Nutrition Division • 2013 Annual Report

EAT HEALTHY - BE ACTIVE - LIVE WELL

WIC: Nutrition Education & Breastfeeding Support

Dietetic Internship

Community Gardens

Cooking Classes

Employee Wellness

Community Outreach
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<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AND</td>
<td>The Academy of Nutrition and Dietetics</td>
</tr>
<tr>
<td>BMI</td>
<td>Body Mass Index</td>
</tr>
<tr>
<td>CADE</td>
<td>Commission on Accreditation of Dietetics Education</td>
</tr>
<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
</tr>
<tr>
<td>CO</td>
<td>Carbon Monoxide</td>
</tr>
<tr>
<td>CDPHE</td>
<td>Colorado Department of Public Health and Environment</td>
</tr>
<tr>
<td>CPPW</td>
<td>Communities Putting Prevention to Work</td>
</tr>
<tr>
<td>DUG</td>
<td>Denver Urban Gardens</td>
</tr>
<tr>
<td>HCP</td>
<td>Health Care Program for Children with Special Needs</td>
</tr>
<tr>
<td>HP2020</td>
<td>Healthy People 2020</td>
</tr>
<tr>
<td>NACCHO</td>
<td>National Association of County and City Health Officials</td>
</tr>
<tr>
<td>NCIPC</td>
<td>National Center for Injury Prevention and Control</td>
</tr>
<tr>
<td>NICU</td>
<td>Neonatal Intensive Care Unit</td>
</tr>
<tr>
<td>PC</td>
<td>Breastfeeding Peer Counselor</td>
</tr>
<tr>
<td>RD</td>
<td>Registered Dietitian</td>
</tr>
<tr>
<td>RN</td>
<td>Registered Nurse</td>
</tr>
<tr>
<td>TCHD</td>
<td>Tri-County Health Department</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children's Fund</td>
</tr>
<tr>
<td>USDA</td>
<td>United States Department of Agriculture</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
<tr>
<td>WIC</td>
<td>The Special Supplemental Nutrition Program for Women, Infants, and Children</td>
</tr>
</tbody>
</table>
Executive Summary

**Mission:** Partnering with the TCHD community to promote wellness across the lifespan through nutrition policy and programs

**Vision:** Eat healthy, be active, live well

The Nutrition Division at Tri-County Health Department (TCHD) enjoyed a busy and productive 2013. I am pleased to present our annual report highlighting our accomplishments. The Nutrition Division is fortunate to have 87 creative, knowledgeable and service-oriented staff to serve the residents of Adams, Arapahoe and Douglas Counties. The Nutrition Division houses the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), as well as our Community Nutrition Programs which includes a nationally accredited dietetic internship and community programs in early childhood, school wellness, worksite wellness and general community nutrition across the lifespan to serve our 1.3 million residents. Below is a list of 2013 Program Highlights:

**WIC**
- Managed largest program in Colorado with an average monthly caseload of 25,036 clients
- Provided $17,801,628 of direct food assistance to our clients and back into our local economy
- Harvested over 5,400 pounds of produce from our 4 community gardens! We had 1,182 WIC clients and community members participate at the gardens!
- Implemented “Heart Healthy Tri-County,” a diabetes screening program for women
- Taught nutrition classes at the Spring Institute for Intercultural Learning to 367 refugees to alleviate barriers to WIC and nutrition
- Provided breastfeeding peer counselor support to 7,011 women and support by an International Board Certified Lactation Consultant to 817 women with high risk breastfeeding issues
- Presented two poster sessions at National WIC Association Annual Meeting in May on WIC’s Next Day Scheduling System and the Sugar Sweetened Beverage Key Message

**Community Nutrition Programs**
- Presented nutrition information and programs at 135 events to 10,403 TCHD residents
- Promoted key messages of “Rethink Your Drink” and “Make Your Plate like MyPlate”

**Dietetic Internship in Public Health**
- Completed 24th year of training future registered dietitians. Graduates of the TCHD dietetic internship continue to surpass national average scores for the registered dietitian exam; 31.1 for TCHD intern scores versus 27.4 national intern scores.
- Presented at the Colorado Public Health Association meeting on their annual research project, “Providing Equal Access for Children to Receive Healthier Meals in Child Care Centers through the Healthier Meals Initiative”
- Presented 20 classes and health fairs in the community, reaching 1,157 residents
Produce and Health Fairs
› Provided 5 Produce and Health Fairs to residents in Adams and Arapahoe counties
› Distributed 46,335 pounds of total food, 31,150 pounds of which was fresh produce, to 2,866 attendees in 2013

Worksite Wellness
› Received a National Association of County and City Health Officials Model Practice Award for Worksite Wellness Collaborative Outreach Model – Including Public Health, Business, Government, and Community Partners
› Implemented quarterly worksite challenges, to encourage employees to practice healthy habits during the workday

The Health Care Program for Children with Special Needs (HCP)
› Provided thorough nutrition assessment and growth evaluation during 25 home visits
› Partnered with Early Intervention Colorado and provided a nutrition conference to early intervention providers aimed at health professionals working with children, young adults and those with special needs entitled, “Nutrition Counseling in the Community Setting”

Peak Wellness
› Provided services to 888 clients
› 285 (73%) out of 389 clients made at least one positive lifestyle change in diet, physical activity, and/or medical care

School Wellness
› Provided technical assistance and support to 15 school districts to promote improved health through district wellness committees
› Collaborated with Adams 50 school district to provide a Food, Fun and Fitness program at a local elementary school developed in partnership between TCHD and a teacher

Early Childhood Nutrition Program
› Reached 3,240 parents and child care providers through 19 presentations
› Received a grant from the Child and Adult Care Food Program at CDPHE to assist with the Healthier Meals Initiative in 8 childcare centers through menu development and testing

We wish to thank all of our community partners, the residents and Commissioners of Adams, Arapahoe and Douglas Counties and the TCHD Board of Health for their support of nutrition programs. We would like to also thank the TCHD Nursing, Environmental Health, Epidemiology/Planning/Communication and Administration/Finance Divisions, and the Offices of Human Resources and Emergency Preparedness and Response, as well as the Colorado Department of Public Health and Environment (CDPHE) for working with us to promote health to our residents through nutrition. Lastly, I would like to recognize and thank the Nutrition staff for the outstanding and dedicated work they do every day to promote health and nutrition!

Jill Bonczynski, MS, RD
Director of Nutrition
The Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

Program Description

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) provides supplemental foods, nutrition education, breastfeeding support and referrals to qualified clients. The program serves pregnant, breastfeeding, up to six months post-partum women and children up to their fifth birthday. To qualify for WIC, clients must live in the county they are applying and have a gross income at 185% of the poverty level (for example, a household of four with a gross monthly income of $3,631). The WIC Program is funded by the United States Department of Agriculture (USDA).

Program Highlights

› TCHD WIC served approximately 27% of all of Colorado WIC participants; largest WIC program in the state
› Average caseload of 25,036 clients per month
› Highest caseload of 26,287 participants seen in January 2013
› TCHD WIC served the following percentage of potentially eligible WIC clients in each county:
  o Adams: 55.28%
  o Arapahoe: 71.96%
  o Douglas: 66.89%
› Provided $17,801,628 of direct food assistance
› Table 1 represents trends in caseload, direct assistance, and average food package costs per participant in TCHD clinics

Table 1. WIC by the Numbers trends over the last nine years

<table>
<thead>
<tr>
<th>Year</th>
<th>Average Caseload</th>
<th>Direct Assistance to TCHD Families</th>
<th>Average Food Package Cost per Participant</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>23,939</td>
<td>$14,497,539</td>
<td>$50.00</td>
</tr>
<tr>
<td>2006</td>
<td>24,867</td>
<td>$14,384,858</td>
<td>$48.00</td>
</tr>
<tr>
<td>2007</td>
<td>25,582</td>
<td>$16,271,339</td>
<td>$51.00</td>
</tr>
<tr>
<td>2008</td>
<td>27,533</td>
<td>$18,571,569</td>
<td>$56.00</td>
</tr>
<tr>
<td>2009</td>
<td>30,423</td>
<td>$18,653,596</td>
<td>$48.00</td>
</tr>
<tr>
<td>2010</td>
<td>30,590</td>
<td>$18,936,888</td>
<td>$51.60</td>
</tr>
<tr>
<td>2011</td>
<td>29,583</td>
<td>$19,011,207</td>
<td>$53.55</td>
</tr>
<tr>
<td>2012</td>
<td>28,218</td>
<td>$19,347,976</td>
<td>$55.43</td>
</tr>
<tr>
<td>2013</td>
<td>25,036</td>
<td>$17,801,628</td>
<td>$57.21</td>
</tr>
</tbody>
</table>

Source: CDPHE, Colorado WIC Program, End of Month Reports (Caseload and Average Food Package Cost per Participants with Benefits Report) and State Fiscal Reports.
WIC Food Fun Facts

WIC provides clients with nutritious supplemental foods that include a combination of proteins, vitamins and minerals to help supplement their diet. Table 2 illustrates the variety and quantity of food items WIC clients receive with their WIC vouchers each month.

