

**2010 CA WIC Program  
Best Practices Awards  
Nomination Form**

**Exceptional Breastfeeding Promotion and Support  
(Agency Award)**

**Directions:**

**The best practices awards are for activities during the federal fiscal year 2009 (October 1, 2008-September 30, 2009).** Complete all sections of the form. "Agency" awards recognize the best practices of the organization, and "individual" awards recognize the unique contributions of an individual staff member. The information provided in the nomination form may be included in the Best Practices Awards program. Remember to include your name and contact information as we may contact you for additional information. This form is designed for you to enter information within expandable fields after every question.

**Nomination:**

**Exceptional Breastfeeding Promotion and Support:** [Community Action Partnership Kern](#) (Agency Name)

Describe the support that is available at your agency to assist participants with breastfeeding in the first month following birth. [We have one IBCLC, 10 CLE's, and most of the Nutrition Staff has gone through Peer Counseling Training. Also, 2 clerks and our Vendor Liason have completed the Peer Counseling Training. These staff members are available on a daily basis to counsel and educate participants on the importance and benefits of breastfeeding. We also offer private one on one support for specific problems. We have a monthly Breastfeeding Support Group meetings for breastfeeding moms and expectant moms. It is led by our IBCLC. We make monthly calls before the participants' EDC to discuss infant feeding choices and encourage Breastfeeding. Our IBCLC and CLE's are available to San Joaquin Community Hospital to offer post partum women assistance with positioning and latching. We also encourage participants to call our office and speak over the phone if they have any questions or concerns regarding breastfeeding. We encourage fully breast feeding for the first 30 days by doing breastfeeding assessments on all post partum within 30 days.](#)

Please describe successful strategies or special projects implemented *within the agency* to support breastfeeding, including when the strategies were implemented. [We encourage breastfeeding whenever we can. Our goal is to make breastfeeding the normal choice for infant feeding. We strive to create an atmosphere of awareness and support.1. We decorate the clinics seasonally with a breastfeeding message: Breastfeeding makes sense, the "Horrors" of Formula, Be Thankful for Breastfeeding, The Greatest gift is Breastfeeding, and Breastfeeding and the flu. 2. We increased our CLE's by 4 to make a total of 10. 3. We sponsored a breastfeeding peer counselor course and offered it to all counselors, clerks, and our Vendor Liason. 4. We began a Breastfeeding support grout led by our IBCLC. What were the outcomes? The outcome of these projects was greater awareness of the importance of breastfeeding and making breast feeding normal. These strategies also helped increase our breastfeeding rates. Our counselors are much more confident about breastfeeding education and about assessing and teaching our participants. Our breastfeeding rates have been steadily increasing since the start of the campaign in the](#)

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Please submit completed form by **December 11, 2009** to  
Theresa Searles, Local Agency Support Branch  
c/o CA WIC Program, CA Department of Public Health  
PO Box 997375, West Sacramento, CA 95899-7375  
Theresa.Searles@cdph.ca.gov  
Phone: (916) 928-8766 Fax: (916) 263-3314

## 2008 CA WIC Program - Best Practices Awards

### Directions:

Summer of 2009.

Please describe successful strategies or special projects implemented *with health and community services* partners to support breastfeeding, including when the strategies were implemented. CAPK-WIC has been working to change the community culture regarding breastfeeding. We are working to make breastfeeding recognized as Normal, Natural, and Special. 1. We produced 5 public service announcements on Healthy Habits for Life emphasizing the new WIC foods and Breastfeeding Education. The first PSA was on the New WIC Foods. This was followed by Breastfeeding is Special, Breastfeeding is Good for you and your Baby, Breastfeeding and Returning to Work, and Breastfeeding in Public. They were produced in English and Spanish to be aired on television and the internet. They can be viewed on YouTube under Inforkern. They have been aired on several local television stations here in Bakersfield. 2. CAPK-WIC co sponsored, along with San Joaquin Community Hospital, a day long seminare entitled "The Medical Side of Breastfeeding". We invited all of the health care providers in the community. The seminar was geared toward the physician so that we would have more physicians in attendance. Nancy Wight, MD, IBCLC, FABM, FAAP led the conference. 3. Our agency played an integral part in the re-formation of the Kern County Breastfeeding Coalition. We felt that this group had to be re-formed because of the low breastfeeding rates in Kern County. There is a need for a coalition to bring all facets of the healthcare community together so that we can give breastfeeding a bigger voice and therefore influence more our community as a whole. 4. Priya Khullar and Maggie Vela both hava a presence at area hospitals. Pryia and Maggie round regularly at hospitals in Bakersfield and Delano. 5. Staff members have appeared twice on a local spanish television show: "Bakersfield al Dia". The first appearance was a discussion on the importance of Breastfeeding and WIC's role in making breastfeeding the first choice for infant feeding. The second appearance centered on the New WIC foods with emphasis on infant feeding and breastfeeding. 6. We have submitted and had articles published in local newspapers and magazines such as the Bakersfield Californian, Family Magazine, and the Kern County Network for Children newsletter. 7. We do a display once a year at the Beale Library in Bakersfield during the month of August on a Breastfeeding topic. 8. We visit the offices of local Ob/Gyns to give information on Breastfeeding. 9. We spoke to the Family Practice Residents from Kern County Medical Center regarding New WIC Foods and Breastfeeding. 10. We meet once a month with the Breastfeeding Committee at Kern Medical Center. The committee is attended by an Ob/Gyn physicans, L&D nursing, Postpartum nursing, the hospital dietitian, and the hospital CLC. **What were the outcomes?** 1. The outcome of the PSA's has been greater awareness of the need for Healthy Habits and Breastfeeding and WIC in general. It is a way to reach a very large audience with our message. It has been a positive reinforcement to what is taught at the WIC offices. 2. The breastfeeding seminar increased awareness of breastfeeding and the low rates of breastfeeding in our county. It also solidified WIC's role as an advocate and resource for breastfeeding. It was a very successful joint venture. 3. The breastfeeding coalition has brought together medical and community workers with a common interest in breastfeeding advocacy and raising the breastfeeding rates in Kern County. As it grows the coalition will effect our community businesses, lifestyle and legislation. 4. Rounding at hospitals not only helps Breastfeeding moms but it also brings WIC to the hospitals. It increases communication and awareness of our agency and what we stand for. 5. The television appearances brought WIC into the households that we serve. The staff members were recognized by our participants. Many participants commented on seeing their counselor on television. This is a very powerful tool in making WIC more personal. It also helps to develop trust. It also brings WIC into the home to help reinforce what the participant is being taught at the clinic. 6. Having articles published likewise develops trust and understanding. It also helps to reach a greater amount of people. 7. The display at Beale Library is a tradition. It also helps educate and increase awareness. 8 & 9. Whenever

