Maternal Infant Health Program Staff
MDHHS Division of Maternal and Infant Health

- Suzette Burkitt-Wesolek, RN, BSN, Acting MIHP Program Coordinator
- Joni I. Detwiler, BS, MSW, Public Health Consultant
- Deb Marciniak, MPHI Public Health Services
- Cherie Ross, LMSW, Public Health Consultant
- Connie Frantz, M.A., Departmental Analyst, Maternal Infant Health Program
- Maria Garcia, Maternal Health Unit Technician
- Christy Livingston, Perinatal Health Unit Administrative Assistant
- And our newest staff member . . .
Welcome-Our New MIHP Consultant

- Chelsea Low, LLMSW, joined the MIHP State team on April 17, 2017.
- Chelsea has a BA in Psychology from Michigan State University and a MSW from the University of Michigan.
- She is a trained birth and postpartum Doula, as well as a Certified Lactation Counselor.
- Chelsea has worked with American Indian Health and Family Services of Southeastern Michigan as a WIC Program Social Work Consultant and subsequently as an Evaluation Consultant.
Lynette Biery provides the administrative direction and oversight of the Division of Women, Infants and Children (WIC), Division of Immunization, the Division of Maternal and Infant Health, and the Division of Child and Adolescent Health. She also serves as the Maternal Child Health Director for Michigan.

Lynette Video (Play Video)
New MIHP Providers
Effective March 30, 2017

The Michigan Department of Health and Human Services (MDHHS) is reevaluating the current Maternal Infant Health Program (MIHP) provider application process in light of the transition of the MIHP to the Medicaid Health Plans (MHP). New providers are now required to obtain contracts with MHPs in order to provide services to pregnant women and children who are Medicaid Health Plan members.
New MIHP Providers
Effective March 30, 2017

The preparation and trainings for new providers is also being reevaluated as part of the quality management of the program, which will ultimately improve the quality of care delivered to the pregnant women and infants we serve.

Therefore

► MDHHS is Temporarily Suspending:
  • Review and approval of new MIHP provider applications
  • New Provider Inquiry meetings

► We expect to have the new process and provider requirements in place in September and will plan to implement the revised enrollment and training for new providers throughout the fall of 2017. Please check the MIHP website for updates [www.michigan.gov/mihp](http://www.michigan.gov/mihp)
New MIHP Providers
Prior to the decision to delay the application process, eight providers had submitted applications to open an MIHP agency. Eight (8) new providers are scheduled to attend orientation on May 31st, 2017.

- Detroit Health Department
- SOMA Infant and Mother Care, Inc.
- Great Start LLC
- Mizpah Group Community Health Program
- Lasting Hope Ministries
- Mom and Baby Wellness
- Mother and Child Services MIHP
- Soaring Steps
Maternal Infant Health Program Updates
Collaborative Meeting-MIHP Providers and Medicaid Health Plans
Save-the-Date

- On behalf of the Michigan Department of Health and Human (MDHHS), the Institute for Health Policy (IHP) is pleased to host another collaborative meeting for Maternal Infant Health Providers and Medicaid Health Plans on Monday June 5, 2017, 1:00 – 4:00 p.m.

- The meeting will be held at the Greater Lansing Association of Realtors, 4039 Legacy Parkway, Lansing, MI 48911.

- Registration information was forwarded in the first part of May.
MIHP Email Boxes

- **NewProviderApplication@michigan.gov** for inquiries about becoming a new MIHP provider.

- **MIHP@michigan.gov** for submission of MIHP Personnel Roster, submission of changes to the MIHP Coordinators Directory (e.g., change of address, phone, fax, counties served, etc.)

- **MDHHS-MIHPCertification@michigan.gov** for communications related to certification review documents and for Corrective Action Plans.
New MIHP Fax Number
517-373-4294

Health Plan Contact Information

**MIHP Providers, please let your MIHP Consultant know if you become aware of contact information that changes with your health plan.

Thank you
<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>TRIGGERED BY</th>
<th>TIMELINE</th>
<th>WHO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Contact beneficiary upon receipt of referral to MIHP</td>
<td>Referral of pregnant woman</td>
<td>Within 14 calendar days</td>
<td>Agency</td>
</tr>
<tr>
<td></td>
<td>Referral of infant</td>
<td>Within 7 calendar days</td>
<td>Agency</td>
</tr>
<tr>
<td></td>
<td>Hospital referral of infant</td>
<td>Within 48 hours of discharge</td>
<td>Agency</td>
</tr>
<tr>
<td>1. Obtain signed consents from beneficiary</td>
<td>First meeting with beneficiary</td>
<td>Before administering RI</td>
<td>RN or SW</td>
</tr>
<tr>
<td>1. Use two visits to administer RI, if necessary</td>
<td>First visit is not sufficient to administer the entire RI</td>
<td>Second visit must be within 14 calendar days of first visit</td>
<td>RN or SW</td>
</tr>
<tr>
<td>1. Enter Risk Identifier into database</td>
<td>RI has been administered</td>
<td>Before first professional visit or other MIHP service provided</td>
<td>Agency</td>
</tr>
<tr>
<td>1. Enter Electronic RI into Chart</td>
<td>Electronic RI is printed out or is ready to scan into EMR system</td>
<td>Before first professional visit or other MIHP service provided</td>
<td>Agency</td>
</tr>
</tbody>
</table>
Progress Note Not Billed (MIHP 2001 Form)

- Introduced Jan 1, 2017
- Discontinued March 2017

- Return to using other visit information section of PVPN to record activity regarding non billable family member – including interventions.

- Do not document these interventions on POC2 and Discharge Summary.
Revised Field Confidentiality Guidelines

- Updated 4-27-17
- Give a copy to each staff member
- If using this as your staff confidentiality agreement, add:
  - “I have read and will follow these guidelines.”
  - Staff signature
  - Date of signature
Clarification on Seeing Beneficiaries Monthly

- In the MIHP Operations Guide (1-1-17) as well as the Cycle 6 Certification Tool (Indicator #29), there are several references to seeing beneficiaries on a monthly basis. This means that the beneficiary is seen at least once in a given month.