<table>
<thead>
<tr>
<th>WIC Foods</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fruits and vegetables (dollars)</td>
<td>76,259</td>
</tr>
<tr>
<td>Fresh bananas (pounds)</td>
<td>2,602</td>
</tr>
<tr>
<td>Peanut butter (18oz jar)</td>
<td>7,112</td>
</tr>
<tr>
<td>Eggs (dozen)</td>
<td>12,688</td>
</tr>
<tr>
<td>Beans - canned (16 ounces)</td>
<td>13,739</td>
</tr>
<tr>
<td>Beans, Peas and Lentils - Dry (pounds)</td>
<td>4,593</td>
</tr>
<tr>
<td>Cheese (pounds)</td>
<td>12,342</td>
</tr>
<tr>
<td>Milk - whole, 2%, 1%, non-fat (gallons)</td>
<td>39,487</td>
</tr>
<tr>
<td>Canned fish (ounces)*</td>
<td>14,219</td>
</tr>
<tr>
<td>Tofu (pounds)</td>
<td></td>
</tr>
<tr>
<td>Whole grains (ounces)**</td>
<td>324,145</td>
</tr>
<tr>
<td>Breakfast Cereals (ounces)</td>
<td>493,791</td>
</tr>
<tr>
<td>Juice (64oz containers)</td>
<td>16,306</td>
</tr>
<tr>
<td>Juice (12oz frozen or 46oz cans)</td>
<td>9,596</td>
</tr>
<tr>
<td>Baby food: Fruit/Veg (4oz jar)</td>
<td>63,259</td>
</tr>
<tr>
<td>Baby food: Meat (2.5oz jar)</td>
<td>4,045</td>
</tr>
</tbody>
</table>

“WIC top sellers” from fruit and vegetable vouchers include:

Bananas, Strawberries, Oranges, Apples
Avocados and Tomatoes

*Exclusively breastfeeding mothers receive canned fish with their WIC foods
** Whole grains include 100% whole wheat bread, corn tortillas and brown rice

Source: CDPHE, Colorado WIC Program, Vendor Food Items Purchased Report

Real People - Real Outcomes

A mother and her new born infant came to their WIC clinic for their regular appointment. After the infant was weighed and measured, it was found that the infant had not gained enough weight since birth. The WIC Educator observed the infant and shared her concerns with the Mother. As a result of the WIC Educators observations, the mother of the infant brought the child to the hospital and the infant was immediately hospitalized. The infant tested positive for Helicobacter Pylori and received appropriate treatment. The WIC Educator’s attentiveness, concern and support gave this mom and infant the opportunity to grow and thrive.

- WIC Staff
Using Key Messages to Promote the use of MyPlate in the WIC Population

Program Description

TCHD’s WIC program promoted the advantages of planning meals with USDA’s MyPlate. The message was promoted through hands on education, goal setting, development of new educational materials, and Tasting Cafés.

The MyPlate key message was promoted throughout the year. During each quarter a different food group was highlighted using the “Make Your Plate Like MyPlate” pamphlet series created by the Nutrition Division. Five new pamphlets were created highlighting each food group on MyPlate to share with WIC clients. These handouts were used to educate clients on how to include fruits and vegetables on half their plate, making half their grains whole, eating a variety of lean proteins and choosing low fat dairy. WIC clients were encouraged to try food from different food groups during Tasting Cafés in the WIC offices. A different food groups was highlighted each quarter.

Program Highlights

› 55 Tasting Cafés held reaching 1,495 clients
› 3,500 MyPlate Placemats provided to families to promote creating healthy plates at home
› 216 “Make Your Plate like MyPlate” handouts provided to clients

Real People - Real Outcomes

“One client was taking pictures on her phone of our MyPlate bulletin board so that she could have meal ideas for her children.”

- WIC Educator
WIC Community Gardens

Program Description

The WIC Community Gardens expand upon WIC’s mission to provide nutritious foods and education to income-qualifying women who are pregnant or breastfeeding, and children five years and under. WIC partnered with three community gardens in Adam’s county and one community farm in Arapahoe County. Each garden is a collaborative effort between local non-profit organizations, government, schools, and the area WIC clinic.

The gardens provide access to fresh organic fruits and vegetables, engages families in physical activity, and serves as an educational background for food science, home gardening and nutrition. WIC staff promotes the gardens during regular appointments as well as during “tasting cafe’s” which showcase healthy recipes using fruits and vegetables. Produce harvested from the garden are given directly to WIC families participating in the work day. Any produce that remains at the end of a workday is brought to the area WIC clinic’s waiting room and/or donated to a local food bank. WIC gardens are funded by WIC (USDA) and local donations.

Program Highlights

DeLaney Farm

WIC continued its 12-year partnership with Denver Urban Gardens (DUG) at the DeLaney Farm in Aurora. WIC clients work one hour to receive a half share from the farmers. A half share provides approximately 5.4 pounds of fruits and vegetables to a family. A total of 68 WIC families (572 adults and children) attended the DeLaney Farm in 2013, with 30 families returning more than once to work the garden and receive a half share of fresh produce. A total of 177 half shares were provided to WIC families. See Table 3.

Table 3. DeLaney Garden by the Numbers

<table>
<thead>
<tr>
<th>Year</th>
<th># WIC Families Attending</th>
<th>Total Adults/Children</th>
<th>Families Coming More than Once</th>
<th># of Half Shares Provided</th>
<th>Pounds Provided to WIC Families</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>33</td>
<td>146</td>
<td>11</td>
<td>51</td>
<td>*</td>
</tr>
<tr>
<td>2010</td>
<td>67</td>
<td>239</td>
<td>19</td>
<td>175</td>
<td>*</td>
</tr>
<tr>
<td>2011</td>
<td>60</td>
<td>220</td>
<td>22</td>
<td>153</td>
<td>*</td>
</tr>
<tr>
<td>2012</td>
<td>48</td>
<td>371</td>
<td>18</td>
<td>122</td>
<td>531</td>
</tr>
<tr>
<td>2013</td>
<td>68</td>
<td>572</td>
<td>30</td>
<td>177</td>
<td>956</td>
</tr>
</tbody>
</table>

*2012 was the first year pounds of produce provided were tracked.
Source: TCHD Internal 2013 Program Data
Stonehocker (Northglenn)

WIC continued its partnership with Senior Hub and the Stonehocker Community Garden in Northglenn for the fourth year since 2009. WIC staff and community members continue to make this garden a huge success. See table 4 for attendance and pounds harvested. Staff and clients planted and grew a variety of produce and flowers:

<table>
<thead>
<tr>
<th>Bush Beans</th>
<th>Mesclun Greens</th>
<th>Radishes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cabbage</td>
<td>Onions</td>
<td>Spinach</td>
</tr>
<tr>
<td>Cucumbers</td>
<td>Parsnips</td>
<td>Summer Squash</td>
</tr>
<tr>
<td>Jalapeños</td>
<td>Peas</td>
<td>Sunflowers</td>
</tr>
<tr>
<td>Kohlrabi</td>
<td>Peppers</td>
<td>Tomatoes</td>
</tr>
<tr>
<td>Marigolds</td>
<td>Pumpkins</td>
<td>Turnips</td>
</tr>
</tbody>
</table>

Table 4. Stonehocker Garden by the Numbers

<table>
<thead>
<tr>
<th>Year</th>
<th># WIC Families Attending</th>
<th>Total Adults/Children</th>
<th>Families Coming More than Once</th>
<th>Pounds Provided to WIC Families</th>
<th>Pounds Provided to Food Bank</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>N/A*</td>
<td>49</td>
<td>N/A*</td>
<td>225**</td>
<td>N/A*</td>
</tr>
<tr>
<td>2010</td>
<td>120</td>
<td>401</td>
<td>18</td>
<td>829**</td>
<td>561**</td>
</tr>
<tr>
<td>2011</td>
<td>46</td>
<td>150</td>
<td>23</td>
<td>4492</td>
<td>894</td>
</tr>
<tr>
<td>2012</td>
<td>71</td>
<td>267</td>
<td>23</td>
<td>1657</td>
<td>324</td>
</tr>
<tr>
<td>2013</td>
<td>52</td>
<td>193</td>
<td>21</td>
<td>1950</td>
<td>500</td>
</tr>
</tbody>
</table>

*2009 was the initial year of the Stonehocker WIC garden partnership; data not collected
**Servings converted to pounds

Source: TCHD Internal 2013 Program Data

Some of the many kinds of vegetables grown in the gardens

Produce from the Stonehocker garden
27J (Brighton)

WIC began a partnership and garden in 2010 with the 27J School District in Brighton. The garden is handicap accessible and has 32 raised beds, open area for squash and pumpkins and six fruit trees. See Table 5 for 2013 totals.

Table 5. 27J Garden by the Numbers

<table>
<thead>
<tr>
<th>Year</th>
<th># WIC Families Attending</th>
<th>Total Adults/Children</th>
<th>Families Coming More than Once</th>
<th>Pounds Provided to WIC Families</th>
<th>Pounds Provided to Food Bank</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>N/A</td>
<td>65</td>
<td>N/A</td>
<td>225</td>
<td>N/A</td>
</tr>
<tr>
<td>2011</td>
<td>18</td>
<td>56</td>
<td>8</td>
<td>415</td>
<td>N/A</td>
</tr>
<tr>
<td>2012</td>
<td>46</td>
<td>578*</td>
<td>17</td>
<td>516</td>
<td>N/A</td>
</tr>
<tr>
<td>2013</td>
<td>27</td>
<td>274</td>
<td>11</td>
<td>1286</td>
<td>113</td>
</tr>
</tbody>
</table>

Source: TCHD Internal 2013 Program Data

*This includes a preschool that attended the garden on a regular basis

Los Valientes (Commerce City)

For the second year, the Commerce City WIC Clinic partners with Community Enterprises, Lester Arnold High School and Salud Family Health Center to coordinate the Los Valientes Community Garden. The Communities Putting Prevention to Work (CPPW) grant also funded the startup of this garden. See Table 6 for 2013 totals from the garden.

Table 6. Los Valientes Garden by the Numbers

<table>
<thead>
<tr>
<th>Year</th>
<th># families attending</th>
<th>Total adults/children</th>
<th>Attending more than once</th>
<th>Pounds Provided to WIC Families</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>95</td>
<td>284</td>
<td>8</td>
<td>1,166</td>
</tr>
<tr>
<td>2012</td>
<td>97</td>
<td>258</td>
<td>20</td>
<td>1,079</td>
</tr>
<tr>
<td>2013</td>
<td>47</td>
<td>136</td>
<td>8</td>
<td>1,247</td>
</tr>
</tbody>
</table>

Source: TCHD Internal 2013 Program Data

Real People - Real Outcomes

“My family and I really enjoy going to the WIC garden. We are eating more vegetables in our regular diet year around than we did a few years ago before we started going. It has been a wonderful experience.”

- WIC client and garden participant
Student Volunteers in the Garden

Program Description

In 2012, we began a volunteer program for our WIC Community Gardens. We recruited dietetic students as volunteers through our existing partnerships with local areas universities. Volunteer tasks may include, but are not limited to:

› Welcome and check in and directing WIC participants
› Assist WIC participants with nutrition education and tastings from the garden
› Weigh, tally and distribute produce
› Gardening task such as planting, watering and weeding

Program Highlights

› In our initial year, we had nine total volunteers that worked four of our gardens. In 2013, we increased our volunteer pool to thirteen volunteers.
› In 2013, our volunteers contributed 197.00 hours of time helping at the WIC Gardens on WI designated work days.

