

Achieving and Maintaining a Healthy Weight for Alabama WIC Participants

FY 2024-2025

NUTRITION EDUCATION PLAN

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Introduction

Obesity is a pressing public health concern that can lead to a range of serious health issues in later life. Alabama's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), a division of Alabama Department of Public Health (ADPH) plays a vital role in supporting the nutritional needs of vulnerable populations, aiming to ensure the health and well-being of its participants. This Nutrition Education Plan (NE Plan) for FY 2024- 2025 is titled "Achieving and Maintaining a Healthy Weight for AL WIC Participants". The goals of the NE Plan are:

- To provide all WIC participants nutrition education on adequate nutrition intake and serving sizes to maintain a healthy weight.
- To increase redemption rates of WIC approved fruits and vegetables to support a healthy weight.
- To promote the benefits of breastfeeding and how breastfeeding can benefit a healthy weight for breastfeeding participants and infants.

The primary objective of this NE Plan is to empower WIC participants with the knowledge and skills needed to make informed nutrition choices that promote a higher intake of fruits and vegetables, while also understanding appropriate portion sizes for themselves and their children. By integrating evidence-based nutrition education and practical guidance, we aim to foster healthier eating habits that can help combat obesity and establish a foundation for lifelong wellness.

Alabama Needs Assessment

Childhood obesity has become an epidemic with profound implications for both short-term and long-term health. In the United States, the prevalence of obesity among children has risen significantly over the past few decades, leading to an increased risk of chronic diseases such as diabetes, cardiovascular issues, and musculoskeletal problems. Alabama currently ranks as third in the nation for obesity, with an obesity rate of 39.9%.¹ According to the State of Childhood Obesity report, children ages 2 to 4 years that are participating in the WIC program have an obesity rate of 15.6%. The prevalence of unhealthy eating habits, including consumption of high-calorie snacks, oversized portions, and lack of balanced diets, has fueled this alarming trend.

- **Portion Distortion:** Portion sizes have undergone a transformation over the years, growing larger and contributing to overeating.
- **Caloric Temptations:** High-calorie, low-nutrient snacks have permeated the food landscape, exerting a strong influence on children's diets. From sugary beverages to processed snacks, these offerings contribute to excessive calorie intake and poor nutritional choices.
- **Inactive Lifestyles:** Children's physical activity levels have taken a back seat as sedentary behaviors become more prevalent.

By acknowledging the impact of large portion sizes, high-calorie snacks, and limited physical activity, the AL WIC Program is taking steps towards a healthier future by providing enhanced nutrition education and educational incentive items to its participants.

Breastfeeding also has benefits related to adequate nutrition and weight status. According to CDC data, Alabama falls below the national average in multiple breastfeeding categories. Alabama breastfeeding rate is

70.6% for “Ever Breastfeeding”, 43.4% for “Breastfed 6 Months”, and 26.3% for “Breastfed 12 Months.”² Studies show that there are associated benefits of breastfeeding and weight status. Breastfed infants are less likely to become overweight or obese later in life, have better self-regulation of their food intake, which reduces the likelihood of overeating, and breast milk provides the ideal balance of nutrients for healthy growth without excess calorie intake. The AL WIC Program which serves low-income pregnant, postpartum, and breastfeeding women, as well as infants and young children up to the age of five, is uniquely positioned to make a positive impact on early childhood nutrition and obesity prevention. The NE Plan aims to tackle childhood obesity by empowering participants with the skills and knowledge needed to make healthier food choices. By increasing fruit and vegetable intake and promoting appropriate portion sizes, this plan seeks to establish a strong foundation for the overall health and well-being of its participants.

Northern District Needs Assessment

The table below shows the weight-related WIC nutrition risk data for Northern District – October 2021-September 2022. It should be noted that this data does not show the entire picture because most WIC certifications were still being done over the phone and many participant measurements were not available during FY 2022.

Category	Risk code	Risk Criteria	# of participants
Women	111	Overweight Women	2577
Women	133	High Maternal Weight Gain	4716
Infants	114	Overweight or at risk for overweight	725
Infants	115	High weight for length (0-12 months)	171
Children	113	Obese (>24 months)	454
Children	114	Overweight or at risk for overweight	2904
Children	115	High weight for length (12-24 month)	440

Factors that may help decrease the prevalence of overweight/obesity in women, infants, and children include greater access to grocery stores, greater access to health care providers, increased WIC redemption rate of cash value benefit for fruits and vegetables, and increased breastfeeding rates among child-bearing women. Although we may only be able to bring awareness to the issue of lacking grocery stores and health care providers, our WIC staff can certainly educate and facilitate increased fruit and vegetable intake and improved breastfeeding rates among our participants.

There is a lack of proper grocery stores in some Northern District counties. Lawrence County has only two grocery stores, both WIC vendors, but has approximately 20 convenience stores within gas stations stocked with mostly empty calorie snacks/beverages. Jackson County has eight WIC vendors, but there is a large rural area around Skyline with no WIC vendors. In Lauderdale County, Waterloo could be considered a food desert being 30 miles from the nearest WIC vendor. Marion County is a good example of having acceptable access to grocery stores for such a rural location. Food deserts affect the community’s access to fruits and vegetables and influence food choices when barriers include lack of money for food and gas and lack of transportation.

Another issue in some Northern District counties is lack of access to OBGYN providers. There are three adjacent counties in Northern District that do not have an OBGYN provider: Winston, Marion, and Lawrence

counties. Among Alabama Medicaid recipients, 39% of pregnant women do not start prenatal care in the first trimester; this is compared to 16% of prenatal women in Alabama with private insurance that start prenatal care after the first trimester.³

Approximately 80% of Alabama’s children eat 4 or fewer servings of fruit and vegetable each day.³ In the Northern District, our goal is helping WIC participants increase their redemption rate of the cash value benefit for fruits and vegetables. In FY 2022, the WIC redemption rate for fruits and vegetables in the Northern District was 83%. Not only would we like to see this redemption rate increase to 85% or greater, but we also want to strengthen our education efforts on strategies for using these fruits and vegetables in meals and snacks.

According to the 2020 Alabama Maternal Child Health Services Needs Assessment, Alabama has a lower percentage of child-bearing women who have ever breastfed compared to the United States, and it has not been getting any better in recent years. However, Northern District WIC clinics have some hopeful data to share. The number of breastfeeding participants has increased in 11 out of 12 WIC clinics in the Northern District. More WIC breastfeeding peer counselors are needed to support this growing number of breastfeeding mothers. See the table below for percent of change in breastfeeding woman WIC participants between June 2022 – June 2023.

