



WIC NEWS

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Special Supplemental Nutrition Program
for Women, Infants, and Children

Fall 2020

Note from the Director

Unity in the Midst of Adversity

As a nationally recognized premier public health nutrition program, WIC has a positive and proven record of helping families live healthier lives! What we choose to do each day in WIC influences everyone we interact with, and our actions contribute to the health of the community around us. We are proud of the work you do every day, as it improves the health and well-being of those you serve in Michigan. You have a positive impact on so many infants born in Michigan and I am proud of the work that you do!



You have demonstrated remarkable efficiency in your response to increased ISD referrals, scheduling 7,881 appointments between March 1 and July 31, 2020.

We are excited to continue our cross-enrollment efforts with SNAP, Medicaid, and the Michigan Department of Education, aiming to engage new clients that are eligible for WIC. We look forward to sharing more information with you soon.

I know that we are facing uncertain and unprecedented times right now, but I want to thank each of you for your great leadership, extraordinary teamwork, and for showing “Unity in The Midst of Adversity.” We are stronger together.

Thank you again for your support and commitment to serve!

Christina Herring-Johnson
WIC Division Director



LOCAL AGENCY HIGHLIGHTS



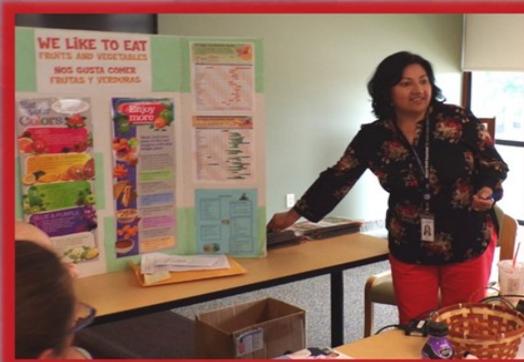
District Health Department #10

Newaygo County Breastfeeding Coalition Member Spotlight

World Breastfeeding Month 2020

Rajani BS MS CLE

Rajani came to the United States 37 yrs ago from her home in Kathmandu, Nepal. She has worked in the WIC division for DHD #10 for 26 yrs. Rajani has been a Nutritionist for 38 yrs and became a certified lactation educator from UCLA in 1999. Rajani helped open 2 WIC clinics and started the original Mecosta/Osceola Breastfeeding Coalition Work Group in 2005. She has been married for 39 yrs and is a proud mother to 3 adult children whom she breastfed for 2 to 3 yrs. Rajani will be retiring after this Fall and she stated, “After I retire, my goal is to be an advocate for good nutrition and support breastfeeding mothers and babies to have their voices be heard by the legislators. I believe all mothers should get paid by the Government/employer for at least 3 months to stay home and care for their newborn baby. I believe breastmilk is like liquid gold! Breastmilk provides optimal nutrition for the first year of babies life, promotes healthy brain growth and improves immunity for healthy, happy babies! It also increases bonding between mother & child. Overall, it creates a very healthy environment within family, community, nation and the world.”



“Rajani has been a wonderful WIC Nutritionist/CPA, Breastfeeding Advocate, mentor and friend to many. She has dedicated her career to helping countless families through our District Health Department #10 WIC Program over the past 25+ years and she will be greatly missed.”

-Anne Bianchi, WIC Program Director



“I met Rajani Thapa in 1994 when I found out I was pregnant. My first impression of Rajani was that she was kind, loving and caring. She was the Grant WIC office person. I was a young mom with no idea of what was to come, but Rajani nurtured me, taught me, and accepted me for who I was. She lived by example; she too had small children and I could tell they meant the world to her. Later in life, 10 years later to be exact, little did I know when I interviewed for the Grant WIC office that I would be working with this beautiful woman. Rajani has that special connection it takes to have clients talk to the CPA. The families trust her and love her. Rajani will be so missed in the WIC clinics, but I know Rajani will continue to be an advocate for needy families. Long live our Queen Rajani! Congratulations on your well-deserved retirement my lifetime friend.”

