



Maternal Infant Health Program

May 2017
Coordinator
Training

Maternal Infant Health Program Staff

MDHHS Division of Maternal and Infant Health

- ▶ Suzette Burkitt-Wesolek, RN, BSN, Acting MIHP Program Coordinator
- ▶ Ingrid Davis, R.D.H., BS, M.P.A., Public Health Consultant
- ▶ Joni I. Detwiler, BS, MSW, Public Health Consultant
- ▶ Deb Marciniak, MPH, 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.

A Message from Our Bureau Director

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

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.

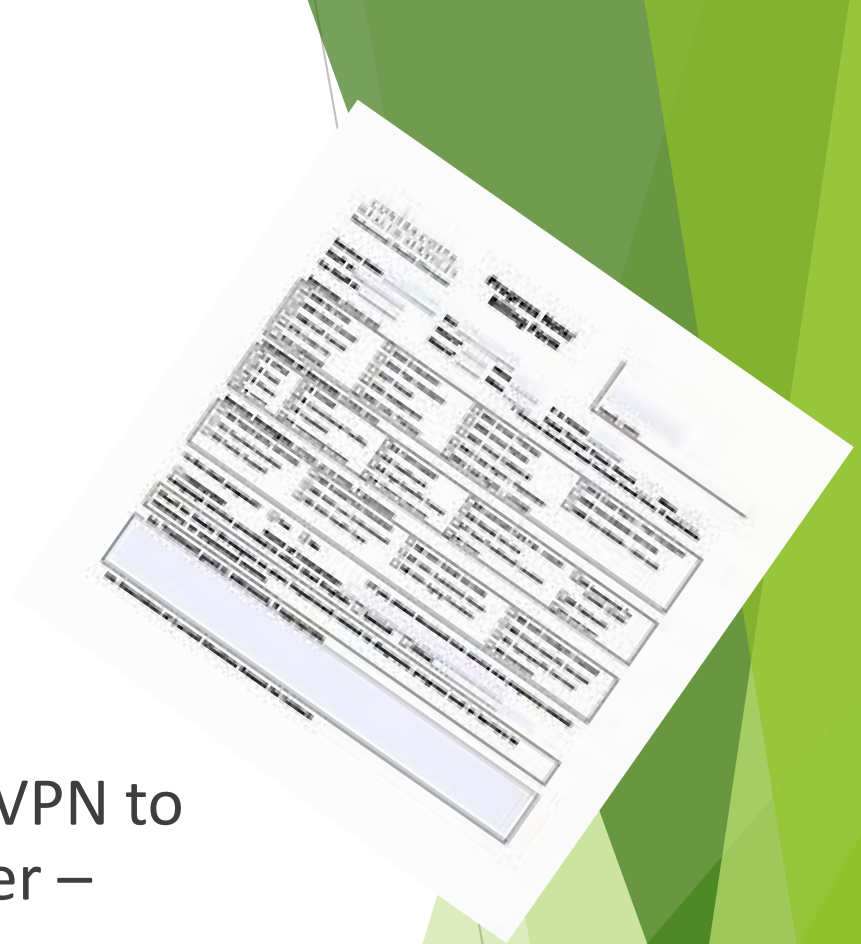
Thank you

REQUIRED TIMELINES “CHEAT SHEET”

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

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>

 **FDA** U.S. FOOD & DRUG ADMINISTRATION
www.fda.gov/birthcontrol

BIRTH CONTROL GUIDE

If you do not want to get pregnant, there are many birth control options to choose from. No one product is best for everyone. Some methods are more effective than others at preventing pregnancy. Check the pregnancy rates on this chart to get an idea of how effective the product is at preventing pregnancy. The pregnancy rates tell you the number of pregnancies expected per 100 women during the first year of typical use. Typical use shows how effective the different methods are during actual use (including sometimes using a method in a way that is not correct or not consistent). The only sure way to avoid pregnancy is not to have any sexual contact. Talk to your healthcare provider about the best method for you.