	PERCENT OF CHANGE	CURRENT # OF BF MOMS
Northern	32% ↑	998

Northeastern District Needs Assessment

In 2020 the Alabama Department of Public Health, Maternal and Child Health division conducted a needs assessment. The results of the assessment revealed several key issues that affect the WIC population in the Northeastern District. Sixty percent of families are not eating the recommended number of fruit and vegetable servings daily. "People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health."⁴ In addition, information from the 2020-2025 Dietary Guidelines show that most Americans still do not follow the *Dietary Guidelines*. The average American diet scores a 59 out of 100 on the Healthy Eating Index (HEI), which measures how closely a diet aligns with the *Dietary Guidelines*. Research shows that higher HEI scores can improve American’s health. There are three key dietary principles that would help families in Alabama improve their compliance with the dietary guidelines.⁵

- Meet nutritional needs primarily from foods and beverages.
- Choose a variety of options from each food group.
- Pay close attention to portion sizes

Data from the Northeastern District Risk code report shows a high number of women with excessive weight gain during pregnancy. (See table below) In addition, the MCH Needs Assessment also indicated increasing numbers of children who are obese. Contributing factors for both are lack of knowledge about portion sizes for age, low intake of water, and low intake of fruits and vegetables. Educating participants about portion sizes, health beverages and ways to use the CVB (cash value benefit for fruits and vegetables) better

could help slow the weight gain among WIC participants. This could also result in an increased redemption rate of the CVB. The current redemption rate in the Northeastern District is 54%.

Category	Risk code	Risk Criteria	# of participants
Women	111	Overweight Women	896
Women	133	High Maternal Weight Gain	1573
Infants	114	Overweight or at risk for overweight	192
Infants	115	High weight for length (0-12 months)	70
Children	113	Obese (>24 months)	77
Children	114	Overweight or at risk for overweight	550
Children	115	High weight for length (12-24 month)	183

Breastfeeding data from Crossroads indicates our district has lower initiation rates (59%) and infants breastfeeding at 6 months (8%) compared to the state and national data. Breastfeeding has shown to improve the health of infants as well as the mothers. Infants that are breastfed have a lower risk of asthma, obesity, ear and respiratory infections, sudden infant death syndrome, and gastrointestinal infections such as diarrhea. Breastfeeding also lowers a mother’s risk of high blood pressure, type 2 diabetes, and breast and ovarian cancers.⁶ We are working on increasing these rates by staff education on new WIC breastfeeding education, increasing referrals to Peer Counselors, and encouraging participants to sign up for Pacify.

	PERCENT OF CHANGE	CURRENT # OF BF MOMS
Northeastern	5% ↑	822

West Central Needs Assessment

The “ADPH 2020 Maternal and Child Health Services Block Grant Comprehensive Needs Assessment” indicates that the prevalence of childhood obesity in children, 2-4 years of age, is worse in comparison to other parts of the United States. Per the assessment, the trend in Alabama continues to worsen. The same assessment also identified lack of or inadequate access to support for health and wellness, including education, affordable and safe options for physical activity, and healthy foods. Another need identified in the assessment is more breastfeeding education and more support for breastfeeding moms. The first step to reducing obesity and the obesity-related health conditions, begins with good maternal health, access to healthy foods, and breastfeeding support.

The “Dietary Guidelines for Americans 2020-2025” lays out a plan to follow a healthy dietary pattern at every life stage from birth to older adulthood. Health experts know that food and beverage choices have a profound impact on health. Despite this, research shows that Americans have fallen short of meeting the recommended dietary guidelines. Per the CDC, obesity trends are higher in families with lower incomes. The CDC and USDA analyzed the obesity trend in children 2-4 years of age using WIC data from 2010-2020. Nationally, the obesity trend decreased from 15.9 % in 2010 to 14.4 % in 2020. During this same period, children enrolled in Alabama WIC ages, 2-4 years of age, decreased from 15.8 percent in 2010 to 15.6 percent in 2020.⁷ In addition, the CDC evaluated high weight for length trends among infants ages 3 months to 23 months enrolled in WIC. Nationally, the trend improved from prevalence of 14.5% in 2010 to 12.3 % 2020. The same

trend for high weight-for-length in Alabama showed minimal change from 12.9% in 2010 to 12.5 % in 2020. Furthermore, in a risk code assessment of the West Central district from fiscal year 2021 to fiscal year 2022, 963 risks were triggered for overweight women and 1225 risks for high maternal weight gain. This indicates that the West Central district has work to do in all participant categories.

Category	Risk code	Risk Criteria	# of participants
Women	111	Overweight Women	963
Women	133	High Maternal Weight Gain	1225
Infants	114	Overweight or at risk for overweight	172
Infants	115	High weight for length (0-12 months)	70
Children	113	Obese (>24 months)	104
Children	114	Overweight or at risk for overweight	691
Children	115	High weight for length (12-24 month)	192

These statistics show us that the West Central (WC) District has an opportunity to set the stage to help people at all life stages improve their dietary health. West Central WIC providers and staff will help achieve this goal by emphasizing the importance of nutrient dense food choices. Providers will promote ways to use nutritious WIC foods in their meals and snacks to improve health. We will set the stage by helping prenatal participants to identify a weight gain goal, recommend dietary habits to achieve that goal, and will encourage participants to breastfeed their infants. The West Central district will continue to strengthen its Breastfeeding Peer Counselor Program. The WC district providers will focus on promoting the health benefits of WIC foods and ways to utilize WIC foods. Because we know that all families are made up of different ages and life stages, the WC district will work earnestly to positively influence the lives of all generations in our communities.

	PERCENT OF CHANGE	CURRENT # OF BF MOMS
West Central	36% ↑	330

Jefferson County Needs Assessment

The CDC defines overweight and obesity as weight that is higher than what is considered healthy for a given height. Body Mass Index (BMI) is a screening tool for overweight or obesity. Adults with a BMI 25-30 are considered overweight and a BMI over 30 is considered obese. BMI Categories for children are based on sex and age specific BMI percentiles. Children 85-95 percentile are considered overweight, and children over 95th percentile are considered obese.⁸ Many factors can contribute to excess weight. These include a person’s eating patterns, level of physical activity, genetics, sleep patterns, and social determinants of health.⁸

Food marketing influences our eating patterns. Advertising for oversize portions and high fat snacks and sugary beverages influence our choices and distort what actual healthy portions should be. Genetics, certain health conditions and medications can also be factors that can affect a person’s weight status.⁹ Children who are overweight or obese are more likely to continue to be obese into adulthood. People who are obese or overweight are at increased risk of developing serious health conditions. These conditions include diabetes, high blood pressure, heart disease, breathing problems, stroke, and some cancers. Obesity is also associated with poorer mental health and overall quality of life.