**2008 CA WIC Program - Best Practices Awards**

**Directions:**

we can have a one on one with the physicians in the community change happens. It helps educate the physician and it also creates continuity of care. We see the participants who are patients at their offices. It really helps get the message across. 10. Being a part of a hospital group is very important. It opens up communication and again you have continuity of care. What is being taught at the hospital and then reinforced at the WIC office. And the other way is true. What is taught at the WIC office is also reinforced at the hospital.

**What was the agency's exclusive breastfeeding rate 12 months ago?** December 2008 6.0%  
**What is it now?** November 2009 12.1%

How does the agency train and develop staff to support breastfeeding? We have monthly staff meetings with Breastfeeding education to all staff as a component. We emphasize Learner Centered Assessment. We do daily training to include breastfeeding messages to all of our pregnant and postpartum participants. We have a bulletin board in the break room with breastfeeding information that changes periodically. We have breastfeeding dolls and breast models at all of our clinics so the counselor can demonstrate positioning and latching.

What resources are available to support breastfeeding employees? We have dedicated breastfeeding rooms at our clinics. We schedule employees to work at clinics close to their homes so that they can nurse their babies. We have electric and manual breast pumps and the associated breastfeeding necessities. Our breastfeeding employees also have the services of our IBCLC and CLE's available.

**Contact Person:**

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**Exceptional Breastfeeding Promotion and Support  
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**Nomination:**

**Exceptional Breastfeeding Promotion and Support:** [Delta Health Care](#) (Agency Name)

Describe the support that is available at your agency to assist participants with breastfeeding in the first month following birth. [Delta Health Care provides exceptional breastfeeding support to all breastfeeding mothers in our program. All WIC staff receive breastfeeding orientation and a staff binder that includes breastfeeding support references and resources. Prenatally, all participants are notified of the Breastfeeding Support Services available at our clinics and are provided with breastfeeding education through group and individual counseling. Starting in June 2009, Delta Health Care initiated a Certificated Lactation Educator \(CLE\) contact policy for all infants 6 months and under to be assessed. Referrals are generated through this contact and then follow ups are made by our breastfeeding support team, including our International Board Certified Lactation Consultant \(IBCLC\), Breastfeeding Peer Counselors and Health Educator. Breastfeeding support staff is available at the time of infant assessment for additional support if needed.](#)

Please describe successful strategies or special projects implemented *within the agency* to support breastfeeding, including when the strategies were implemented. [In our clinics breastfeeding is the norm. We have successfully created a breastfeeding friendly environment for participants and employees. Breastfeeding is promoted throughout our clinics on all bulletin boards and posters within public view. Our "Breastfeeding Nook," is a special place for moms to nurse privately and is very popular with our breastfeeding clients.](#)

[We have established a Breastfeeding Education Support Team \(BEST\) comprised of the WIC Program Manager, IBCLC, Clinic Coordinators and Health Educator. Through this team, that meets at least monthly, we are able to identify and implement changes needed in all areas of our agency to improve and promote breastfeeding as a whole.](#)

[Our breast pump loan program, with an inventory of over 160 pumps, features established protocols to ensure hospital grade pumps are available to all eligible WIC participants.](#)

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## 2008 CA WIC Program - Best Practices Awards

### Directions:

Delta Health Care Peer Counselors are instrumental in providing wonderful breastfeeding support to all participating prenatal and breastfeeding moms. This is accomplished through twenty-four hour telephone counseling, in-office support and group education.

Delta Health Care pioneered the breastfeeding support groups in San Joaquin County. We have three "Mom to Mom" support groups, including "Moms Helping Moms," "M.A.M.A.S. Unidas" for Hispanic/Spanish speaking women and "A Place of Our Own" for African American women. These support groups are also open to the public.

As an incentive for attending the groups, prenatal classes, lactation appointments and initiating exclusive breastfeeding in the first month, moms receive "Mommy Dollars" to use in our Breastfeeding Boutique.

What were the outcomes? The breastfeeding and prenatal mothers have taken advantage of using their mommy dollars to purchase items from the "Breastfeeding Boutique." They are able to buy items such as diapers, clothing, and other necessities for mom and baby. This has provided an additional motivation for participants to seek out breastfeeding support services.

