

## Butcher, Clay (HSS)

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**To:** Wayne, Kathleen A (HSS)  
**Subject:** RE: WIC Update December 12

Hi Everyone,

Success story: We had a client that struggled with anxiety, postpartum depression and lack of confidence with breastfeeding. She was unable to nurse in public and was starting to have supply issues. The client worked with a BFPC and our IBCLC on ways to overcome these barriers. This client more and more nursed in public, eventually discontinuing the use of a cover. Having gained the confidence to continue nursing, she applied to become a BFPC and is now helping moms overcome the same difficulties she faced.

1. Need Parent Representatives ----(This is a request for parents to participate in the council-see attachment) The USDA is seeking two parent participant positions for the National Advisory Council on Maternal, Infant and Fetal Nutrition. This is a two year commitment and requires an application to be sent to [robin.young@fns.usda.gov](mailto:robin.young@fns.usda.gov). The USDA will pay for all travel, lost wages, and child care if applicable. If you have interested participants they may contact Robin directly with any questions. Please have interested participants complete the application and email it to Robin.
2. Health Insurance Outreach in WIC---see attached
3. **Pediasure with Fiber in the MOV**-- Pediasure with Fiber has been added to the MOV packages. It replaces the regular Pediasure package. Please contact Jennifer Johnson (465-8104) with thoughts and suggestions.
4. Quarterly Teleconferences---The updated Teleconference schedule is attached and please use this to update your Outlook calendars. The teleconferences are designed to provide program updates, education and an opportunity for local agencies to have input in programmatic decisions. Please note that the Quarterly teleconference and the BFPC (if you have a BFPC program) are required teleconferences that agencies must attend. If you are unable to attend, please designate someone to attend on your behalf. The policy, breastfeeding and RD meetings are optional but we would encourage you to join and attend as often as you are able. We look forward to hearing your voice at these teleconferences! Questions/comments, please contact Dana Kent at [dana.kent@alaska.gov](mailto:dana.kent@alaska.gov) or 465-5322

5.

**SPIRIT Information:**

⇒ Risk Factor 121 is dropped at certification for 2-5 year old children.

This is a bug in the 2.19 version of SPIRIT that has occurred in our Alaska environment. RF 121-Short Stature is a system assigned risk factor and cannot be CPA assigned.



**Problem:** At certification of a child older than 2, the risk factor 121 that was previously system assigned is dropped by SPIRIT.

**Work-around:** If this was the only risk factor, RF 401 can be assigned for eligibility. Add a SOAP note documenting that the child should be assigned RF 121.

This bug is fixed in the next version of SPIRIT.

**As a reminder SPIRIT will be offline this Sunday (December 14<sup>th</sup>) between 8:00 a.m. – 12:00 p.m. for routine maintenance. No further outages are expected.**

**SPIRIT Help Desk Info:**

Send all questions, issues and errors to the WIC SPIRIT Helpdesk at [wicpsirithelpdesk@alaska.gov](mailto:wicpsirithelpdesk@alaska.gov) or phone them at 907-334-4900.

**Important To Know:**

1. What you don't know about RSV could hurt your baby

<http://www.washingtonpost.com/news/to-your-health/wp/2014/12/08/what-you-dont-know-about-rsv-could-hurt-your-baby/>

I somehow managed to raise three children without ever hearing about [Respiratory Syncytial Virus \(RSV\)](#). That's probably because this seasonal illness, which affects children up to the age of 2 or 3, usually looks like the common cold and runs its course without a formal diagnosis.

State of Alaska WIC Program  
**2015 Teleconference Schedule**

To join, dial 1-800-5354

Enter passcode 259225

Questions or concerns? Dial 465-3100.



	Month	Quarterly	Policy	BF/BFPC	RD
2015	January	January 15, 8:15	Jan 08, 8:15am		
2015	February				
2015	March	March 05, 8:15am		March 12, 8:30	March 19, 8:30
2015	April		April 09, 8:15am		
2015	May			May 14, 8:30am	May 21, 8:30am
2015	June	June 04, 8:15am			
2015	July		July 09, 8:15am		
2015	Aug				
2015	September	Sept 03, 8:15am		September 10, 8:30	September 17, 8:30
2015	October		Oct 08, 8:15am		
2015	November				
2015	December	Dec 03, 8:15am		December 10, 8:30	December 17, 8:30



RECEIVED

DEC 11 2014

NUTRITION SERVICES  
WIC

United States  
Department of  
Agriculture

December 4, 2014

Food and  
Nutrition  
Service

Dear State WIC Director:

3101 Park  
Center Drive

As the Affordable Care Act continues to extend health coverage to millions of uninsured Americans, WIC agencies are well positioned to help support this effort. Program referrals to health care and other social services is a core WIC benefit and value added service. As a result of the referrals the Program provides, WIC participants are more likely to have a regular source of medical care and greater use of health care services.

