**From:** Wayne, Kathleen A (HSS)
**Sent:** Friday, November 14, 2014 3:10 PM
**To:** HSS DPA WIC Coordinators; O'Gara, Kathy (HSS Sponsored); Bennis, Don; Welch, Scooter (HSS Sponsored)
**Cc:** HSS DPA WIC Anchorage; HSS DPA WIC Juneau; Olejasz, Aimee M (HSS); 'Danielle Rybicki' (afdrr@uaa.alaska.edu)
**Subject:** WIC Update November 14

Hi Everyone,
Please note that our first SPIRIT system version upgrade will happen next Tuesday night. Thanks to Terry, Bart, Jeff, Shatawn, and Chris for all your work to make this update possible!

Have a great weekend,
Kathleen

Success Story:
Dealing with distance-based services can be difficult, especially when it comes to getting all of the necessary paperwork, measurements, and proofs to start a certification. I have had a few clients brand-new to WIC who had turned in incomplete applications, not quite sure what else was needed. It was a frustrating process for our clients, but I was able to assure them that I was here to help them get on WIC and that we would get everything figured out. After several phone calls over the course of several days, we got everything coordinated with the clinics and the clients and got everyone fully enrolled. During our recent trip, Karen and I explained to the Valdez and Tazlina clinics what needs to be submitted with applications and I believe that the process is going more smoothly now.

1. Questions on Client's Income?----Don't forget to send income questions to Dana Kent at dana.kent@alaska.gov, for the upcoming. Please send questions by COB November 21st. Income determination will be reviewed at the teleconference in preparation for the upcoming USDA State Technical Assistance Review (STAR) scheduled for summer 2015.

2. **Milk fat policies**: Attached are the milk fat policies specific for 12- 23 months and 2-5 years old. We've received a number of questions, so the handout has been rewritten as well- to spell out the risk factors, and to clarify that in instances of lower fat milks, the decision to prescribe is based on the assessment of the CPA or RD, and the risk factors listed are guidelines. The type of milk prescribed is determined by CPA/RD assessment in conjunction with the parent and the risk factors are a component to consider (for instance, whole milk is the standard for one year olds. A healthy 14 month old is certified, and he does not have risk factor 114 or 115. In the course of reviewing the child's information and talking to the parent, the CPA determines that 2% would be the appropriate milk. The CPA can prescribe 2% milk to this child based on their assessment. Please remember that for a child who is medically fragile and requires Food Package III, the fat content of the milk is at the discretion of the health care provider who fills out the ENPR. For one year olds with FPIII, whole milk is the standard.) Please continue to call and email Jennifer Johnson with questions as they arise at jennifer.johnson@alaska.gov.

3. **Milestones:** If you or your clients are interested in developmental milestones of infants or children, here are some good resources from the CDC:
http://www.cdc.gov/ncbddd/actearly/index.html
http://www.cdc.gov/features/trackmilestones/

4.

***SPIRIT Information:***

## ⇨ NEW VERSION OF SPIRIT

Tuesday, November 18th at 8:15am**:** 90 minute training webinar covering the changes you will see in the new version. The email message with webinar link is attached. The training session will be made available as a Captivate module on our WIC web site.

Wednesday, November 19th: Roll out of the new SPIRIT version. SPIRIT will automatically update when you log in after this date.

You may want to stagger the upgrading of your computers by prioritizing which computers need to be updated and put into use first. In other words, not all computers have to be logged onto SPIRIT before you begin clinic operations on Wednesday morning.

You may want to notify your local IT staff of the version change and ask them to be available, in case there are any problems that require a reloading of files. Based on other SPIRIT states' experiences with upgrades, it is unlikely that this will be necessary.

⇨Non-Redeemable "check" for Mostly BF: The "phony" benefit which prints "Congratulations for Breastfeeding" is **ONLY** activated for infants who are **MOSTLY BREASTFEEDING** It was done this way as a work around because SPIRIT does not create a prescription for a new infant, Mostly BF, who's Mom does not want any formula. This way the Mom and Infant are both counted for participation and breastfeeding is not discouraged.

As you know, the Fully Bf infants are counted through the two way link in SPIRIT.

⇨The SPIRIT system enhancements which include the new category for MBF or FBF Pregnant woman, the FVV for infants 9-11 months, and Infant foods for FPIII are **NOT** included in the version that Alaska is moving to next week.

These changes have been assigned by the SPIRIT User Group (consortium of states using SPIRIT) to a later version and will be delayed.

