

**FINAL PROPOSAL**

**Highway to Health**

**A Proposal to Provide Mobile WIC Services to Rural  
Southeast Georgia**

**Submitted by:**

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## **Abstract**

Participation in the Georgia WIC program has dropped dramatically in the last two years in spite of a national economic downturn. Since 2009, total participation has dropped 8.4% in Georgia (Georgia WIC Information System [GWIS], 2011). The drop in caseload is especially true for children eligible for the program. Child participation has dropped 5.4% during the same time period (GWIS, 2011). Children who do not participate in the WIC Program are less likely to be immunized, have a higher prevalence of anemia, have a sub-optimal nutrient intake, have higher dental related medical costs and are at an increased risk of developmental delays (National WIC Association [NWA], 2011).

Several barriers have been identified which discourage individuals from taking advantage of Georgia WIC benefits, these barriers are: distance from WIC clinics, lack of transportation, long wait times without child-friendly environments and traditional clinic hours (U.S. Department of Agriculture [USDA], 2001). To overcome these barriers the Southeast Health District (SEHD) WIC Program proposes providing mobile WIC services in outlying areas of the district. Instead of the client coming to the clinic for WIC services, the SEHD will bring the services to the client.

The SEHD WIC Program is in an excellent candidate for Fiscal Year (FY) 2011 Special Project funding based on the success the district has demonstrated in planning, implementing and evaluating state and federally funded WIC initiatives. The proposed project will target the funder's focus area; retention of children participating in the WIC Program. The total cost of the three-year project is \$903,012. The applicant is requesting \$395,678 from the funder and the applicant's organization will provide \$508,364 of funding for the three-year program.

## **Credibility**

In 2005, SEHD served as one of two pilot sites for the WIC Visual Collaboration Project. The Georgia WIC Program was approached by the USDA to pilot nutrition education via video conference. Initially, the project involved only three counties in the SEHD but has grown to offer daily on-demand nutrition counseling, on-demand lactation consultation, as well as scheduled nutrition classes throughout the district. As a result of SEHD's telehealth experience, they are now the hub for WIC-funded telehealth networks in five other public health districts. SEHD's roles in this new venture include training, technical assistance, application for Universal Service Funds (USF) and scheduling of client and employee video conference services.

The SEHD received state sponsored, three-year, special project funding to implement and evaluate the Fit WIC Program in three counties starting in 2007. The program was based on the model developed by the Virginia WIC Program. SEHD partnered with Georgia Southern University's School of Public Health for evaluation. The program has been successful to date, illustrated by an additional year of funding awarded by the Georgia State WIC Program for FY 2011.

The USDA selected the SEHD's application for Operational Adjustment Grant funding for FFY 2010. The grant consisted of one-year of funding with the goal of improving SEHD WIC facilities to enhance participant clinic flow, improve client services and increase participation. The SEHD successfully fulfilled all grant deliverables, including fiscal and reporting requirements.

A history of program success coupled with academic institution and state level partnerships lay the ground work for achievement of the project developed by the SEHD to retain and increase the number of children participating in the district's WIC program.

## **Problem Statement**

Since 2009, the SEHD WIC Program's child caseload has dropped by 10.4% compared to the Georgia average of 5.4% (GWIS, 2011). Four out of ten children no longer participate in the WIC program after their first birthday (Texas WIC Program, 2010). Children are eligible for the program until they reach the age of five. According to the National WIC Association, children who participate in WIC are healthier, better prepared for school and cost the U.S. healthcare system less money (NWA, 2011). Participation in the WIC program would provide families with nutrition education needed to lead healthier lifestyles and increase their access to nutritious foods. Several barriers prevent participation in the program including: distance from WIC clinics, lack of transportation, and long wait times without entertainment for children and traditional clinic hours. "Highway to Health", a mobile WIC services project, would bring child-focused, WIC resources to the participants in locations and at times that are convenient for their families, overcoming the barriers that decrease child participation rates and retention.

### **Distance from WIC Clinics**

The SEHD is comprised of sixteen counties, thirteen of which are rural. Rural counties are defined as those with fewer than 65 people per square mile (Georgia Department of Revenue [GDR], 2010a). The district is 8,800 square miles and is approximately the size of Massachusetts (Georgia Department of Community Health, 2010).

At one time there were many satellite clinics in the district, making it easier for WIC participants to access services. Over the past several years budget cuts have forced the closing of the satellite clinics and currently each county has only one health department with the exception of Tattnall County, which has two. In 2008, the average number of housing units per square mile in the SEHD was 18.7 compared to 69.5 for Georgia, illustrating the sparseness of the area (Georgia Statistics System, 2010). Many participants live in outlying

locations where there is not a WIC clinic, shown in Table 1. The average distance from these areas is 26 miles round trip. Gas prices in the district currently range from \$3.36 to \$3.44 per gallon and are rising, posing an additional burden on WIC participants who are already disadvantaged. (GeorgiaGasPrices.com, 2011).

Table 1. WIC Clinic Distance from Outlying Areas (MapQuest.com, 2011)

WIC Services Location	Outlying Location	Round Trip Mileage
Atkinson County Health Department (Pearson, GA)	Willacoochee, GA	24
Bacon County Health Department (Alma, GA)	Mershon, GA	28
	Scuffletown, GA	30
Brantley County Health Department (Nahunta, GA)	Hortense, GA	20
	Waynesville, GA	24
Bulloch County Health Department (Statesboro, GA)	Brooklet, GA	22
	Portal, GA	26
Charlton County Health Department (Folkston, GA)	St. George, GA	46
Clinch County Health Department (Homerville, GA)	Fargo, GA	56
Coffee County Health Department (Douglas, GA)	Ambrose, GA	26
	Broxton, GA	18
	Nicholls, GA	26
	Westgreen, GA	22
Glennville Health Department (Tattnall County) (Glennville, GA)	Collins, GA	44
Toombs County Health Department (Lyons, GA)	Vidalia, GA	10
Ware County Health Department (Waycross, GA)	Manor, GA	34
Wayne County Health Department (Jesup, GA)	Screven, GA	26

### Limited Transportation

In the National Survey of WIC Participants conducted by the United States Department of Agriculture, 20% of the respondents cited, “transportation to the clinic” as a barrier to participating in the WIC program (USDA, 2001). Because there is no public transportation in any of the sixteen counties in the SEHD, individuals are dependent on their own transportation (Georgia.Gov, n.d.). The Georgia Department of Revenue reports 271,418 registered vehicles in the SEHD as of January 31, 2011 (GDR, 2010b). In 2009, the total population for the SEHD was reported as 343,126 indicating 0.79 vehicles per capita (U.S. Census Bureau, 2010). According to the U.S. Department of Energy, the state

of Georgia has 0.82 vehicles per capita (U.S. Department of Energy, 2009). In the SEHD there are fewer automobiles and no public transportation which means many WIC participants have no way to get to their appointments.

During recent WIC voucher pick-up reminder calls, made by district staff, there have been several comments made by SEHD WIC participants regarding transportation. A client in Evans County stated that the reason she could not pick up her vouchers was because she did not have a car. Another client from Brantley County said she missed her morning appointment because she could only get a ride in the afternoon. Finally, a Wayne County participant stated, "I have not had a ride to pick up my vouchers."

Donna Smeltzer is the Atkinson County Nurse Manager. She works at the health department in Pearson, Georgia. Ms. Smeltzer states that she is, "worried about my county's WIC numbers, these people need WIC services but if they live in Willacoochee they have to pay people to get a ride to Pearson, sometimes they have paid as much as twenty dollars." (D. L. Smeltzer personal communication, February 21, 2011) The distance between these two towns is 12 miles, making a 24 mile round trip (MapQuest.com, 2011).

Gail Crews, Senior Staff Nurse and resident of Charlton County, states that she thinks about, "40% of our WIC clients don't have their own transportation; they either get rides with other people, pay people to bring them to the clinic or walk." "A lot of our single mamas don't have transportation, you will see them walking and pushing a baby carriage." "It was easier when we were in the old clinic because we were located in the center of town and clients could walk from small areas such as Black Bottom, The Sticks and the housing project but now that we are located on the outskirts of town it is harder on our WIC clients." "I have seen a drop in our child caseload since we moved from the old clinic in 1996." (W. G. Crews personal communication, March 2, 2011)

### Long Wait Times without Child-Friendly Environments

Woelfel and associates found that long wait times (48%) and nothing for children to do while waiting (42%) were the two most frequently cited barriers to receiving WIC services (Woelfel, Abusabha, Pruzek, Stratton, Chen, & Edmunds, 2004). The best way to reduce wait times is to improve clinic flow and to equip waiting rooms with safe, child-friendly activities (Woelfel et al., 2004).

SEHD WIC services are currently conducted in seventeen health departments. The district employs an integrated service model, when a participant presents for WIC services, they are referred for all services for which they or their families qualify. Although there are benefits to this model; clients get all services for which they qualify during one visit, there are drawbacks such as increased wait times and centralized waiting areas without designated areas for child activities.

Results from recent WIC voucher pick-up reminder calls produced several negative client comments regarding clinic wait times. A participant from Wayne County stated, "The visits are very slow and I had to wait a long time," another client stated, "I dread going to Bulloch County Health Department. I have to sit for hours to get my appointment."

### Traditional Clinic Hours

28% of WIC mothers are employed, making it difficult to keep appointments if they are scheduled during traditional business hours (USDA, 2001). Thompson and associates found a major barrier to program participation was the lack of time. Many women who are income-eligible for the WIC program work in industries and positions that do not have benefits such as paid time off (Thompson, Smith & Rees, 2005). Clients must miss WIC appointments so they don't lose wages. Working clients are finding it more challenging to keep WIC appointments because of their jobs (Thompson et al., 2005).

Although the majority of SEHD health departments offer alternative hours, there are no WIC services available on weekends. Most clinics offer services from 7:30 am to 5:30 pm, Monday through Thursday and 8:00 am to 5:00 pm on Fridays. Due to the rural nature of the district many individuals must commute and depending on the length of the commute the expanded clinic hours may not accommodate their workday.

### Anticipated Outcomes

By providing mobile WIC services the SEHD can overcome the obstacles our WIC participants face when attempting to access services for their children. The mobile unit will be regularly scheduled at designated locations in outlying areas of the district that have noted populations of eligible WIC children. The WIC services will be nearby and therefore the need for personal transportation will be greatly reduced. Only WIC services will be provided, streamlining the process and reducing wait times. The WIC mobile unit will be geared towards children, not adults. Safe, child-friendly activities will be located inside and outside of the bus with trained educator staff available for child nutrition education, while certification staff will center their education and efforts on the parent. Because mobile WIC services can be offered on any day, at any time, in any location, they break the barriers of travel and schedule.

### Goal

Develop and evaluate an inventive program which focuses on the retention of children ages one through four participating in the Southeast Health District WIC Program.