The Alabama Maternal and Child Health Needs Assessment 2020, identifies child obesity (2-4 years) as 16.3%, worse than US average and “trending worse”. This study shows that children are not meeting recommended number of fruits and vegetables and water intake per day. There seems to be a lack of knowledge about portions sizes which may also lead to overeating. Another identified need was for health education and affordable access to healthy foods for women.³

This table shows the numbers of women, infants and children with risks related to overweight and obesity for Jefferson County WIC program during the first half of fiscal year 2023.

Category	Risk code	Risk Criteria	# of participants
Women	111	Overweight Women	1444
Women	133	High Maternal Weight Gain	1740
Infants	114	Overweight or at risk for overweight	303
Infants	115	High weight for length (0-12 months)	26
Children	113	Obese (>24 months)	100
Children	114	Overweight or at risk for overweight	844
Children	115	High weight for length (12-24 month)	86

Breastfeeding is the preferred method for feeding most infants and can reduce the risk for certain health conditions for both infants and mothers. Mothers who breastfeed have a lower risk for breast cancer, high blood pressure, and type 2 diabetes. Babies who breastfeed have lower risks for obesity, GI infections, asthma, and type 1 diabetes. Most mothers know that it is preferred and want to breastfeed but stop due to a lack of information and ongoing support.²

The Alabama Maternal and Child Health Needs Assessment 2020 indicates that 68.15% of women ever initiated breastfeeding (worse than USA comparison) and 20.6% of women exclusively through 6 months (worse than USA comparison but trending better). Many women indicated that they had stopped breastfeeding due to lack of lactation support after leaving the hospital.³

According to 2018-2019 CDC rates, Jefferson County AL breastfeeding initiation rates were 82.3%.² Jefferson County AL breastfeeding rates for Fiscal year 2022 were 66.27% initiation of breastfeeding. The 2024 Alabama WIC Nutrition Education Plan will focus on educating our WIC participants on identifying low nutrient dense/high calorie foods and how to make healthier choices for meals and snacks. We will educate our participants on ways to incorporate the WIC food package healthy foods, like fruits and vegetables, into their meals and snacks. Education will also focus on portion sizes for women, children, and infants. Educating parents on ways to make healthy food choices will help the entire family since children learn to make these choices in the home. If healthy eating choices can be learned early in life, this can impact a person’s future health and minimize their diet related chronic diseases risks.¹⁰

Another aspect of the 2024 Alabama WIC Nutrition Education Plan will focus on increasing our breastfeeding initiation rates and the rates of moms exclusively breastfeeding until 6 months of age. Parents need to be educated on the benefits of exclusively breastfeeding and how giving formula affects milk production. They need to know what to expect the first few days and how to handle problems that may arise. Parents need to be given resources to go to, in case of problems.

	PERCENT OF CHANGE	CURRENT # OF BF MOMS
Jefferson	12.5% ↑	1001

All WIC staff have received breastfeeding training to understand how we can assist our WIC participants set and attain their breastfeeding goals. WIC staff will be able to educate participating parents before the baby comes and after about the benefits of breastfeeding. We will educate parents about resources for breastfeeding support. WIC will provide education on processes to return to work and continue to breastfeed.

East Central District Needs Assessment

East Central District faces a unique set of challenges due to the diversity of its landscape. Some counties are well populated with many resources. Whiles others are more rural areas with issues of food insecurity, food deserts, and a lack of resources. For example, Lee, Autauga, and Elmore counties ranked in the upper 25% of the 67 counites for overall health outcomes. Bullock, Coosa, Macon, and Lowndes counties rank in the lower 25% for overall health outcomes.¹¹ There are several other counties in the district that also have the higher percentage of physical inactivity and adult obesity. These issues impact the health of the residents. East Central District serves an average of 18,000 WIC participants. According to the 2019 Alabama BRFSS, the East Central district of AL has an obesity rate of 34.7%.¹² The goal of the NE Plan is to educate participants on adequate nutrition and healthy snacks using WIC approved foods, especially fruits and vegetables, to decrease the rate of obesity and poor health outcomes.

Education to WIC participants will include adequate nutrition/calorie intake per age group, appropriate serving sizes, and healthy snacking using WIC foods. Below is a charting depicting the health risk codes for WIC participants from October 2021- September 2022. It is important to mention that this data does not give a true representation of the health/weight status of East Central District’s participants. During this time WIC certification and nutrition education visits were being completed remotely and anthropometric data was not always available.

Category	Risk code	Risk Criteria	# of participants
Women	111	Overweight Women	500
Women	133	High Maternal Weight Gain	1195
Infants	114	Overweight or at risk for overweight	162
Infants	115	High weight for length (0-12 months)	82
Children	113	Obese (>24 months)	132
Children	114	Overweight or at risk for overweight	747
Children	115	High weight for length (12-24 month)	181

Breastfeeding is also a crucial component of early childhood nutrition, offering numerous health benefits for mother and baby. However, breastfeeding initiation rates in East Central district was less than 69.5%, according to the 2019 AL Breastfeeding Report.² The chart below shows the change in breastfeeding participation in one year. Breastfeeding participation is increasing. WIC nutritionists and staff will continue to educate and support breastfeeding mothers and discuss the health benefits of breastfeeding to continue to grow breastfeeding participation.

East Central district staff will use education materials to continue to educate on adequate nutrition, portion sizes, and healthy snacks. Incentive items will be provided to participants to enhance and reinforce education while at home. The ultimate goal of the NE Plan is to increase participants knowledge of nutrition and to better utilizes their WIC food package to improve health outcomes.

	PERCENT OF CHANGE	CURRENT # OF BF MOMS
East Central	51% ↑	718

Southwestern District Needs Assessment

Data from the National Survey of Children’s Health shows that in 2020-2021 Alabama ranked 6th among seven other states who had youth obesity rates significantly higher than the national rate of 17%. Alabama was at 22.1% with the highest rate being West Virginia at 26%.¹ Obesity in children and adults increases the risk of developing diabetes, high blood pressure and sleep apnea. The COVID-19 pandemic played a part in food insecurity with the loss of household income and closures of schools and childcare centers. Parents often would choose less nutritious food that they were certain their child would eat rather than wasting limited resources.² This led to poor eating habits for children of low-income families.