Real People – Real Outcomes

"Working in the garden this summer and fall was a special experience for me. I became attached to the garden and some of the elderly clients. One woman, Margaret, would show up with her walker and pick peas and beans for us every Saturday. We'd talk about her ailments, her kids and the government. Time flew when Margaret was there and when she wasn't there I'd ask her friend Rhonda if Margaret was OK. So I want to say thanks to TCHD for giving me this opportunity because the garden is something I think about often and with warm memories. I do plan to be back in the spring".

- Dietetic Student Volunteer
Breastfeeding Support

Program Description

TCHD recognizes breastfeeding as an important and effective preventive measure to protect the health of mothers and their infants. Research shows that breast milk is the best nutrition for a child’s first year of life and provides numerous and significant benefits to families, the community and the environment.

- The Academy of Pediatrics recommends exclusive breastfeeding for the first six months followed by continued breastfeeding for the first year or longer as mutually desired by the mother and infant.
- The Healthy People 2020 national health goals for breastfeeding are that 81.9% of mothers will initiate breastfeeding, 60.6% of mothers will breastfeed at least 6 months and 34.1% of mothers will breastfeed at least 12 months.
- According to the Colorado Department of Public Health and Environment, in Colorado only 1 out of 4 infants are breastfed exclusively for the first six months of life and similarly, 1 out of 4 infants continue to be breastfed through their first birthday. See Table 7 for TCHD breastfeeding rates by clinic.

Program Highlights

The Nutrition Division has implemented several programs to help give mothers the education and support they need to meet their breastfeeding goals. See Table 7 for initiation and duration rates across the WIC clinics in our jurisdiction.

Table 7. TCHD Breastfeeding Data by clinic, 2013

<table>
<thead>
<tr>
<th>Office</th>
<th>Breastfeeding Initiation Rate (%)</th>
<th>6-Month Duration Rate (%)</th>
<th>12-Month Duration Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alton/Colfax</td>
<td>82</td>
<td>27</td>
<td>13</td>
</tr>
<tr>
<td>Aurora</td>
<td>80</td>
<td>25</td>
<td>9</td>
</tr>
<tr>
<td>Brighton</td>
<td>77</td>
<td>21</td>
<td>8</td>
</tr>
<tr>
<td>Castle Rock</td>
<td>76</td>
<td>24</td>
<td>9</td>
</tr>
<tr>
<td>Commerce City</td>
<td>73</td>
<td>21</td>
<td>9</td>
</tr>
<tr>
<td>Englewood</td>
<td>79</td>
<td>22</td>
<td>11</td>
</tr>
<tr>
<td>Iliff</td>
<td>83</td>
<td>25</td>
<td>11</td>
</tr>
<tr>
<td>Lone Tree</td>
<td>79</td>
<td>33</td>
<td>14</td>
</tr>
<tr>
<td>Northglenn</td>
<td>75</td>
<td>20</td>
<td>9</td>
</tr>
<tr>
<td>North Broadway</td>
<td>78</td>
<td>19</td>
<td>8</td>
</tr>
<tr>
<td>TCHD agency initiation</td>
<td>79</td>
<td>23</td>
<td>10</td>
</tr>
</tbody>
</table>

Source: TCHD, Agency-wide 2013 Program data from Compass
Community Provider Training

In 2013, a TCHD International Board Certified Lactation Consultant (IBCLC) scheduled networking meetings with health care clinic staff at four clinics in the TCHD region. One of the issues identified in these meeting was a need for staff breastfeeding training and resources. TCHD distributed a survey to health care clinic staff at three clinics (Clinica, Rocky Mountain Youth, and Metro Community Provider Network) that provide services to a large number of WIC clients to determine training content. Two TCHD staff provided a two-part basic breastfeeding training in August and November to forty health care clinic staff. Topics covered included the benefits of breastfeeding, anticipatory guidance, latch and common breastfeeding concerns and solutions. Training attendees completed an evaluation and reported improved breastfeeding knowledge, assessment and management skills that would be used daily in their work. Five additional health care clinics have requested the two-part training and the trainings will continue through the end of 2014.

TCHD has a full-time IBCLC who provides support for WIC clients with high risk breastfeeding issues. In 2013, she has had contact with 414 clients in person and 406 clients by phone. Her referrals come from various internal TCHD staff and outside partners. See Table 8 for sources of referrals to our IBCLC.

Table 8. Source of Referrals to IBCLC, 2013

<table>
<thead>
<tr>
<th>Source of Referral</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>2</td>
<td>14</td>
<td>26</td>
</tr>
<tr>
<td>Parent</td>
<td>88</td>
<td>70</td>
<td>59</td>
</tr>
<tr>
<td>Peer Counselor</td>
<td>41</td>
<td>70</td>
<td>55</td>
</tr>
<tr>
<td>Registered Dietitian</td>
<td>47</td>
<td>107</td>
<td>131</td>
</tr>
<tr>
<td>TCHD RN</td>
<td>13</td>
<td>13</td>
<td>7</td>
</tr>
<tr>
<td>WIC Educator</td>
<td>62</td>
<td>141</td>
<td>117</td>
</tr>
<tr>
<td>Total</td>
<td>254</td>
<td>418</td>
<td>395</td>
</tr>
</tbody>
</table>

Source: TCHD, Internal 2011-2013 Program Data

Real People - Real Outcomes

“Words cannot express my thanks! Before I met you I was ready to give up breastfeeding, which to me would be devastating because it’s my dream and goal to breastfeed my baby. Your help, support and kindness really kept me going. I could not have done it without you. I will always be grateful to you. Thank you very much!”

-A card from a WIC participant
Breastfeeding Peer Counselor Program

Program Description

Breastfeeding peer counselor programs have proven to be successful in providing breastfeeding support and increasing initiation and duration rates. In an effort to increase breastfeeding initiation and duration rates in the WIC program, TCHD began a Breastfeeding Peer Counselor Program in April 2005.

- The role of the peer counselors is to provide basic information and support to pregnant and breastfeeding women enrolled in the WIC program.
- Peer counselors work one-on-one with women in the clinic one day a week and also make phone calls from home. Phone calls are made during the pregnancy and through the infant’s first birthday as long as the woman continues to breastfeed to help with breastfeeding issues and concerns.
- Peer counselors are available 24 hours a day by phone, teach breastfeeding classes, mail information and videos to clients, find community resources and coordinate client care with WIC educators and dietitians.
- Ten TCHD peer counselors, each with a caseload of around 200 clients, provide peer counseling services at all TCHD clinics. See Table 9 for number of client contacts over the past five years.

Program Highlights

Table 9. Peer Counselor Contacts, 2009–2013

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>1,950</td>
</tr>
<tr>
<td>2010</td>
<td>2,625</td>
</tr>
<tr>
<td>2011</td>
<td>3,389</td>
</tr>
<tr>
<td>2012</td>
<td>7,719</td>
</tr>
<tr>
<td>2013</td>
<td>7,011</td>
</tr>
</tbody>
</table>

Source: TCHD, Internal Program Data
TCHD Breastfeeding Peer Counselors

* Douglas County Peer Counselor, Lord, not pictured

Real People - Real Outcomes

"I love this job. I love being available to Moms who have one question or 400. I love giving them a resource that allows for such an amazing bond to take place and for a relationship between a Mother and her baby to form. I love knowing these women trust me and seek out my help, even if it’s just to talk on the phone to someone that will listen and who has done this before and understands it’s not always easy, but worth every moment to make breastfeeding their children successful!"

- WIC Breastfeeding Peer Counselor

"I wanted to tell you how much I appreciate all of your help. Nursing my son is so much more relaxing now that it doesn't hurt and I don’t feel tensed. I feel better about going back to work and even though I don’t have a set time to pump, I do have enough milk I would say for the first month or so after I go back. I know I will get on a pumping schedule once back at work so continuing to breast feed is looking more realistic. Thank you, thank you, thank you! I’m very grateful because your support and experience has allowed me to relax and enjoy this special time with my son. God bless you!"

- E-mail from a program participant
**World Breastfeeding Week**

**Program Description**

World Breastfeeding week is celebrated in more than 120 countries every year from August 1–7 to encourage breastfeeding and improve the health of babies. It commemorates the signing of the Innocenti Declaration made by WHO and UNICEF policy-makers in 1990 to protect, promote and support breastfeeding.

The WIC breastfeeding committee created a waiting room display for TCHD WIC offices to highlight World Breastfeeding Week. Each office plans a celebration tailored to their clients and community which are well attended. See Table 10 for attendance by WIC clients at clinic World Breastfeeding Week activities. Some activities included hosting breastfeeding health fairs, bringing in speakers for education classes, and providing gifts/incentives donated by area businesses for mothers who are currently breastfeeding.

**Program Highlights**

**Table 10. World Breastfeeding Week Participation, TCHD WIC Clinics, 2008–2013**

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>400</td>
</tr>
<tr>
<td>2009</td>
<td>98</td>
</tr>
<tr>
<td>2010</td>
<td>520</td>
</tr>
<tr>
<td>2011</td>
<td>304</td>
</tr>
<tr>
<td>2012</td>
<td>665</td>
</tr>
<tr>
<td>2013</td>
<td>465</td>
</tr>
</tbody>
</table>

*Source: TCHD Internal 2013 Program Data*

**Real People - Real Outcomes**

"For World Breastfeeding Week 2013, North Broadway hosted an education and support fair for their pregnant and breastfeeding clients. Women were invited to attend the fair and receive education on breastfeeding, to have an opportunity to check their babies’ weights and ask questions about breastfeeding. Refreshments were served, door prizes were awarded, and the women had the time and opportunity to connect with other pregnant and breastfeeding women."

- WIC Registered Dietitian
WIC Breast Pump Loan Program

Program Description

The WIC program administers a pump loan program which helps mothers maintain adequate breast milk production to prevent formula supplementation, resolve breastfeeding issues and meet breastfeeding goals.