- Ex. If the beneficiary is seen on April 1 and then again on May 31, 2017 this requirement would be met.

- If the beneficiary is not seen at least once in a given month, document the reason why on the Contact Log.
Clarification on Seeing Beneficiaries Monthly

- MIHP agencies can implement different procedures to ensure beneficiaries are not overlooked ensuring that they receive the services they need in a timely manner.

- An agency may decide to have the Care coordinator, MIHP coordinator or an office staff person look at each chart, or use an Excel spreadsheet or other method for tracking purposes.
Baby Boxes

- Growing number of organizations are distributing baby boxes
- Emerging research
- MDHHS-MIHP position
  - Still requires monitoring
  - Transition plan with families
  - On the risk identifier, indicate as “other”
  - It will score out as “high” risk level
Family Planning at Every Visit

Policy states:

Family planning options should be discussed continuously throughout the course of care, giving the woman time to consider her options.

- Every maternal visit
- Every infant visit with the mother (or father, if he is the primary caregiver) unless:
  - pregnant
  - permanent sterilization
  - refuses to discuss
Family Planning Resources

- All MIHP staff should have the FDA Contraception Guide

- You may download and print it or request 50 free copies at: https://www.fda.gov/ForConsumers/ByAudience/ForWomen/FreePublications/ucm116718.htm
Family Planning Resources

Bedsider.org

• Free birth control support network for women
• Operated by The National Campaign to Prevent Teen and Unplanned Pregnancy.
• Tools to explore and compare all available methods of contraception.
• Videos of young men and women’s personal experiences with various methods of contraception.
• Weekly column on sex, love, and life as well as a series of animated shorts that debunk myths about birth control.
• Bedsider is also mobile and can be used on an iPhone or an Android device.
MIHP Specialty Provider Designation

- Each MIHP provider, new or existing, that seeks to be designated by MDHHS as a specialty provider must complete the MIHP Specialty Provider Attestation Form.

- By signing the form, the provider is verifying that the information documented therein is factual and valid.

- On June 1, 2017, all of the agencies currently listed as specialty providers will be deleted from the MIHP Coordinator’s Directory, unless they have submitted the MIHP Specialty Provider Attestation Form and been designated by MDHHS as a specialty provider.
MIHP Specialty Provider Designation

The process for designation is outlined in the MIHP Specialty Provider Attestation Form Instructions. Both the form and the instructions are on the website.

Specialty Criteria

- Provider’s outreach activities are directed toward the population
- Persons served by the provider are in the specialty population group
- Outreach and educational materials are written in the language of the population (if applicable)
- Provider has at least one staff who speaks the language of the population (if applicable)
- Staff have participated in some form of training (e.g., online) on serving the population
Text4baby and Education Packet

- Reminder, you must provide either the education packet at program entry or assist with signing up for text4baby

- Education Packet can be found on the MIHP website

- text4baby information cards are available today
Nationally:

- Participants enroll early in their pregnancy: Over 38% of participants who signed up to receive pregnancy messages enrolled during the first trimester.

- Participants live in high-poverty areas: A higher percentage of Text4baby participants live in zip codes with the highest levels of poverty compared to the overall U.S. distribution. Link to a graph representing these findings is listed below.¹

¹https://partners.text4baby.org/templates/beez_20/images/2014/t4b%20pov1.jpg
²http://www.csusm.edu/anthropology/docsandfiles/Text4baby.pdf
Text4baby

Nationally:

- Participants are from low-income households: Over half (52%) of respondents to a national survey of Text4baby participants implemented by the California State University San Marcos National Latino Research Center (CSUSM) reported their household income was $16,000 or less.

- 99% of text4baby participants in a Health Services and Resource Administration (HRSA) funded evaluation said they would recommend the service to a friend or family member, 90% read the messages and found them easy to understand, and 64% thought the messages were useful.

1https://partners.text4baby.org/templates/beez_20/images/2014/t4b%20pov1.jpg

2http://www.csusm.edu/anthropology/docsandfiles/Text4baby.pdf
Text4baby

Nationally:

- 99% of WIC participants in an Emory University study had no concerns about enrolling in text4baby; 95% reported the enrollment process was easy; 92% regularly read text4baby messages; and 88% planned to continue to use text4baby.

- 92% of text4baby participants who responded to a text-based survey since launch said they would refer text4baby to a friend and rated the helpfulness of the service as a 7.7 out of 10.

1https://partners.text4baby.org/templates/beez_20/images/2014/t4b%20pov1.jpg
2http://www.csusm.edu/anthropology/docsandfiles/Text4baby.pdf
Perinatal and Neonatal Substance Abuse

- Six substances used in pregnancy and that affect the fetus and newborn infant are marijuana, cocaine, amphetamines, opiates, alcohol, and cigarettes.

- MDHHS FASD Strategic Plan 2015-2020

- New NAS Guidelines
Dr. Padmani Karna, Professor of Pediatrics at MSU, shared information regarding NAS.

NAS refers to neonatal withdrawal or Neonatal Abstinence Syndrome.

It is a syndrome affecting infants, caused by the cessation of the administration of licit or illicit drugs.

