

## Kent, Dana L (HSS)

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**From:** Wayne, Kathleen A (HSS)  
**Sent:** Friday, February 26, 2010 3:47 PM  
**To:** HSS DPA WIC Coordinators  
**Cc:** Fitzjarrald, Elinor A (HSS); Albrecht, Alice E (HSS); Carrillo, Rebecca N (HSS); Nisonger, Elaine P (HSS); Rich, Elaine M (HSS); Hoyer, Fatima S (HSS); Kent, Dana L (HSS); Danielle Rybicki; Nault, Patricia A (HSS); Eriksen, Christina N (HSS)  
**Subject:** Friday Update February 26  
**Attachments:** Matrix for the Proposed WIC Minimum Stock Requirements (short version).pdf; Proposed April 2010 WIC Food List.pdf; Proposed April 2010 Minimum Stock Requirements (long version).pdf

Hi Everyone,

Dana and I will be in San Francisco, CA attending Western Region USDA meetings next Monday-Thursday. If you need assistance, please contact the main Juneau WIC office number 465-3388 and Christina can direct your calls to the appropriate staff member. You can also call Becky Carrillo, 465-8629, who will be the Acting WIC Manager.

1. Updated WIC Food List – The draft AK WIC Food List and Minimum stocking requirements are completed and attached for your review. For your convenience, we have also attached an abbreviated matrix that compares the current requirements with the proposed ones. Please send your feedback to Elaine Rich [elaine.rich@alaska.gov](mailto:elaine.rich@alaska.gov) as soon as possible, but **no later than March 10<sup>th</sup>**. We plan to issue the new AK WIC Food List and the revised Minimum Stock Requirements to vendors by March 31<sup>st</sup> and the due date for vendors to return their spring price sheets is April 30<sup>th</sup>.
2. Added Drop-down Box--Wichealth.org has been added to the drop down box for documenting nutrition education when you prescribe a food prescription. Look way down at the bottom of the list for it! This will document how the client got their nutrition education but not necessarily the topic.
3. Site Assessment Project Update--World Wide Technologies has completed WIC IT site assessment visits at Elmendorf, Ft. Richardson, most of the Municipality of Anchorage sites, APIA, Eielson, RCPC, TCC/CAIHC, and Barrow. Next week the contractors will be in Kotzebue, Nome, Bethel, Valdez, Palmer and Wasilla. We're getting a lot of good information from these visits that will help us with the transition to the new system. Thanks to the coordinators and staff in those clinics for finding time in your busy day to assist the contractors with this project!

Have a great weekend,  
Kathleen

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NICE TO KNOW

The extensive *Burden of Overweight and Obesity in Alaska* report is now post to our website. Please take a look and enjoy!

[http://www.hss.state.ak.us/dph/chronic/obesity/pubs/ObesityBurdenReport\\_2010.pdf](http://www.hss.state.ak.us/dph/chronic/obesity/pubs/ObesityBurdenReport_2010.pdf)

This report is the extensive report in which the summary report (released in December) is based.

This report contain 150 figures examining the extent of overweight and obesity in Alaska, and related nutrition and physical activity factors. The following are key findings from the report.

- Between 1991 and 2007, the percentage of adults above a normal weight (i.e., overweight or obese) went from about half (49%) to nearly two-thirds (66%) of the adult population. During this time obesity rates doubled (from 13% to 27%); rates of overweight remained relatively flat.
- 27% of high school youth are above a normal weight, with 11% obese.
- 36% of K-12 students in the largest school district in Alaska are above a normal weight, including 33% of Kindergartners and first graders.
- Overweight and obesity are seen in all demographic subgroups in Alaska; however, disparities do exist. Adults with the highest rates of obesity are:
  - American Indians/Alaska Natives (31%) compared to White Alaskans (25%)
  - Older Alaskans (e.g., 55- to 64-year-olds (33%) compared to 18- to 24-year olds (13%))
  - Women with low household incomes (less than \$15,000 annually; 39%) compared to women with incomes over \$75,000 (22%)
  - Women with little educational attainment (less than high school; 33%) compared to women who have graduated from college (22%)
  - Alaskans living in rural Alaska (30%) compared to all other regions (25%-26%)
- Obesity is associated with a number of poor health outcomes among Alaska adults. For example, compared to those who are normal weight or underweight, obese Alaskans are:
  - twice as likely to report their health status as fair or poor (21% vs.10%)
  - more than twice as likely to have high blood pressure (37% vs. 15%)
  - 6 times more likely to have diabetes (13% vs. 2%)
- Obesity and its contributors are linked to poor academic performance among Alaska high school youth. For example, 72% of normal weight students report getting mostly A's and B's, compared to only 56% of obese students.
- 27% of Alaska adults are not getting the recommended levels of physical activity. There are many disparities associated with meeting these recommendations, and the most common reason cited for not getting more physical activity is —not enough time.
- Only 19% of high school students are getting the recommended 60 minutes of physical activity daily. Almost half (46%) of boys and 61% of girls reported having no PE class in the previous week.
- One-third of adults and half of high school students have 3 or more hours of screen time (television time plus computer time not for work or school) daily.
- 75% of adults and 84% of high school students eat less than the recommended amounts of fruits and vegetables daily.
- 22% of high school youth drink 1 or more non-diet soda per day; American Indian/Alaska Native girls are significantly more likely to do so (35%) than are White girls (11%). Consumption of soda and other sugar-sweetened beverages is even common among 2-year-olds—29% of toddlers statewide and 58% in the northern and southwest parts of Alaska consumed some in the previous day.
- Awareness of the recommendations regarding fruit and vegetable consumption is associated with sex, race, income, education, and region of the state.
- Access to healthy food in local stores is judged to be difficult or impossible for 15% of Alaska adults; 30% rate access to healthy food in local restaurants as difficult or impossible.
- Breastfeeding initiation and duration have increased significantly in Alaska over the past 15 years.
- Many adults have an inaccurate perception of their weight status. For example, 55% of those who are overweight identify themselves as such, and only 20% of those who are obese see themselves that way.
- Most adults (75%) and high school youth (63%) are trying to lose weight or maintain their current weight. Exercise is the most commonly reported strategy for weight management among both adults (76%) and youth (81%), followed closely by changes to diet (adults, 69%; youth, 53%).
- Over 90% of adults believe that parents and individuals have some or a lot of responsibility for addressing obesity; 62% believe government has some responsibility.
- A majority of Alaska adults support school policies that would limit the availability of unhealthy foods in schools. In addition, 79% of Alaska adults support or strongly support a government-funded obesity

prevention media campaign, and 55% support a law requiring restaurants to include nutrition information on their menus.

Reversing the increasing trend of obesity will require time and a comprehensive obesity prevention program model that combines educational, clinical, environmental, and social strategies. This is the only approach that will help Alaskans address the many factors that contribute to overweight and obesity, chronic illness and even premature death. Intervention efforts must help children, adolescents and adults develop lifelong healthy habits and also ensure that the environments in which they live, attend school, work and play support healthy activity and eating choices.

Karol Fink, M.S., R.D. | State of Alaska | Obesity Prevention and Control Program Manager | Section of Chronic Disease Prevention and Health Promotion | 3601 C St. Suite 722, Anchorage AK 99503 | 907.269.3457 | FAX: 907.269.5446 | [Karol.Fink@Alaska.gov](mailto:Karol.Fink@Alaska.gov) | [www.hss.state.ak.us/dph/chronic/obesity](http://www.hss.state.ak.us/dph/chronic/obesity)