› The program loans hospital-grade Medela Lactina electric pumps, pedal pumps, and hand pumps.
› In 2010, WIC added Medela Symphony electric pumps with advanced pumping technology to our pump loan program.
› Mothers who are committed to breastfeeding for at least one year, are separated from their infant on a regular basis, have an established milk supply, and are not receiving formula from the WIC program are given a Single-User Electric Pump to keep as their own and, hopefully, use for subsequent children.

Program Highlights

In 2013, TCHD WIC offices had a total of:
› 41 Symphony Electric Pumps
› 392 Lactina Electric Pumps
› 34 Pedal Pumps

In 2013, TCHD loaned or provided 1,523 mothers with a pump:
› 140 mothers with a Symphony Electric Pump
› 1,191 mothers with a Lactina Electric Pump
› 35 mothers with a Pedal Pump
› 158 mothers with a Single-User Electric Pump

Real People - Real Outcomes

"I recently talked with a mom who was unsure if she was making enough breast milk. She didn't have a breastfeeding goal because she didn't feel like once she returned to work she would be able to keep up. After a lot of counseling and issuing mom an electric pump, baby is now 4 months old, not receiving any formula and mom is successfully pumping at work. Mom feels empowered and is so positive and upbeat about breastfeeding. She was thrilled to tell me she even had milk in the freezer for back up!"

- WIC Breastfeeding Peer Counselor
Baby and Me Tobacco Free Program

Program Description

› The Nutrition, Nursing, and the Epidemiology, Planning and Communication divisions are collaborating to offer the Baby and Me Tobacco Free program at TCHD clinics.
› The program helps pregnant women quit smoking and stay quit after delivery of their baby.
› Any pregnant woman who is currently smoking, or was smoking three months prior to becoming pregnant, is eligible for the program, regardless of income level. A total of 210 women registered in the program in 2013. See Table 11 for program participation in 2012 and 2013.
› Participants receive smoking cessation information at four prenatal education sessions and take a carbon monoxide (CO) breath test to verify smoking status. The prenatal sessions cover information on cessation support including a referral to the Colorado Quitline, second hand smoke, decreasing stress and keeping smoke free after the baby arrives.
› If a woman quits smoking before delivery, she is eligible to take a CO breath test monthly and receive $25 worth of diapers each month up to one year as long as she stays quit.

Program Highlights

Table 11. Baby and Me Tobacco Free Program Participation

<table>
<thead>
<tr>
<th>Year</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Women Enrolled</td>
<td>235</td>
<td>210</td>
</tr>
<tr>
<td>Number of Prenatal Education Sessions Completed</td>
<td>643</td>
<td>561</td>
</tr>
<tr>
<td>Number of Postpartum Sessions Completed</td>
<td>524</td>
<td>711</td>
</tr>
<tr>
<td>Number of Vouchers Distributed</td>
<td>N/A</td>
<td>710</td>
</tr>
</tbody>
</table>

Source: TCHD Internal 2013 Program Data

Real People - Real Outcomes

“This program has really helped me stay quit! I am so thankful for this program.”
“I wish my friend knew about this program so they could have stayed quit after having their baby.”
“Buying diapers with the voucher means so much more to me that buying diapers without a voucher because I have to work hard to get the voucher and it means I am staying smoke free.”

—Baby & Me Tobacco Free clients
Heart Healthy Tri-County

Program Description

Heart Healthy Tri-County (HHTC) is an in-reach program that provides glucose testing, medical referrals if needed and lifestyle intervention in our Family Planning and WIC programs within TCHD. During a routine WIC appointment women who are at least 6 weeks postpartum, 18 years or older and either receiving WIC benefits for themselves or their child, qualify to be assessed for their risk of developing Type II diabetes. If they have an increased risk they receive the following services:

- Free glucose test and Hemoglobin A1c (if indicated)
- Medical referral for elevated glucose or Hemoglobin A1c
- Group or individualized counseling on her risk of developing diabetes or pre-diabetes
- Monthly healthy newsletters
- Cooking Classes, taught by chefs and RD’s

Program Highlights

- HHTC started screening clients in 4 clinics (Northglenn, Iliff, Englewood and Castle Rock) as a pilot phase from January 2013-June 2013 and then started screening in all 10 WIC clinics starting July 1, 2013. Please see Table 12 for the 2013 results by county and race/ethnicity breakdown.
- Of the 314 screened, 9 clients received a medical referral for an elevated glucose and Hemoglobin A1c and 22 clients that were screened had a borderline glucose and Hemoglobin A1C value.

Table 12. HHTC Screening: Numbers and Race/Ethnicity

<table>
<thead>
<tr>
<th>County</th>
<th>Clients Screened</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adams</td>
<td>102</td>
</tr>
<tr>
<td>Arapahoe</td>
<td>108</td>
</tr>
<tr>
<td>Douglas</td>
<td>31</td>
</tr>
<tr>
<td>Other</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>314</td>
</tr>
</tbody>
</table>

Race/Ethnicity of HHTC in WIC

N = 314

- African American = 13%
- American Indian/Alaskan = 2%
- Asian = 4%
- Hispanic = 58%
- Other = 1%
Real People - Real Outcomes

Melissa* has been very involved with WIC in the past. At her add baby appointment the WIC staff checked her hemoglobin levels and found that they were severely low. The WIC educator encouraged her to go to the emergency room right away which she did and ended up with a blood transfusion. Fast forward 6 weeks later and Melissa was back in the WIC office for a follow up appointment for her twin daughters. She had gestational diabetes during her pregnancy which was treated with Metformin so the WIC educator knew to refer her to the RD for HHTC screening. Melissa was really interested in participating in the HHTC program because she recognized that she had not had her blood sugar levels checked again after delivery. She was told by her doctor to stop taking her diabetes medication but had not had a recent glucose screening.

As the RD prepared to poke her finger Melissa said to her, “You know, I used to tell people that all WIC did was poke my finger. Now I tell them that WIC saved my life”. Her fasting glucose was checked in the clinic and her levels were high. After her experience with the hemoglobin testing, the client was very open to education and discussion about lifestyle change and diabetes risk. The RD talked about how her blood sugar levels were high and strongly encouraged her to access more extensive diabetes care. The RD asked if she had a medical doctor she could follow up with and Melissa mentioned that they wouldn’t be able to get her in for a few months. The HHTC program allowed the RD to refer her to one of the clinics that TCHD has contracted with for a free visit and to ensure that she would receive immediate care for her elevated glucose.

*name changed for privacy

WIC clients participating in a cooking class.
Cooking Matters at the Store

Program Description

Cooking Matters at the Store is a free program of the No Kid Hungry Campaign that empowers low-income families to stretch their food budget so their children get healthy meals at home. The curricula for WIC clients include a field trip to the grocery store where participants learn more about reading labels, comparing unit pricing, finding whole grains and purchasing produce in season.

Program Highlights

› Five TCHD WIC offices conducted Cooking Matters at the Store tours in the fall of 2013.
› 104 participants attended the tours.
› Tours were facilitated in English and Spanish.
› Both specific and combined store tours were offered. Specific store tours focused on one particular area of the store only (i.e. produce, grains, protein) while combined tours included different sections of the store pertinent to the WIC program.
› Our data has shown that WIC participants attending the grocery store tours were more likely to maximize the use of the cash value voucher.

Real People, Real Outcomes

“I learned how to use things that I had at home and the value of good eating and good health. I learned that I was really not eating some of the right things that I thought were good for me.”
“To get a variety of fruits and vegetables, you need all the colors in your diet.”
“To look at the first word on a bread label – ‘whole wheat’ vs ‘enriched.'”

—Participant’s comments on what they learned on the tour

Englewood WIC staff leading WIC participants on a produce tour.
Cultural Diversity: Meeting the Needs in WIC

Program Description

In 2013, 2,199 refugees resettled in Colorado, the majority in the Denver metro area according to Colorado Department of Human Services data. Due to the urgent needs of these families, including housing, food assistance, medical care, and more, public health programs and government assistance are essential for survival and health in the initial months of resettlement. Many refugee families qualify for WIC services; however, barriers to accessing WIC were initially identified. The most immediate and challenging barriers include limited or no English speaking skills, unfamiliarity with WIC foods, and difficulty using WIC food vouchers. TCHD has worked in partnership with the Spring Institute for Intercultural Learning to develop solutions and partnerships to overcome these barriers.

Previously implemented and continuing programs to help serve this population include:

› Language Line and utilizing the “language line kit” for visual education
› Bi-weekly Community classes that include referrals to WIC
› Group WIC appointments with food tasting
› With these services in place, our refugee clients have been able to successfully comprehend the WIC Program and redeem their food vouchers at the grocery store.

Program Highlights

› TCHD Nutrition Division has staff bilingual in Spanish and English at every WIC clinic.
› TCHD WIC offices provided nutrition education and supplemental food assistance to 64 refugee participants.
› WIC partners with the Spring Institute for Intercultural Learning to provide bi-weekly nutrition classes for refugee populations reaching 367 refugees in 2013.
› Across the agency the AT&T language line is used for interpretation services of 21 different languages. Of these, the most commonly utilized languages include Burmese, Nepali, Karen (a dialect of Burmese), and Somali.
Real People - Real Outcomes

Here are some of the comments from Spring Institute staff members and refugee students about the class:

“Thank you for educating refugees. They really need your lectures.”
“WIC is an important program, thank you for referring the refugees to this program”
“After hearing your lecture, I have switched to lower fat milk.”
“We eat a lot of margarine; I did not know about trans fats.”

Car Seat Partnership with Children’s Hospital

Program Description

The TCHD WIC office in Aurora and Children’s Hospital has teamed up to provide car seats to clients in need. The Aurora WIC office piloted 3 classes in 2013. During the 90 minute classes clients receive education on correct car seat installation, a car seat, and the instructor makes sure the car seat is installed properly in the car before the client leaves. The cost of the class is $25 but no one in need is turned away.

Program Highlights

During the 3 classes, 27 car seats were provided to families at the discounted rate.