Please describe successful strategies or special projects implemented *with health and community services* partners to support breastfeeding, including when the strategies were implemented. Delta Health Care's collaboration with community organizations includes the San Joaquin County Breastfeeding Coalition, Black Infant Health program, Hospital Consortium and participation in numerous community events to promote breastfeeding. Through partnering with local learning institutions we are able to provide students with accurate breastfeeding information. What were the outcomes? The community views WIC as a breastfeeding support program.

**What was the agency's exclusive breastfeeding rate 12 months ago? 11.75%**

**What is it now? 18.9%**

How does the agency train and develop staff to support breastfeeding? Out of 45 employees, 22 are CLEs. Our goal is to support all staff to become CLEs to enable us to provide a higher level of breastfeeding support to our participants. Monthly CLE trainings are held to improve their skills, knowledge and confidence as counselors. Additionally, all staff members receive breastfeeding training during monthly staff meetings. Through the Breastfeeding Mentor Program, seasoned employees help less experienced staff become more confident in counseling.

What resources are available to support breastfeeding employees? Our breastfeeding employees are provided with a pump, time to express, a lactation room, and services from our IBCLC. Our written policy exceeds the lactation accommodation requirements. We were honored as the Breastfeeding Friendly Workplace Award recipient for 2008 by our local Breastfeeding Coalition and once again nominated for the same award by another staff member in 2009.

### Contact Person:

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Fax Number: 209 444-8640

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914 N. CENTER STREET  
P.O. Box 550 (95201-0550)  
STOCKTON, CA 95202



Fax: 209/444-8580

Web Page:  
[www.deltahealthcare.org](http://www.deltahealthcare.org)



Theresa Searles  
Local Agency Support Branch  
c/o CA WIC Program  
CA Department of Public Health  
PO Box 997375  
West Sacramento, CA 95899-7375

Dear Ms. Searles:

The purpose of this letter is to recommend Delta Health Care for the Exceptional Breastfeeding Promotion and Support Agency Award for the 2010 CA WIC Program Best Practice Awards. Our Delta Health Care provides exceptional breastfeeding support/services to our participants, staff and the community. For the FFY of 2009 we have made strides within our agency through policy change, ensuring the Ten Steps to Successful Breastfeeding are applied, and implementing program services to support breastfeeding in the first month and beyond. As a direct result our exclusive breastfeeding rate has increased by an astounding 7.15% over the last fiscal year.

Our internal customer breastfeeding support is also exemplary. We were honored as the Breastfeeding Friendly Workplace Award recipient for 2008 by our local Breastfeeding Coalition and once again nominated for the same award by another staff member in 2009.

In addition to the changes within our agency, Delta Health Care continues to maintain a presence of breastfeeding promotion within the community. Our collaborations with community organizations include the San Joaquin County Breastfeeding Coalition, Black Infant Health program, Hospital Consortium and participation in numerous community events. The agency has collaborated with local learning institutions and programs to allow an opportunity for students to learn about the WIC Program and services through in-clinic observation.

Delta Health Care is committed to strive for continued excellence in our breastfeeding promotion and support. Thank you for your consideration of our organization for this award.

Sincerely,

Brent Williams

Executive Director for Julie Grunsky, WIC Program Manager

STOCKTON

Clinic - 209/444-8510 • Administration & Education - 209/444-8500 • WIC Program - 209/444-8600  
EDISON HEALTH CENTER - 209/444-8300 • BEST - 209/477-0378  
STAGG HEALTHY START CENTER - 209/933-7445 ext. 8509

LODI

Clinic - 209/370-6800 • WIC Program - 209/370-6850

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**Nomination:**

**Exceptional Breastfeeding Promotion and Support:** [County of Marin, Health and Human Services](#)  
(Agency Name)

Describe the support that is available at your agency to assist participants with breastfeeding in the first month following birth.

Support that is available at our agency are:

(1) Our 3 peer counselors (all CLEs) rotate to go to our local delivering hospital everyday of the week, including weekends, to assist and support our immediate postpartum mothers. They refer back to the WIC office for immediate IBCLC appointments, hospital grade electric breastpump pickup...etc.

(2) Our CLEs are trained to assist and support our immediate postpartum breastfeeding mothers. They are trained to provide postpartum breastfeeding counseling, education, and anticipatory guidance. They are there to provide information about breastfeeding services offered at the agency and in the community. Our WNAs are trained to evaluate and appropriately address the 'true' problem when they ask for formula, such as baby behavior, and not issuing formula within the first 30 days of life. If necessary, they would refer the mother to an IBCLC for a complete evaluation. Also, the CLE can schedule a 2<sup>nd</sup> month follow-up appointment for more breastfeeding counseling and education.

(3) We have IBCLC available to help mother and baby with breastfeeding problems. Appointments are setup 5 days of the week, including after hour appointments. The IBCLC are also available by phone (warmline), or walk-in. The IBCLC would conduct an evaluation to determine if there is a health or nutritional condition that would affect the infant's ability to grow and develop optimally on breast milk alone, observe the infant breastfeeding, weigh the infant to assess current weight, provide counseling and appropriate education, and reassure the mother WIC benefits based on feeding choice. If a health and/or nutritional condition is found which affects the infant's ability to grow or develop optimally on breast milk alone, only the IBCLC would have the authority to issue formula within the first 30 days, and schedule a follow-up appointment afterwards.

(4) We contract with an additional IBCLC to do home visits whenever the family cannot come to our main office. Our satellite WIC offices are not opened frequently enough to staff IBCLC, therefore home

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### Directions:

visits are there instead. Reasons why families cannot come to our main WIC office include immediate postpartum, cesarean section, transportation issues, referral near a holiday/weekend or living in a remote location.