FDA-Approved Methods	Number of pregnancies expected (per 100 Women)*	Use	Some Risks or Side Effects*
 Sterilization Surgery for Women	Less than 1	Onetime procedure. Permanent.	Pain Bleeding Infection or other complications after surgery
 Sterilization Implant for Women	Less than 1	Onetime procedure. Permanent.	Pain/ cramping Pelvic or back discomfort Vaginal bleeding
 Sterilization Surgery for Men	Less than 1	Onetime procedure. Permanent.	Pain Bleeding Infection
 IUD Copper	Less than 1	Inserted by a healthcare provider. Lasts up to 10 years.	Cramps Heavier, longer periods Spotting between periods

 Most Effective

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

Smart Mom

She's got **text4baby**



Text **BABY** to 517

Get **FREE** messages
on your cell phone to help
through your pregnancy
and your baby's first year



text4

text4

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

Text4baby

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/beeze_20/images/2014/t4b%20pov1.jpg

²<http://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 \(CSUSM\)](#)² reported their household income was \$16,000 or less.
- 99% of text4baby participants in a [Health Services and Resource Administration \(HRSA\) funded evaluation](#)¹ 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/beeze_20/images/2014/t4b%20pov1.jpg

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

Text4baby

Nationally:

- 99% of WIC participants in an [Emory University study](#)² 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/bee_20/images/2014/t4b%20pov1.jpg

²<http://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
http://www.michigan.gov/documents/mdhhs/Michigan_FASD_Five_Year_State_Plan_2015-2020_516784_7.pdf
- New NAS Guidelines



Perinatal and Neonatal Substance Abuse

Community of Practice call-December 15, 2016

- 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.



MICHIGAN COLLABORATIVE NON-PHARMACOLOGICAL CARE BUNDLE

TAKING YOUR BABY HOME

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

I'M EASILY CONSOLABLE <i>I stay awake longer and able to be calm; I sleep longer between feedings</i>	I'M GETTING FUSSY <i>I cry & fuss easily; I startle and wake easily; I may arch my back when I am upset</i>	I'M STRUGGLING TO CALM MYSELF <i>I cry & fuss a lot; I am sensitive to noise; I wake easily; I have a high pitched cry</i>
<ul style="list-style-type: none">♥ When I'm awake the lights can be on♥ Show me a quiet mobile♥ Read or sing to me quietly♥ Quietly talk to me in my swing♥ Take me for a stroller ride♥ Rock me gently♥ Continue to protect my sleep times♥ Put me in my bed to sleep♥ Always put me on my back to sleep♥ Help me stretch my arms and legs when I am awake♥ If I get upset with a new activity, calm me and return to an activity you know I like	<ul style="list-style-type: none">♥ Keep the room quiet so I get good sleep♥ Limit phone calls at the bedside♥ Quietly sing or read to me♥ Talk to me in a quiet voice♥ Offer me my pacifier♥ Swaddle me with my hands close to my face♥ Hold me Skin to Skin♥ Help me stretch my arms and legs when you change my diaper♥ I may like to be in the swing♥ It's OK to turn the lights up when I am awake	<ul style="list-style-type: none">♥ Keep the lights low♥ Keep the room very quiet♥ Limit phone calls at the bedside♥ Have only 1 or 2 visitors at a time♥ If I am asleep, let me sleep♥ Talk to me in a quiet voice♥ Offer me my pacifier♥ Keep me swaddled with my hands close to my face♥ Snuggle me close to keep me calm.♥ Rock me in one direction♥ Hold me Skin to Skin♥ I might like soft, rhythmic music♥ I might like to be in the swing