### Objectives

1. Establish at least one mobile WIC service location that reduces travel distance and need for personal transportation in at least six SEHD counties by February 29, 2012.
2. Design a mobile service delivery model which is child-friendly and enhances clinic flow by February 29, 2012.
3. Coordinate WIC mobile services to accommodate employed WIC families' schedules by January 31, 2012.

4. Increase SEHD child participation 40% by September 30, 2014. Baseline measurement will be taken September 30, 2011.

5. Retain 80% of increase in child caseload, baseline measured September 30, 2011, with final measurement taken September 30, 2014

## **Methodology**

### **Approach**

The Highway to Health project is modeled after the Salud Mobile Outreach Program conducted in rural areas of Northern Colorado. The program was designed to reduce health disparities experienced by Mexican Immigrants (Agency for Healthcare Research and Quality [AHRQ], 2010). Salud offers medical and dental services. A needs assessment of the Mexican Immigrants was conducted as part of the program planning process. The program identifies teams of workers and volunteers that go to communities in preparation for the mobile unit visit. The goal of the team is to obtain community input for the best times and locations for the outreach program to be conducted. (AHRQ, 2010). Once clinic calendars are established outreach workers distribute flyers in the local community promoting Salud information. In addition to healthcare services, Salud focuses heavily on patient education. The main goal of the education is to improve patients' quality of life (AHRQ, 2010). The program selected a number of patients to complete surveys. The results were used to evaluate services and make adjustments to service delivery (AHRQ, 2010).

Unlike Salud, the Highway to Health program is not targeting Mexican immigrants. Instead the target population is WIC eligible individuals who are unable to access program benefits due to documented barriers. Because the Salud model seeks to bring needed services to rural areas and Salud provides education as a key component of their program, their model is well suited for the Highway to Health project.

### **Overview of Project Activities**

Highway to Health will provide WIC certification, nutrition education and voucher issuance services in remote, rural locations in the SEHD. The services will be provided in

locations determined to be in need of remote WIC services. The scheduling and locations of the mobile clinics will be determined in two ways. First, through a WIC needs assessment conducted in each county and second, through community collaboration. The service vessel is a specially equipped mobile unit with specifications appropriate for providing WIC certification requirements and nutrition education that are both child-focused and conducive to year-round services.

Because this is a new service delivery model, Highway to Health, will be marketed using billboards, posters and flyers. Billboards will be placed in strategic locations throughout the SEHD, posters and flyers will be disseminated to community and internal partners. Examples of partners include the following:

- Local Health Departments
- WIC Vendors
- Department of Family and Children Services
- Head Start
- Concerted Services
- Day Cares
- Physicians
- Hospitals
- Schools
- Churches
- Recreational Centers

To reinforce marketing strategies the Program Assistant will obtain a list of SEHD Medicaid recipients from the State WIC Office and will call individuals on this list who reside in areas where mobile services are provided, informing them of the new delivery model. Individuals who desire these services will then schedule WIC services.

The project will accommodate all eligible clientele who desire mobile WIC services. Clients will be unable to schedule mobile services at traditional WIC providers, the health department, so a call center will be established. As part of their normal job responsibilities,

district WIC employees will be responsible for scheduling mobile services. A call center will be established utilizing a toll free number which will be included on marketing materials.

A WIC community needs assessment will be conducted to assess the best locations, dates, days and times for mobile services. The assessment will require meeting with the County Nurse Managers and community partners that the managers identify as appropriate for giving input on mobile clinic locations. In conjunction with the needs assessment the designated personnel will obtain input from partners on the planned service delivery model.

The Nutritionist, Licensed Practical Nurse (LPN) and Program Associate (PA) will travel from their home county location to the mobile unit storage location. They will board the vessel and travel to the clinic location and conduct manufacturer suggested steps for vehicle set up. Clients will come to the outdoor waiting area and sign in at designated location. The PA will obtain proof of identification, residency and income as required by the Georgia WIC Program and enter all pertinent data in the front-end system (Georgia WIC Program [GWP], 2011). The LPN will obtain height, weight and hemoglobin of family members who qualify for the program (GWP, 2011). Caregivers will then go with the LPN to the exam room located in the back of the mobile unit. The LPN will conduct a nutrition assessment of the family and provide nutrition education. These activities will be based on Value Enhanced Nutrition Assessment (VENA) principles (U. S. Department of Agriculture [USDA], 2006).

VENA is a paradigm shift for the way WIC services are administered. In a response to the 2002 Institute of Medicine's (IOM) study which stated that diet assessments traditionally conducted by the WIC Program were not appropriate for determining individual nutrition needs (USDA, 2006). VENA principles state that the assessment focus should be more individualized and participant driven. By using techniques such as Motivational

Interviewing, participants become more involved in nutrition goal setting and therefore their own health outcomes (USDA, 2006).

While the caregivers are receiving the LPN's services, children will remain with the Nutritionist in the child activity area to engage in interactive nutrition education which incorporates VENA principles. According to the 2009 State Indicator Report on Fruits and Vegetables, one action providers can take is to, "engage in outreach and education to encourage residents of lower-income neighborhoods and Supplemental Nutrition Assistance (SNAP) and WIC recipients to use farmers markets and farm stands where they are available" (Centers for Disease Control and Prevention[CDC], 2009). An increased risk for obesity has been linked to a diet low in fruits and vegetables (Lakkakula, Zanovec, Silverman, Murphy & Tuuri, 2008). Early childhood experiences tasting foods drives food cravings and selections later in life (Wardle, Herrera, Cooke & Gibson, 2003). The nutrition education activities will introduce children to fruits and vegetables they may have never tasted before. The Nutritionist will make fresh fruit or vegetable juice and smoothies. The children will be able to pick from a variety of fruits and vegetables. In addition to common fruits and vegetables such as apples, bananas and carrots, less common items will be available for selection. VENA guidance states when WIC participants are involved in their nutrition choices they are more apt to adopt them (USDA, 2006). When the LPN and Nutritionist have completed their activities the PA will print and issue WIC and schedule the family's next appointment.

Since certification is only required every six months many participants may only be visiting the mobile WIC clinic voucher issuance and/or nutrition education. In these instances the clients will only receive services from the PA or the Nutritionist. Word of mouth will draw potential clients and therefore walk-in certifications will be available. One

day per week will be reserved for re-stocking supplies, organizing and cleaning the mobile unit. This day will also be used for maintenance if required.

### **Objective Attainment**

The overall goal of the proposed project is to develop and evaluate an inventive program which focuses on the retention of children ages one through four participating in the Southeast Health District WIC Program. The following information is a discussion of the objectives and the program activities associated with each objective.

#### Objective 1

Establish at least one mobile WIC service location that reduces travel distance and need for personal transportation in at least six SEHD counties by February 29, 2012.

#### *Activities associated with Objective 1:*

In order to establish mobile clinic locations that reduce travel for WIC participants living in remote communities, the Project Manager will schedule and conduct meetings with County Nurse Managers and community partners they identify. As a result of these meetings at least one mobile unit clinic location will be identified and location contact information will be given to the Project Manager. Site location contractual agreements will be created and signed.

#### Objective 2

Design a mobile service delivery model which is child-friendly and enhances clinic flow by February 29, 2012.

#### *Activities associated with Objective 2:*

The Project Manager will use results from the WIC needs assessments and input from County Nurse Managers and mobile unit staff to design the most appropriate service delivery model.

#### Objective 3

Coordinate WIC mobile services to accommodate employed WIC families' schedules by January 31, 2012.

#### *Activities associated with Objective 3:*

The Project Manager, utilizing results from the WIC needs assessments, with input from the mobile unit staff (Nutritionist, LPN and PA) and the hosting clinic site's designated representative, will create a WIC mobile clinic calendar. The calendar information will be distributed to community and internal partners.

#### Objective 4

Increase SEHD child participation 40% by September 30, 2014. Baseline measurement will be taken September 30, 2011.

*Activities associated with Objective 4:*

Outreach conducted and calls made by the Project Assistant to SEHD Medicaid recipients, will promote awareness of the mobile clinics and increase the number of participants utilizing the mobile services. WIC needs assessment data coupled with information from collaboration with community partners will be the key in identifying appropriate times, dates and locations for mobile WIC clinics. If the clinic logistics accommodate WIC participant's lifestyles, participation will increase. The Nutritionist, LPN and PA are responsible for the daily operations of the mobile clinic. The number of participants seen and therefore the caseload will be directly affected by the time taken to deliver services.

Objective 5

Retain 80% of increase in child caseload, baseline measured September 30, 2011, with final measurement taken September 30, 2014

*Activities associated with Objective 5:*

All aspects of the project are designed to reduce barriers for WIC participants. Providing WIC services in locations that limit travel distance and time will increase access and utilization of services by participants. The provision of WIC services include mobile certifications, nutrition education and voucher issuance. Furnishings and activities, all child centered, will create an environment that minimizes the stress of wait times. The mobile unit will be designed to enhance clinic flow and three months of vouchers will be issued at certification, these efforts minimize the number of clinic visits.

**Personnel Qualifications**

Two of the Highway to Health positions will be filled by current employees of the SEHD. These two employees will dedicate partial FTEs, explained in the budget portion of the proposal. Experience and qualifications will be reviewed for these individuals. To be successful, the project requires three additional employees to conduct the services described in the program activity narrative. Job descriptions and preferred qualifications will be defined for open positions.

Jeremy Johnson, Project Manager, is a Registered, Licensed Dietician who has worked with the WIC program for more than ten years. Mr. Johnson has a Certificate in Adult Weight Management and currently is the Nutrition Manager for the Fit WIC program. Fit WIC is an obesity prevention Georgia pilot, program funded by state special project money. Mr. Johnson planned, implemented and worked with Georgia Southern University to

evaluate Fit WIC. The Fit WIC program has received state recognition demonstrated by additional funding and implementation in additional public health districts.

Tonya Cecil, Project Assistant, has worked for the SEHD for more than ten years. For the last five years she has held the title of WIC Data Management Specialist with portions of job responsibilities focused on evaluation of the Fit WIC program pilot. Ms. Cecil has worked closely with the Fit WIC contracted evaluator, Georgia Southern University, gathering data obtained from evaluation instruments. In addition to Fit WIC duties she contributes her time to WIC program requirements including processing standards reports, assessment of staffing standards and WIC participant outreach. Outreach activities entail voucher pick-up reminder and customer service calls to participants.

#### Nutritionist

##### *Job Responsibilities*

- Counsels individual clients regarding nutritional needs utilizing VENA guidelines
- Provides high risk nutrition education using VENA guidance and provides appropriate documentation
- Conducts WIC certifications according to state policy and provides nutrition education during these encounters based on VENA guidelines
- Works with WIC mobile unit team to continually increase access of services for WIC participants
- Maintains knowledge of current trends and developments in the nutrition field

*Preferred Qualifications: Nutritionists must have a strong desire to work with children.*

The SEHD supports the Department of Community Health (DCH) sponsored Dietetic Internship making SEHD nutrition positions more desirable and increasing the competitiveness of the applicant pool.