Tolerance, dependence, and withdrawal may occur as a result of repeated administration of drugs or even after short-term high-dose use during pregnancy.
Perinatal Substance Use

Onset of Withdrawal Symptoms

- Heroin—approximately 24 hours
- Methadone 24-72 hours
- Subutex 40 hours (some sources cite 19-200 hours)
- For Opioids, evidence of withdrawal may be delayed until 5-7 days of age or later which often occurs after hospital discharge

Pediatrics 2012;129:e540-6

More on NAS and Opiate use from Sarah Bryant this afternoon.
**TAKING YOUR BABY HOME**

**THINGS YOU CAN CONTINUE TO DO TO HELP YOUR BABY BE CALM AND CONTENT**

<table>
<thead>
<tr>
<th>WHEN I'M EASILY CONSOLABLE</th>
<th>WHEN I'M GETTING FUSSY</th>
<th>WHEN I'M STRUGGLING TO CALM MYSELF</th>
</tr>
</thead>
<tbody>
<tr>
<td>I stay awake longer and able to be calm; I sleep longer between feedings</td>
<td>I cry &amp; fuss easily; I startle and wake easily; I may arch my back when I am upset</td>
<td>I cry &amp; fuss a lot; I am sensitive to noise; I wake easily; I have a high pitched cry</td>
</tr>
<tr>
<td>▪ When I'm awake the lights can be on</td>
<td>▪ Keep the room quiet so I get good sleep</td>
<td>▪ Keep the lights low</td>
</tr>
<tr>
<td>▪ Show me a quiet mobile</td>
<td>▪ Limit phone calls at the bedside</td>
<td>▪ Keep the room very quiet</td>
</tr>
<tr>
<td>▪ Read or sing to me quietly</td>
<td>▪ Quietly sing or read to me</td>
<td>▪ Limit phone calls at the bedside</td>
</tr>
<tr>
<td>▪ Quietly talk to me in my swing</td>
<td>▪ Talk to me in a quiet voice</td>
<td>▪ Have only 1 or 2 visitors at a time</td>
</tr>
<tr>
<td>▪ Take me for a stroller ride</td>
<td>▪ Offer me my pacifier</td>
<td>▪ If I am asleep, let me sleep</td>
</tr>
<tr>
<td>▪ Rock me gently</td>
<td>▪ Swaddle me with my hands close to my face</td>
<td>▪ Talk to me in a quiet voice</td>
</tr>
<tr>
<td>▪ Continue to protect my sleep times</td>
<td>▪ Hold me Skin to Skin</td>
<td>▪ Offer me my pacifier</td>
</tr>
<tr>
<td>▪ Put me in my bed to sleep</td>
<td>▪ Help me stretch my arms and legs when I am awake</td>
<td>▪ Keep me swaddled with my hands close to my face</td>
</tr>
<tr>
<td>▪ Always put me on my back to sleep</td>
<td>▪ If I get upset with a new activity, calm me and return to an activity you know I like</td>
<td>▪ Snuggle me close to keep me calm.</td>
</tr>
<tr>
<td>▪ Help me stretch my arms and legs when I am awake</td>
<td>▪ I may like to be in the swing</td>
<td>▪ Rock me in one direction</td>
</tr>
<tr>
<td>▪ If I get upset with a new activity, calm me and return to an activity you know I like</td>
<td>▪ It’s OK to turn the lights up when I am awake</td>
<td>▪ Hold me Skin to Skin</td>
</tr>
<tr>
<td>▪ I might like soft, rhythmic music</td>
<td></td>
<td>▪ I might like to be in the swing</td>
</tr>
</tbody>
</table>

Please contact your baby's doctor if any of these symptoms return or get worse after discharge. Your baby may experience some of these symptoms for up to 6 months after discharge.

- Constant high pitched cry
- Sleeps less than 2 hours after eating
- Startles easily
- Tremors
- Muscle tightness
- Skin breakdown
- Frequent yawning
- Stuffy nose
- Frequent sneezing
- Fast breathing
- Excessive sucking
- Poor feeding
- Loose/watery stools
- Explosive diarrhea
- Sweating
- Fever
- Muscle jerking
- Vomiting

**Contact your baby's doctor if your baby stops eating well**
Substance Abuse Procedure Code

- Substance abuse billing code is 96154
- 15 minute units, so you must bill for two units
- Must use the (SEI) PVPN
- Must use the (SEI) Plans of Care
Update on the State HV CQI Initiative

- Last project was to develop a consistent definition of what constitutes a referral for perinatal depression - resulted in consistent definition across Michigan’s Home Visitation programs.

- Next project will address a quality improvement strategy associated with smoking during pregnancy and within the home.
May is Postpartum Depression Awareness Month

Things you can do:

- Share Governor’s Proclamation for May 2017
- Review perinatal mood disorders resources (MIHP website/current providers/operations)
- Promote local support groups
- Consider joining Michigan’s Statewide Coalition (information at https://mipmdcoalition.org/)
Trauma-Informed Services

The Administration for Children and Families, the Substance Abuse and Mental Health Services Administrations, the Administration for Community Living, the Offices of the Assistant Secretary for Health and the Assistant Secretary for Planning and Evaluation at HHS have worked together to develop resources which was released in January 2017.

- concept papers
- discussion questions
- examples
- frameworks

▶ https://www.acf.hhs.gov/trauma-toolkit
Trauma-Informed Services

White papers and resources are available on six key concepts...

- Trauma
- Toxic Stress
- Resilience
- Historical Trauma
- Executive Functioning
- Compassion Fatigue
Maternal Infant Health Program IT Updates
Revised FAX Deletion Form

- A revised version of the MIHP FAX Record Deletion Request Form was posted to the MIHP website for use by MIHP providers.