(5) We have a full time IBCLC dedicated to perform duties as the Breastfeeding Coordinator. We provide outreach to our local delivering hospital, OBGYN and Pediatrician's office, Home Visiting Nurse Association to educate them for breastfeeding referral.

Please describe successful strategies or special projects implemented *within the agency* to support breastfeeding, including when the strategies were implemented.

\*Strategy #1: to have all WIC staff trained in breastfeeding support and promotion in Spring 2009 by certifying our last peer counselor as a CLE, now making all PCs CLEs and finished certifying our last 2 WNAs as CLE, now making all WNAs CLEs.

\*Strategy #2: to have all CLEs trained to appropriately address the 'true' problem when they ask for formula, such as baby behavior in October 2008. All breastfeeding educational efforts are usually performed the day of if not immediately, especially when the family asks for formula within the first 30 days. All CLEs are also trained to refer to the IBCLC within the appropriate timeframe when necessary.

\*Strategy #3: to have enough IBCLC coverage everyday of the week, including holidays and weekends, and all WIC locations in March 2009. The agency has 2 IBCLCs that are available to cover in-house appointments in the main office, San Rafael. The IBCLC are also available for walk-in appointment. The agency also collaborates with an IBCLC to do home visits whenever the family cannot come to our main WIC office. Our satellite WIC offices (Novato, Point Reyes and Marin City) are not opened frequently enough during the week to staff IBCLC, therefore home visits are there instead. Criteria for home visit referral include immediate postpartum, cesarean section, transportation issues, referral near a holiday/weekend, or living near a satellite WIC office. Home visit referrals are usually done within 24~48 hours of referral.

\*Strategy #4: to work collaboratively with breastfeeding coalitions, hospitals, healthcare providers, maternal and child public health programs, community groups, employers, and policy makers to ensure breastfeeding messages are consistent and up-to-date and to increase overall support for breastfeeding outside of the WIC environment. To implement this strategy, we have an IBCLC perform duties full time as the Breastfeeding Coordinator since October 2009.

\*Strategy #5: to create a breastfeeding friendly site/workplace for WIC participants and staff that clearly endorses breastfeeding as the norm for infant feeding. To implement this strategy, we've collaborated with Marin Breastfeeding Coalition using life-size posters of mothers breastfeeding their infant, strategically placed them in public areas within the Marin Health and Wellness Campus.

What were the outcomes? Successful implementation of all strategies, see overall breastfeeding rates for outcome.

Please describe successful strategies or special projects implemented *with health and community services partners* to support breastfeeding, including when the strategies were implemented.

\*Strategy #1: To collaborate with Women Health clinic whom provide prenatal managed care to pregnant mothers. Our Peer Counselor (PC) and Lactation Consultant (IBCLC) collaborating with the CPSP case managers to attend their 3<sup>rd</sup> trimester centering group on breastfeeding education for all pregnant women. Topics of discussion include position, latch, skin to skin, breast size changes during lactation, what to expect within the first 2 weeks of life, how to tell if baby is getting enough, and resources available for breastfeeding help. This collaboration started spring 2009.

\*Strategy #2: To communicate with local healthcare physicians whom provide care to women and children on breastfeeding referral. With the collaboration with our CHDP nurses, our CHDP providers were

## 2008 CA WIC Program - Best Practices Awards

### Directions:

communicated on how, when and where to refer for lactation help. Collaboration resulted in increased cases of breastfeeding referrals from healthcare providers. This effort started around September 2009

\*Strategy #3: To promote breastfeeding as the norm for infant feeding practice, to address the challenges mothers face and steps they can take to successfully breastfeed. Three activities were performed. (1) The WIC Lactation Consultants collaborated with the Marin G-channel to bring awareness to this issue for the County of Marin. The interview was video taped and played at the Marin Health and Wellness Campus, Connection center lobby during breastfeeding awareness week. It was also displayed at the Marin G-channel website, which anyone in the public can access. A departmental email was also sent out in regards to this effort throughout the whole Health and Human services. This effort was completed August 2009. (2) The WIC Lactation Consultants collaborated with the Marin Breastfeeding Coalition, Bay Area Lactation Association, La Leche League of Marin on the Breastfeeding Walk October 2008. The walkers gathered in downtown San Rafael and carried signs such as "Breastmilk: No Udder Milk will Do". (Information: [http://marinbreastfeedingcoalition.org/Breastfeeding\\_Promotion\\_Walk\\_2008.html#3](http://marinbreastfeedingcoalition.org/Breastfeeding_Promotion_Walk_2008.html#3)) (3) The WIC Lactation Consultants also collaborated with Marin Breastfeeding Coalition on the life-size cutouts of mothers breastfeedings. This effort was supported by the coalition to address the norm of infant feeding, especially in public areas. This collaboration resulted in national, statewide and local news coverage around January 2009. (Sample Media Coverage: <http://www.nbcbayarea.com/around-town/archive/Lactating-Women-Getting-Second-Looks-in-Marin.html>)

What were the outcomes? Successful implementation of all strategies, see overall breastfeeding rates for outcome.

**What was the agency's exclusive breastfeeding rate 12 months ago?** 37.5%

**What is it now?** 47.8%

How does the agency train and develop staff to support breastfeeding? Since the Healthy Habits Begin at Birth campaign, we've had training topics every month on breastfeeding. Topics include supporting the breastfeeding mother and child, prenatal breastfeeding and infant feeding education, baby behavior, food package changes for postpartum mothers. In addition, we've developed staff to become Certified Lactation Educators (CLE)s by certifying 2 WNA and 1 PC.