Alexandria, VA  
22302-1500

As an adjunct to health care, WIC agencies are among several organizations that can play a vital role by sharing resources that will help eligible people learn how to get help applying for and obtaining coverage. In consultation with the Food and Nutrition Service, the Centers for Medicare and Medicaid Services (CMS) has released an updated "Ten Ways Your WIC Program Can Publicize New Health Insurance Opportunities" fact sheet that provides suggestions for how WIC agencies can help spread the word about health care opportunities.

Enclosed is a copy of the fact sheet; it can be accessed electronically at:

<https://marketplace.cms.gov/outreach-and-education/ten-ways-to-promote-new-insurance-opportunities-wic.PDF>

More information and resources for outreach partners is available on the Health Insurance Marketplace, [Marketplace.cms.gov](http://Marketplace.cms.gov). Outreach materials focused on helping to enroll eligible children in Medicaid and CHIP are available at [www.insurekidsnow.gov](http://www.insurekidsnow.gov). CMS is able to customize these materials for your program.

Sincerely,

DEBRA R. WHITFORD  
Director  
Supplemental Food Programs Division

Enclosure

# Ten Ways Your WIC Program Can Publicize New Health Insurance Opportunities

WIC programs can play a vital role in sharing resources for learning about health coverage and how to get help applying. Connecting WIC participants to the health care they need is a fundamental WIC goal and local WIC programs are actively engaged in linking pregnant and post-partum women and young children to Medicaid. Now, other family members – including mothers who are not pregnant, fathers, older siblings and other young adults, and grandparents, if they are under age 65 -- may qualify for Medicaid, Children's Health Insurance Program (CHIP) or other coverage through the Health Insurance Marketplace. Open enrollment for coverage in a qualified health plan begins November 15, 2014 and ends February 15, 2015. As always, enrollment in Medicaid and CHIP is year-round and individuals can apply at any time.

## Here's how state and local WIC Programs can contribute to the outreach effort:

### Spread the Word

1. **Offer information about health insurance opportunities in WIC clinics and on program websites.** Display consumer materials from HealthCare.gov in clinic waiting rooms. Post the Healthcare.gov widget on your WIC program website. Find materials with facts about Medicaid and CHIP for consumers at <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/outreach-tools/outreach-tools.html>
2. **Invite trained speakers.** Invite speakers from state health care agencies or organizations that deliver health care services to give WIC participants reliable information on eligibility and how to get help applying.
3. **Build on the WIC intake process.** WIC programs routinely take steps to refer pregnant and post-partum women, infants and children to Medicaid and making those connections is more important than ever, given new coverage opportunities. In addition, the WIC intake process provides a chance to reinforce information about the availability of new health coverage for other family members.

### Help WIC participants apply for health coverage

4. **Connect WIC participants with enrollment opportunities.** WIC clinics operating out of community health centers, local health departments and community action agencies may be able to arrange for trained staff of these programs to help WIC participants apply for health insurance.
5. **Bring application assistance on site.** Set up a time for trained helpers to provide assistance at the WIC clinic.
6. **Help spread the word that individuals can apply online.** All states have online health insurance applications, and people also are able to apply by phone, by mail or in person.
7. **Link the WIC application to the online health insurance application.** In states with online WIC applications, make it easy for applicants to access the health insurance application electronically.

### Make health coverage enrollment easy

8. **Work with your state Medicaid agency to learn how WIC can help simplify enrollment.** For example, your state may choose to adopt Express Lane Eligibility, which is an option that uses eligibility findings from programs like WIC to streamline enrollment in Medicaid and CHIP. Speed enrollment of WIC participants in Medicaid with a data-matching arrangement between WIC and Medicaid.

### Promote promising practices

9. **Share successful ideas among WIC programs throughout the state.** Collect strategies WIC programs are using to inform participants and their families about health insurance and to help them apply. Present in statewide training sessions and through other channels that reach WIC Programs in other states. Include successful approaches in state administrative manuals and consider making them standard operating procedure.
10. **Share successful ideas with WIC counterparts nationwide.** Use conferences and regional meetings to share how your site is helping participants sign up for health insurance.

### For more information about the Health Insurance Marketplace

Visit [HealthCare.gov](http://HealthCare.gov) or call the Health insurance Marketplace Call Center at **1-800-318-2596**. TTY users should call 1-855-889-4325. Visit [Marketplace.cms.gov](http://Marketplace.cms.gov) for Marketplace widgets and badges and other partner materials.