Real People - Real Outcomes

“I was planning to buy a car seat but it was going to cost me $99. Because I was able to get a car seat for $25 by attending the class, I am now able to pay my electric bill too.”
- Class Participant

“I attended the car seat class and purchased 2 car seats for my children. Because of these car seats, my children survived a very serious car accident that totaled the rest of the car.”
- Class Participant
Community Nutrition Programs

Program Description

TCHD’s community nutrition programs provide education in a variety of settings to promote health through evidence-based nutrition practices. Registered dietitians develop community partnerships to coordinate current and consistent nutrition messaging throughout the TCHD area. Services include community classes, health fairs, train-the-trainer seminars, lesson plan development, lesson plan review, and national, state and local conference presentations. The Nutrition Division promotes healthy eating across the lifespan by working with groups from child care centers to schools to workplaces to senior centers.

Program Highlights

In 2013, 135 community educational events were conducted reaching 10,403 residents in the TCHD area.

Table 13. A Sampling of the Organizations in our area receiving Nutrition Education and Support

<table>
<thead>
<tr>
<th>Organizations Receiving Community Nutrition Education &amp; Support</th>
<th>Education Topics Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>9Health Fair</td>
<td>Sugar in Beverages and General Nutrition</td>
</tr>
<tr>
<td>Adams County Workforce Development Center</td>
<td>Eating Healthy on a Budget</td>
</tr>
<tr>
<td>15 School Districts in the TCHD Area</td>
<td>MyPlate and ReThink Your Drink</td>
</tr>
<tr>
<td>Spring Institute for Intercultural Learning</td>
<td>Basic Nutrition for Refugees</td>
</tr>
<tr>
<td>Creative Options</td>
<td>Breakfast Basics</td>
</tr>
<tr>
<td>Koelbel Library</td>
<td>Nutrition for Toddlers</td>
</tr>
<tr>
<td>Martin Luther King Library</td>
<td>ReThink Your Drink, Whole Grains, Family Meals, and My Plate</td>
</tr>
<tr>
<td>Douglas County Employee Wellness</td>
<td>Role of Tri County in Health</td>
</tr>
<tr>
<td>Arapahoe County Worksite Wellness</td>
<td>Quick and Healthy Lunches</td>
</tr>
<tr>
<td>Vi Senior Living</td>
<td>Employee Wellness and Nutrition</td>
</tr>
<tr>
<td>Amity Plaza Senior Housing</td>
<td>Label Reading and Smoothie Demo</td>
</tr>
<tr>
<td>Allison Ct Senior Housing</td>
<td>Nutrition Myth Busters, Smoothie Food Demo and New Product Tasting</td>
</tr>
<tr>
<td>Adams County Aging Network</td>
<td>Healthy Aging and Nutrition</td>
</tr>
<tr>
<td>Volunteers of America</td>
<td>My Plate/Smoothie Demo</td>
</tr>
<tr>
<td>DeLaney Farm</td>
<td>WIC Overview and Outreach for Shareholders</td>
</tr>
<tr>
<td>Denver Botanic Gardens</td>
<td>MyPlate, Healthy Recipes, and TCHD outreach</td>
</tr>
<tr>
<td>Metro Care Ring</td>
<td>Healthy Food Choices at Food Banks</td>
</tr>
<tr>
<td>University of Colorado Medical Students</td>
<td>Breastfeeding and WIC information</td>
</tr>
<tr>
<td>University of Northern Colorado</td>
<td>Breastfeeding Management</td>
</tr>
<tr>
<td>Children’s Hospital</td>
<td>Breastfeeding Literature</td>
</tr>
<tr>
<td>Metro State College of Denver</td>
<td>RD Role at WIC</td>
</tr>
<tr>
<td>Regis University</td>
<td>WIC Overview</td>
</tr>
<tr>
<td>St. Anthony's North</td>
<td>Medical students learning about WIC</td>
</tr>
<tr>
<td>MCPN Healthy Start Community Advisory Board</td>
<td>WIC Overview</td>
</tr>
</tbody>
</table>
9Health Fairs

Teaching at the 9Health Fairs provides a great opportunity to promote healthy lifestyles to citizens in Adams, Arapahoe, and Douglas Counties. TCHD Nutrition presented in six 9Health Fairs in 2013 reaching 1,355 people. During the health fairs, children and adults were taught about sugar in beverages and increasing their fruit, vegetable and whole grain intake with Choose MyPlate materials.

Workforce Development Centers

Adams County Workforce and Business Center and the Center for Work Education and Employment (Arapahoe and Adams County) are organizations that help participants find jobs by maximizing opportunities and building partnerships to promote economic growth and enhance the quality of life in the TCHD area.

Participants receive help writing resumes and support when looking for jobs. While in the program, participants are required to attend a number of classes. One of the classes at Adams County Workforce and Business Center is a three-hour nutrition class taught by TCHD registered dietitians. Class attendees receive information on eating healthy on a budget, label reading, meal planning and Choose MyPlate.

Real People - Real Outcomes

To promote the advantages of planning meals with MyPlate to the community. The message was presented through development of new educational materials, hands on education, and food demonstrations during health fairs and community classes.

Here are some of the comments community members made about MyPlate:

“Thank you for the new meal ideas.”
“I have started eating more fruits and vegetables.”
“Thank you for all the wonderful recipes.”
“I am going to buy more whole grains and attempt to follow the MyPlate guidelines.”
Dietetic Internship in Public Health

Program Description

Our dietetic internship program specializes in community and public health nutrition and helps prepare an individual to become a Registered Dietitian (RD). We are accredited by the Accreditation Council for Education in Nutrition and Dietetics (ACEND) of the Academy of Nutrition and Dietetics (AND). Each intern has a minimum of a bachelor’s degree in dietetics, nutrition, or other related discipline. Interns pay tuition to TCHD and complete 40 hours per week of non-paid supervised practice in TCHD programs as well as rotations at area hospitals, schools, and other healthcare facilities. Interns contribute to the visibility and reach of the TCHD Nutrition Division in the Denver Metro area. The dietetic internship is funded by student tuition and local funding.

Program Highlights

〉 Application for the six intern slots is competitive. See Table 14.

Table 14. Number of Applications to TCHD Internship by Year.

<table>
<thead>
<tr>
<th>Year</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicants to Internship</td>
<td>78</td>
<td>120</td>
<td>109</td>
<td>104</td>
<td>116</td>
</tr>
<tr>
<td>Interns Accepted</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>6</td>
</tr>
</tbody>
</table>

Source: TCHD Dietetic Internship Internal 2013 Program Data

〉 TCHD’s 5-year first-time pass rate on the national examination for Registered Dietitians is 96%. (The national first-time pass rate in 2013 was 88%) TCHD’s one-year pass rate on the exam (testers within one year of first attempt) is 100%.

〉 Seven program graduates took the RD exam in 2013, with a mean scaled score of 31.1. (The national mean scaled score in 2013 was 27.4.)

〉 Program graduates are employed in public health settings, hospitals, school districts, food industry, private practice, and long-term care. When the opportunity exists, we hire internship graduates into the WIC program at TCHD for an already trained source of professional staff. In 2013, we hired three graduates into permanent jobs and one on a temporary contract basis.

〉 Of all 2012 and 2013 program graduates, 82% (9 of 11) obtained a job in dietetics within three months of graduation.

〉 The internship is cost-effective for TCHD. Cost-benefit analysis for the 2012–2013 class revealed that for every dollar spent on the program, the dietetic internship returned $1.71 in the form of in-kind professional nutrition services, clinic coverage, and recruitment/training savings. Table 15 shows program revenue from tuition and fees.
### Table 15. Internship Program Revenues from Tuition and Fees

<table>
<thead>
<tr>
<th>Year</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition Received</td>
<td>$19,200</td>
<td>$26,200</td>
<td>$35,640</td>
<td>$35,640</td>
</tr>
<tr>
<td>Application Fees Received</td>
<td>$6,960</td>
<td>$6,540</td>
<td>$6,240</td>
<td>$6,960</td>
</tr>
<tr>
<td>Total</td>
<td>$26,160</td>
<td>$32,740</td>
<td>$41,880</td>
<td>$42,600</td>
</tr>
</tbody>
</table>

Source: TCHD Internal 2012 Program Data

### Selected projects completed by our dietetic interns in 2013

- Completed a multi-phase project with local child care centers to develop and pilot test a six week cycle menu to meet goals of a statewide healthier meals initiative. Collaborated with TCHD’s Environmental Health Division and with CDPHE staff to identify and help reduce barriers to incorporating healthier foods into child care facilities.
- Created educational materials for the Nutrition Division, such as electronic newsletters for the WIC and Peak Wellness programs, MyPlate factsheets for the TCHD website, as well as calcium and calorie booster handouts for WIC and the HCP program.
- Reviewed literature and wrote position papers on the following topics: food addiction, HIV and infant feeding practices, probiotics, the use of honey to treat radiation-induced mucositis in cancer patients, and the role of medium chain triglycerides in weight loss and cardiovascular disease risk.
- Completed cost-benefit analysis of the following nutrition activities: operating satellite WIC clinics, utilizing volunteers in WIC community gardens, providing WIC client services at community garden sites, adding a level to the RD job series, providing an after-school nutrition program, and creating/publishing the annual report.
- Presented 20 classes and health fairs in the community, reaching 1,157 residents.
- Independently counseled a total of 647 high-risk WIC clients.
Real People - Real Outcomes

“I think this program offers valuable skill development that dietitians need and may not necessarily get in other internships. Interns are treated with respect and as professionals and the TCHD staff are great people to work with. I have loved this program and am so grateful for the skills I have learned, the connections I have made, and the opportunities I have had.”  

- 2013 Graduate

“I feel so fortunate to have been matched to the TCHD dietetic internship program and to have completed this experience. It’s a program known for excellence and for being a leader in public health. I have had the opportunity to grow tremendously over the past ten months and I am leaving the program feeling prepared, confident and ready to enter the field of nutrition and dietetics.”

- 2013 Graduate

Produce and Health Fairs: Increasing Access to Healthy Foods

Program Description

Urban food deserts are a very real problem in Adams and Arapahoe counties. It is challenging for residents in these areas to find and purchase fresh fruits and vegetables due to the lack of large grocery stores in their community, forcing them to rely primarily on convenience stores and small local shops for their nutrition needs.

In an effort to alleviate some of this disparity, TCHD Nutrition Division partnered with Cooking Matters to seek possible solutions. The idea for the Produce and Health Fairs came about when Food Bank of the Rockies agreed to donate excess produce to the cause. The health fair format was chosen so important information could first be shared with attendees before giving out the produce. Along the way, it became apparent that Jefferson County Health Department was also having similar issues in their county, and they came on board as well. The fairs have been very successful and have been running in three to four counties since 2008.