#### Licensed Practical Nurse

##### *Job Responsibilities*

- Conducts WIC certifications according to state policy and provides nutrition education during these encounters based on VENA guidelines
- Counsels individual clients regarding nutritional needs utilizing VENA guidelines
- Works with WIC mobile unit team to continually increase access of services for WIC participants

Program Associate  
*Job Responsibilities*

- Performs all inventory and documentation requirements for WIC fiscal instruments
- Obtains required documentation from participants according to WIC guidelines
- Issues vouchers to WIC participants based on state WIC guidelines
- Submits all required reports in a timely manner to district WIC office
- Works with WIC mobile unit team to continually increase access of services for WIC participants

*Preferred qualifications for all open positions: Non-Commercial class A license which allows drivers to operate any single vehicle with a Gross Vehicle Weight Rating (GVWR) of 26,001 pounds or more (Georgia Department of Motor Vehicles, 2011), bi-lingual, previous WIC Program experience*

**Subjects**

Recruitment for this project will be based on WIC eligibility. Women who are pregnant, breastfeeding up to one year after delivery or non-breast feeding up to six months post partum; infants and children under the age of five found to be at nutritional risk, are all eligible for the WIC program if their income is equal to or less than 185% of the Federal Poverty Level (GWP, 2011). Adjunctive or automatic eligibility for the WIC program is mandated for the following individuals:

- Recipients of SNAP and members of a household currently participating in SNAP
- Recipients of Temporary Assistance for Needy Families (TANF) and family members
- Recipients of Medicaid or members of families in which there is a pregnant woman or infant who receives Medicaid, this includes presumptively eligible Medicaid recipients (GWP, 2011).

Although it would be most convenient for the subjects if they lived in the county where the mobile WIC services were being provided, it is not a requirement of the Georgia WIC Program (GWP, 2011). However the individual does have to be a Georgia resident (GWP, 2011). WIC certification periods last for six months. At the end of six months the client must be re-certified, involving re-assessment of income, residency, identification, nutritional risks, anthropometrics and hemoglobin data (GWP, 2011).

Additional recruitment activities include:

- Calls to individuals on Medicaid informing them of mobile WIC services in their community, the list of SEHD Medicaid recipients will be provided by State WIC Office
- Toll free phone number
- Billboards
- Outreach flyers and posters

The WIC mobile unit will be outfitted with equipment making it accessible to persons with disabilities, according to the 2010 Americans with Disabilities Act Standards for Accessible Design (U. S. Department of Justice, 2010). To ensure the services are provided in the most comfortable manner, the outside waiting area will be equipped with cooling fans and heating units in addition to a covered seating area.

### **Collaboration**

Collaboration is vital to the success of the Highway to Health program. Potential collaborators range from Head Start administrators to proprietors of blueberry farms. To make sure terms and conditions are clear, business contracts will need to be in place for some collaboration. Partnership with SEHD County Nurse Managers will not require a Memorandum of Understanding as required for provision of WIC services in the county health department. All other agreements regarding WIC mobile services will require a formal business contract. Contracts will be designed in accordance with DCH policy, initiated by the SEHD and signed by the SEHD Health Director, Dr. Rosemarie Parks and the mobile clinic site designee.

### **Theory**

As expected, children exposed to new ideas may experience apprehension. Parental exposure to dietary habits is important but according to the authors of the Theory of Planned Behavior, “behavioral Intention is the most important determinant of behavior” (National Cancer Institute [NCI], 2005). Individuals are first influenced by their attitude and second by personal influences. Tactile nutrition education experiences provided separate

from parents to Highway to Health WIC children foster the individual prong of the theory. The goal of parent education is to reinforce the education received by the child (NCI, 2005).

Implementing a new program is challenging but planning a program rooted with aspects of the Communication Theory should encourage participant utilization of WIC mobile services (NCI, 2005). By conducting WIC needs assessments and participating in community collaborative meetings, the outreach materials and clinic logistics will be appropriate for WIC participant consumption and understanding (NCI, 2005). Services provided at a location, such as the local country store that happens to be the only WIC vendor in the community facilitates an acceptance and personalization of services received when compared to services received at a health department 25 miles away (NCI, 2005).

### **Evaluation**

Evaluation of the Highway to Health project was developed using guidance from the WIC Special Project Grants Evaluation Technical Assistance Guide (U. S. Department of Agriculture, 1996).

The design will be a combination of process and outcome evaluation including a summary of the project's sustainability and transferability. Each project objective will be assessed for appropriate evaluative tools and time lines for implementation of these instruments. Based on previous and current collaborations, Georgia Southern University's (GSU) School of Public Health will be utilized as an outside evaluator but in a relatively small capacity since the majority of the evaluation data will be collected by program staff. Program staff will meet with GSU during the planning phase to solidify the evaluation plan, data collection instruments and time lines for collection. During implementation, GSU will be available for technical assistance as needed basis. Upon completion of the grant time line, GSU will assist with analysis of the final evaluation product.

Objective	Evaluation Measure or Instrument	Timeline
<p>Establish at least one mobile WIC service location that reduces travel distance and need for personal transportation in at least six SEHD counties by February 29, 2012</p>	<ul style="list-style-type: none"> <li>- Number of collaboration meetings</li> <li>- Meeting attendees (sign-in sheets including contact information)</li> <li>- Meeting minutes</li> <li>- Work plans resulting from meetings</li> <li>- Map of SEHD designating mobile WIC clinics and traditional WIC clinics</li> <li>- WIC mobile clinic participant questionnaire to assess travel distances</li> <li>- Graph utilizing results from client questionnaire comparing distances traveled to traditional WIC clinics to distances traveled to mobile WIC clinics</li> </ul>	<ul style="list-style-type: none"> <li>- Meetings will start 10/1/11 to facilitate start of mobile clinics by 4/12</li> <li>- Travel questionnaire 6/1/12-6/30/12</li> <li>- Client travel distances assessed by 9/30/12, to ensure the best location for all mobile units for final 2 grant years</li> <li>-Graph will be included in final evaluation due 3/15</li> </ul>
<p>Design a mobile service delivery model which is child-friendly and enhances clinic flow by December 31, 2011</p>	<ul style="list-style-type: none"> <li>- Two Patient Flow Analyses (PFA), utilizing CDC PFA for Reproductive Health software (CDC, 2008)</li> <li>- Parent and child survey questions to appraise the mobile clinic atmosphere and delivery model as relates to being child-friendly</li> <li>- Pictures of mobile design focusing on child-friendly enhancement</li> <li>- Video of Nutritionist providing interactive nutrition education</li> </ul>	<ul style="list-style-type: none"> <li>- PFAs completed by 11/12, if clinic adjustments are made based on PFA results, another PFA will be conducted 3 months after clinic changes are made</li> <li>-Parent/Child surveys 9/1/12-9/30/12</li> <li>- Images of child-centered model and education completed by 4/30/14</li> </ul>
<p>Coordinate WIC mobile services to accommodate employed WIC families' schedules by January 31, 2012</p>	<ul style="list-style-type: none"> <li>- Number of clinics held per month</li> <li>- Clinic dates</li> <li>- Clinic hours</li> <li>- Client survey conducted at traditional WIC clinics with current caseload,</li> </ul>	<ul style="list-style-type: none"> <li>- Traditional WIC client survey to start at beginning of grant so mobile clinic times will be the most appropriate to accommodate working WIC clients, will run for 3 months due to voucher issuance intervals 10/1/11 – 12/31/11</li> </ul>
<p>Increase SEHD child participation 40% by September 30, 2014. Baseline measurement will be taken September 30, 2011</p>	<ul style="list-style-type: none"> <li>- Georgia WIC Information System (GWIS) Monthly Participation Summary Report</li> </ul>	<ul style="list-style-type: none"> <li>- Report will be evaluated on a monthly basis</li> <li>- Baseline, number of child participants reported for 9/11</li> <li>- Final number, child participation reported for 9/14</li> </ul>

<p>Retain 80% of increase in child caseload, baseline measured September 30, 2011, with final measurement taken September 30, 2014</p>	<ul style="list-style-type: none"> <li>- GWIS Monthly Participation Summary Report</li> </ul>	<ul style="list-style-type: none"> <li>- Report will be evaluated on a monthly basis</li> <li>- Baseline, number of child participants reported for 9/11</li> <li>- Final number, child participation reported for 9/14</li> </ul>
<p>Assess sustainability of WIC mobile unit project</p>	<ul style="list-style-type: none"> <li>- GWIS Monthly Participation Summary Report</li> <li>- Number of participants served at mobile clinics</li> <li>- Case studies of participants who express it was a hardship to obtain WIC services at traditional sites and how the mobile unit enabled them to acquire WIC services</li> <li>- Cost of mobile unit services</li> <li>- Amount of increased funding based on WIC caseload increase</li> </ul>	<ul style="list-style-type: none"> <li>- Assessment of increase in caseload by 4/14</li> <li>- Evaluate percentage of cost of mobile program covered by increase in WIC funding related to increased caseload</li> <li>- Gather data from partners and clients for grant applications, on-going</li> <li>- Apply for appropriate state and federal funding opportunities, on-going</li> </ul>

### Sustainability

Funding is allocated to states and then to districts based on caseload. An increase in the SEHD's WIC caseload would increase federal funding to the state and the SEHD. The increased money could be used to fund the mobile clinics beyond the grant term. USDA WIC Special Project funding is available each year, so the applicant could re-apply for the grant. State special project funding is also available every year, adding another source for funds to extend the mobile project beyond the time line of the original grant. The applicant will continually search for other funding sources including grants from other agencies, collaborations with other public health programs and community partnerships which may make services feasible beyond the first three years.

### Transferability

WIC caseload has dropped throughout the Southeastern United States, without a valid explanation. Federal and state partners are looking for innovative ways to increase caseload. With the exception of Atlanta, much of Georgia is rural. In fact, 88 out of Georgia's 159 counties are rural (Georgia Department of Revenue, 2010a). The mobile service delivery model could be used in rural areas with few modifications.