***SPIRIT Help Desk Info:***

Send all questions, issues and errors to the WIC SPIRIT Helpdesk at wicpsirithelpdesk@alaska.gov or phone them at 907-334-4900. |

Nice to Know:

1. WIC-Talk had some good suggestions for Breastfeeding apps recently. Vetted suggestions include:
   - Coffective- helping moms & family members feel prepared to get off to a good start with breastfeeding. Health care providers & educators can sign up as well.
   - MOMents for Moms- for pregnant, breastfeeding and women parenting children birth to 4 years.
   - Health Care Provider's Guide to Breastfeeding

## 2. How an iPhone can lead to broken bones for young children

http://www.nytimes.com/2014/11/12/upshot/how-an-iphone-can-lead-to-broken-bones-for-young-children.html?ref=health&abt=0002&abg=0

The iPhone may cause broken bones and concussions. Yes, I'm leaving out a few in-between steps there. So let me start over: Craig Palsson, a graduate student in the Yale economics department, argues in a new paper that the expansion of the 3G cellphone network led to more widespread adoption of the iPhone, which led to parents who discovered new apps and continual email on their cellphone; which led to parents who paid attention to their new toys at playgrounds and not necessarily to their small children; which led to 10 percent more accidents for those children from 2005 to 2012, including broken bones and concussions.

# Summary of Milk Changes
## Effective October 1, 2014

| Participant category | Children 12- 23 months | When provided | Children 2-5 years | When provided | Women (All categories) | When provided |
|---|---|---|---|---|---|---|
| **Standard** | **Whole milk** | Standard For Food Packages III and IV | **Fat free, 1%** | Standard | **Fat free, 1%** | Standard |
| **New options** | **2%** | **CPA assessment** and Risk Factors including but not limited to **114** Overweight or at risk of overweight **115** High wt/length (≥ 97.7%) | **2%** | **CPA assessment** and Risk Factors including, but not limited to **103** Underweight (≤2.3%) and at risk of underweight **134** Failure to thrive **135** Inadequate growth | **2%** | **CPA assessment** and Risk Factors including but not limited to **101** Underweight **131** Low maternal wt gain **132** Maternal wt loss |
| **Restricted** | **1% or Fat Free** | Only with consulta-tion of health care provider | **Whole milk** | Only allowed in **Food Package III** with ENPR and for-mula | **Whole milk** | Only allowed in **Food Package III** with ENPR and formula |

| Policy Title | PRESCRIBING MILK FOR CHILDREN AGED 12-23 MONTHS | Item | PRESCRIBING MILK FOR CHILDREN AGED 12-23 MONTHS |
|---|---|---|---|
| Policy Number | | Effective Date | October 1, 2014 |

**Purpose:** To describe the appropriate circumstances to prescribe different types of milk should be prescribed for children 12-23 months in Food Package III and IV.

**Authority:** Final Food Rule, 7 CFR 246,

- Dated March 4, 2014, effective May 5, 2014 and implemented October 1, 2015

American Academy of Pediatrics. Policy Statement: Lipid Screening and Cardiovascular Health in Childhood. Pediatrics Vol. 122 No. 1 July 2008, pp189-208

State WIC Office

**Policy:**
Prescribing milk for children 12-23 months.

Whole milk is the standard issuance for children ages 12-23 months.

Children ages 12-23 months are undergoing rapid growth and development including growth and development of their central nervous system. Fat is an essential component. However, there is evidence that prudent dietary intervention at a young age can decrease risk of obesity and heart disease.

In accordance with American Academy of Pediatrics policy, which recommends lower fat milk for children over age one for whom obesity is a concern, children age 12-23 months receiving Food Package IV may be issued lower fat milk tailored to their nutritional needs based on assessment of the CPA.

Under food package IV, the CPA may make the determination for the need for lower fat milks based on an individual nutrition assessment include weight, height, BMI and growth pattern; family history, and current dietary practices. Risk factor 114 (Overweight or at risk of Overweight) may indicate that lower fat milk could be prescribed. Children aged 12-23 months may be prescribed 2%, or 1% or skim milk, depending on CPA assessment. Assessment must be documented in the SOAP note.

Prescription of lower fat milks is not appropriate for children age 12-23 months who are underweight or at risk of becoming underweight (<10% BMI).

Prescription of lower fat milks should occur only after a careful, documented assessment, and should be accompanied by appropriate education to the parents or care givers. Prescription of 1% or skim milk to a 12-23 month old child should occur only after careful assessment and consultation with the child's health care provider.