Program Highlights

During the summer of 2013, TCHD held five Produce and Health Fairs, distributing fresh fruits and vegetables to low-income residents, as well as assisting with other healthy perishable and non-perishable foods. TCHD fair locations in Aurora and Thornton provided 46,335 pounds of total food (of which 31,150 pounds was produce) to 2,866 attendees in 2013. This means each household received forty-one pounds of food on average. Assuming three individuals per household, a total of 5,688 individuals were reached in Arapahoe and Adams counties. Refer to Tables 16 and 17 for total adult participants and pounds of food provided over the past five years to TCHD residents.
Table 16. Adult Attendance at Produce and Health Fairs, 2008–2013.

<table>
<thead>
<tr>
<th>Number of Adult Participants by Year &amp; Location</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adams (Thornton)</td>
<td>1,174</td>
<td>913</td>
<td>926</td>
<td>1,001</td>
<td>652</td>
<td>1,000</td>
</tr>
<tr>
<td>Arapahoe (Aurora)</td>
<td>883</td>
<td>752</td>
<td>1,397</td>
<td>1,569</td>
<td>1,896</td>
<td>1,866</td>
</tr>
<tr>
<td>Total</td>
<td>2,057</td>
<td>1665</td>
<td>2323</td>
<td>2,570</td>
<td>2548</td>
<td>2,866</td>
</tr>
</tbody>
</table>

Source: TCHD Internal 2013 Program Data

Table 17. Pounds of Food Provided by Year and Location, 2010-2013

<table>
<thead>
<tr>
<th>Pounds of food provided by year &amp; location</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adams (Thornton)</td>
<td>27,906</td>
<td>26,637</td>
<td>16,607</td>
<td>13,250*</td>
</tr>
<tr>
<td>Arapahoe (Aurora)</td>
<td>19,782</td>
<td>30,157</td>
<td>42,186</td>
<td>20,566</td>
</tr>
<tr>
<td>Total</td>
<td>47,688</td>
<td>56,794</td>
<td>58,793</td>
<td>46,335</td>
</tr>
</tbody>
</table>

Source: TCHD Internal 2013 Program Data; *two fairs were in Thornton versus three like in years past

A young fair participant receives a helmet from a fair vendor.

Volunteers organizing and bagging up fresh produce for fair participants.
Worksite Wellness

Program Description

The goal of TCHD’s worksite wellness initiative is to provide access to best-practices in worksite wellness and disease prevention to employers and employees who work within in our three counties. To accomplish this, TCHD implements worksite wellness initiatives both as an employer and through community outreach to local businesses for their employee populations.

As an employer, TCHD provides wellness programs to support employees in their efforts to achieve optimum health.

For Community Outreach, TCHD provides technical support to local business owners to guide them through the process of developing worksite wellness programs.

Both the Tri-County employee wellness program and community outreach efforts to local employers are sustained by general health department funds. Worksite wellness outreach efforts in Aurora have been subsidized partially by the remainder of a 2010 CDC Healthy Communities grant which was originally awarded to the YMCA of Metropolitan Denver as part of an Aurora-based ACHIEVE wellness initiative.

TCHD Worksite Wellness Program

A core team of dedicated employee volunteers, worksite wellness champions, plus a supportive executive management team, are keys to the success of TCHD’s employee wellness program.

A diverse selection of programs are offered including employee challenges, lunchtime presentations, noon fitness and yoga classes, and healthy lifestyle programs (i.e. Weight Watchers). An emphasis is placed on promoting prevention strategies, including age-appropriate screenings, weight management for diabetes prevention and road traffic safety. Highlights from 2013 programs follow.

Program Highlights

MyPlate Challenge

Each March, worksite wellness partners with Community Nutrition to promote National Nutrition Month. The 2013 campaign promoted the USDA’s MyPlate food model. The campaign kicked off with MyPlate presentations conducted by Registered Dietitians at each office. Employees participated in a challenge to incorporate the MyPlate model in their daily diet. Results are provided below.

Nine office presentations were conducted by Registered Dietitians for approximately 290 employees (83% of staff).

249 employees (71% of staff) succeeded in completing the challenge requirements which included the consumption of at least ten MyPlate model meals during the two-week challenge.
Road Traffic Safety Campaign

Each year, worksite wellness collaborates with the Chronic Disease and Injury Prevention Team (CDIPT) to promote their key message campaigns to employees. CDIPT’s 2013-2014 campaign focused on road traffic safety. As part of the campaign, offices hosted driver safety presentations conducted by local traffic officers; a focused driver challenge was implemented to educate employees about the dangers associated with distracted driving; and the employee driver safety policy was strengthened and revised. Results from the challenge are presented below.

› 178 employees (55% of staff) participated in the focused driver challenge.
› 162 employees indicated that the challenge motivated them to focus more on safety while driving.

Hold the Holidays Challenge

A longtime employee favorite, the Hold the Holidays challenge provides participants with motivation and social support to avoid holiday weight gain between Halloween and the New Year. This year, Hold the Holidays also included an individual component, involving participants setting three wellness goals for the New Year.

› 290 (83% of all staff) participated in one or both components of the Hold the Holidays challenge.
› 267 employees (76% of staff) participated in the team challenge, forming a total of 43 teams.
› 200 employees (57% of staff) successfully completed the individual component of the challenge.
› All groups in the team challenge succeeded in meeting the requirements, with many teams actually losing weight. A total of 274 pounds was lost during the challenge period.
Pictures from Worksite Wellness Challenges

During Heart Health Awareness month (February), employees wore red to promote heart health. Above, Englewood employees pose for a picture during Wear Red Day.

TCHD hosted an official Bike to Work Day breakfast station for the first time in 2013. The station was coordinated by TCHD’s Green Team employee volunteers.

Real People - Real Outcomes

"Participating in the Weight Watchers at Work program has been an incredible experience for me, especially as it has been coupled with worksite wellness and doing this with fellow staff here at TCHD. We help each other stay on track. I have managed to figure out ways to still eat everything I’d like but in a moderate way. I have reached my target goal and I feel great!"

- Michele Askenazi, Director of Emergency Preparedness and Response
Community Outreach - Worksite Wellness

Program Description

TCHD initiated outreach to local employers in 2011 with a collaborative pilot project in Aurora that included employers from both Adams and Arapahoe Counties. The model was adapted in 2013 to be utilized in the Castle Rock community. In addition to forming employer coalitions, TCHD has worked with the Human Resources Departments of each of our counties to provide advising, presentations and/or health fair support for their employee wellness programs. Highlights of the Aurora and Castle Rock employer coalition projects are provided below.

Program Highlights

Local Employer Pilot Project – Aurora

A group representing public health, government, and the business sectors collaborated in Aurora in 2011 to develop a program to address the lack of evidence-based employee wellness programs offered by small to mid-size employers. Partners for the project included the YMCA of Metropolitan Denver, Aurora Chamber of Commerce, the City of Aurora, LiveWell Colorado and TCHD. Eight companies (totaling around 1,000+ employees) within Adams and Arapahoe Counties participated in the pilot project. TCHD received a 2013 NAACHO Model Practice Award for the project. The initiative is sustained by the ongoing commitment of the original leadership team and participating employers.

Local employers pictured during an awards ceremony hosted by the Aurora Chamber of Commerce. Tri-County received a NAACHO Model Practice Award for its outreach efforts with Aurora employers.
Local Employer Initiative – Castle Rock

TCHD invited the Castle Rock Chamber of Commerce to collaborate on adapting the Aurora model to be utilized in the Castle Rock business community. Members of TCHD’s Dietetic Intern Program took a leadership role in the early stage of the initiative by coordinating focus groups with Castle Rock employers. Seventeen employers participated in one of two focus groups in the Fall of 2013. The intern project involved a comprehensive analysis of employer participant feedback and comments with a final presentation of the findings in Spring of 2014.

Following completion of the focus groups, a leadership committee was formed to include representatives from the business community, the Town of Castle Rock and the three largest healthcare providers in the community; Adventist Hospital, Sky Ridge Medical Center, and Kaiser Permanente. The initiative will move forward in 2014 with the recruitment of additional employers.

Real People - Real Outcomes

Two Aurora employers involved with Aurora’s worksite wellness pilot project, Advantage Security and Suss Buick GMC, each received onsite heart health screenings for their staff through a coordinated effort with TCHD’s Nursing Division to bring the Heart Healthy Tri-County screening program to local worksites. A total of 130 employees participated in the screenings. Many of the participants reported that they had not been to see their physician in years, citing time away from work as a major barrier.

-Comments from two employers, Suss Buick GMC and Advantage Security, participants in a pilot outreach project with small businesses in Aurora

Dietetic Interns collecting information at the focus group in Castle Rock.
School Wellness

Program Description

The Nutrition Division has long recognized the important part that schools play in educating our future residents regarding nutrition, physical activity and wellness. We continue to support schools as they navigate the changes to school meals and as they strive to make wellness a part of the school day. We supported Nutrition Departments in the schools to:

› Promote school breakfast and the summer meal programs.
› Inform students, parents, teachers and community members regarding the wellness policy in the school.
› Actively participate on the following school district wellness committee’s: Adams 12, Adams 50, Aurora, and Littleton.

Program Highlights

Partnering with the Schools

The Nutrition Division spent the day with 4,000 eighth graders from Douglas County Schools promoting careers in Public Health during an annual career fair on November 13th. Students amazed us with their well though- out questions and professional dress. The career fair gave us the opportunity to promote the MyPlate and Rethink Your Drink nutrition messages to a large number of students.
Consistent Messaging

TCHD’s key message to promote MyPlate lent itself very well to school health fairs and classroom presentations. We did over 31 presentations to 5352 students and school staff regarding this key message.

Food, Fun and Fitness Afterschool Program

The Food, Fun and Fitness Afterschool Program was developed with a Harris Park Elementary teacher that provides an opportunity to promote good nutrition and physical activity to students to help prevent obesity. The 6 week program culminates with a Family night for the entire school. Family members have an opportunity to participate in the activities that the students participated in during the club. The school staff has been very willing to support the Family Night in order to promote wellness in their school. The components of the program are:

- Healthy snacks provided by school nutrition
- Physical activity (15–20 minutes of fun activities)
- Lessons on nutrition, such as MyPlate, sugar sweetened beverages, preparing healthy snacks, energy balance, and fruits and vegetables.