## **Task Table**

<b>Task Category</b>	<b>Task Name</b>	<b>Description</b>	<b>Date Begins</b>	<b>Date Ends</b>	<b>Responsible Staff</b>
<b>Hiring/Training</b>					
	Job Postings	Post positions for project: Nutritionist, LPN, Program Associate (PA)	8/1/11	8/31/11	SEHD Human Resources
	Interviews/Hire	Conduct interviews for project positions and hire	9/1/11	9/30/11	Jeremy Johnson-Project Manager
	Mobile Unit Training	Receive training from mobile unit manufacturer on vehicle usage and safety	11/1/11	11/30/11	Jeremy Johnson-Project Manager Tonya Cecil-Project Assistant Project Nutritionist, LPN and PA
	WIC Certification Training	Provide WIC Certification training for Nutritionist and LPN	12/1/11	12/15/11	Jeremy Johnson-Project Manager
	WIC Nutrition Education Training	Provide WIC Nutrition education training, including VENA and motivation interviewing for Nutritionist and LPN	12/1/11	12/15/11	Jeremy Johnson-Project Manager
	WIC Clerical Training	Provide WIC Clerical Training for PA	12/1/11	12/15/11	Tonya Cecil-Project Assistant
<b>Purchasing</b>					
	Purchase Mobile Unit	Finalize specifications for mobile unit and purchase	10/1/11	10/15/11	Jeremy Johnson-Project Manager Project Nutritionist, LPN and PA
	Supplies & Equipment	Purchase supplies and equipment for mobile unit	11/1/11	12/31/11	Jeremy Johnson-Project Manager Tonya Cecil-Project Assistant
<b>Community Assessment &amp; Collaboration</b>					
	County WIC Needs Assessments	Conduct WIC needs assessments in each of the SEHD counties	8/1/11	9/30/11	Jeremy Johnson-Project Manager
	Collaboration Meetings Phase 1	Schedule and conduct meeting with County Nurse Managers and identified community partners	10/1/11	12/31/11	Jeremy Johnson-Project Manager
	Collaboration Meetings Phase 2	Touch base with County Nurse Managers and identified community partners to confirm choices for phase 2 of WIC mobile clinics	6/1/12	6/30/12	Jeremy Johnson-Project Manager
<b>Clinic Establishment &amp; Implementation</b>					
	Establish Clinic	Conduct state required procedures	10/1/11	01/31/12	Jeremy Johnson-Project Manager

		for setting up a new WIC clinic including clinic number assignment			
	Clinic locations	Establish at least one possible clinic location in each of the SEHD sixteen counties	1/1/12	1/31/12	Jeremy Johnson-Project Manager
	Clinic Dates/Times-Phase 1	Establish clinic dates and times in first phase locations	1/1/12	1/31/12	Jeremy Johnson-Project Manager Project Nutritionist, LPN and PA
	Site Location Agreements Phase 1	Create and obtain signatures on contractual agreements for first phase clinic locations	3/1/12	3/31/12	Jeremy Johnson-Project Manager
	Storage Location(s) Phase 1	Establish mobile unit storage location (s) , create and obtain signatures on contractual agreements for Phase 1	2/1/12	3/15/12	Jeremy Johnson-Project Manager
	Mobile Clinics-Phase 1	Conduct two mobile clinics per month in each of the established sites (Goal-8sites)	4/1/12	9/30/12	Jeremy Johnson-Project Manager Project Nutritionist, LPN and PA
	Site Location Agreements Phase 2	Create and obtain signatures on contractual agreements for two clinic locations	7/1/12	7/31/12	Jeremy Johnson-Project Manager
	Clinic Dates/Times-Phase 2	Establish clinic dates and times in second phase locations	7/1/12	7/31/12	Jeremy Johnson-Project Manager Project Nutritionist, LPN and PA
	Storage Location (s) Phase 2	Establish mobile unit storage location (s) create and obtain signatures on contractual agreements for Phase 2	8/1/12	8/31/12	Jeremy Johnson-Project Manager
	Mobile Clinics-Phase 2	Conduct at least mobile clinics per month in each of the established sites (Goal-16 sites)	10/1/12	9/30/13	Jeremy Johnson-Project Manager Project Nutritionist, LPN and PA
	Mobile Clinics	Conduct at least mobile clinics per month in each of the established sites (Goal-16 sites)	10/1/13	9/30/14	Jeremy Johnson-Project Manager Project Nutritionist, LPN and PA
<b>Marketing &amp; Outreach</b>					
	Toll Free Phone Line	Establish toll-free phone line for mobile appointments	10/1/11	10/31/11	Tonya Cecil-Project Assistant
	Billboards Phase 1	Work with billboard contractor to design and place 3 billboards	2/1/12	2/29/12	Jeremy Johnson-Project Manager
	Posters/Flyers Phase 1	Create and disseminate posters and flyers	2/1/12	2/29/12	Jeremy Johnson-Project Manager

	Medicaid Calls Phase 1	Call Medicaid recipients to inform them of mobile clinic locations for Phase 1	2/1/12	2/29/12	Tonya Cecil-Project Assistant
	Billboards Phase 2	Work with billboard contractor to design and place 6 billboards advertising phase 2 locations	8/1/12	8/31/12	Jeremy Johnson-Project Manager
	Posters/Flyers Phase 2	Create and disseminate posters and flyers adding Phase 2 locations	8/1/12	8/31/12	Jeremy Johnson-Project Manager
	Medicaid Calls Phase 2	Call Medicaid recipients to inform them of mobile clinic locations for Phase 2	8/1/12	8/31/12	Tonya Cecil-Project Assistant
	Billboards (Final)	Work with billboard contractor to design and place 6 billboards advertising mobile clinic locations	8/1/13	8/31/13	Jeremy Johnson-Project Manager
	Posters/Flyers (Final)	Create and disseminate posters and flyers promoting all mobile clinic locations	8/1/13	8/31/13	Jeremy Johnson-Project Manager
	Medicaid Calls for all established mobile clinic locations	Call Medicaid recipients to inform them of mobile clinic locations	8/1/13	8/31/13	Tonya Cecil-Project Assistant
<b>Evaluation Components</b>					
	Mobile Clinic Time Evaluation	Distribute and collect questionnaires at traditional WIC clinics assessing desired times/days for services for WIC participants	10/1/11	12/31/11	Jeremy Johnson-Project Manager
	Contract Evaluation	Meet with contract evaluator to establish guidelines/tools	2/1/12	2/29/12	Jeremy Johnson-Project Manager Tonya Cecil-Project Assistant Project Nutritionist, LPN and PA Georgia Southern University
	Client Travel Evaluation	Distribute and obtain client travel questionnaires	6/1/12	6/30/12	Project Nutritionist, LPN and PA
	Contract Evaluation	Meet with contract evaluator as needed for technical assistance	On-going, as needed	On-going, as needed	Jeremy Johnson-Project Manager Tonya Cecil-Project Assistant Project Nutritionist, LPN and PA Georgia Southern University
	Change in WIC Participation	GWIS participation reports will be compared to baseline data to assess increase in caseload for children and other WIC types	On-going, monthly	On-going, monthly	Tonya Cecil-Project Assistant
	Child-Friendly	Parent and child questionnaires will	9/1/12	9/30/12	Project Nutritionist, LPN and PA

	Evaluation	be distributed and collected at mobile clinics			
	Patient Flow Analysis (1)	Conduct Patient Flow Analysis (PFA) in two mobile clinic locations	11/1/12	11/30/12	Jeremy Johnson-Project Manager Project Nutritionist, LPN and PA
	PFA Results Modifications	Modify mobile unit clinic procedures based on PFA results	12/1/12	12/31/12	Jeremy Johnson-Project Manager Project Nutritionist, LPN and PA
	Patient Flow Analysis (2)	Conduct a second PFA in two mobile clinic locations to see if modifications improved flow	2/1/13	2/28/13	Jeremy Johnson-Project Manager Project Nutritionist, LPN and PA
	Client Mobile Clinic Travel Distances Evaluation	Parent questionnaires will be distributed and collected to assess distances traveled to mobile clinics and modes of transportation used	8/1/13	8/31/13	Project Nutritionist, LPN and PA
	Contract Evaluation	Meet with contractor to discuss plans for final evaluation	1/1/14	1/31/14	Jeremy Johnson-Project Manager Tonya Cecil-Project Assistant Project Nutritionist, LPN and PA
	Finals Caseload Evaluation	Use GWIS to assess increase in WIC caseload	10/20/14	10/31/14	Jeremy Johnson-Project Manager
	Contract Evaluator	Work with contractor to compile data and complete final evaluation	11/1/14	12/31/14	Jeremy Johnson-Project Manager Tonya Cecil-Project Assistant Project Nutritionist, LPN and PA Georgia Southern University
	<b>Mandatory Reporting</b>				
	Quarterly Report 1	Create and submit quarterly progress report to funder for period: 10/1/11-12/31/11	1/1/12	1/15/12	Jeremy Johnson-Project Manager
	Quarterly Report 2	Create and submit quarterly progress report to funder for period: 1/1/12-3/31/12	4/1/12	4/15/12	Jeremy Johnson-Project Manager
	Quarterly Report 3	Create and submit quarterly progress report to funder for period: 4/1/12-6/30/12	7/1/12	7/15/12	Jeremy Johnson-Project Manager
	Quarterly Report 4	Create and submit quarterly progress report to funder for period: 7/1/12-9/30/12	10/1/12	10/15/12	Jeremy Johnson-Project Manager
	Quarterly Report 5	Create and submit quarterly progress report to funder for period: 10/1/12-12/31/13	1/1/13	1/15/13	Jeremy Johnson-Project Manager
	Quarterly Report 6	Create and submit quarterly progress report to funder for period: 1/1/11-3/31/13	4/1/13	4/15/13	Jeremy Johnson-Project Manager
	Quarterly Report 7	Create and submit quarterly	7/1/13	7/15/13	Jeremy Johnson-Project Manager

		progress report to funder for period: 4/1/13- 6/30/13			
	Quarterly Report 8	Create and submit quarterly progress report to funder for period: 7/1/13- 9/30/13	10/1/13	10/15/13	Jeremy Johnson-Project Manager
	Quarterly Report 9	Create and submit quarterly progress report to funder for period: 10/1/13- 12/31/13	1/1/14	1/15/14	Jeremy Johnson-Project Manager
	Quarterly Report 10	Create and submit quarterly progress report to funder for period: 1/1/14- 3/31/14	4/1/14	4/15/14	Jeremy Johnson-Project Manager
	Quarterly Report 11	Create and submit quarterly progress report to funder for period: 4/1/14- 6/30/14	7/1/14	7/15/14	Jeremy Johnson-Project Manager
	Quarterly Report 12	Create and submit quarterly progress report to funder for period: 7/1/14- 9/30/14	10/1/14	10/15/14	Jeremy Johnson-Project Manager
	Final Program Report	Create and submit final programmatic, evaluation and financial report to funder	1/1/15	3/31/15	Jeremy Johnson-Project Manager Tonya Cecil-Project Assistant Project Nutritionist, LPN and PA Georgia Southern University

## **Budget**

The total amount requested from the funder for the three-year grant period is \$395,678. The applicant's organization, the Southeast Health District, will be contributing \$508,364 to the project over the three-year period. The total cost of the WIC mobile unit proposal is \$903,012. The following table is a summary of the funding proposal which will be followed by the budget justification and itemized budget.