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

MIHP FAX		FAX this form to MIHP at (517) 373-4294		
MDHHS Maternal Infant Health Program (MIHP) Database Record Revision Request Form				
Date: <input type="text"/>	# of Pages Faxed: <input type="text"/>	Your Agency's MIHP State Consultant: <input type="checkbox"/> Ingrid Davis <input type="checkbox"/> Joni Detwiler <input type="checkbox"/> Cherie Ross		
MIHP Agency Name: <input type="text"/>	Person Making Request: <input type="text"/>			
MIHP Coordinator: <input type="text"/>	Requester's Email: <input type="text"/>			
Coordinator Email: <input type="text"/>	Agency Phone: <input type="text"/>	Agency Fax: <input type="text"/>		
Screening/Discharge Summary	Beneficiary Name	Date of Birth	Medicaid ID#	Risk Identifier: <u>Screening Date</u> Discharge Summary: <u>Date Entered</u>
<input type="checkbox"/> Maternal Risk Identifier <input type="checkbox"/> Infant Risk Identifier <input type="checkbox"/> Maternal Component <input type="checkbox"/> Infant Component	Mother's Name: <input type="text"/> Infant's Name: <input type="text"/>	Mother's DOB: <input type="text"/> Infant's DOB: <input type="text"/>	Mother's ID: <input type="text"/> Infant's ID: <input type="text"/>	Mother's: <input type="text"/> Infant's: <input type="text"/>
<input type="checkbox"/> Maternal Discharge Summary <input type="checkbox"/> Infant Discharge Summary	<input type="checkbox"/> DELETE RECORD <input type="checkbox"/> ADD MEDICAID ID NUMBER <input type="checkbox"/> DUPLICATE DEMOGRAPHIC			Use <u>Screening Date</u> for Risk Identifiers and <u>Date Entered</u> for Discharge Summaries
<input type="checkbox"/> Maternal Risk Identifier <input type="checkbox"/> Infant Risk Identifier <input type="checkbox"/> Maternal Component <input type="checkbox"/> Infant Component	Mother's Name: <input type="text"/> Infant's Name: <input type="text"/>	Mother's DOB: <input type="text"/> Infant's DOB: <input type="text"/>	Mother's ID: <input type="text"/> Infant's ID: <input type="text"/>	Mother's: <input type="text"/> Infant's: <input type="text"/>
<input type="checkbox"/> Maternal Discharge Summary <input type="checkbox"/> Infant Discharge Summary	<input type="checkbox"/> DELETE RECORD <input type="checkbox"/> ADD MEDICAID ID NUMBER <input type="checkbox"/> DUPLICATE DEMOGRAPHIC			Use <u>Screening Date</u> for Risk Identifiers and <u>Date Entered</u> for Discharge Summaries
<small>Confidentiality Notice: The information contained in this facsimile message from the Michigan Department of Health and Human Services (MDHHS) is intended solely for the use of the above 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 fax is expressly prohibited. If you have received this fax in error, please contact the sender of this fax immediately so that we can correct the error and arrange for destruction or return of the faxed document. rev 4.18.2017</small>				

New FAX #

New Title

Added Requester
Email for
notification

New
Request
Options

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 codes 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

ALLEGIANCE 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



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.

IVACC  NATE.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



I protect. I defend.
I vaccinate.

IVACC  NATE.ORG   

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

64% of the target audience had a prescription filled for a household member

23% of people research further information after seeing an outdoor board

TARGET AUDIENCE HIGHLIGHTS CONT.

88% of the target audience use their smartphone to go online

74% of the target audience are actively on social media

78% of consumers believe that organizations providing custom content are interested in building good relationships with them

91% of the target audience access the internet 5+ times per week

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



IVACCINATE

HOME

ABOUT VACCINES ▾

ANSWERING YOUR QUESTIONS

RESOURCES

NEWS



Protecting my child is my top priority.

I protect. I defend. I vaccinate.

Answering Your Questions

You have questions. We have answers.

As parents, determining how best to protect our children can be overwhelming and confusing because of the volume of information available on the internet about vaccines. Even the bad information can look and sound credible and science-based.

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:

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?

TV SPOTS

Available at: <https://www.youtube.com/channel/UCUYsYlyzavUI-wuvyj7wyGw>



Pass Up Pass On



Latch Lock

PARENT & GENERAL PUBLIC VIDEO TESTIMONIALS

Speakers' bureau of parents willing to talk about why they immunize

- Parents who have been negatively affected by VPDs
- Parents of immunocompromised children

Empower parents who vaccinate to talk about their stories

Utilize “I vaccinate because....” statements



Watch the video at: <https://www.youtube.com/channel/UCUYsYlyzavUl-wuvyjZwyGw>

TOOLKIT FOR I VACCINATE SUPPORTERS

<https://ivaccinate.org/toolkit/> - password is ivaccinate

Talking Points for the I Vaccinate campaign

News Release for the I Vaccinate launch

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

I Vaccinate campaign videos (via YouTube)

Sample social media posts about the I Vaccinate campaign

Social media graphics for Facebook and Instagram

Social media graphics for Twitter

March through September 2017

[illegible]

Slides credited to Brogan and Partners

Questions? Contact
Courtney Londo at
LondoC1@Michigan.gov



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



I protect. I defend.
I vaccinate.