What resources are available to support breastfeeding employees?

We provide breastfeeding WIC employees with the use of a private, clean and comfortable area in close proximity to the employee's work area for expressing milk. We have a pump room within the WIC office and a lactation room within the Marin Health and Wellness Campus for employees to pump. We provide a reasonable amount of break time for WIC employees to express breast milk or breastfeed. Within WIC, we inform all new WIC employees at orientation of breastfeeding support available for employees. Inform pregnant WIC employees of policies, facilities, information, and resources to support breastfeeding. Offer breastfeeding support to WIC employees in the early postpartum period.

### Contact Person:

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**Nomination:**

**Exceptional Breastfeeding Promotion and Support:** Monterey County (Agency Name)

Describe the support that is available at your agency to assist participants with breastfeeding in the first month following birth. Pregnant women are given an appointment to enroll their baby within 2 weeks of birth. At that appointment, WNAs encourage and counsel breastfeeding moms (see next question). If a situation arises when the WNA feels she needs more detailed help with a mom, she calls a Peer Counselor who might be able to help out on the spot or can schedule an appointment specifically for breastfeeding with either the PC or the IBCLC. Monterey County has had a Peer Counseling program for several years and the PCs are well known in the community. They are often called by mothers who are familiar with our program or who were enrolled on the PC program when they were pregnant. Local provider offices also call our PCs for referrals for breastfeeding help and we have a system in place to accept referrals by fax from the local hospitals.

Please describe successful strategies or special projects implemented *within the agency* to support breastfeeding, including when the strategies were implemented. At CWA 2009 when it was announced that there would be a policy of no routine formula issuance in the first 30 days, and that a second contact was required for breastfeeding mothers the following month, Monterey County decided to involve the entire staff in implementing the new policies by September 1<sup>st</sup>. Not only did we conduct the state-developed breastfeeding training as required but we repeated similar trainings using different approaches over the course of 3 months. At staff meetings our peer counselors modeled typical scenarios that WNAs might encounter and then staff broke into small groups and practiced and practiced until everyone was comfortable they could counsel the breastfeeding moms who requested formula. We also instituted a second month infant feeding assessment for ALL mothers where we use an agency-developed form to assess a mother's plans for work or school. Since most of our mothers decrease or discontinue breastfeeding seemingly due to a lack of lactation accommodation at work, we are using our new form to better assess and counsel working moms and to collect data to help us better understand the trends and barriers to breastfeeding in our county. What were the outcomes? Our exclusive breastfeeding rates between November last year and November this year increased by 8%, not just because we are "denying"

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formula to the combo feeding moms, but because the staff is better able to assess breastfeeding and refer appropriately.

Please describe successful strategies or special projects implemented *with health and community services* partners to support breastfeeding, including when the strategies were implemented. Several years ago, we had the idea to develop a multi-agency breastfeeding referral form and had heard that Butte County was developing one. We got a copy of their draft and used it to develop our own version. We then worked with representatives of hospitals and clinics in Monterey County under the umbrella of our local breastfeeding coalition. We came up with a final form that was acceptable to most and have been using it with success for several years. If a WIC breastfeeding mom is in the hospital and needs follow-up the hospital LC faxes us the referral form and we contact the mom to set up a follow-up appointment. Some of our local clinics use the form to refer mom to us, and we use the form to refer breastfeeding moms with medical issues to their providers. We have shared our form with other WIC agencies. What were the outcomes? We feel that as a result of the development of the form, we elevated the importance of breastfeeding to providers. As we sent more and more referrals to MDs, we eventually started to receive more referrals from them. Fewer doctors are telling moms to "just give formula" and instead are sending them to WIC for help. By far most of our referrals are from the hospitals, an average of at least ten per week.

**What was the agency's exclusive breastfeeding rate 12 months ago?** 12.9% in November 2008  
**What is it now?** 20.6% in November 2009

How does the agency train and develop staff to support breastfeeding? We have a breastfeeding component at every staff meeting and our employees attend CWA every year. Most attend the breastfeeding lectures. Also, most of our employees participate in the 40 hour CLC training that is offered every year in our county. We plan to offer the state-developed PC training in spring of 2010 to staff who have not yet attended any breastfeeding training and we will open it up to community. The IBCLC is almost always available to answer questions and tries to involve staff in lending pumps, etc. Our goal for 2010 is to develop a mini-internship program that all staff can rotate through, where they will have more "hand-on" counseling experience with breastfeeding moms, under the guidance of the IBCLCs and PCs.

What resources are available to support breastfeeding employees? We have several private breastfeeding areas available where employees can pump their milk. Employees have access to our library with breastfeeding resources and are able to use of the services of our IBCLCs.