With the fruit and vegetable CVB (cash value benefit) increase, WIC families are offered a wider variety of healthy foods. The exposure of fruits and vegetables during early childhood increases the likelihood of more frequent intake during life. Data from October 1,2022 through March 31,2023 shows a 49% CVB redemption for the Southwestern District. According to the Maternal and Child Health Alabama 2020 Needs Assessment families were only eating 1-2 servings of fruits and vegetables per day and their children’s water intake was less than 4 cups per day.³

The table below shows the Southwestern District's average for risk codes associated with obesity in all WIC categories. The measurements are low since WIC participants were not being seen in person due to the COVID-19 pandemic. Providers also struggled to obtain measurements from doctors. Maternal weight gain has the highest average for the district.

Category	Risk code	Risk Criteria	# of participants
Women	111	Overweight Women	108
Women	133	High Maternal Weight Gain	588
Infants	114	Overweight or at risk for overweight	80
Infants	115	High weight for length (0-12 months)	23
Children	113	Obese (>24 months)	15
Children	114	Overweight or at risk for overweight	199
Children	115	High weight for length (12-24 month)	40

The goal for the Nutrition Education Plan for FY 2024 is to provide nutrition education on adequate nutrition intake and appropriate serving sizes to achieve or maintain a healthy weight. This will be achieved through individualized nutrition education, incentive items to support education provided, and recipe ideas for healthy snacks. Additional education on how to use WIC approved foods as healthy snacks will also be a focus in the Southwestern District.

The Nutrition Education Plan will also promote the benefits of breastfeeding for achieving and maintaining a healthy weight. Babies who are breastfed are less likely to become overweight or obese later in life.³ Moms often decide against breastfeeding or quit nursing early because of lack of support.⁴ Now with Breastfeeding Peer Counselors present in county health departments and a Certified Lactation consultant readily available through the Pacify app it will be easier for moms to fulfill their goals for breastfeeding. The Southwestern District also has 2 Breastfeeding Friendly certified hospitals (Monroe County Hospital and North Baldwin Infirmary) which promote breastfeeding and provide support groups. The Southwestern District's Nutrition Education Plan will try to improve obesity rates through education for adequate nutrition intake and appropriate serving sizes, increased redemption of fruits and vegetables, and education on the health benefits of breastfeeding for mom and baby.

	PERCENT OF CHANGE	CURRENT # OF BF MOMS
Southwestern	36% ↑	474

Southeastern District Needs Assessment

As of 2021, Alabama ranks the third highest position in the United States. Alabama's rate of adult obesity is at 39.9%.¹ Counties comprising the Southeastern District report 38.8% in Percentage of Obesity in 2019.¹³ As of 2008, 14 % of pre-school children in households that identify as low-income were reported as having obesity.¹⁴ In 2020, of children aged 2-4 who participate in WIC, 15.8 % have an overweight classification and 15.6% have an obesity classification.¹⁵ Last year, 1 out of 5 children and adolescents were affected by childhood obesity.⁸ Individuals who are at a weight that is not classified as healthy are at greater risk of chronic health conditions such as high blood pressure, Type 2 Diabetes, asthma, and others. These individuals may also face psychological and social problems because of their weight status. They may also have higher medical care costs.¹⁶

Women with BMI greater than 25 before becoming pregnant and those who gain more than the recommended amount of weight during pregnancy are at greater risk for developing Gestational Diabetes, Hypertension and preeclampsia, which may lead to early delivery and poor birth outcomes.¹⁷ The Pregnancy Risk Assessment Monitoring System (PRAMS) shows that 24.0 % of women in Alabama are in the overweight category and 33.4 % are in the obese category before they become pregnant.¹⁸

Category	Risk code	Risk Criteria	# of participants
Women	111	Overweight Women	932
Women	133	High Maternal Weight Gain	1104
Infants	114	Overweight or at risk for overweight	102
Infants	115	High weight for length (0-12 months)	42
Children	113	Obese (>24 months)	246
Children	114	Overweight or at risk for overweight	975
Children	115	High weight for length (12-24 month)	206

The goal of the Southeastern District is to identify underlying causes of excess weight gain during pregnancy and childhood and educate our participants on ways to prevent or reverse excess weight to reduce risk of chronic disease and reduce rates of pregnancy complications and early delivery. We will strive to

educate parents on adequate nutrition and proper portion sizes while promoting low calorie, high nutrition foods such as fruits and vegetables.

The American Academy of Pediatrics has aligned with the World Health Organization to recommend exclusive breastfeeding in infants up to 6 months of age and continued breastfeeding with complimentary foods to 2 years of age. Breastmilk can help reduce infant mortality and infant illness. In 2018, 83.9% mothers-initiated breastfeeding. Unfortunately, teen mothers, low-income families and mothers who do not receive formal education after high school have breastfeeding rates much lower than this.¹⁹

The percentage of women who participated in WIC in the Southeastern District during the year 2022 and ever breastfed was 42.75%. During the 1st quarter of 2023, the percentage who have ever breastfed is 44.9%. This is a welcome increase, and we will continue to promote breastfeeding, which has benefits of reducing risk of certain cancers as well as accelerating weight loss in post-partum women and reducing risk of overweight/obesity in children who receive breast milk.

	PERCENT OF CHANGE	CURRENT # OF BF MOMS
Southeastern	39% ↑	369

Mobile County Needs Assessment

The 2024 Nutrition Education Plan for the Alabama WIC Program is focused on educating participants on identifying and avoiding empty calories, healthy snacking, increasing fruit and vegetable intake, and improving redemption of the WIC food package. According to the CDC, Alabama’s obesity rate in 2021 was 39.9%, ranking the state number three in the nation.⁸ Mobile District’s obesity rate was at 37.3% of the population in 2019 according to ADPH.¹³ We hope to decrease the rates of being overweight and obese among our WIC participants in Mobile County by addressing these areas of concern.

Category	Risk code	Risk Criteria	# of participants
Women	111	Overweight Women	2577
Women	133	High Maternal Weight Gain	4716
Infants	114	Overweight or at risk for overweight	725
Infants	115	High weight for length (0-12 months)	171
Children	113	Obese (>24 months)	454
Children	114	Overweight or at risk for overweight	2904
Children	115	High weight for length (12-24 month)	440

Food insecurity and lack of knowledge about healthy foods can lead to unhealthy choices. Recent statistics reported by Feeding America show it is estimated that in Mobile County, AL 65,050 people were food insecure in 2020 which accounts for 15.7% of the county’s population. 16% of the population in the county were between 130% to 185% of the poverty level, while 56% were below the SNAP threshold of 130% of poverty. It is estimated that there are 711,370 people in the state of Alabama who are food insecure which accounted for 14.5% of the state’s population in 2020.²⁰ Furthermore, according to the CDC, 46% of adults consumed fruit less than one time per day and 21% of adults consumed vegetables less than one time per day in Alabama in 2021. While combating against food insecurity in the Mobile County District, we strive to improve on the redemption rate of fruits and vegetables and reduce the intake of added sugars of WIC participants by providing evidence-based nutrition education.