Due to the medically fragile qualifying conditions of children age 12-23 months requiring Food Package III, medical documentation will be required for issuance of WIC-eligible formula and foods, including fat reduced milks. An RD will need to review and approve the ENPR and prescribe the package.

Implications for WIC Nutrition Services:

The WIC Program plays an important role in public health efforts to reduce the prevalence of obesity by actively identifying and enrolling infants and children who may be overweight or at risk of overweight in childhood and adolescence. When identifying this risk, it is important to communicate it in a way that is supportive, nonjudgmental, and with a careful choice of words to convey an empathetic attitude and to minimize embarrassment or harm to the child's self-esteem. In recognition of the importance of language, the 2007 American Medical Association expert committee report recommends the use of overweight and obsess for risk assessment and documentation only and the use of more neutral terms (such as weight disproportionate to height, excess weight, BMI) when discussing with a child's caregiver.

BMI is calculated and plotted on a growth chart at each WIC certification. Growth is meant to be used as a screening tool, and comprises only one aspect of the overall growth assessment. A clinical assessment to determine if a child is at a healthy weight is more complex. Weight classification (derived from growth chart) should be integrated with the growth pattern, familial obesity, medical risks and dietary and physical activity habits to determine child's obesity risk.

A goal of childhood nutrition education is to help the child achieve recommended rates of growth and development. WIC staff can frame the discussion to make achieving normal growth a shared goal of the WIC Program and parent/caregiver. Studies have shown that the early childhood eating environment provides a great opportunity for preventative intervention. Parents and caregivers of toddlers may need education on recognition of satiety cues and other needs that lead to crying, other than feeding. Young children look upon their role models for eating behaviors. Through client centered counseling, WIC staff can emphasize the importance of prevention and can assist families in making changes that improve parenting skills that promote healthy eating, and physical activity and healthy weight in children. Also, the foods provided by the WIC program are intended to address the supplemental needs of the Program's target population and can be tailored to meet the needs of individual participants.

Beliefs about what is an attractive or healthy weight, the importance of physical activity, what foods are desirable or appropriate for parents to provide children, family mealtime routines, and many other lifestyle habits are influenced by different cultures, and should be considered during the nutrition assessment and counseling.

In addition, WIC staff can greatly assist families by providing referrals to medical providers and other services in the community.

Also, this is footnote 6 from  Summary Table for Food Package IV-VII, in Chapter 3

It describes how 2% milk can be issued to children over 2 and women.

*(6) Whole milk is the standard for issuance to  1-year-old children (12 through 23 months). Fat reduced milks may be issued to 1 year old children for whom overweight or obesity is a concern. The need for fat reduced milk for1 year old children must be based on an individual nutritional assessment and consultation with the child's health care provider if necessary. Low fat (1%)  or non-fat milk are the standard milk for issuance to children ≥ 24 months of age and women. Reduced fat milk (2%) is authorized only for participants with certain health conditions, including but not limited to underweight and maternal weight loss during pregnancy. The need for reduced fat milk (2%) for children ≥ 24 months and women (Food Package V- VII) must be based on individual nutrition assessment. . Reduced fat 2% milk may be issued to participants under certain conditions during pregnancy and for children per CPA assessment and documented in the participant's SOAP note. Risk factors such as 101, 103, 131, 132, 134 and 135 may prompt the CPA to assess the milk type prescribed.*

## SPIRIT webinar Training Tuesday 11/18/14 at 8:15am

Good Afternoon,
The link to the training webinar for the new version of SPIRIT is listed below. Please forward this invitation as needed.
As always with webinars, it's best if viewers can meet in groups reducing the number of users accessing the meeting. Hopefully your staff at each location can view the training together.

The 90 minute webinar training session with Bobbi Walker is on Tuesday morning, November 18th at 8:15AM. An hour-long Captivate training will be presented first with a 30 minute question and answer session afterward. The Captivate module will be available on the WIC web site as soon as possible.

Please let me know if you have any questions.
Terry

**New SPIRIT Version Training**
Tuesday, November 18, 2014
8:15 am | Alaska Standard Time (Anchorage, GMT-09:00) | 1 hr 30 min

**Join WebEx meeting**
Meeting number: 807 304 827

**Join by phone**
800-791-2345 Code: 75652

Add this meeting to your calendar.

Can't join the meeting? Contact support.

IMPORTANT NOTICE: Please note that this WebEx service allows audio and other information sent during the session to be recorded, which may be discoverable in a legal matter. You should inform all meeting attendees prior to recording if you intend to record the meeting.

Terry Hoskinson
Alaska Division of Public Assistance