**Contact Person:**

Contact Name: Janet C. Vaughan  
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**Nomination:**

**Exceptional Breastfeeding Promotion and Support:** [County of Riverside, Department of Public Health](#)  
(Agency Name)

Describe the support that is available at your agency to assist participants with breastfeeding in the first month following birth. [All birthing hospitals in Riverside County fax to us the names of mothers being discharged daily. Within 1-2 days of a mother arriving home after delivering her baby a breastfeeding counselor contacts her and provides education, anticipatory guidance and if necessary, help over the phone. If needed, mothers are scheduled for a 1:1 lactation consultation appointment in one of our lactation clinics throughout the county. When the mother comes to WIC to enroll her baby, additional support and help are provided on a 1:1 basis.](#)

Please describe successful strategies or special projects implemented *within the agency* to support breastfeeding, including when the strategies were implemented. [Our Riverside County, Department of Health WIC Agency has had innovative breastfeeding education and support projects for numerous years. Our exclusive breastfeeding rates grew steadily However, the grew very slowly. Our Peer Counselors' work with African-American mothers revealed the key to successful breastfeeding duration - new mothers need circles of friends. A mother's smooth transition into motherhood and her breastfeeding and parenting success are directly dependent on her circle of friends who themselves are new mothers. Today, many mothers in Riverside County feel isolated and alone. Isolation, lack of social support and struggles with breastfeeding are leading causes of postpartum "blues" and depression. Postpartum "blues" and depression severely interfere with critical bonding and attachment between mother and baby. Severed attachment in the early months of an infant's life leads to permanent negative repercussions. Riverside County WIC is stopping the isolation and building and strengthening healthy communities. Each of our 20 WIC sites is now a place where new mothers come together to meet, socialize and embrace motherhood. This social network is known as "Moms2Moms" was implemented in 2007 and we have found this social network imperative for extended breastfeeding duration. "Moms2Moms" groups are our breastfeeding support groups. The same mothers are scheduled together each month so they are able to get to know each other and create friendships with each other. Many of the mothers also meet together](#)

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c/o CA WIC Program, CA Department of Public Health  
PO Box 997375, West Sacramento, CA 95899-7375  
Theresa.Searles@cdph.ca.gov  
Phone: (916) 928-8766 Fax: (916) 263-3314

## 2008 CA WIC Program - Best Practices Awards

### Directions:

in-between their WIC appointments. The "Moms2Moms" groups are for exclusively breastfeeding women and the curriculum is a 10-part series: 5 parts are the "5 Universal Tasks Postpartum" and 5 parts are "Raising Emotionally Healthy Children - Meeting Children's 5 Emotional Needs". The curriculum has been very well-received by our families. We can make the curriculum available to all other WIC agencies and the curriculum can be easily replicated. Our goal is to become a powerful force for developing emotionally healthy and high-achieving children and families. Our exclusive breastfeeding rates show that this IS working! What were the outcomes? Our Moms2Moms groups have resulted in our exclusive breastfeeding rates rising from 19.3% in October 2008 to 25.2% in November 2009 - this is a 30.6% increase!!

Please describe successful strategies or special projects implemented *with health and community services* partners to support breastfeeding, including when the strategies were implemented. 1. We partner with all birthing hospitals providing professional education to nurses and physicians and provide input on their "Baby-Friendly" Committees. Hospitals send daily faxes to us of the mothers being discharged in order for us to contact mothers within 1-2 days of discharge. 2. We have a Breastfeeding-Friendly Medical Certification Program in which we encourage OBs and Pediatricians to become Breastfeeding-Friendly by meeting 10 steps. Part of the process includes education for all physician office staff; breastfeeding literature available for patients; referrals to our Loving Support 24/7 Helpline; etc. What were the outcomes? 1. Two Baby-Friendly Hospitals; 1 hospital awaiting results from their Baby-Friendly USA assessment process; 6 hospitals have submitted their applications to Baby-Friendly USA. 2. MDs are providing messages to mothers which are consistent with the messages mothers receive in the hospitals and at WIC.

**What was the agency's exclusive breastfeeding rate 12 months ago?** 19.1% (November 2008)  
**What is it now?** 25.2% (November 2009)

How does the agency train and develop staff to support breastfeeding? Breastfeeding training and education is on-going in our agency. New employees; annual in service updates; monthly staff meeting information; mentoring of staff by IBCLCs (every WIC Site has an assigned IBCLC to support staff); and Lactation Consultant training for WIC Site Breastfeeding Coordinators (1 per site).

What resources are available to support breastfeeding employees? Pregnant employees receive: a prenatal education packet; a certificate for a private immediate postpartum in-home lactation consultation; a back-to-work consultation 2 weeks prior to returning to work; access to 24/7 lactation help and support; a private worksite lactation room and time to pump 3 times per day.

### Contact Person:

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**2010 CA WIC Program  
Best Practices Awards  
Nomination Form**

**Exceptional Breastfeeding Promotion and Support  
(Agency Award)**

**Directions:**

**The best practices awards are for activities during the federal fiscal year 2009 (October 1, 2008-September 30, 2009).** Complete all sections of the form. "Agency" awards recognize the best practices of the organization, and "individual" awards recognize the unique contributions of an individual staff member. The information provided in the nomination form may be included in the Best Practices Awards program. Remember to include your name and contact information as we may contact you for additional information. This form is designed for you to enter information within expandable fields after every question.

**Nomination:**

**Exceptional Breastfeeding Promotion and Support:** [San Benito Health Foundation WIC Program](#)

(Agency Name)

Describe the support that is available at your agency to assist participants with breastfeeding in the first month following birth.

[The San Benito WIC Program will call the participant within a week after giving birth and ask her how breastfeeding is going and enroll infant by phone if possible. We listen to questions and concerns she might have. Mom is always welcome to come in to our office and speak to the CLC or call us if any questions arise. We make a special effort to communicate with the hospital if needed, as we feel it's important to take the initiative. We ask mom specific questions to make sure infant is feeding enough and mom feels comfortable with latching and milk supply, especially the first 48 hours. She is provided with a breastpump if needed, baby blanket, breastfeeding reading materials, nursing bras and freezer bags for moms that need to freeze their breast milk if returning to work.](#)

Please describe successful strategies or special projects implemented *within the agency* to support breastfeeding, including when the strategies were implemented.