- The updated form is titled:
  - MIHP Record Revision Request Form
Revised “Deletion” Form Renamed MIHP Record Revision Request Form

**New FAX #**

**New Title**

**Added Requester Email for notification**

**New Request Options**

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<table>
<thead>
<tr>
<th>MIHP FAX</th>
</tr>
</thead>
<tbody>
<tr>
<td>FAX this form to MIHP at (517) 373-4294</td>
</tr>
<tr>
<td>MDHHS Maternal Infant Health Program (MIHP) Database Record Revision Request Form</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th># of Pages Faxed</th>
<th>Your Agency’s MIHP State Consultant:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ingrid Davis</td>
<td>Joint Director</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MIHP Agency Name</th>
<th>Person Making Request</th>
<th>Requester’s Email</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Coordinator Email</th>
<th></th>
<th>Agency Phone</th>
<th>Agency Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Screening/Discharge Summary</th>
<th>Beneficiary Name</th>
<th>Date of Birth</th>
<th>Medicaid ID#</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants’ Name</td>
<td>Infants’ DOB</td>
<td>Infants’ ID</td>
<td>Infants’ ID</td>
</tr>
<tr>
<td>Mother’s Name</td>
<td>Mother’s DOB</td>
<td>Mother’s ID</td>
<td>Mother’s ID</td>
</tr>
</tbody>
</table>

[Continuation of the form with various fields and options]

*Confidential Notice: The information contained in this facsimile message from the Michigan Department of Health and Human Services (MDHHS) is intended only for the use of the named recipient(s) and may contain confidential and/or privileged information. Any unauthorized review, use, disclosure, or distribution of any confidential and/or privileged information contained in this facsimile message is expressly prohibited. If you have received this facsimile and are not the intended recipient(s), please contact the sender of this facsimile immediately so that we may correct the error and arrange for destruction or return of the facsimile document. rev. 05.03.2017]*
Difficulty Completing Discharge?

- One of the main delays in completing the discharge summary is missing Medicaid numbers from the risk identifier.

- Our IT team deployed a “fix” for this problem on Tuesday, April 11th. MRIs and IRIs completed prior to that date may still be affected.

- If a Medicaid number has inadvertently dropped from the system you will not be able to discharge your beneficiary.

- Although you may have a print-out of the risk identifier that includes the Medicaid number, it is possible that the Medicaid number is no longer in our electronic system.
IT Issue - Risk Identifier and Duplicate Demographics

- Occasionally when entering a risk identifier, the computer will prompt you that a “duplicate demographic” exists in the MIHP system.

- This is an issue addressed by the MIHP IT team.

- Please utilize the form on the MIHP website entitled MIHP FAX Record Revision Request Form to inform MIHP of this system error.
Fee for Service (FFS)
CHAMPS Contact Information

► Send an email to:
► Providersupport@Michigan.gov

► **Subject line:** Attn: Julie Withers MIHP Billing Question

► Provide a description in the body of the email.

► *Please remember all Health Plan billing questions must be directed to the individual beneficiary’s MHP*
Key Points to Remember...

- Agencies with EMRs, when doing quality assurance, make sure that you are scanning in all MIHP forms including consent forms.
- As always, continue to contact your consultant with questions
- Unless instructed, please do not contact support staff directly
  - IT Business Analyst (Patrice Marklewitz)
  - Departmental Analyst (Connie Frantz)
  - Departmental Technician (Maria Garcia)
Maternal Infant Health Program Certification & Data
Suzette Burkitt-Wesolek
MIHP Certification Data - Top 10 ‘Not Met’ Indicators
Time Period: 11/1/16 - 4/30/17

- 26: Developmental Screening using Bright Futures, ASQ 3 and ASQ SE-2
- 56: Discharge Summary completed and sent to medical care provider
- 3: Signed consents
- 58: Use of billing procedure cods listed in MDHHS MIHP database
- 29: Care coordination and care coordinator chart review
- 32: Address domains scoring high risk in first three visits and development of safety plans
- 2: Sufficiently detailed clinical record
- 27: Plan of Care Parts 1-3
- 30: Making and following-up on referrals
- 5: Maternal and Infant Discharge Summaries entered into database
Reviews with Zero “Not Mets”

- Health Department of Northwest Michigan
- St. Clair County Health Department
- Community Health Center of Branch County
Certification/Review of Preliminary Findings and Review Confirmation

- You will receive your agency’s Preliminary findings via email within 5 business days after the end of the review.
- You will receive your agency’s final certification report within 6 weeks after the end of the review.
- You must submit a corrective action plan addressing each Not Met indicator 21 days after you receive your final report.
- Remember all corrective actions should be initiated immediately after receipt of the preliminary findings for each Not Met indicators identified in your preliminary report.
MIHP Quarterly Report Data

Information in the quarterly reports can assist with Quality and Utilization Management in YOUR agency. Reports include:

- Screens Completed
- Discharges Completed
- Demographics
- Risk Screening Domain Scores
- Referrals
- Education Provided
- Breastfeeding Information
Birthing Hospital Information
BIRTHING HOSPITAL PROJECT

SYSTEM LINKAGES: MIHP & BIRTHING HOSPITALS
BIRTHING HOSPITAL PROJECT OBJECTIVES

44 BIRTHING HOSPITAL QI PROJECTS FUNDED TO:

1. **INCREASE** THE NUMBER OF BABIES REFERRED TO THE MIHP, CHILDREN’S SPECIAL HEALTH CARE SERVICES AND OTHER EVIDENCE-BASED HOME VISITING PROGRAMS
2. **IDENTIFY** SUCCESSFUL ACTIVITIES
3. **IMPLEMENT** HOSPITAL SYSTEM CHANGE
4. **IMPROVE & SUSTAIN** HEALTH OUTCOMES OF MOMS & BABIES
BIRTHING HOSPITAL PARTNERS

HENRY FORD HEALTH SYSTEM-DETROIT, MACOMB, WYANDOTTE, WEST BLOOMFIELD

CRITTENTON HOSPITAL MEDICAL CENTER

SPECTRUM HEALTH-UNITED MEMORIAL, GERBER MEMORIAL, BUTTERWORTH

MCLAREN- GREATER LANSING, BAY REGION, FLINT, CENTRAL MICHIGAN, NORTHERN MICHIGAN

SPARROW HOSPITAL

OAKLAWN HOSPITAL

COMMUNITY HEALTH CENTER OF BRANCH COUNTY

BRONSON HEALTH FOUNDATION
BIRTHING HOSPITAL PARTNERS

DICKINSON COUNTY HEALTHCARE SYSTEM
CHARLEVOIX AREA HOSPITAL
OTSEGO MEMORIAL HOSPITAL
MUNSON-GRAYLING, MEDICAL CENTER, CADILLAC
ST. JOSEPH HEALTH SYSTEM-TAWAS
ALPENA REGIONAL MEDICAL CENTER
BIRTHING HOSPITAL PARTNERS

