Feedback Survey - A Participant Survey collects feedback from WIC participants about their program experience. It helps agencies evaluate service effectiveness, identify areas for improvement, and ensure participant needs are met. The goal is to use this data to enhance services, improve communication, and strengthen the participant experience.



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        - Surveys should be designed without bias from the local agency, meaning they should not influence participants to respond in a way that advantages the local agency.
        - It's important to ask the right questions and include not only those receiving services, but also those who face barriers to accessing them. This survey can be used to learn about participants' ease of accessing WIC services, including appointment scheduling and availability of appointments.
            - Local agencies should survey participants who have missed appointments and participants who are no longer receiving WIC services but are eligible for services.

PARTICIPANT AND COMMUNITY FEEDBACK

- To reach individuals who have never used WIC services, local agencies could partner with organizations like Head Start for outreach and surveys



- Participants and Community Feedback: continued
    - To reach participants who have never accessed WIC services, local agencies could partner with community agencies like Head Start to distribute a survey or do outreach.
        - If data showed low participation in WIC among Head Start participants.

REVIEW SURVEY RESULTS

- Are participants satisfied with appointment availability?
- Does their feedback align with other data?
- For example, other data may indicate there is good appointment availability, but participants are dissatisfied---what is causing the discrepancy?



- Participants and Community Feedback: continued
  - Are participants satisfied with appointment availability?
  - Does their feedback align with other data?
  - For example, other data may indicate there is good appointment availability, but participants are dissatisfied---what is causing the discrepancy?

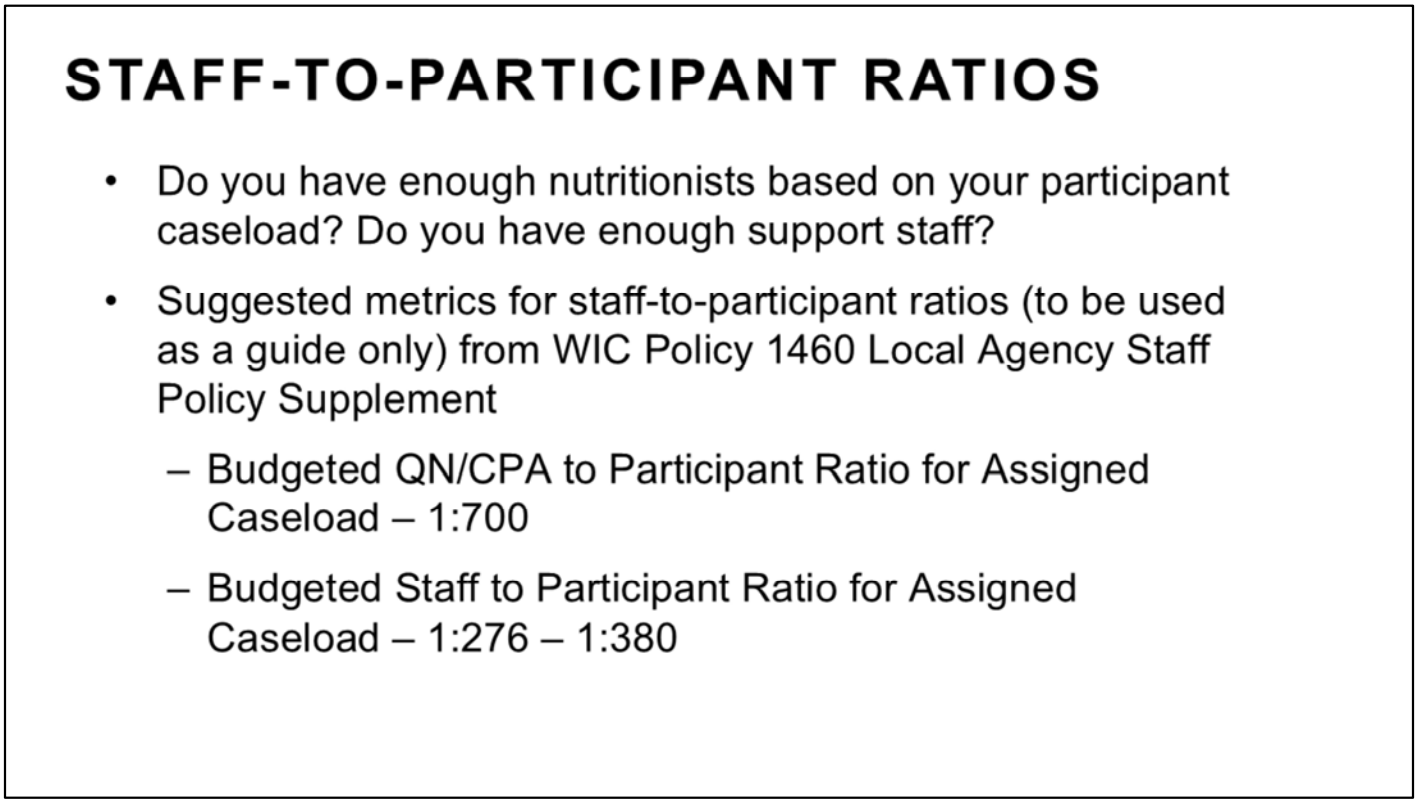


- Chat in or unmute:
    - What additional tools can help analyze appointment availability data?

CHALLENGE #2
WORKLOAD DISTRIBUTION & STAFF PRODUCTIVITY: WIC DATA SOURCES FOR WORKFLOW ANALYSIS

Challenge #2

- Workload distribution & staff productivity: WIC data sources for workflow analysis



- Staff-to-participant ratios across sites – Do you have enough of each staff? For example, do you have enough nutritionists based on your participant caseload?
    - Suggested metrics for staff-to-participant ratios (to be used as a guide only) from WIC Policy 1460 Local Agency Staff Policy Supplement (WPM 1460 supplement, 2021)
        - Budgeted QN/CPA to Participant Ratio for Assigned Caseload – 1:700
        - Budgeted Staff to Participant Ratio for Assigned Caseload – 1:276 – 1:380
    - Agencies can calculate their budgeted ratio by dividing the target caseload by the total Full-Time Equivalent (FTE) of nutrition staff to see if there are enough staff members budgeted to support the target caseload.
    - Agencies can calculate their current ratio by dividing the current participation by the active FTI of nutrition staff.

STAFF-TO-STAFF RATIO

- Do you have 5 support staff and 2 nutritionists?
- Does that cause bottlenecks and gaps between the different components of appointments
- Do you have the right ratio of staff?



- Staff-to-Staff Ratio
  - Do you have 5 support staff and 2 nutritionists?
    - Does that cause bottlenecks and gaps between appointment components
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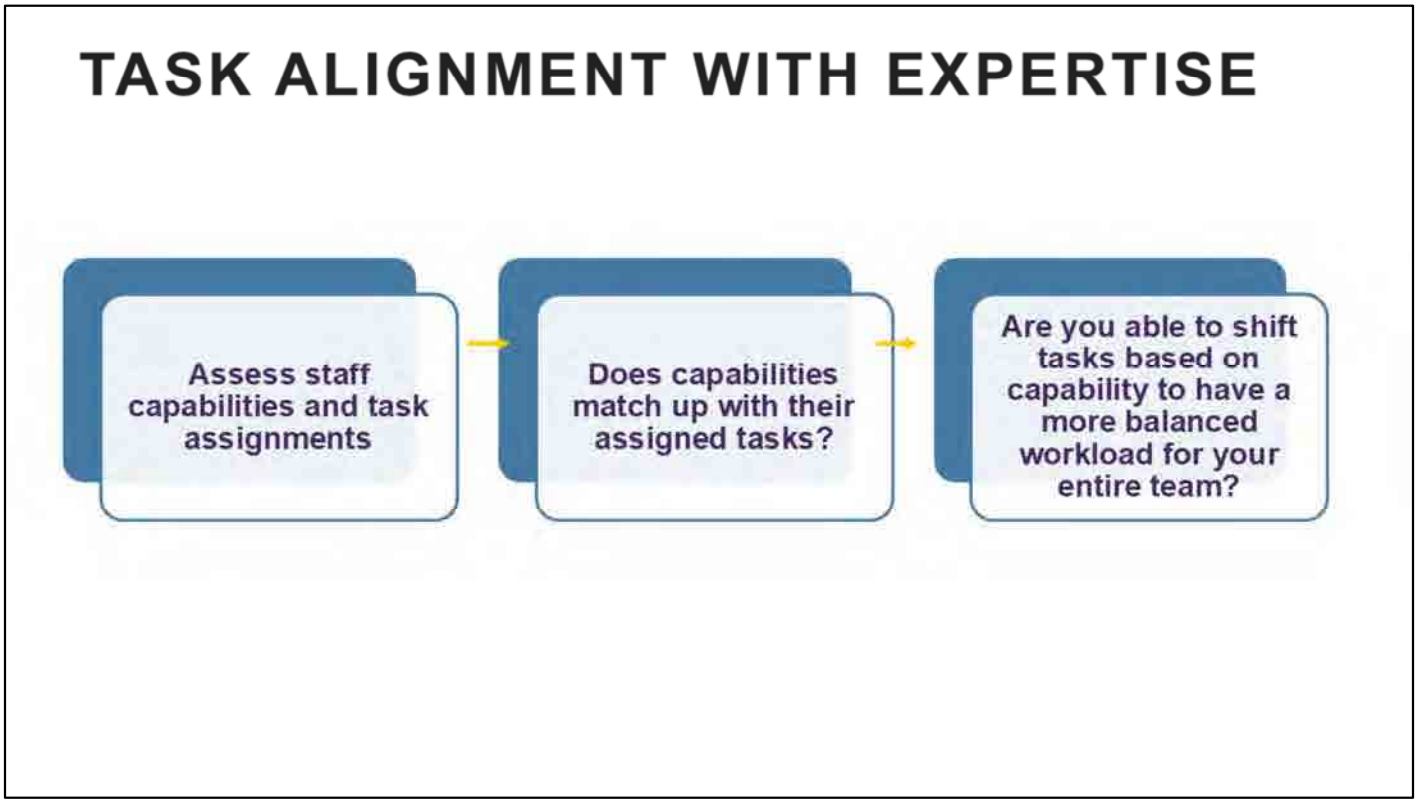