Looking more closely at data from 10/01/2021 through 9/30/2022 for Mobile County WIC participants, the risk factor for high weight for length of a child and the risk factor for routinely feeding a child any sugar containing fluids was assigned the most often for the Keeler and Southwest Clinics. Additionally, the redemption rates of fruit and vegetables range from 49% to 58% at all our clinics. The 2020-2025 Dietary Guidelines for Americans recommends limiting added sugars to less than ten percent of calories per day starting at age two and to avoid foods and drinks with added sugars for those younger than age two.¹⁰ These are examples of areas we hope to improve upon when implementing the new nutrition education plan.

The 2020-2025 Dietary Guidelines for Americans also recommends exclusively breastfeeding for the first 6 months of life and to continue to breastfeed through at least the first year.¹⁰ According to the CDC, 71% of babies born in Alabama in 2019 were ever breastfed compared to 83% nationally. Also, 38% of babies were still breastfed at 6 months old in Alabama compared to 56% nationally.²

Breastfeeding enrollment in Mobile County WIC from 10/1/2021 through 9/30/2022 included an average of 61% of mothers who ever breastfed. Keeler and Citronelle Clinics had the largest average of 67%. The percentage of babies who were still breastfeeding at 6 months of age was 9% during this timeframe. This is an improvement from 10/1/2020 through 9/30/2021, where the average was 58% of mothers who ever breastfed in Mobile County and 6% of 6-month-old babies were still breastfeeding.

While Mobile County falls short of the national average, our providers will continue to educate families on the importance of breastfeeding and its countless benefits such as reducing the risk of childhood obesity. Our clinics are breastfeeding friendly include two of our clinics with a designated breastfeeding room for those who choose to use it. We also have improved access to breastfeeding support by providing on-line support group classes twice per month via Zoom with a Certified Lactation Consultant and providing mothers with access to a breastfeeding peer counselor via telephone.

	PERCENT OF CHANGE	CURRENT # OF BF MOMS
Mobile	17% ↑	477

Mobile County WIC providers will educate WIC participants on the importance of limiting empty calories and focusing on nutrient dense choices, specifically when choosing healthy snacks and beverages. We will continue to ensure that participants understand how to utilize their WIC benefits and make recommendations on how to incorporate their fresh and frozen fruit and vegetable benefits into meals and snacks. We hope to help our participants make healthy food choices while being culturally sensitive and mindful of individual and families food preferences and needs. This in turn should help participants adhere to their goal in the long-term and reduce the risk of overweight and obesity.

FY 2024-2025 Nutrition Education Plan Goals and Objectives

State Goal 1: For October 1, 2023, through September 30, 2025, to provide all WIC participants nutrition education on adequate nutrition intake and serving sizes to achieve and maintain a healthy weight.

I. Objectives

- i. Encourage completion of nutrition lessons on wichealth.org to reinforce knowledge on healthy diet for participants. (Increasing completion to 25% of participants)
- ii. Provide appropriate incentive item and nutrition education handout to all WIC participants. (100% of participants)

II. Evaluation

- i. Statistics in wichealth.org
- ii. Incentives and nutrition education handouts provided to all participants and documented in Crossroads.
- iii. Monitor Risk Factor Summary Report.

State Goal 2: For October 1, 2023, through September 30, 2025, to increase redemption rates of WIC approved foods, fruits and vegetables increase by 25%, to support healthy weight.

I. Objectives

- i. Provide healthy snack recipes to include WIC approved fruits and vegetables and encourage intake.
- ii. Encourage increased fruits and vegetables intake to recommended daily intake.

II. Evaluation

- i. Monitor AL EBT Issued and Redeemed by Clinic and Subcategory report.

State Goal 3: For October 1, 2023, through September 30, 2025, to promote the benefits of breastfeeding and how breastfeeding can benefit on achieving a healthy weight for breastfeeding WIC participants.

I. Objectives

- i. Increase knowledge of WIC staff regarding breastfeeding benefits in relation to healthy weight for breastfeeding moms and infants.
- ii. Discuss importance of adequate nutrition, appropriate serving sizes and breastfeeding to moms and infants with WIC participants.

II. Evaluation

- i. Monitor AL Crossroads Enrollment Participation report.
- ii. Review care plan documentation for completion of education provided.

State Goal 1: For October 1, 2023, through September 30, 2025, to provide all WIC participants nutrition education on adequate nutrition intake and serving sizes to achieve and maintain a healthy weight.

ACTION STEPS	RESOURCES	TARGET DATES	EVALUATION
1. Using the VENA approach, educate WIC families about adequate nutrition intake and serving sizes during their certification or secondary nutrition education visit.	<ul style="list-style-type: none"> • Clinic Staff • State WIC Staff • “What Should I Eat” Education Series • Incentive Items 	October 1, 2023- September 30, 2025	Document education provided on Nutrition Education screen “NE Plan” in Crossroads.
2. Conduct 1 activity per year promoting adequate nutrition intake and serving sizes.	<ul style="list-style-type: none"> • Clinic WIC Coordinator • District Nutrition Director 	October 1, 2023- September 30, 2025	Documentation of activity on file at each clinic site.
3. Monitor and evaluate wichealth.org lesson completion. (See attachment 2 for lesson suggestions.)	<ul style="list-style-type: none"> • Clinic WIC Coordinator • District Nutrition Director • State WIC Staff • Wichealth.org Statistics and Resources 	April 15, 2024 (report for October 1, 2023-March 31, 2024) October 15, 2024 (report for April 1, 2024-September 30, 2024) April 15, 2025 (report for October 1, 2024-March 31, 2025) October 15, 2025 (report for April 1, 2025-September 30, 2025)	Attach a copy of wichealth.org statistics with Clinic Progress Report.
4. Monitor and evaluate changes of health risk factors.	<ul style="list-style-type: none"> • Clinic WIC Coordinator • District Nutrition Director • State WIC Staff • Risk Factor Summary Report 	April 15, 2024 (report for October 1, 2023-March 31, 2024) October 15, 2024 (report for April 1, 2024-September 30, 2024) April 15, 2025 (report for October 1, 2024-March 31, 2025) October 15, 2025 (report for April 1, 2025-September 30, 2025)	Attach a copy of Risk Factor Summary Report with Clinic Progress Report.
5. Submit Progress Report.	<ul style="list-style-type: none"> • Clinic WIC Coordinator • Clinic Progress Report 	Mid-Year Progress Reports April 15, 2024 April 15, 2025 Year- End Progress Reports October 15, 2024 October 15, 2025	Submit a copy of Clinic Progress Report to District Nutrition Director. File a copy of Clinic Progress Report at clinic site.
6. Submit District Progress Report.	<ul style="list-style-type: none"> • District Nutrition Director • District Progress Report (Excel Spreadsheet) 	Mid- Year Progress Reports April 30, 2024 April 30, 2025 Year- End Progress Reports October 31, 2024 October 31, 2025	Submit a copy of District Progress Report to State WIC Office. File a copy of District Progress Report at District Nutrition Director clinic site.