IVACC  NATE.ORG   

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.”*
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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

natural **resources**

- ▶ 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
- Brookes Publishing at <http://agesandstages.com/>

► Items in beneficiary's home

- Available every day
- Pass “the choke test.”

► “Go bag” drawing

PERIOD OF PURPLE CRYING

- ▶ 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:

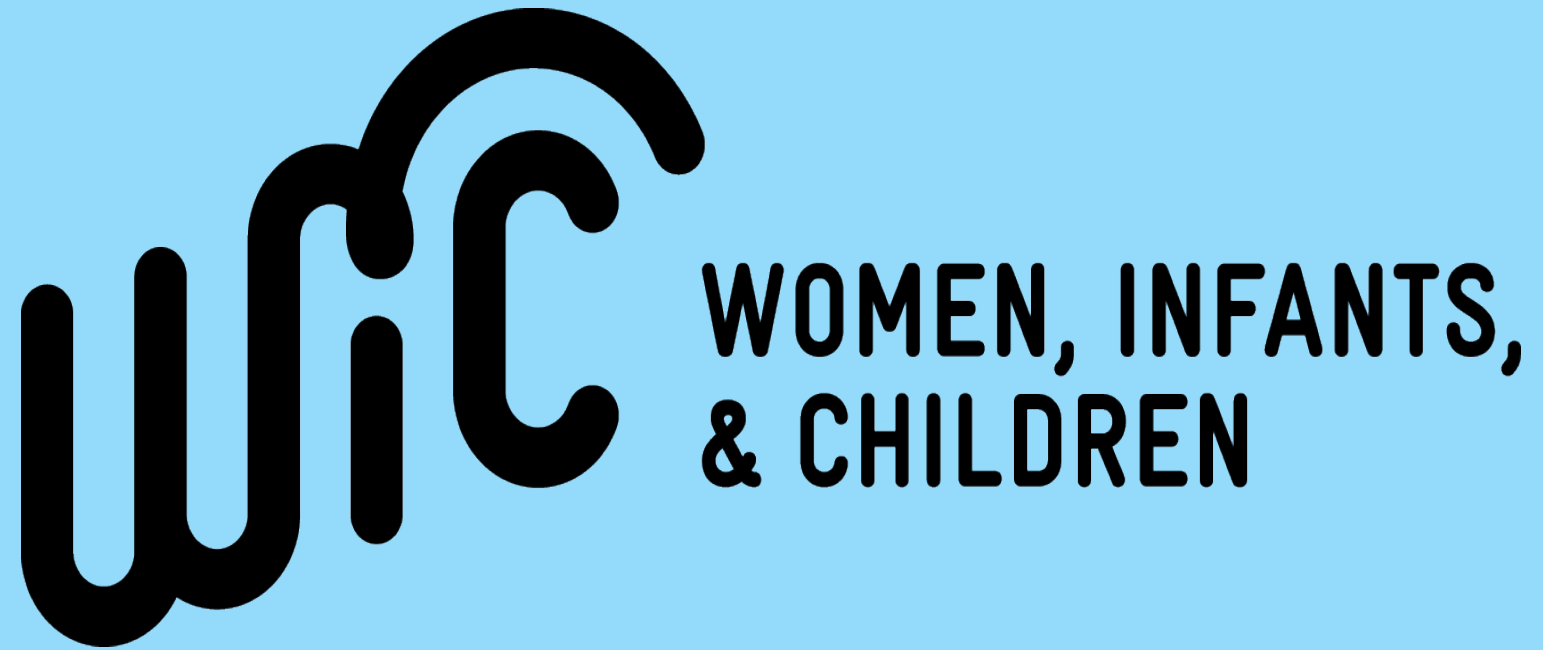
- VENTILATED: When you keep fresh air ventilating in the home, it prevents hazards in the air from staying in the home. By keeping air moving through the home, you reduce the concentration of allergens, smoke, mold, and dangerous gases in the air.
- Two and ½ minute video on You Tube to share with families
 - ✓ What is a Healthy Home?
 - ✓ Basic introduction