-Mary, WIC Clerk/Technician, Newaygo-Grant Clinic

★ LOCAL AGENCY HIGHLIGHTS ★

“I’m sure going to miss working with Rajani. I have learned so much from her, and her encouragement has richly inspired me this past almost 4 years. She truly is a wonderful co-worker.”

-Tina, Breastfeeding Peer Counselor, Mecosta and Newaygo Counties



Bright Idea: Saint Clair County

Coordinator Kathy Bladow of St. Clair County shares with us a festive and unique outreach idea. She and her staff dressed up as “WICKed Witches” and went WIC-or-treating in the health department last year.

LOCAL AGENCY TOUR: SHIAWASSEE COUNTY HD

Shiawassee County was kind enough to host the November 2019 Promotion and Retention Workgroup meeting in their beautifully updated facility. Thank you to Coordinator Kay Hite, Lauri Rubelman, and staff!



A beautiful autumn breastfeeding display near the lobby.



Lab and anthro area.



Bright and cheerful hallway.

CHEERS TO THE PEERS!

We are celebrating **10** years of the WIC Breastfeeding Peer Counselor Program here in Michigan at the Peer Update this year. Please take time to thank a peer counselor for all they do.

We also want to congratulate the peer counselors that have been with the program for all 10 years:

- * Edye Galvez, InterCare Community Health Network
- * Irasema Martinez, InterCare Community Health Network
- * Eliamar Reyna, InterCare Community Health Network
- * Linda Marshall, Marquette County Health Department
- * Vicki Wood, Marquette County Health Department
- * Tammara VanDop, Mid-Michigan District Health Department

ONE PAN AUTUMN CHICKEN DINNER

Prep Time: 20 minutes Cook Time: 30 minutes

Total time: 50 minutes Servings: 5

Ingredients:

- 5 (6 - 7 oz) bone-in, skin on chicken thighs
- 4 Tbsp olive oil, divided
- 1 1/2 Tbsp red wine vinegar
- 3 cloves garlic, minced (1 Tbsp)
- 1 Tbsp each minced fresh thyme, sage, and rosemary
- Salt and freshly ground black pepper
- 1 large sweet potato (about 16 oz) (I leave unpeeled), chopped into 3/4-inch cubes
- 1 lb. Brussels sprouts, sliced into halves
- 2 medium fuji apples, cored and sliced into half-moons about 3/4-inch thick
- 2 shallot bulbs, peeled and sliced about 1/4-inch thick
- 4 slices hickory smoked bacon, chopped into 1-inch pieces
- 2 Tbsp chopped parsley, for garnish (optional)

Directions:

1. Preheat oven to 450 degrees.
2. Pour 2 Tbsp olive oil, red wine vinegar, garlic, and herbs into a gallon size resealable bag.
3. Add chicken, season with salt and pepper then seal bag and massage mixture over chicken while working to evenly distribute herbs. Set aside and let rest while chopping veggies.
4. Place sweet potato, Brussels sprouts, apples, and shallot on an 18 by 13-inch rimmed baking sheet.
5. Drizzle with remaining 2 Tbsp olive oil then toss to evenly coat, season with salt and pepper to taste. Spread into an even layer.
6. Set chicken thighs over veggie/apple layer.
7. Separate any pieces of bacon that may be stuck together then sprinkle bacon over veggie apple mixture.
8. Roast in preheated oven until chicken and veggies are golden brown, about 30 - 35 minutes (chicken should register 165 in center). Broil during last few minutes for a more golden-brown crispy skin on chicken if desired.
9. Garnish with parsley if desired and serve warm.



NUTRITION 101

Ways to Reduce Added Sugar Intake

Priyanka Santhanakrishnan, B.S., GVSU Clinical Dietetics Intern



Overconsumption of added sugar is linked to detrimental health outcomes including obesity, diabetes, and cardiovascular disease. The American Heart Association recommends women consume no more than 6 teaspoons of sugar per day, and men consume no more than 9 teaspoons. The average American consumes more than twice this amount daily. To reduce added sugar intake, it is important to first understand what added sugar is. Added sugar is sugar not naturally found in the food, but rather added to a food to make it taste sweeter.