During 2013, one club was held and reached the following:

- 30 fourth and fifth grade students are accepted into the club based on submitting their permission slips.
- As many as 10 students have been declined due to the overwhelming interest to participate.

Jan Brainard, member of TCHD’s Board of Health, participating at a school health fair.
Real People - Real Outcomes

“The Food, Fun, Fitness Club is an anchor to the Wellness program at Harris Park Elementary School. It has brought more focused attention to the importance of eating healthier, choosing good snacks, and engaging in fun inexpensive activities, as well as inspiring the Wellness Committee at the school.”

− Candace Smith, Teacher at Harris Park Elementary

Early Childhood Nutrition Program

Program Description

The early childhood nutrition program connects families, caregivers and children with information and awareness to assist them in making healthy choices about foods and activities. The TCHD Nutrition Division works with all of the Early Childhood Councils in Adams, Arapahoe and Douglas counties. Through training sessions and collaborative partnerships, dietitians communicate positive messages related to public health topics and best practices.

Program Highlights

Presentations and Educational Events

The program consisted of 19 events with 3,240 individuals in attendance. The majority of participants were parents or child care providers. It’s estimated that 10,000 children were reached in 2013 with the early childhood program assuming that each attending parent has contact with two children and child care provider has contact with ten children, and children in attendance counted as one; see Table 18 for annual results. Topics at the events included menu planning, label reading, sweetened beverages, whole grains, classroom activities, and role modeling healthy eating practices.

Table 18. Early Childhood Nutrition Events

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of sessions</th>
<th>Number of participants</th>
<th>Number of children reached</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>11</td>
<td>375</td>
<td>2,500</td>
</tr>
<tr>
<td>2011</td>
<td>48</td>
<td>2,550</td>
<td>7,800</td>
</tr>
<tr>
<td>2012</td>
<td>15</td>
<td>3,430</td>
<td>8,000</td>
</tr>
<tr>
<td>2013</td>
<td>19</td>
<td>3,240</td>
<td>10,000</td>
</tr>
</tbody>
</table>

Source: TCHD Internal Program Data
Child Care Inspection Standards (CHINS)

The nursing division was awarded a grant through the CDPHE immunization program to provide education for child care directors and staff. TCHD’s Early Childhood Nutrition Specialist played a key role in four identical, multidivisional training sessions which were offered to educate child care employees about disease prevention. Two hundred and twenty individuals attended the training and professional development credits were given to those in attendance. Topics covered during the training sessions included:

› Vaccine preventable diseases and child care practices related to vaccine monitoring and staff immunizations
› Disease prevention standards that are routinely monitored in child care facilities
› Whole grain foods and the upcoming changes in Child and Adult Care Food Program’s meal planning requirements.

Real People - Real Outcomes

“I will drink water instead of sugary drinks.”
“All information was good, thanks for the ideas to improve our lifestyle and our health.”
“The handouts were very helpful and I look forward to looking into the websites.”
“I will make quinoa, brown rice and other whole grains.”
“I will pass the My Plate information on to my parents; I am going to start adding whole grains to my pancakes.”

- Comments from participants of early childhood nutrition educational events

Healthier Meals Initiative

TCHD received a grant from Child and Adult Care Food Program (CACFP) at Colorado Department of Public Health and Environment to assist with the Healthier Meals Initiative (HMI). Nutrition staff and dietetic interns worked with the TCHD Division of Environmental Health staff to develop training for health inspectors to ensure consistent messaging around the HMI. Additionally, a six-week cycle menu was developed for testing in 2013 at eight child care facilities for acceptance, cost and labor-intensiveness. The Environmental Health Training and Menu Testing Project will be explained further on the next page. TCHD’s participation in CACFP’s HMI contributed to a toolkit issued from the statewide food program. The purpose of HMI is to implement CACFP meal planning guidelines to support child care providers in meeting higher nutrition standards and improve the nutrition environment for children in child care settings. The HMI through CACFP has four objectives for child care facilities:

› Limit juice to no more than twice per week
› Offer only nonfat or 1% milk for children age 2 and older
› Offer a whole grain food at least once per day, and
› Limit processed meats to no more than once per week
Environmental Health Inspector Training

Overview: A one-hour training session was conducted by a TCHD registered dietitian and TCHD environmental health specialist. The training was offered three times, each at a different TCHD office location with the purpose to ensure consistent messaging around the Healthier Meals Initiative. Topics included an overview of the CACFP, the four new priority areas for CACFP, a description of the types of foods that may increase at child care centers, critical control points for two popular menu items as well as solutions if centers have fresh fruit and vegetable preparation concerns. Twenty-two environmental health specialists attended the session and filled out an evaluation at the end of the training. The evaluation included questions to test their knowledge of the training, the usefulness of the training, and their child care inspection practices both before and after the training. The evaluation also asked participants to describe one or two new things they will do during future child care inspections.

Summary of Results: The evaluation results demonstrated that the training was well received and effective. A high percentage of participants correctly answered how the new CACFP priority areas will affect health inspections and participants found all the training topics to be moderately or very useful. The evaluations showed that their inspection practices will improve as a result of the training based on the post-then-pre questions.

Menu Testing Project

Overview: Prior to menu testing, on-site interviews were conducted to assess the equipment centers already had. Center directors also completed an online survey that provided information about current menu planning practices. Menu development focus groups were conducted as a means to assess centers’ readiness to change and identify potential barriers to menu implementation. Keeping all of this information in mind, a six-week cycle menu was developed that addressed CACFP meal pattern creditability, child-friendliness, the color of foods, cost, time, variety, and unfamiliar foods. Centers provided feedback weekly about individual recipes and daily menus in the six-week cycle menu. An additional focus group was held after menu testing had concluded. At this meeting, centers discussed suggestions for improvement, challenges they faced, and successes they experienced.

Summary of Results: The menu included 54 unique recipes, with 44 (81%) of them considered successful. Success was defined as at least 75% (at least six) of centers tested the menu with at least half of those saying they would include the recipe in their own menu. Of the 10 (19%) recipes considered unsuccessful, three (30%) could potentially be successful with minor changes. The most common reasons that recipes were deemed unsuccessful were lack of acceptance among the children and difficulty finding unfamiliar ingredients. Recipes were also deemed unsuccessful due to center policy that prohibited serving an item or because the center lacked the equipment necessary to make the quantity of food required.
**Conclusion:** The cycle menu portion of the toolkit will be an important tool to help centers transition to the four priority areas highlighted in the HMI. It will provide a tested menu incorporating these priority areas into breakfast, lunch and snacks provided in the childcare setting. This toolkit will serve to increase staff support for menu changes and to reduce barriers for providing healthy food options in the childcare setting. These healthier menus will encourage children to develop healthy eating habits at a young age and potentially improve their health outcomes later in life.

Through this successful project with CACFP, TCHD is exploring opportunities to partner and sustain the HMI project with licensed non-CACFP daycare centers within our jurisdiction for 2014.

**Real People - Real Outcomes**

“People in line at Costco and Sam’s Club commented on all of the good stuff in my cart and said that they wanted to come to my house to eat, and then I would tell them it was for my [childcare] center.”

“The smell after homemade [cooking] would make [parents] ask what we were cooking that day – we had never had them ask before.”

“It’s good, homemade, nutritious food!”

“Don’t judge it until you’ve tried because kids will eat some amazing stuff if the teachers and cook and everyone in the building is positive, it helps them to encourage [the new foods] with the kids.”

- Comments from child care providers who tested the cycle menu

**Peak Wellness**

The Peak Wellness program is a disease screening and lifestyle intervention program for under- or un-insured women ages 40–64 with income equal to or less than 250% of the federal poverty guidelines. The program is funded to screen 1,000 women through federal, state and local funds. Each participant has the opportunity to receive these services:

- One-on-one counseling about her risk for cardiovascular disease, diabetes and obesity prevention with a registered nurse
- Goal setting to improve lifestyle through nutrition and physical activity with a registered dietitian or health educator
- Follow-up telephone calls and/or emails at one month and six months
- Monthly newsletters with tips and recipes
- Smoking cessation guidance
- Quarterly tailored letters for clients with elevated cholesterol, blood pressure, and glucose or body mass index
- Cooking classes
- Support and guidance for healthy lifestyles to prevent disease
- Referrals to health care providers and community services
Program Highlights and Outcomes

Each client participating in the Peak Wellness program completes a lifestyle assessment questionnaire. Please see data below gathered from the clients. Please note that not all clients responded to each question.

› Refer to Tables 19 and 20 for total lifestyle intervention numbers.
› From a total of 389, 73% (n=285) of participants reported that they were able to make at least one positive lifestyle change.
› From a total of 235, 74% (n=174) of participants reported that they either lost or maintained their weight.
› From a total of 381, 41% (n=157) of participants reported that they increased their fruit intake.
› From a total of 376, 33% (n=124) of participants reported that they increased their vegetable intake.
› From a total of 368, 50% (n=185) of participants reported that they increased their physical activity level.