- Task alignment with expertise –
  - Assess staff capabilities and task assignments.
    - Who is responsible for calling no-shows?
    - Who is programming the autodialer?
    - Who is responsible for processing a new WIC application
  - Does staff capabilities match up with their assigned tasks?
    - Nutrition staff responsible for the autodialer?
  - Are you able to shift tasks based on capabilities- to have a more balanced workload for your entire team?
    - Could your nutrition staff make no-show calls for NE and HNU appointments, freeing up support staff for other tasks?
    - Could your support staff follow up with all new participants to see how their shopping experience went and if they have any questions, freeing up the nutritionist's schedule
- Are you incorporating technology to relieve staff duties (autodialer)? Is there an effective communication system in place for staff to use (Teams, texting)?

CHALLENGE #3 WAIT TIMES: WIC DATA SOURCES FOR WORKFLOW ANALYSIS

- challenge #3 wait times:
  WIC data sources for workflow analysis

WAIT TIMES

In-person vs. virtual wait times

- Are there consistent delays in either setting?
- Are virtual appointments contacted at their appointment time
- Does your agency have support staff contact all virtual appointments or just the certifications and recertifications?



- In-person vs. virtual wait times.
  - Are there consistent delays in either setting?
  - Are virtual appointments contacted at their appointment time?
  - Does your agency have support staff contact all virtual appointments or just the certifications and recertifications?

WAIT TIMES



- Participant-reported delay
- Through the participant feedback survey, you can ask about wait times
- If long wait times are reported, assess what causes the long wait times.

- Participant-reported delays – Through the participant feedback survey, you can ask about wait times.
- If long wait times are reported, assess what causes the long wait times?

CHALLENGE #4
NO-SHOW RATES:
WIC DATA SOURCES FOR WORKFLOW ANALYSIS

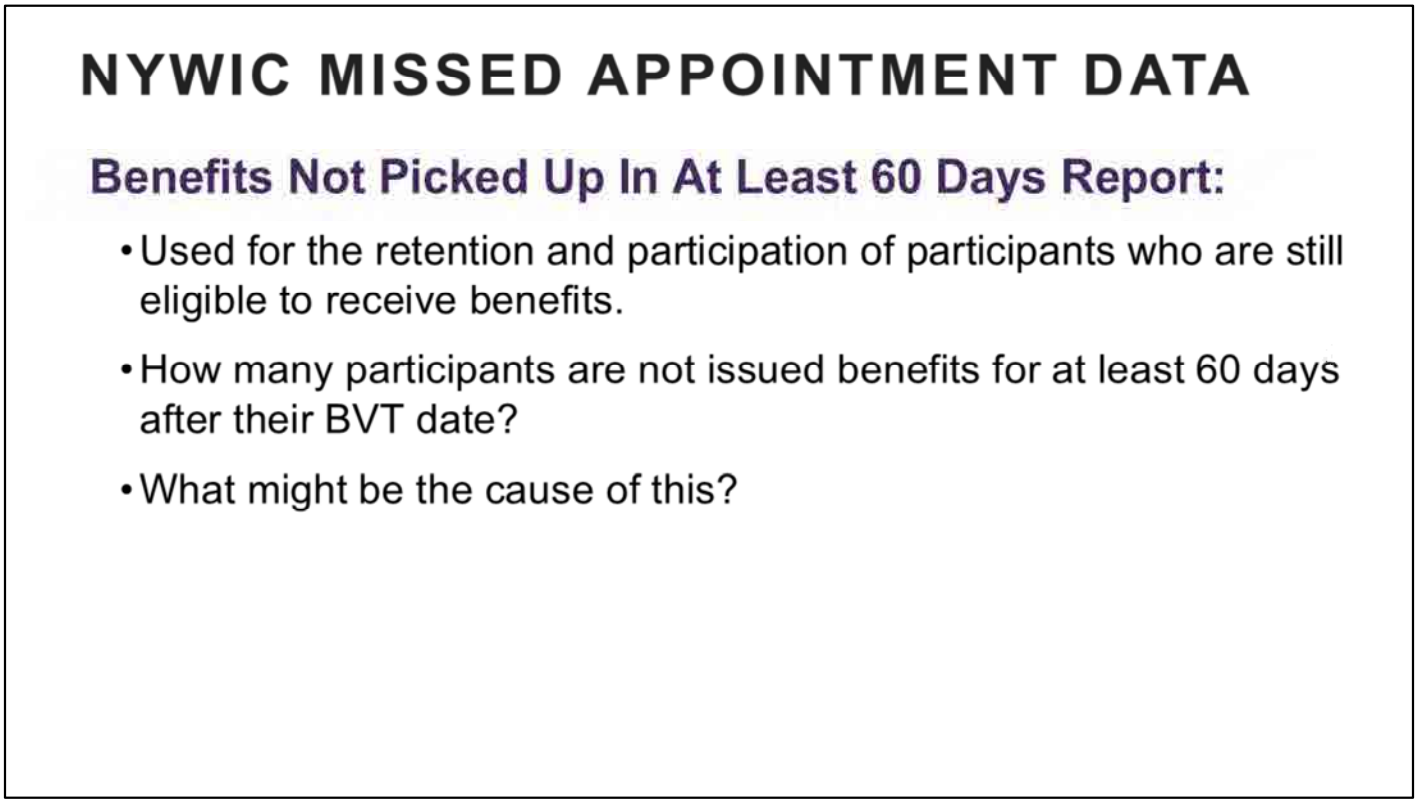
- Challenge #4 no-show rates:
  WIC data sources for workflow analysis

NYWIC MISSED APPOINTMENT DATA

- How many no-shows do you have a month?
- What might be the cause?
  - ❑ Your appointment reminder system
  - ❑ Your phone system
  - ❑ Messages that WIC staff share at the end of an appointment about the participants' next appointment



- NYWIC missed appointment data
  - Review NYWIC reports: Show Rate Report and List of Missed Appointments
- How many no-shows do you have a month?
- What might be the cause?
  - For example, assess your appointment reminder system,
  - Your phone system (how are messages returned),
  - Messages that WIC staff share at the end of an appointment about the participants' next appointment, etc.
    - Example: your next appointment is for a recertification and will take ~ 30 minutes, you will receive 2 calls, one from the support staff and one from the nutritionist
- Note: Using an appointment reminder system like an auto dialer to remind WIC participants of upcoming appointments can improve attendance rates, reduce no-shows, and ensure consistent, timely communication with minimal staff effort.



- NYWIC missed appointment data –continued:
- Benefits Not Picked Up In At Least 60 Days
    - Used for retention and participation of participants who are still eligible to receive benefits.
    - How many participants are not issued benefits for at least 60 days after their BVT date?
    - What might be the cause of this?

NYWIC MISSED APPOINTMENT DATA

Participant Feedback Survey

- You can conduct a participant feedback survey or make phone calls to learn more about why participants are missing appointments or not picking up benefits
- What might be the cause of this?