State Goal 2: For October 1, 2023, through September 30, 2025, to increase redemption rates of WIC approved foods, fruits and vegetables increase by 25%, to support healthy weight.

ACTION STEPS	RESOURCES	TARGET DATES	EVALUATION
<p>1. Using the VENA approach, educate WIC families on recommended fruit and vegetable daily intake and how to incorporate them into meals and snacks.</p>	<ul style="list-style-type: none"> • Clinic Staff • State WIC Staff • “How to Build a Snack” education handout • “What Should I Eat” Education Series • Incentive Items 	<p>October 1, 2023- September 30, 2025</p>	<p>Document education provided on Nutrition Education screen “NE Plan” in Crossroads.</p>
<p>2. Conduct 1 activity per year promoting increased fruit and vegetable intake.</p>	<ul style="list-style-type: none"> • Clinic WIC Coordinator • District Nutrition Director 	<p>October 1, 2023- September 30, 2025</p>	<p>Documentation of activity on file at each clinic site.</p>
<p>3. Monitor and evaluate redemption rates for fruit and vegetables CVB- to determine if the education provided has any effect on redemption rates.</p>	<ul style="list-style-type: none"> • Clinic WIC Coordinator • District Nutrition Director • State WIC Staff • 	<p>April 15, 2024 (report for October 1, 2023-March 31, 2024) October 15, 2024 (report for April 1, 2024-September 30, 2024)</p> <p>April 15, 2025 (report for October 1, 2024-March 31, 2025) October 15, 2025 (report for April 1, 2025-September 30, 2025)</p>	<p>Attach a copy of AL EBT Issued and Redeemed by Clinic and Subcategory report with Clinic Progress Report.</p>
<p>4. Submit Progress Report.</p>	<ul style="list-style-type: none"> • Clinic WIC Coordinator • Clinic Progress Report 	<p>Mid-Year Progress Reports April 15, 2024 April 15, 2025</p> <p>Year- End Progress Reports October 15, 2024 October 15, 2025</p>	<p>Submit a copy of Clinic Progress Report to District Nutrition Director. File a copy of Clinic Progress Report at clinic site.</p>
<p>5. Submit District Progress Report.</p>	<ul style="list-style-type: none"> • District Nutrition Director • District Progress Report (Excel Spreadsheet) 	<p>Mid- Year Progress Reports April 30, 2024 April 30, 2025</p> <p>Year- End Progress Reports October 31, 2024 October 31, 2025</p>	<p>Submit a copy of District Progress Report to State WIC Office. File a copy of District Progress Report at District Nutrition Director clinic site.</p>

State Goal 3: For October 1, 2023, through September 30, 2025, to promote the benefits of breastfeeding and how breastfeeding can benefit on achieving a healthy weight for breastfeeding WIC participants.

ACTION STEPS	RESOURCES	TARGET DATES	EVALUATION
<p>1. Using the VENA approach, educate WIC families on the health benefits breastfeeding on have weight status for breastfeeding moms and infants during certification period.</p>	<ul style="list-style-type: none"> • Clinic Staff • State WIC Staff • Breastfeeding education material 	<p>October 1, 2023- September 30, 2025</p>	<p>Document education provided on Nutrition Education screen in Crossroads.</p>
<p>2. Conduct 1 activity per year promoting health benefits of breastfeeding.</p>	<ul style="list-style-type: none"> • Clinic WIC Coordinator • District Nutrition Director • Breastfeeding Month Campaign 	<p>October 1, 2023- September 30, 2025</p>	<p>Documentation of activity on file at each clinic site.</p>
<p>3. Monitor and evaluate breastfeeding enrollment and participation.</p>	<ul style="list-style-type: none"> • Clinic WIC Coordinator • District Nutrition Director • State WIC Staff • Enrollment Report • 	<p>April 15, 2024 (report for October 1, 2023-March 31, 2024) October 15, 2024 (report for April 1, 2024-September 30, 2024) April 15, 2025 (report for October 1, 2024-March 31, 2025) October 15, 2025 (report for April 1, 2025-September 30, 2025)</p>	<p>Attach a copy of AL Crossroads Enrollment Participation report with Clinic Progress Report.</p>
<p>4. Submit Progress Report.</p>	<ul style="list-style-type: none"> • Clinic WIC Coordinator • Clinic Progress Report 	<p>Mid-Year Progress Reports April 15, 2024 April 15, 2025 Year- End Progress Reports October 15, 2024 October 15, 2025</p>	<p>Submit a copy of Clinic Progress Report to District Nutrition Director. File a copy of Clinic Progress Report at clinic site.</p>
<p>5. Submit District Progress Report.</p>	<ul style="list-style-type: none"> • District Nutrition Director • District Progress Report (Excel Spreadsheet) 	<p>Mid- Year Progress Reports April 30, 2024 April 30, 2025 Year- End Progress Reports October 31, 2024 October 31, 2025</p>	<p>Submit a copy of District Progress Report to State WIC Office. File a copy of District Progress Report at District Nutrition Director clinic site.</p>

General Nutrition Education Plan for WIC Participant Groups

Prenatal

	RESOURCES	TARGET DATES	
Substance Abuse Screening	<ul style="list-style-type: none"> WIC 100- Do You Need Additional Information? WIC 438- Drugs & Alcohol Can Hurt Your Unborn Baby WIC 439- WIC Wants You to Know Healthy Choices 	Certification/ Subsequent Certification (In Person & Remote)	** Written education (handouts and brochures) should be accompanied with verbal education and discussion.
Other Referrals	<ul style="list-style-type: none"> WIC 100- Do You Need Additional Information? 	Certification/ Subsequent Certification (In Person & Remote)	** Written education (handouts and brochures) should be accompanied with verbal education and discussion.