[During the enrollment process, participant is explained that breastfeeding is an important part of WIC education and that we do not routinely give formula the first month of birth. We also take prenatal moms on the "Hospital Tour" as this helps her to get familiar with the nurses and facility. During nutrition group classes and one-on-one education, participants are educated in regard to benefits of breastfeeding for both infant and mom. She is assured that benefits extend beyond an infant's physical development. Breastfeeding is the natural way to feed an infant and is the foundation for lasting health. If a participant decides that formula will be needed, she then has a conversation with the CLC prior to the food instruments being changed. These strategies were implemented in October 2008.](#)

What were the outcomes? [We've found that most woman decide to no longer receive formula or only receive a few cans after conversation with CLC.](#)

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**2008 CA WIC Program - Best Practices Awards**

**Directions:**

Many mothers expressed their gratitude and stated they would not have made breastfeeding a success without our support. They also noticed that infants were healthier than their formula-fed children. As of September '08, breastfeeding rates went up from 12.2% to 17.28% for the month of September 2009. As for Breastfeeding rates for the month of November 2009, we had an unprecedented 21.13%.

Please describe successful strategies or special projects implemented *with health and community services* partners to support breastfeeding, including when the strategies were implemented.

We had our Annual Breastfeeding Walk on August 12, 2009. We have monthly group breastfeeding classes in Spanish and in English. We have one-on-one breastfeeding classes for those moms that cannot attend groups classes. We encourage our prenatal woman to go on our "Hospital Tour" during the month and ensure mom hospital will help her to nurse. We also have a lactation room for moms to relax while nursing in our facility and give her the tools she will need to have after she returns to work (e.g., freezer bags, electric breast pump, nursing bras ). These strategies were implemented in October 2008. What were the outcomes?

Women and their children joined us for the breastfeeding walk and some fathers were involved as well. Some 40+ people joined us in the Breastfeeding Walk that day. Our local Media was on location and that same night, The Breastfeeding Walk aired in the news.

**What was the agency's exclusive breastfeeding rate 12 months ago?** 12.2%

**What is it now?** As of Sept 2009 = 17.28% and as of Nov 2009 = 21.13%

How does the agency train and develop staff to support breastfeeding?

San Benito Health Foundation WIC Program encourages staff to become CLC's and pays for the training. Staff is encouraged to ask questions and our CLC is there to support staff in order to become more knowledgeable and encourage more mothers to breastfeeding their new borns.

What resources are available to support breastfeeding employees?

Electric breast pumps are available upon request. Use of our lactation room, provide 4 months of time off and flexible work hours.

**Contact Person:**

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**2010 CA WIC Program  
Best Practices Awards  
Nomination Form**

**Exceptional Breastfeeding Promotion and Support  
(Agency Award)**

**Directions:**

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**Nomination:**

**Exceptional Breastfeeding Promotion and Support:** [Stanislaus County Health Services Agency](#)  
(Agency Name)

Describe the support that is available at your agency to assist participants with breastfeeding in the first month following birth. [We have a breastfeeding warmline that our mother's have access to. They can receive help as needed through this phone number. The available support also includes encouragement and information at the new infant recert. We have developed policies which support no formula in the first 30 days to protect the mom's milk supply. Majority of the new infant enrollments are conducted by staff that have completed the Certified Lactation Counselor/Educator \(CLCE\) training. After a complete assessment our staff is able to provide encouragement, breastfeeding resources, and appropriate education. When enrollment is complete all breastfeeding dyads are scheduled the following month to meet with a Certified Lactation Counselor/Educator \(CLCE\) to see how breastfeeding is going.](#)

Please describe successful strategies or special projects implemented *within the agency* to support breastfeeding, including when the strategies were implemented. [1. Our agency began our breastfeeding warmline in December 2004 when our exclusive breastfeeding rates were 7.1%. That same year we were able to send more staff to CLCE training, to make a total of 7 CLCE staff out of 24. Since 2004 we have continued to train our staff and at this time we have 26 out of 32 WNA/PHN staff trained. 2. We also started a lending library February 2007, which include books about birth, breastfeeding, and parenting. The library is available to participants and interested staff. 3. Our agency started breastfeeding support appointments "SB" February 2009. These appointments are designed to provide more encouragement, support, and education to our breastfeeding moms who have babies 0-3 months and older as needed. 4. Our agency has started the "give away" pump program \(September 2009\). 5. Development of "SB" binders \(October 2009\), which is designed to assist staff with SB appointment counseling by providing additional guidance and support so that staff feel more confident. Each staff member has their own binder which includes information on pumps, instructions on weighing baby before and after feeds, a guide for their breastfeeding toolkits, all the breastfeeding policies and procedures, as well as handouts and resources. 6. Developed breastfeeding toolkits \(June 2009\). These toolkits are small totes that are easily](#)

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## 2008 CA WIC Program - Best Practices Awards

### Directions:

transportable to any of our 6 sites and have frequently used breastfeeding items in them. They include: belly beads, hand pump, balloons, breast shells, etc. 7. Created a second breastfeeding room at one of the sites, due to more staff and participant use. What were the outcomes? 1. The combination of the warmline and staff training increased our exclusive breastfeeding rates 2.1% in one year. If you take the exclusive breastfeeding rates between December 2004 and October 2009 (7.1% to 19.6%) the outcome shows a 12.5% improvement. 2. We don't have any measurable outcomes for the lending library, but have heard from participants and staff that the information is helpful. The library has also helped increase our breastfeeding rates as they have steadily increased since 2007. 3. The exclusive breastfeeding rates in February 2009 to September 2009 (12.9%-15.9%) show a 3% change in 7 months. This same time frame shows a 3.5% decrease in fully formula fed infants. 4. The outcome for the "give away" pumps has not been measured. It is fairly new for us and small in number. The moms that have received these really like them and have been successful. 5. The outcome of the "SB" binder is more educated and confident staff which will help more moms breastfeed longer. 6. The outcome for the toolkits is similar to the "SB" binder. Staff is able to utilize specific tools to help the participants breastfeed longer and these also enable staff to provide more effective counseling to our participants. 7. By having more than one breastfeeding room we are better able to accommodate both participants and pumping staff. The additional room has helped staff stay on their pumping schedule.