- NYWIC missed appointment data –continued:
- Participant Feedback Survey –
  - You can conduct a participant feedback survey or make phone calls to learn more about why participants are missing appointments or not picking up benefits.
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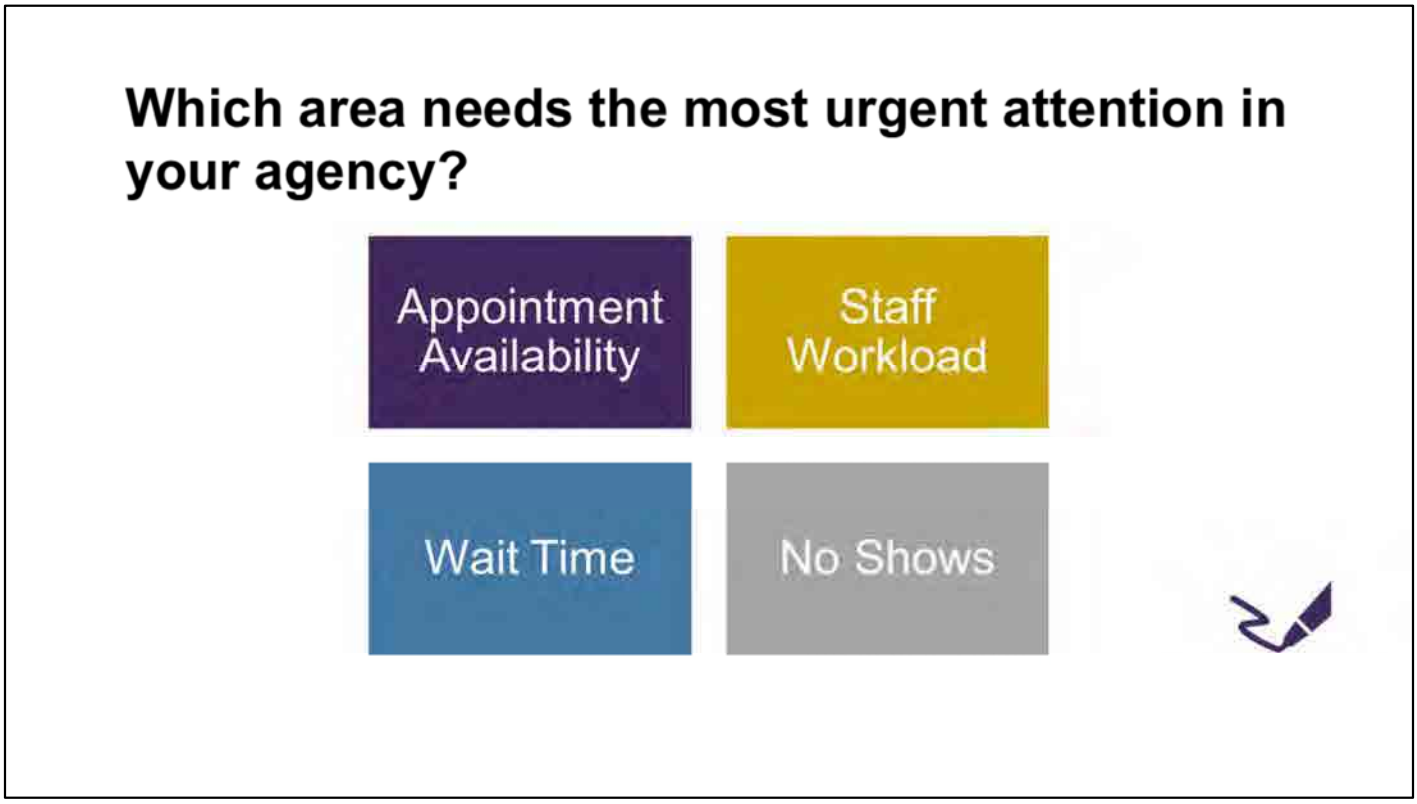


Reflection activity: “Which area needs the most urgent attention in your agency?”

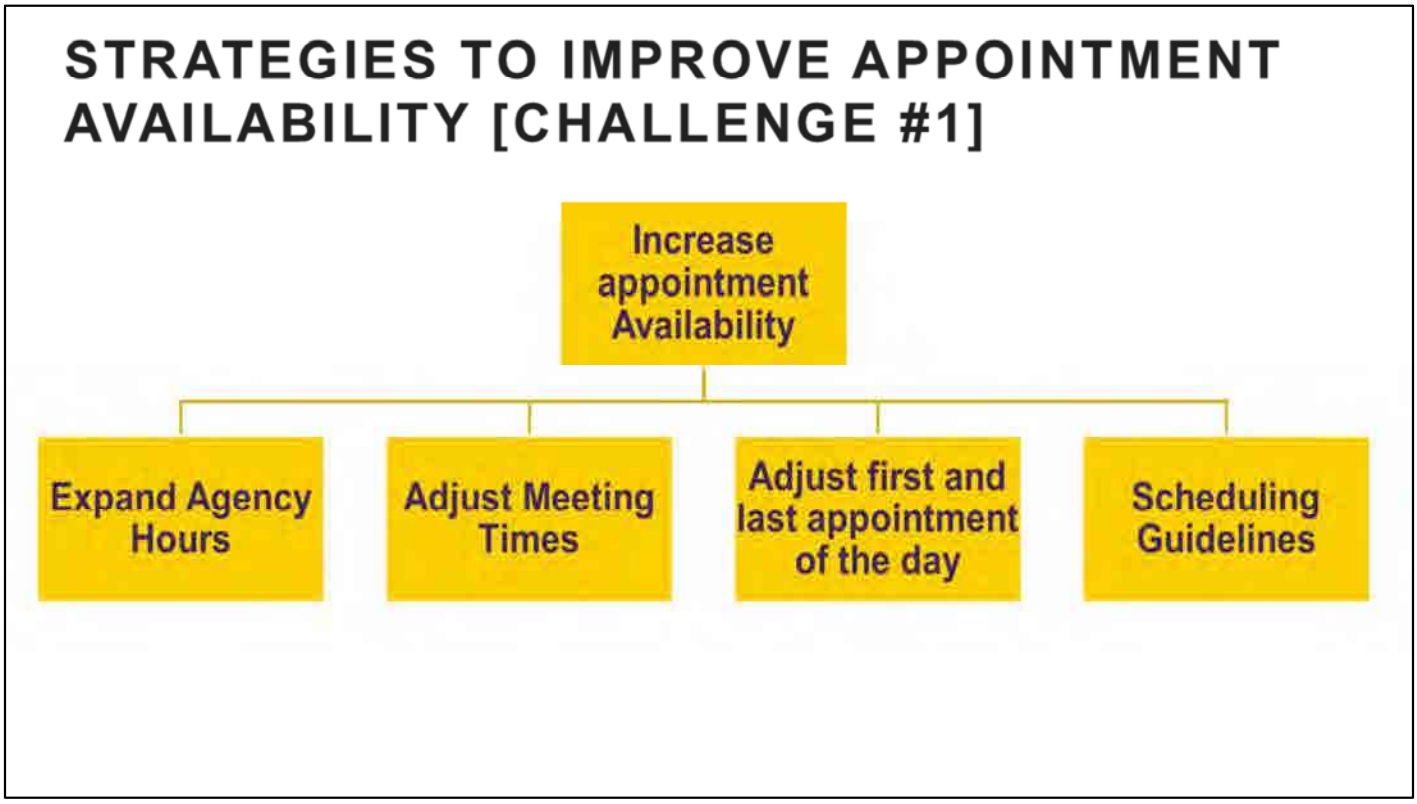
- Ask attendees to annotate to the area that needs urgent attention in their agency?
- “Which area needs the most urgent attention in your agency?”
- Highlight that they should keep this in mind as we move on to step 2, which explores strategies to address each challenge or inefficiency.



- Step 2: Identify Areas for Improvement and Improvement Strategies
  - Review findings from Step 1 to pinpoint issues - Once you've looked at the data, it will be clear where your areas of improvement are.



- Chat in or unmute:
    - What are some small changes your agency has made to help improve operations and workflow in the past?



- #1 Appointment Availability (Strategic approaches for improvements in this area)
    - Expand agency hours
        - Ensure enough staff are scheduled to work in-person to have doors open at lunch. Stagger lunch breaks.
    - Ensure that if the nutritionist starts at 8 am, they start seeing participants by 8:15 am, and not 9 am.
    - Make sure that if the nutritionist ends at 5:00 pm, they do not stop seeing participants until 4:15 or 4:30 pm, not 3:30 pm.
    - Modify your NYWIC schedule templates and your Scheduling Guidelines to align with the data from your Capacity and Demand tool and data from Time Study
    - Adjust staff meeting times



Scheduling Guidelines:

- All staff should schedule the same, meaning that all staff give the same appointment types the same amount of time, and the schedule should be monitored regularly
- For example, we should not have one nutritionist scheduling HNUs for one participant for 15 minutes when another nutritionist schedules them for 45 minutes.

Factors that agencies may consider when determining appointment lengths are:

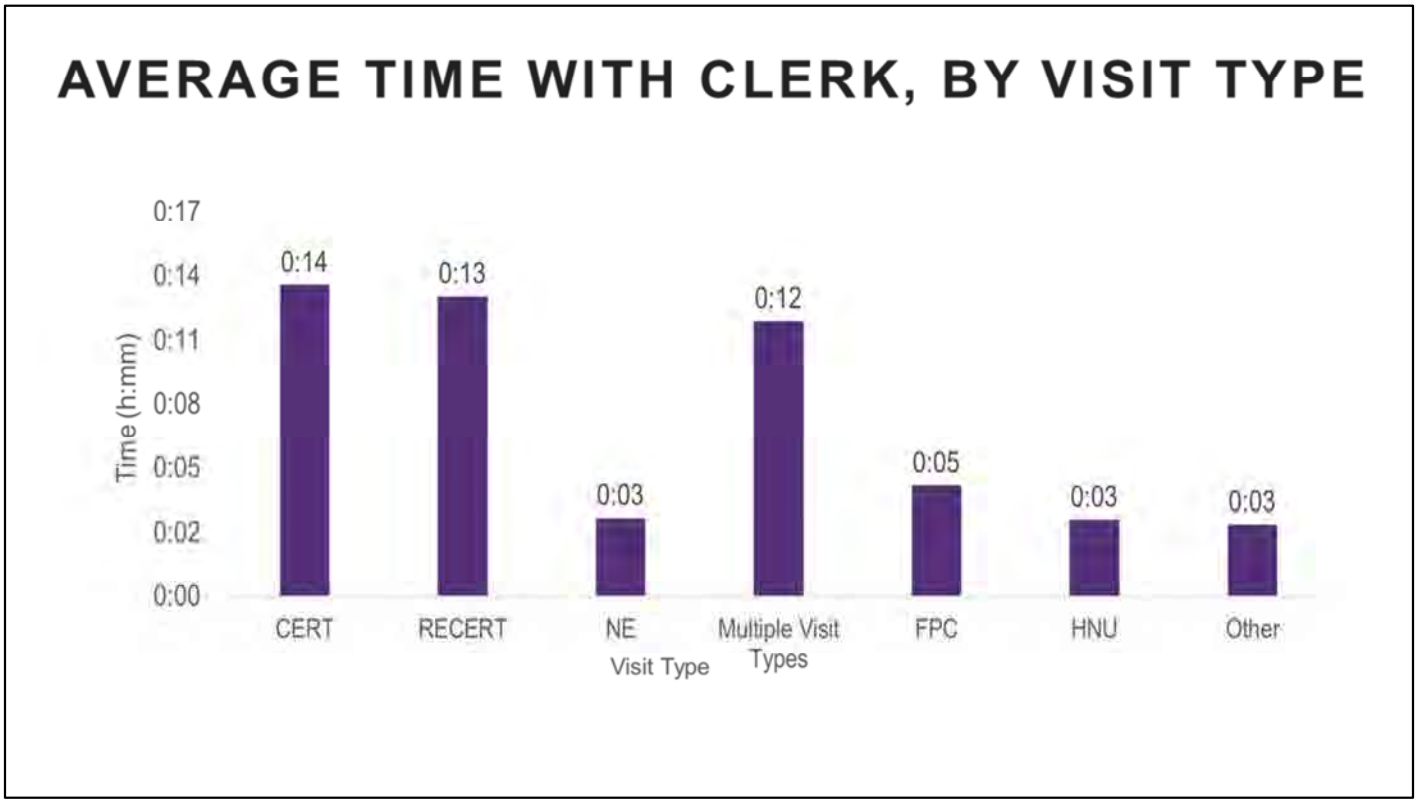
- Appointment type
- Number of participants in the appointment
- Need for translation
- High risk status

- Breastfeeding
- Need for anthropometry and/or hematology to be done on-site
- or any other considerations local agencies find relevant for their agency

Data from the 2022-2023 Learning Community:

- 2022-2023 Learning Community collected data on how long each visit type took with support staff and nutritionists.

- Agencies can use the 2022-2023 Learning Community data to come up with their scheduling guidelines or can conduct a time study to gather their own data.



- **<u>The 2022-2023</u>** Learning Community collected data on how long the clerk (support staff) spent with each visit type.

- This chart shows the average time the clerks spent with participants, by visit type. [Review average visit times]

- It ranged from an average 14 minutes at the longest for certification and 3 minutes on average for nutrition education, health and nutrition update, and visits that were categorized as other.

- **Note:** I also want to highlight that many agencies are no longer using their clerks/support staff for the Health and Nutrition Update, Nutrition Education and Food Package Change (FPC) appointments, thus freeing up the SS/clerks to take on other tasks/duties

AVERAGE TIME WITH THE NUTRITIONIST

Appointment Type	Time (minutes)
Certification	22
Recertification	16
Health and Nutrition Update	9
Nutrition Education	9
Food Package Change	9
Multiple Types	19

The **2022-2023 l**earning community collected data on how long it took nutritionists for appointments based on the type of appointment and the number of participants in the appointment

Average time by appointment type:

- Certification: **22** minutes
- Recertification: **16** minutes
- Health and Nutrition Update/Nutrition Education: **9** minutes
- Food package change: **9** minutes

- Multiple visit types: 19 minutes

AVERAGE TIME WITH THE NUTRITIONIST

Number of Participants	Time (minutes)
1	11 minutes
2	15 minutes
3	19 minutes
4	20 minutes

Avg time by number of participants:

- 1: 11 minutes
- 2: 15 minutes
- 3: 19 minutes
- 4: 20 minutes

INTERPRETATION SERVICES



The 2019 Learning Community found that using interpretation services adds an extra 12 minutes on average to the appointment.

The 2019 Learning Community, we found that using interpretation services adds an extra **12** minutes on average to the appointment

- This is important and useful information to have when developing your agency's scheduling guidelines

- --If a participant needs to have interpretation services, you should be adding extra time to that appointment

References

Scheduling Best Practices – example-pdf

Scheduling Best Practices

Reduce scheduling complexity and do not limit access.

- Choose an increment based on the average time participants spend with nutritionists
- Build shorter and longer appointments based on the average increment or standardize one timeframe
- Develop a *few* criteria to help you categorize an appointment as short or long

Example Cheat Sheet

Appointments can be scheduled in 15- or 30-minute time slots, based on the following variables:

Appointment Type	Time
• **PCERT** -initial certification for a priority applicant (appointment must be scheduled within 10 days of first contact)	• 30 minutes for 1 participant • Add 15 minutes for each additional participant
• **CERT** -initial certification for a non-priority applicant (appointment must be scheduled within 20 days of first contact)	• 30 minutes for 1 participant • Add 15 minutes for each additional participant
• **RECERT** – Recertification	• 15 minutes per participant
• **HNU** – Health and Nutrition Update	• 15 minutes per participant
• **NE** – Nutrition Education	• 15 minutes for 1-3 participants • 30 minutes for 4+participants
• **NE/HR** – Nutrition Education/High Risk	• 15 minutes per participant
• **FPC** – Food Package Change	• 15 minutes per participant
• **BS/NBI** – Breastfeeding Support/No Benefits Issued	• 15 minutes
• **FGD** – Facilitated Group Discussion	• 15 minutes per group, 4-8 participants per group

*Add additional time for interpretation needs, if applicable

Example of scheduling guidelines --- this will allow for 3-4 participants to be seen per hour per Nutritionists

FACILITATED GROUP DISCUSSION (FGD)

- Facilitated Group Discussion (FGD) should be considered as an option for increasing appointment availability
- FGDs are scheduled for 15 minutes per group
- 4-8 participants scheduled per group



- #1 Appointment Availability (Strategic approaches for improvements in this area) -continued
  - Facilitated Group Discussion (FGD)– should be considered as an option for increasing appointment availability
    - FGDs are scheduled for 15 minutes per group. 4-8 participants scheduled per group.

STRATEGIES TO IMPROVE WORKLOAD DISTRIBUTION AND STAFF PRODUCTIVITY [#2]

- Staff are one of the most expensive resources in any operation, making it crucial to maximize their efficiency and effectiveness when servicing participants
- Every staff member represents a significant investment in terms of wages, benefits, training, and overhead costs
- Therefore, their time and skills should be utilized in ways that create the highest possible value.



- #2 Workload Distribution & Staff Productivity(Strategic approaches for improvements in this area)
    - Staff are one of the most expensive resources in any operation, making it crucial to maximize their efficiency and effectiveness when servicing participants. Every staff member represents a significant investment in terms of wages, benefits, training, and overhead costs. Therefore, their time and skills should be utilized in ways that create the highest possible value.

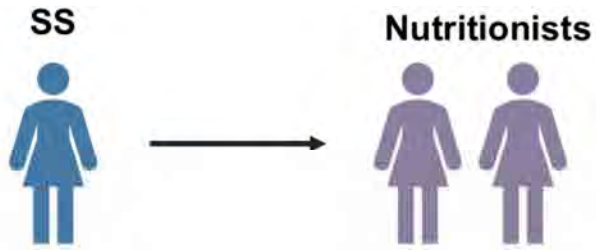


- #2 Workload Distribution & Staff Productivity(Strategic approaches for improvements in this area)-continued:
  - Flexibility- If bilingual staff are available, they could assist walk-in ~~patients~~ **participants** if other staff are busy, or they could swap with another nutritionist who is not bilingual.
  - Reassign duties for efficiency - E.g., Do nutritionists call no-shows? Can the support staff call new participants in 1-2 weeks of enrollment to assess if they are having any problems using their eWIC card? Can the support staff also help with making reminder calls and obtaining height/weight/bloodwork?
  - Cross-training - Equip staff with multiple skills so they can adapt to different needs, reducing downtime (eg cross cross-training a nutritionist to do income)
  - Utilize technology:
    - to communicate with participants- text reminders, auto-dialers, electronic document submission
    - to improve internal communications – Teams, shared calendars, shared documents, group text messages

STRATEGIES TO IMPROVE WORKLOAD DISTRIBUTION AND STAFF PRODUCTIVITY [#2]

Staffing Ratios

- Aligning support/nutritionist ratios: recommend pairing 1 Support Staff (SS) to 2 Nutritionists
- Examining staff ratios to inform effective hiring and staffing within the Local Agency (WPM 1460 supplement, 2021)