### **Highway to Health- Budget Summary (10/1/11-9/30/14)**

<b>Object Class Categories</b>	<b>Requested From Funder</b>	<b>Funded By Applicant</b>	<b>Total</b>
Personnel		\$113,501	\$113,501
Fringe Benefits		\$46,656	\$46,656
Travel	\$12,778	\$3,083	\$15,861
Contractual	\$2,000		\$2,000
Equipment	\$204,663		\$204,663
Supplies		\$12,420	\$12,420
Other	\$26,728	\$4,570	\$31,298
<b>Year 1 Total</b>	<b>\$246,169</b>	<b>\$180,230</b>	<b>\$426,399</b>
Personnel		\$104,313	\$104,313
Fringe Benefits		\$43,426	\$43,426
Travel	\$25,263	\$526	\$25,789
Supplies		\$17,264	\$17,264
Other	\$48,143	\$3,320	\$51,463
<b>Year 2 Total</b>	<b>\$73,406</b>	<b>\$168,849</b>	<b>\$242,255</b>
Personnel		\$95,124	\$95,124
Fringe Benefits		\$40,987	\$40,987
Travel	\$25,263	\$803	\$26,066
Contractual	\$2,000		\$2,000
Supplies		\$18,051	\$18,051
Other	\$48,810	\$3,320	\$52,130
<b>Year 3 Total</b>	<b>\$76,075</b>	<b>\$159,285</b>	<b>\$234,358</b>
<b>Total For Funding Period</b>	<b>\$395,678</b>	<b>\$508,364</b>	<b>\$903,012</b>

## **Budget Justification**

### Introduction

Funds provided by this grant opportunity will be used to supplement the current Southeast Health District (SEHD) WIC program budget and will not replace any internal funding source. The SEHD does not have an Indirect Cost Rate Agreement (ICRA) with the funder; therefore indirect costs are not being claimed.

### Personnel

For project personnel the applicant used Georgia State Personnel Administration (SPA) job descriptions and salary minimums plus 5% for salary calculations for positions to be filled for the project. A 5% increase was added to minimum salaries because the applicant's goal is to hire individuals with previous work experience. The SEHD personnel policy for doing so includes a starting salary of SPA minimum salary plus 5%. Two project positions, Project Manager and Project Assistant, are current employees of the SEHD. Their current salaries were used for the budget and are tallied as non-federal resources. Georgia WIC policy mandates only certain individuals can perform WIC certifications. A Licensed Practical Nurse (LPN) is considered to be one of those individuals and can provide these services at a lesser cost than other approved persons (GWP, 2011). Georgia WIC policy also mandates the types of providers who can conduct nutrition education and the preferred provider is a Nutritionist (GWP, 2011). WIC vouchers are monetary instruments and accounting procedures are employed to manage their issuance and inventory (GWP, 2011). The Program Associate will be specially trained to perform these duties and to ensure fiscal and programmatic accountability to the state and federal agencies.

### Fringe Benefits

Fringe benefits include Social Security, Medicare, employer's portion of health insurance and employer contributions to the Employee Retirement System (ERS). The state

government commands local agencies to include this amount as part of personnel costs and determines the rate and rate changes. As of March 16, 2011 the rate is 40.225% of salary. Fringe benefit rates fluctuate. According to Cammy Smith, the SEHD's Human Resources Director, the rates have increased from 32.360% to 40.225% since 2009 .Based on the information provided the applicant will increase the budgeted fringe benefits by 3.5% for years two and three.

#### Travel

Travel reimbursement was calculated at current state of Georgia rate of fifty-one cents per mile. Distances will be documented in employee travel logs supplied by the SEHD WIC program and will be submitted on the state travel reimbursement record. Travel records are audited by SEHD accounting staff for accuracy. Once mobile WIC clinic sites are established, routine distances will be calculated, documented on a travel grid and given to project personnel to standardize travel. The majority of travel required by the Project Manager will be in year one during program planning and implementation. He will be meeting with community partners throughout the sixteen county, 8000 square mile district to establish mobile unit sites. The Project Manager's travel will be budgeted as a non-federal resource. The applicant's goal is to locate the mobile unit in a central location to keep travel costs to a minimum. Due to the large size of the district and uncertainty of personnel position's home counties, travel costs are a budget necessity.

#### Contract

Georgia Southern University (GSU) is the proposed evaluator. The SEHD has used GSU multiple times for evaluation of federal and state funded grants, special projects and programs. Because the SEHD is a rural public health district there are a limited number of academic institutions from which to choose for high quality evaluation services. The contract dollar amount is based on previous contracts and level of evaluation required. A portion of

the data required to show program objectives have been met will be acquired from a database maintained by a state contractor and accessible by program staff. The contracted evaluator will be paid \$2,000 the first year to assist program staff with implementation of the processes so the project can be evaluated from the beginning. In the second year, program staff will employ processes and in year three, the contractor will be paid an additional \$2,000 to compile data supplied by the program staff and produce the final evaluation.

#### Equipment

All computer equipment (PCs, Laptop computer, Laser Printers) will be purchased from a vendor with a state contract. The LPN and nutritionist must enter WIC certification and nutrition education data into SEHD's front-end system and the Program Associate must have access to the front-end system for intake and voucher issuance, therefore they all need access to their own computers. The Nutritionist's main duty will be the provision of nutrition education, which to be more child-friendly, must be interactive so the portability of a laptop computer is preferable. Instead of keeping a supply of education materials on hand, nutrition education materials will be printed on-demand from reputable websites. Voucher Printing On Demand (VPOD) printers are required to print Georgia WIC vouchers and at this time there is only one vendor. According to state policy a fax machine is needed to acquire documentation for clients who are transferring (GWP, 2011). The fax machine will be purchased from a state approved vendor. The Georgia WIC Program requires hemoglobin and anthropometric data for WIC certifications (GWP, 2011). To acquire this information a Hemocue, digital infant scale and adult scale will be needed. These products will be purchased from a vendor that has supplied these same items for all of the SEHD's eighteen health departments. The applicant met with the Jeff Davis County Fire Department, a community partner, to tour their emergency response mobile unit. Their unit is grant-funded and has assisted with U.S. disasters including Hurricane Katrina. Based on

their input, experience and expertise, the applicant selected vendor and mobile unit specifications. Specifications of the BlueBird bus include: Rail for front steps, Back and Front doors, Front awnings, 5 foot slide outs, Restroom, Refrigerator, Microwave, Sink, Two exam room areas with sinks, Two 12.5 hp generators, 250 hp engine, Shade pull down for front window, WIC logo on bus exterior. There will be limited space inside the mobile unit so an outside waiting area will be provided. The area will include cooling and heating units, safe, child-friendly seating and play areas so services can continue year-round in extreme temperatures. The vendor for the outside waiting area items will be selected based on price comparisons, product availability and inventory depth. The juice bar and laminated wall are the key focus of the interactive, child-focused nutrition education activities. These are unique items and because of this the vendor will be selected based first on product availability and second on price comparison.

#### Supplies

Cuvettes are needed for hemoglobin samples and can only be purchased from Hemocue. Printing is required for prenatal weight gain grids, growth charts and nutrition questionnaires, all required by the Georgia WIC Program (GWP, 2011). The SEHD utilizes the Georgia Department of Corrections for printing services due to the low cost. VPOD cartridges and paper are required to print Georgia WIC vouchers and are only available from one vendor. Color laser printer cartridges are needed to print on-demand client nutrition education materials and are purchased from a state contract vendor. General office supplies are needed to accomplish the tasks of running a mobile WIC clinic and will also be purchased from a state contract vendor.

#### Other

Attempts will be made to house the mobile unit in a central area and to establish several storage locations throughout the district to keep fuel costs to a minimum. To

estimate fuel costs for budget purposes. According to MotorHomeAdvice.com, a 250 horsepower diesel engine's fuel tank holds approximately 200 gallons of diesel fuel and will get eight to fourteen miles per gallon (MotorHomeAdvice.com., 2011). The WIC mobile unit will not be utilizing highways therefore the miles per gallon will be estimated at the lower value for the budget. As of March 16, 2011, the average price of diesel fuel was \$4.00 per gallon (MapQuest GasPrices.com, 2011). To estimate fuel costs for budget purposes, the storage location for mobile unit is assumed to be in Wayne County, Georgia because it is centrally located. The applicant used MapQuest to determine driving distances for fuel costs. Table 1 shows proposed mobile locations for each year of the grant funding.

Table 1. Proposed Mobile Clinic Sites for Budget Fuel Estimates (MapQuest, 2011)

Clinic Site	Round Trip Mileage from Storage (Wayne County)	Gallons Used	Total Price (Based on \$4.00/Gallon)
<b>YEAR 1</b>			
St. George, GA (Charlton County)	160	20	\$ 80.00
Fargo, GA (Clinch County)	192	24	\$ 96.00
Screven, GA (Wayne County)	26	3.25	\$ 13.00
Willacoochee, GA (Atkinson County)	168	21	\$ 84.00
Manor Farms (Ware County)	90	11.25	\$ 45.00
Millwood Farms (Ware County)	90	11.25	\$ 45.00
Hortense, GA (Brantley County)	40	5	\$ 20.00
Waynesville, GA (Brantley County)	70	8.75	\$ 35.00
<b>YEAR 2*</b>			
Mershon, GA (Bacon County) <i>added Year 2</i>	62	7.75	\$ 31.00
Blueberry Farms (Bacon County) <i>added Year 2</i>	80	10	\$ 40.00
Rockingham, GA (Bacon County) <i>added Year 2</i>	74	9.25	\$ 37.00

Bristol, GA (Appling County, GA) <i>added Year 2</i>	78	9.75	\$ 39.00
Ambrose, GA (Coffee County , GA) <i>added Year 2</i>	154	19.25	\$ 77.00
Nicholls, GA (Coffee County , GA) <i>added Year 2</i>	102	12.75	\$ 51.00
Denton, Ga (Jeff Davis County , GA) <i>added Year 2</i>	120	15	\$ 60.00
Patterson, GA (Pierce County , GA) <i>added Year 2</i>	46	5.75	\$ 23.00
St. George, GA (Charlton County)	160	20	\$ 80.00
Fargo, GA (Clinch County)	192	24	\$ 96.00
Screven, GA (Wayne County)	26	3.25	\$ 13.00
Willacoochee, GA (Atkinson County)	168	21	\$ 84.00
Manor Farms (Ware County)	90	11.25	\$ 45.00
Millwood Farms (Ware County)	90	11.25	\$ 45.00
Hortense, GA (Brantley County)	40	5	\$ 20.00
Waynesville, GA (Brantley County)	70	8.75	\$ 35.00
<b>YEAR 3*</b>			
Mershon, GA (Bacon County)	62	7.75	\$ 31.00
Blueberry Farms (Bacon County)	80	10	\$ 40.00
Rockingham, GA (Bacon County)	74	9.25	\$ 37.00
Bristol, GA (Appling County, GA)	78	9.75	\$ 39.00
Ambrose, GA (Coffee County , GA)	154	19.25	\$ 77.00
Nicholls, GA (Coffee County , GA)	102	12.75	\$ 51.00
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Patterson, GA (Pierce County , GA)	46	5.75	\$ 23.00

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Willacoochee, GA (Atkinson County)	168	21	\$ 84.00
Manor Farms (Ware County)	90	11.25	\$ 45.00
Millwood Farms (Ware County)	90	11.25	\$ 45.00
Hortense, GA (Brantley County)	40	5	\$ 20.00
Waynesville, GA (Brantley County)	70	8.75	\$ 35.00

\*2.82% will be added to total budgeted fuel costs for year 2 and 3 to account for inflation (U. S. Department of Labor, 2011b).