There are many different forms of added sugar to look out for when shopping for foods. Food manufacturers often hide added sugars in foods by using different names. Some common names you might see are brown sugar, white sugar, fruit juice concentrates, raw sugar, dextrose, fructose, glucose, lactose, maltose, sucrose, honey, molasses, corn syrup, malt sugar, high-fructose corn syrup, invert sugar and corn sweetener.

To reduce your added sugar intake:

Nutrition Facts	
8 servings per container	
Serving size 2/3 cup (55g)	
Amount per serving	
Calories 230	
% Daily Value*	
Total Fat 8g	10%
Saturated Fat 1g	5%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 160mg	7%
Total Carbohydrate 37g	13%
Dietary Fiber 4g	14%
Total Sugars 12g	
Includes 10g Added Sugars	20%
Protein 3g	

- Add fresh or frozen fruits to your yogurt or oatmeal.
- Switch out sweetened products with unsweetened products, such as applesauce or peanut butter. Because of their natural sweetness, you may not even miss the added sugar.
- Make homemade baked goods so you can control the amount of added sugar.
- Reduce portion sizes of condiments like salad dressing, ketchup, and relish. These are often quite high in added sugar. Instead, use condiments lower in added sugar like hot sauce, mustard, and salsa.
- Buy canned fruits that contain natural fruit juice.
- Cut back on sugar-sweetened beverages like sports drinks, fruit flavored drinks, soda, and energy drinks. Instead, try water, 100% fruit or vegetable juice or sparkling water.

Cutting back on added sugar can increase positive health benefits, such as healthy blood glucose levels and improved heart health. It can also help prevent the onset of many negative health issues, including type 2 diabetes, obesity, heart disease and tooth decay. Make sure to check nutrition labels and ingredient lists for added sugar content. The added sugar content, circled in red on the nutrition label to the left, is different than the total sugar content. The total sugar content includes the natural and added sugars in the food. Use the tips mentioned above to cut back on added sugar intake and share them with your clients as well.

References:

- www.heart.org/HEARTORG/HealthyLiving/HealthyEating/HealthyDietGoals/Sugar-101_UCM_306024_Article.jsp#.XGMbbM9Kiu4
- www.mayoclinic.org/healthy-lifestyle/nutrition-and-healthy-eating/in-depth/6-ways-to-reduce-your-sugar-intake/art-20267400
- www.eatright.org/food/resources/national-nutrition-month/nm-handouts-and-tipsheets-for-families-and-communities
- www.healthline.com/nutrition/14-ways-to-eat-less-sugar#section15
- www.pixabay.com/en/photos/sugar/
- www.bestfoodfacts.org/wp-content/uploads/2017/12/nutritionlabeledited_wide-bfdeabcf8485e41ecf775ae1acc6f012c80587d.jpg

STATE UPDATES - E-NOTICE RECAP

Policies and Procedures:

- #2020-23: WIC Complaint Process – Clinic, vendor, and fraud complaint clarification.
- #2020-43: USDA Approved MI-WIC Policies – Summary of changes to Policies 8.01 and 11.01.
- #2020-58: Expanded Food Guide Choices During Pandemic – Additions effective April 1, 2020.
- #2020-59: Formula Food Package Changes and Returned Formula During Pandemic – Returned formula guidance.
- #2020-84: Responses to LA Questions – Allowable Costs/Funding During Pandemic – Document attached to E-Notice.
- #2020-92: LMS Online Training Modules – Completed Courses in Enrolled Tab – Modules may now be completed in sections.
- #2020-96: NWA Webinar – Preparing for Reopening: Considerations for Adjusting WIC Clinic Operations throughout COVID-19 – Recorded webinar available for NWA members.
- #2020-111: Canned and Frozen Fruits and Vegetables – Authorization and Communications – Authorized for women and children as of 6/1/20, see E-Notice for additional details.
- #2020-121: WIC Proxy and EBT Card Clarifications – Document attached to E-Notice.
- #2020-123: Nutrition Services Policy Approval Updates – Multiple updates to Policy 5.0 approved by USDA.
- #2020-129: WIC Special Project Innovation Grant Opportunity – Aims to improve WIC certification operations – RFA may be accessed [here](#).
- #2020-139: WIC Remote Services Guidance Document – Attached to E-Notice and available [here](#).
- #2020-157: Telehealth Resources for WIC Staff and Clients – Resources may be accessed [here](#).
- #2020-160: WIC Clinic Reopening Guidance Document – May be accessed [here](#).
- #2020-168: Changes to the Client Agreement – Effective August 13, 2020 – Revisions to Policy 2.18A have been approved by USDA.