ST. JOSEPH MERCY OAKLAND
ALLEGIANCCE HEALTH
NORTH OTTAWA COMMUNITY HEALTH SYSTEM
GENESYS HEALTH SYSTEM
HILLSDALE COMMUNITY HEALTH CENTER
HURLEY MEDICAL CENTER
ST. JOHN-RIVER DISTRICT, HOSPITAL AND MEDICAL CENTER, PROVIDENCE AND PROVIDENCE PARK, PROVIDENCE AND PROVIDENCE PARK SOUTHFIELD, MACOMB OAKLAND
MERCY MEMORIAL HOSPITAL SYSTEM
BIRTHING HOSPITAL PARTNERS

WESTSHORE MEDICAL CENTER
ASPIRUS GRANDVIEW
COVENANT HEALTHCARE
DETROIT MEDICAL CENTER-HUTZEL WOMEN’S HOSPITAL
WAR MEMORIAL HOSPITAL
HOLLAND HOSPITAL
COUNTIES SERVED

- Bay County
- Berrien County
- Branch County
- Calhoun County
- Cass County
- Charlevoix County
- Cheboygan County
- Clinton County
- Clare County
- Delta County
- Emmet County
- Escanaba
- Genesee County
- Grand Traverse County
- Ingham County
- Ionia County
- Isabella County
- Jackson County
- Kalamazoo County
- Kent County
- Leelanau County
- Livingston County
- Macomb County
- Manistee County
- Montcalm County
- Muskegon County
- Newaygo County
- Oceana County
- Osceola County
- Oscoda County
- Otsego County
- Ottawa County
- Paris County
- Perry County
- Pike County
- Presque Isle County
- Roscommon County
- St. Clair County
- Shiawassee County
- St. Joseph County
- Trumbull County
- Tuscola County
- Van Buren County
- Washtenaw County
- Wayne County
- Wexford County
- Wolverine County
- Wolverine County
- Worcestershire County
- Yellowstone County
- Zullo County

7
WHAT THEY DID:
HIGHLIGHTS & SUCCESSES!

• **APPLICATION**: ST. JOHN HOSPITAL & MEDICAL SYSTEM USED COFFECTIVE APPLICATION (APP) MIHP INTEGRATED EDUCATION AND TRAINING

• **CENTRALIZED REFERRAL**: NORTHERN LOWER MICHIGAN 21 COUNTY CREATED CENTRALIZED REFERRAL TO MIHP AND COMMUNICATION LOOP BACK TO REFERRING BIRTHING HOSPITALS; HOME VISITING HUB CENTRALIZED REFERRAL PROCESS

• **ELECTRONIC MEDICAL RECORDS (EMR) SYSTEM**: IDENTIFICATION & REFERRAL PROCESS
WHAT THEY DID: HIGHLIGHTS & SUCCESS!

- **EDUCATION:** Prenatal care provider trainings; birthing unit staff training, including program overview scripting
- **SOCIAL MEDIA**
- **VIDEOS**
- **RELATIONSHIP BUILDING:** Hospital tours and meetings with MIHP providers
NEXT STEPS

• BIRTHING HOSPITALS: SCRIPTS FOR BIRTHING HOSPITAL STAFF

• MIHP PROVIDERS: OUTREACH TOOLKIT

• SYSTEM CONNECTION & COLLABORATION: MEDICAID HEALTH PLANS, MICHIGAN HEALTH AND HOSPITAL ASSOCIATION, INPATIENT AND OUTPATIENT MEDICAL SETTINGS...
KUDOS

TO THE MIHPS THAT PARTNERED WITH BIRTHING HOSPITALS IN THEIR SERVICE AREAS TO ENSURE THAT MOMS AND BABIES RECEIVE MIHP SERVICES!
I Vaccinate Campaign
Mar-Sep 2017

I protect. I defend.
I vaccinate.
IVACCINATE.ORG
I Vaccinate Campaign
Mar-Sep 2017

MIHP COORDINATOR TRAINING
Various Locations
May 9-18, 2017
CAMPAIGN OVERVIEW

Objective: To increase childhood immunization rates in Michigan and drive mothers to IVaccinate.org to get the facts about vaccines

Target:
- Primary: Pregnant women and women with children under the age of 6 years
- Secondary: Physicians, nurses, hospitals, community health centers, public health agencies, other health care providers and entities
- Media Timing: March-September, 2017
- Geography: Statewide, with emphasis on communities with high waiver rates
  - Oakland, Washtenaw, Livingston, Lenawee, St. Clair, Huron, Sanilac, Shiawassee, Lapeer, Grand Traverse
FOCUS GROUP FINDINGS — TOP CONCERNS

1. What are the side effects — particularly as related to autism?
   - “Possible permanent side effects. Their bodies are basically bombarded with so many foreign substances at a time.”

2. What is in the vaccine — particularly the threat of mercury?
   - “All the garbage that is added to the vaccines and the quantity of them.”

3. Why does my child need so many shots all at one?
   - “Could it be the right shots, too many?”

4. Are all of these vaccinations really necessary?
   - “They tripled the number of vaccinations from one child to the next.”
   - “When is it too much?”