- #2 Workload Distribution & Staff Productivity(Strategic approaches for improvements in this area) continued:
  - Aligning support/nutritionist ratios - Recommend pairing 1 Support Staff to 2 Nutritionists
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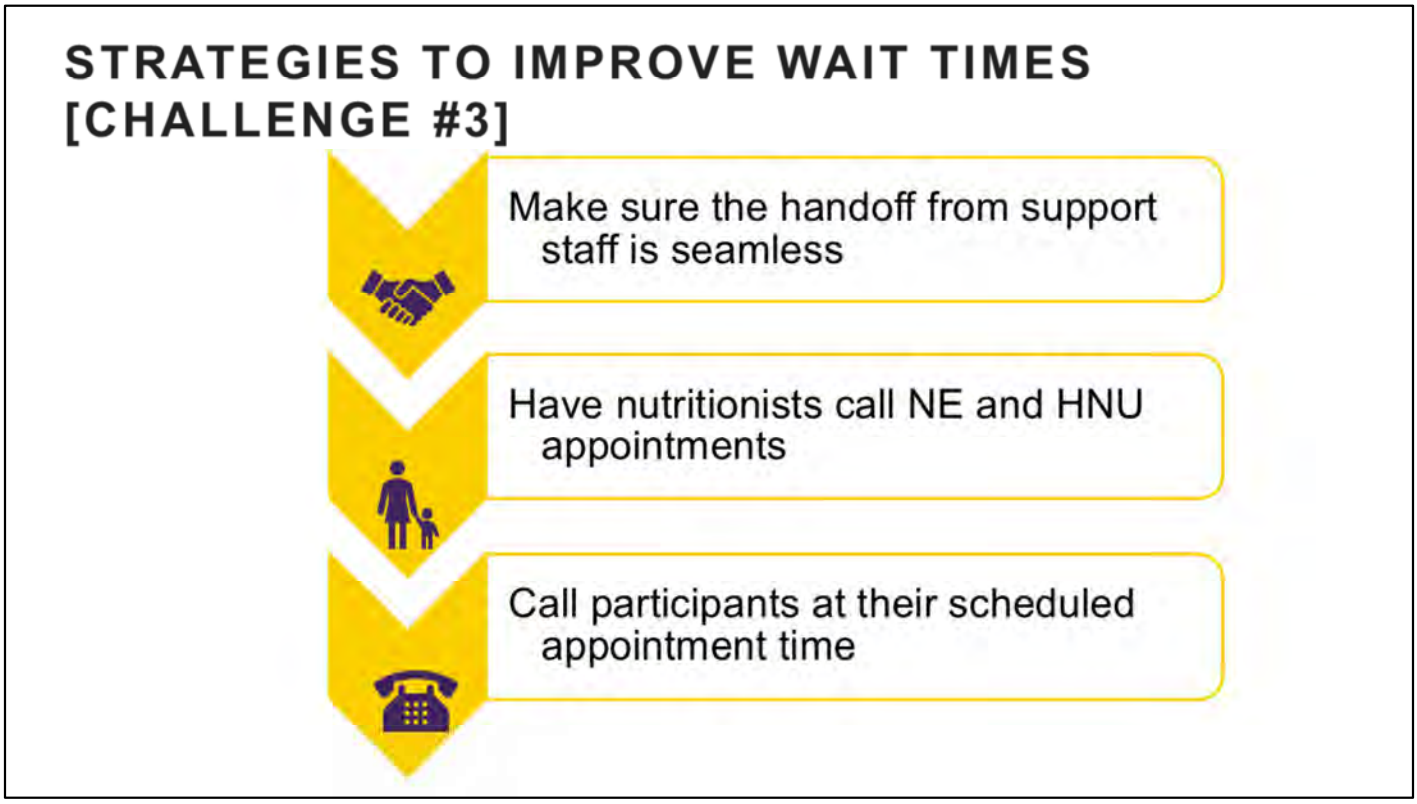


- Make sure the handoff from support staff is seamless (example: for virtual appointments, use a transfer system)
- Have nutritionists call NE and HNU appointments
- Call participants at their scheduled appointment time

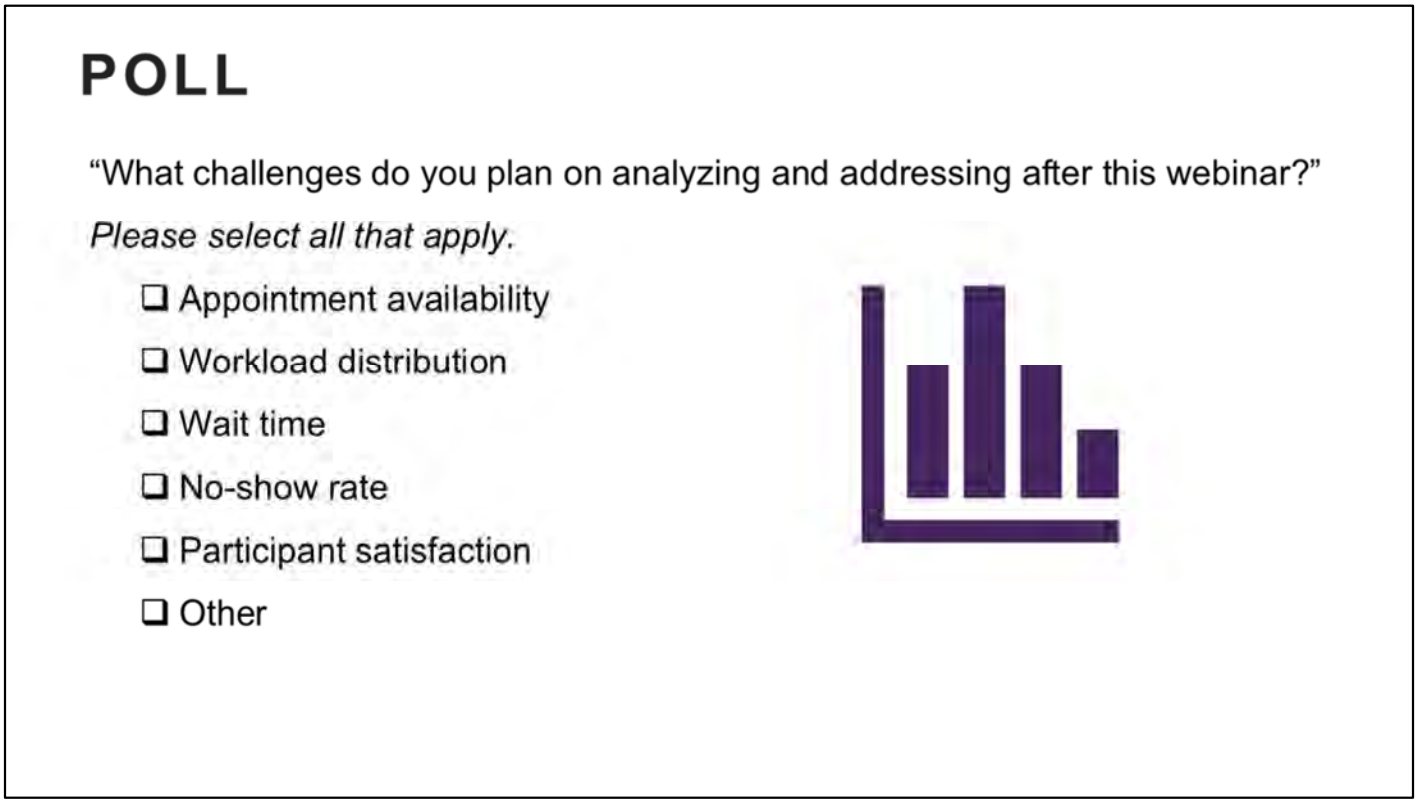


#4 No-Show Rates: (Strategic approaches for improvements in this area)