In grant year one, beginning in April clinics will be offered in each of the eight sites two times per month, for a total of ninety-six clinics the first year. In grant year two, each location will host one mobile clinic per month for the entire year, for a total of 192 clinics per year. The schedule for grant year three will duplicate year two's mobile clinic schedule. Clinic locations may change based on WIC needs assessments conducted in each SEHD county. During the first six months of grant year one the mobile unit will need to visit proposed sites and community partners to obtain program "buy in". The applicant will add the cost of fuel needed to visit each of the mobile clinic sites two times to the fuel costs for the budget for year one to accomplish this task.

Bus maintenance will be conducted based on manufacturer recommendations at a centrally located vendor or the SEHD contract vendor, whichever is a lower cost. Round-trip distance for vehicle maintenance will be estimated at 40 miles and will be conducted every other month.

Highway to Health services will be provided remotely so it is not feasible for clients to call local health departments to schedule, cancel or reschedule appointments or to ask

questions about services. A call center, with a toll-free phone number dedicated to mobile clinic services will be established at the SEHD District WIC Office. The call center will be manned by the Project Assistant currently employed by the SEHD. Because the SEHD is in a rural area telecommunications vendors are very limited therefore the applicant will be forced to use the vendor that can supply the service. The WIC mobile services are new concept this area of Georgia. These services must be advertised and marketed to get participation. Billboards will be utilized all three years and will include program benefits and toll-free phone number. There are a limited number of vendors in the area and the SEHD WIC program has an established relationship with a few vendors. Selection will be based on billboard location and price. Outreach flyers and posters will be created by SEHD WIC staff and The Georgia Department of Corrections will provide the printing services. The outreach activities will be budgeted as non-federal resources. The key advantage of VPOD printer warranties is the twenty-four hour replacement of printers that are not functioning. Without a VPOD printer WIC vouchers cannot be printed. There is only one VPOD maintenance vendor.

**Highway to Health - Year 1 (10/1/11-9/30/12)**

<b>Object Class Categories</b>	<b>Federal Resources</b>	<b>Non-Federal Resources</b>	<b>Total</b>
<b>Personnel</b>		<b>\$113,501</b>	<b>\$113,501</b>
Jeremy Johnson, Project Manager		\$45,941 salary @ .70 FTE = \$32,159	\$32,159
Licensed Practical Nurse, WIC Certs.		\$21,050 salary @ 1.0 FTE = \$21,050	\$21,050
Nutritionist, Nutrition Ed.		\$30,870 salary @ 1.0 FTE = \$30,870	\$30,870
Program Associate, WIC Clerical		\$23,185 salary @ 1.0 FTE = \$23,185	\$23,185
Tonya Cecil, Data Management Specialist		\$20,789 salary @ .30 FTE = \$6,237	\$6,237
<b>Fringe Benefits</b>		<b>\$45,656</b>	<b>\$45,656</b>
Jeremy Johnson, Project Manager		\$18,479 @ .70 fringe rate = \$12,936	\$12,936
Licensed Practical Nurse, WIC Certs.		\$8,467 @1.0 fringe rate = \$8,467	\$8,467
Nutritionist, Nutrition Ed.		\$12,418 @1.0 fringe rate = \$12,418	\$12,418
Program Associate, WIC Clerical		\$9,326 @1.0 fringe rate = \$9,326	\$9,326
Tonya Cecil, Project Assistant		\$8,362 @ .30 fringe rate = \$2,509	\$2,509
<b>Travel</b>	<b>\$12,778</b>	<b>\$3,083</b>	<b>\$15,861</b>
Staff travel to planning meetings	.51 per mile @ 32 miles x 3 trips x 3 staff = \$147		\$147
Project Manager travel to community partner meetings		.51 per mile @ 86 miles (average) x 32 trips = \$1,402	\$1,402
Project Manager travel to meet with evaluator		.51 per mile @ 136 miles x 4 trips = \$277	\$277
Staff travel to mobile unit storage location on clinic days	.51 per mile @ 86 miles (average) x 96 trips x 3 staff = \$12,631	.51 per mile @ 86 miles (average) x 32 trips = \$1,404	\$14,035
<b>Contractual</b>	<b>\$2,000</b>		<b>\$2,000</b>
Evaluation Consultant (GSU)	\$2,000		\$2,000
<b>Equipment</b>	<b>\$204,663</b>		<b>\$204,663</b>
Hemocue	1 Hemocue @ \$400		\$400
Digital Infant Scale	1 Digital Infant Scale @ \$300		\$300
Digital Adult Scale	1 Digital Adult Scale @ \$650		\$650
Copier (desk top for WIC proofs)	1 Desk Top Copier @ \$400		\$400
Lap Top	1 Lap Top @ \$648		\$648
Personal computer (PC)	2 PCs @ \$738 each = \$1,476		\$1,476
Monitor	2 Monitors @ \$165 each = \$330		\$330
VPOD Printer	1 VPOD Printer @ \$1800		\$1800
Fax machine	Fax machine @ \$186		\$186

Color Laser Printer	2 Color Laser Printers @ \$584 each=\$1,168		\$1,168
BlueBird Bus w/ Specifications	1 BlueBird Bus w/ Specs @ \$185,000		\$185,000
Outside Waiting Area	12 Child Chairs @ \$100 each= \$1,200 4 Play stations @ \$1,075 each= \$4,300 8 Adult chairs @ \$140 set of four=\$280 3 Cooling fans @ \$250 each= \$750 3 Heating units @349 each= \$1,047		\$1,200 \$4,300 \$280 \$750 \$1,047
Indoor Interactive Child Activity	1 Juicer @ \$300 each= \$300 1 Smoothie machine @ \$1,000 ea=\$1,000 1 Bulletin board @ \$100 each= \$100 1 Laminated Wall @ \$750 each= \$750		\$300 \$1,000 \$100 \$750
Changing table	1 Changing table @ \$250 each= \$250		\$250
Portable filing cabinets	48 Portable filing cabinets @\$36 each=\$1,728		\$1728
Staff chairs	4 Office chairs @ \$150 each = \$600		\$600
<b>Supplies</b>		<b>\$12,420</b>	<b>\$12,420</b>
Cuvettes		200 Cuvettes @ \$300 , 400 = \$600	\$600
Printing		Prenatal grids 2000 @ \$185 = \$185 CDC Growth Grids 2000 @ \$185 = \$185 Nutrition Questionnaires 2000 @ = \$1,440	\$185 \$185 \$1,440
VPOD Cartridges		4 VPOD Cartridges@ \$275 each = \$1,100	\$1,100
Laser Color Printer Cartridges (need 4 colors/printer)		16 cartridges @ \$300 each = \$4,800	\$4,800
Medical Charts		500 charts @ \$360 = \$360	\$360
General Office Supplies		Supplies @ \$2,500 = \$2,500	\$2,500
Child Activity Supplies (for juicer, for smoothies, cups, spoons, napkins)		Supplies @ \$1,250 = \$1,250	\$1,250
<b>Other</b>	<b>\$26,728</b>	<b>\$4,570</b>	<b>\$31,298</b>
Bus Fuel (Diesel)	\$7,528		\$7,528
Bus Maintenance	Service every other month@ \$200 = \$1,200		\$1,200
Toll-free phone line		\$10 per month charge = \$120	\$120
Billboards	3 Billboardsx 1 yr = \$6,000, 4= \$18,000		\$18,000
Outreach Posters		1000 color poster @ \$2.50 each = \$2,500	\$2,500
Outreach Flyers		5000 color flyers @ .25 each = \$1,250	\$1,250

VPOD Warranty		1 year warranty @ \$700	\$700
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### Highway to Health Year 2 (10/1/12-9/30/13)

Object Class Categories	Federal Resources	Non-Federal Resources	Total
<b>Personnel</b>		<b>\$104,313</b>	<b>\$104,313</b>
Jeremy Johnson, Project Manager		\$45,941 salary @ .50 FTE = \$22,971	\$22,971
Licensed Practical Nurse, WIC Certs.		\$21,050 salary @ 1.0 FTE = \$21,050	\$21,050
Nutritionist, Nutrition Ed.		\$30,870 salary @ 1.0 FTE = \$30,870	\$30,870
Program Associate, WIC Clerical		\$23,185 salary @ 1.0 FTE = \$23,185	\$23,185
Tonya Cecil, Project Assistant		\$20,789 salary @ .30 FTE = \$6,237	\$6,237
<b>Fringe Benefits</b>		<b>\$43,426</b>	<b>\$43,426</b>
Jeremy Johnson, Project Manager		\$19,123 @ .50 fringe rate = \$9,562	\$9,562
Licensed Practical Nurse, WIC Certs.		\$8,763 @1.0 fringe rate = \$8,763	\$8,763
Nutritionist, Nutrition Ed.		\$12,853 @1.0 fringe rate = \$12,853	\$12,853
Program Associate, WIC Clerical		\$9,652 @1.0 fringe rate = \$9,652	\$9,652
Data Management Specialist, call center		\$8,655 @ .30 fringe rate = \$2,596	\$2,596
<b>Travel</b>	<b>\$25,263</b>	<b>\$526</b>	<b>\$25,789</b>
Staff travel to mobile unit storage location on clinic days	.51 per mile @ 86 miles (average) x 192 trips x 3 staff = \$25,263	.51 per mile @ 86 miles (average) x 12 trips = \$526	\$25,789
<b>Supplies</b>		<b>\$17,264</b>	<b>\$17,264</b>
Cuvettes		200 Cuvettes @ \$303 , 800 = \$1,212	\$1,212
Printing		Prenatal grids 2000 @ \$187 = \$187 CDC Growth Grids 2000 @ \$187 = \$187 Nutrition Questionnaires 2000 @ \$1,454	\$187 \$187 \$1,454
VPOD Cartridges		8 VPOD Cartridges@ \$278 each = \$1,100	\$2,224
Laser Color Printer Cartridges		24 cartridges @ \$303 each = \$7,272	\$7,272
Medical Charts		500 charts @ \$364, 1000 = \$728	\$728
General Office Supplies		Supplies @ \$1,500 = \$1,500	\$1,500
Child Activity Supplies (for juicer, for smoothies, cups, spoons, napkins)		Supplies @ \$2,500 = \$2,500	\$2,500
<b>Other</b>	<b>\$48,143</b>	<b>\$3,320</b>	<b>\$51,463</b>
Bus Fuel (Diesel) (Diesel)	\$10,562		\$10,562
Bus Maintenance	Service every other month@ \$200 = \$1,212		\$1,212