5. Will the vaccine actually work?
   - “Not knowing what data/research holds validity and what doesn’t.”
   - “Is it really going to make a difference if she receives them or not?”
TARGET AUDIENCE HIGHLIGHTS

73% of the target audience have watched broadcast network television in the last 7 days

61% of the target audience have watched cable television in the last 7 days

52% have watched 3-4 hours of television any day during the week

63% of the target audience have listened to AM/FM radio in the last 7 days

71% of the target audience had a household member go to the doctor in the last 3 months

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23% of people research further information after seeing an outdoor board
88% of the target audience use their smartphone to go online
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78% of consumers believe that organizations providing custom content are interested in building good relationships with them
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Target audience is 46% more likely to read parenting/family magazine
Target audience is 16% more likely to listen Pandora free subscription
MEDIA CHANNELS PROPOSED

Cable
Television
Radio
Pandora
Outdoor Billboards
Doctor Office Network (Posters and Brochures)
Mobile
Digital Content
Social
Print (Parent Magazines)
WEBSITE: [WWW.IVACCINATE.ORG](WWW.IVACCINATE.ORG)

I VACCINATE

Protecting my child is my top priority.

I protect. I defend. I vaccinate.
You have questions. We have answers.

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What and who should parents believe?

The answers below to some of the most frequent questions parents ask about vaccines are based only on credible medical research and science from the most trusted and respected physicians, research and public health organizations across the globe. The answers also draw attention to some of the “bad science” about vaccines that has confused and alarmed so many parents, even after those studies were exposed as fraudulent and untrue.

The good news is that while many parents have questions about vaccines, most do choose to protect their child through vaccination and discuss questions with their child’s health care provider.

Read the Most Commonly Asked Questions.

Search Questions & Answers: mercury

Get the facts about vaccines

+ Are all ingredients in vaccines safe?
+ Is there a link between autism and vaccines?

Vaccines today

+ What vaccine-preventable diseases still exist today and how do they spread?
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Available at: https://www.youtube.com/channel/UCUYsYIyz avUI-wu vyj7wyGw

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Sample newsletter article you can use in your communications with your members, patients, etc.

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March through September 2017

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<th>Monday Start</th>
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- Blue squares indicate scheduled activities.
- Red squares denote dates outside the specified timeline.
Maternal Infant Health Program

If you find good educational material and resources...

Please share with your consultant
Breastfeeding Resources

Coffective

http://coffective.com

Upcoming Breastfeeding Webinar

- May 16th 1:00-2:00, Breastfeeding 101: Answers from an expert with Dr. Barry

For more information, please contact:
Marji Cyrul, MPH, RD, CLS
State Breastfeeding Coordinator
(517) 373-6486
CyrulM@Michigan.gov
Maternal Morbidity and Mortality Surveillance (MMMS)

- Each year, as many as 100 Michigan mothers die during or within one year of their pregnancy.

- In an effort to reduce the maternal mortality rate in Michigan, reporting of maternal deaths is now mandatory, effective April 6, 2017 through the Michigan Maternal Mortality Surveillance (MMMS) project within the Michigan Department of Health and Human Services (MDHHS).

- As a public health authority, MDHHS investigates maternal deaths to better understand the underlying factors associated with these deaths and to develop policy recommendations that can help improve the maternal mortality rate.
Maternal Morbidity and Mortality Surveillance (MMMS)

Public Act 479 of 2016 was signed into law on January 5, 2017 making maternal death reporting a mandatory process in an effort to capture all maternal deaths that occur in our state.

The new law states that a physician or an individual in charge of a health facility who is present for or is aware of a maternal death shall submit information regarding that death at the time and in the manner specified or approved by the department for inclusion in the health information system.
Maternal Morbidity and Mortality Surveillance (MMMS)

▶ Over the past several decades, the MMMS project has investigated all maternal deaths that occur in Michigan on an annual basis. However, prior to this legislation, participation was voluntary.

▶ The participation of physicians and health facilities is vital for public health surveillance and helps promote and protect the health and well-being of women, infants, and families in Michigan.

▶ Additional information on maternal death reporting, including instructions and forms, can be found on the MDHHS Maternal and Child Health Epidemiology website at www.michigan.gov/mchepi.
Changing Systems & Practice to Improve Outcomes For Young Fathers, Their Children & Their Families

- Research shows that the relationship between fathers and their children is essential to the well-being of families and the healthy development of children. However little attention is paid to the importance of engaging young fathers under age 26, particularly young fathers who are involved with child welfare systems.

- This report (http://www.cssp.org/pages/body/Changing-Systems-Practice-Young-Fathers.pdf) provides recommendations on how systems can better focus on father involvement to increase positive outcomes for fathers, their children and families. Policy recommendations are offered on father-inclusive organizational culture, father identification, father-focused practice, co-parenting, undocumented father, incarcerated fathers, and more. A companion video, featuring three fathers, is available at https://youtu.be/2ZXTGExv3yE
CDC Developmental Milestones resources

- Discussed in February webinar
- Copy in your packet
- English and Spanish available
- Brochures, handbooks for staff and family, posters
Developmental Milestones

Additional Guidance Tools

- **ASQ-3 Materials Kit**
  - 20 toys, books and other items

- **Items in beneficiary’s home**
  - Available every day
  - Pass “the choke test.”

- “Go bag” drawing
The PURPLE program is designed to help parents of new babies understand a developmental stage that is not widely known. It provides education on the normal crying curve and the dangers of shaking a baby.

Additionally the program tries to create a cultural change in how parents, caregivers, and everyone in the community understand the normalcy of this early infant crying and the dangers of reacting to an infant's crying in frustration.

The Period of PURPLE Crying is designed and approved by pediatricians, public health nurses, child development experts and parents.
PERIOD OF PURPLE CRYING

Program Materials:
- Educational, attractive and relevant to all parents of newborns;
- Emphasize the dangers of shaking with a clear, memorable and meaningful positive message;
- Presented at a grade 3 language level;
- Representative of multicultural and ethnic backgrounds; and
- Compliant with all safe sleep and public health safety recommendations
PERIOD OF PURPLE CRYING “Educator”

The Children’s Trust Fund and the Michigan Department of Health and Human Services (MDHHS) Injury and Violence Prevention Unit invested in *Period of PURPLE Crying* materials for trained* individuals who work in parent education to share with the parents and caregivers that they interface with.