Breastfeeding and Non-Breastfeeding

ACTION STEPS	RESOURCES	TARGET DATES	
Substance Abuse Screening	<ul style="list-style-type: none"> WIC 100- Do You Need Additional Information? WIC 438- Drugs & Alcohol Can Hurt Your Unborn Baby WIC 439- WIC Wants You to Know Healthy Choices 	Certification/ Subsequent Certification (In Person & Remote)	** Written education (handouts and brochures) should be accompanied with verbal education and discussion.
Other Referrals	<ul style="list-style-type: none"> WIC 100- Do You Need Additional Information? 	Certification/ Subsequent Certification (In Person & Remote)	** Written education (handouts and brochures) should be accompanied with verbal education and discussion.

Infant and Children (Provided to Parents/Caregivers)

ACTION STEPS	RESOURCES	TARGET DATES	
Substance Abuse Screening	<ul style="list-style-type: none"> WIC 100- Do You Need Additional Information? WIC 438- Drugs & Alcohol Can Hurt Your Unborn Baby WIC 439- WIC Wants You to Know Healthy Choices 	Certification/ Subsequent Certification (In Person & Remote)	** Written education (handouts and brochures) should be accompanied with verbal education and discussion.
Lead Screening	<ul style="list-style-type: none"> FHS- 285 E/S- Make Good Food Choices to Help Prevent Lead Poisoning 	Certification/ Subsequent Certification (In Person & Remote)	** Written education (handouts and brochures) should be accompanied with verbal education and discussion.
Other Referrals	<ul style="list-style-type: none"> WIC 100- Do You Need Additional Information? 	Certification/ Subsequent Certification (In Person & Remote)	** Written education (handouts and brochures) should be accompanied with verbal education and discussion.

Migrant

ACTION STEPS	RESOURCES	TARGET DATES	
Substance Abuse Screening	<ul style="list-style-type: none"> WIC 100- Do You Need Additional Information? WIC 438- Drugs & Alcohol Can Hurt Your Unborn Baby WIC 439- WIC Wants You to Know Healthy Choices 	Certification/ Subsequent Certification (In Person & Remote)	** Written education (handouts and brochures) should be accompanied with verbal education and discussion.
Other Referrals	<ul style="list-style-type: none"> WIC 100- Do You Need Additional Information? 	Certification/ Subsequent Certification (In Person & Remote)	** Written education (handouts and brochures) should be accompanied with verbal education and discussion.
Tailoring of Food Package	<ul style="list-style-type: none"> WIC 700/700S- AL Approved Foods Brochure WIC Procedure Manual Chapter 7: Special Populations 	Certification/ Subsequent Certification (In Person & Remote)	**Verbally review and discuss WIC Shopping List.

Homeless (High Risk)

ACTION STEPS	RESOURCES	TARGET DATES	
Substance Abuse Screening	<ul style="list-style-type: none"> WIC 100- Do You Need Additional Information? WIC 438- Drugs & Alcohol Can Hurt Your Unborn Baby WIC 439- WIC Wants You to Know Healthy Choices 	Certification/ Subsequent Certification (In Person)	** Written education (handouts and brochures) should be accompanied with verbal education and discussion.
Other Referrals **Referrals should be made to appropriate health and human services agencies.	<ul style="list-style-type: none"> WIC 100- Do You Need Additional Information? 	Certification/ Subsequent Certification (In Person)	** Written education (handouts and brochures) should be accompanied with verbal education and discussion.
Tailoring of Food Package	<ul style="list-style-type: none"> WIC Procedure Manual Chapter 7: Special Populations (Table 7.1) WIC 700/700S- AL Approved Foods Brochure 	Certification/ Subsequent Certification (In Person)	**Verbally review and discuss WIC Shopping List.

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ACTION STEPS	RESOURCES	TARGET DATES	
Substance Abuse Screening	<ul style="list-style-type: none"> • WIC 100- Do You Need Additional Information? • WIC 438- Drugs & Alcohol Can Hurt Your Unborn Baby • WIC 439- WIC Wants You to Know Healthy Choices 	Certification/ Subsequent Certification (In Person)	** Written education (handouts and brochures) should be accompanied with verbal education and discussion.
Other Referrals **Referrals should be made to appropriate health and human services agencies.	<ul style="list-style-type: none"> • WIC 100- Do You Need Additional Information? 	Certification/ Subsequent Certification (In Person)	** Written education (handouts and brochures) should be accompanied with verbal education and discussion.
Tailoring of Food Package	<ul style="list-style-type: none"> • WIC Procedure Manual Chapter 7: Special Populations (Table 7.1) • WIC 700/700S- AL Approved Foods Brochure 	Certification/ Subsequent Certification (In Person)	**Verbally review and discuss WIC Shopping List.

Attachment 1: Orientation Guide

1. Review WIC Food Benefit redemption data – targeted WIC approved fruits and vegetables—within a specified District and compare with State data. District Nutrition Director will collect redemption data and share with Clinic WIC Coordinators. Clinic WIC Coordinator will review redemption data and file with Clinic Progress Report.
2. Provide information to staff regarding the role of WIC food package in supplementing the diet to provide adequate nutrition to improve overall health and weight status. By educating families on the relationship between adequate nutrition/portion sizes and overall health/weight status, the value of the WIC food package will increase among WIC families. Redemption data and Risk Factor Summary Report will be reviewed to assess any change.
3. Review handouts provided to highlight appropriate nutrition per participant category, portion sizes, and healthy snacks.
4. Review wichealth.org lesson recommendations and education resources on healthy eating, fruits and vegetables, and healthy cooking.
5. Inform clinic staff of requirement to complete annual clinic/community activities promoting the health benefits of WIC foods, specifically fruits and vegetables, and the health benefits of breastfeeding.
6. Distribute incentive items as available.

**Attachment 2: Reference Tables
For Pregnant Moms**

	1st Trimester	2nd & 3rd Trimester	Remember To...
Vegetables	2 1/2 Cups	3 Cups	Make half your plate fruits and vegetables. Choose a variety. Eat more dark-green and red and orange vegetables and beans and peas.
Fruits	2 Cups	2 Cups	
Grains	6 Ounces	8 Ounces	Make at least half your grains whole. Choose whole instead of refined grains.
Protein	5 1/2 Ounces	6 1/2 Ounces	Vary your protein food choices. Include seafood, beans, peas, and unsalted nuts and seeds.
Dairy	3 Cups	3 Cups	Replace higher fat milk and milk products with fat-free or low-fat options.