<https://www.youtube.com/watch?v=SwSS8TsERuY>



WIC Presentation- Stacey Lavery



A Brief Overview of the WIC Program

Stacey Lavery, MPA

INTRODUCTION

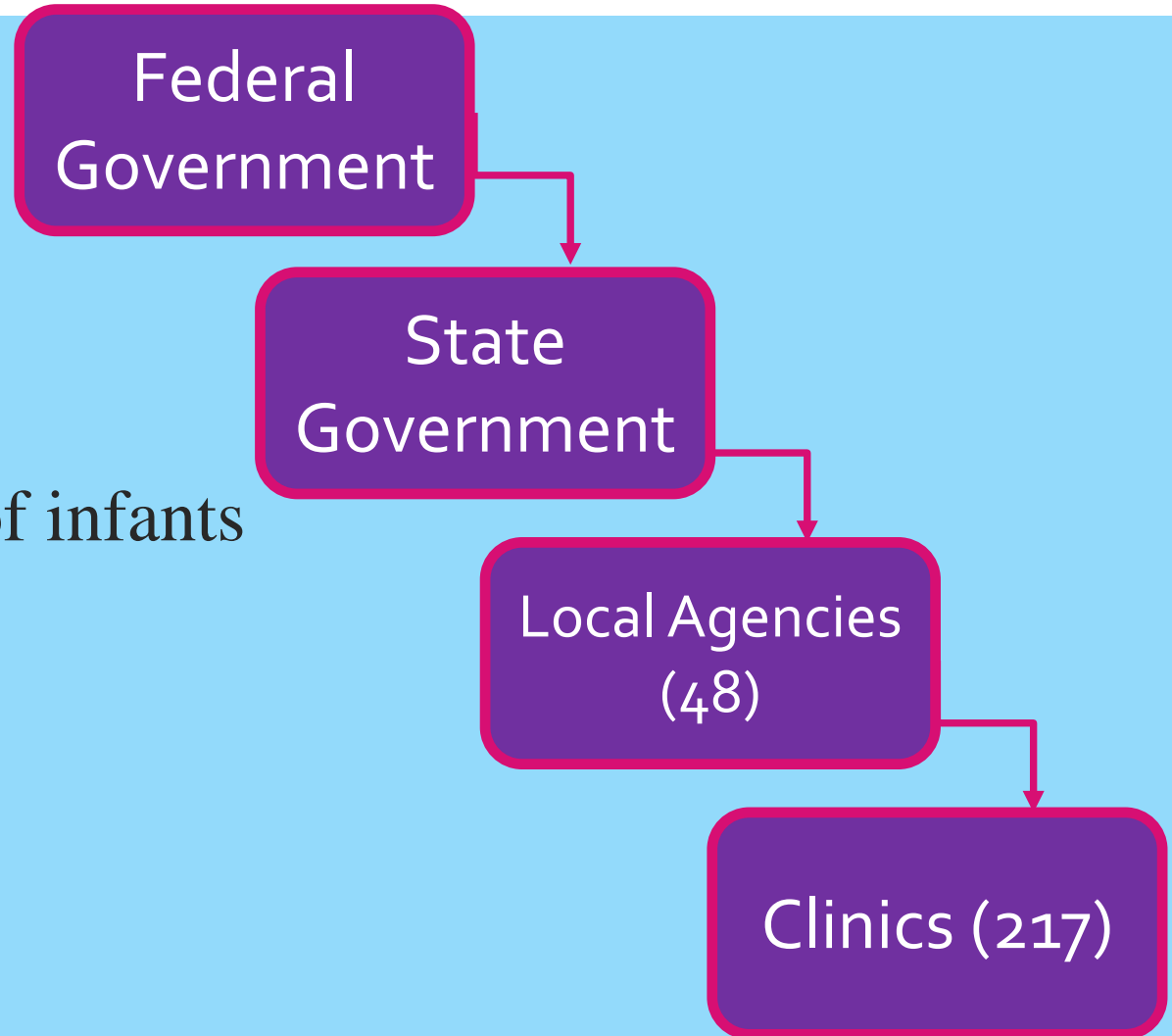
The Special Supplemental Nutrition Program for **Women, Infants and Children (WIC)** is a public health nutrition program under the USDA providing nutrition education, nutritious foods, breastfeeding support, and healthcare referrals for income-eligible women who are pregnant or post-partum, infants,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