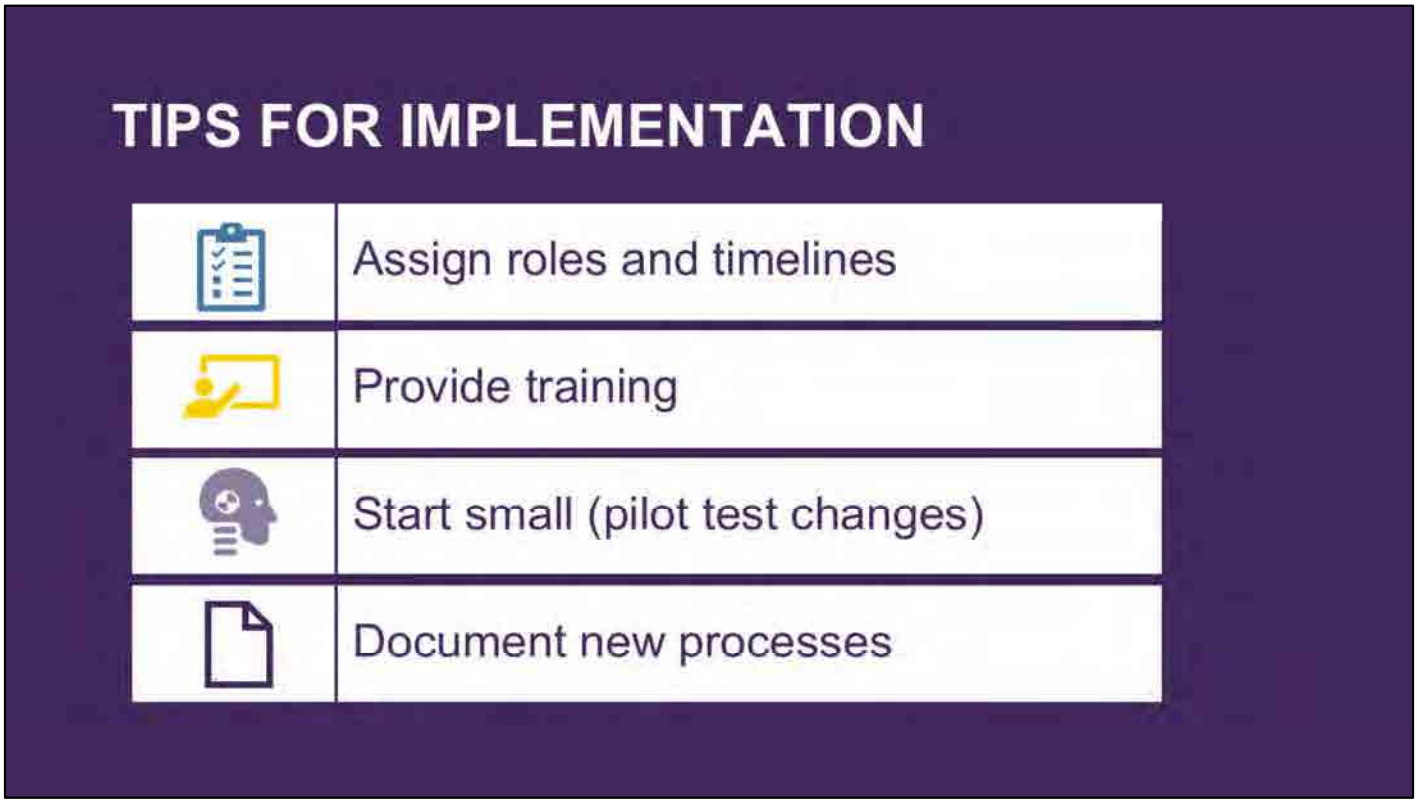
- Implement reminder calls 24–48 hours prior
- Reminder texts
- Real Choice of appointment modality
- Have the nutritionists call no-show NE and HNU appointments



- Step 3: Implement Improvement Strategies

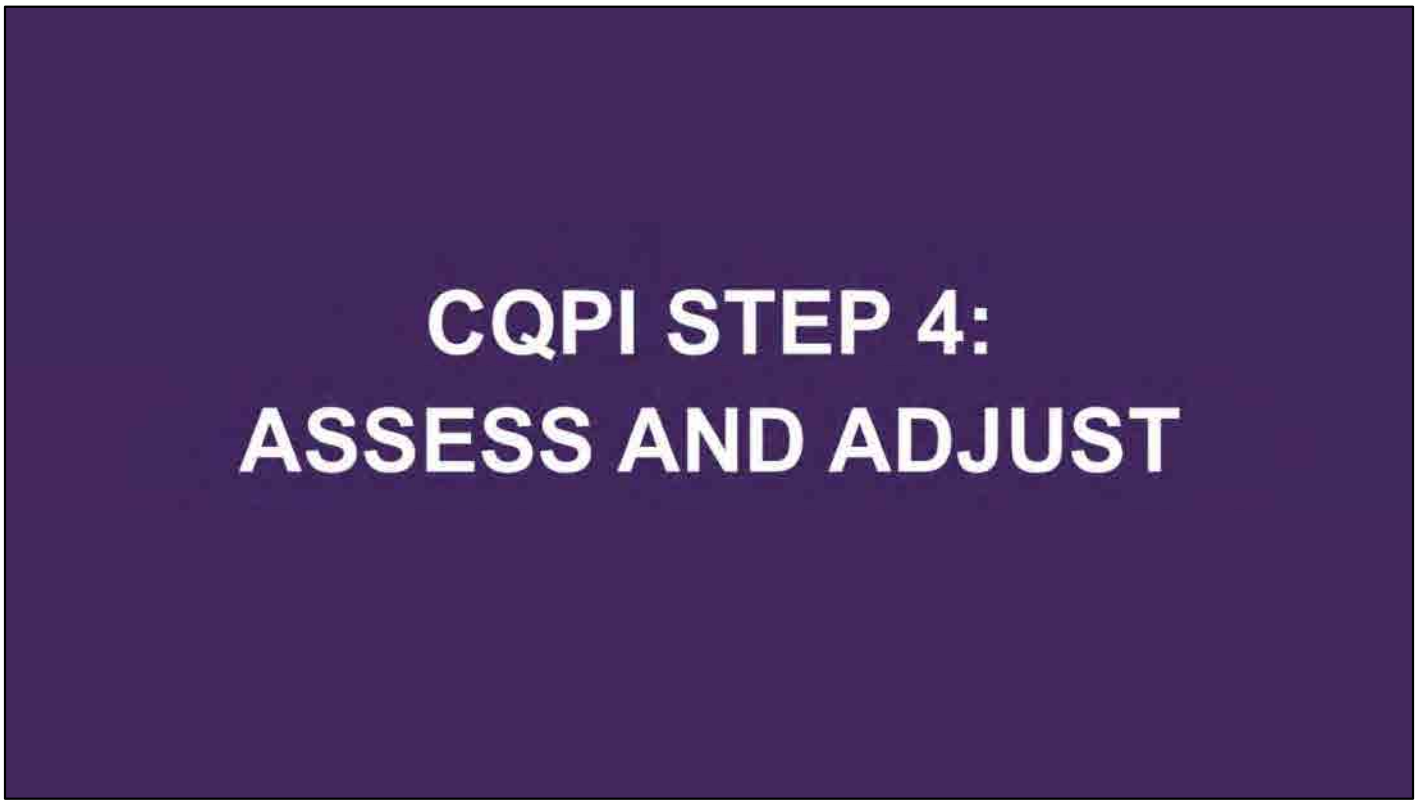


- Poll questions:
  - "What challenges do you plan on analyzing and addressing after this webinar?"
    - Options include- appointment availability, workload distribution, wait time, no-show rate, participant satisfaction, and other
      - Allow attendees to choose more than one response

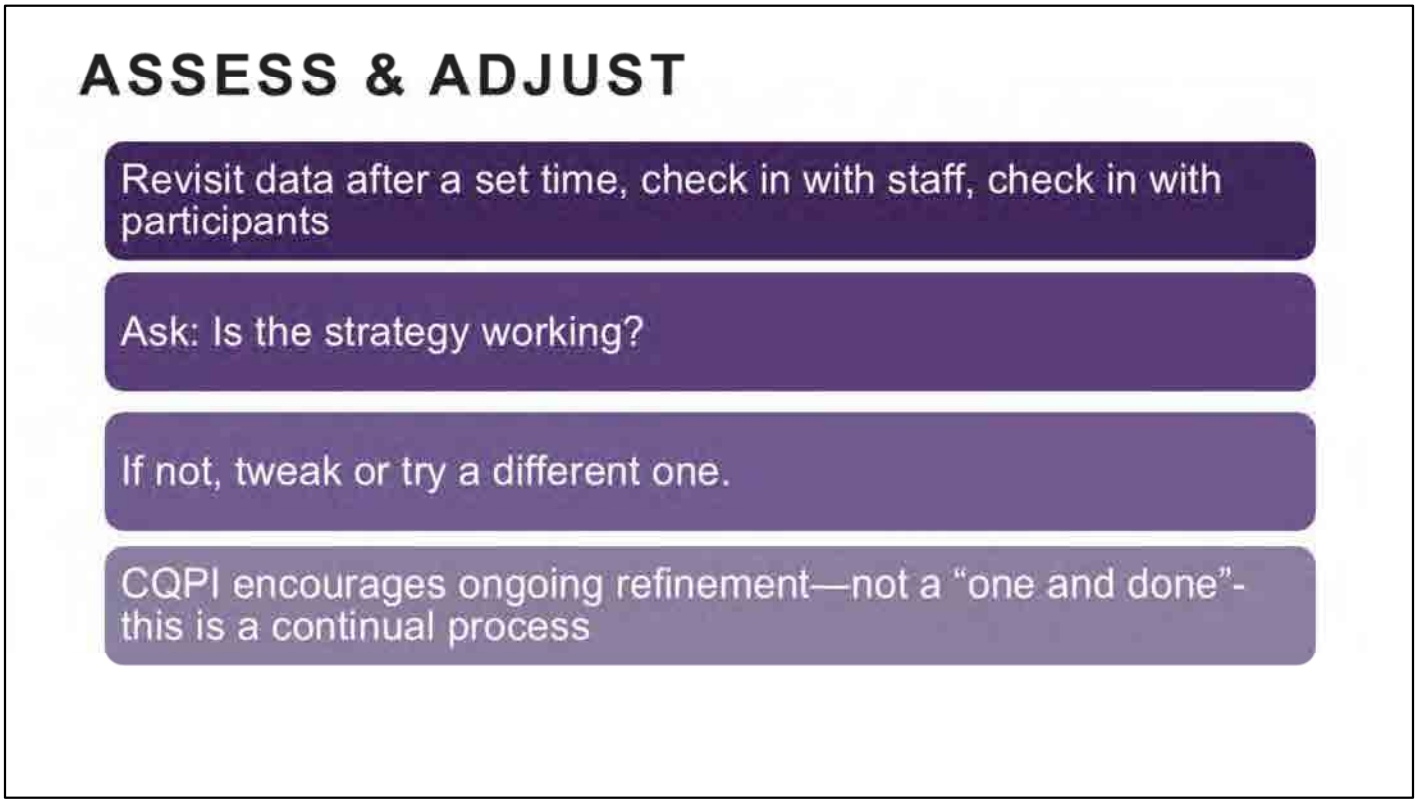


Tips for implementation:

- Assign roles and timelines
- Provide training
- Start small (pilot test changes)
- Document new processes



Step 4: Assess & Adjust

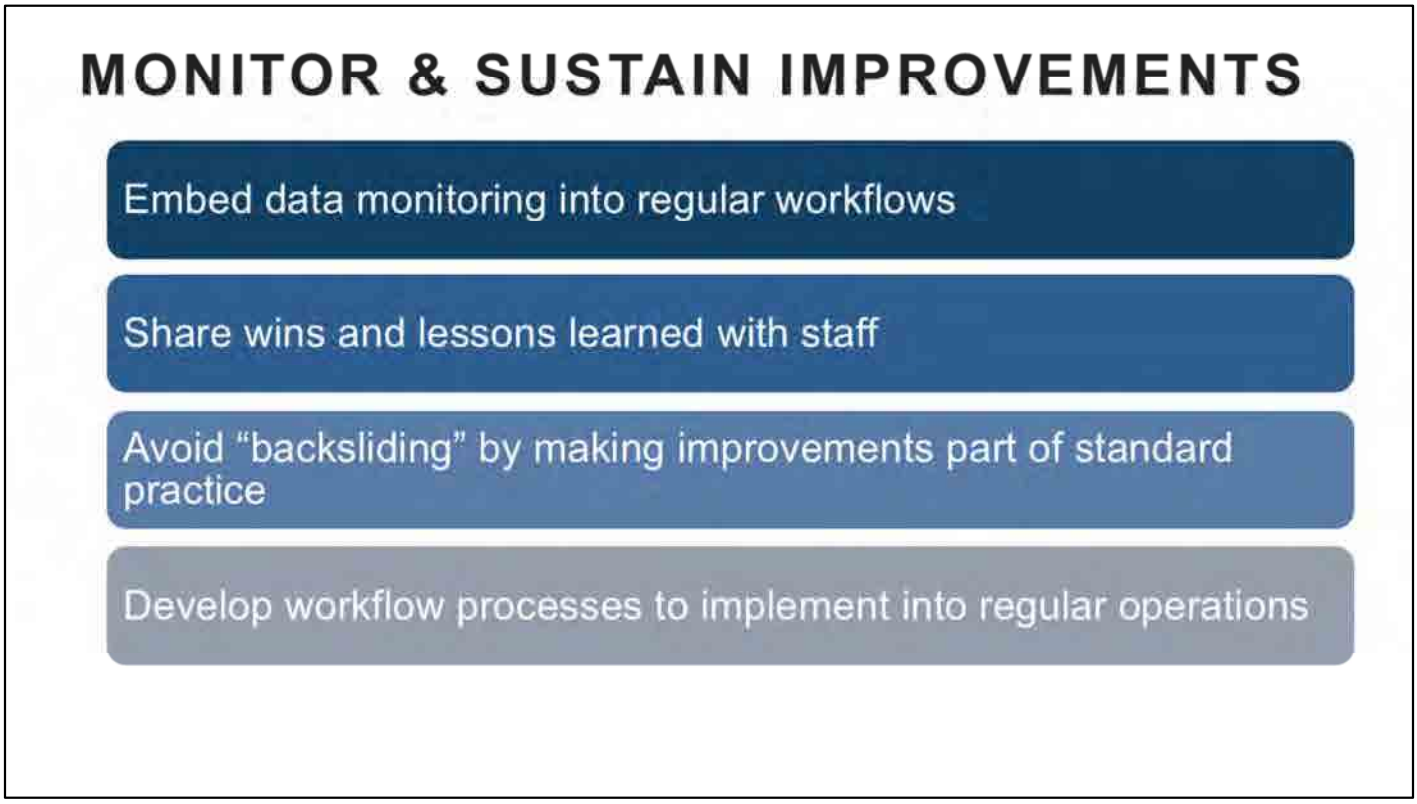


Step 4: Assess and adjust

- Revisit data after a set time, check in with staff, check in with participants
- Ask: Is the strategy working?
- If not, tweak or try a different one
- CQPI encourages ongoing refinement—not a “one and done”- this is a continual process



- Step 5: Monitor and Sustain Improvements

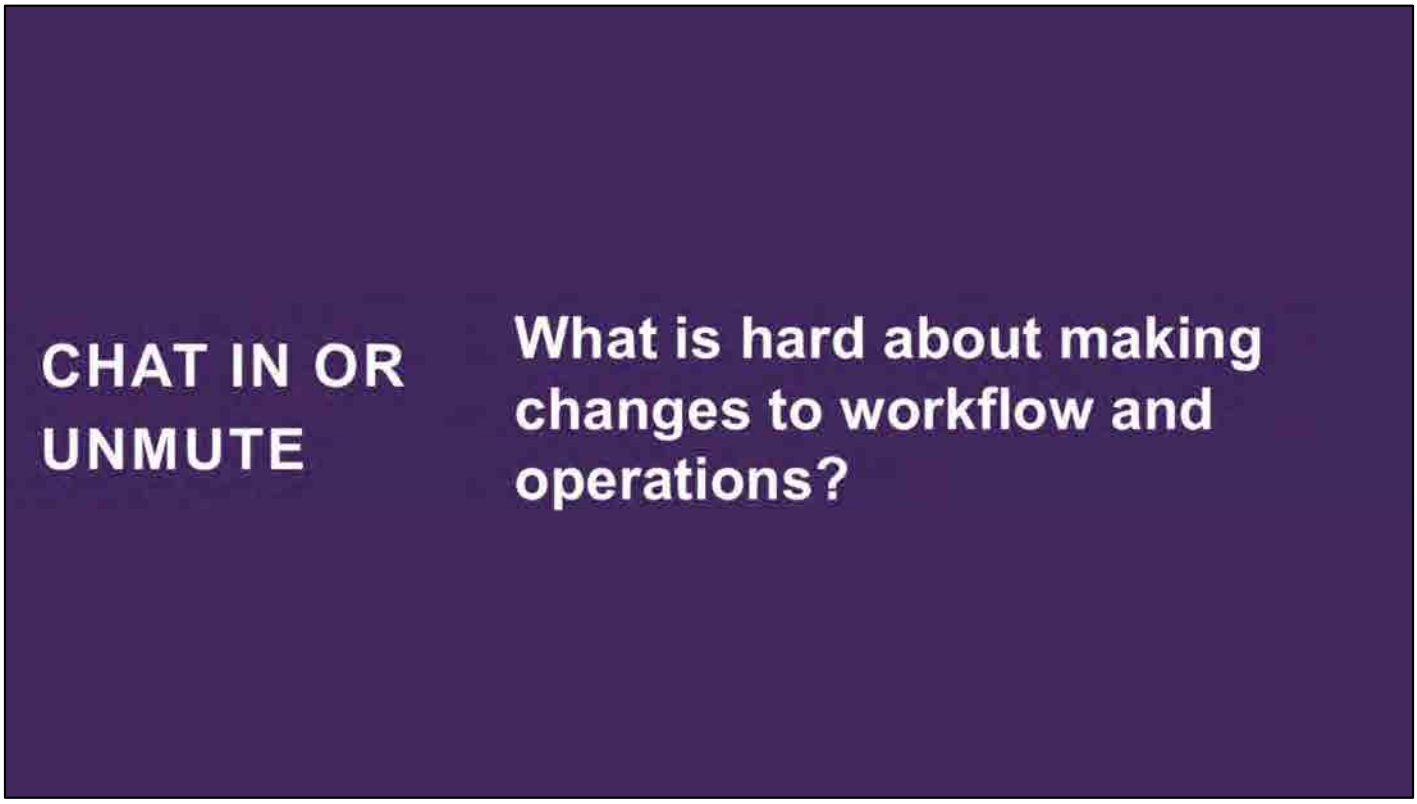


Step 5: Monitor & Sustain Improvements

- Embed data monitoring into regular workflows
- Share wins and lessons learned with staff
- Avoid “backsliding” by making improvements part of standard practice
- Develop workflow processes to implement into regular operations