United States Department of Agriculture  
**ADVISORY COMMITTEE OR RESEARCH AND PROMOTION  
 BACKGROUND INFORMATION**

**National Advisory Council on Maternal, Infant and Fetal Nutrition**

**Position:**

**Privacy Act Notice**

Public Laws 95-113 and 93-579 permit collection of the data requested on this form. The information is used to determine qualifications, suitability and availability for service on advisory committees or research and promotion boards/councils. The information will be used to conduct background clearances and/or for annual reports on advisory committees or research and promotion boards/councils. Failure to submit this information may result in non-selection of a prospective advisory committee member, board/council member or termination of the committee or board/council.

**PLEASE PRINT CLEARLY OR TYPE**

1. Name (Last, First, Middle) – Mr., Mrs., Miss., Ms., Dr.	2. Social Security Number:  Passport Number and Issuing Country: <i>(foreign citizens only)</i>																		
3. Residence Address (include ZIP code)	4. Business No.  Home No:  Cell or Mobile:  FAX:  e-Mail Address:																		
5. Place of Birth	6. Date of Birth																		
7. <u><i>This information is Voluntary and data will not be used to grant preferential treatment:</i></u> (See last page for definition of categories.)																			
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">What is your gender?</td> <td style="width: 33%;">Ethnicity:</td> <td style="width: 33%;">What is your race? <i>(Mark all that apply)</i></td> </tr> <tr> <td><input type="checkbox"/> Male</td> <td><input type="checkbox"/> Hispanic or Latino</td> <td><input type="checkbox"/> American Indian or Alaska Native</td> </tr> <tr> <td><input type="checkbox"/> Female</td> <td><input type="checkbox"/> Not Hispanic or Latino</td> <td><input type="checkbox"/> Asian</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Black or African American</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> White</td> </tr> </table>		What is your gender?	Ethnicity:	What is your race? <i>(Mark all that apply)</i>	<input type="checkbox"/> Male	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Female	<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian			<input type="checkbox"/> Black or African American			<input type="checkbox"/> Native Hawaiian or Other Pacific Islander			<input type="checkbox"/> White
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		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander																	
		<input type="checkbox"/> White																	
8. Company/Business Name																			
9. Company/Business Address (include ZIP Code)	9a. Occupation/Title																		

10. [Insert appropriate commodity question(s) from supplemental list.] *(To be completed by R&P Board Members Only)*

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10a. If applicable, how long have you been engaged in farming or production, and what is the size of your farming operation. (i.e. List acreage and pounds produced by kind of crop, as well as, kinds and numbers of livestock?)

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11. List your business experience. *(Use the Continuation Sheet for additional space to answer.)*

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12. List education and any specialized experience. *(Use the Continuation Sheet for additional space to answer.)*

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13. List applicable farm/handler/producer/importer or co-op member industry organizations (indicate whether a member or officer and how long affiliated).

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14. List other affiliations and/or service as a community leader that would benefit you in your role as a member of the advisory committee or research and promotion board/council.

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15. List any Federal advisory committee or board on which you are currently a member and the number of years you have served on that committee or board. *(To be completed by current Advisory Committee Members Only)*

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16. List sources of income in excess of \$10,000 for the past calendar year from other than your primary employment. List only sources; do not show amounts of income from each source. *(To be completed by Advisory Committee Nominees Only)*

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17. Have you ever been convicted of a felony? (A felony is defined as any violation of law punishable by imprisonment of longer than one year). ( ) Yes ( ) No. If yes, please explain on the attached continuation sheet.

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18. As a result of your participation in Federal programs, have any judgments been rendered against you? As a result of participation in any governmental programs relative to the purposes of the advisory committee or research and promotion board/council for which you are a nominee, have any civil or criminal actions been initiated against you?  
( ) Yes ( ) No. If yes, please explain on the attached continuation sheet.

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19. Name as you would prefer it to appear on official correspondence.

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Signature

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Date

**Continuation Sheet for Form AD-755**

If you need more space for an answer, use this sheet. Please number each answer to correspond to the number on Form AD-755. When you have completed your answer(s), attach to Form AD-755.

[INSERT COMMODITY BOARD, COUNCIL, OR DELEGATE NAME]

Name (Last, First, Middle) \_\_\_\_\_

Social Security or Passport Number: \_\_\_\_\_

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0505-0001. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Form Approved O.M.B. No. 0505-0001  
OMB Expiration Date 5/31/2015

## Definition of Ethnicity and Race Categories

### **Ethnicity:**

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

### **Race:**

*American Indian or Alaska Native* – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

*Asian* – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

*Black or African American* – A person having origins in any of the black racial groups of Africa.

*Native Hawaiian or Other Pacific Islander* – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

*White* – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.