These materials are not available to existing programs who have a funding source or established mechanism for getting/paying for these; this effort is to grow the program to start up new information/access points where they weren’t before.

The resources are finite, it is important for interested participants to identify how they plan to sustain the program once our materials are exhausted. Our focus is primary care providers and home visiting programs.
PERIOD OF PURPLE CRYING “Educator”

The materials consist of either print material and a DVD, or print material and a passcode, which allows people to access the same information that is on the DVD on a device, such as a computer, smart phone or tablet. We’ve purchased a combination of these for English, Spanish and Arab language speakers. Recipients will also need to record and report the quantity that they distribute.

Complete the training as a Period of PURPLE Crying educator. The training is free at: https://training.dontshake.org/courses

Entities must register
▶ (more than one person can register under a single organization)

▶ For more information, please contact:
  Laura Rowen
  Injury Prevention/Michigan Safe Kids Coordinator
  Injury and Violence Prevention Section
  Michigan Department of Health and Human Services
  (517) 335-9519 – office
  Rowenl@michigan.gov
Healthy Homes, Good Health

Smoke Free Public Housing
This rule requires each public housing agency (PHA) administering public housing to implement a smoke-free policy. Specifically, no later than 18 months from the effective date of the rule, each PHA must implement a “smoke-free” policy banning the use of prohibited tobacco products in all public housing living units, indoor common areas in public housing, and in PHA administrative office buildings.

- The smoke-free policy must also extend to all outdoor areas up to 25 feet from the public housing and administrative office buildings.

- **Effective date** February 3, 2017
- Required August 2018
Healthy Homes, Good Health

The Principles of a Healthy Home:

- **DRY:** Water can enter the home either through leaks from the outside (roofs, walls, or the foundation); leaks from the inside (showers, toilets, or pipes); and condensation. Keep the home dry in order to keep it free of problems caused by water damage.

- **CLEAN:** Clean homes help prevent exposure to pests, allergens, contaminants that may be present. When the home is clean, it is easier to keep it that way.
Healthy Homes, Good Health

The Principles of a Healthy Home continued:

- VENTILATED: When you keep fresh air ventilating in the home, it prevents hazards in the air from staying in the home. By keeping air moving through the home, you reduce the concentration of allergens, smoke, mold, and dangerous gases in the air.

- Two and ½ minute video on You Tube to share with families
  - What is a Healthy Home?
  - Basic introduction

https://www.youtube.com/watch?v=SwSS8TsERuY
WIC Presentation- Stacey Laverty
A Brief Overview of the WIC Program

Stacey Laverty, MPA
The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) is a public health nutrition program under the USDA providing nutrition education, nutritious foods, breastfeeding support, and healthcare referrals for income-eligible women who are pregnant or post-partum, infants, and children up to age 5.

Source: https://www.nwica.org/wic-basics
MICHIGAN OVERVIEW

- 48 Local Agencies
- 217 Clinics
- Services available statewide

Note: Michigan WIC serves 54% of infants statewide (Nationally, over 50%)
4 PILLARS OF WIC SERVICE

1. Nutrition Education
2. Breastfeeding Promotion and Support
3. Referrals to Healthcare and Social Services
4. Nutritious Food Package
#1 NUTRITION EDUCATION

- Nutrition Education offered every 3 months
- Examples: Face to face counseling, group classes, or “nutrition education mall” at the clinic; take home lessons; online nutrition education at wichealth.org
  - Picky Eaters
  - Farm to Family: Keeping foods safe
  - Food safety for moms to be
- Variety of print materials available in English, Spanish, and Arabic
- High Risk clients are referred to the Registered Dietitian
## #2 BREASTFEEDING SUPPORT

**WIC Provides**
- Breastfeeding Peer Counselors
- Lactation Consultants
- Classes and Support Groups
- Education Material
- Hotlines for Questions
- Breast pumps
- Supplies for breast pumps

**Coffective**
Community based outreach initiative to get hospitals, WIC clinics, and others all working in the same direction for breastfeeding support to give clients the same message everywhere they go.
#3 REFERRALS

• Inform clients of available and appropriate health and community services and how to access those services.

• Based on individual needs identified during nutrition assessment

Common Referral Types:

• Immunizations
• Maternal Infant Health Program (MIHP)
• Physicians
• Hospitals
• Dentists
• Food Pantries
• Health Clinics/Fairs
#4 WIC FOOD PACKAGE/BENEFITS

- Fruits and Vegetables
- Commercially prepared baby fruits/vegetables and meats
- Infant cereal
- Milk
- Whole grain cereal
- Whole wheat bread
- Lowfat/Nonfat Yogurt
- Canned fish
- Canned and dry beans/peanut butter
- Cheese
- Juice
- Eggs
- Iron fortified infant formula

Michigan WIC Food Guide & Formula Insert: [http://www.michigan.gov/mdhhs/0,5885,7-339-71547_4910-211359--,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71547_4910-211359--,00.html)
ELIGIBILITY

- Resident – clients must live in the state in which they apply
- Categorical – clients must be in one of the eligible categories of women, infants and children
  - Pregnant (during pregnancy and up to 6 weeks after the birth of an infant or the end of the pregnancy)
  - Postpartum (up to six months after the birth of the infant or the end of the pregnancy)
  - Breastfeeding (up to the infant's first birthday)
  - Infants (up to the infant's first birthday)
  - Children (up to the child's fifth birthday)
- Income - \( \leq 185\% \) of Federal poverty level (or adjunctively eligible, i.e, Medicaid, Supplemental Nutrition Assistance Program (SNAP), Cash Assistance)
- Nutrition Risk - based on nutrition and health assessment as required by USDA Regulations

All MIHP clients should qualify for WIC
Women participating in WIC have been found to have longer pregnancies resulting in fewer premature births.