Nutrition:

- #2020-12: Documenting High Risk Care Plans Course Now Available in MiHealth LMS Training Site - Course ID is M1400 and it can be accessed [here](#).
- #2020-50: Food and Formula Access; Food Bank and Pantry Resources – Links to multiple online resources.
- #2020-97: Nutrition Networking Call Slides and Follow-up – Slides attached to E-Notice.
- #2020-114: Nutrition Networking Call, May 28 Follow-up – Slides attached to E-Notice.
- #2020-115: Formulary Update: NeuroPro EnfaCare 32 oz. RTF Discontinued – Effective May 28, 2020.
- #2020-134: Virtual Nutrition Education Workgroup, June 11 Follow-up – Slides attached to E-Notice.
- #2020-155: Pre-Recorded WIC Formula Webcast – Webcast recording may be accessed [here](#) (registration/login necessary).
- #2020-171: Formulary Update: Enfamil AR RFT Discontinued – Effective August 5, 2020.

Vendor:

- #2020-64: Spring 2020 Vendor Newsletter – Newsletter may be accessed [here](#).
- #2020-117: Summer 2020 Vendor Newsletter – Newsletter may be accessed [here](#).
- #2020-144: Authorized Walgreens Locations – Updated list attached to E-Notice.

STATE UPDATES - E-NOTICE RECAP

Events:

#2020-167: Registration Now Open 2020 Michigan WIC Virtual Coordinator Summit – Register [here](#).

Breastfeeding:

#2020-16: Breastfeeding ABM Access – *Academy of Breastfeeding Medicine* login instructions.

#2020-62: April Breastfeeding Connections – Newsletter may be accessed [here](#).

#2020-76: Multi-User Breast Pump Guidance During COVID-19 – Guidance around distribution, returns and cleaning.

#2020-95: Breastfeeding Updates – Educational opportunities for BF staff and additional miscellaneous updates.

#2020-138: Breastfeeding Work Group Meeting Minutes – Attached to E-Notice.

#2020-166: Breastfeeding Updates – National Breastfeeding Month Celebrations and Training Opportunities – See E-Notice for details.

Legislation and Partner Updates:

#2020-34: MDHHS Immunization Education Updates – Links to multiple online resources.

#2020-44: Healthy Michigan Plan Work Requirements Suspended – HMP participants no longer required to report.

#2020-110: New Resources for Pregnancy, Breastfeeding & Caring for Newborns During COVID – Resources created by WIC and Maternal Child Health may be found [here](#).

#2020-147: Notice to LHDs and Immunization Partners of Upcoming Media Campaign Launch – Materials available [here](#).

#2020-164: Receive and View Food Recalls – MDARD offers a consumer alert service. Sign up [here](#).

Data and Systems:

#2020-38: FY 2019 WIC Food Costs – Spreadsheet attached to E-Notice.

#2020-48: MI-WIC Release 8.3 – Postponed indefinitely.

#2020-53: WIC Connect Mobile App and WCC Appointments – Guidance around WIC Client Connect (WCC) appointment type.

#2020-77: Incoming Referrals from MIBridges – State Level Assistance Solutions – Information on enhanced “Already WIC Client” MI-WIC filter and automatic resolution for referrals in pending status for seven days or more.

#2020-83: WIC Connect Mobile App Test Account Guide – Attached to E-Notice.

#2020-148: Blast Messaging Guidelines – Attached to E-Notice.

#2020-158: Biannual Breastfeeding and PNSS and PedNSS Reports – Reports may be accessed [here](#).

#2020-169: Annual Review for WIC System-Related Equipment Inventory – Due October 30, 2020. Archived webcast may be accessed [here](#).

#2020-173: New Virtual Appointment Types in MI-WIC – See E-Notice for details.