Toll-free phone line		\$10 per month charge = \$120	\$120
Billboards	6 –Billboards 1 yr \$6,060, 6= \$36,360		\$36,360
Outreach Posters		500 color poster @ \$2.50 each = \$1,250	\$1,250
Outreach Flyers		5000 color flyers @ .25 each = \$1,250	\$1,250
VPOD Warranty		1 year warranty @ \$700	\$700

### Highway to Health -Year 3 (10/1/13-9/30/14)

Object Class Categories	Federal Resources	Non-Federal Resources	Total
<b>Personnel</b>		<b>\$95,124</b>	<b>\$95,124</b>
Jeremy Johnson, Project Manager		\$45,941 salary @ .30 FTE = \$13,782	\$13,782
Licensed Practical Nurse, WIC Certs.		\$21,050 salary @ 1.0 FTE = \$21,050	\$21,050
Nutritionist, Nutrition Ed.		\$30,870 salary @ 1.0 FTE = \$30,870	\$30,870
Program Associate, WIC Clerical		\$23,185 salary @ 1.0 FTE = \$23,185	\$23,185
Tonya Cecil, Data Management Specialist		\$20,789 salary @ .30 FTE = \$6,237	\$6,237
<b>Fringe Benefits</b>		<b>\$40,987</b>	<b>\$40,987</b>
Jeremy Johnson, Project Manager		\$19,792 @ .30 fringe rate = \$5,938	\$5,938
Licensed Practical Nurse, WIC Certs.		\$9,070 @1.0 fringe rate = \$9,070	\$9,070
Nutritionist, Nutrition Ed.		\$13,302 @1.0 fringe rate = \$13,302	\$13,302
Program Associate, WIC Clerical		\$9,990 @1.0 fringe rate = \$9,990	\$9,990
Tonya Cecil, Project Assistant		\$8,958 @ .30 fringe rate = \$2,687	\$2,687
<b>Travel</b>	<b>\$25,263</b>	<b>\$803</b>	<b>\$26,066</b>
Project Manager travel to meet with evaluator		.51 per mile @ 136 miles x 4 trips = \$277	\$277
Staff travel to mobile unit storage location on clinic days	.51 per mile @ 86 miles (average) x 192 trips x 3 staff = \$25,263	.51 per mile @ 86 miles (average) x 12 trips = \$526	\$25,789
<b>Contracts</b>	<b>\$2,000</b>		<b>\$2,000</b>
Evaluation Consultant (GSU)	\$2,000		\$2,000
<b>Supplies</b>		<b>\$18,051</b>	<b>\$18,051</b>
Cuvettes		200 Cuvettes @ \$306 , 1200= \$1,836	\$1,836
Printing		Prenatal grids 2000 @ \$189 = \$189 CDC Growth Grids 2000 @ \$189 = \$189 Nutrition Questionnaires 2000 @ \$1,469 = \$1,469	\$1,836
VPOD Cartridges		8 VPOD Cartridges@ \$281 each = \$2,248	\$2,248

Laser Color Printer Cartridges		24 cartridges @ \$306 each = \$7,344	\$7,344
Medical Charts		500 charts @ \$368, 1000 = \$736	\$736
General Office Supplies		Supplies @ \$1,515 = \$1,515	\$1,515
Child Activity Supplies (for juicer, for smoothies, cups, spoons, napkins)		Supplies @ \$2,525 = \$2,525	\$2,525
<b>Other</b>	<b>\$48,810</b>	<b>\$3,320</b>	<b>\$52,130</b>
Bus Fuel (Diesel)	\$10,860		\$10,860
Bus Maintenance	Service every other month@ \$200 = \$1,224		\$1,224
Toll-free phone line		\$10 per month charge = \$120	\$120
Billboards	6 Billboards 1 yr = \$6,121 = \$36,726		\$36,726
Outreach Posters		500 color poster @ \$2.50 each = \$1,250	\$1,250
Outreach Flyers		5000 color flyers @ .25 each = \$1,250	\$1,250
VPOD Warranty		1 year warranty @ \$700	\$700

#### Highway to Health –Total (10/1/11-09/30/14)

Object Class Categories	Federal Resources	Non-Federal Resources	Total
<b>Personnel</b>		<b>\$312,938</b>	<b>\$312,938</b>
Jeremy Johnson, Project Manager		\$68,912	\$68,912
Licensed Practical Nurse, WIC Certs.		\$63,150	\$63,150
Nutritionist, Nutrition Ed.		\$92,610	\$92,610
Program Associate, WIC Clerical		\$69,555	\$69,555
Tonya Cecil, Project Assistant		\$18,711	\$18,711
<b>Fringe Benefits</b>		<b>\$130,105</b>	<b>\$130,105</b>
Jeremy Johnson, Project Manager		\$28,436	\$28,436
Licensed Practical Nurse, WIC Certs.		\$26,300	\$26,300
Public Health Educator, Nutrition Ed.		\$38,573	\$38,573
Program Associate, WIC Clerical		\$29,004	\$29,004
Data Management Specialist, call center		\$7,792	\$7,792
<b>Travel</b>	<b>\$63,304</b>	<b>\$4,412</b>	<b>\$67,716</b>
Staff travel to planning meetings		\$147	\$147
Project Manager travel to community partner meetings		\$1,402	\$1,402
Staff travel to mobile unit storage location on clinic days	\$64,651	\$2,456	\$67,007

Project Manager travel to meet with evaluator		\$554	\$554
<b>Contractual</b>	<b>\$4,000</b>		<b>\$4,000</b>
Evaluation Consultant (GSU)	\$4,000		\$4,000
<b>Equipment</b>	<b>\$204,663</b>		<b>\$204,663</b>
Hemocue	1 Hemocue @ \$400		\$400
Digital Infant Scale	1 Digital Infant Scale @ \$300		\$300
Digital Adult Scale	1 Digital Adult Scale @ \$650		\$650
Copier (desk topo for WIC proofs)	1 Desk Top Copier @ \$400		\$400
Lap Top	1 Lap Top @ \$648		\$648
Personal computer (PC)	2 PCs @ \$738 each = \$1,476		\$1,476
Monitor	2 Monitors @ \$165 each = \$330		\$330
VPOD Printer	2 Monitors @ \$165 each = \$330		\$1800
Fax machine	1 VPOD Printer @ \$1800		\$186
Color Laser Printer	2 Color Laser Printers @ \$584 each=\$1,168		\$1,168
BlueBird Bus w/ Specs	1 BlueBird Bus w/ Specs @ \$185,000		\$185,000
Outside Waiting Area	12 Child Chairs @ \$100 each= \$1,200 4 Play stations @ \$1,075 each= \$4,300 8 Adult chairs @ \$140 set of four=\$280 3 Cooling fans @ \$250 each= \$750 3 Heating units @349 each= \$1,047		\$1,200 \$4,300 \$280 \$750 \$1,047
Indoor Interactive Child Activity	1 Juicer @ \$300 each= \$300 1 Smoothie machine @ \$1,000 ea=\$1,000 1 Bulletin board @ \$100 each= \$100 1 Laminated Wall @ \$750 each= \$750		\$300 \$1,000 \$100 \$750
Changing table	1 Changing table @ \$250 each= \$250		\$250
Portable filing cabinets	48 Portable filing cabinets @\$36 each=\$1,728		\$1728
Staff chairs	4 Office chairs @ \$150 each = \$600		\$600
<b>Supplies</b>		<b>\$47,735</b>	<b>\$47,735</b>
Cuvettes		Cuvettes \$3,648	\$3,648
Printing		Prenatal grids \$561 CDC Growth Grids \$561 Nutrition Questionnaires \$4,363	\$561 \$561 \$4,363
VPOD Cartridges		VPOD Cartridges \$5,572	\$5,572
Laser Color Printer Cartridges		Laser Color Printer Cartridges	\$19,416

		\$19,416	
Medical Charts		Medical charts \$1,824	\$1,824
General Office Supplies		Supplies \$1,515	\$1,515
Child Activity Supplies (for juicer, for smoothies, cups, spoons, napkins)		Supplies \$6,725	\$6,725
<b>Other</b>	<b>\$123,680</b>	<b>\$11,210</b>	<b>\$134,890</b>
Bus Fuel (Diesel)	\$28,950		\$28,950
Bus Maintenance	\$3,636		\$3,636
Toll-free phone line		\$360	\$360
Billboards	\$91,086		\$91,086
Outreach Posters		\$5,000	\$5,000
Outreach Flyers		\$3,750	\$3,750
VPOD Warranty		\$2,100	\$2,100
<b>TOTAL</b>	<b>\$395,678</b>	<b>\$508,364</b>	<b>\$903,012</b>

**Appendix A**  
**Jeremy Johnson, Project Manager- Resume**

**Jeremy Braxton Johnson, RD, LD**

Registered Dietitian  
jbjohnson@dhr.state.ga.us  
P.O. Box 231 Baxley, GA 31515 (912) 367-5379

**EDUCATION**

**Dietetic Internship.**

Division of Public Health, Georgia Department of Human Resources, Family Health Branch,  
Nutrition Section, 2 Peachtree Street Northwest, Suite 11-254, Atlanta, GA 30303-3142,  
February 2006

**Bachelor of Science Degree- Major in Nutrition and Food Science.**

Georgia Southern University; Statesboro, GA 30460; December 2000

**EXPERIENCE**

**Public Health- Nutrition Manager** (01/01/01–Present)

Southeast Health District (SEHD); Waycross, GA

- Manage SEHD WIC Special Project, Fit WIC Program & Nutrition Assistant Program
- Provide nutritional assessment and nutritional counseling
- Maintain current knowledge of recommended nutrition practices and interventions
- Assist Nutrition Services Director with management of nutrition surveillance data regarding Southeast Health District clients
- Provide nutrition education and presentations to community organizations and events
- Conduct Nutrition and WIC training for SEHD staff
- Participate in planning, organizing and implementing Population Based Nutrition Services throughout the 16 county health district