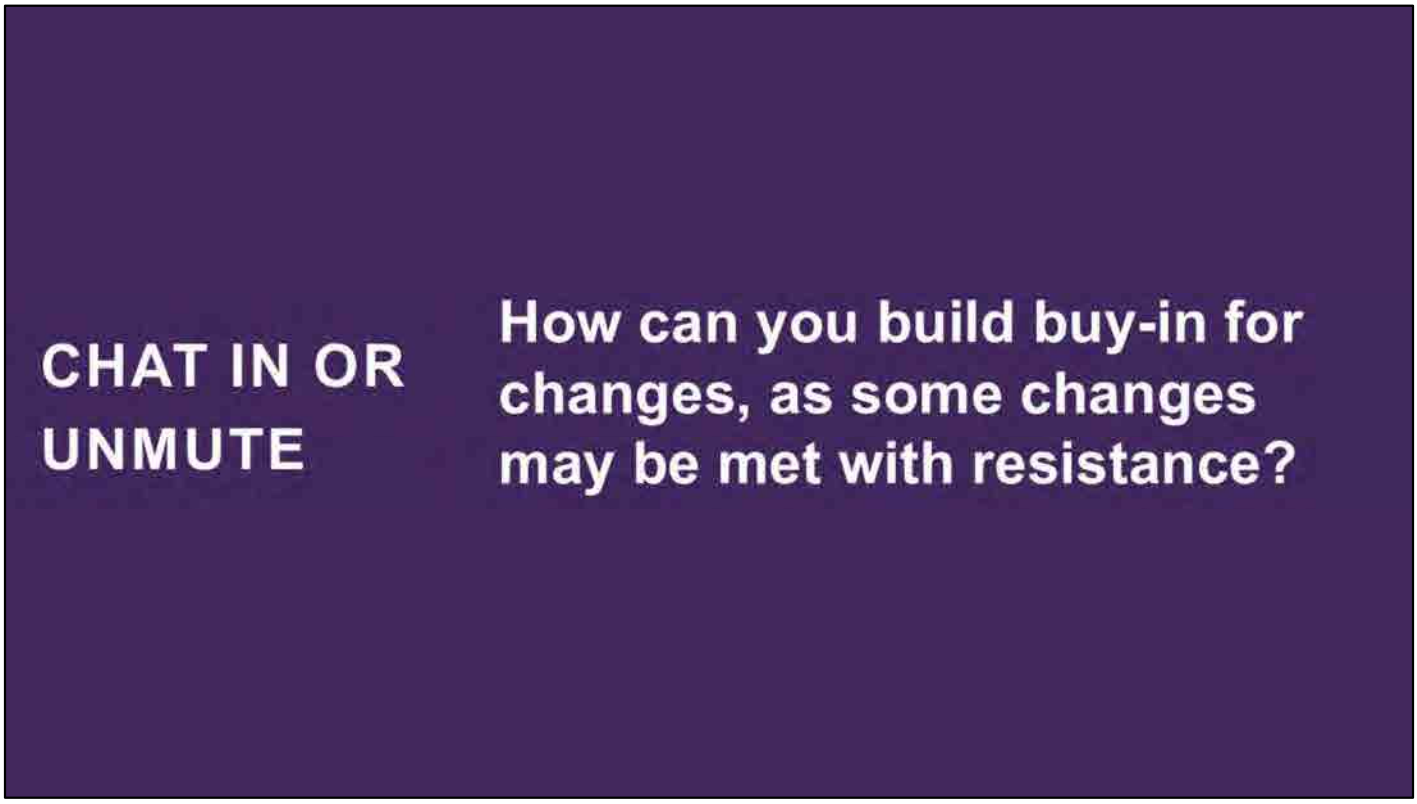
- Navigating Change: Resistance and Buy-In



- Chat in or unmute:
    - What is hard about making changes to workflow and operations? ?



- Common barriers to change:
  - Staff resistance
  - Perceived workload increase
  - Lack of support from upper management/Sponsor Agency



- Chat in or unmute:
    - How can you build buy-in for changes, as some changes may be met with resistance?



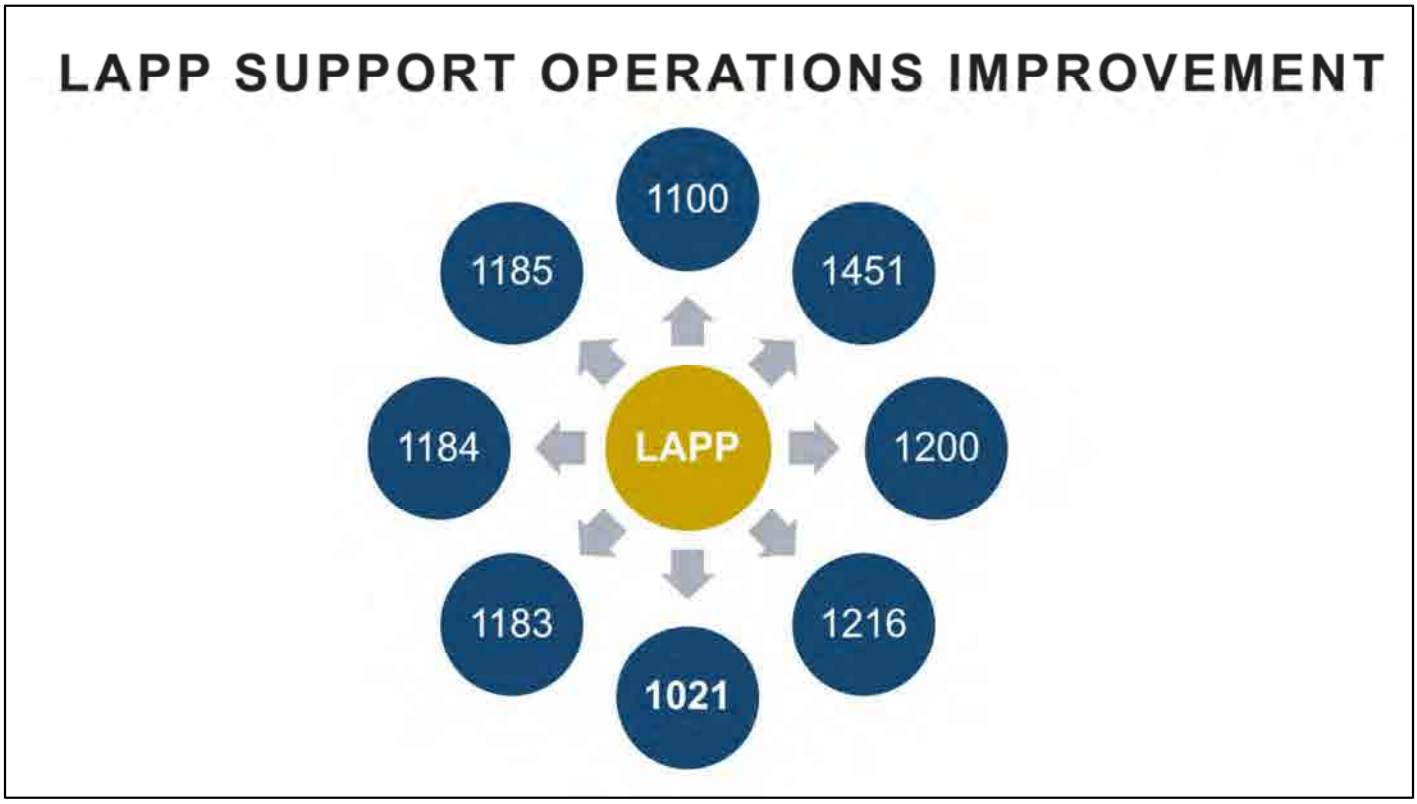
TIPS TO BUILD BUY-IN:

- Involve staff early
- Communicate benefits clearly
- Celebrate small successes
- Acknowledge and commend individual staff efforts
- Testimonials from other agencies on what has worked for them

LOCAL AGENCY POLICY AND PROCEDURE MANUAL (LAPPM)



- Local Agency Policy & Procedure Manual (LAPPM) should be used to support operation improvements
  - Annual review is key
  - Create a tracking system for when to review
  - Highlight policies that support operations improvement



Highlight policies that support operations improvement:

- 1021 – Scheduling
- 1100 WIC Certification Overview
- 1451 Electronic Communication Use
- 1200 Nutrition Education Contacts and Materials:
    - Establish a process for who and when will be offering, monitoring, following up, and documenting online NE.
    - Including review of the Online Nutrition Education Report or the Participants Eligible for Issuance Dashboard.
- 1216: For scheduling recertification appointments for high-risk participants with the QN.
- 1183 Immunization Screening, 1184 Anthropometry, 1185 Hematological Testing and Lead Screening:
    - Process to alert participants of requirements (i.e., heights, weights, immunization, blood work) before appointments.
    - Developing routine processes to log bloodwork, ordering equipment for anthropometry/hematological needs, and training plans for anthropometry, hematology, and immunization/lead screening, and database access to obtain results.



- Wrap-up & Closing

QUESTIONS



- Please log into your NYS WIC Resource Hub account to complete your evaluation and receive your certificate
- Link to hub: https://nyswicresourcehub.unhosting.site/ , locate this particular course, and complete the evaluation.
- Evaluations will close after 5 business days and no longer be available. If you do not complete the evaluation within this timeframe you will not receive your certificate.

NOTE TO LEARNERS

CAI will offer an opportunity for learners to evaluate this Continuing Professional Education (CPE) activity and will regularly use this important feedback to continually improve the activities/materials offered. Please note that you are able to send feedback directly to Commission on Dietetic Registration (CDR), by e-mailing QualityCPE@eatright.org

- RDs and DTRs seeking continuing education credits through the Commission on Dietetic Registration are encouraged to complete an additional evaluation (producer drop link in chat): WIC RD/CPEU Optional Evaluation (alchemer.com)



- Please log into your NYS WIC Resource Hub account to complete your evaluation and receive your certificate
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