Outreach:

#2020-118: Promotion and Retention Workgroup Virtual Check-in Minutes – May 29, 2020 – Attached to E-Notice.

September was...

CHILDHOOD OBESITY AWARENESS MONTH

How children are fed may be just as important as what they are fed, according to a new scientific statement from the American Heart Association, “Caregiver Influences on Eating Behaviors in Young Children,” published May 11, 2020 in the *Journal of the American Heart Association*.

The statement is the first from the Association focused on providing evidence-based strategies for parents and caregivers to create a healthy food environment for young children that supports the development of positive eating behaviors and the maintenance of a healthy weight in childhood, thereby reducing the risks of overweight, obesity and cardiovascular disease later in life.

Although many children are born with an innate ability to stop eating when they are full, they are also influenced by the overall emotional atmosphere, including caregiver wishes and demands during mealtimes. If children feel under pressure to eat in response to caregiver wants, it may be harder for them to listen to their individual internal cues that tell them when they are full.

Allowing children to choose what and especially how much to eat within an environment composed of healthy options encourages children to develop and eventually take ownership of their decisions about food and may help them develop eating patterns linked to a healthy weight for a lifetime, according to the statement authors.

“Parents and caregivers should consider building a positive food environment centered on healthy eating habits, rather than focusing on rigid rules about what and how a child should eat,” said Alexis C. Wood, Ph.D., the writing group chair for the scientific statement and assistant professor at the U.S. Department of Agriculture/Agriculture Research Services Children’s Nutrition Research Center and the department of pediatrics (nutrition section) at Baylor College of Medicine in Houston.

Wood noted that some parents and caregivers may find it challenging to allow children to make their own food decisions, especially if the children become reluctant to try new foods and/or become picky eaters. These behaviors are common and considered normal in early childhood, ages 1 to 5 years, as children are learning about the tastes and textures of solid foods. Imposing rigid, authoritarian rules around eating and using tactics such as rewards or punishments may feel like successful tactics in the short term. However, research does not support this approach; rather, it may have long-term, negative consequences. An authoritarian eating environment does not allow a child to develop positive decision-making skills and can reduce their sense of control, which are important developmental processes for children.

In addition, the authoritarian approach has been linked to children being more likely to eat when they are not hungry and eating less healthy foods that are likely higher in calories, which increase the risk of overweight and obesity and/or conditions of disordered eating.

On the other hand, an indulgent approach, where a child can eat whatever they want whenever they want, does not provide enough boundaries for children to develop healthy eating habits. Research has also linked this “laissez-faire” approach to a greater risk of children becoming overweight or having obesity.

Research does suggest that some strategies can increase children’s dietary variety during the early years if they are “picky” or “fussy” about foods. Repeatedly offering children a wide variety of healthy foods increases the likelihood they will accept them, particularly when served with foods they prefer. In addition, caregivers or parents who enthusiastically eat a food may also help a child accept this food. Modeling eating healthy foods – by caregivers, siblings, and peers – is a good strategy for helping children to be open to a wider variety of food options.

Continued on Page 9

“Children’s eating behaviors are influenced by a lot of people in their lives, so ideally, we want the whole family to demonstrate healthy eating habits,” said Wood.

It is important to note that not all strategies work for all children, and parents and caregivers should not feel undue stress or blame for children’s eating behaviors. “It is very clear that each child is an individual and differs in their tendency to make healthy decisions about food as they grow. This is why it is important to focus on creating an environment that encourages decision-making skills and provides exposure to a variety of healthy, nutritious foods throughout childhood, and not place undue attention on the child’s individual decisions,” concluded Wood.

Caregivers can be a powerful force in helping children develop healthy eating habits, and yet their role is limited by other factors. The statement authors encourage policies that address barriers to implementing the statement’s recommendations within the wider socioeconomic context, including social determinants of health such as socio-economic status, food insecurity and others. While efforts that encourage caregivers to provide a responsive, structured feeding environment could be an important component of reducing obesity and cardiometabolic risk across the lifespan, they note that they will be most effective as part of a multi-level, multi-component prevention strategy.