The healthy food and the nutrition counseling WIC provides can better assist mothers in returning to their pre-pregnancy weights.

Nutrition education and supplemental food packages help ensure pregnant women receive necessary nutrients for a healthy pregnancy such as iron, protein, calcium, and Vitamins A and C.

Parents will also have more time with trusted WIC staff to get help and referrals to deal with issues such as stress or depression, family planning, smoking and substance abuse, and domestic violence – all of which can help mothers reduce risks for premature births, or worse – infant mortality – in subsequent pregnancies.
INFANTS IN WIC

- WIC reduces the likelihood of adverse birth outcomes, including very low birth-weight babies
- WIC infants are in better health than eligible infants not participating in WIC
- WIC improves birth outcomes for high-risk mothers
- WIC promotes breastfeeding as the optimal infant feeding choice, which has been shown to help reduce the risk of SIDS
- Prenatal WIC participation is associated with lower infant mortality rates
- WIC prenatal care benefits reduce the rate of low birth-weight babies by 25% and very low birth-weight babies by 44%
- WIC has breastfeeding peer counseling staff in over 46 Local Agencies
INFANT BREASTFEEDING AND WIC

- WIC promotes breastfeeding as the optimal infant feeding choice
- WIC provides: breastfeeding peer counselors, lactation consultants, classes & support groups, education materials, and breast pumps to WIC participants
- Breastfed babies may reduce risks, such as obesity, type 2 diabetes, asthma, and SIDs
- If 90% of women breastfed exclusively for 6 months, it could result in nearly $13 billion saved in the U.S. each year and prevent 1,000 infant deaths annually
### WHAT HAPPENS IN A WIC CLINIC?

<table>
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<th>We have Trained Staff in all of our clinics</th>
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<td>- Registered Dietitians</td>
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<td>- Registered Nurses</td>
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<td>- Peer Counselors</td>
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<td>- Clerk and Tech Staff</td>
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<td>- CPA and Advanced CPA</td>
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<td>- Hemoglobin (iron) levels checked</td>
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<td>- Lead Levels Checked for children</td>
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<tr>
<td>- Height, Weight, &amp; Head Circumference (2 and younger)</td>
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<tr>
<td>- One-on-one with Professional Staff</td>
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<td>- Nutrition Education</td>
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<td>- Nutrition/Behavior Care Plan</td>
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<td>- Food prescriptions based on IOM’s guidelines and provided on an EBT card</td>
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WIC RETAILERS/VENDORS

- Approximately 1800 WIC authorized vendors statewide in Michigan
- 1535 grocery stores
- 264 pharmacies (infant and special need formulas)
- Each store must meet program requirements, including ‘minimum stock’ and participate in SNAP
- State WIC vendor staff provide ongoing vendor education and assistance

Farmers’ Market Nutrition Program (FMNP) is a federal program known in Michigan as WIC Project FRESH that operates June 1 – October 31.

WIC Project FRESH provides eligible WIC clients $25 in coupons (in addition to their monthly WIC benefits) to purchase eligible, locally grown, fresh, unprepared fruits and vegetables from authorized farmers.

Authorized farmers post these signs making clients aware of where to stop and shop with their WIC Project FRESH coupons.
WIC PROGRAM BENEFITS

- WIC reduces the likelihood of adverse birth outcomes, including very low birth-weight babies
- WIC improves birth outcomes for high-risk mothers
- Medicaid participants on WIC have on average 29% lower Medicaid costs for infant hospitalization compared with those not participating in WIC
- WIC interventions can help improve healthful behaviors that are linked to reducing early childhood overweight
- According to a 2014 study, the program might have contributed to the decline in obesity rates among preschool children in recent years
- WIC participation helps reduce household food insecurity

WIC PROGRAM BENEFITS

- WIC infants are in better overall health than eligible infants not participating in WIC
- WIC children at ages 1 to 2 have less dental related Medicaid costs compared to children who do not participate in WIC
- Children participating in WIC have immunization rates similar to more affluent children and significantly higher than low-income children who never participated in WIC
- WIC children have increased intakes of iron, potassium, and fiber
- WIC nutrition education leads to an increased consumption of whole grains, fruits and lower-fat milk
- Participation in WIC can reduce the risk of child abuse or neglect
- WIC supports cognitive development, helping children to enter kindergarten ready to learn

COMMUNITY IMPACT

- Grocery store availability of healthy foods for WIC clients results in healthy food options for everyone shopping at WIC approved stores
- Shopping at WIC approved stores and local farmers’ markets helps local business/economy
- WIC helps make healthier families
- Clients are better educated to make healthier choices with non-WIC grocery dollars
- Referrals to community partner programs benefit the whole community, not just the WIC client

Healthier Families=Healthier Communities!
THANK YOU!

Let’s work together to help more families in Michigan!

Go to signupwic.com to find a clinic near you!
ADDITIONAL RESOURCES

- National WIC Association [https://www.nwica.org/](https://www.nwica.org/)
- Position Papers and Fact Sheets [https://www.nwica.org/position-papers](https://www.nwica.org/position-papers)
- Michigan WIC Website - [http://www.michigan.gov/mdhhs/0,5885,7-339-71547_4910---,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71547_4910---,00.html)

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Save the Date--Home Visiting Conference
2017 Michigan Home Visiting Conference: August 1-3

- Tuesday, Aug 1st- MIHP Model Day
  Literacy; Social Media & MIHP
  1PM-4:30PM

- Wednesday, Aug 2nd- First Conference Day

- Thursday, Aug 3rd – Second Conference Day
October MIHP Coordinator Trainings
Save-the-Date

- October 16 & 17, 2017 location TBD in Grand Rapids
- October 18 & 19, 2017 at the Embassy Suites in Livonia
- October 23 & 24, 2017 at the Hotel Indigo in Traverse City
- October 26 & 27, 2017 at the Hampton Inn in Marquette
QUESTIONS

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