Table 19. Number of Clients, Repeat Clients, and Referrals
Cardiovascular Disease Screening Program, 2006-2013

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Clients</th>
<th>Repeat Clients</th>
<th>Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>187</td>
<td>0</td>
<td>64</td>
</tr>
<tr>
<td>2007</td>
<td>781</td>
<td>136</td>
<td>336</td>
</tr>
<tr>
<td>2008</td>
<td>784</td>
<td>277</td>
<td>409</td>
</tr>
<tr>
<td>2009</td>
<td>887</td>
<td>319</td>
<td>526</td>
</tr>
<tr>
<td>2010</td>
<td>855</td>
<td>381</td>
<td>379</td>
</tr>
<tr>
<td>2011</td>
<td>734</td>
<td>321</td>
<td>231</td>
</tr>
<tr>
<td>2012</td>
<td>749</td>
<td>373</td>
<td>247</td>
</tr>
<tr>
<td>2013</td>
<td>888</td>
<td>391</td>
<td>313</td>
</tr>
</tbody>
</table>

*Includes clients who refused medical referral, reported own MD, and those referred to a partner medical provider
Source: TCHD Internal 2013 Program Data

Table 20. Lifestyle intervention provided to at-risk clients in Peak Wellness Program, 2013

<table>
<thead>
<tr>
<th>Lifestyle Intervention</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face to Face Counseling Sessions Completed</td>
<td>876</td>
</tr>
<tr>
<td>Telephonic Counseling Sessions Completed</td>
<td>386</td>
</tr>
<tr>
<td>Cooking Class Graduates</td>
<td>80</td>
</tr>
<tr>
<td>Newsletters Sent Via Email</td>
<td>2357</td>
</tr>
<tr>
<td>Tailored Letters Sent</td>
<td>748</td>
</tr>
</tbody>
</table>

*Source: TCHD Internal 2013 Program Data
**Real People - Real Outcomes**

In 2012, a 50-year-old patient first came to the Peak Wellness clinic in Northglenn. She sought us out primarily for a mammogram since she hadn’t had one in four years. She had also been diagnosed with hypertension and was concerned about the possibility of diabetes because of family history. Her hypertension was controlled with medication, but her blood glucose level was slightly elevated, and her BMI was 29. When she returned in 2013, her blood pressure was actually higher even though she was still taking medication, and she had gained five pounds. Her glucose level remained slightly elevated. In March of this year, we had the pleasure of seeing this patient again in clinic. She stated her 2013 results had been a wake-up call, and she was determined to improve her overall health. Relying on valuable nutrition and lifestyle information she had gained in both 2012 and 2013, she lost 26 pounds, is no longer taking blood pressure medication, and has a glucose level within normal limits. As she was walking down the hall, she seemed to carry herself with greater confidence, and her smile lit up the clinic. She stated she was so grateful for the nutrition information that was shared with her, taking it to heart – literally!

**The Health care Program for Children with Special Needs**

**Program Description**

Health Care Program for Children with Special Needs (HCP) programs are located in 58 of the 64 counties in Colorado and serves children and youth, birth to twenty-one who have medical, developmental, mental health or behavioral issues. The HCP program provides care coordination for families to help them access information, services and support necessary to achieve optimum health and development. HCP is also involved with systems building efforts internally and with community partners.

HCP has a Registered Dietitian that works within the HCP multidisciplinary team. The HCP RD provides care coordination to families and also works with community partners. The HCP Dietitian helps to ensure that children with special needs are well nourished so he/she can participate in education and therapy programs, and therefore are able to function in all activities of daily life.

**Program Highlights**

- The HCP dietitian provided approximately 25 home visits during the year of 2013.
- Provided nutritional consolation to HCP staff as well as phone consultations to HCP families, community partners and providers within the community.
- Promotes the Medical Home Model by working closely with and making appropriate referrals to the child’s primary health provider, specialists, school districts, and community center board providers to ensure that everyone understands the nutritional needs of the child.
- Partners with Early Intervention Colorado within the TCHD area by providing nutrition presentations to early intervention providers that work with children with special health care needs.
Planned and implemented the 3rd Annual Conference, “Nutrition for Children with Special Health Care Needs in the Community Setting,” for Registered Dietitians, health professionals and caregivers who work with and care for children and young adults, including those with special needs. This training focused on providing tools and techniques to give a broader understanding of the types of communication needed when counseling families of children with special health care needs.

Supports the TCHD nutrition interns by teaching a class on nutrition for children with special needs and taking each of the interns along on a home visit.

Real People - Real Outcomes

HCP Success!! Matthew was referred to HCP by Child Find at 2 months of age with concerns about growth. His insurance was terminated after a month and the new insurance was not yet in place, so he was not receiving well-child care. Matthew’s primary diagnosis was a rare chromosome deletion and he was having difficulty with feeding and gaining weight. An HCP RD visited the family, did weight checks on Matthew, reassured the parents, and helped expedite getting insurance. The HCP RD was concerned about poor weight gain and gave his mother recommendations for increasing the calories in his formula. Matthew began to gain weight and became established in a medical home and has received numerous diagnostic studies and the specialty care he needed.

Here is what Matthew’s mother had to say about working with the HCP RD at TCHD:

“We are so grateful for Carrie Hunter, RD. She was so helpful during the time when we didn’t have insurance. Carrie also helped by suggesting a new formula with extra calories and that has helped my son so much with his weight gain. I don’t know where we’d be if it wasn’t for her.”
Presentations, Poster Sessions and Awards, 2010-2013

Presentations:

› *Practical Meal Planning*, A Child’s Choice Child Care Appreciation Conference, January 2013, Amanda Gersabeck

› *Panel Discussion from Early Childhood Health Care Professionals*, Arapahoe Community College’s Early Childhood Professionals Celebration, April 2013, Amanda Gersabeck

› *Providing Equal Access for Children to Receive Healthier Meals in Child Care Centers through the Healthier Meals Initiative*, Colorado Public Health Association annual meeting, September 2013, Amanda Gersabeck and Elizabeth Hatzenbuehler

› *Thrive for Life Worksite Wellness Project Presentation*. Conducted for the Aurora Chamber of Commerce’s Healthcare Committee, August, 2013, Michele Haugh

› Worksite Wellness, a Win-Win. Conducted at the Castle Rock Chamber of Commerce, November, 2013, Michele Haugh

› *When “Just Do it” Just doesn’t cut it – A plan for realistic behavior change for a healthy lifestyle*. Conducted quarterly for four audiences; twice for Arapahoe County's Employee Wellness Program, once for Vi, a local employer, and once during a TCHD WIC Workshop, Michele Haugh, 2013

› *Strength and Conditioning Exercises for the Workstation*. Conducted for employees of Vi, an assisted senior living facility, Highlands Ranch, Spring, 2013, Michele Haugh

› *Understanding Technology Usage by WIC Clients*, Colorado Public Health Association annual meeting, September 2012, Heidi Fritz, Melanie Morrison, and past interns

› *Healthy Kids, Healthy Centers*, Building Blocks, February 10–15, 2011, Amanda Gersabeck and Sue Howk

› *Munch and Crunch*, Colorado Association for the Education of Young Children, March 15, 2011, Amanda Gersabeck

› *Munch and Crunch*, Rocky Mountain Early Childhood Conference, April 15, 2011, Amanda Gersabeck and Sue Howk

› *Munch and Crunch*, Colorado Association for the Education of Young Children, September, 24, 2011, Amanda Gersabeck and Mindy Stewart

› *Training for Success*, National WIC Association annual meeting, May 2010, Sue Howk and Kathleen Rebollo

› *Get Fit, Get Healthy*, Colorado Department of Public Health and Environment Statewide WIC Conference, October 15, 2010, Sue Howk and Laura Bellow
Poster Sessions:

› **Next Day Scheduling Improves Client Show Rates and Office Efficiency**, National WIC Association annual meeting, May 2013, Laura Yergler and Andrea Stokes

› **Using Key Messages to Decrease Sugar Sweetened Beverages in the WIC Population**, National WIC Association annual meeting, May 2013, Jill Bonczynski, Joanne Holden and Sue Howk

› **An Evaluation of Community Gardens in a Low-Income, Denver-Area WIC Setting to Identify Barriers and Benefits**, Colorado Public Health Association annual meeting, September 2012, Heidi Fritz, Jill Bonczynski, and past interns

› **The Food, Fun N’ Fitness Club**, School Nutrition Association Annual Conference, July 2012, Joanne Holden and Ellie Betts

› **New Computer System Implementation Strategies**, National WIC Association annual meeting, May 2012, Kathleen Rebollo, Jill Bonczynski, Vanessa Hodack

› **WIC Helps Refugee Families**, National WIC Association annual meeting, May 2012, Laura Yergler

› **An Evaluation of Community Gardens in a Low-Income, Denver-Area WIC Setting to Identify Barriers and Benefits**, National WIC Association annual meeting, May 2012, Heidi Fritz, Jill Bonczynski, and past interns

› **Produce and Health Fairs**, National WIC Association annual meeting, Portland, OR, May 2011, Andrea Stokes

› **TCHD Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Clinics Build Partnership with Children’s Hospital Colorado for WIC Education**, Colorado Public Health Association annual meeting, September 2011, Laura Yergler

› **WIC Helps Refugee Families**, Colorado Public Health Association annual meeting, September 2011, Laura Yergler

› **Tasting Cafés Allow Clients to Try New Foods**, Colorado Department of Public Health and Environment Statewide WIC meeting, October 2010, Heidi Fritz

› **Training for Success**, Colorado Department of Public Health and Environment Statewide WIC meeting, October 2010, Kathleen Rebollo and Sue Howk

› **WIC Helps Refugee Families**, Colorado Department of Public Health and Environment Statewide WIC meeting, October 2010, Laura Yergler and Nina Struss

› **TCHD Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Clinics Build Partnership with Children’s Hospital Colorado for WIC Education**, Colorado Department of Public Health and Environment Statewide WIC meeting, October 2010, Laura Yergler and Nina Struss

› **Growing WIC Community Gardens from the Ground Up**, Colorado Department of Public Health and Environment Statewide WIC meeting, October 2010, Alisa Williams

› **Implementing and Evaluating a Media Campaign to Increase WIC Caseload**, American Public Health Association annual meeting, November 2010, Heidi Fritz
Awards:

- National Association of County and City Health Officials Model Practice Award for *Worksite Wellness Collaborative Outreach Model – Including Public Health, Business, Government, and Community Partners*, 2013, Michele Haugh

- *Be Well Nutrition Leadership Award*, November 2012, Joanne Holden

- National Association of County and City Health Officials Model Practice Award for *Assessment of TCHD WIC Community Gardens to Improve Access to Fresh Produce*, 2012, Jill Bonczynski

- National Association of County and City Health Officials Model Practice Award for *Nutrition Intern Cost/Benefit*, 2011, Heidi Fritz

- National Association of County and City Health Officials Model Practice Award for *Produce and Health Fairs*, 2010, Andrea Stokes
  - Article published on Produce and Health Fairs in *NACCHO Exchange*

- Adams County Human Services *Outstanding Volunteer Award for work with the WIC gardens*, 2010, Alisa Williams
## Nutrition Division Contacts

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