For Breastfeeding and Non-breastfeeding Moms

	Fully Breastfeeding	Partial Breastfeeding	Non-Breastfeeding	Remember To...
Vegetables	3 Cups	3 Cups	2 1/2 Cups	Make half your plate fruits and vegetables. Choose a variety. Eat more dark-green and red and orange vegetables and beans and peas.
Fruits	2 Cups	2 Cups	2 Cups	
Grains	8 Ounces	7 Ounces	6 Ounces	Make at least half your grains whole. Choose whole instead of refined grains.
Protein	6 1/2 Ounces	6 Ounces	5 1/2 Ounces	Vary your protein food choices. Include seafood, beans, peas, and unsalted nuts and seeds.
Dairy	3 Cups	3 Cups	3 Cups	Replace higher fat milk and milk products with fat-free or low-fat options.

Children 1-4

	12-18 Months	18-24 Months	2 Years Old	3-4 Years Old	Remember To...
Vegetables	3/4-1 cup	1 cup	1 cup	1 1/2 cups	Make half your plate fruits and vegetables. Choose a variety. Eat more dark-green and red and orange vegetables and beans and peas.
Fruits	3/4-1 cup	1 cup	1 cup	1 cup	
Grains	2 1/2 ounces	3 ounces	3 ounces	4 ounces	Make at least half your grains whole. Choose whole instead of refined grains.
Protein	2 ounces	2 ounces	2 ounces	3 ounces	Vary your protein food choices. Include seafood, beans, peas, and unsalted nuts and seeds.
Dairy	1 3/4-2 cups	2 cups	2 cups	2 1/2 cups	Replace higher fat milk and milk products with fat-free or low-fat options.

Attachment 3: Wichealth.Org Nutrition Education Lesson Recommendations

1. Pregnancy and Baby's First 6 Months
 - Taking Care of You After Baby Arrives
 - Feeding Your Newborn
 - Understanding Your Newborn: Sleep, Crying, and Cues
 - Eat Well for a Healthy Pregnancy

2. Feeding Your 6- to 24-Month-Old
 - Feeding Your 1-Year-Old
 - Feeding Your Infant Solid Foods

3. Feeding Your 2- to 5-Year-Old
 - Solving Picky Eating
 - Help Your Child Develop Healthy Eating Habits

4. Choosing Healthy Foods
 - Time to Eat! What's On Your Plate?
 - Be Healthy with Veggies and Fruits

5. Planning Simple Meals and Snacks
 - Make Meals and Snacks Simple

Attachment 4: Approved Clinic or Community Activities

Nutrition Education Activities. Nutrition education activities that support and/or reinforce the Nutrition Education Plan should directly support and provide nutrition education services to WIC participants and/or providers if it is coordinated with other community nutrition programs. Activities which are primarily outreach should be considering Community Outreach only.

This list is not all inclusive. Additional ideas should be approved by your District Nutrition Director before implementation.

1. Organize and/or sponsor a taste testing event for WIC families highlighting how to use fruits and vegetables when building a healthy snack.
2. Make bulletin board displays promoting appropriate portion sizes/adequate nutrition and health benefits of fruits and vegetables (in greater detail than education handouts/materials that are provided to participants).
3. Develop a recipe swap/exchange for WIC participants featuring quick and healthy recipes using WIC foods.
4. Organize a coloring contest for WIC age children emphasizing physical activity and/or WIC approved foods.
5. Host a Lunch and Learn on portion sizes/adequate nutrition and health benefits of WIC foods for WIC providers.

Community Outreach Activities. General and/or specific nutrition education that may support nutrition education plan but does not directly support or provide nutrition education services to WIC participants will be considered community outreach and does not support the evaluation process of the Nutrition Education Plan. These activities continue to be encouraged with possible need for Community Outreach Plan.

This list is examples of community outreach and should not be consider nutrition education activities for NE Plan.

1. Publish media articles about the importance of fruits and vegetables and healthy snacks and how healthy nutrition aids in reduction of obesity and other chronic health issues.
2. Participate in walk/run. (ie. Breast Cancer Awareness, March of Dimes, American Diabetes Association, American Heart Association, etc.)
3. Booth at a health fair promoting the general or specific information on WIC foods.
4. Participate in media interview promoting specific or general benefits of WIC foods.
5. Advertise via electronic media on the health benefits of WIC foods in relation to achieving or maintaining a healthy weight (ie. Outdoor sign, County Facebook page, etc.)

YOU MAY ADAPT ANY OF THE ABOVE IDEAS FOR THE FOLLOWING AWARENESS MONTH ACTIVITIES:

- February: National Children’s Dental Health Month
- March: National Nutrition Month
- June: Oral Health Month
- August: Breastfeeding Awareness Month
- September: Fruits and Veggies- More Matters Month

Attachment 5: Quality Assurance Criteria for Auditing Plan Implementation

Standard/Criteria:

1. District Nutrition Education Plan is in place, current, and implemented.
 - Each clinic will have the District Nutrition Education Plan FY 2023-2025 on file by October 2, 2023.
2. Staff in-service training completed promoting current Nutrition Education Plan.
 - Staff attendance sheet and in-service training handouts are on file in each clinic site by October 16, 2023.
3. Clinic providers educate WIC families about the health benefits of the WIC food package.
 - Participant education completed at certifications beginning October 16, 2023. Documentation in Nutrition Education section of Crossroads.
4. One approved nutrition education activity each year promoting the health benefits of fruits and vegetables conducted for FY 2024 and 2025.
 - See Attachment 3 for a list of approved activities.
5. One approved nutrition education activity each year promoting the general benefits of breastfeeding, including how breastfeeding has benefits to support a healthy weight for mom and baby, conducted for FY 2024 and 2025.
 - See Attachment 3 for a list of approved activities.
6. One approved nutrition education activity each year promoting the health benefits of appropriate nutrition per participant category and portion sizes, conducted for FY 2024 and 2025.
 - See Attachment 3 for a list of approved activities.
7. Clinic Progress Reports submitted by the following dates: FY 2024: April 15, 2024, and October 15, 2024, and FY 2025: April 15, 2025, and October 15, 2025.
 - Copies of Clinic Progress Reports on file in each clinic.
8. Clinic Progress Reports on file in clinic to include evaluation of WIC Benefit Redemption data specific to CVB for fruits and vegetables for same reporting period.
 - This data will be forwarded to the clinic by the District Nutrition Director.
9. Clinic Progress Reports on file in clinic to include evaluation of Risk Factor Summary report specific to anthropometric nutrition risk factors for same reporting period.
 - This data will be forwarded to the clinic by the District Nutrition Director.
10. Clinic Progress Reports on file in clinic to include evaluation of AL Crossroads Enrollment Participation report specific to breastfeeding participation for same reporting period.
 - This data will be forwarded to the clinic by the District Nutrition Director.

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