Please describe successful strategies or special projects implemented *with health and community services* partners to support breastfeeding, including when the strategies were implemented. We have a very strong and active Breastfeeding Coalition which is facilitated by community partners (not WIC staff). WIC staff does participate. This group has been receiving Prop 10 funding to provide education to the providers in the community. This is done by providing resources to the providers (resource books) and also personal contact. One of the coalition members (MD) also provides regular breastfeeding promotion/education class to our residency program. This has been in the works for the past 5 years. What were the outcomes? The partners are more aware and now the breastfeeding promotion class for the residency program has become a standard part of the training. We have a lot of support from our public health nurses and very good partnerships with the area hospitals.

**What was the agency's exclusive breastfeeding rate 12 months ago? 11.3**

**What is it now? 19.6**

How does the agency train and develop staff to support breastfeeding? Our agency has 17 out of 19 WNA staff that have been CLEC trained as well as 6 out of 8 PHN staff. Our staff services coordinators and our manager have also been trained. We have breastfeeding training in our monthly inservices which is conducted by our Lactation Consultant and our Breastfeeding Promotion Coordinator. We also currently have 2 professionals completing the IBCLC training.

What resources are available to support breastfeeding employees? We have a Lactation Consultant that is available to help in whatever way needed. We also provide a breastfeeding friendly environment which helps our employees pump while away from baby. We have even made a second room in one location due to demand. There is an electric pump available in the breastfeeding room which employees can use.

### Contact Person:

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**2010 CA WIC Program  
Best Practices Awards  
Nomination Form**

**Exceptional Breastfeeding Promotion and Support  
(Agency Award)**

**Directions:**

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**Nomination:**

**Exceptional Breastfeeding Promotion and Support:** [Tulare County HHSA WIC Program](#) (Agency Name)

Describe the support that is available at your agency to assist participants with breastfeeding in the first month following birth. [Breast feeding support classes, one on one counseling and hands on training available with experienced para-professional or professional staff. Electric Breast Pump Loan program with over 170 pumps.](#)

Please describe successful strategies or special projects implemented *within the agency* to support breastfeeding, including when the strategies were implemented. What were the outcomes? [We instituted a quarterly recognition for outstanding breastfeeding support by WIC staff persons \(2/quarter\) called Breastfeeding Champion. Staff or supervisors may nominate themselves/coworkers that they have observed going above and beyond to assist mothers and their babies consider breastfeeding and be successful. In addition we track 2 month old "exclusive BF" babies per clinic site to assist clinics in knowing how they are doing. Progress has been slow but we have seen steady improvements in BF rates even before the change of WIC policy. These improvements were an area of excellence in our 9/09 Program Evaluation.](#)

Please describe successful strategies or special projects implemented *with health and community services partners* to support breastfeeding, including when the strategies were implemented. [This year, 65% of our staff have participated in Kaweah Delta Hospital's Birth & Beyond Project. There were sections on latching, positioning, self-attachment/skin to skin, common problems, milk initiation and production, lactation aids and much more. The WIC staff attending really appreciated the opportunity to interact with the hospital nursing staff, and to share their perspective as a WIC counselor vis-à-vis the hospital experience. They have expressed how they have been able to use this practical information in their day to day counseling with WIC clients. It was helpful for hospital staff to view WIC as something other than a "formula" program and to understand that WIC is all about breastfeeding promotion. This was a great opportunity for collaboration!](#)

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**2008 CA WIC Program - Best Practices Awards**

**Directions:**

Baby Café: the Tulare County BF Coalition has a "Baby Café" which is used at public events such as the Tulare County Fair, The Tulare Ag Expo, as a quiet place for nursing and changing babies as well as an avenue to educate the public about breastfeeding and related issues. WIC staff have assisted in manning this booth, supplying information/handouts, etc and will continue to do so.

The WIC BF Coordinator is the co-facilitator/recorder for the Tulare County BF Coalition. As such she is the conduit for information and announcements between coalition members and the greater BF community.

What were the outcomes? Increased community awareness.

**What was the agency's exclusive breastfeeding rate 12 months ago?** Sept 2008: exclusive BF overall was 7.0%. Sept 2009: exclusive BF was 9.8%.

**What is it now?** As of Nov 2009: exclusive BF was 14.2%

How does the agency train and develop staff to support breastfeeding? All staff attended the Healthy Habits Begin at Birth trainings this past summer. Every year we hold two 3-4 hour breastfeeding trainings for all staff. Additionally we sent two dietitians to Certified Lactation Consultant training in September. All Dietitians have had CLC training. One dietitian currently is a CLE and one will attend this training in January.

This year all of our staff will go through a 27 hour Breastfeeding Peer Counselor Training in March and April.

What resources are available to support breastfeeding employees? Allow time to pump, use of breastpump, use of lactation room in 5 of 8 clinics, assistance from staff as needed.

**Contact Person:**

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