**PROFESSIONAL**

**Activities**

- Georgia Dept of Human Resources Dietetic Internship Advisory Board Member (2006-2007)
- Georgia Public Health Association Member (2005-2006)
  - ❖ Georgia Public Health Association Annual Conference- Presenter (12/15/2005)
- American Dietetic Association Member (2004-Present)
- SCAN-Sports, Cardiovascular and Wellness Nutritionists Dietetic Practice Group Member (2004-Present)
- Georgia Southern University External Advisory Board Member for the Didactic Program in Dietetics (2004-Present)
- National Strength and Conditioning Association Professional Member (2003-2005)
- SEHD Breastfeeding Coalition Member (2002-Present)
- SEHD Staff Targeting United Diversity Systems (STUDS) Committee Member (2002-Present)

**Certifications/Recognitions**

- Georgia Dietetic Association 2005 Outstanding Student of the Year Award for a Dietetic Intern
- American Dietetic Association Certificate in Adult Weight Management (6/17/2006)
- SCAN Student Corner featured Interview for SCAN Website - <http://www.scandpg.org/careers-and-students/students-and-scan/jeremy-johnson/>

**Appendix B**  
**Tonya Cecil, Project Assistant - Resume**

**Tonya G. Cecil**  
**514 Cherokee Avenue**  
**Waycross, GA 31501**  
**(912)282-4594**

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**OBJECTIVE**

Reliable, hard-working, individual seeking employment with an organization that has advancement opportunities

**STRENGTHS**

- Excellent written and verbal communication skills
- Extensive computer knowledge including Microsoft Office products

**WORK EXPERIENCE**

Southeast Health District

Data Management Specialist- January 2008- Present

- Assists with Fit WIC trainings and development/procurement of educational materials
- Responsible for running SQL's for the Fit WIC and Breastfeeding Programs
- Run late voucher pick up reports and make contact with WIC participants
- Create Excel Spreadsheets when requested by various program managers
- Assisted in coordination of the nutrition assistants for the district
- Assist with Farmers Market as needed
- Text 4 Baby Coordinator

Pharmacy Coordinator- September 2000- September 2007

- Served as a pharmacy liaison between public health district office and local agencies
- Integral part of Southeast Health District Emergency Preparedness Team
- Maintained, updated and replenished public health pharmaceutical inventory
- Processed quarterly drug and vaccine billing for twenty- four clinic sites
- Sorted and dispensed pharmacy supplies based on clinic location and need
- Monitored and maintained departmental supplies and equipment

References available upon request.

**Appendix C**  
**Supervisor Letter of Approval**

March 28, 2011

Leslie Byrd, Grants Officer  
Grants & Fiscal Policy Division  
Food and Nutrition Service, USDA  
3101 Park Center Drive, 5<sup>th</sup> Floor  
Alexandria, VA 22302

Dear Ms. Byrd:

As the direct supervisor of Jeremy Johnson, Project Director and Tonya Cecil, Project Assistant I am writing to formally approve of the percent of their time committed to the Highway to Health WIC Mobile Services Project. Our district level WIC staff is comprised of seven nutritionists, including myself, two nurses and six support staff, providing enough staff to perform WIC requirements to ensure the program is operating in accordance to state and federal guidelines. In addition my public health district operates an integrative model meaning, WIC certifications and voucher issuance are primarily conducted by health department staff. High risk nutrition education, specialty breastfeeding consultation and programmatic duties are handled by district staff. Therefore Mr. Johnson's and Ms. Cecil's partial absence from primary duties has been planned for and is fully supported.

Sincerely,

Heather G. Peebles, RD, LD  
Southeast Health District  
Nutrition Services Director

## **Appendix D Nutritionist – Vacant Position**

*Information based on Georgia State Personnel Administration Job Description for Job Code #71602.*

### Position Description

Nutritionist will provided child-focused interactive nutrition education to WIC participants who receive services at mobile WIC clinic locations.

### Required Qualifications, Skills and Knowledge

Completion of a bachelor's degree in nutrition, foods and nutrition or an equivalent didactic program in dietetics as approved by the American Dietetic Association

### Description of Specific Roles and Duties

- Counsels individual clients regarding nutritional needs utilizing VENA guidelines
- Provides high risk nutrition education using VENA guidance and provides appropriate documentation
- Conducts WIC certifications according to state policy and provides nutrition education during these encounters based on VENA guidelines
- Works with WIC mobile unit team to continually increase access of services for WIC participants
- Maintains knowledge of current trends and developments in the nutrition field

### Anticipated Hire Date

October 1, 2011

### Contingency Plan

District Nutritionists who are currently employed with the Southeast Health District WIC Program would conduct open Nutritionist position duties when the mobile clinic was located in a county that SEHD Nutritionist provided clinic services for.

## **Appendix E**

### **Licensed Practical Nurse (LPN) – Vacant Position**

*Information based on Georgia State Personnel Administration Job Description for Job Code #71109.*

#### Position Description

LPN will conduct anthropometric and hemoglobin measurements and assess dietary information needed to conduct WIC certifications.

#### Required Qualifications, Skills and Knowledge

A current Georgia license to practice as a licensed practical nurse

#### Description of Specific Roles and Duties

- Conducts WIC certifications according to state policy and provides nutrition education during these encounters based on VENA guidelines
- Counsels individual clients regarding nutritional needs utilizing VENA guidelines
- Works with WIC mobile unit team to continually increase access of services for WIC participants

#### Anticipated Hire Date

October 1, 2011

#### Contingency Plan

District Nutritionists who are currently employed with the Southeast Health District WIC Program would conduct open LPN position duties when the mobile clinic was located in a county that SEHD Nutritionist provided clinic services for.

## **Appendix F Program Associate (PA) – Vacant Position**

*Information based on Georgia State Personnel Administration Job Description for Job Code #60113.*

### Position Description

PA will be responsible for the clerical and administrative duties associated with the issuance of WIC vouchers.

### Required Qualifications, Skills and Knowledge

Completion of a certificate from a vocational/technical school in clerical/secretarial support or related area or completion of 90 quarter hours (60 semester hours) of business school or college OR 18 months of experience in performing general office work which included duties such as secretarial, clerical, automated communication equipment usage, accounting clerical, and/or business management.

### Description of Specific Roles and Duties

- Performs all inventory and documentation requirements for WIC fiscal instruments
- Obtains required documentation from participants according to WIC guidelines
- Issues vouchers to WIC participants based on state WIC guidelines
- Submits all required reports in a timely manner to district WIC office
- Works with WIC mobile unit team to continually increase access of services for WIC participants

### Anticipated Hire Date

October 1, 2011

### Contingency Plan

The SEHD currently has a traveling PA who conducts training at clinic sites and provides WIC clerical services when clinic are short staffed. This person would be utilized as the WIC mobile unit PA until the position could be filled.

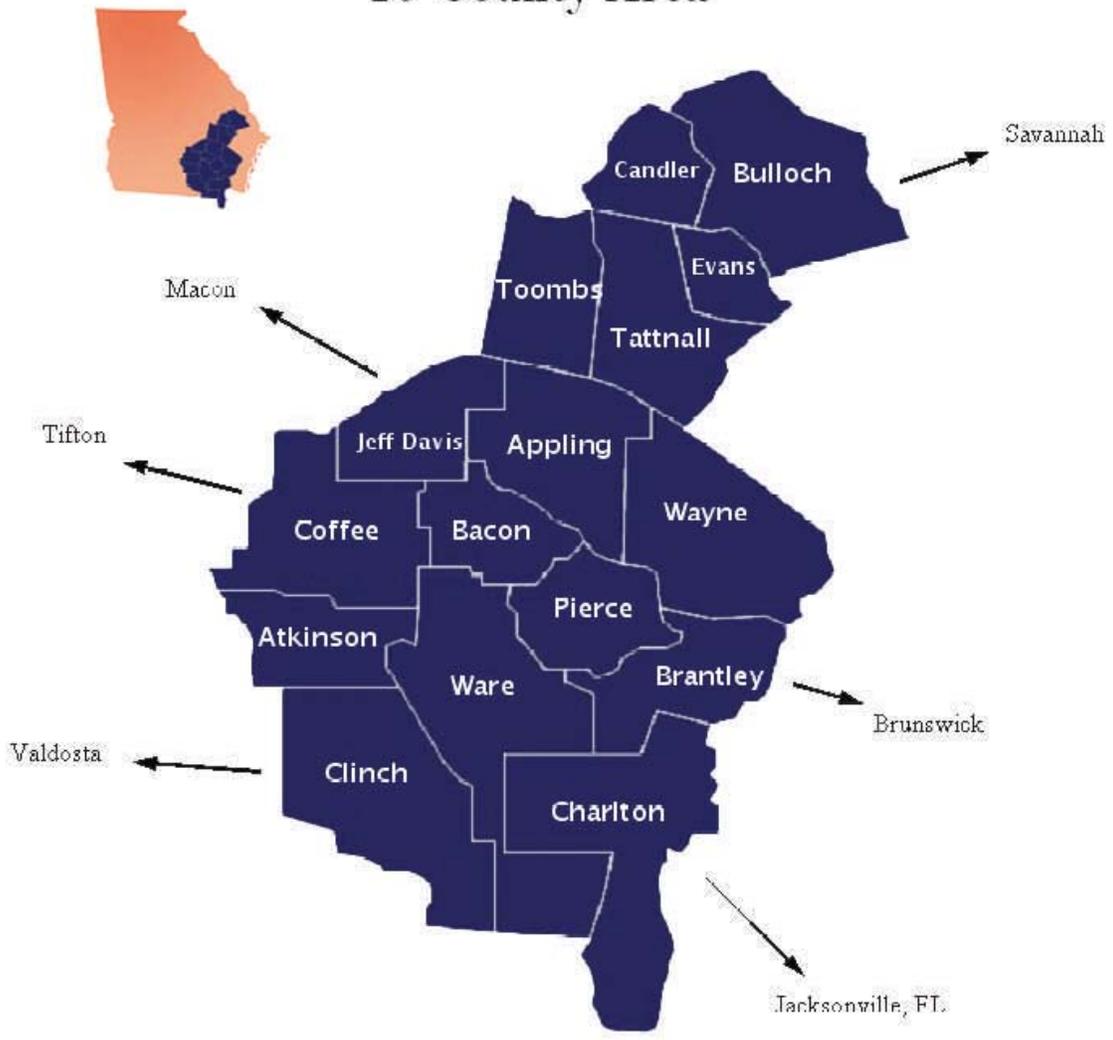
**Appendix G**  
**Conflict of Interest Statement**

Key personnel nor Georgia Southern University (GSU), the project's contract evaluator, have any conflicts of interest or potential conflicts of interest as it relates to the Highway to Health, WIC Mobile Services Project. Personnel and the evaluator will be able to provide an objective assessment of the program implementation process and impact.

Appendix H  
Map of the Southeast Health District

# SOUTHEAST HEALTH DISTRICT

## 16-County Area



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