Source: <https://newsroom.heart.org/news/healthy-eating-behaviors-in-childhood-may-reduce-the-risk-of-adult-obesity-and-heart-disease>

FAMILY MEALS MONTH

Making Meals More Social

Families across the country are joining the family meals movement. You can too!

Take a selfie while you raise your oven mitts and pledge to commit to one more family meal per week. Use the designated hashtags, [#FamilyMealsMovement](https://www.familymealsmovement.com/) to share your photo and tell your friends about it.

Post pledge photos, mealtime pictures, favorite recipes, and shopping tips. Follow your favorite supermarket or food brands’ social media channels to discover their family meals focused solution this September and throughout the year.

Source: <https://www.fmi.org/family-meals-movement/get-social>

MAKING FAMILY MEALS HAPPEN IS EASIER THAN YOU THINK

Supermarkets offer shopper solutions to combat barriers—time, talent, ideas—that challenge the goal of having one more family meal per week.

- 85% of stores offer cooking demonstrations.
- 91% of retailers are offering fresh prepared foods.
- 100% offer recipes

2016 U.S. Food Retailing Industry Speaker Report
FMI 2017 Health & Wellness Report

September
26th
NATIONAL FAMILY MEALS MONTH

#RaiseYourMitt • #FamilyMealsMonth • NationalFamilyMealsMonth.org

FAMILY MEALS MAKE FAMILIES STRONGER

The most comprehensive study to date proves that **family dynamics improve with the frequency of family meals.**

Connectedness
Communication
Cohesion
Relationships

Source: Journal of Religion, Ethnicity and Ideology - January 2020

Join the Movement • #FamilyMealsMovement

Source: <https://www.fmi.org/family-meals-movement/make-meals-happen>

USDA/Tufts Telehealth Intervention Strategies for WIC (THIS-WIC)

THIS-WIC is a grant opportunity to implement telehealth solutions for WIC participants. Michigan WIC is pursuing funding for Priority Area 1, implementing an existing telehealth solution to ensure timely access to nutritional or breastfeeding support for WIC participants by qualified professionals. This videoconferencing pilot seeks to improve upon or eliminate barriers listed in the report, “Making WIC Work Better: Strategies to Reach More Women and Children and Strengthen Benefit Use” (Food Research & Action Center Report, May 2019). These barriers include negative clinic experiences (long wait times or poor customer service), lost time from work (creating job risk and lost wages), inconvenient WIC clinic locations and appointment times, and lack of transportation.

We seek to implement a pilot program in select local agencies to utilize technology to connect clients with a WIC Registered Dietitian (RD) or an International Board-Certified Lactation Consultant (IBCLC). Grant funds would cover HIPAA-compliant software licenses, supplies and project evaluation. Videoconferencing could provide new opportunities for leveraging the extensive expertise of the nutrition and lactation workforce in WIC agencies, therefore better serving rural locations. Additional urban locations, where transportation concerns present barriers to attending WIC appointments, will also be included in the pilot.

Videoconferencing appointments would be available to families in the treatment group who have been determined by a CPA to benefit from the additional services provided by an RD or IBCLC. Michigan WIC requires each local agency to employ an RD and IBCLC to provide high risk services. Some local agencies have only one RD or IBCLC that may cover as many as ten clinics, or a vast geographic area.

In Michigan, there are many geographic areas where access to nutrition and lactation staff can be challenging. Local agencies may be hard-pressed to find experts who live in, or are willing to relocate to, remote areas. Staff covering large geographic areas may spend valuable work time in travel status, as opposed to serving clients. Additional travel considerations include clients who travel an undesirable distance with infants and young children to the closest WIC RD or IBCLC. This project would allow local agencies to use videoconferencing to link WIC nutrition and lactation professionals to another clinic, or to the client’s home or workplace.

The grant proposal was submitted in early September and awards will be announced in November. If Michigan is awarded the grant, training will begin in January, with the hopes of client appointments starting in March. Thank you to the agencies who agreed to participate and submitted letters of support.

For more information on the grant, please visit [THIS-WIC](#).

MWA UPDATE

Greetings from your Michigan WIC Association!