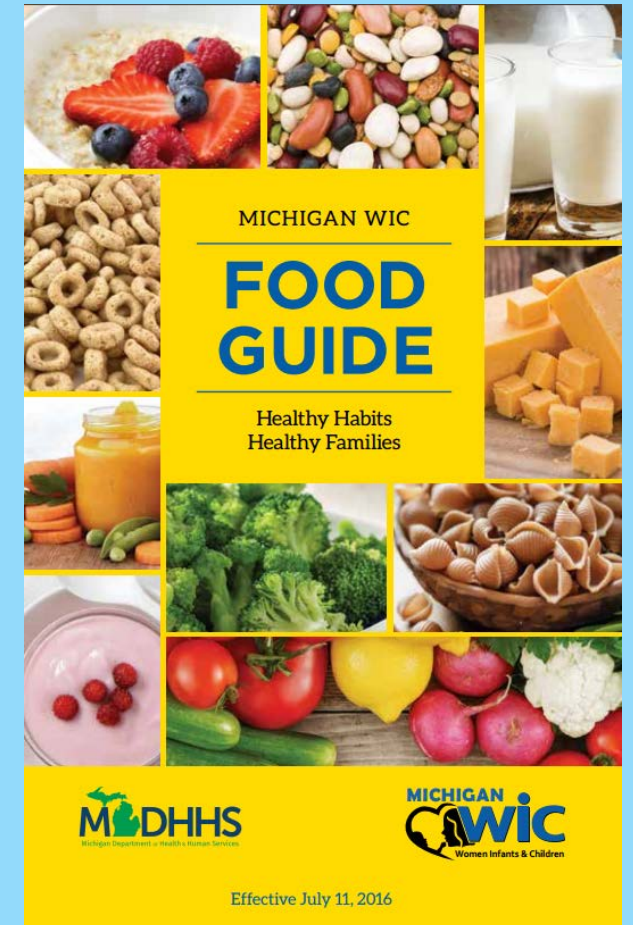
- Inform clients of available and appropriate health and community services and how to access those services.
- Based on individual needs identified during nutrition assessment

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

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 IN 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?

- We have Trained Staff in all of our clinics
 - Registered Dietitians
 - Registered Nurses
 - Peer Counselors
 - Clerk and Tech Staff
- Trainings Provided to WIC Staff
 - Anthro/Lab
 - Clerical
 - Multiple Breastfeeding
 - CPA and Advanced CPA
 - Client Centered Services
- Our Clients Receive
 - Hemoglobin (iron) levels checked
 - Lead Levels Checked for children
 - Height, Weight, & Head Circumference (2 and younger)
 - One-on-one with Professional Staff
 - Nutrition Education
 - Resources for other eligible services/programs
 - Nutrition/Behavior Care Plan
 - Nutritious Food Packages
 - Food prescriptions based on IOM's guidelines and provided on an EBT card

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



WIC PROJECT FRESH



- 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

Source: https://s3.amazonaws.com/aws.upl/nwica.org/2016wic_healthier_america_final.pdf

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

Source: https://s3.amazonaws.com/aws.upl/nwica.org/2016wic_healthier_america_final.pdf

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/>
 - Position Papers and Fact Sheets <https://www.nwica.org/position-papers> -
- WIC Fact Sheet - <http://www.fns.usda.gov/sites/default/files/wic/WIC-Fact-Sheet.pdf>
- How WIC Impacts the People of Michigan-
<https://s3.amazonaws.com/aws.upl/nwica.org/michigan2016.pdf>
- Michigan WIC Website - http://www.michigan.gov/mdhhs/0,5885,7-339-71547_4910---,00.html

Stacey Laverty

lavertys1@Michigan.gov 517-335-9535

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

Contact:

MIHP Acting Program Coordinator

Suzette Burkitt-Wesolek

BurkittWesolekS@michigan.gov

MIHP Consultants

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Chelsea Margaret Low: lowc@michigan.gov