As the current situation of the pandemic changes daily, so do our WIC clinics. Challenges such as working from home, continuing to provide WIC services, and even preparing to re-open clinics may have you feeling stressed. If so, the National WIC Association has provided some helpful self-care [resources](#).

Remember to take care of yourself as you care for our WIC families and communities! We wish you all good health and best wishes for the coming season.

HEAR HER. YOU CAN HELP SAVE HER LIFE.

Over 700 women die each year in this country from problems related to pregnancy or delivery complications. Every death is a tragedy, especially when we know that two thirds of pregnancy-related deaths could be prevented. As many as 50,000 women experience severe, unexpected health problems related to pregnancy that may have long-term health consequences.

CDC's Division of Reproductive Health is committed to healthy pregnancies and deliveries for every woman. The **Hear Her** campaign supports CDC's efforts to prevent pregnancy-related deaths by sharing potentially life-saving messages about urgent warning signs.

Women know their own bodies better than anyone and can often tell when something does not feel right. The campaign seeks to encourage partners, friends, family, coworkers, and providers—anyone who supports pregnant and postpartum women—to really listen when she tells you something does not feel right. Acting quickly could help save her life.

"A WOMAN KNOWS HER BODY. LISTENING AND ACTING UPON HER CONCERNS DURING OR AFTER PREGNANCY COULD SAVE HER LIFE."

— **Dr. Wanda Barfield**, Director of CDC's Division of Reproductive Health

For more information, visit www.cdc.gov/hearher.

HIGHLIGHT ON CLIENT CENTERED SERVICE

Monica Smith, MA, LPC, RD

Have you noticed that the quality of communication with participants has changed since WIC has begun providing virtual service? Maybe your agency's show rates have been better than expected, or participants have seemed more receptive to your inputs. Some staff are telling us that their stress levels have decreased simply because the pressure to manage a clinic full of often impatient clients is gone.

If your role in WIC has improved in some ways since the quarantine, it may be due to a couple of especially important CCS skills: giving the power to the client and focusing on non-verbal communication. When you call the participant, they hold the power to answer, or not. They are in their home, or some other place where they are not the visitor or the one in need. In effect, you are in their house instead of them being in yours. This simple power shift is crucial in the client feeling safe to disclose. When you work with whatever is going on in the background, that does not feel like you hold authority over them, it feels like you are there for them. That is good stuff!

If you have become more adept at hearing the words being spoken while leaning in to get clues from their tone, volume, and rate of speech, that is listening to understand. A CCS encounter is always searching for the meaning underneath the words, or underneath the silence. You may also be aware of how your voice carries messages that either enhance or dull down what you are trying to convey. These CCS skills are the root of authentic, safe communication.

Of course, no one wants to do this forever; but do realize that when your clients return to in-person visits, you will have honed these skills, and they will transfer to the clinic environment. Give the power to the client, listen to understand. You folks are going to be pros at this CCS thing. Quarantine or not, WIC Works!

"Do what you can, with what you have, where you are."

-Theodore Roosevelt

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PLEASE
PLACE
STAMP
HERE

UPCOMING EVENTS/TRAININGS/WORKGROUPS

October

14: Regional Vendor Form—UP
14-15: Clerical Training
16: Breastfeeding Workgroup
19-23: CLS Training
21: Anthro Training
22: Lab Training
26: Record Review Training
27-28: Coordinator Summit

November

4-5: CPA Training
12: Regional PC Training—
Southwest Region
13: Regional PC Training—South
Central Region
17: BF Basics—Clerk/Tech Staff
18-19: BF Basics
24: Regional PC Training—Metro
Detroit Region

December

1: Regional PC Training—UP/
Northern Region
3: Regional PC Training—North
Central Region
8: Vendor Webcast
9: Region Vendor Forum—
Northern Lower Peninsula
11: BF Coordinator Training
15: Pharmacy Webcast

*All events, trainings, and workgroups will be conducted virtually until further notice. Additionally, training dates are sometimes adjusted. Please be sure to verify training information on MPH's [WIC Events Calendar](#), as this list may not reflect the final schedule.

Visit [MPHI](#)
to sign up for trainings!